

STAR 2000™



STAR PATIENT CARE Financial Clearance Workstation Implementation Guide

Release 17.0
October 2011

C17000491

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Publication date

October 2011

Produced in Cork, Ireland

Product and version

STAR 2000 Release 17.0

Publication number

C17000491

Reader comments

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Documentation Conventions

Documentation for McKesson's STAR 2000™ line of products follows these conventions:

Revisions

Text revisions are indicated by a change bar in the left margin. Paragraphs that contain grammatical changes that do not affect content are not marked.

Canadian Documentation

This volume may include documentation for Canadian users of this product. Complete sections of Canadian text are identified by "CN" and "CN Only."

Key Names

Named keys, such as ENTER, SHIFT, CTRL, and ALT, appear in this document in uppercase (capital) letters. Symbol keys display according to the key name, followed by the symbol on the key in parentheses, such as hyphen (-) and asterisk (*).

Key Chords

Key chords are key entries that require you to hold down one or more keys (typically, CTRL, ALT, or SHIFT) before pressing another key. In this document, key chords display as the names of each key in the chord with a hyphen (-) between each (for example, CTRL-ALT-DEL). You should press the keys in the order indicated.

ENTER

ENTER is a key on a computer keyboard used to complete an entry on the STAR system. (This key may also be referred to as NEW LINE or NL in the STAR system.)

Data Entries

Letters or words you enter in response to the system display in **boldface** letters in this document. For example: Enter **Y** for Yes or **N** for No.

Selecting an Entry

This document often instructs you to "select an entry." The method you use to select an entry depends on whether you are using STAR from a terminal or IBM-compatible personal computer. Entry methods include:

- Entering the option number
- Using your arrow keys to highlight the option and pressing ENTER
- Clicking on the option using a mouse or other pointing device (PC only)

For more information about these options, see the *General Information Volume*.

Prompts

System prompts display at the bottom of many STAR screens when the system requests an entry or displays a message. Prompts display in this document italicized and indented from the rest of the text. For example:

Enter patient name--

Field Characteristics

STAR product documentation provides field explanation codes, in addition to a narrative description for each field on a screen. These codes display the maximum length of your entry in the field, the type of entry you make in the field, and whether the field is required. This information displays in the following format:

- DISPLAY ONLY for a field you cannot edit.
- For X-YY-Z field types, where:
 - X is the maximum number of characters permitted in the field:
 - P for a field length determined by a Parameter
 - T for a field length determined by a Table
 - U for a field having an Undefined length
 - YY is the type of entry technique permitted in the field:
 - A for Letters only
 - N for Numerals only
 - C for Characters (including punctuation)
 - AC for Letters and Punctuation only (no numbers)
 - NC for Numerals and Punctuation only (no letters)
 - AN for Letters and Numerals 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

Since the inception of managed care, where providers no longer get their fee for service, providers are looking for ways to receive a quick return on investment from their information technology (IT) expenditures. Each year the provider's IT bucket shrinks as provider's profits shrink, while the need to boost cash flow and profitability by automating old practices and re-engineering the business office becomes ever increasing. STAR Financial Clearance Workstation interweaves workflow into STAR, allowing providers to:

- admit patients quickly
- collect monies up front or make payment arrangements
- avoid billing errors and generate correct claims the first time.

STAR Financial Clearance Workstation performs the following checks on new or pending admissions:

- Demographic Checks
 - Patient Demographics
 - Guarantor Demographics
 - Relative Demographics
 - Insurance Demographics
 - Medical Demographics
 - Other Information
- Address Check
- Credit Check
- Credit Risk
- Eligibility
- Compliance Audit
- DRG Payment Window
- Financial Clearance

- Reverse ADT

Based on the rules defined in the Financial Clearance Workstation Rules Engine, each check is indicated as being passed (green check mark), failed (red cross), or in progress (yellow yield sign). Customers can set parameters to determine how long they want accounts to remain on the worklist.

Chapter 1 - FINANCIAL CLEARANCE WORKSTATION IMPLEMENTATION

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INTRODUCTION

This chapter contains information on steps that need to be performed to set up STAR Financial Clearance Workstation at your facility.

Integration with Pathways Contract Management Price Estimation Assistant

With the integration of Pathways Contract Management™ Price Estimation Assistant and STAR Financial Clearance Workstation, STAR Financial Clearance Workstation can send basic patient demographics, insurance information, along with diagnosis, procedure and DRG information to the Price Estimation Assistant to calculate an estimate of cost for services.

A screen within STAR Financial Clearance Workstation allows users to add other known elements such as deductible, coinsurance and co-payment amounts from their insurance plans that would affect the patient's estimated amount due.

