STAR 2000™

STAR FINANCIALS PATIENT ACCOUNTING REFERENCE GUIDE
Electronic Claim System Interface Guide
For EC2000 CA^{TM}and ePremis/
RelayAssurance^{TM} Plus

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Preface

NOTE: EC 2000 CA Integration is a billable module. For information on how to obtain this feature, contact your McKesson Sales Center representative at 1-800-469-4262.

The STAR Financials Patient Accounting Reference Guide Electronic Claim System Interface Guide provides information about the EC 2000 CA Integration option. This option allows a facility to accelerate payment by moving information from the host system (STAR) into a virtual online claim. the Electronic Claim System Claims Administrator allows for payor-specific editing to identify errors for correction before transmission, eliminating denied claims and improving payment speed.

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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--

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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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Introduction

NOTE: The EC 2000 CA Integration option is a billable module. For information on how to obtain this feature, contact your McKesson Sales Center representative at 1-800-469-4262.

This guide provides information about using the EC 2000 CA Integration functions.

Chapter 1: Overview

This chapter provides information about software requirements. It also provides an overview of the EC 2000 CA Integration functions.

Chapter 2: User Functions

This chapter provides information about using the EC 2000 CA Integration functions.

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Chapter 1 - OVERVIEW

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SOFTWARE REQUIREMENTS

The following software is required.

- STAR Financials Patient Accounting Release 16.1 or higher and MultiSTAR (MSE) 6.10 or higher

- EC2000^{TM} CA software (and hardware) Release 5.0 or higher

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OVERVIEW OF FUNCTIONS

The following functions are available on the the Electronic Claim System Interface Processor screen:

- Electronic Claim System Parameter Screen

  This function enables you to:

  - set the number of days the claim downloads are retained on the system,

  - specify where tables and claim files should be downloaded on the PC, and

  - specify where the Electronic Claim System files should be uploaded.

  - specify the faclities that can send remittance information and manual insurance payments from prior claims to EC 2000 CA/HIPAA Data Extract when sending a secondary claim with the same claim type and split claim indicator. The ability to send this information is defined by the Send Prior Payments field located on the Electronic Claim System Parameter Screen. The Error Report for EC 2000 CA Secondary Billing, (FCRCASEC) report documents claims for which payment information is not sent to EC 2000 CA or for which payment information being sent is incomplete. The account and claim sequence number are reported, along with the reason that the payment information was not included or is incomplete.

NOTE: This table is also used to set parameters for viewing claims (Claim Viewer) on Claims Administrator from within STAR Financials Patient Accounting, through the Account Inquiry and Revision functions. Without the completion of this parameter screen, the Claim Viewer process is not activated. All fields of the screen are required if Claims Administrator is used. This table is facility-specific. For details on using the Claim Viewer function, refer to the *Account Inquiry and Revision Volume* of the *STAR Financials Patient Accounting Reference Guide.*

- Master Table Load

  This function enables you to select options for loading the master tables with any updated information since the last time the table was loaded into the Electronic Claim System or for loading all table information, if the tables are being loaded for the first time. Table Load can be run on demand or during midnight processing.

- Table Download

  This function enables you to download specific master table(s) to PC files which then can be imported to the Electronic Claim System.

- Claim Download

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This function enables you to manually send patient and charge information specifically for each claim to the Electronic Claim System.

- Credit Note/Detail Upload

This function enables you to upload information from the credit note detail and credit note file to update claims on STAR.

- Backfeed Upload

This function enables you to upload backfeed information from the Electronic Claim System to update form locators on STAR claims.

- Claim Status Screen

This function enables produced claims to be edited to sync up with the Electronic Claim System, while not being sent back to the Electronic Claim System. This function is accessed through Financial System Management, Billing and Claims, Claims Management, Maintain Claims by Account or Maintain Claims by Biller.

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OVERVIEW OF PROCESS

The process for using the EC 2000 CA Integration functions is as follows:

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1. Once the Electronic Claim System Interface is activated, claims that have been released and set to produce on STAR are sent to Electronic Claims Interface. Transaction history is displayed:

   Claim Sequence X downloaded to EC 2000 CA

   NOTE: The submission date is *not* updated automatically at this time.

2. Claim reprints are sent to Electronic Claims System Interface if the following criteria are met:

• The reprint must be processed during batch. Immediate reprints are not sent to the Electronic Claims Interface.

• The claim being reprinted must have been sent to the Electronic Claims System Interface originally.

The following transaction history is displayed for claim reprints:

   Reprint Downloaded

3. During midnight processing, files are produced that contain patient information (extracted from the claim and the account) and detailed charge information, specific for each claim. These files are used by Electronic Claim System Interface to create claims.

4. Files are downloaded automatically to UNIX and then received by the Electronic Claim System Interface. A manual download option is available if the automatic process fails.

5. Balancing of the files between STAR and the Electronic Claim System is accomplished using the Electronic Claim System Claim Downloaded to the Electronic Claim System report, FCRCACDx (x = facility).

Electronic Claims Interface

1. Each day, files are produced by the Electronic Claim System containing information on claims updated and/or exported by the Electronic Claim System (credit note, credit note detail file and backfeed file).

2. The credit note files send information the day of an export of particular claims. This information, sent back to STAR, is automatically (hourly job) uploaded, and the

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submit date is updated with the date the upload occurs. Backfeed files are sent when form locator information is updated on the Electronic Claim System.

STAR

1. If charges are updated on the STAR claim based on data from the Electronic Claim System, resulting in differing claim amounts, an exception report is created to enable customers to review the differences. The STAR PA the Electronic Claim System Credit Note/Detail Discrepancy report (FCRCAAD) provides a snapshot of the charges before the claim was updated with changes from the Electronic Claim System. Only changes that resulted in claim amount differences show on the report. Changes to units, revenue codes, etc., are overlaid but not reported.

2. If information is sent back from the Electronic Claim System that cannot be accepted by STAR, the information is listed on two separate reports. One report is generated after the manual Credit Note and Credit Note Detail Upload is done, and is called The Credit Note/Detail Reject Report (FCRCACRx). The other report is the Backfeed Reject Report (FCRCABR).

3. The credit note file information updates the claim amount field with the amount in the Electronic Claim System. The submit date reflects the date that the claim's credit note file was received by STAR; transaction history reflects the date the claim was transmitted ("mass output") or printed on the Electronic Claim System. The text displays:

   SUBMIT DATE FROM EC 2000, CLAIM SEQ(X) XX/XX/XXXX

4. The backfeed file overlays the locator information in STAR with information from the Electronic Claim System.

5. The Add Claim to Insurance functionality works as follows: if the claim is released and set to produce, then it is included in the download file.

