# STAR 2000™

**STAR PATIENT CARE**
**Medical Record Enhancement Summaries**

Release 18.0
October 2012

C18000301

# Documentation Conventions

Enhancement summary documentation for McKesson's STAR 2000™ line of products follows these conventions:

**Key Names**
Named keys, such as SHIFT, CTRL, ALT, and ENTER are displayed in this document in uppercase (capital) letters.  A symbol key is written as text in this document followed by the symbol 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 are displayed as the names of each key in the chord separated by a hyphen (-) (for example, CTRL-ALT-DEL).

**Prompts**
System prompts are displayed at the bottom of many STAR screens when the system requests an entry or displays a message.  In this document, these prompts are indented and the text italicized, as shown in the following example:

*Enter patient name--*

**Data Entries**
Letters or words you enter in response to the system are displayed in **bold** letters in this document.  For example:  Enter **Y** for Yes or **N** for No.

**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.)

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# About This Document

## Purpose / Scope

This document contains technical and user information about new features available in Release 18.0 for STAR Patient Care's Medical Records products. It is meant to be used in conjunction with the specified STIs and the *STAR Patient Care Reference Guide.*

## Audience

This document is intended to inform hospital personnel concerned with STAR Patient Care Medical Records modules about the Release 18.0 enhancements. Such personnel may include individuals from different departments within the facility, such as Medical Records, Financials, and physicians' staffs.

## Chapter Overview

This document contains a chapter for each enhancement. The following information is included in each chapter:

| Heading | Information under this heading... |
|---|---|
| Overview | • provides an explanation of the enhancement,<br>• explains its purpose and benefits to the STAR user,<br>• defines pertinent terms, and<br>• lists the relevant *Reference Guide* sections that are affected by the enhancement. |
| Implementation Considerations | • describes the impact of implementing the enhancement, identifying issues (if any) regarding system hardware, software, and administration, as well as user and procedural considerations, and<br>• outlines training necessary for successful implementation of the enhancement. |
| Implementation Guidelines | • lists the steps necessary to implement the enhancement,<br>• identifies tables, files, and reports that are affected, and<br>• estimates the resources needed to implement the enhancement. |
| Testing Guidelines | • outlines scenarios for testing the enhancement once it is implemented. |

# System Requirements

All Release 18.0 STAR Patient Care, Medical Record character-based enhancements require MSE Enterprise Release 17.0 or later. Any additional system requirements are provided in the enhancement summary chapter, when applicable.

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# Chapter 1 - STAR M/R GUI ABSTRACTING (M25257)

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# OVERVIEW

## Purpose

This enhancement adds the ability to enter charges/credits and late charges/late credits via the GUI Medical Records Abstract.

A new Charge Functions button was added to the HCPCS tab of the GUI Abstract, before the Copy Episode button.

Either the Charge screen or the Late Charge screen, or the Credit or Late Credit screen displays, depending on the option selected and the Charge Until Date for the account. These are existing screens in character base.

## Benefits

For some hospitals, their coders not only code the chart - they also enter the actual charges for the HCPCS procedures. This enhancement will increase productivity by allowing coders to perform both functions directly from the GUI Abstract.

## Terms

No new terminology is associated with this enhancement.Related Documents

Documentation for Release 18.0 indicates text revisions with a change bar in the left margin. The following STAR Patient Care documentation has been updated for this enhancement.

| Enhancement Topic | Document | Chapter or Topic |
|---|---|---|
| Allow/disallow GUI Abstracting Charge functions | *Medical Record Abstracting Module* | 5: Abstracting Facility Options |
| Charge Functions Button | *GUI online help for Medical Record Abstracting* | Charge Functions |

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# IMPLEMENTATION CONSIDERATIONS

## Training Guidelines

Users should be trained on the updated functionality.

# IMPLEMENTATION GUIDELINES

Hospitals can allow or disallow using the Charge Functions button on the GUI Abstracting HCPCS screen by setting the fields on the Abstracting Facility Options screen.

# TESTING GUIDELINES

- Test the new fields "GUI Abstract Charges/Late Charges", "GUI Abstract Credits/ Late Credits" and "GUI Abstract Charge/Late Charge Inquiry" on the Abstracting Facility Options. Verify that when the fields are left blank or set to No, that the function cannot be used via the GUI Abstract. Set the fields one by one to Yes to verify that this gives access to the function in the GUI Abstract.