STAR Financial Clearance Workstation sends this information to the Price Estimation Assistant real-time through a Web service.

Using matching historical claim information, the Price Estimation Assistant provides estimated total charges, estimated reimbursement, and estimated patient responsibility amounts back to STAR Financial Clearance Workstation through the same Web service. Estimates generated from STAR Financial Clearance Workstation are stored within the Pathways Contract Management database and are included in all Pathways Contract Management Explanation of Calculation (EOC) reporting.

If you will be using this integration at your facility, see the following documentation for additional information.

Topic	Document
Web Service installation and configuration	<i>Pathways Contract Management Installation Guide</i>
How to use the Price Estimation Assistant	<i>Pathways Contract Management Price Estimation Assistant User's Guide</i>

SINGLE-CPU AND MULTI-CPU ENVIRONMENTS

Financial Clearance Workstation can be used by customers who have either a single CPU (where all STAR applications reside on the same box) or multiple CPUs (where STAR Patient Processing resides on a separate CPU from STAR Patient Accounting).

In a multi-CPU environment, a new table must be defined to indicate the environments that should link together. For detailed instructions on this process, see the following documentation:

Chapter	Document
Chapter 4 - STAR Navigator Multi-CPU GUI Functionality	<i>STAR Navigator User's Guide</i>

When a user accesses one of the STAR Patient Accounting functions for the first time in a session, the system requires the user to log into that CPU. The login information is saved for the remainder of the session and is used to determine the user's access from STAR Financial Clearance Workstation, so that the user does not have to sign in again.

MCKESSON IMPLEMENTATION STEPS

Perform the following implementation steps in the order they are listed.

Load STI M22439

Load STI M22439, which initiates the necessary conversions to run automatically.

Set Up Tildes

Perform the following steps to set up tilde A (~) on each Patient Care CPU:

1. Insert **2** (two) in the tenth piece of ~A.

\$P(~A,,10)=2

2. From the DME, initiate the tildes by entering **D PRM^AFINT**.
3. From the DME, enter **D TBL^AFINT** to set ~CT with the facility-split table types.

Add STAR Financial Clearance Workstation Elements to Menus

Since the menu library elements are not on the base menus, add the following to existing custom menus or new menus in STAR Navigator:

Menu Library Element	Menu Option
CKFACILITYPARMS	STAR FCW Facility Parameters
CKPUSHTOOL	STAR FCW Rules Distribution
CKRULESCORP	STAR FCW Maintain Corporate Rules
CKRULEELEMENTS	STAR FCW Rules Elements
CKRULESREGIONAL	STAR FCW Maintain Regional Rules
CKTABLEMAINT	STAR FCW Tables
CKTABLESPARMS	STAR FCW Tables and Parameters
CKTABLEVIEW	STAR FCW Tables - View
CKUSERDEF	STAR FCW User Definitions
CKWORKSTATION	STAR Financial Clearance Workstation
FKCASHUID	STAR FCW Cash Report by User ID
FKMAWSI	STAR FCW Acct Mgt CC Options
CKWORKSTASINGLE	FCW Single Account (added on Patient View Admission Department Functions in base but can be added to other menus)

The following new menu library elements are available for linking to the Financial Clearance Workstation Access buttons via the Financial Clearance Workstation Access table. They can also be placed on STAR Navigator menus:

Menu Library Element	Menu Option
FKPYMTS	STAR FCW Post Single Payment
FKPYMTM	STAR FCW Post Multiple Payments
FKPYMTMGUAR	STAR FCW Post Multi Guar Pymts
CMPISRCHFPI	Financial Patient Inquiry
CMPISRCHFPIG	Financial Patient Inquiry - Guarantor

Verify New Executables

Verify the following new executables are included in the STAR Navigator package:

- cawspsh.exe
- cawsrule.exe
- fccard.exe
- fpymts.exe
- cawstrk.exe

CUSTOMER IMPLEMENTATION STEPS

Install STAR Navigator

Install STAR Navigator on each PC that is to use the STAR Financial Clearance Workstation. Do a custom install, and be sure that the checkbox for STAR FCW is checked when STAR Navigator is loaded.

The STAR Navigator User's Guide provides the MIS department and end users with information needed to install, use, and support STAR Navigator. Use the guide for instructions for installing and setting up STAR Navigator software, an overview of the most commonly used functions, and troubleshooting information. For information about WEM, refer to the WEM User's Guide or WEM Online Help.

Build the STAR Financial Clearance Workstation Navigator View(s)

You can build Navigator Views in a variety of ways. You can add the new menus to existing STAR Navigator Views.

When assigning menus, also keep in mind the employee's job responsibilities. The job responsibilities are the biggest guide in deciding what menu options to place on a particular Navigator View.

