STAR 2000™

STAR FINANCIALS PATIENT ACCOUNTING REFERENCE GUIDE
British Columbia Electronic Claims and Payments

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Preface

The *STAR Financials Patient Accounting Reference Guide* is a multi-volume document written for all users of the system. The *British Columbia Electronic Claims and Payments Volume* provides detailed information about electronic billing and payment processing for British Columbia.

Documentation Conventions

Documentation for McKesson's STAR^TM 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

            NOTE: Facilities can designate that certain fields be Required. STAR product documentation does not display R for fields designated as Required by a facility.

        - O if an entry is Optional to complete the function

        - C if an entry is Conditionally required or optional

    - 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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This document contains a detailed explanation of the electronic billing and payment interfaces available in the STAR Financials Patient Accounting System for British Columbia.

Chapter 1: User Functions

This chapter provides information about hardware and software requirements, an overview of application functions, reports produced by the interface, and file layouts.

Chapter 1 - British Columbia Electronic Claims and Payments

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Illustrations

INTRODUCTION

This document contains a detailed explanation of the electronic billing and payment interfaces available in the STAR Financials Patient Accounting System for British Columbia.

The system creates MSP and Worker's Compensation claims in files that can be uploaded to the Teleplan system for transmission to the Ministry. The system also processes electronic payments received from the Ministry. These files are formatted based on the Teleplan-PC Specifications Version 4.0 provided by the Ministry of Health. The system creates both inpatient and outpatient claim files for Out of Province claims per Ministry specifications. The claim files can be placed on diskettes or on the hard drive of the PC for export to other systems. The payment files for MSP and Worker's Compensation can be uploaded from either diskette or the hard drive of the PC. Electronic payments are not provided for Out of Province claims.

The record layout for the claim data contains the information needed for the Ministry to process the claims. The data included and the format depend on the type of claim, such as MSP, Worker's Compensation or Out of Province.

Electronic payment information is received for MSP and Worker's Compensation claims and must be uploaded from the PC to the STAR Financials CPU. The record layout for the payment data contains the information needed for posting the payments. Additional summary, message, refusal, and rejection information is also provided from the Ministry. This information is used for reporting purposes.

Prior to uploading the payment information, you are asked to complete a set-up screen that is similar to the default value screen in insurance cash posting. This set-up screen does not contain as many fields as the default value screen since most of the information is contained within the payment file or the patient's account record.

The payment records (S01, S02, S03, S04) are read and matched to claim charge lines on the patient accounts, using a unique sequence number that was assigned to the claim record when the file was created for the Ministry. This sequence number is returned in the payment file for ease in identification.   Payments are not posted if the account or claim cannot be found, the account is in bad debt or has been archived, a valid adjustment code does not exist for adjustment posting, or the claim is flagged for deletion. In addition, records are also not processed for payment if they are returned from the Ministry with a Line Code of R (Refusal Exp. Code) or H (Recycle Exp. Code). Claims meeting any of these conditions are included on a rejection report for review by the hospital.

Payments that uniquely match claim charge detail lines in existing claims are placed in an open insurance cash batch. The cash batch is created in balance and can be immediately approved/posted from within the Electronic Remittance processor if desired. You can also view, print, and edit this batch in the existing cash posting function.

The British Columbia Ministry of Health creates refusal records for inbound claims that had refusals due to pre-edit format or edit/eligibility rules established by MSP. These records are processed during the electronic remittance upload process. The Ministry Claim Refusal report (FXRMRER) is automatically generated during this process. This report includes the list of claim refusals (C12 records in the file).

NOTE: This document uses the terms electronic remittance and electronic payment interchangeably. The document also refers to storing data files on the hard drive of your personal computer, although you may be using a networked drive or floppy disk drive. If you are using a networked drive, remember to use the drive and directory indicators as appropriate to your environment.

PREREQUISITES

Hardware and Software Requirements

To download electronic claims and upload electronic payments from a third party, you must use an IBM-compatible personal computer (PC) equipped with McKesson's Windows Emulator (WEM) software and linked to the STAR Financials central processing unit (CPU).

The PC must be capable of receiving data from the third party. This requires a modem and a dedicated telephone line if the data is to be received via telephone or an appropriate diskette drive if the data is to be received by diskette.

Minimum disk space requirements depend on the amount of claim data sent, the amount of payment data received, and the length of time the data remains on the PC. Once a file is uploaded onto the STAR Financials CPU, you can delete it from the PC.

McKesson recommends that your PC use Microsoft ® Windows 95 or higher to make full use of the Electronic Claim and Payment software. You must be configured as a British Columbia customer in order to use British Columbia Electronic Claim and Remittance Advice software.

PC Preparation

NOTE: Your PC must meet the hardware requirements stated above.

No other preparation is necessary when files are downloaded or uploaded directly to or from a diskette.

If you want to copy your claim files to your hard drive, McKesson recommends that you set up a separate directory for each type of claim download to contain those files. For instance, you may set up a separate directory called MSPCLM to contain the claim files for MSP and Worker's Compensation and a directory called OOPCLM to contain the claim files for Out of Province. If you want to copy the Ministry remittance file to your hard drive, McKesson recommends that you set up a separate directory, SIMPC, to contain those files.

NOTE: Each download and upload process has defaults for the drive and directory. The data files may reside on drives and directories other than those defined as the default.

PC Preparation for MSP and Worker's Compensation Claim Download

To create claim files for MSP and Worker's Compensation on your hard drive, perform the following steps to prepare your PC to use the Electronic Claim software.

1. Make a directory for files that are to be downloaded on drive C. Name the directory MSPCLM.

NOTE: The data files to be uploaded may reside on a drive other than C and in a directory other than MSPCLM. The default values in the download process are drive A and directory [root]. The file name created is send.dat. If this file is to be retained on the hard drive, it should be renamed in order to prevent it from being overwritten.

PC Preparation for Out of Province Claim Download

To create claim files for Out of Province claims on your hard drive, perform the following steps to prepare your PC to use the Electronic Claim software.

1. Make a directory for files that are to be downloaded on drive C. Name the directory OOPCLM.

NOTE: The data files to be uploaded may reside on a drive other than C and in a directory other than OOPCLM. The default values in the download process are drive C and directory [root]. The file name created for inpatient claims is In*yymmdd.999, where yy is the year, mm is the month, dd is the day, and 999 is the hospital code number.* The file name created for outpatient claims is H*yymmdd.999, where yy is the year, mm is the month, dd is the day, and 999 is the hospital code number.*

PC Preparation for MSP and Worker's Compensation Payment Upload

To upload remittance files for MSP and Worker's Compensation from your hard drive, perform the following steps to prepare your PC to use the Electronic Claim software.

1. Make a directory for files that are to be downloaded on drive C. Name the directory SIMPC.

NOTE: The data files to be uploaded may reside on a drive other than C and in a directory other than SIMPC. The default values in the upload process are drive C and directory SIMPC.

2. Receive a data file into this directory.

Directory Maintenance

You are responsible for maintaining the directory containing electronic claim and payment files on the PC. McKesson recommends the naming conventions shown in the previous examples to help prevent you from deleting data files in error.

The frequency with which you delete files depends on the amount of disk space available on the PC. For greater data security, you also may want to periodically back up data files.

Directory maintenance can be performed using standard Windows techniques. For example, you can view all files in the \OOPCLM directory using Windows Explorer and delete data files beginning with the letter I, to remove the inpatient claims.

Using a standard naming convention also makes it easier to recognize files in specific date ranges. For more information, refer to your Windows user's guide.

Downloading of Data

Before you can download data to claim diskettes or files, you need to verify that your system is set up properly to create claim download data. Before beginning, review this checklist and ensure that each step has been completed and verified.

1. The MSP file has been loaded onto the system.

2. The MSP File Parameters are correct.

3. The Provider table (Financials) has the correct institution numbers.

4. The Doctor table has the appropriate 5-digit Provincial license number defined.

5. The Financial table - Physician Bill Codes Ministry - has the correct 5-digit Provincial license number and the billing type for the doctor has been appropriately defined as practitioner, referring, or both.

6. The Claim Load and Edit Parameters are set up for BC MSP (Claim Type P) and BC Worker's Comp Elec (Claim Type Q).

7. Report definitions are set up for MSP Diskette Submission Report (FMRBCMS_). Ensure that the retention days for each report are set to a minimum of three days and the reports have been assigned to an appropriate printer.

8. Verify MSP Data Centre Information has been appropriately updated in PAAR Control Maintenance.

9. Verify the Service Item Master (SIM) has the correct pricing assignments for each Financial Class and variable price fields, correct ProFee Flags, Professional Fee Items linked to technical components, correct Sub-Department and FIM Item Assignments.

10. Verify the Financial Item Master (FIM) has the correct Proration Summary codes and MSP codes

11. Verify Ministry Insurance Plans are correct, especially the Proration Summary Code Exceptions which are used primarily to define those items that are not covered by the insurance plan.

12. Verify that the Patient Type table points to the correct variable price field in the SIM and contains the correct Service Location information.

13. Verify valid values are included in the Patient Care Body Part, Anatomical Position, and Nature of Injury tables.

14. Verify valid entries have been included in the Financial Table – MSP Resubmission Codes.

In addition, here are more items to check for out of province claims:

15. Verify valid entries have been included in the Patient Care Out of Province Reason table and Out of Province Service Code table.

16. Verify that the appropriate Out of Province Service Code has been attached to the FIM on items billable for out of province patients.

17. Report definitions are set up for BC Out of Province Diskette (FMRBCOP_). Ensure that the retention days for each report are set to a minimum of three days and the reports have been assigned to an appropriate printer.