6. For users on the Electronic Claim System, the edit function for released claims reads:

   Edit produced claims to sync claims with EC 2000?

   Re-releasing the claims using the edit function does not occur for users on EC2000. In order to accomplish a re-submit, users must create an adjustment bill. However, any changes that have been made to the previous claims do not show up in the adjustment claim. If any charges were added or any demographic information changed, it is not be reflected on the claim in STAR or on the Electronic Claim System.

7. If a claim is deleted on STAR, you need to manually delete the claim from the Electronic Claim System, and vice versa.

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8. Tracer claims are still produced from STAR insurance follow-up.

9. The following master files can be loaded and downloaded:

    •   DRG codes

    •   UB revenue codes

    •   CPT-4 codes

    •   ICD-9 codes

    •   Insurance plans

    •   Physicians

    •   Pre-bill Edit Worklist User Table

    When performing a table load, the entire table is loaded. Once this is done, a table download creates a file to send to the Electronic Claim System. If only a table download is performed, it contains only changes that have been made since the last table load.

STAR LOGS

Charge information within logs is updated automatically after receiving an upload file from the Electronic Claim System. Demographic information is not updated because the updating of logs for demographic information only occurs when an account gets updated, not a claim. Since only theclaim is updated with the Electronic Claim System, the log cannot be updated.

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Chapter 2 - USER FUNCTIONS

Illustrations

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Figure 2.9   Secondary Claims Without Qualifying Payment Issues (FCRCASCY)2-37

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ELECTRONIC CLAIM SYSTEM PROCESSOR FUNCTIONS

To access the Electronic Claim System Interface Processor functions, select Financial System Mgmt from the main menu. Select Interface Functions, and then select Electronic Claim System Interface. The system displays the following screen:

```
          General Hospital Electronic Claim System Interface Processor
                                        Thu Sep 08, 2011 02:11 pm
Electronic Claim System Interface Input Options

          Option No.  Option
          ---------------------------------------
              1        Parameter Screen
              2        Media Type Exclusions
              3        Table Load
              4        Table Download
              5        Claim Download
              6        Credit Note/Detail Upload
              7        Backfeed Upload
              8        Prior Payment Analysis
                          Pre-bill Edit Functions
              9        Communication Line Control for Individual Lines
             10        Communication Line Control - All Defined Lines
             11        View Pre-bill Claims Waiting to be Sent
             12        View Returned Pre-bill Claims



Enter option number--
```

Parameter Screen

The Parameter screen function allows you to set the number of days the claim download files are retained on the system, as well as enter information that determines where specific tables and claim files should be downloaded on the PC. This screen is also used to define information allowing EC2000 Claims Administrator or ePremis to be viewed from within STAR Financials Patient Accounting.