See [“Add STAR Financial Clearance Workstation Elements to Menus” on page 1-5](#) for a list of the menus and menu library elements available for STAR Financial Clearance Workstation. Custom menus can be built by a STAR Forms/Menus-certified person at the facility.

Define Reports

Add the following reports via Spooler Management > Report Maintenance:

- FAR133 and FAR133x (Financial Clearance Workstation Cash Report by User ID and facility-specific versions)
- CFCKFER and CFCKFERx (Financial Clearance Escalation Report and facility-specific versions). This report can be defined to run during midnight processing by setting the Notification Options field on the STAR FCW Escalation Schemas table to R.

Verify Settings for Address/Credit Checks

Address and credit checks run automatically based on fields on the Patient Type, Insurance Carriers, and Insurance Plans tables and on the Address/Credit Check Options screen. The checks are run once a guarantor and insurance plan have been added to the patient's account. If an account is self pay, a SelfPay insurance plan must be added to the account for the check to run automatically.

If the customer ID is not set or address and credit checks are not entered as options in the Address/Credit Check Paths field on the Address/Credit Check Options Processor, Financial Clearance Workstation assumes address/credit checking is not implemented and the address/credit check processes do not run.

Verify settings on the Address/Credit Check Options Processor by accessing System Control Functions > Communications Control > Eligibility, Addr/Credit Check > Address/Credit Check Options.

NOTE: If a check exists within the number of days a check is valid, no automatic processing is done for a new visit. Verify the settings of the *Address Check Days* and *Credit Check Days* fields on Address/Credit Check Options to determine how long address and credit checks are valid.

Verify Settings for Insurance Eligibility Checks

Insurance Eligibility checks run automatically based on fields on the Patient Type, Insurance Carriers, and Insurance Plans tables. The checks are run once a guarantor and insurance plan have been added to the patient's account. If an account is self pay, a Self Pay insurance plan must be added to the account for the check to run automatically.

If the Eligibility Interface field on the Insurance and Employer Parameters is blank, Financial Clearance Workstation assumes Eligibility is not implemented, and the process does not run.

You should also verify the setting of the Eligibility Days field on the Eligibility Interface Parameter Processor by accessing System Control Functions > Communications Control > Eligibility, Addr/Credit Check > Eligibility Interface Parameters.

NOTE: If an eligibility check exists within the number of days a check is valid, no automatic processing is done for a new visit. Verify the setting of the *Eligibility Days* field on the Eligibility Interface Parameters to determine how long insurance eligibility checks are valid.

Verify Settings for Compliance Checks

If the Active? field on the PCA/PHS Integration Parameters of Facility Options & Parameters is blank, Financial Clearance Workstation assumes PCA Integration is not implemented, and the compliance check process does not run.

Also, if the CMS Compliant? field is not set to **P** to indicate PCA for an insurance plan, this process does not run for that plan.

Verify Settings for DRG Payment Windows (DPWs)

The DPW function identifies the relationship between an inpatient admission and an outpatient registration with the timeframe *starting* on the inpatient admission date minus the number of all days and evaluate days and *ending* on the inpatient discharge date. A DPW timeframe exists between an inpatient account and an outpatient account when the potential for charges/credits exists and the patient type, financial class, and primary insurance plan exists in the list for the DPW.

These settings are facility-specific and are defined in STAR Patient Accounting by accessing Tables > PA/AR Master File Maintenance > CMS Compliance Master > DRG Payment Window Parameters. Following is a sample DRG Payment Window Parameters screen:

General Hospital DRG Payment Window Parameters Processor					
Mon May 16, 2011 04:57 pm					
1 DPW Code	2 DPW Description	3 Edit Date			
MED	MEDICARE	11/11/10 05:20pm			
4 Financial Classes	5 Patient Types	6 Edit By			
B,M,DW	IPC,IPR,OPC,OPE	Moore,Samuel			
7 Insurance Carrier/Plan					
100100					
8 O/P Abstract	9 O/P Charges with No Diagnosis	10 I/P Abstract			
No	Do Not Transfer	All			
11 Start Trans Code/Desc	12 Exclude FIM Dept	13 Exclude FIM Codes			
S0005-DPW Initiated		No			
14 All Chgs	15 Eval Diag Chgs	16 Eval Non-Diag Chgs	17 Discharge Day Chgs		
Report/1	Report/3	Report/3	Report		
18 Rpt Detail Charges	19 Rpt Cumulative	20 Rpt Facilities			
Yes	Yes	B			
21 End Trans Code/Desc	22 Chg Trans Code/Desc	23 Effective Date			
S0007-DPW Deleted	S0006-DPW Changed/Mo	03/02/99			
Enter field number or '/' starting field number--					

See the *STAR Financials Patient Accounting Reference Guide - Tables, Masters, and Parameters Volume* for information on the screen fields.