- Add a charge/credit via the GUI Abstract, accept, and then re-access the GUI Abstract for the account and verify the new charge/credit can be seen when clicking the View Charges button.

- Verify that charges/credits entered via the GUI Abstract can be viewed on STAR Patient Accounting for the account.

- Verify that only those Charge/SIM Departments listed as valid for the CRT Name display when doing a table lookup on the charge department.

- Verify that when entering directly a charge department not listed for the CRT Name, that the system gives the error:

  Error: Invalid department!

- Verify that for active accounts, that when going to Charge Inquiry, that the charge can be edited or canceled.

# Chapter 2 - HPF Integration with GUI Abstracting (M25256)

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# OVERVIEW

## Purpose

This enhancement added the ability for users in MR GUI Abstracting to view the Medical Records data in Horizon Patient Folder. Users will be able to view patient's diagnosis and procedure information, but they will not have the ability to update data in HPF.

When the user clicks on the icon to access Horizon Patient Folder, the patient in context in STAR GUI Abstracting will be sent to Horizon Patient Folder (the facility and account number). The user will then be presented with the Medical Records View of this patient's account in Horizon Patient Folder. The Horizon Patient Folder data will be for reference only, and the user will not have the ability to update data in Horizon Patient Folder at this time.

In order for the user to access data in Horizon Patient Folder, a user profile must exist for the STAR user in Horizon Patient Folder associated with a record view group. When the user is in STAR GUI Abstracting. it is the documents in the assigned record view in ILE that will display.

## Benefits

There are many customers who use both STAR GUI Abstracting and Horizon Patient Folder (HPF). The current suggested business practice is for abstractors/coders to have two monitors at their work station, so they can access both STAR and HPF simultaneously. By adding an integration point from STAR GUI Abstracting to Horizon Patient Folder, this allows users access to the patient's diagnosis and procedure information without having to use dual monitors.

## Terms

No new terminology is associated with this enhancement.

## Related Documents

The online help for GUI MR Abstracting was updated to include this enhancement. For information, see the topic titled *Diagnosis/Procedure/HCPCS Information Overview.*

# SYSTEM CONSIDERATIONS

The facility must use both STAR GUI Abstracting and ILE/HPF in order for the integration to occur.

The user interface process will use the existing XML method via STAR Navigator.

# IMPLEMENTATION CONSIDERATIONS

Users must be defined in both STAR and ILE/HPF.

## Training Guidelines

Users need to be trained on the new ability to access Horizon Patient Folder from GUI MR Abstracting.

# TESTING GUIDELINES

For those facilities using both STAR GUI Abstracting and Horizon Patient Folder (HPF):

- On the STAR GUI Abstracting screen, verify the 'eyeglasses' icon appears on the screen.

- Verify the patient in context in STAR is accessed in HPF when the user clicks the 'eyeglasses' icon.

# Chapter 3 - ICD10 DRG (M24872)

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# OVERVIEW

## Purpose

This enhancement provides ICD-10 required functionality needed for customers using STAR GUI Abstracting with 3M Coder/Grouper products.

This includes:

- updates the Coding and Reimbursement Interface with 3M ICD-10 coding updates effective October 1, 2011

- provides the ability to code and group using both ICD-9 and ICD-10 Codes in 3M and return Both code sets and grouper information to STAR

- adds an ICD-9 flag to payor code in FC, Ins Carrier, and Ins Plan Tables for payors that require ICD-9 codes after ICD-10 Discharge Effective Date

- adds a new Facility Level Discharge ICD-10 Effective Date

- replaces Admission Based ICD Indicator with Discharge Based ICD Indicator for Abstracting/GUI Abstracting. The new Indicator is based on 1) Discharge ICD-10 Effective Date 2) ICD-9 flag in Financial Class, Insurance Carrier, and Insurance Plan tables, and 3) State ICD-10 parameter

- Updates Reports with new DRG ICD Indicator

- Adds a new Report of "Accounts to be Regrouped". This report lists all accounts that require regrouping Due to payor, MSDRG, HAC or ICD-9 flag change or if STAR grouper changes to another STAR grouper (i.e.from current Medicare grouper to older Medicare used by a commercial plan) & it means a different rate master version needs to be used.