Uploading of Data

Before you can upload and process the payment diskettes from the Ministry, you need to verify that your system is set up to properly receive the data. Before beginning, please review this checklist and ensure that each step has been completed and verified.

1. Verify that your Ministry Insurance Plans have been set up with the appropriate adjustment transaction code required to post the calculated adjustments with the payments. This information may be found in the Facility Information portion for each insurance plan.

2. Verify that the Cash Posting Exception (FAR140_), Ministry RA Audit (FXRMRAR_), Ministry RA Rejection (FXRMRR_), and Ministry Claim Refusal (FXORER_) reports have been correctly defined in Reports Maintenance. Ensure that the retention days for each report are set to a minimum of three days and that the reports have been assigned to an appropriate printer.

Steps to Process Payment Files

When you are ready to upload and process your payment files, there are several steps you need to take. The following is an outline of the suggested steps. Each business

office should develop its own hospital-specific guidelines regarding diskette processing for the staff to follow.

Since the British Columbia Ministry typically sends a file daily (sometimes the file just includes Claim Refusal Records), you may want to do this process each day.

Step 1. Upload the file from diskette or hard drive into STAR.

Step 2. Print and work Ministry Claim Refusal Report.

The following steps are needed if the file received from the Ministry also included payment information:

Step 3. Process the file on STAR.

Step 4. Print Ministry RA Audit Report and Ministry RA Rejection Report.

Step 5. Work the rejections, using the Ministry RA Rejection Report.

Step 6. Post the batch.

Step 7. Run Midnight Processing.

For detailed information of each outline step, refer to "PROCESSING THE ELECTRONIC RA AND WORKING THE CASH BATCH" on page 1-57.

INTERFACE FUNCTIONS

To access the Interface Functions menu, choose the Financial System Management option from the initial menu. Next, choose the Interface Functions option from the Financial System Management menu. The Interface Functions base menu is displayed as follows:

```
                General Hospital Interface Functions Processor
                                               Wed Feb 13, 2002 05:25 pm
 Interface Functions Input Options


           Option No.  Option
           --------------------------------------
               1       TRENDSTAR Interfaces
               2       REPLICA Interface

  TAPE PROCESS  3       Charge Summary
               4       Revenue Service Statistics

  MAINTAIN      5       Electronic RA Interfaces
               6       Pathways Contr Mgmt Interface

  DOWNLOAD      7       Ministry Claim Data
               8       Recreate Download Diskette
               9       Create HOOPC Diskette

              10       Horizon Performance Manager


 Enter option number--
```

NOTE: The menu above is from the base STAR Financials Patient Accounting system. Menus may differ at your facility.

Refer to the Financial System Management section in the *General Information Volume* of the *STAR Financials Patient Accounting Reference Guide* for documentation of the following menu options:

• TRENDSTAR Interface and Horizon Performance Manager Interface

• Charge Summary

• Revenue Service Statistics

• This document discusses the remaining menu options from the above screen:

• Electronic RA Interfaces

• Ministry Claim Data

• Recreate Download Diskette

- Create HOOPC Diskette

Also discussed in this document are reports specific to the Electronic RA Interfaces, reports specific to Downloading Ministry Claims, file layout (or technical specifications specific to claim downloading), and some common error messages with hints and tips for troubleshooting the cause(s).

ELECTRONIC RA INTERFACES

When you select the Electronic RA Interfaces option, the system displays the following submenu:

```
            General Hospital Electronic RA Interfaces Processor


                                        Wed Feb 13, 2002 05:31 pm|
Electronic RA Interfaces Input Options

          Option No.  Option
          --------------------------------------
              1       Upload Electronic RA files from PC
              2       Process Electronic RA
              3       Print Ministry RA Audit Rpt
              4       Delete Electronic RA files from STAR


Enter option number --
```

Upload Electronic RA Files from PC

To begin the upload of your payment files from your PC (diskette or hard drive), select the Upload Electronic RA Files from PC menu option from the Interface Functions Processor menu.

The system prompts you to select a facility, if applicable. After you select the desired facility, the following prompt is displayed:

Enter the drive [C]--

To accept the default of C, press **ENTER**. If the data file is on a drive different from C, enter the letter that designates the drive. Next, the system displays the following prompt:

Enter directory [\SIMPC]—

Press **ENTER** to accept the default of SIMPC directory. If the drive you entered was a diskette drive instead of a hard drive, a default directory will not be displayed. If the data file is in a directory other than SIMPC, enter the full path name of the directory. After you enter the full path of the directory, the following prompt is displayed:

Enter file name to upload [All]--

To upload all data files from the specified directory, press **ENTER** for the default. To upload a specific data file, enter the name of the data file.

After you enter a specific file or the default of All, the system begins to upload the file(s) to the STAR Patient Accounting CPU. An information window displays the status of the

files as they upload to the CPU. This process simply copies the payment file from the diskette or destination drive onto the STAR system.

Only the Ministry Claim Refusal Report is automatically produced when a file is uploaded. If the uploaded file only contains Claim Refusal records, a header record for payment processing is not created. When this occurs, there is no file to process when the Process Electronic RA or the PrintMinistry RA Audit Rpt function is accessed. The header record for the electronic RA processor is established based on the presence and information contained in the Remittance Control Record from MSP (Record code VRC).

You can manually request the Remittance Audit report from the menu if payment information was contained in the file. The Audit Report lists all entries in the file with the exception of the Claim Refusal Records. Refer to "Print Ministry RA Audit Report" on page 1-19 for information regarding the review of data file contents.

NOTE: McKesson recommends that you review the Audit Report and verify that the payee summary information matches the payments expected and that the total deposited into your bank account matches what is reported on the file.

PROCESS ELECTRONIC RA

The Process Electronic RA function enables you to create an insurance cash batch from an uploaded file and assign default values for posting. When you access this function, the system prompts you to select a facility, if applicable.

After you select the desired facility, the uploaded files display. Only files that have not been posted are displayed.

```
         General Hospital Process Electronic RA Processor
                                       Wed Feb 13, 2002 06:45 pm


 Page:01                        Uploaded Files
     File name     Payment Dt   Upload Dt   Current Status      Batch#

 ( 1) P010328.001-1  Mar 30      Feb 03      Batch balanced      5
 ( 2) P020210.001-1  Feb 10      Feb 14      Uploaded






 Enter choice--

```

Each data file displays the following information:

FILE NAME (DISPLAY ONLY)
The system displays the name of the file sent from the British Columbia Ministry of Health.

PAYMENT DT (DISPLAY ONLY)
This column shows the payment date sent in the file from the British Columbia Ministry of Health.

UPLOAD DT (DISPLAY ONLY)
The date the file was uploaded to the STAR Patient Accounting CPU is displayed in this column.

CURRENT STATUS (DISPLAY ONLY)
If a batch has been created, the status of the batch is displayed. Files that have been uploaded, but not yet processed, have a status of Uploaded. If a batch has already been created, the cash batch status is displayed as Balanced, Unbalanced, or On Hold.

BATCH # (DISPLAY ONLY)
The number of the associated insurance cash batch is displayed. Files with an
Uploaded status have a blank batch number.

Select the desired data file. The file can have an Uploadedstatus, which indicates that
the insurance cash batch has not yet been created. The file can have a Batch
Unbalanced, Batch Balanced, or Batch On Hold status, which indicates that the batch
has been created, but not yet approved. If a batchhas been created and not approved,
you can recreate the batch. If you select a file that has already been processed, the
existing insurance cash batch will be deleted, and replaced by the data in the uploaded
file. You cannot select a batch for recreation if the batch has been approved and
posted. Approved and posted batches do not display with the list of data files.