Establish Account with Authorize.Net

Authorize.Net is McKesson's partner to process and verify credit card and electronic payment transactions. Contact them at 866-437-0491 or www.authorize.net to set up an account.

Set Up User Definitions

User definitions determine the categories and functions to which you have access. To create or edit user definitions, do the following:

1. Access the GUI User Parameters menu.

2. Select **STAR FCW User Definitions** (option 9).
3. If you have access to more than one facility, the system prompts you to make a selection. Enter the desired facility at the prompt.
4. At the resulting prompt, enter the Employee ID Code or User Definition Group for the user or group you want to create or edit. The STAR FCW User Definitions screen is displayed.
5. In the **FCW Categories** field, enter the desired categories as follows:
 - To grant access to a category, enter the category number
 - To remove access to a category, enter a hyphen (-), then enter the category number.
6. In the **Function Branching** field, enter the desired functions as follows:
 - To grant access to a function, enter the number corresponding to the function code.
 - To remove access to a function, enter a hyphen (-), then enter the number corresponding to the function code.

The following function codes are available:

NOT – Account Notes (GUI only)

ADM – Admission (GUI only)

DEL – Delete Preadmission

DIS – Discharge (GUI only)

AWS – Financial Clearance Workstation History

AWN – Financial Clearance Workstation Notes

FPI – Financial Patient Inquiry (GUI only)

HPS – Horizon Patient Folder Scan Documents

HPV – Horizon Patient Folder View Images

PLT – Patient Tracker Info (GUI only)

PPT – Previous Patient Types (GUI only)

RWS – Receivables Workstation

REV – Admission Revision

VVH – Visit History (GUI only)

7. If FCW is integrated with Horizon Patient Folder™, enter the document sets to be linked to the View Images button in the **HPF Document Sets** field.
8. Accept the screen. The user's access is updated. (All changes take effect immediately.)

NOTE: If the following processors or interfaces are not set up, then the corresponding categories should not be set up in the user definitions.

- Address Check (AC) processor
- Credit Check (CC) processor
- Credit Risk (CR) processor
- Insurance Eligibility (IE)
- Reverse ADT (RA)
- Horizon Patient Folder

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INTRODUCTION

This chapter contains a listing and explanation of the tables used by STAR Financial Clearance Workstation. Each table is presented with its purpose, the screen or screens used in completing it, and a detailed explanation of the screen fields involved.

Once the fields on a screen are completed, you have the option of accepting or editing the screen. If you accept the screen, the transaction is complete.

NOTE: It is recommended that tables are shared among facilities whenever possible.

STAR FCW FACILITY PARAMETERS

The STAR FCW Facility Parameters screen indicates whether Financial Clearance Workstation is active for the selected facility and if it is integrated with Pathways Contract Management's Price Estimation Assistant (PEA) module. You also define if escalation e-mails are sent and the colors used to highlight accounts that have been escalated on this screen.

NOTE: If you choose to utilize patient responsibility estimates from Pathways Contract Management's PEA module, the parameter settings should be reviewed in PEA to verify that the appropriate matching criteria are in place, and the URL for the correct database must be entered into the STAR FCW Facility Parameters screen after PEA setup is complete.

For additional information on this process, see the *Pathways Contract Management Price Estimation Assistant User's Guide*.

```

General Hospital STAR FCW Facility Parameters Processor
                                Mon Jan 24, 2011 04:24 pm
Model Hospital A                Last Edit by: Setnarski,Bob 01/18/11 0549
1 FCW Active?
  Yes
2 Days/Colors Display

3 Generate Escalation Email      4 Email Method
  C                               Real Time
5 Retain Accounts                6 Exclude Contract Accounts?
  Suspense Days                  No
7 PEA Integration
  Yes
8 PEA URL
  atlads01pcm/PEA/15.0/EOCQuery.asmx
9 Disclaimer Text
  Yes

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

```

Field Explanations

1. FCW ACTIVE? (1-A-R)

This field is accessible only if Financial Clearance Workstation is installed at the system level. When you access this field, you receive the following prompt:

Is STAR FCW active for this facility? (Y/N) [N]-

Enter **Y** to indicate that Financial Clearance Workstation is active for the selected facility.