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When you select the Parameter screen function, the following screen is displayed:

```
                    General Hospital Parameter Screen Processor
                                            Mon Mar 07, 2011 11:09 am

  1 Drive  2 Directory        3 UNIX Directory            4 Retention Days
    C        TEMP                hbo/hboc/ec2ca/                99
  5 Send Prior Payments                           6 Carrier/Plan Table
    A                                               CARRIER/PLAN NAME ONLY
  7 Elec Clm Sys  8 Edit Date         9 Edit by
    Non-McKesson    10/07/10 11:26am      New, Nancy
                            Claim Viewer Parameters
 10 Drive 11 Directory        12 Database          13 Source System
    C         caviewer            x81star              STAR
 14 Login Type  15 Gen User ID 16 Gen Password
    Individual
 17 Server Name
    HTTPS#TAKE 2
                            Pre-Bill Edit Parameters
 18 PBE Retention Days      19 Time to Await Ack Rec      20 Resend Claims Lim
    9                          300                           99
 21 Interface Codes for Send Queue      22 Interface Codes for Receive Queue
    Entries Defined                         Entries Defined

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

Field Explanations

1. DRIVE (1-A-O)
This field indicates the drive where tables for the Electronic Claim System Interface are downloaded. This may be a C drive or a network drive. The default is **C.**

2. DIRECTORY (8-AN-R)
This field indicates the directory path where tables for the Electronic Claim System Interface are downloaded. This field works in conjunction with the Drive field.

3. UNIX DIRECTORY (AN-R)
This is the UNIX directory path where the the Electronic Claim System Interface claim files are downloaded. This is also the path from which the the Electronic Claim System Interface credit note, credit note detail, and backfeed files are uploaded. The default is **hboc/ec2ca**/.

4. RETENTION DAYS (2-N-R)
This field enables you to control the retention of the download file on your system. The system displays the following prompt:

Enter the number of days to retain the claim download files--

The recommended setting for this field is 14 days.

5. SEND PRIOR PAYMENTS (TABLE LOOKUP-O)
This field contains the facilities that should send prior payment information for secondary billing to the Electronic Claim System or the HIPAA Data Extract.

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When this field is accessed, the screen displays the facilities that can be selected for prior payment information. You can select the facilities from the list. To send prior payment information, select the facilities for which prior payment information should be sent. Prior payment information can be used when billing secondary insurances. In the following example, the account called Test, Patient has two insurances that are associated with UB claims.

Test, Patient

COB 1 UB   Claim 1

COB 2 UB   Claim 2

After a payment is posted to Claim 1 associated with COB 1, the payment information for COB 1 is sent to the Electronic Claim System interface/HIPAA Data Extract with Claim. The payment information is included in two records called REMx.TXT and ADJx.TXT. If this field is blank, the REMx.TXT and the ADJx.TXT files generate zero files.

6.   CARRIER PLAN TABLE (1-A-O)
This field is used to define whether the system sends the Carrier/Plan Number with the Carrier/Plan Name, or sends only the Carrier/Plan Name in column 3 (ins_ca_name) of the Insurance Plan Master File to the Electronic Claim System. When this field is accessed, the following prompt is displayed:

   Send Carrier/Plan (C)ode & Name or Carrier/Plan (N)ame Only--

You can enter **C** to send both the carrier/plan code and name or **N** to send the carrier/ plan name only.

7.   ELECT CLM SYS (1-A-R)
This field is used to indentify whether your electronic vendor is EC 2000 CA, ePremis or a non-McKesson vendor. When this field is accessed, the following prompt is displayed:

   Is your Electronic Claim System (E)C 2000 CA, e(P)remis, or a (N)on-McKesson system?-

8.   EDIT DATE (DISPLAY ONLY)
This field contains the date the table was last updated.

9.   EDIT BY (DISPLAY ONLY)
This field contains the name of the user who last updated the table.

10. DRIVE (1-A-R)
This field defines where the system looks to find the executable program file of caviewer.exe. The default is the C drive. This applies to all users given access to the process. The software is installed locally for all staff involved even though the drive defined is a network drive mapped on the individual PC's.

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When this field is accessed, the following prompt is displayed:

> *Enter the drive containing Claim Viewer [C] --*

11. DIRECTORY (8-AN-O)
This field defines the directory where the program 'caviewer.exe' resides. This works in conjunction with the Drive field (field 8).

When this field is accessed, the following prompt is displayed:

> *Enter the directory containing Claim Viewer--*

NOTE: To verify the Electronic Claim System interface Server Name and Database Name, for EC2000 CA, click the Claims Administrator icon on the EC Product Control PC. The subsequent screen displayed has two tabs included: 1) Login, and 2) Change Database. Click the Change Database tab. The server and database information is displayed.

12. SERVER NAME (24-AN-O)
This field contains the server name determined by the Electronic Claims system.

When this field is accessed, the following prompt is displayed:

> *Enter the Claim Viewer server name--*

13. DATABASE (18-AN-O)
This field contains the name of the database determined by the Electronic Claims system.

When this field is accessed, the following prompt is displayed:

> *Enter the Claim Viewer database--*

14. SOURCE SYSTEM (20-AN-O)
This field contains the name of the Claim Viewer source system determined by the electronic claims system.

When this field is accessed, the following prompt is displayed:

> *Enter the Claim Viewer source system--*

15. LOGIN TYPE (1-A-R)
This field defines whether the login type for the electronic claims system uses ageneric user ID/Password when the interface process is initiated, or the individual's ID and password that is set up in the electronic claims systems such as EC 2000 CA and ePremis. When this field is accessed, the following prompt is displayed:

> *Use (I)ndividual or (G)eneric User ID (I/G)?--*

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If you enter **G** (Generic), the generic user ID and generic password are required in the Gen User ID and Gen Password fields. If you enter **I** (Individual), the Gen User ID and Gen Password fields are unavailable.

This parameter applies to character-based and Receivables Workstation options.

16. GEN USER ID (10-AN-O)
This field contains the generic user ID that is used for the Electronic Claims System Claim Viewer processor. In order to access this field, the Login Type field must be set to *Generic.* When this field is accessed, the following prompt is displayed:

> *Enter Generic User ID--*

17. GEN PASSWORD (10-AN-O)
This field contains the generic password that is used for the Electronic Claims System Claim Viewer processor. In order to access this field, the Login Type field must be set to *Generic* and the Gen User ID must be set. When this field is accessed, the following prompt is displayed:

> *Enter Generic Password--Ge*

18. PBE RETENTION DAYS (1-N-R)
This field contains the number of days to maintain pre-bill information. The purpose of retaining these audit files is for troubleshooting support questions.

When this field is accessed, the following prompt is displayed:

> *Enter the number of days to retain Pre-Bill Edit Interface information [5]--*

You can enter a number from 1 through 9 for the number of days to retain the information. The default is 5 days.

19. TIME TO AWAIT ACK REC (3-N-R)
This field contains the number of seconds STAR is to wait for an acknowledgement from the Electronic Claim System interface. When this field is accessed, the following prompt is displayed:

> *Enter number of seconds to await acknowledgement record from Pre-Bill Interface [300]--*

You can enter 1 through 999 seconds. The default is 300 seconds. This parameter works with the interface process between STAR and the Electronic Claim System Interface. The process which occurs is: 1) patient information is sent from STAR to the Electronic Claim System Interface; 2) the Electronic Claim System Interface reads the interface records; 3) an acknowledgement is sent from the Electronic Claim System Interface to STAR.   STAR waits the specified number of seconds for an acknowledgment from EC 2000 CA. The assumption when an acknowledgement is not received is that the interface is not properly running or the the Electronic Claim System Interface system is not responding. In this situation, the account information is

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resent, assuming the data was not correctly received. This part of the resend process is controlled by the Resend Claims Lim field.

20. RESEND CLAIMS LIM (3-N-R)

This field contains the number of times the Electronic Claim System interface is to send the same claim to the Pre-bill interface in STAR Patient Accounting. When this field is accessed, the following prompt is displayed:

Enter number of times to re-send the same claim to the Pre-Bill Interface [99]--

You can enter 1 through 999. This field works in conjunction with the Time to Await Ack Rec field. When an acknowledgment is not received from the Electronic Claim System Interface, the claim is re-sent the number of times specified in this field. After the number of times is reached, the interface process is brought down under the assumption that a problem exists.

21. INTERFACE CODES FOR SEND QUEUE (TABLE LOOKUP-R)

This field contains the interface codes used by STAR to send data to the Electronic Claim System Interface. The field is a multiple select option in order to accommodate multiple interface lines for a specific ID (live vs. test). This information is defined by McKesson development staff. When this field is accessed, a list of interface codes for the send queue is displayed. The only defined code is PBO/PREBILL Outbound (pre-bill outbound).

22. INTERFACE CODES FOR RECEIVE QUEUE (TABLE LOOKUP-R)

This field contains the interface code used to receive information back from the Electronic Claim System Interface. The field is a multiple select option in order to accommodate multiple interface lines for a specific ID (live vs. test). This information is defined by McKesson development staff. When this field is accessed, a list of interface codes for the receive queue is displayed. The only defined code is PBO-PBI (pre-bill interface).

Table Load

The Table Load function allows you to select options for loading the tables with the newest information (any information since the last time the table was sent to EC2000 CA) or all information, if you are loading tables for the first time. Run this process often to keep your STAR and EC2000 CA tables in sync. You can perform the table load immediately or during Midnight Processing. If scheduled, you can cancel, load, or run.

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When you select the Table Load function, a screen similar to the following is displayed:

```
                    General Hospital Table Load Processor
                                          Thu Jul 05, 2007 04:54 pm
 Table Load Input Options

          Option No.  Option
          ----------------------------------------
             1       Carrier/Plan Table
             2       CPT4 & HCPCS Procedure Code Table
             3       DRG Code Table
             4       ICD9 Diagnosis & Procedure Code Table
             5       Physician Master Table
             6       UB Revenue Code Table
             7       PBE Worklist User Table