When you select an Uploaded data file, the system prompts you to enter a batch
number or you can have the system auto-assign the batch number. The system checks
the currently assigned cash batch numbers to avoid assigning a duplicate number.
After you assign the batch number, the system displays the following screen:

```
            General Hospital Ministry RA Setup Processor
                                      Wed Feb 13, 2002 06:54 pm


  1 Batch #                 2 Batch Description              3 # of Trans
    805                        MINISTRY FILE - P020210.001-1    0
  4 Posting Date            5 Payment Date                   6 Batch Total
    02/02/13                   02/02/10

                            Electronic RA Defaults

  7 Payment Date      8 Payment Trans Code/Description      9 Allow Contr Adj?
    02/02/10            I0002-Ministry Payment                Yes
 10 Alt Contr Adj Trans Code/Desc        11 Remittance #
                                            T4841 20020210
 12 Claim Disposition
     Partial Payment



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

Field Explanations

1. BATCH # (DISPLAY ONLY)
The previously assigned batch number is displayed.

2. BATCH DESCRIPTION (DISPLAY ONLY)
The batch description is displayed. It defaults as MINISTRY FILE –FILE NAME, where
FILE NAME is the name of the file being posted.

3. # OF TRANS (DISPLAY ONLY)
The total number of transactions processed into the cash batch is displayed. When creating a new cash batch, this will be zero.

4. POSTING DATE (DISPLAY ONLY)
The system displays the current date.

5. PAYMENT DATE (DISPLAY ONLY)
The payment date from the source file is displayed.

6. BATCH TOTAL (DISPLAY ONLY)
This field displays the total payments processed into the cash batch. When creating a new cash batch, this will be zero.

ELECTRONIC RA DEFAULTS

7. PAYMENT DATE (SPECIAL FORMAT-R)
The payment date from the payment date field is displayed; however, you can modify the date.

8. PAYMENT TRANS CODE/DESCRIPTION (TABLE LOOKUP-R)
Enter the transaction code used to post the payments if you know it, or a hyphen (-) to select from the displayed list. If you leave this field blank, the system uses the payment transaction code from the insurance plan for the claim.

9. ALLOW CONTR ADJ? (1-A-R)
When you enter Y, adjustment amounts included in the S02 records are taken as contractual adjustments. If you enter N, the contractual adjustment field is not auto-filled but can be entered manually with each entry via cash posting.

10. ALT CONTR ADJ TRANS CODE/DESC (TABLE LOOKUP-O)
Enter an alternate contractual adjustment transaction code to be used for this cash batch instead of using the contractual adjustment transaction code on the patient's insurance plan. Enter the code, if you know it, or a hyphen (-) to select from the displayed list. When you leave this field blank, the patient's insurance plan contractual adjustment code is used. The cursor does not automatically stop at this field. To access this field, enter /13 from any field on the screen.

11. REMITTANCE # (25-A-O)
This field automatically defaults to the Data Centre Number and the Date of Payment included in the source file, but can be modified if desired.

12. CLAIM DISPOSITION (1-A-R)
Since each STAR claim can have multiple payments from the British Columbia Ministry of Health, the Claim Disposition field always defaults to P, for partial payment, and cannot be changed through the electronic RA processor. This is because payments are based on a claim charge line basis, not a STAR claim basis.

When you accept this screen, the system begins to create the insurance cash batch from the uploaded file. If an insurance batch exists for the uploaded file, the system displays the following error message:

Insurance cash batch already exists. Rerun? (Y/N) --

Enter **Y** to delete the existing batch and recreate it from the uploaded file. Enter **N** to return to the set-up screen to edit the fields.

Matching Criteria

The uploaded payment data is used to create the insurance cash posting file. Only actual payment records sent by the Ministry are included in the insurance cash batch. As the system reads each payment record, the patient data base is scanned for a matching claim charge record.

When claims are submitted to the British Columbia Ministry of Health, a unique identifying sequence number is assigned to the claim and retained in across-reference file. This sequence number is returned from the British Columbia Ministry of Health in the remittance file. The cross-reference file is used to identify the claim charge line for payment. Payments must be posted to a valid charge line within a claim. If there is no matching claim charge, it will be reported on the Ministry RA Rejection report with a No Matching Charge reason.

Other reasons for payment rejections include:

- Account not found

- Account in BD

- Account Archived

- Refusal Exp. Code(s)

- Recycle Exp. Code(s)

- Missing Adj Trans Code

- Claim has been deleted

- Claim is flagged for deletion

Posting Payments

Payments received from the British Columbia Ministry of Health are at the charge line level. Payments that uniquely match claim charge detail lines in existing claims are placed in an open insurance cash batch. When the payment is processed, the charge line within the claim is updated along with the overall carrier/claim information. A claim

is not marked as paid in full and completed until all claim charge lines within a claim have been marked as paid.

Posting Adjustments

You can calculate and post adjustments in conjunction with the payments. The value entered in the Allow Contr Adj? field on the set-up screen determines if an adjustment should be posted to the account. When the value of the Allow Contr Adj? field is set to Yes, adjustment amounts, if any, included in the S02 record are loaded in the insurance cash batch. When the value of the Allow Contr Adj? field is set to No, only the payment is posted.

When the value of the Allow Contr Adj? field is set to Yes and the Alt Contr Adj Trans Code/Desc field is left blank, the insurance plan associated with the claim is checked for the presence of a contractual adjustment transaction code. If the contractual adjustment transaction code does not exist, the system rejects the payment with a Missing Adj Trans Code reason. If the Alt Contr Adj Trans Code/Desc field contains a transaction code, then this code is used and the insurance plan check is not performed.

Batch Status

You can manually assign a batch number to the newly created insurance batch, or you can have the system automatically generate a batch number. Since the British Columbia Ministry of Health does not provide a control total for payment posting, all cash batches created through the Electronic RA Processor are created in balance. The batch totals will equal the calculated total of the items included in the cash batch. Therefore, the batch total does not include any payment amounts that were rejected by the system.

As you exit the Process Electronic RA function, the following screen is displayed:

```
                    General Hospital Exit Batch Processor
                                        Wed Feb 13, 2002 07:45 pm


 1 Batch #              2 Batch Description              3 # of Trans
   5                      MINISTRY FILE - P010328.001-1       0
CASH                    4 Total Matched    5 Batch Total    6 Variance
                          160.00             160.00            0.00
CONTRACTUAL ADJUSTMENTS  7 Total Matched    8 Batch Total    9 Variance

10 Batch Status
   Balanced






     Batch is balanced - Approve (A), Hold (H), Print (P), or press [NL] to exit --
```

Again, the cash batch created is always in balance since the batch total is the calculated total of what is included in the cash batch. To return to the Interface Functions menu, press **Enter.** If you would like to approve the batch, enter **A** and the cash batch will be processed. You can also place the cash batch on Hold by entering **H** or print the cash batch by entering **P.**

Batch Approval

When the batch is approved, the system deletes the uploaded file from the STAR Patient Accounting CPU. Deleting the uploaded file prevents the recreation of an insurance batch for payments that have already been posted, and prevents the file from displaying in the uploaded files look-up screen. Deleting uploaded files also prevents unnecessary use of disk storage space.

Transfer of Funds

The notification and transfer of funds to cover the Ministry remittance advice is handled outside of this process. It is the facility's responsibility to ensure that the funds to cover the electronic remittance advice are received by the facility.

Print Ministry RA Audit Report

When you want to view the contents of a data file uploaded to the STAR Patient Accounting CPU, select the Print Ministry RA Audit Rpt menu option. The Ministry RA Audit report enables you to verify the file data and note any variances in the amount of payments reported by the British Columbia Ministry of Health and the actual deposit made to the facility's account. You can print this report at any time after the file is

uploaded to the STAR Patient Accounting CPU and before being posted to the associated cash batch.

When you select the Print Ministry RA Audit Rpt menu option, the system prompts you to enter a facility, if applicable.

After you enter the desired facility, the system displays a list of the uploaded files:

```
          General Hospital Print Ministry RA Audit Rpt Processor
                                          Wed Feb 13, 2002 08:14 pm


 Page:01                          Uploaded Files
      File name     Payment Dt   Upload Dt   Current Status      Batch#

 ( 1) P010328.001-1  Mar 30       Feb 03      Batch balanced       5
 ( 2) P020210.001-1  Feb 10       Feb 14      Uploaded




 Enter choice--

```

The following information is displayed for each uploaded file:

FILE NAME (DISPLAY ONLY)
The system displays the name of the uploaded data file.

PAYMENT DT (DISPLAY ONLY)
The date that the British Columbia Ministry of Health pays the claim is displayed in this column.

UPLOAD DT (DISPLAY ONLY)
This column displays the date that the data file is uploaded to the STAR Patient Accounting CPU.

CURRENT STATUS (DISPLAY ONLY)
This column displays the status of batch, if it has been created. Files that have been uploaded but not yet processed have a status of Uploaded.

BATCH # (DISPLAY ONLY)
The insurance cash batch number is displayed in this column. This column is blank for files with a status of uploaded.

To print any of the available data files, enter the number corresponding to the desired file. The report information comes directly from the uploaded file and can be used to validate the information received. Refer to "Ministry Remittance Advice Audit Report – FXRMRAR" on page 1-36 for more detailed information on data included in the report.

Purging Electronic RA Files From Your PC

You are responsible for maintaining the directory containing electronic payment files on the hard drive of your PC. McKesson recommends establishing naming conventions for your files to help prevent you from deleting data files in error.

The frequency with which you delete files depends on the amount of disk space available on the PC. For greater data security, you also may want to periodically back up data files.

Deleting Electronic RA Files from STAR

To remove payment files from the STAR system that were uploaded in error, use the Delete Electronic RA Files from STAR function. If an error occurs during the upload process, you need to use the Delete Electronic RA Files from STAR function to remove any partial files residing in the STAR CPU.

After you access this function, the system prompts you to enter a facility. After you identify the facility the system displays a list of files to delete as on the following screen:

```
    General Hospital Delete Electronic RA files from STAR Processor
                                        Wed Feb 13, 2002
08:00 pm


Page:01                         Files to Delete
    File Name    Trns Dt Upld Dt  Status      Batch  Src    Batch
Description
( 1) P011230.001-1 Dec 30  Feb 03   Uploaded         MSP    MINISTRY FILE - P01




 


    Enter choice--
```

For each uploaded file, the system displays the following information:

FILE NAME
This column displays the name of the uploaded data file.

TRNS DT
This column displays the transmission date of the uploaded file.

UPLD DT
This column displays the date the file was uploaded on the STAR CPU.

STATUS
This column displays the status of the batch. The status of the batches include uploaded, unbalanced, or balanced. Files that have been uploaded and not processed have a status of uploaded.

BATCH
This column displays the insurance cash batch number. This field is blank for files with a status of uploaded.

SRC
This column contains the source of the payment file and always displays MSP.

BATCH DESCRIPTION
This column contains the description associated with the cash batch.

To delete one of the files, enter the option number of the file. If the file has the status of uploaded, the system displays the following prompt:

Are you sure you wish to delete this Electronic Remittance batch? (Y/N) [N] --

Enter **N** if you do not wish to delete the selected file. You are returned to the list of files to delete. Enter **Y** to delete the uploaded file. You are returned to the list of files to delete.

If the file has a status of balanced, unbalanced, or hold, a batch number has been assigned to the payment file, and a cash batch exists. To delete a file and its cash batch, enter the option number of the file. The system displays the following prompt:

Cash Batch [###] will also be deleted. Continue? (Y/N) [N]—
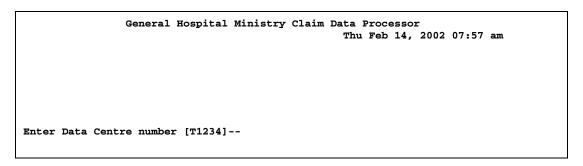
Where ### is the cash batch number.

Enter **N** if you do not wish to delete the file. The system redisplays the list of files to delete. Enter **Y** if you do wish to delete the file. The system redisplays the list of files to delete.

DOWNLOAD MINISTRY CLAIM DATA

The Download Ministry Claim Data function is used to download MSP and Worker's Compensation claim information from the STAR system to a file for submission to the British Columbia Ministry of Health. The diskette is formatted according to specifications provided by the British Columbia Ministry of Health. The claims are available for download after they are released.When you select the Download Ministry Claim Data menu option from the Interface Functions menu, the system prompts you to enter a facility, if applicable.

After you select the desired facility, the system prompts you to enter the Data Centre Number as shown below:

```
                    General Hospital Ministry Claim Data Processor
                                                  Thu Feb 14, 2002 07:57 am




 Enter Data Centre number [T1234]--
```

Press **ENTER** if you want to accept the default Data Centre Number displayed, or enter the five-character Data Centre Number assigned to your facility. This default Data Centre number is defined in the PAAR Control for the selected facility.

Once the Data Centre number is accepted, the system will process the temporary download file that has been updated each time an MSP or Worker's Compensation Claim has been released through the Claim Print process. If there are no claims in the download file, you receive a message *There are no claims to download* and you are returned to the Interface Functions menu.

If there are claims in the download file, the system displays the following prompt:

Enter maximum number of records to download in one file [9000]--

The response to this prompt determines the maximum number of records that are downloaded to a file. You can select the maximum number of records to be processed per file, and the number must be between 1 and 9000, inclusive. If you are downloading the file to a diskette, makesure that the number selected does not exceed the capacity of the diskette.

Next, the system displays the following prompt:

Enter Drive to output data [A]—

To accept the default of A, press **ENTER**. If you want to download the desired file(s) to a drive different from A, enter the letter that designates the drive. Next, the system displays the following prompt:

Enter Directory Path A:\ [Root]—
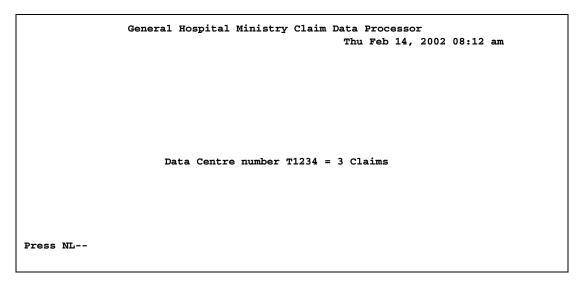
Press **ENTER** if you want to accept the default of the specified directory. If your claim file should be downloaded into a different directory, enter the full path name of the directory. If you have selected a Drive other than A or B, the system begins processing the file. If you have selected either Drive A or Drive B, the system displays the following prompt:

Load diskette for Data Centre number T1234, Press Enter when ready –

If you are loading the files onto a diskette, place a blank diskette in the designated drive, and press **ENTER**

The system begins to download the file to the designated drive. An information window displays the status of the file as it is downloaded. This process copies the STAR system temporary claim download file to the designated drive on the PC. In addition, the system will create an archive file to use in the event a file needs to be recreated.

When the system finishes downloading the claim information, the screen displays the data center number and its corresponding number of claims that have been downloaded. You may want to record these numbers for validation or verification purposes when you transmit the file.

```
              General Hospital Ministry Claim Data Processor
                                        Thu Feb 14, 2002 08:12 am




              Data Centre number T1234 = 3 Claims




 Press NL--
```

Press **ENTER** and the system generates the MSP Diskette Submission Report (FMRBCMS_). A message is displayed: *Generating Report in the Background!*

Please wait! and then the screen above is displayed. Press **ENTER**, and the system returns to the Interface Functions menu.

Recreate Download Diskettes

The Recreate Download Diskettes function provides the capability to reproduce a previously created diskette from archived claim data files.

When you choose the Recreate Download Diskettes menu option, the system takes you through the process of downloading claim data files in much the same manner as discussed in the previous subsection Download Ministry Claim Data.   Once you have selected the facility, if applicable, and entered the Data Centre number, the system displays dates of previously downloaded data files as follows:

```
              General Hospital Recreate Download Diskette Processor
                                                Thu Feb 14, 2002 01:19 pm
   Page:01                            Download Dates             ##=Current Choices
   ( 1) 02/01/23
   ( 2) 02/01/31
   ( 3) 02/02/04
   ( 4) 02/02/11
   ( 5) 02/02/14




   Enter choices (e.g. 1,7,5-9) or '-'choices to remove--
                                    end select(NL)
```

Enter the date for which you want to reproduce a downloaded claim file. Please note that even though the prompt indicates that multiple dates can be accepted, only one date can be processed. Therefore, if you enter multiple choices, the system returns an error message indicating *No Entries Defined* and returns to the selection screen. Once you select the date you would like to recreate, the system displays additional information about the file for your verification similar to the screen below:

```
              General Hospital Recreate Download Diskette Processor
                                           Thu Feb 14, 2002 01:23 pm
Page:01 Beg Seq#  End Seq#
(1)          12        15
(2)          16        19




 Enter choice--

```

The system displays the beginning and ending sequence number that was sent in the original file to MSP. If more than one file was created on that date, each file created will display. You may only select one file at a time to recreate.

Select the data file that you want to download.

The system prompts you to enter the drive and path, and then begins to recreate the downloaded file. Once the download is complete, the system displays the data center number and its corresponding number of claims in the same manner as previously discussed in the Download Ministry Claim Data subsection. An MSP Diskette Submission Report (FMRBCMS_) is also produced.

CREATE HOOPC DISKETTE

The Create HOOPC Diskette function is used to download Out of Province claim information from the STAR system to a file for submission to the British Columbia Ministry of Health. This function is used to create claim files in formats provided by the Ministry for uploading into the Hospital Out-of-Province Claims System (HOOPC). HOOPC is a secure web-based application that provides British Columbia hospitals with the ability to submit out of province claims directly to the Ministry of Health through the Internet.

HOOPC validates claim files as part of the file upload process. The hospital has the ability to check the status of these claims and correct them if required. At the month-end cutoff date (which is generally the 20th of the month), valid claims will be exported to the Out of Province Claims System for processing and payment to hospitals.

The claims are available for creating the file after they are released. When you select the Create HOOPC Diskette menu option from the Interface Functions menu, the system prompts you to enter a facility, if applicable.

After you select the desired facility, the system displays the following prompt:

Create Inpatient (I) or Outpatient (O) Out of Province Claim diskette ? (I/O)

This prompt is displayed since inpatient and outpatient claims must be submitted in **separate** files. To create a file of the inpatient out of province claims, enter **I.** To create a file of the outpatient out of province claims, enter **O.**

If there are no claims to be downloaded to the file, you receive a message *There are no claims to download* and you are returned to the Interface Functions menu.

If there are claims to be downloaded to the file, the system displays the following prompt:

Enter Drive to output data [C]—

To accept the default of C, press **ENTER**. If you want to download the desired file(s) to a drive different from C, enter the letter that designates the drive. Next, the system displays the following prompt:

Enter Directory Path C:\ [Root]—

Press **ENTER** if you want to accept the default of the specified directory. If your claim file should be downloaded into a different directory, enter the full path name of the directory. If you have selected either Drive A or Drive B, the system displays the following prompt:
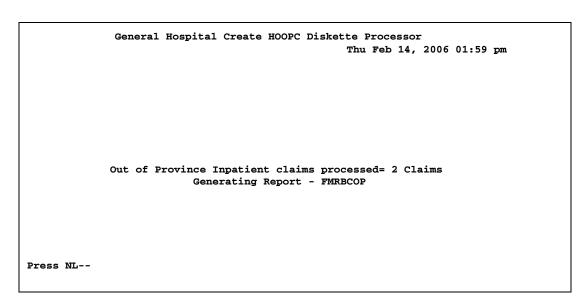
Load diskette for Out of Province TY claim, Press Enter when ready

where TY is either inpatient or outpatient depending on type of claims being processed.

If you are loading the files onto a diskette, place a blank diskette in the designated drive, and press **ENTER.**

The system begins to download the file to the designated drive. An information window displays the status of the file as it is downloaded. This process copies the STAR system temporary claim download file to the designated drive on the PC. In addition, the system will create an archive file to use in the event a file needs to be recreated. There is not currently a menu option available to recreate the file.

Once the download is completed, the system displays a screen indicating the number of claims that were processed, and generates the BC Out of Province Diskette Report (FMRBCOP_).