2. DAYS/COLOR DISPLAY (1-A-O)

When you access this field, the system displays the following prompt:

Edit Days/Colors Information? (Y/N) [N]--

Enter **Y** to edit the information for days and colors. The system displays the following subscreen:

General Hospital STAR FCW Facility Parameters Processor			
		Mon Jan 24, 2011 04:24 pm	
Model Hospital A		Last Edit by: Setnarski,Bob 01/18/11 0549	
1 Expected Today Color			
2 Exp Adm Date Escalation Days		3 Exp Adm Date Escalation Color	
4 Admit Date Escalation Days		5 Admit Date Escalation Color	
Enter field number or '/' starting field number--			

Subscreen Field Explanations**1. EXPECTED TODAY COLOR (TABLE LOOKUP-O)**

Indicate the color to use for preadmit patients who are expected to arrive on the current day.

2. EXP ADM DATE ESCALATION DAYS (2-N-O)

Enter 0 through 99 to indicate how many days before admission the account will escalate if all categories have not been cleared.

3. EXP ADM DATE ESCALATION COLOR (TABLE LOOKUP-O)

Indicate the color to use for preadmit accounts that have been escalated.

4. ADMIT DATE ESCALATION DAYS (2-N-O)

Enter 0 through 99 to indicate how many days after admission the account will escalate if all categories have not been cleared.

5. ADMIT DATE ESCALATION COLOR (TABLE LOOKUP-O)

Indicate the color to use for admitted accounts that have been escalated.

Field Explanations (cont.)

3. GENERATE ESCALATION EMAIL

This field allows you to specify whether to send escalation emails for accounts with a status of Cleared, Referred, and/or Disputed. You may choose one, two, or all three statuses. Enter the number corresponding to each status you want to select. To remove a selection, enter the number preceded with a negative (-).

4. EMAIL METHOD (1-A-O)

This field allows you to specify whether emails are generated in real time or during midnight processing. This includes emails for the following:

- cleared, referred, and disputed categories
- categories changing from In Progress to Failed due to days past preadmission, admission, and discharge (determined by the settings in the STAR FCW Category Status table)
- failed rules

The selection you make in this field does not impact escalation emails for admission days and expected admission dates. Select **R** to generate escalation emails in real time or **M** to generate escalation emails during midnight processing. The default is **R**.

NOTE: This field must be set to **M** to send escalation emails all grouped in one message or to use the report option. You can generate individual emails when this field is set to **M** or **R**. The method is determined by the setting of the Notification Options field on the [STAR FCW Escalation Schemas](#) table.

5. RETAIN ACCOUNTS (1-A-O)

This field allows you to specify whether accounts are retained on the Financial Clearance Workstation based on Discharge Date or Suspense Days. Select **D** to retain accounts based on Discharge Date or **S** to retain accounts based on Suspense Date.

6. EXCLUDE CONTRACT ACCOUNTS? (1-A-O)

This field allows you to specify whether contract accounts are visible in Financial Clearance Workstation. Select **Y** to exclude contract accounts from the view, or select **N** to view contract accounts.

7. PEA INTEGRATION (1-A-O)

Enter **Y** to indicate that PEA integration is enabled, or enter **N** to indicate that it is not enabled.

8. PEA URL

Enter the URL for the Price Estimation Assistant (PEA) server without including the *http://*.

9. DISCLAIMER TEXT (SPECIAL FORMAT- O)

This field allows up to 10 lines of 75 characters each.

NOTE: This field contains the disclaimer currently used by customers that use the PEA module of Pathways Contract Management, but it can be altered or removed.

When you access this field, the system displays the following prompt:

Edit Disclaimer Text? (Y/N) [N]--

If you enter Y to edit the text, the system displays the estimate disclaimer text for editing in the text editor as in the following example:

General Hospital STAR FCW Facility Parameters Processor							
Mon Jan 24, 2011 04:24 pm							
Model Hospital A				Last Edit by: Setnarski,Bob 01/18/11 0549			
Estimate Disclaimer Text							
This estimate is for facility charges only; physician, anesthesiologist, and all other professional provider fees are billed separately. Estimate assumes an uncomplicated procedure and recovery. Actual total charges may vary due to chronic health issues, medications, unexpected complications, length of stay etc. If the procedure performed is different from the one noted here, or if additional procedures are required, the estimate provided is no longer valid.							
F1	F2	F3	F4	F5	F6	F7	F10
Delete Line	Insert Line	Center	Exit	Store Line	Restore Line	Pack	Help

The contents of the Disclaimer Text field are printed on the estimates generated from the FC Category screen of Financial Clearance Workstation.

STAR FCW ACCOUNT NOTES TRANSACTION CODES

The STAR FCW Account Notes Transaction Codes determine which transaction codes are sent as account notes when certain actions are performed in Financial Clearance Workstation. It consists of four screens that allow you to designate transaction codes for accounts when the Clear Category, Referred Category or Disputed Category button is clicked on the various Financial Clearance Workstation screens. On the Miscellaneous screen, you can set up transaction codes to be used when an estimate of patient liability is calculated, when an estimated demand bill is generated, and when an FCW note needs to be added as an account note.