 Enter option number--
```

Table Download

The Table Download function allows you to select options for downloading specific master tables to PC files, which then can be uploaded to EC2000 CA. It is important to always perform the Table Load function before performing a table download if you are loading for the first time or feel the master tables are out of synch with EC2000. Otherwise, any updated information will not be downloaded.

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When you select the Table Download function, a screen similar to the following displays:

```
                    General Hospital Table Download Processor
                                          Thu Jul 05, 2007 04:56 pm
Table Download Input Options

             Option No.  Option
             ---------------------------------------
                  1       Carrier/Plan Table
                  2       CPT4 & HCPCS Procedure Code Table
                  3       DRG Code Table
                  4       ICD9 Diagnosis & Procedure Code Table
                  5       Physician Master Table
                  6       UB Revenue Code Table
                  7       PBE Worklist User Table






 Enter option number--
```

Claim Download

The Claim Download function allows you to manually send claim information to EC2000 CA when the automatic process fails, or claims need to be re-sent.

When you select the Claim Download function, a screen similar to the following is displayed:

```
                    General Hospital Claim Download Processor
                                          Tue Mar 23, 1999 12:13 pm


 Page:01                         Available Claim Files
 ( 1) 12/15/98
 ( 2) 12/16/98
 ( 3) 12/17/98
 ( 4) 12/18/98
 ( 5) 12/19/98
 ( 6) 12/20/98
 ( 7) 12/21/98
 ( 8) 12/22/98
 ( 9) 12/23/98
 (10) 12/24/98
 (11) 12/25/98
 (12) 12/26/98
 (13) 12/27/98
 (14) 12/28/98
 (15) 12/29/98

 Enter choice--
                   next pg(/ or PG DN)  Search(TAB)
```

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Field Explanations

DATE (DISPLAY ONLY)
This field contains the Midnight Processing date on which the downloaded claim files were created. The number of files displayed depends on the number of days set in the Retention Days field on the Electronic Claims System Parameter screen. Files are displayed in date order.

Credit Note/Detail Upload

The Credit Note/Detail Upload function allows you to upload information from the credit note detail and credit note file to update claims on STAR.

Backfeed Upload

The Backfeed Upload function allows you to upload the backfeed information from EC2000 CA or ePremis to update form locators on the STAR claims.

Prior Payment Analysis

This pre-analysis tool can be used to determine whether the settings in the Secondary Billing Directions table are correct before prior payment information is formatted for EC 2000 CA. For details on the Secondary Billing Directions table, refer to *STAR Patient Accounting Tables, Masters, and Parameters Guide.* Also, this functionality is provided to assist in determining whether the software options handle the variety of implementations that exist for the standard ANSI 4010 format. Accounts can be selected per three criteria which are discharge date, secondary insurance, and preceding insurance. For the selected accounts FCRCASEC, FCRCASCN, FCRCASCY, FCRCASCM, and FCRCASCI can be produced. FCRCASCM document the information that would be formatted for EC 2000 CA and list ERA segments not used. Information appears on FCRCASCM and FCRCASCY per the parameters in the Secondary Billing Directions table. These reports are documented in this guide.

After parameters are entered on the following screen, the system displays this prompt:

Are you sure that you want to start this job now? (Y/N)--

If you enter **Y** (Yes), the following message is displayed:

Background Job Started for Prior Payment Analysis!

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```
                    General Hospital Prior Payment Analysis Processor
                                              Mon Mar 07, 2011 08:33 am

 1 Discharge Dates
->  02/24/11-02/27/11


                         Select Secondary Insurance Information
 2 Insurance Carriers

 3 Insurance Plans


                         Select Preceding Insurance Information
 4 Insurance Carriers

 5 Insurance Plans


 6 Maximum Number of Claims to Select



 Enter from discharge date-- --
```

Field Explanations

1.   DISCHARGE DATES (6-N-R)

This field is used to enter the from and to discharge dates for the search criteria. The from discharge date is entered first, in the format of MM/DD/YY.

Select Secondary Insurance Information

2.   INSURANCE CARRIERS (TABLE LOOKUP-R)

This field is used to select the insurance carriers for secondary claims sent to EC2000 CA.

3.   INSURANCE PLANS (TABLE LOOKUP-R)

This field is used to select the insurance plans for secondary claims sent to EC2000 CA.

Select Preceding Insurance Information

4.   INSURANCE CARRIERS (TABLE LOOKUP-R)

This field is used to select the preceding insurance carriers for claims sent to EC2000 CA.

5.   INSURANCE PLANS (TABLE LOOKUP-R)

This field is used to select the preceding insurance plans for claims sent to EC2000 CA.

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6.   MAXIMUM NUMBER OF CLAIMS TO SELECT (7-N-R)

This field is used to enter the maximum number of claims to select for prior payment analysis.

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PRE-BILL EDIT FUNCTIONS

These functions are used to view information on pre-bill edit records that were sent and received through the Electronic Claims System Interface and STAR Patient Accounting and to activate or inactivate the Pre-bill Edit interface between STAR Patient Accounting and EC2000 CA. Each function is discussed below, in detail.

Communication Line Control for Individual Lines

The Communication Line Control for Individual Lines function allows you to indicate whether you want to activate the Pre-bill Edit interface between STAR Patient Accounting and EC2000 CA. This interface between STAR Patient Accounting and EC2000 CA consists of two interface lines. One is used to send PBE claim information to EC2000 CA. The second is used to receive information from EC2000 CA on the edit of the PBE claim.

NOTE: This function applies to all interfaces on a CPU. If STAR Patient Accounting exists on the same box as other STAR systems such as STAR Patient Processing, then you can see interfaces for STAR Patient Processing in this function also.

When this function is selected, you are prompted to enter a communication code or enter a hyphen (-) to select one from a list of codes. After you select a valid code, the status of the code (active or inactive) is displayed on the screen.

If the interface is inactive, the following prompt is displayed:

Activate the [XX INTERFACE] (Y/N)? --

You can enter **Y** (Yes) to activate the interface or **N** (No) to leave the interface inactive. If you enter Y, the interface is activated when you accept the screen.

If the interface is active, the following prompt is displayed:

Inactivate the [XX INTERFACE] (Y/N)? --

You can enter **Y** (Yes) to inactivate the interface or **N** (No) to leave the interface active. If you enter Y, the interface is inactivated when you accept the screen.

Communication Line Control - All Defined Lines

The Communication Line Control - All Defined Lines function allows you to activate or inactivate the two interfaces used for the Pre-bill Edit interface between STAR Patient Accounting and EC2000 CA. One interface is used to send PBE claim information to EC2000 CA. The second is used to receive information from EC2000 CA on the edit of the PBE claim. This function activates or inactivates both interfaces at the same time.