```
                General Hospital Create HOOPC Diskette Processor
                                                   Thu Feb 14, 2006 01:59 pm







                Out of Province Inpatient claims processed= 2 Claims
                          Generating Report - FMRBCOP






     Press NL--
```

Inpatient claim files are named In*yymmdd.999* where:

* *yy* is the year

* *mm* is the month

* *dd* is the day

* *999* is the 3-digit out of province hospital code assigned in the claim load and edit parameter for out of province claims

Outpatient claim files are named H*yymmdd.999* where:

* *yy* is the year

- *mm* is the month

- *dd* is the day

- *999* is the 3-digit out of province hospital code assigned in the claim load and edit parameter for out of province claims

REPORTS

The following reports relate to Electronic Claims and Remittance software:

- MSP Diskette Submission Report (FMRBCMS_)

- BC Out of Province Diskette (FMRBCOP_)

- Ministry Remittance Advice (RA) Audit (FXRMRAR_)

- Ministry Remittance Advice (RA) Rejection (FXRMRRR_)

- Ministry Claim Refusal (FXRMRER_)

MSP Diskette Submission Report – FMRBCMS_

The MSP Diskette Submission report (FMRBCMS_) provides an audit of the MSP and Worker's Compensation claim detail data submitted to the British Columbia Ministry of Health.

The report is automatically generated by downloading claim data to diskette or the hard drive of the PC for submission. This includes recreating previously created files. The report prints on 132-character width paper.

The report header includes the following information:

- Facility

- Report title

- Date/time the report was compiled

- Report name

- Page number

- Diskette submission date

The report body includes the following information for each account that had claims submitted. Detail charge information is listed after each patient header line. The patient header line includes:

- Patient Name

- Admit Date

- Discharge Date

- Patient birth date

Detail charge information includes:

- Sequence #

- Payee

- MSP Personal Health Number

- Practitioner #

- MSP Code

- Units

- Amount

- Diagnosis

- Referring Doctor #

- Submission Code

- Location

- Original Sequence #

- Facility Number/Sub-Facility Number

- ICBC #

Worker's Compensation detail charge lines also include the following:

- Date of Injury

- Area of Injury

- Anatomical Position

- WCB Claim #

The following is an example of an MSP Diskette Submission Report.

Figure 1.1 MSP Diskette Submission Report - FMRBCMS_

```
Date: 02/02/14                                    GENERAL HOSPITAL                              Page  : 1
Time: 09:07                                MSP Diskette Submissions for 02/02/14                Report: FMRBCMSC


Patient Name                           Admit Date       Disch Date       Birth Date
Seq #    Payee MSP PHN    Pract Svc Dte MSP Code Units  Amount       Diag   Referr Sub Code Loc Orig Seq# Fac Num/Sub NumICBC #
                                       Inj Dte         Area of Injury Ana Pos WCB Clm#
TESTBERRY,OUTPATIENT ONE                02/01/22         02/01/22         54/02/25

0000017 03644 9071071987 24521 20020122  08570   001   0003044              2452  R        H           00000/00000 00000000


TESTBERRY,OUTPATIENT ONE                02/01/23         02/01/23         54/02/25

0000019 03644 9071071987 24521 20020123  08530   001   0002907              4567  0        H           00000/00000 00000000
0000020 3644  9071071987 24521 20020123  91000   001   0001288              03623 0        H           00000/00000 00000000
0000021 3644  9071071987 24521 20020123  90205   001   0001443              03623 0        H           00000/00000 00000000


                                                                   End of Report
```

BC Out of Province Diskette Report - FMRBCOP_

The BC Out of Province Diskette report (FMRBCOP_) provides an audit of the Out of Province claim detail data submitted to the British Columbia Ministry of Health. Since separate files must be created for Inpatient and Outpatient claims, a separate report is generated with the header of the report either indicating Inpatient or Outpatient claims.

The report is automatically generated by downloading the claim data to diskette or the hard drive of the PC for submission. This includes recreating previously created files. The report prints on 132-character width paper.

The report header includes the following information:

- Facility

- Report title

- Date/time the report was compiled

- Report name

- Page number

- Diskette submission date

The report body is dependent on the type of claim being submitted. Both reports include the following:

- Account Number

- Insurance Number

- Patient Name

- Patient Birth Date

- Patient Sex

- Province

The Inpatient Diskette Report also includes the following information for each inpatient claim submitted:

- Diagnosis

- Procedure

- Admit Date

- Discharge Date

- Claim Amount

- Hosp Days

- Per Diem Rate

- Deceased Indicator

- Reason in BC

- Note

The Outpatient Diskette Report also includes the following information for each outpatient claim submitted:

- Service Date

- Service Code

- Claim Amount

- Note

A sample of the BC Out of Province Inpatient Diskette and BC Out of Province Outpatient report follows:

Figure 1.2 BC Out of Province Diskette Report (FMRBCOP) - Inpatient Diskette

```
Date: 02/02/18                              GENERAL HOSPITAL                       Page  : 1
Time: 16:25                            BC Out of Province Diskette                 Report: FMRBCOPC
                                           Inpatient Diskette
Account Number Insurance Number  Patient Name           Birthdate Sex  Prov  Diag  Proc  Admit      Discharge   Claim Amt
Hosp Days       Per Diem Rate    Deceased   Reason in BC          Note

C01000012      123456789         TESTBERRY        OTHERPROV 1953/05/10 F   AB   2450        2002/01/24 2002/01/25  000545.00
  0001         0545.00           N          1


                                             End of Report
```

Figure 1.3 BC Out of Province Diskette (FMRBCOP) - Outpatient Diskette

```
Date: 02/02/18                              COMMUNITY HEALTH CTR                   Page  : 1
Time: 16:28                            BC Out of Province Diskette                 Report: FMRBCOPC
                                           Outpatient Diskette
Account Number Insurance Number  Patient Name           Birthdate  Sex  Province   Service Date   Service Code  Claim Amt
  Note

C01000013      578123456         TESTBERRY        OTHERPROV 1954/07/10  F    AB       2002/01/25      04          0195.00



                                             End of Report
```

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Ministry Remittance Advice Audit Report – FXRMRAR

The Ministry Remittance Advice (RA) Audit report (FXRMRAR_) provides an audit of payment data and other informational data uploaded to the STAR Patient Accounting CPU.

The report is manually generated on demand via the Print Ministry RA Audit report function. The report can be generated after the payment file has been successfully uploaded and before the resulting cash batch has been approved and posted. While the report is basically a listing of the uploaded data, the data is summarized by record type grouping for printing on the report. The report prints on 132-character width paper.

The Ministry Remittance Advice Audit report is comprised of five sections:

- Payee Summary Info (record S21)

- Claim Information (records S1, S02, S03, S4)

- Practitioner Summary Info (record S22)

- Adjustment Summary Info (records S23, S24)

- Messages (record S25)

The Ministry Remittance Advice Audit report heading includes the following information:

- Facility

- Report title

- Date/time the report was compiled

- Report name

- Page number

PAYEE SUMMARY INFO

The Ministry Remittance Advice Audit report payee summary information section includes the following information:

- Payee number

- Facility Name

- Payment Date

- Billed Amount

- Paid Amount

- Balance Forward

- Cheque Amount

- New Balance

CLAIM INFORMATION

The claim section of the report body includes the following information:

- Patient's account number

- Patient's name

- Data Center sequence

- MSP Internal #

- Service Date

- Bill Fee Sch Item (MSP Code)

- Quantity of services

- Bill Amount (fee amount submitted to the British Columbia Ministry of Health)

- Paid Amount (amount paid by the British Columbia Ministry of Health)

- Adjustment Amount

- Practitioner Number

- Line Code

- Explanatory code(s) sent by the British Columbia Ministry of Health

PRACTITIONER SUMMARY INFO

The Ministry Remittance Advice Audit report practitioner summary information section includes the following information:

- Practitioner number

- Practitioner Name

- Payee Number

- Payment Date

- Billed Amount

- Paid Amount

ADJUSTMENT SUMMARY INFO

The Ministry Remittance Advice Audit report adjustment summary information section includes the following information:

- Payee Number

- Payment Date

- Adjustment Code

- Adjustment Message

- Adjustment Amount

MESSAGES

The last section of the report contains any messages sent by the British Columbia Ministry of Health regarding the remittance.

The following is an example of a Ministry Remittance Advice Audit Report.

Figure 1.4 Ministry Remittance Advice Audit Report (FXRMRARC) - Payee Summary Info

```
Date: 02/02/19                           GENERAL HOSPITAL                          Page  : 1
Time: 15:02                    MINISTRY REMITTANCE ADVICE AUDIT REPORT             Report: FXRMRARC

                                         Payee Summary Info

Payee #    Name                Payment Date      Billed Amount Paid Amount Bal Forward Cheque Amt  New Balance

3644       GENERAL HOSPITAL    2002/02/15            306.91      193.53       0.00       0.00        0.00




Date: 02/02/19                           GENERAL HOSPITAL                          Page  : 2
Time: 15:02                    MINISTRY REMITTANCE ADVICE AUDIT REPORT             Report: FXRMRARC

                                         Claim Information
                                      Payment Date: 2002/02/15

                        Data                    Bill Fee                       Practitioner
Acct#       Patient name Ctr Seq  MSP Int#  ServDt   Sch Item  Qty  Bill Amt   Pd Amt    Adj Amt   Num    LC   Ex Codes

C01000007   TESTBERRY,EM  0000024  000002                                      28.55               00127  P
C01000007   TESTBERRY,EM  0000025  000003   2002/01/24 08693   001  81.15      80.05     1.05       00127  P    BA
C01000003   TESTBERRY,OU  0000028  000004                                      29.07               05476  P
C01000003   TESTBERRY,OU  0000029  000005                                      29.07               05927  P
                          0000099  000005                                      29.07               05476  P
C01000007   TESTBERRY,EM  0000023  000006   2002/01/24 19921   001  110        0                   00127  R    D2
C01000007   TESTBERRY,EM  0000022  000007                                      0                   00127  H    BH
```

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Figure 1.5 Ministry Remittance Advice Audit Report (FXRMRARC) - Practitioner
Summary Info

```
Date: 02/02/19                              GENERAL HOSPITAL                              Page  : 3
Time: 15:02                       MINISTRY REMITTANCE ADVICE AUDIT REPORT                 Report: FXRMRARC