To access the screens, select option 2 from the STAR FCW Tables and Parameters menu, then select the desired category.

Clear Category Transaction Codes

```

General Hospital FCW Transaction Codes Processor
                                Wed Jun 15, 2011 02:45 pm
Model Hospital A                Last Edit by: Simmons,Bob 06/09/11 1440
                                Clear Category Transaction Codes

1 Address Check Category          2 Credit Check Category
  T5000-fcw address category clear  T5000-fcw address category clear
3 Credit Risk Category            4 Demographic Check Categories
  T5007-fcs credit risk clear category  T5002-FCW DEMOGRAPHIC CLEAR CATEGORY
5 DPW Check Category              6 Eligibility Check Category
                                      T5008-fcw eligibility clear category
7 Financial Clearance Category     8 Insurance information Category
  T5001-FCS FC CLEAR CATEGORY
9 Medical Information Category     10 Other Information Category

11 Reverse ADT Category

Enter field number or '/' starting field number--
                                next(/) or previous screen(P) [/]

```

NOTE: If a field is left blank on the Clear Category Transaction Codes screen, the system uses the default transaction code defined in Patient Accounting. For example, using the screen above, if the Clear Category button is clicked on the Medical Information screen, the default Patient Accounting transaction code is sent as an account note.

Field Explanations

1. ADDRESS CHECK CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Clear Category button is clicked on the Address Check screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you

know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

2. CREDIT CHECK CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Clear Category button is clicked on the Credit Check screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

3. CREDIT RISK CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Clear Category button is clicked on the Credit Risk screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

4. DEMOGRAPHIC CHECK CATEGORIES

Indicate which transaction code should be automatically generated as an account note when the Clear Category button is clicked on the Patient Demographics, Guarantor Demographics, or Relative Demographics screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

5. DPW CHECK CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Clear Category button is clicked on the DPW Check screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

6. ELIGIBILITY CHECK CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Clear Category button is clicked on the Eligibility screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

7. FINANCIAL CLEARANCE CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Clear Category button is clicked on the Financial Clearance Category screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

8. INSURANCE INFORMATION CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Clear Category button is clicked on the Insurance Information Category screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

9. MEDICAL INFORMATION CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Clear Category button is clicked on the Medical Information Category screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen(-) and make your selection from the Transaction Code table.

10. OTHER INFORMATION CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Clear Category button is clicked on the Insurance Information Category screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

11. REVERSE ADT CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Clear Category button is clicked on the Reverse ADT screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

Referred Category Transaction Codes

General Hospital FCW Transaction Codes Processor	
Wed Jun 15, 2011 04:04 pm	
Model Hospital A	Last Edit by: Simmons,Bob 06/09/11 1440
Referred Category Transaction Codes	
1 Address Check Category T0007 - RETURNED MAIL	2 Compliance Check Category T0007 - RETURNED MAIL
3 Credit Check Category	4 Credit Risk Category
5 Demographic Check Categories	6 DPW Check Category
7 Eligibility Check Category	8 Financial Clearance Category
9 Insurance information Category	10 Medical Information Category
11 Other Information Category	12 Reverse ADT Category
Enter transaction code, or '-' for list --	

NOTE: If a field is left blank on the Referred Category Transaction Codes screen, the Referred Category button is dimmed (not available) for that category.

Field Explanations

1. ADDRESS CHECK CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Referred Category button is clicked on the Address Check screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

2. COMPLIANCE CHECK CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Referred Category button is clicked on the Compliance Check screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

3. CREDIT CHECK CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Referred Category button is clicked on the Credit Check screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

4. CREDIT RISK CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Referred Category button is clicked on the Credit Risk screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

5. DEMOGRAPHIC CHECK CATEGORIES

Indicate which transaction code should be automatically generated as an account note when the Referred Category button is clicked on the Patient Demographics, Guarantor Demographics, or Relative Demographics screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

6. DPW CHECK CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Referred Category button is clicked on the DPW Check screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

7. ELIGIBILITY CHECK CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Referred Category button is clicked on the Eligibility Check screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

8. FINANCIAL CLEARANCE CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Referred Category button is clicked on the Financial Clearance Category screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

9. INSURANCE INFORMATION CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Referred Category button is clicked on the Insurance Information Category screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

10. MEDICAL INFORMATION CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Referred Category button is clicked on the Medical Information Category screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

11. OTHER INFORMATION CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Referred Category button is clicked on the Insurance Information Category screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

