

STAR 2000™



STAR PATIENT CARE Medical Record Generic Encoder Interface Guide

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Preface

This document explains the setup and implementation process for the STAR Patient Care Medical Record Generic Encoder Interface and lists the data transmitted in the HL7[®] transactions.

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 the 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 general information about the functions and use of the STAR Patient Care Medical Record Generic Encoder Interface, which is accessed through functions available in STAR GUI Medical Record Abstracting. The book contains the following chapters:

Chapter 1: Getting Started with the Interface

This chapter details several aspects of the interface, including cautions and STAR minimum requirements.

Chapter 2: System Implementation

This chapter outlines the setup and implementation process for the Generic Encoder Interface.

Chapter 3: Multiple Grouper Option

This chapter details the setup and information flow for facilities who are required to obtain and store DRG and reimbursement information for two different payors.

Chapter 4: Data Transmission

This chapter lists the data transmitted in the HL7 transactions.

Chapter 1 - GETTING STARTED WITH THE INTERFACE

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GENERAL DESCRIPTION

The STAR Medical Records Generic Encoder Interface is a two-way, online, HL7-based interface using Windows® API calls between STAR GUI M/R Abstracting and another product using Windows. This interface does the following:

- Transmits patient-related data from STAR to the vendor for the purpose of obtaining the appropriate ICD-9-CM diagnosis and procedure codes as well as HCPCS and APC codes. DRG and reimbursement information is also transmitted to STAR and stored with the patient's data, for up to two DRGs per visit.
- Transmits ICD-9-CM diagnosis and procedure codes, HCPCS codes, and APC codes back to STAR to be stored with the patient's data.
- Follows HL7 Standard Version 2.3.

CAUTIONS

Following are some cautions about the Generic Encoder Interface:

- This interface applies only to the STAR GUI Abstracting product, Release 15.1 or higher. This interface cannot be used with any version of the character-based Medical Record Abstracting product.
- STAR is the owner of the patient data. Updates made to patient information while in the encoder are **not** transmitted back to STAR. This includes information such as the admission date, discharge date, birth date, discharge disposition, total charges, alternate level of care days, birth weight, etc. Information regarding diagnoses, procedures, HCPCS, APCs, and DRGs is transmitted back to STAR.
- When using the interface, the calculations of DRGs, APCs, and associated reimbursement must be performed on the encoding system. These calculations are **not** performed on STAR. However, the user does have the ability to update diagnoses and procedures on STAR. Therefore, it is the user's responsibility to ensure the encoder is accessed again to obtain appropriate DRG/reimbursement information.
- It is the responsibility of the user (in conjunction with the vendor) to identify any table builds and mapping that must be performed on the encoding system. See ["ADDITIONAL VENDOR TABLES" on page 2-16](#) for examples.

STAR MINIMUM REQUIREMENTS

Software Requirements

- GUI Abstracting
- STAR Navigator (required for GUI Abstracting)
- Any software requirements provided by the vendor

Hardware Requirements

There are no additional hardware requirements for STAR (other than what is needed for GUI Abstracting). The vendor of the encoder product should provide the facility with a list of any additional hardware requirements.

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IMPLEMENTATION TABLE

The following table displays tasks required in the implementation process. This is not an all-inclusive listing, but it may be helpful to the customer and McKesson Implementation Representative.

Task	Responsibility	Validated
Contact McKesson Account Representative to obtain an implementation work order (if done as an add-on). Contact the vendor of the encoder product and verify they can comply with the interface specifications. Determine from the vendor any table information that may need to be mapped on their system (for example, discharge status, physician, patient type, etc.).	User	
Install the encoder product on <i>one</i> PC, and verify it works stand-alone (i.e., without the interface). Any problems identified at this point should be reported to the vendor of the encoder product.	User and encoder vendor	
Update ~CI with a j (lowercase) to indicate the HL7-base encoder is active. Validate ~CI does not contain a J (uppercase).	McKesson Implementation Representative	
Update the Win.ini file on the test PC.	User and/or McKesson Implementation Representative	
For QuadraMed® Corporation's coding product: Update the appropriate tables that affect the interface, such as Visit Type, Providers, Discharge Status Codes, Gender Codes, Payor Assignments, Payors.	User and QuadraMed Implementation Representative	
Update the STAR tables identified in the NON-TECHNICAL IMPLEMENTATION and DRG Discharge Status Code Parameter sections.	User and McKesson Implementation Representative	
Update the appropriate GUI Abstract form to include the Generic Encoder command button.	User	
Perform the STAR GUI database update.	User	
Update the appropriate form flows in M/R Abstract & DRG Census Criteria.	User	

TECHNICAL IMPLEMENTATION

Defining Location of EncoderObject

In order for STAR to locate the EncoderObject, it should be entered in the **Win.ini** of each PC using this interface. This file is almost always located in the C:\Windows directory. To accommodate this, a header labeled **[emrabg]** should be created.

NOTE: If the customer has already implemented GUI Abstracting, this header label should already exist in Win.ini.

Under **[emrabg]** add: EncoderObject = object name (as defined by the vendor)

NOTE: For customers using **QuadraMed Corporation's WinCoder+**, the encoder object is **EncoderObject = "Interlink.Document"**.

Creating Log Files for Troubleshooting

Log files write out the inbound and outbound messages and are helpful when troubleshooting issues. To create the logs, the Win.ini file on each PC must be updated to include: **HBOCEncoderOut="out file location/name"** and **HBOCEncoderIn= "in file location/name"**. These entries are added under **[EMRABG]**.