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NOTE: This function applies to all interfaces on a CPU. If STAR Patient Accounting exists on the same box as other STAR systems such as STAR Patient Processing, then you can see interfaces for STAR Patient Processing in this function also.

When this function is selected, the system displays the following prompt, where *x* represents the ID:

Do you want to (A)ctivate or (I)nactivate interfaces in ID x? --

If you enter A, the system displays a list of inactive interfaces. Enter a hyphen (-) and select the interfaces to activate from the list of communication lines in the current ID. The Prods column contains *FIN* for the two Pre-bill Edit interfaces.

When you are activating interfaces, the following confirmation prompt is displayed, where *x* represents the ID:

Are you sure you want to activate SELECTED interfaces? (YES/N) [N]--
You are in ID x

Enter **YES** if you want to activate the interfaces. Press ENTER or enter **N** if you do not want to activate the interfaces.

If you enter I, the system displays a list of active interfaces. Enter a hyphen (-) and select the interfaces to inactivate from the list of communication lines in the current ID. The Prods column contains *FIN* for the two Pre-bill Edit interfaces.

When you are inactivating interfaces, the following confirmation prompt is displayed, where *x* represents the ID:

Are you sure you want to inactivate SELECTED interfaces? (YES/N) [N]--
You are in ID x

Enter **YES** if you want to inactivate the interfaces. Press ENTER or enter **N** if you do not want to inactivate the interfaces.

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View Pre-bill Claims Waiting to be Sent

This function is used to view pre-bill claims that have not been sent to EC2000 CA. After you access this function and enter a facility code, the following screen is displayed:

```
              General Hospital View Pre-bill Claims Waiting to be Sent Processor
                                                     Fri Oct 22, 2004 12:34 pm




      View (W)orklist Requests, (B)atch Requests, or (A)ll Requests [A]--
```

The following prompt is displayed on the screen:

View (W)orklist Requests, (B)atch Requests, or (A)ll Requests [A]--

You can enter **W** to view Worklist requests (from the Pre-bill Edit Workfile GUI module) to send pre-bill claims to EC2000, **B** to view batch requests automatically sent by STAR Patient Accounting, or **A** to view both Worklist and batch requests. The following screen is displayed for all three options:

```
         General Hospital View Pre-bill Claims Waiting to be Sent
                                           Fri Oct 22, 2004 01:40 pm


      Account        Name                         CS   Type  Date/Time Added
Page:01          Returned Claims  * indicates replaced or removed
( 1) A0136000001   PAPP,MOLLY ROSE              177    X     10/22/04 0059
( 2) A0205800010   RIVERS,ER                      1    X     10/22/04 0059
( 3) A0210800001   GODWIN,PAT                    57    X     10/22/04 0059
( 4) A0214000006   HARDERSEN,OBI WON            156    X     10/22/04 0059
( 5) A0216200007   PARR,TEST                    159    X     10/22/04 0100
( 6) A0226000003   TEST,DAWN                    172    X     10/22/04 0100
( 7) A0227700003   RAPPLEYEA,TUNIS E.            79    X     10/22/04 0101
( 8) A0231000005   DUCOTE,NEWFC                  45    X     10/22/04 0102
( 9) A0313800009   COUCH ,FACA CR               129    X     10/22/04 0103
(10) A0314700002   TEST,COFFEE                  291    X     10/22/04 0103
(11) A0315600007   BLAIR,TEMP                   101    X     10/22/04 0105
(12) A0412500002   ENGLISH,BABY GIRL            286    X     10/22/04 0106
(13) A0415300005   MOORE,PREBILL                750    X     10/22/04 0106
(
Enter choice--
                  next pg(/ or PG DN)  Search(TAB)
```

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Field Explanations

ACCOUNT (DISPLAY ONLY)
This field contains the account number.

NAME (DISPLAY ONLY)
This field contains the patient's name.

CS (DISPLAY ONLY)
This field contains the sequence number for the claim record. This sequence number is assigned sequentially by the system to each claim as it is loaded and is separate from the bill sequence number.

TYPE (DISPLAY ONLY)
This field contains the claim's type code and description, such as B (1500) and X (UB).

DATE/TIME ADDED (DISPLAY ONLY)
This field contains the date and time the pre-bill edit claim was added to the system.

View Returned Pre-bill Claims

This function is used to review pre-bill claims that are returned with edits from STAR Patient Accounting. When this function is accessed, the following prompt is displayed:

Enter date or `T` for Today [T]--

You can enter the date for the claims you want to review, enter **T** for today's date, or press ENTER to accept the default of **T** (Today's date). The following prompt is then displayed:

Enter time [0000]--

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You can enter the time, for example, 1600. If there are returned claims, the following screen is displayed after you press ENTER:

```
          General Hospital View Returned Pre-bill Claims Processor
                                             Fri Oct 22, 2004 01:40 pm
        Account         Name                  CS    Type  Date/Time Rtn
Page:01           Returned Claims  * indicates replaced or removed
( 1) A0231200001    REED, MARK                235   X     11/07/04 2109
( 2) A0234500001    MOORE ,KURT               119   X     11/07/04 2110
( 3) A0302200002    MARY,A                    239   B     11/07/04 2110
( 4) A0326600001    NYREGS,CMS I              235   X     11/07/04 2111
( 5) A0326600002    NYREGS,CMS II             235   X     11/07/04 2112
( 6) A0419700012    SHORE,PBEXNIP             123   X     11/07/04 2113
( 7) A0419900162    PBEXNIP,ONE               117   X     11/07/04 2113
( 8) A0419900163    PBEXNIP,TWO               116   X     11/07/04 2114
( 9) A0419900164    PBEXNIP,THREE             119   X     11/07/04 2115
(10) A0419900165    PBEXNIP,FOUR              119   X     11/07/04 2115
(11) A0419900166    PBEXNIP,FIVE              118   X     11/07/04 2116



Enter choice--
                     next pg(/ or PG DN)  Search(TAB)


```

Field Explanations

ACCOUNT (DISPLAY ONLY)
This field contains the account number.

NAME (DISPLAY ONLY)
This field contains the patient's name.

CS (DISPLAY ONLY)
This field contains the sequence number for the claim record. This sequence number is assigned sequentially by the system to each claim as it is loaded and is separate from the bill sequence number.

TYPE (DISPLAY ONLY)
This field contains the claim's type code and description, such as B (1500) and X (UB).