12. REVERSE ADT CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Referred Category button is clicked on the Reverse ADT screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

Disputed Category Transaction Codes

General Hospital FCW Transaction Codes Processor	
Wed Jun 15, 2011 04:54 pm	
Model Hospital A	Last Edit by: Simmons,Bob 06/09/11 1440
Disputed Category Transaction Codes	
1 Address Check Category	2 Compliance Check Category
->	
3 Credit Check Category	4 Credit Risk Category
5 Demographic Check Categories	6 DPW Check Category
7 Eligibility Check Category	8 Financial Clearance Category
9 Insurance information Category	10 Medical Information Category
11 Other Information Category	
Enter transaction code, or '-' for list --	

NOTE: If a field is leftblank on the Disputed Category Transaction Codes screen, the Disputed Category button is dimmed (not available) for that category.

Field Explanations

1. ADDRESS CHECK CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Disputed Category button is clicked on the Address Check screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

2. COMPLIANCE CHECK

Indicate which transaction code should be automatically generated as an account note when the Disputed Category button is clicked on the Compliance Check screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

3. CREDIT CHECK CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Disputed Category button is clicked on the Credit Check screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

4. CREDIT RISK CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Disputed Category button is clicked on the Credit Risk screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

5. DEMOGRAPHIC CHECK CATEGORIES

Indicate which transaction code should be automatically generated as an account note when the Disputed Category button is clicked on the Patient Demographics, Guarantor Demographics, or Relative Demographics screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

6. DPW CHECK CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Disputed Category button is clicked on the DPW Check screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

7. ELIGIBILITY CHECK CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Disputed Category button is clicked on the Eligibility Check screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

8. FINANCIAL CLEARANCE CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Disputed Category button is clicked on the Financial Clearance Category screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

9. INSURANCE INFORMATION CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Disputed Category button is clicked on the Insurance Information Category screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

10. MEDICAL INFORMATION CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Disputed Category button is clicked on the Medical Information Category screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

11. OTHER INFORMATION CATEGORY

Indicate which transaction code should be automatically generated as an account note when the Disputed Category button is clicked on the Insurance Information Category screen of the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

Miscellaneous Transaction Codes

General Hospital FCW Transaction Codes Processor	
Wed Jun 15, 2011 04:54 pm	
Model Hospital A	Last Edit by: Snelling, Bob 06/09/11 1440
Miscellaneous Transaction Codes	
1 Calculate Estimated Pt Liability	2 Generate Estimated Demand Bill
T0001-SEND PATIENT ITEMIZED BILL	T0054-BD DEMAND TELEPHONE
3 STAR FCW Notes	
T0004-FREE FORM NOTE	
Enter field number or '/' starting field number--	
next(/) or previous screen(/P) [/]	

Field Explanations**1. CALCULATE ESTIMATED PT LIABILITY (TABLE LOOKUP-O)**

Indicate which transaction code should be automatically generated as an account note when the estimated patient liability is calculated on the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

2. GENERATE ESTIMATED DEMAND BILL (TABLE LOOKUP-O)

Indicate which transaction code should be automatically generated as an account note when an estimated demand bill is generated on the Financial Clearance Workstation work list. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

3. STAR FCW NOTES (TABLE LOOKUP-O)

If a note entered in FCW needs to be passed to STAR Patient Accounting Account Notes, indicate the transaction code to be automatically generated. Enter the numeric transaction code if you know it, or enter a hyphen (-) and make your selection from the Transaction Code table.

FINANCIAL CLEARANCE WORKSTATION TABLES

Result Category

The Result Category table is used to place the Insurance Eligibility Reject Reasons into groups used on the Insurance Eligibility view on Financial Clearance Workstation. The Result Category table contains codes from McKesson, but facilities can add their own codes. The Reject Reasons table is delivered with the codes grouped into the result categories, but facilities can change the groupings.

After the Result Category table is selected, the system prompts you to enter the result category code of up to three alphanumeric characters. You can enter a code or press hyphen (-) and ENTER to display a list of codes. After you enter or select the code, the following screen is displayed:

General Hospital FCW Tables Processor	
Thu Jun 23, 2011 10:04 am	
Result Category	
(1)Code	: 01
(2)Description	: INVALID/MISSING DATA
(3)Edit by	:
(4)Edit date	:
Enter field number or '/' starting field number--	

Field Explanations

1. CODE (DISPLAY ONLY)

The system displays the three-character alphanumeric result category code.

2. DESCRIPTION (33-C-R)

Enter a description for this result category, up to 33 characters.

3. EDIT BY (DISPLAY ONLY)

The system displays the name of the person who last edited this table entry. This field may be blank for McKesson-provided entries.