                                              Practitioner Summary Info
Practitioner# Name                        Payee #   Payment Date  Billed Amount Paid Amount

00127         DR STEVEN E COWAN            3644      2002/02/15       219.70      108.35
05476         DR LUCY WALKER               3644      2002/02/15        58.14       57.75
05927         DR STEWART A WILKERSON       3644      2002/02/15        29.07       27.43
```

Figure 1.6 Ministry Remittance Advice Audit Report (FXRMRARC) - Adjustment
Summary Info

```
Date: 02/02/19                              GENERAL HOSPITAL                              Page  : 4
Time: 15:02                       MINISTRY REMITTANCE ADVICE AUDIT REPORT                 Report: FXRMRARC

                                              Adjustment Summary Info

Payee #       Payment Date  Adj Code  Adjustment Message      Adj Amount

3644          2002/02/15    04        DR STEVEN E COWAN            0.25
3644          2002/02/15    04        DR LUCY WALKER               0.39
3644          2002/02/15    04        DR STEWART A WILKERS         1.64
3644          2002/02/15    04        INTEREST                     3.08
3644          2002/02/15    05        DR STEVEN E COWAN            1.05
3644          2002/02/15    05        MSP DEDUCTION                1.05
```

Figure 1.7 Ministry Remittance Advice Audit Report (FXRMRARC) -
Messages

```
Date: 02/02/19                            GENERAL HOSPITAL                          Page  : 5
Time: 1502                       MINISTRY REMITTANCE ADVICE AUDIT REPORT            Report: FXRMRARA


                                              Messages


Payee #    Practitioner#       Message


3644       00000
3644       00000               THIS IS A TEST MESSAGE TO THE PRACTITIONER.
3644       00127               PAYEE 3644 PRACTITIONER 00127  DR STEVEN E COWAN
3644       00127                            AMENDMENT TO PREAMBLE A.17
3644       00127               EFFECTIVE JANUARY 30, 2002, THE WORDING OF PREAMBLE A.44 IS HEREBY MODIFIED
3644       00127               AS FOLLOWS:
3644       00127               GENERALLY, IN ORDER TO BE PAID BY MSP OR WCB FOR CONSULTATIONS AND/OR OTHER
3644       00127               VISIT ITEMS LISTED IN THE SPECIALTY SECTIONS, ETC. ETC., ETC.


Remittance Control:


Payment Date:                         2002/02/15
Record Count:                                 25


Calculated Claim Paid Total:              195.81


Calculated Record Count:                      25


                                         End of Report
```

Ministry Remittance Advice Rejection Report – FXRMRRR

The Ministry Remittance Advice (RA) Rejection report (FXRMRRR_) identifies payments received by the STAR Patient Accounting CPU that cannot be uniquely matched to a claim on a patient account and is sorted by patient account number.

The report is automatically generated as a result of creating an insurance cash batch via the Process Electronic RA function and can be printed via the Demand Print function. The report prints on 132-character width paper.

The report heading includes the following information:

- Facility

- Report title

- Date/time the report was compiled

- Report name

- Page number

The report body includes the following information:

- Total amount of rejected payments

- Total amount of rejected adjustments

- Total number of rejected accounts

- The batch number (of the newly created insurance cash batch)

- Patient's account number

- Patient's name

- MSP Internal #

- Data Center Sequence #

- Date of service (sent in the payment record)

- Bill Fee Sch Item (MSP Code)

- Paid Amount

- Adjustment Amount

- Reason the account is listed on this report:

    - No matching charge

    - Account not found

    - Account in BD

    - Account Archived

    - Refusal Exp. Code(s)

    - Recycle Exp. Code(s)

    - Missing Adj Trans Code

    - Claim has been deleted

    - Claim is flagged for deletion

The following is an example of a Ministry Remittance Rejection report.

Figure 1.8 Ministry Remittance Rejection Report (FXRMRRRC)

```
Date: 02/02/19                              GENERAL HOSPITAL                                Page  : 1
Time: 15:02                         Ministry Remittance Rejection Report                    Report: FXRMRRRC

                                           Batch: 444
                             Data                Bill Fee
Patient #    Patient name        MSP Int#   Ctr Seq#  Svc Date   Sch Item  Paid Amt   Adj Amt    Reason

                                 000005     0000099                         29.07                 Account not found
01000007     TESTBERRY,EMERGENCY 000006     0000023   2002/01/24 19921      0.00                  Refusal Exp. Code(s) D2
01000007     TESTBERRY,EMERGENCY 000007     0000022                         0.00                  Recycle Exp. Code(s) BH


                               Total Rejected Payments   :       29.07

                               Total Rejected Adjustments:        0.00

                               Total Rejected Accounts   :           3
```

Ministry Claim Refusal Report – FXRMRER

The Ministry Claim Refusal report (FXRMRER_) lists those claims for which the British Columbia Ministry of Health has refused due to pre-edit format or edit/eligibility rules established by M.S. P. These items are identified in the remittance file as C12 records, and are normally placed in the Data Centre's mailbox overnight.

The report is automatically generated as a result of uploading the remittance file to the STAR Patient Accounting system via the Upload Electronic RA File from PC function and can be printed via the Demand Print function. The report prints on 132-character width paper.

The report heading includes the following information:

- Facility

- Report title

- Date/time the report was compiled

- Report name

- Page number

The report body includes the following information:

- Patient's Account Number

- Patient Name

- Data Center Sequence #

- Claim Sequence #

- Units

- Billed Amount

- Service Date

- MSP Code

- Payee #

- Practitioner #

- Referring #

- Explanatory Codes

The following is an example of a Ministry Claim Refusal Report:

Figure 1.9 Ministry Claim Refusal Report (FXRMRERA)

```
Date: 02/02/04                               GENERAL HOSPITAL                              Page  : 1
Time: 0906                              MINISTRY CLAIM REFUSAL REPORT                       Report: FXRMRERA

                                          Claim Refusal Information

                           Data
Acct #         Patient Name       Ctr Seq  CS   Units   Bill Amt  Svc Date    MSP    Payee#   Pract.# Refer.#   Explanatory Codes

A01130360      BOXCAR,CYNTHIA M     0787803  1   1       147.64   02/01/16   93095   3644     06638   25920     BJ
A01136992      DAWSONN,LORAINE      0788082  1   1        29.07   02/01/29   08534   3644     08604   09091     YY,AA
A01035007      DELTORRES,JULIANNA   0774212  3   1       110.00   01/06/14   19921   3644     25199   02160     SI
A01055169      GALINDA,ADOLPHOS EDW 0787869  2   1        12.88   02/01/07   91000   3644     06638   07979     AM
A01126730      HOTHERINGTON,JOHN JA 0784766  1   1        22.82   02/01/09   90745   3644     06638   23458     A6
A01126730      HOTHERINGTON,JOHN JA 0784767  1   1        22.61   02/01/09   90800   3644     06638   23458     A6
A01126730      HOTHERINGTON,JOHN JA 0784768  1   1        21.22   02/01/09   90810   3644     06638   23458     A6
A01126730      HOTHERINGTON,JOHN JA 0784769  1   1        12.84   02/01/23   90750   3644     06638   23458     A6
A01128168      LEGUMES,SCARLETT     0787680  1   1        27.31   02/01/08   90652   3644     06638   09343     AQ
A01091500      MINOR,HARDY          0787548  1   1        19.38   02/01/03   00747   3644     00000   24301     CN
A01136606      MORROW,STEWART EVERE 0788074  1   1        13.17   02/01/29   91356   3644     00000   02160     YY,VN
A01136606      MORROW,STEWART EVERE 0788069  1   1        42.15   02/01/28   00811   3644     00000   02160     CN
A01134857      PAPP,BRODERICK JAMES 0787844  1   1       154.22   02/01/29   00983   3644     00000   02960     CN
A01094392      STOOPES,RANDI LANE   0787552  1   2       258.42   02/01/03   00391   3644     25887   07475     VQ
A01094392      STOOPES,RANDI LANE   0787553  1   2        84.76   02/01/03   08679   3644     25887   07475     VQ
A01081240      STULBELL,JUDY MARIA  0787528  9   1        59.26   28/12/01   00347   3644     08536   05680     BV,AF,VG
A01081240      STULBELL,JUDY MARIA  0787529  9   1        22.23   28/12/01   00348   3644     08536   05680     BV,AF,VG


                                            End of Report
```

STAR Financials Patient Accounting Reference Guide - British Columbia Electronic Claims and Payments
Release 17.0
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October 2011

REPORTS

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FILE LAYOUTS

BC MSP and Worker's Compensation Claims

The file format for British Columbia MSP and Worker's Compensation Claims is based on specifications provided by the Ministry of Health Teleplan-PC (Version 4.0 October 2004). All records are fixed length records and require the CR & LF (CARRIAGE RETURN/LINE FEED) values inserted after the end of each record. A full claim detail record including Reciprocal data is 424 characters but is 426 in actual length. The file name created is send.dat.

The records in the file include the following:

Vendor Submission Identification Record (VS1) – This record is a mandatory record that <u>must</u> be submitted as the first record of every submission to MSP.

MSP Claim Detail Record (C02) – This record is used to submit detail claim information to the Ministry for payment. A full record type C02 is made up of two parts. First is the basic claim record, followed by an Other Insurer portion of Claim (sometimes referred to as the reciprocal record). This extended portion of the record is used to bill Worker's Compensation Claims, as well as patients of other provinces (except Quebec).

Note Record (N01) – This record, if present, must follow in sequence the MSP claim that it supports. It allows a data centre to submit an electronic note to clarify the reason for the claim being submitted. Submission of a note can delay payment of a claim dependent on adjudication requirements and time required to manually review. Data Centres should only submit this record where it is a requirement by MSP or an explanation is felt needed to prevent refusal of the claim.

Following is a sample claim file (with a note). Please keep in mind that in the actual file, the first 3 characters in each record will be the record type. Each data element included must start in the position outlined for that record type and each record must be the length specified.