DATE/TIME RTN (DISPLAY ONLY)
This field contains the date and time the pre-bill edit claim was returned from EC2000 to STAR Patient Accounting.

You can select an account you want to view and press ENTER. The following screen is displayed:

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```
        General Hospital View Returned Pre-bill Claims Processor
                                        Wed Mar 15, 2006 12:09 pm
Account      Name                    FC Typ Admit     Disch   Balance    Loc
A01360-00001 PAPP,MOLLY ROSE          B  I/P 12/26/01          2416123.96 PA/FCRV




    




  View  records (S)ent or (R)eceived--
```

Field Explanations

ACCOUNT (DISPLAY ONLY)
This field contains the account number.

NAME (DISPLAY ONLY)
This field contains the patient's name.

FC (DISPLAY ONLY)
This field contains the hospital-defined financial class code assigned to this patient's account. Financial class categorizes patients based on fiscal responsibilities and usually includes self-pay, commercial insurance, Medicare, etc.

TYP (DISPLAY ONLY)
This field contains the account's patient type.

ADMIT (DISPLAY ONLY)
This field contains the date the patient was admitted.

DISCH (DISPLAY ONLY)
This field contains the date the patient was discharged.

LOC (DISPLAY ONLY)
This field contains the location and sub location of the account. The account location of a patient determines which sub locations are available. For more information about sub locations and their corresponding locations, see the McKesson-Maintained Information chapter of the *Tables, Masters and Parameters Volume* of the *STAR Financials Patient Accounting Reference Guide.*

The following prompt is displayed at the bottom of the screen and allows you to view information about records sent by and received from STAR Patient Accounting.

   View records (S)ent or (R)eceived--

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You can enter **S** for Sent to view records sent by the Electronic Claim System interface to STAR Patient Accounting or **R** for Received to view records received by STAR Patient Accounting. Each of these options is discussed below.

View Records Sent

If you enter **S** for Sent to view records sent, a list of record types is displayed. You can select a record type to view or enter **A** for All to review all record types. The next screen displayed depends on the record type you selected. Following is an example of the screen displayed when PAT (Patient Data) is selected:

```
          General Hospital View Returned Pre-bill Claims Processor
                                            Wed Mar 15, 2006 12:09 pm
Account       Name              FC Typ Admit    Disch    Balance    Loc
A04153-00005 MOON, BOB          A  IPC 06/01/04          21382.00   PA/FCRV

Fld#   Field Description              Field Value
PAT    Payer Being Billed Plan Code   500700
  2    Patient Type                   IPC
  3    COB - Payer Being Billed       1
  4    Patient Control Number         A0415300005
  5    Bill Date                      08/08/2004
  6    Admission Date                 06012004
  8    Admission Hour                 20
  9    Discharge Hour                 00
 10    Financial Class                A
 12    Patient - Last Name            MOORE
 13    Patient - First Name           PREBILL
 15    Patient - Address 1            ADDRESS1
 16    Patient - Address 2            CHG ADDRESS 2
 17    Patient - Address City         DEFAULT CITY

                     F1Prev Page F2Next Page F7  Exit
```

Field Explanations

FLD # (DISPLAY ONLY)
This field contains the field number on the record.

FIELD DESCRIPTION (DISPLAY ONLY)
This field contains a description of the field.

FIELD VALUE (DISPLAY ONLY)
This field contains the value in the field.

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View Records Received

If you enter **R** for Received to view records received, a list of record types is displayed. You can select a record type to view or enter **A** for All to review all record types. The following screen is displayed:

```
        General Hospital View Returned Pre-bill Claims Processor

                                         Wed Mar 15, 2006 12:09 pm
Account      Name              FC Typ Admit    Disch   Balance     Loc
A04153-00005 MOORE,PREBILL      A  IPC 06/01/04         21382.00   PA/FCRV

F#  Field Description    Field Value
 1  Rec Type            CLM
 2  Account#            A0415300005
 3  Serv Through Date   8/8/2004
 4  Entity              A
 5  Plan Code           500700
 6  Clm Seq             614
 7  CA Encounter#       64780
 8  CA Claim#           84403
 9  Status              F
10  Claim Form          F4500WYCOI

 1  Rec Type            ERR
 2  CA Claim#           84403
 3  Category            I

                    F1Prev Page F2Next Page F7  Exit
```

Field Explanations

FLD # (DISPLAY ONLY)
This field contains the field number on the record.

FIELD DESCRIPTION (DISPLAY ONLY)
This field contains a description of the field.

FIELD VALUE (DISPLAY ONLY)
This field contains the value in the field.

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CLAIM STATUS SCREEN

Once a facility is live on EC2000 CA, produced claims can be edited to sync up with EC2000 CA but they are not sent back to EC2000 CA. The Claim Status screen allows you to review basic information on a claim. The account number, name, financial class, patient type, admission date, discharge date, account balance, and account location/ sub location are displayed for each selected account.

For systems live on EC2000 CA, the following prompt is displayed when this screen is accessed:

> *Claim produced – Edit to sync with EC 2000 claim? (Y/N)[N]--*

If you enter Y (Yes), you can update the claim, but changes are not sent back to EC2000 CA. The transaction history displays, "Claim edited to sync with EC2000 CA." Once a claim has been edited and you manually release it again, the transaction history entry displays "Claim Suppressed" to further clarify that claims are not re-sent to EC2000 CA.

For details on this screen, refer to the *Billing and Claims Volume* of the *STAR Financials Patient Accounting Reference Guide*, Billing and Claims chapter.

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REPORTS

ECS Credit Note/Detail Discrepancy Report (FCRCAAD)

This report displays a snapshot of the original charges on any claim when the original claim amount from STAR does not match the claim amount that is in the Credit Note File from EC2000 CA. The claim is overlaid with the charges from EC2000 CA Credit Note Detail File.

This report is produced daily and is sorted by facility, biller, then account number. The report displays the Account Number, Patient Name, Carrier/Plan, Claim Sequence, Admit Date, Discharge Date, and Claim Amount sent back from EC2000 CA.

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Figure 2.1 ECS CA Credit Note/Detail Discrepancy Report (FCRCAAD)

```
DATE: 10/05/98                    ECS CREDIT NOTE/DETAIL DISCREPANCY REPORT                    FCRCAAD
                                       3 BILLERTHREE,BILLER
ACCOUNT #          PATIENT NAME  CARRIER  CLAIM  ADMIT      DISCH           CLAIM AMOUNT
                                 PLAN     SEQ    DATE       DATE
A9825133332        SMITH, JOHN   360       5     11/21/98   11/29/98          44.00