HBOCEncoderOut is the location and name of the file that contains the messages sent from McKesson to the encoder vendor. **HBOCEncoderIn** is the location and name of the file that contains the messages sent from the encoder vendor to McKesson. The following is an example of a win.ini file set up for the QuadraMed Corporation's WinCoder+:

```
[EMRABG]
EncoderObject="Interlink.Document"
HBOCEncoderOut="C:\Medicus\outfile.fil"
HBOCEncoderIn="C:\Medicus\infile.fil"
```

Creating the Interface Structure - Vendor

- The encoder object, provided by the Encoder OLE server, has one method defined for the encoding process. The Object must provide a **ToEncode Method** with parameters as follows:

```
Function ToEncode(sInputString as String, retcode as Long) as String.
```

SInputString - Input string containing HL7 message data.

Retcode - return code - 0=OK

This function returns the output message string.

- The encoder object must have a method defined to return the encoder status. The method has the following properties:

```
Function GetStatus()
```

This returns the status of the encoder.

0 = OK

- The format of the **sInput** parameter and the output message string follow HL7 Standard Version 2.3 and the result of the method are given below.
- The string sent to and from the encoder is an HL7 message containing HL7 standard segments. Data elements required for this interface, but not included in the HL7 standard, have been added to the end of appropriate segments.
- The segment terminator is: character 13 (carriage return).
- The following delimiters are used in the interface and follow HL7 standards:

- | Field Separator
- ^ Component Separator
- & Sub-component Separator
- ~ Repetition Separator
- \ Escape Character

- HL7 Message construction:

MSH	Message Header
EVN	Event Type
PID	Patient ID Information
PV1	Patient Visit
{DG1}	Patient Diagnosis
{PR1}	Procedures
DRG	Diagnosis Related Group
ZEN	Encoder Interface Z-segment

NON-TECHNICAL IMPLEMENTATION

GUI Form Updates

To access the generic encoder (an encoder other than the 3M[®] Coding and Reimbursement System), the base command button entitled **Generic Encoder** must be on the STAR GUI form from which the encoder is accessed on STAR. In the base database, this button is located on the Diagnosis/Procedure/HCPSC Information form. If you are not using this form, the button must be added to your form using the GUI Forms Customizer tool.

NOTE: With any encoder interface (3M or generic), this button must be on the same form as all three of the grids (diagnosis, procedure, HCPSC).

If you are using a generic encoder to obtain DRG and reimbursement information instead of using STAR, then you must add the base Generic Encoder DRG Information form to the form flows (after the database update has been performed) to enable viewing of the DRG information.

Encoder Parameters

To access the Encoder Parameter, select the following menu options in STAR character-based system via Navigator:

- Abstracting and DRG Assignment Functions
- Maintenance Functions
- Encoder Interface
- Encoder Parameters

The Encoder Parameters are only used with this interface. When you select the Encoder Parameters option, the system displays the following screen:

```
General Hospital Encoder Parameters Processor
                               Mon Sep 15, 1997 03:02 pm

( 1)Receiving Application      : CDS
( 2)Receiving Facility         : MEDICUS
( 3)Edit by                    : Haines,Veronica
( 4)Edit date                  : 09/04/97 1423

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

NOTE: The above data is sample information.

Field Explanations

1. RECEIVING APPLICATION (30-AN-C)

This field identifies the vendor's product receiving the HL7 message from STAR. This information is placed in MSH - 5. The vendor must provide the user with the information to be entered in this field.

NOTE: Users of QuadraMed Corporation's WinCoder+ should enter **CDS** here.

2. RECEIVING FACILITY (30-AN-C)

This field identifies the vendor receiving the HL7 message from STAR. This information is placed in MSH - 6. The vendor must provide the user with the information to be entered in this field.

3. EDIT BY (DISPLAY ONLY)

This field displays the name of the person who last edited this screen. STAR automatically completes this field with the name of the person signed onto the workstation.

4. EDIT DATE (DISPLAY ONLY)

STAR automatically completes this field with the date and time this screen was last edited.

Financial Classes Table

When using the Generic Encoder Interface, the encoder product (not STAR) is used to calculate the DRG and reimbursement to be stored in STAR. Therefore, the STAR Financial Classes table must be updated. The Financial Classes table contains the Other Payor Code and APC Payor Code fields for entry of the applicable payor code. If ~CI does not contain J, these fields cannot be edited (this is the responsibility of the McKesson installer). The following is a sample of the fourth Financial Classes table screen, which contains the information about DRG and APC/ASC Payor Codes:

```

General Hospital Table Maintenance Processor
                                Tue Apr 28, 2009 01:20 pm
Financial Classes
DRG and APC/ASC Payor Codes
DRG PAYOR          PAYOR MSDRG HAC DTE FROM DTE TO  APC/ASC DTE FROM DTE TO
-----
O-OTHER PAYERS                                23

```

Selected Field Explanations

OTHER PAYOR CODE (3-AN-O)

The entry in this field is transmitted to the encoder vendor by the interface. This code indicates to the vendor the payor for which the DRG and reimbursement should be obtained. The entry here must match exactly the code supplied by the vendor. For example, if the vendor's payor code is "003", you must enter 003, not 3 or 03.

An additional prompt may display depending on the value entered in this field. Respond to the prompt by entering a hyphen (-) to display a table lookup, and select any reimbursement code from the table. The following Payor Codes are valid:

Payor Code	3M Grouper Description
FEDERAL GROUPERS:	
00	Medicare Inpatient MS- DRG Grouper
08	Medicare LTCH (Long-Term Care Hospital) Grouper
42	Medicare "Classic" Grouper

Payor Code	3M Grouper Description
34	Medicare Psychiatric Grouper
STATE GROUPERS	
01	New Jersey APDRG
02	New York APDRG
03	Champus
04	Ohio Medicaid
09	Illinois Medicaid
18	Indiana Medicaid
104	North Carolina Medicaid
105, 110, 111	Washington, D.C. Medicaid
109	Virginia Medicaid
900-999	Texas Medicaid User-Defined
*	To indicate that a carrier should group on STAR, enter an asterisk (*).

Update the DRG Payor table and Financial Classes table as necessary for your facility to indicate which payor's DRG and reimbursement is to be obtained via the 3M Coding and Reimbursement System. Do not complete this field for a DRG payor for which RCS is not utilized.

NOTE: For customers utilizing QuadraMed Corporation's coding product, the code entered in the Other Payor Code field must be entered in the Payors table in the *ID* column exactly as entered in STAR. The following is an example of the Payors table found in the QuadraMed WinCoder+:

Figure 2.1 Payor Form

ID	Description	Medicare	E-Codes
01	Medicare	<input checked="" type="checkbox"/>	N
02	Medicaid	<input type="checkbox"/>	N
03	Blue Cross	<input type="checkbox"/>	A
04	Commercial	<input type="checkbox"/>	A
05	Self	<input type="checkbox"/>	A

Buttons: Add, Delete, Save, Undo, Print, Close

When **01** is entered for New Jersey, the following prompt displays:

Enter New Jersey APDRG Reimbursement code--

Enter the code or a hyphen (-) to select from the New Jersey Reimbursement Code table. The options are:

- 0 for New Jersey Medicaid
- 1 for All Payors

When **02** is entered for New York, the following prompt displays:

Enter APDRG Reimbursement Code--

Enter the appropriate APDRG Reimbursement Code if you know it, or press hyphen-) followed by ENTER to display the APDRG Reimbursement Payor Code table for selection.

This additional entry accommodates the different types of all-payor plans. The valid APDRG Reimbursement Payor Codes for New York are as follows:

- 1 for Medicaid
- 2 for New York Blue Cross
- 3 for New Jersey Blue Cross

- 4 for Commercial
- 5 for Worker's Comp/No Fault
- 6 for Self Pay
- 7 for Self-Administered Commercial

NOTE: The APDRG Reimbursement Payor table has been added to the HBOC Parameter Functions, Medical Record Modules Parameters. This table is automatically created by McKesson and does not require additional McKesson or customer implementation.

In the 3M Coding and Reimbursement System manual, these different payor plans are referred to as "NEW YORK VARIABLES."

For detailed Field Explanations of all other fields on the DRG Payors and Financial Classes tables, refer to the *STAR Patient Care Reference Guide, Tables Volume*.

NOTE: If you enter an "other payor code" but do not have the associated RCS package, you will not receive the DRG and reimbursement information from the 3M Coding and Reimbursement System, nor will the patient be grouped on STAR; therefore, the DRG Assignment screen for the patient is blank.

MS-DRG OTHER PAYOR? (1-A-R)

If a value is placed in the previous field to send an Other Payor Code to the PC-based encoding system, this field is required to indicate whether the returned DRG from the coding vendor is MS-DRG or non-MS-DRG (CMS DRG). This information is used by STAR Patient Accounting and other vendors to verify the correct DRG codeset to use.

At the following prompt, enter **Y** or **N** to indicate whether the Other Payor Code is an MS-DRG Payor. The default is blank.

Is the Other Payor Code entered a MS-DRG Payor? (Y/N) --

If no value is placed in the previous field (STAR is used to calculate the DRG), no entry is allowed in this field.

HAC (1-A-R)

This field is passed to 3M to override Hospital Acquired Condition (HAC) processing for insurance companies that have moved to MS-DRGs, but are not ready for HAC processing.

If you enter **Y**, there is no override in 3M, and HAC processing occurs per the 3M Configuration file.

If you enter **N**, a zero (0) is sent to 3M, via the Coding and Reimbursement Interface, indicating that HAC processing is not required for this account. This “0” overrides setup in the 3M Configuration file for this account.

DATE FROM

The beginning date that payor code is effective.

DATE TO

The ending date that payor code is effective.

APC/ASC PAYOR CODE (3-AN-O)

This field contains the payor code to be sent to the 3M Coding and Reimbursement System when 3M Outpatient groupers are used for a patient. The payor code indicates the grouper that will be accessed. Examples are:

23 Medicare APC Grouper

39 Tricare APC Grouper

43 Medicare ASC Grouper

DATE FROM

The beginning date that payor code is effective.

DATE TO

The ending date that payor code is effective.

MCKESSON IMPLEMENTATION

DRG Discharge Status Code Parameter

This parameter needs to be updated with the appropriate discharge disposition as found in the encoder product. To access this parameter, select the following menu options in STAR:

- System Management
- HBOC Table Maintenance Functions
- ADT Control
- DRG Discharge Status Code

Update the *Code 3 Disposition* field for each DRG Discharge Status Code in this parameter.

The following table displays the McKesson code and description, as well as the associated number to be entered in the *Code 3 Disposition* field.