```
VS1T12340000016V1000MSP SOFTWARE NAME        MSP VERSIO19980102MSP
VENDOR COMPANY NAME      9999999999  VENDOR,CONTACT
C02T1234000001703644245219071071987OOTE00001000000008570000304402002O
12200R
HB2452100000000000000000000195402250000000N
N0000000000000000000000000000000000000000
N01T123400000180364424521Athis is a sample note to be able to show the
layout of the file.
C02T1234000001903644245219071071987OOTE00001000000008530000290702002O
123000
HB4567200000000000000000001954022500000000
N0000000000000000000000000000000000000000
```

Following is a sample claim file with a reciprocal record.

```
VS1T12340000003V1000MSP SOFTWARE NAME    MSP VERSIO19980102MSP VENDOR COMPANY NAME
9999999999    VENDOR,CONTACT
C02T1234000000403644245210000000000000000000200000001992100176900200020124000
HB245210000000000000000000019750610000000000
N123456780000000000000000000001234500000
WC1874569870001975061OEMERGENCY  OTESTBERRY      F20020124         0034NA
01234
C02T1234000000503644245211874569870EOTE0000100000000853000029070200020124000
HB245210000000000000000000019750610000000000
N000000000000000000000000000000000000000
C02T1234000000603644245211874569870EOTE0000100000000853100029070200020124000
HB245210000000000000000000019750610000000000
N000000000000000000000000000000000000000
C02T1234000000703644245211874569870EOTE0000100000001992100110000200020124000
HB245210000000000000000000019750610000000000
N000000000000000000000000000001234500000
```

BC Out of Province Claims

The file format for British Columbia Out of Province Claims is based on specifications provided by the Ministry for uploading into the Hospital Out-of-Province Claims System (HOOPC). A separate file is created for inpatient versus outpatient claims.

Inpatient claim files are named In*yymmdd.999* where:

- *yy* is the year

- *mm* is the month

- *dd* is the day

- *999* is the 3-digit out of province hospital code assigned in the claim load and edit parameter for out of province claims

Following is a sample inpatient claim file. Keep in mind that each record must be the record size and in the format specified.

```
00001000012TESTBERRY     OTHERPROV  2343 TESTING ST                    WALKER
ABX9X9X9123456789 1953/05/10F2450  2002/01/242002/01/2500010545.00000545.00N
1C01000012
```

Outpatient claim files are named H*yymmdd.999* where

- *yy* is the year

- *mm* is the month

- *dd* is the day

- *999* is the 3-digit out of province hospital code assigned in the claim load and edit parameter for out of province claims

Following is a sample outpatient claim file. Keep in mind that each record must be the record size and in the format specified.

```
000AB578123456  TESTBERRY     OTHERPROV 1954/07/10F2002/01/25040195.00
C01000013
```

Remittance Advice

The expected file format for the British Columbia Ministry of Health payment file is based on specifications provided by the Ministry of Health Teleplan-PC (Version 4.0 October 2004). The contents of the record and the maximum record sizes vary based on the type of record, with a CR/LF (carriage return/line feed) inserted at the end of each record. Typically, the Ministry sends the records at their maximum length.

The records in the file include the following:

Header record from the Ministry (M01) – This record is included in the file uploaded to STAR but does not print on the Audit Report nor is it processed during the Process Electronic RA function.

Claims Refusal record (C12) – This record is sent by the Ministry for those inbound claims that had refusals due to Pre-Edit format or Edit/Eligibility rules established by M.S.P. They are normally placed in the DataCentre's mailbox overnight. Record size total is 70.

Remittance Partial Detail Record 'PAID AS BILLED' (S01) – This record is sent by the Ministry when the inbound claim has been paid as billed, and there are no additional explanations needed. Record size total is 166.

All detail claims that have been paid with an explanation code from M.S.P. require a remittance full detail record and will be sent with a record code of S02 or S03. The data elements for these two records are the same, except the line code and record code identify the specific nature of the record involved.

Remittance Full Detail Record'PAID WITH EXPLANATION' (S02) – This record is sent by the Ministry when the inbound claim was paid, but with an additional explanation or an adjustment. The line code for S02 records is returned with P – Paid as billed. If an

adjustment code and amount are returned from the Ministry, this adjustment amount is processed as a contractual adjustment if the Contractual Adjustment field on the Electronic RA Setup Screen has been set to "Yes". Record size total is 268.

Remittance Full Detail Record 'ADJUDICATION REFUSAL' (S03) – This record is sent by the Ministry claims that have been refused for payment. The line code for S03 records is returned with R – Refusal. These records are included on the Ministry Remittance Advice (RA) Rejection report with a reason of "Refusal Exp. Code(s)" along with the explanatory codes sent by the Ministry. Record size total is 268.

Remittance 'In Hold Process' Record (S04) - This record is sent by the Ministry for claims in a hold (recycle) status.   The line code for S04 records is returned with H – In Recycle Process. These records are included on the Ministry Remittance Advice (RA) Rejection report with a reason of "Recycle Exp. Codes(s)" along with the explanatory codes sent by the Ministry. Record size total is 166.

Remittance Payee Payment Summary Record (S21) – This record is sent by the Ministry to provide the payee with the totals on which this remittance was based. This record is only included if there are actual payment records included in the file (i.e., records S01, S02, S03, and S04), and is located prior to the individual payment records in the file received from the Ministry. The information in the Payee Payment Summary record is the Payee Summary data that prints on the first page of the Ministry RA Audit Report. Record size total is 166.

Remittance Practitioner Summary Record (S22) – This record is sent by the Ministry for each practitioner that received payment   Again, this record is only included if there are actual payment records included in the file (i.e., records S01, S02, S03, and S04). These records are printed on the Ministry RA Audit Report in the Practitioner Summary portion. Record size total is 166.

Remittance Adjustment Record (S23 or S24) – These records are total additions or deductions to the gross payment in a remittance period for any number of reasons as defined by the Ministry. The S23 is the Adjustment Detail Record and the S24 is the Adjustment Summary record. The Adjustment Summary record is sent when more than one payee/practitioner is involved in the adjustment type and provides an overall total for the adjustment reason. The data element formats are the same for both records but the record code/line code and contents will vary depending on the record type. These records are printed on the Ministry RA Audit Report in the Adjustment Summary portion. Record size total is 166.

Remittance Payee-Practitioner Broadcast Record (S25) – This record is used to send messages to the payee/practitioners. These records are printed on the Ministry RA Audit Report in the Adjustment Summary portion. Record size total is 166.

Vendor Remittance Control Record from MSP (VRC) – This record is provided at the end of each group of remittances sent to the facility, and denotes the payment date and the total record count for the remittance group (i.e., records beginning with the letter S

– Remittance). The existence of this record in the file determines whether an electronic RA file header record is established. Record size total is 166.

Vendor Transmission Control Record from MSP (VTC) – This record is the last record at the end of an entire submission sent by the Ministry to the site. It contains totals by record type for the file, and does not print on any of the remittance reports. Record size total is 166.

The following is a sample remittance file received from the Ministry. Please keep in mind that in the actual file, the first 3 characters in each record will be the record type. Each data element included must start in the position outlined for that record type.