Refer to the ICD-10 Implementation Guide for detailed information on setup and changes and additions for this enhancement.

## Benefits

This enhancement provides ICD-10 required functionality needed for customers using STAR GUI Abstracting with 3M Coder/Grouper products.

This includes:

- the ability to identify codes sets needed for insurance/state reporting by discharge date

- the ability to code/group using both ICD-10 and ICD-9 codes in 3M and return the coding/grouping results to store in STAR.

- updates to screens/reports to display new ICD-10 DRG data

## Terms

No new terminology is associated with this enhancement.

## Related Documents

Documentation for Release 18.0 indicates text revisions with a change bar in the left margin. The following STAR Financials Patient Accounting documentation has been updated for this enhancement.

| Enhancement Topic | Document | Chapter or Topic |
|---|---|---|
| DRG Payors ICD Indicator | *Medical Record Generic Encoder Volume* | 2: Completing the Multiple Groupers Parameter - McKesson Only |
| ICD 9 Exception Indicator, Financial Class | *Tables Volume* | 2: DRG and APC/ASC Payors Codes Screen |
| ICD 9 Exception Indicator, Insurance Carrier | *Tables Volume* | 2: Other Payor Codes for an Insurance Carrier |
| ICD 9 Exception Indicator, Insurance Plans | *Tables Volume* | 2: Insurance Plans |
| ICD 9 Exception Indicator, ICD 10 Patient Type Exceptions | *Tables Volume* | 2: ICD 10 State Exceptions Processor |
| Discharge ICD-10 Effective Date | *Tables Volume* | 2: Abstracting Facility Options |
| Accounts to Be Regrouped Report | *Medical Record Abstracting Module* | 5: Accounts To Be Regrouped Report |

# IMPLEMENTATION CONSIDERATIONS

## System Considerations

### HARDWARE

Hardware performance for this enhancement is not affected.

### SOFTWARE

This is a multi-product enhancement. See "IMPLEMENTATION GUIDELINES" on page 3-6 for a list of associated STAR STIs that should be loaded concurrently with F9734 for Star Patient Accounting.

## Training Guidelines

Training is required to update HIM & Financial Department on above new table parameters and new ICD Indicator(s) displayed in M/R Abstracting and GUI Abstracting and on MR Reports.

# IMPLEMENTATION GUIDELINES

## Procedural Considerations

STAR table Indicators must be set during STI implementation. If they are not set, customers will be unable to use new 3M Interface functionality for ICD-10 grouper.

The following STAR table Indicators must be set before facilities begin to capture both code sets from 3M:

1)  Discharge ICD-10 Effective Date must be set in STAR Abstracting Facility Parameters.

2)  I-9 Flag must be set on the Payor screen in Financial Class, Insurance Carrier, and Insurance Plan tables for payors that require I-9 codes once ICD-10 Discharge Effective Date is set. If they are not set, an indicator of I-10 will be sent to 3M if the discharge date equals or follows the MR ICD-10 Effective Date and no I-9 codes/DRG grouper will be returned in the interface.

3)  State Patient Type Exception "Discharge" Parameters must be set in State Patient Type Exception Parameters.

The following STAR table parameter must be set in order to  "incomplete the abstract" and add account to existing Incomplete Abstract Report for accounts that require regrouping due to ICD Indicator change.

1)  "Incomplete Abstract" flag in M/R Abstract & DRG Census Criteria Parameter

# TESTING GUIDELINES

For testing guidelines, refer to the *ICD/ICD-10 DRG Implementation Guide.*

# ■  R e a d e r   C o m m e n t   F o r m  ■

We value your suggestions for improving our documentation. Please use this form to evaluate the *STAR Patient Care Medical Record Enhancement Summaries* for Release 18.0.

| Topic | Poor | Fair | Good | Excellent |
|---|---|---|---|---|
| Organization of information | q | q | q | q |
| Accuracy of information | q | q | q | q |
| Completeness of information | q | q | q | q |
| Clarity of information | q | q | q | q |
| Amount of overview information | q | q | q | q |
| Explanation of processes | q | q | q | q |

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

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

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