     TOTAL CLAIM AMOUNTS:
```

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Chapter 2 - USER FUNCTIONS

Claim Download to ECS Report (FCRCACD)

This report lists all claims that were downloaded to EC2000 CA. The report columns are Account Number, Patient Name, Carrier Plan, Claim Sequence, Claim Type, Media Type, Claim Status, Admit Date, Discharge Date, Claim Amount, Number of charges sent, and whether the charges were pulled from the claim or the account. For claim reprints, the value of the last field will be Clm/Rprt which indicates the charges were pulled from the claim because it was a reprint.

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Figure 2.2 Claim Download to ECS Report (FCRCACD) - Page 1

```
Date: 08/21/01                          Windward Memorial Medical Center                        Page  : 1
Time: 06:06am                           Claim Download to ECS - 08/20/01                         Report: FCRCACDA

                                                 3 - BILLERTHREE,BILLER


                              Carrier   Claim   Claim   Media   Claim    Admit    Discharge               ----Charges----
Account #      Patient Name   Plan      Seq #   Type    Type    Status   Date     Date        Claim Amount Number Acct/Clm


A0123200004    JONES,MARY     100200    2       B       P       M        08/20/01 08/20/01      $154.00    2      Account
```

Figure 2.3 Claim Download to ECS Report (FCRCACD) - Page 2

```
Date:  08/21/01                         Claim Download to ECS - 08/20/01                         Report: FCRCACDA
Time:  06:06am
                                              44 - MOTHERSHED,JENNIE;M


                              Carrier   Claim   Claim   Media   Claim    Admit    Discharge               ----Charges----
Account #      Patient Name   Plan      Seq #   Type    Type    Status   Date     Date        Claim Amount Number Acct/Clm


A0123200005    JACKSON,WESTON 500200    2       B       P       M        08/20/01 08/20/01    $1,730.19    5      Claim
A0123200005    JACKSON,WESTON 500200    3       B       P       M        08/20/01 08/20/01      $128.00    1      Account


               Biller: 44       No. Claims:   2            Total Claim Amount:    $1,858.19
```

Figure 2.4 Claim Download to ECS Report (FCRCACD) - Page 3

```
Date:  08/21/01                         Claim Download to ECS - 08/20/01                         Report: FCRCACDA
Time:  06:06 am
                                              Facility Totals



Facility:   A                   No. Claims:   3                Total Claim Amount:     $2,012.19

                                              End of Report
```

Credit Note/Detail Upload Report (FCRCACR)

This report displays any credit note and/or credit detail information that was uploaded into STAR from EC2000 CA. Every claim processed is reported. The claims that were rejected are listed first, followed by the claims that uploaded successfully.

The report displays the Account Number, Patient Name, Error Message (Reason Upload could not occur), EC2000 Service through date, EC2000 CA Plan Code, EC2000 CA Form ID, EC2000 CA Biller Code, Claim Sequence, and STAR Claim type.

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Figure 2.5 Credit Note/Detail Upload Report (FCRCACR)

```
Date: 04/06/07                              Atlanta City Hope                          Page  : 1
Time: 08:24am                         Credit Note/Detail Upload Report                 Report: FCRCACRA


                                                      EC 2000 CA EC 2000 CA  EC 2000 CA EC 2000 CA  CLAIM  STAR
Account #       Patient Name        Error Message     Svc Thru Dt  Plan Code  Form ID   Biller Cd   SEQ    CT

A9709000071     CROWE, MIKE         Claim does not exist on STAR 4/10/07 500100      CSTARXXMCI    A5
A9711400001     BROWN, JULIE        Claim does not exist on STAR 4/24/07 500100      CSTARXXMCI    A5
A9711400002     SMITH, JANE         Claim does not exist on STAR 4/24/07 300100      CSTARXXMCI    A5
A9728000001     CURNICK, BEN S      Claim does not exist on STAR 10/7/07 500999      1500STARPA    A5
A9728000002     LOWREY, BOB         Claim does not exist on STAR 10/7/07 500100      CSTARXXMCI    A5
A9800800002     JONES, LOG 2        Claim does not exist on STAR 2/4/07  100100      CSTARXXMCI    A5
A9801400011     KRESS, B            Claim does not exist on STAR 1/14/07 500100      CSTARXXMCI    A5
A9801400012     SMITH, C            Claim does not exist on STAR 1/14/07 500200      1500STARPA    A5
```

Backfeed Reject Report (FCRCABR)

This report displays any information received in the backfeed file from EC2000 CA that is not recognized by STAR and is therefore rejected. This report displays the Account Number, Patient Name, Error Message (Reason backfeed information was rejected), EC2000 CA Service through dates, EC2000 CA plan code numbers, EC2000 CA Form ID, EC2000 CA Biller Codes, STAR Claim sequence numbers, and STAR Claim type.

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Figure 2.6 Backfeed Reject Report (FCRCABR)

```
Spooled: 01/19/99 0928          Last Printed: Not Printed
Date: 01/19/99                       Atlanta City Hope               Page  : 1
Time: 09:28am                      Backfeed Reject Report            Report: FCRCABRA




                                         EC 2000 CA   EC 2000 CA  EC 2000 CA  EC 2000 CA  STAR PA  STAR PA
Account #      Patient Name      Error Message  Svc Thru Dt  Plan Code  Form ID   Biller Cd    CS       CT

A9808200002    MANSELL, EVELYN   Claim type mismatch  3/23/98    500909   1500STAR PAPA   A5      1        X
A9809600004    CURNICK, BLANK F  Claim type mismatch  4/7/98     852700   1500STAR PAPA   A5      12       B
A9829200001    CURNICK, NON P    Claim type mismatch  10/19/98   777055   1500STAR PAPA   A5      10       X

Total Number of Rejects =  3
End of Report
```

277 Claim Status Report (FCRCACS)

This report lists, by biller, the 277 Claim Status Codes and Descriptions sent from the payers via EC2000 CA. This report is generated by the Credit Note/Detail Upload Process.

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Figure 2.7 277 Claim Status Report (FCRCACS) *

```
Date: 06/18/02                              General Hospital                        Report: FCRCACSA

                                         5 - BILLERFIVE,BILLER


                                  Claim    Carrier    Clm Stat
Account #       Patient Name       Seq      Plan       Date      277 Claim Status Code and Description


A0129500001    HIPAA, HMO           2      100200    11/02/01    F3>Finalized/Revised - Adjudication information
                                                                   has been changed^65>Claim/line has been paid.