```
M01T12340000PAYEE# 3644  NET PAYMENT ADVICE MEMO   DATE 2002-02-15   $195.81
C12T123400000213644 00127YYVN         0000000
S21T1234000000020020215Z3644 000001GENERAL HOSPITAL
0000306910000193530000000000000000000000000000
S01T1234000002420020215P3644 00000200127  0000000  0000000  0000000  0000000  0000000
0000000  00000000000024000285520020124
S02T1234000002520020215P3644 0000030012720020210EOTESTBERRY
18745698700020020124000001 086930008115001  0869300080050000011BA          050000105
0000000  0000000  0000000  0000000  0000000  00000000000000000000000000000
S01T1234000002820020215P3644 00000405476  0000000  0000000  0000000  0000000  0000000
0000000  00000000000028000290720020201
S01T1234000002920020215P3644 00000505927  0000000  0000000  0000000  0000000  0000000
0000000  00000000000029000290720020201
S01T1234000009920020215P3644 00000505927  0000000  0000000  0000000  0000000  0000000
0000000  00000000000029000290720020201
S03T1234000002320020215R3644 0000060012720020201EOTESTBERRY
18745698700020020124000001 199210011000000  0000000000000000000023D2          0000000
0000000  0000000  0000000  0000000  0000000  00000000000000000000000000000
S04T1234000002220020215H3644 00000700127200202010000022BH
S22T1234000000020020215Y3644 00000800127DR STEVEN E COWAN        0000021970000010835
S22T1234000000020020215Y3644 00000905476DR LUCY WALKER           000005814000005775
S22T1234000000020020215Y3644 00001005927DR STEWART A WILKERSON   0000029070000002743
S23T1234000000020020215A3644 000011043644        DR STEVEN E COWAN
G0000000000000000000000000000000000000000000000000000025000000000
S23T1234000000020020215A3644 000012043644        DR LUCY WALKER
G0000000000000000000000000000000000000000000000000000039000000000
S23T1234000000020020215A3644 000013043644        DR STEWART A
WILKERSG00000000000000000000000000000000000000000000000000164000000000
S24T1234000000020020215S3644 000014043644        INTEREST
G0000000000000000000000000000000000000000000000000000308000000000
S23T1234000000020020215A3644 000015053644        DR STEVEN E COWAN
G0000000000000000000000000000000000000000000000000000105000000000
S24T1234000000020020215S3644 000016053644        MSP DEDUCTION
G0000000000000000000000000000000000000000000000000000105000000000
S25T1234000000020020215B3644 00001700000
S25T1234000000020020215B3644 00001800000THIS IS A TEST MESSAGE TO THE PRACTITIONER.
S25T1234000000020020215B3644 00001900127PAYEE 3644 PRACTITIONER 00127  DR STEVEN E COWAN
S25T1234000000020020215B3644 00002000127                      AMENDMENT TO PREAMBLE A.17
S25T1234000000020020215B3644 00002100127EFFECTIVE JANUARY 30, 2002, THE WORDING OF
PREAMBLE A.44 IS HEREBY MODIFIED
S25T1234000000020020215B3644 00002200127AS FOLLOWS:
S25T1234000000020020215B3644 00002300127GENERALLY, IN ORDER TO BE PAID BY MSP OR WCB FOR
CONSULTATIONS AND/OR OTHER
S25T1234000000020020215B3644 00002400127VISIT ITEMS LISTED IN THE SPECIALTY SECTIONS,
ETC. ETC., ETC.
VRCT123420020215S0000025002-02-18 17:35:09
C12T123400000143644 05161YYVN         0000000
C12T123400000173644 05161YYVN         0000000
C12T123400000093644 05161YYVN         0000000
VTCT123420020215 17:35:09 S0000019C0000004B0000000M00000001X0000000V0000002  0000000
0000000  0000000  0000000 000000000000026
```

ERROR MESSAGES

During the compilation of the Remittance Advice Rejection report, the system displays various error messages. Shown below are some error messages, possible causes, and resolutions for the error messages.

No matching charge!

Cause:
A matching charge line could not be found based on the Data Centre Sequence # returned from the Ministry. The claim may have been purged or never loaded onto the system.

Resolution:
Review the claims available for each account in the Cash Posting or Account Inquiry function to determine if a payment can be posted. If additional information is required, review the claims in the Claims by Account function and create a claim, if necessary, using the Add a Claim function. Care should be taken in adding claims and/or modifying claim charge lines since this may result in unreconciled claim charge lines.

Account not found!

Cause:
The account could have been purged from the system, merged with another account, or the account number could contain an error as sent by the third party. Another possible explanation is that the account was billed from a different system and was not converted to STAR Patient Accounting when your facility implemented the system.

Resolution:
Search for the account by name in the MPI Inquiry function to determine if the account was purged, merged, or the account number was distorted in any way. If the account was purged, you can add the account to AR to post the payment. If the account was merged, you can post the payment to the merged account or add the account to AR. If the account number was distorted, post the payment to the correct account number in the open cash batch or create a new cash batch to handle these. If the account does not and should not exist on STAR, then you need to handle the payment manually.

Account in BD!

Cause:
The account is in Bad Debt.

Resolution:
You can post the payment directly to the account in the open cash batch or create a new cash batch to handle these. You might want to review this account for follow-up processing, possibly transfer the account back to AR, and notify the collection agency of the change in the status of this account.

Account Archived!

Cause:
The account is in an archived status.

Resolution:
While the account is in an archived status, the payment cannot be posted. Once the account has been purged, follow the resolution steps for Accounts Not Found to determine course of action to take.

Refusal Exp. Code(s)!

Cause:
The claim was returned from the Ministry with one or more explanatory codes as to why payment was refused.

Resolution:
Review the account to determine if there are additional steps that can be taken, or if the claim amount needs to be written off. Post the refusal as a zero payment with a claim charge line writeoff amount.

Recycle Exp. Code(s)!

Cause:
The claim was returned from the Ministry with one or more explanatory codes indicating why the claim has been placed in a recycle status.

Resolution:
Review the account to determine if there are additional steps that can be taken in order to receive payment. No other steps may be required.

Missing Adj Trans code!

Cause:
The adjustment transaction code is not on the patient's insurance plan for the claim.

Resolution:
Access the account via the Account Revision function and modify the patient's insurance plan. There must be a valid transaction code in the Contr Adj Trans Code field on the Billing/Collection Control screen of the patient's insurance plan. You only receive this message if the amount is to be posted as a contractual adjustment and the Alt Contr Adj Trans Code/Desc field is left blank on the set-up screen. You can reprocess the entire batch with the Post Adjustment flag set to No if you do not want to post adjustments to any of the accounts in the batch. You can also reprocess the batch assigning the alternate adjustment transaction code for all accounts in that batch.

Claim has been Deleted or Claim is flagged for Deletion!

Cause:
A matching claim could not be found based on the Data Centre Sequence # returned from the Ministry. The claim may have been purged or never loaded onto the system.

Resolution:
A claim must exist in order for the payment to be posted. Claims that were purged can have payments posted to them without any additional action required. If the claim charge line could not be found, you can review the claims available for each account in the Cash Posting or Account Inquiry function to determine if a payment can be posted. If additional information is required, review the claims in the Claims by Account function and create a claim, if necessary, using the Add a Claim function. Care should be taken in adding claims and/or modifying claim charge lines since this may result in unreconciled claim charge lines.

PROCESSING THE ELECTRONIC RA AND WORKING THE CASH BATCH

The following are tips and suggested procedures for uploading and posting the electronic remittance payment.

Step 1. Upload the file.

The upload process copies the payment file from the diskette (or your hard drive) into the STAR Patient Accounting system. After the payment file is uploaded, review the Ministry Claim Refusal report that is automatically generated as a result of performing the file upload. Review the accounts to determine what corrective actions are needed. Make appropriate adjustments to accounts and resubmit claims as needed.

Manually request the Ministry Remittance (RA) Audit report to print. Remember, there will only be a payment file for you to select if payment records were included in the file received from the Ministry. If only Claim Refusal records were included in the file, a header is not created and the remainders of the steps listed below are not needed. When the Ministry RA Audit report (FXRMRAR_) has printed, review the payee summary information to confirm that the amount indicated on the report is the amount deposited into your bank account from the Ministry and that the number of payment records calculated matches the number of payment records sent. I

If the Ministry RA Audit report total does not equal the total amount deposited by the Ministry, stop and call your McKesson representative before continuing with your remittance.

The system takes the uploaded file and creates a cash batch using the information that you key into the setup screen. Only minimal information is included in the setup screen as the information needed to identify the claim charge line is returned in the file from the Ministry.

Items that cannot be uniquely matched to an account and the specific claim charge line, and those claims returned as either Refused or Recycle are listed on the Ministry Remittance Rejection report (FXRMRRR_), which is automatically generated when you process the uploaded file.

When you process the file, you have the option to have the system post claim adjustments. If set to Yes if any of the S02 records contain adjustment amounts, the system will update the cash batch with the adjustment amounts returned. These are indicated on the Cash Batch Audit report. The insurance cash batch is always created in balance, and although it can be approved from the remittance processor, you may want to print the Cash Batch Audit report (FAR120_) after the file is processed and the cash batch has been created prior to approving the batch. This report shows you every cash entry that the STAR system accepted and processed from the uploaded file.

Step 2. Work the rejections.

You need to evaluate each rejected payment on the Ministry Remittance Rejection report and make any necessary corrections. After you have made all corrections, you can repeat Step 2,

Process the file, if needed. You can reprocess an uploaded file as many times as necessary.

Every time you reprocess an uploaded file, the system deletes the original cash batch and creates a new one. For this reason, make all of your system corrections first. Reprocess the file, and then add any manual entries into the batch.

Decide how you will address various rejections; for example, when a claim is denied, you have the option of either posting a zero payment or using the Claim Disposition and Balance Transfer process. Either method is acceptable, but you need to be consistent. If you decide to post a zero payment, you can either manually enter the adjusted amount or have the system transfer the remaining amount to the next carrier or to the patient. Since other payments may be expected for this claim, you may not want to transfer the balance to the patient; therefore, you would use the manual entry method. Also, the system could calculate the adjustment or transfer amount to be higher than you want because the Ministry may send multiple payments for a claim or an account may have multiple claims on record; therefore, once again, you may want to use the manual entry method.

You might consider creating a separate cash batch for all manual entries for the file. You could use a predetermined naming convention for the batch descriptions to assist you in reconciliation. For example, you could create a separate cash batch for the rejections that are processed manually naming that cash batch MINISTRY FILE NAME.REJECTIONS, where Ministry File Name is the file name that was uploaded. This decision should be made based on your business office operations.

In order to balance the remittance, you also need to post the non-patient adjustments. Again, you may add these to one of the batches, create a separate batch, or post these directly to the general ledger. This decision should be made based on your business office operations.

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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 *British Columbia Electronic Claims and Payments Volume* of the *STAR Financials Patient Accounting Reference Guide* for Release 17.0.

Topic	Poor	Fair	Good	Excellent
Organization of information	❑	❑	❑	❑
Accuracy of information	❑	❑	❑	❑
Completeness of information	❑	❑	❑	❑
Clarity of information	❑	❑	❑	❑
Amount of overview information	❑	❑	❑	❑
Explanation of processes	❑	❑	❑	❑

Are there parts of this manual that could be made more helpful to you? Please explain.

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Other Comments:

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Thanks for your help in improving the documentation.

Your Name and Position

Hospital/Organization
Name

Telephone Number

May we contact you?   Yes or No (circle one)

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