NOTE: The field is labeled *Code 3 Disposition* but also applies to the Generic Encoder Interface.

McKesson DRG Code	Discharge Status Description	Code 3 Disposition
1	Short Term General Hospital	2
2	Skilled Nursing Facility	3
3	Intermediate Care Facility	4
4	Other Facility	5
5	Home or Self Care	1
6	Home Health Care Organization	6
7	Against Medical Advice	7
8	Expired	20
9	Home IV Service	8
21	Discharged/Transferred to a Court/Law Enforcement	21
30	Still a Patient	30
43	Federal Hospital	43
50	Hospice-Home	50
51	Hospice-Medical Facility	51

McKesson DRG Code	Discharge Status Description	Code 3 Disposition
61	Swing Bed	61
62	Rehab Facility or Rehab Unit	62
63	LTC Hospital	63
64	Discharged/Transferred to Nursing Facility, Medicaid Cert	64
65	Discharged/Transferred to Psychiatric Hospital or Unit	65
66	Discharged/Transferred to Critical Access Hospital	66
71	OP Services-Other Facility	71
72	OP Services-This Facility	72

After this is entered in STAR, the user needs to enter the code (found in the Code 3 Disposition field) in the vendor's table, if applicable.

NOTE: Enter the Code 3 Disposition Code from the above table into the *Hospital Code* column of the Discharge Status Code table. The code entered in the *Hospital Code* column should be an exact match of what was entered in the *Code 3 Disposition* field in STAR. Following is an example of how the Discharge Status Code form should appear:

Figure 2.2 Discharge Status Code Form

Hospital Code	Hospital Discharge Status Description	Standard Code
1	Home or Self Care	1
2	Short Term General Hospital	2
20	Expired	20
3	Skilled Nursing Facility	3
30	Still a Patient	30
4	Intermediate Care Facility	4
5	Other Facility	5
50	Home Health Care Organization	50
7	Against Medical Advice	7
▶		

ADDITIONAL VENDOR TABLES

This section provides examples specific to QuadraMed Corporation's WinCoder+. It is imperative that you check with your specific vendor to determine any table mapping that must be done. It should not be necessary to make changes to STAR tables.

QuadraMed-Specific Tables

Listed below are specific tables that need to be updated for the interface to process correctly.

GENDER

The Gender Code Form should be updated to match STAR gender codes as follows:

Figure 2.3 Gender Code Form

Code	Description
F	Female
M	Male
O	Other
U	Unknown

In this example, the code entered in the *Code* column is the gender code found in STAR. Acceptable gender codes are F (female) and M (male).

PROVIDERS

The Provider table should be updated to include physicians in STAR that would be entered as surgeons for procedures. Following is an example:

Figure 2.4 Provider Form

The screenshot shows a window titled "Provider Form" with a standard Windows-style title bar. Inside the window, the title "Providers" is displayed in a large blue font, with "1 of 6" to its right. Below the title is a text box containing the instruction "Enter all hospital Providers." Underneath this is a table with five columns: "ID", "Last Name", "First Name", "Middle Name", and "Title". The table contains six rows of data. The first row has a blue selection bar in the "ID" column. The last row of the table is followed by a row with an asterisk (*) in the "ID" column, indicating a new entry. At the bottom of the window is a row of six buttons: "Add", "Delete", "Save", "Undo", "Print", and "Close".

ID	Last Name	First Name	Middle Name	Title
1	Adams	Test		
100	Admitting	Doctor		
200	Attending	Doctor		
300	Attending	Doctor		
32	Adair	Test		
400	Referring	Doctor		
*				

In this example, the code entered in the *ID* column is the physician code defined in the STAR Physician table. If no entries are defined in this table, the surgeon information does not pass from QuadraMed to STAR, and the surgeon does not display on the Procedure form.

VISIT TYPES

The Visit Types table should be updated to match the patient types in STAR. Following is an example:

Figure 2.5 Visit Type Form

Visit Type Form

Visit Types New of 7

Visit type must link to a standard visit type.

Visit Type	Description	Standard Type
ALL	Inpatient	Inpatient
ER	Outpatient	Outpatient
I/P	Inpatient	Inpatient
NEW	Newborn	Inpatient
OB	Obstetrics	Inpatient
OPD	Outpatient Observation	Outpatient
SDS	Same Day Surgery	Outpatient

Add Delete Save Undo Print Close

In this example, the code entered in the *Visit Type* column is the Patient Type code defined in the STAR Patient Type table. If there are no entries made in this table, the visit type of Inpatient or Outpatient must be selected by the user when the QuadraMed Corporation's WinCoder+ is accessed. (Coding cannot be performed in WinCoder+ without this information.)

Chapter 3 - MULTIPLE GROUPER OPTION

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INTRODUCTION

Some states require healthcare facilities to obtain and store DRG and associated reimbursement information for two different payors.

For example, New Jersey state requirements dictate the availability and storage of both an All Payor DRG (APDRG) and a MS-DRG and related reimbursement. Since New Jersey is considered an "all-payor" state, an APDRG must be calculated for all patients, even if the primary payor is Medicare.

Therefore, to accommodate this state requirement, the STAR system was updated to enable the storage and display of two DRG Assignment screens in the appropriate STAR Medical Record products. This change is referred to as the multiple grouper option.

GETTING STARTED

Verifying the Other Payor Code Field

Review the Financial Classes table to verify that the Other Payor Code field for each of the DRG Payors contains the appropriate payor code. You cannot use the multiple grouper option if only one of the required payors has a value in the Other Payor Code field. If you require additional information regarding the Other Payor Code field, please refer to Financial Classes Table in the *STAR Patient Care Tables Volume*.

Completing the Multiple Groupers Parameter - McKesson Only

To accommodate the multiple grouper option, a Multiple Groupers parameter has been added to ABST & DRG Maintenance within HBOC Parameter Functions > Medical Records Modules Parameters. Your McKesson representative must complete this parameter with your assistance.

Following is an example of the screen:

```

General Hospital ABST & DRG Maintenance Processor
                                Wed Mar 31, 2010 12:51 pm

( 1)Implementation Date       : 05/29/85
( 2)Routine Charge Types     : 9
( 3)Trendserve Hospital Code : MH
( 4)Default HCPCS Payor      : M-MEDICARE
( 5)3M Facility              : 0
( 6)Multiple Groupers        :
( 7)DRG Payors               : M-MEDICARE, C-CHAMPUS
( 8)Financial Classes        : M-MEDICARE, B-BLUE CROSS
( 9)Other Payors             : 00,03

Maintain multiple groupers(Y/N) [N]--

```

Field Explanation

1. IMPLEMENTATION DATE (DATE-R)

This is the date the facility went "live" on the Medical Record modules. This date is used by the system in several Midnight Processing routines.

2. ROUTINE CHARGE TYPES (48-C-O)

This parameter is used to indicate whether the charges are coming from an external source (i.e., tape). If your facility uses the STAR Financials product, this field is left blank.

3. TRENDSTAR HOSPITAL CODE (3-C-O)

This parameter is used for entry of the facility's three-character TRENDSTAR® code.

4. DEFAULT HCPCS PAYOR (TABLE LOOKUP-O)

This parameter is used for entry of the HCPCS payor that should be used when a HCPCS payor has not been defined for the patient's primary financial class. The entry in this field should match a HCPCS payor found in the HCPCS Payor table. You can select your entry by pressing a hyphen (-) and ENTER, or enter the HCPCS payor code, if you know it.

5. 3M FACILITY (2-N-C)

This field indicates which 3M system code corresponds with your STAR facility code. The field is required in multi-facility environments.

NOTE: This field is not used by the generic encoder interface.

6. MULTIPLE GROUPERS (1-A-O)

This field is used to identify both the primary required payor and the secondary required payor when the multiple grouper option is used. When this field is entered, this prompt displays:

Maintain Multiple Groupers (Y/N) [N]--

If you are not using the multiple grouper option, press ENTER to accept the default of **N** for No.

If you are using the multiple grouper option, enter a **Y** for Yes. To determine the primary and secondary groupers for the patient in Multiple Grouper processing, you must enter values in the following three fields: DRG Payors, Financial Classes, and Other Payors. This is necessary in order for the system to determine the correct Payor to use for the secondary grouping.

7. DRG PAYORS (1-AN-R)

Enter the DRG Payor Codes used in Multiple Grouper processing. In this field, the primary required payor is displayed first, followed by the secondary required payor.

8. FINANCIAL CLASSES (29-N-R)

Enter a Financial Class code for each of the DRG Payors listed in the DRG Payors field. Any Financial Class (for the respective DRG Payor) can be entered, as all roll up to the same DRG Payor.

9. OTHER PAYORS (3-AN-R)

Enter the Other Payor Codes associated with the Financial Classes entered in the Financial Classes field.

OVERVIEW OF INFORMATION FLOW

Based on the value of the Other Payor Code field in the Financial Classes table, the primary financial class of the patient, and the Multiple Grouper parameter in HBOC Parameter Functions, the system determines when and on whom to obtain two DRGs and reimbursement from the generic encoder.

When you access the generic encoder, the first packet to download contains payor information associated with the patient's primary financial class. Thus, the first DRG and reimbursement to be calculated and uploaded to STAR corresponds to the DRG payor associated with the patient's primary financial class (this is the DRG for billing).

Immediately after you return to STAR, the system automatically accesses the generic encoder again and downloads a second packet to calculate the DRG and reimbursement for either the primary or secondary required payor (depending on the patient's primary financial class). The second entry is strictly for the purpose of calculating the second DRG and reimbursement. You should not add, delete, or resequence the diagnoses or procedures at this time. To update and/resequence diagnoses and/or procedures, you must access the generic encoder again.

Chapter 4 - DATA TRANSMISSION

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HL7 STANDARD INTERFACE RECORD OVERVIEW

NOTE: The information in this section was obtained from Health Level Seven, Version 2.2 © 1994.

What Is HL7?

The term Health Level Seven (HL7) refers to the highest level of the Open System Interconnection (OSI) model. In the OSI model, the function of both communications software and hardware are separated into seven layers, or levels. The HL7 standard is primarily focused on the issues that occur within this seventh, or application, level.

At this application level are the definitions of the data to be exchanged, the timing of the exchanges, and the communication of certain application-specific errors between the applications.

What Is an HL7 Event?

HL7 is written from the assumption that an event in the real world of healthcare creates the need for data to flow among systems. This real-world event is called the trigger event. STAR currently contains the trigger events that transmit ADT and Medical Record Abstracting information to other systems.

What Is an HL7 Message?

A message is the atomic unit of data transferred between systems. It is comprised of a group of segments in a defined sequence. Each message has a message type that defines its purpose.

What Is an HL7 Segment?

A segment is a logical grouping of data fields. Segments of a message may be required or optional. They may occur only once in a message or they may be allowed to repeat. Each segment is given a name and is identified by a unique three-character code known as the Segment ID. For example, the ADT message may contain the following segments: Message Header (MSH), Event Type (EVN), Patient ID (PID), and Patient Visit (PV1). The transcript segment is TXA. The P01 message may contain the following segments: DG1, PV1. For this interface, specific segments of the A01 and P01 messages are sent.

What Is an HL7 Field?

A field is a string of characters and is sometimes called an element. HL7 does not care how systems actually store data within an application. When fields are transmitted, they are sent as character strings. In defining a segment, the following information is specified about each field: position, name, ID number, maximum length, optionality, repetition, table, and data type.

GENERIC ENCODER INTERFACE HL7 TRANSACTIONS

Sample HL7 Transactions

OUTBOUND

The following is a sample of the output packet sent from STAR to the generic encoder using this interface:

```
MSH|^~\&|HBOC|A|||19971017|A08|||2.3
EVN||19971017
PID||000001056|000001056||VELVETTWOTWO^TESTTWO^X||19550101|F|||||||971000002
PV1|||P|||||1^ADAMS^JAY^M|||||||01|||||||01|||||199704101502|199706200717||
13845.00
DG1|0||7899^ABDOMEN/PELVIS SYMP NEC^I9C|||0
DG1|1||5439^DISEASES OF APPENDIX NEC^I9C|||1|||||||5^FIVE
DG1|2||34590^EPILEP NOS W/O INTR EPIL^I9C|||2|||||||8^EIGHT
PR1|1||4791^APPENDICOSTOMY^I9C||19970606|||||32^ADAIR^FRANK^C|||1
PR1|2||8819^ABDOMINAL X-RAY NEC^I9C||19970607|||||10^COLMAN^MICHAEL^C|||2
```

NOTE: In this example, diagnosis and procedure codes are already stored in STAR and are being sent to the vendor's product.

INBOUND

Example 1 (sent from the generic encoder to STAR):

```
MSH|^~\&|WINCODER+|MEDICUS|||199710171007||MRE||P|2.3
PID||000001056||VELVETTWOTWO^TESTTWO^X||19550101|F|||||||9710000002
PV1|||P|||||||01|||||||01|||||19970410|19970620||13845.00
DG1|0||7899^ABDOMEN/PELVIS SYMP NEC^I9C|||
DG1|1||5439^DISEASES OF APPENDIX NEC^I9C|||||||5^FIVE
DG1|2||34590^EPILEP NOS W/O INTR EPIL^I9C|||||||8^EIGHT
PR1|1||4791^APPENDICOSTOMY^I9C||19970606|||||32^Adams^John^^^^
PR1|2||8819^ABDOMINAL X-RAY NEC^I9C||19970607|||||10^Smith^Bob^^^^
PR1|3||8876^DX ULTRASOUND-ABDOMEN^I9C||19970606|||||21^Brown^Cindy^^^^
DRG|153^MINOR SMALL & LARGE BOWEL PROCEDURES W/O
CC^HCFA97|||||||4457.15
ZEN||| 5.60| 0.00| 1.16|24.00|6
```

NOTE: In this example, an additional procedure code was added, and DRG and reimbursement information is being sent to STAR.

Example 2:

```
MSH|^~&|WINCODER|MEDICUS|||200101221327||MRE||P|2.3
PID|||000001445||TEST^CHTMGMT^||19601010|F|||||||0000426454
PV1||E||||4234|||||||||||||||||01|||||20000901|20000901||||00000
DG1|0||4111^^I9C||||A
DG1|1||4111^INTERMED CORONARY SYND^I9C|||||||||5^FIVE
DG1|2||2765^HYPOVOLEMIA^I9C|||||||||8^EIGHT
PR1|1||3721^Right Cardiac Catheterization^I9C||20000901||||1
PR1|2||93226^ECG Monitor/Report, 24 Hrs^C4||20000901||||1||||
GP2|||||0100^Continuous ECG|||82.43
PR1|3||75676^Artery X-Rays, Neck^C4||20000901||||1||||
DRG|124^CIRC DISORDERS EXCEPT AMI, W/ CARD CATH & COMPLEX
DIAG^2000|||||||||5608.00|3.4|4.5|1.402|0|5|0.00
ZEN||0|3.4|4.5|1.402|0|5
GP1|E
```

Inbound and Outbound HL7 Information

Data Element	McK	Vendor	HL7	Segment	Field	Notes
Patient Identifier - MR#	Y	Y	Y	PID	3	
Patient Name		Y	Y	PID	5	
DOB/Age	Y	Y	Y	PID	7	McKesson transmits the date of birth, not the age
Sex	Y	Y	Y	PID	8	
Former Name		Y	Y	PID	9	
Patient Account Number		Y	Y	PID	18	
Visit Type		Y	Y	PV1	2	McKesson transmits patient type
Attending Provider/ Physician		Y	Y	PV1	7	
Payor Indicator	Y	Y		PV1	20	Other Payor Code in STAR
Discharge Disposition	Y	Y	Y	PV1	36	Disposition codes need to be entered in STAR table
Admit Date	Y	Y	Y	PV1	44	
Discharge Date	Y	Y	Y	PV1	45	
Total Charges	Y	Y	Y	PV1	47	
Diagnosis Code - ICD	Y	Y	Y	DG1	3	
Diagnosis Code Description	Y	Y	Y	DG1	4	
Diagnosis Type	Y		Y	DG1	17	McKesson transmits diagnosis type via HL7 DG1 segment, field 17, DRG Classification
ASC Payment		Y		DG1	23	
Procedure Code - ICD	Y	Y	Y	PR1	3	
Procedure Code Description	Y	Y	Y	PR1	4	
Procedure Date	Y	Y	Y	PR1	5	
Procedure Anesthesiologist	Y		Y	PR1	8	
Procedure Anesthesia Code	Y		Y	PR1	9	
Procedure Surgeon	Y	Y	Y	PR1	11	
HCPCS/CPT Code - ICD	Y	Y	Y	PR1	3	

Data Element	McK	Vendor	HL7	Segment	Field	Notes
HCPCS/CPT Code Description	Y	Y	Y	PR1	4	
HCPCS/CPT Date	Y	Y	Y	PR1	5	
HCPCS/CPT Surgeon	Y	Y	Y	PR1	11	
DRG Code	Y	Y	Y	DRG	1	
DRG Code Description	Y	Y	Y	DRG	1	
Outlier Type Ind.	Y		Y	DRG	5	
Outlier Type Description	Y		Y	DRG	5	
Total Outlier	Y		Y	DRG	9	
Total Reimbursement	Y	Y		DRG	16	Extension to DRG segment
APC Code/Descr		Y	Y	GP2	7	
APC Reimb		Y	Y	GP2	11	
Birth Weight	Y	Y	Y	ZEN	2	
Standard/Geometric LOS	Y	Y		ZEN	3	
Arithmetic LOS (ALOS)	Y	Y		ZEN	4	
DRG Weight	Y	Y		ZEN	5	
Day Outlier Threshold	Y	Y		ZEN	6	
MDC Code	Y	Y		ZEN	7	
MDC Description	Y	Y		ZEN	8	
Operating Reimbursement	Y			ZEN	9	
Capital Reimbursement	Y			ZEN	10	
Total IME	Y			ZEN	11	
Total DSH	Y			ZEN	12	
Total DME	Y			ZEN	13	
Short Stay Threshold	Y			ZEN	14	
Federal Blended Rate	Y			ZEN	15	

MSH (MESSAGE HEADER)

Sequence #	Element Name	Description
1	Field Separator	
2	Encoder Characters	^&~\
3	Sending application	HBOC
4	Sending facility	patient's facility
5	Receiving application	from "Sending App" of encoder parameters
6	Receiving facility	from "Sending Fac" of encoder parameters
7	Date/Time of message	date and time
8	Security	N/A
9	Message type	A08
10	Message control ID	N/A
11	Processing ID	N/A
12	Version ID	2.3

EVN (EVENT)

A08

Current Date (8 digits)

Interface Tables

Additional information on these tables can be found in the standard HL7 protocol manual.

DG1 (DIAGNOSIS) SEGMENT

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4	SI	R			00375	Set ID - DG1
2	2	ID	(B) R		0053	00376	Diagnosis Coding Method
3	60	CE	O		0051	00377	Diagnosis Code
4	40	ST	B			00378	Diagnosis Description
5	26	TS	O			00379	Diagnosis Date/Time
6	2	IS	R		0052	00380	Diagnosis Type
15	2	NM	B			00389	Diagnosis Priority
16	60	XCN	O	Y		00390	Diagnosing Clinician
17	3	IS	O		0228	00766	Diagnosis Classification
18	1	ID	O		0136	00767	Confidential Indicator
19	2		O				Diagnosis Indicator

DRG SEGMENT

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	60	CE	O		0055	00382	Diagnostic Related Group
2	26	TS	O			00769	DRG Assigned Date/Time
3	2	ID	O		0136	00383	DRG Approval Indicator
4	2	IS	O		0056	00384	DRG Grouper Review Code
5	60	CE	O		0083	00385	Outlier Type
6	3	NM	O			00386	Outlier Days
7	12	CP	O			00387	Outlier Cost
8	1	IS	O		0229	00770	DRG Payor
9	9	CP	O			00771	Outlier Reimbursement
10	1	ID	O		0136	00767	Confidential Indicator
16	10	ST	O				Total Reimbursement
24	3/4		O				APRDRG
25	1		O				Risk of Mortality
26	1		O				Severity of Illness

PR1 (PROCEDURES) SEGMENT

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4	SI	R			00391	Set ID - PR1
2	2	IS	(B) R		0089	00392	Procedure Coding Method
3	80	CE	R		0088	00393	Procedure Code
4	40	ST	B			00394	Procedure Description
5	26	TS	R			00395	Procedure Date/Time
6	2	IS	R		0230	00396	Procedure Functional Type
7	4	NM	O			00397	Procedure Minutes
8	120	XCN	B	Y	0010	00398	Anesthesiologist
9	2	IS	O		0019	00399	Anesthesia Code
10	4	NM	O			00400	Anesthesia Minutes
11	120	XCN	B	Y	0010	00401	Surgeon
12	230	XCN	B	Y	0010	00402	Procedure Practitioner
13	60	CE	O		0059	00403	Consent Code