            Biller: 5              No. Claims:     1

Date: 06/18/02                              General Hospital                        Page  : 2
Time: 01:23pm                           277 Claim Status Report                     Report: FCRCACSA

                                          Facility Total



Facility:   A                      No. Claims:     1

                                        End of Report
```

Error Report for Elec Claim System Secondary Billing (FCRCASEC)

This report identifies matching problems for the secondary billing process. The report documents claims for which payment information is not being sent or for which payment information is incomplete when service line detail is being sent. An account and claim appear on this report along with the reason that payment information is not being included or is incomplete in the interface records for a COB. An account and claim can appear multiple times to report issues with the claim being sent and/or one or more preceding COBs. Each issue with a COB is reported on a separate line in FCRCASEC.

FCRCASEC contains the following error messages.

- Claim Type Changed

- Duplicate Claim

- Duplicate Claim Split Ind for xxx

- Mismatched Claim Split Indicators

- Mismatched Claim Amount

- Unmatched Pmt Lines

- xxxxxx/yyyyyy not defined in Sec Bill Dir Table

- Unique payment not identified

- Prior Payment Analysis

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Figure 2.8 Error Report for Elec Claim System Secondary Billing (FCRCASEC)

```
Date: 03/06/11                        Windward Medical University                    Page : 1
Time: 01:16am                Error Report for Elec Claim System Secondary Billing
Report: FCRCASECA
                               Prior Payment Information Not Sent

Account#      Patient Name                    CS  COB  Prior COBs  Acct/Clm  COB  Error Message Sent
```

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Field Explanations

ACCOUNT #
This column contains the account number for the claim.

PATIENT NAME
This column contains the patient's name.

CS
This column contains the claim sequence number.

COB
This column contains the COB for the claim being sent.

PRIOR COB
This column contains prior COBs that need payment information.

ACCT/CLM
This column contains the account/claim indicator for EC2000 charges.

ERROR MESSAGE
This column contains the error message for the claim sent to the Electronic Claim System interface. Error messages are as follows:

- Claim Type Changed

- Duplicate Claim

- Duplicate Claim Split Ind for xxx

- Mismatched Claim Split Indicators

- Mismatched Claim Amount

- Unmatched Pmt Lines

- xxxxxx/yyyyyy not defined in Sec Bill Dir Table

- Unique payment not identified

- Prior Payment Analysis

Secondary Claims Without Qualifying Payment Issues (FARCACSY)

This report lists secondary claims for which prior payment information was sent. The secondary claim is identified along with all claims for all preceding insurances for which prior payment information can be sent. Payment information is listed for the claims for the preceding insurances. The intended use of FCRCASCY is during the

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initial phases when payment information is being sent to EC 2000 CA for an insurance carrier or plan. The inclusion of a claim on FCRCASCYx must be indicated in the Secondary Billing Directions table.

Following is a sample of the report.

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Figure 2.9 Secondary Claims Without Qualifying Payment Issues
(FCRCASCY)

```
Date: 03/06/11                              General Hospital                             Page  : 1
Time: 01:16am                 Secondary Claims Without Qualifying Payment Issues for 03/05/11            Report: FCRCASCYA



                               Secondary                      Preceding
Account       Name            BT  BS   CS   From Dt  Plan  COB  CS Plan   COB      Clm Amt   From Dt   Prc Fmt  Dir Cd
   Post Date    Payment       Adj    Pt Rsp        Co-Pay         Coins    Deductible      Type   Dsp      CSts  BS/CS
A1029900001   ADAMS,SARAH      Z   3    5   10/26/10 500100  2    1 400100  1      1,276.00  10/26/10  Bth Clm  C1
   11/03/10    100.00       40.00-      40.00        30.00         20.00     10.00        ERA    F        1     1/1
   11/03/10    220.00-      75.00       40.00-       30.00-        20.00-    10.00-       ERA    P        22    1/1
   10/27/10    220.00       75.00-      40.00        30.00         20.00     10.00        ERA    F        1     1/1
                             Z   3    5   10/26/10 500100  2    4 400100  1      1,276.00  10/26/10  Bth Clm  C1
A1030500001   ANOUK, MARK      A   2    3   11/01/10 500100  2    1 400100  1        526.00  11/01/10  Bth Clm  C1
   11/03/10    100.00       55.00-      40.00        30.00         20.00     10.00        ERA    F        1     1/1
```

Field Explanations

ACCOUNT #
This column contains the account number for the claim.

NAME
This column contains the patient's name.

BT
This field contains the bill type assigned to this patient's account. Valid bill types are C-cycle, A-adjustment, F-final, L-late, and Z-cycle adjustment.

BS
This field contains the bill sequence number of the bill for the account that was sent to the secondary insurance.

CS
This column contains the claim sequence number of the bill for the account that was sent to the secondary insurance.

FROM DT
This field contains the beginning service date for the period included on the claim for the account that was sent to the secondary insurance.

PLAN
This column contains the code for the insurance plan for the claim that was sent to the secondary insurance.

COB
This column contains the COB for the claim for the account that was sent to the secondary insurance.

CS
This column contains the claim sequence number.

PLAN
This column contains the code for the insurance plan for the claim.

COB
This column contains the COB for the claim being sent.

CLM AMT
This column contains the claim amount.

FROM DATE
This column contains the from date for the claim.

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PRC
This column contains the value for Process Option in the Secondary Billing Directions table. The values are Inc (Include), Exc (Exclude), Rpt (Report only), and Bth (Include and report).

FMT
This column contains the value for Format Option in the Secondary Billing Directions table. The values are Clm (Claim Level) or Srv (Service Line Level).

DIR CD
This column contains the code for the entry in the Secondary Billing Directions table used to process the prior payment information is printed.

POST DATE
This column contains the date the payment was posted.

PAYMENT
This column contains the amount of the payment.

ADJ
This column contains the total adjustment amount added to the account associated with the ERA payment.

PT RSP
This column contains the value of the patient responsibility.

CO-PAY
This column contains the value of the copayment.

COINS
This field displays the coinsurance amount associated with the insurance payment for the claim.

DEDUCTIBLE
This column displays the amount of the deductible.

TYPE
The type of payment is identified. The values are *ERA* for a payment processed using Electronic RA Interfaces and *Man* for a manually-posted payment which can include payments keyed using a scripting tool.

DSP
This column contains the claim disposition assigned with the payment is printed.

CSTS
This column contains the claim status code from the ERA payment is printed.

BS/CS
This column contains the bill sequence and claim sequence number.

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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 *Electronic Claim System Interface Guide* 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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