14	2	NM	O			00404	Procedure Priority
15	80	CE	O			00772	Associated Diagnosis Code

PID (PATIENT IDENTIFICATION) SEGMENT

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4	SI	O			00104	Set ID - Patient ID
2	20	CX	O			00105	Patient ID (External ID)
3	20	CX	R	Y		00106	Patient ID (Internal ID)
4	20	CX	O	Y		00107	Alternate Patient ID - PID
5	48	XPN	R			00108	Patient Name
6	48	XPN	O			00109	Mother's Maiden Name
7	26	TS	O			00110	Date/Time of Birth
8	1	IS	O		0001	00111	Sex
9	48	XPN	O	Y		00112	Patient Alias
10	1	IS	O		0005	00113	Race
11	106	XAD	O	Y		00114	Patient Address
12	4	IS	B			00115	County Code
13	40	XTN	O	Y		00116	Phone Number - Home
14	40	XTN	O	Y		00117	Phone Number - Business
15	60	CE	O		0296	00118	Primary Language
16	1	IS	O		0002	00119	Marital Status
17	3	IS	O		0006	00120	Religion
18	20	CX	O			00121	Patient Account Number
19	16	ST	O			00122	SSN Number - Patient
20	25	CM	O			00123	Driver's License Number - Patient
21	20	CX	O	Y		00124	Mother's Identifier
22	3	IS	O		0189	00125	Ethnic Group
23	60	ST	O			00126	Birth Place
24	2	ID	O		0136	00127	Multiple Birth Indicator
25	2	NM	O			00128	Birth Order
26	4	IS	O	Y	0171	00129	Citizenship
27	60	CE	O		0172	00130	Veterans Military Status
28	80	CE	O			00739	Nationality
29	26	TS	O			00740	Patient Death Date and Time
30	1	ID	O		0136	00741	Patient Death Indicator

PV1 (PATIENT VISIT) SEGMENT

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4	SI	O			00131	Set ID - PV1
2	1	IS	R		0004	00132	Patient Class
3	80	PL	O			00133	Assigned Patient Location
4	2	IS	O		0007	00134	Admission Type
5	20	CX	O			00135	Preadmit Number
6	80	PL	O			00136	Prior Patient Location
7	60	XCN	O	Y	0010	00137	Attending Doctor
8	60	XCN	O	Y	0010	00138	Referring Doctor
9	60	XCN	O	Y	0010	00139	Consulting Doctor
10	3	IS	O		0069	00140	Hospital Service
11	80	PL	O			00141	Temporary Location
12	2	IS	O		0087	00142	Preadmit Test Indicator
13	2	IS	O		0092	00143	Readmission Indicator
14	3	IS	O		0023	00144	Admit Source
15	2	IS	O	Y	0009	00145	Ambulatory Status
16	2	IS	O		0099	00146	VIP Indicator
17	60	XCN	O	Y	0010	00147	Admitting Doctor
18	2	IS	O		0018	00148	Patient Type
19	20	CXK	O			00149	Visit Number
20	50	CM	O	Y	0064	00150	Financial Class
21	2	IS	O		0032	00151	Charge Price Indicator
22	2	IS	O		0045	00152	Courtesy Code
23	2	IS	O		0046	00153	Credit Rating
24	2	IS	O	Y	0044	00154	Contract Code
25	8	DT	O	Y		00155	Contract Effective Date
26	12	NM	O	Y		00156	Contract Amount
27	3	NM	O	Y		00157	Contract Period
28	2	IS	O		0073	00158	Interest Code
29	1	IS	O		0110	00159	Transfer to Bad Debt Code
30	8	DT	O			00160	Transfer to Bad Debt Date
31	10	IS	O		0021	00161	Bad Debt Agency Code
32	12	NM	O			00162	Bad Debt Transfer Amount

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
33	12	NM	O			00163	Bad Debt Recovery Amount
34	1	IS	O		0111	00164	Delete Account Indicator
35	8	DT	O			00165	Delete Account Date
36	3	IS	O		0112	00166	Discharge Disposition
37	25	CM	O		0113	00167	Discharged to Location
38	2	IS	O		0114	00168	Diet Type
39	2	IS	O		0115	00169	Servicing Facility
40	1	IS	BO		0116	00170	Bed Status
41	2	IS	O		0117	00171	Account Status
42	80	PL	O			00172	Pending Location
43	80	PL	O			00173	Prior Temporary Location
44	26	TS	O			00174	Admit Date/Time
45	26	TS	O			00175	Discharge Date/Time
46	12	NM	O			00176	Current Patient Balance
47	12	NM	O			00177	Total Charges

PRELIMINARY GP2 (GROUPING/REIMBURSEMENT PROCEDURE) SEGMENT

SEQ	LEN	DT	ELEMENT NAME
1	4	NM	Revenue Code per HCPCS/CPT
2	7	NM	Units of Service
3	19	CP	Line Item Charges
4	1	NM	Line Item Action Flag
5	1	NM	Line Item Denial or Rejection Indicator
6	3	NM	OCE Edit per HCPCS/CPT
7	250	CE	APC
8	3	NM	Modifier Edit
9	1	NM	Payment Adjustment Flag
10	1	NM	Packaging Flag
11	19	CP	CMS Payment
12	19	CP	Outlier Adjustment Flag
13	8	ST	Reimbursement Type
14	19	CP	Reimbursement Type Payment
15	19	CP	Co-Pay Amount
16	4	NM	Pay Rate per Unit

ZEN SEGMENT

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
1	4	SI	R				Set ID - ZEN
2	4	NM	O				Birth Weight
3	6	NM	O				Standard/Geometric LOS
4	6	NM	O				Arithmetic LOS (ALOS)
5	8	NM	O				DRG Weight
6	3	NM	O				Day Outlier Threshold
7	12	NM	O				MDC Code
8	70	ST	O				MDC Description
9	12	NM	O				Operating Reimbursement
10	12	NM	O				Capital Reimbursement
11	12	NM	O				Total IME
12	12	NM	O				Total DSH
13	12	NM	O				Total DME
14	12	NM	O				Short Stay Threshold
15	12	NM	O				Federal Blended Rate

ZVR SEGMENT

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	ELEMENT NAME
31A	4		O				Reason for Visit 1 (ICD code)
320	4		O				Reason for Visit 1 (ICD description)
41A	6		O				Reason for Visit 2 (ICD code)
4	6		O				Reason for Visit 2 (ICD description)
5	8		O				Reason for Visit 3 (ICD code)
6	3		O				Reason for Visit 3 (ICD description)

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