4. EDIT DATE (DISPLAY ONLY)

The system displays the date and time this table entry was last edited. This field may be blank for McKesson-provided entries.

STAR FCW Access

The STAR FCW Access table allows you to define access to STAR functions from the Financial Clearance Workstation work list. Each work list command button that provides access to STAR is linked to one of the entries in this table.

The table consists of a code and description (McKesson-controlled), a menu library element, and, conditionally, a GUI form flow that determines the function that is accessed when the associated button is selected in the Financial Clearance Workstation work list. These entries are delivered with predefined menu library elements and form flows, but they can be modified.

If you do not define a Financial Clearance Workstation access code, the system uses the base definition. To disallow use of the button altogether, “file as deleted” the FCW access code for that button. If you want to go back to the base definition after using a custom definition, “delete from file” the facility definition.

Following is a sample for one of the codes in the STAR FCW Access table:

```

General Hospital STAR FCW Tables Processor
McKesson Level                               Thu Jun 23, 2011 04:08 pm
STAR FCW Access
1 Code          2 Description
  AC01          ADDRESS CHECK - ADMISSION REVISION
3 Button Caption

4 STAR Function
  CADMREVGUI - Admission Revision  [GUI]
5 GUI Form Flow
  GUAR FCW GUAR/INS INFO
6 Edit By          7 Edit Date/Time
  McKesson         05/02/06 12:23p

```

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

Field Explanations**1. CODE (DISPLAY ONLY)**

The four-character code defined by McKesson is displayed in this field.

2. DESCRIPTION (DISPLAY ONLY)

The description that corresponds to the associated button on the Financial Clearance Workstation work list is displayed in this field.

3. BUTTON CAPTION (OPTIONAL)

If you want to change the verbiage shown on the button on the Financial Clearance Workstation work list, enter the new caption using up to 25 alphanumeric characters. If this field is left blank, the system defaults to the base definition.

4. STAR FUNCTIONS (TABLE LOOKUP-R)

Enter the menu library element for the function that you wish to access from the associated button on the Financial Clearance Workstation work list. You can also enter a hyphen (-) or the first letters of the description followed by a hyphen to perform a table lookup.

5. GUI FORM FLOW (TABLE LOOKUP-C)

Enter the GUI Form flow to be used when this button is selected on the Financial Clearance Workstation work list. The flow is built by your facility using the Admission Form Flow function. You can also enter a hyphen(-) or the first letters of the description followed by a hyphen to perform a table lookup. This field is required if the STAR Functions field contains a GUI Admission or Admission Revision menu library element.

NOTE: If a form flow is not defined, the system follows the rules for Admission and Admission Revision to determine the flow to be used.

6. EDIT BY (DISPLAY ONLY)

The system displays the name of the person who last edited this entry.

7. EDIT DATE/TIME (DISPLAY ONLY)

The system displays the date and time this entry was last edited.

STAR FCW Category Status

Use the STAR FCW Category Status table to define events (preadmission, admission, and discharge) that will automatically escalate an account (change it from In Progress [yellow] to Failed [red]). You can enter a number of days in each corresponding event field. Once the specified number of days pass since the account's status was changed to In Progress, the account is escalated to Failed.

You can also display all rules and select which failed rule(s) cause an account to be escalated automatically once the number of days pass since preadmission (for PRE accounts), since admission (for active accounts), or since discharge (for discharged accounts).

You can also select patient types that should not be escalated by event or failed rules.

When you select the STAR FCW Category Status table, the following prompt is displayed:

Enter category status code (E)vent or (F)ailed rule--

Both the Event and Failed Rule screen are shown below.

Event Screen

Enter **E** to define automatic escalations for the events. If you enter **E**, the following screen is displayed:

General Hospital STAR FCW Tables Processor			
Fri Jun 24, 2011 04:58 pm			
STAR FCW Category Status			
1 Code	2 Description		
E	Event		
3 Preadmission	4 Admission	5 Discharge	
	4 day(s)	6 day(s)	
6 Exclude Patient Types			
BPR,ELI,ADV,BED,BER,IPB,BOP,BPB,BPT,BSR,WOP,CTC,DIA,IFS,AWS,IPC,IPR,OPC			
7 Edit By		8 Edit Date	
Simmons,Bob		04/23/11 1545	
Enter field number or '/' starting field number--			

Field Explanations

1. CODE (DISPLAY ONLY)

For an event, *E* is displayed in this field and cannot be changed.

2. DESCRIPTION (DISPLAY ONLY)

For an event, *Event* is displayed in this field and cannot be changed.

3. PREADMISSION (3-N-O)

This parameter is used for accounts in a preadmission status. Enter the number of days that should pass since a category was changed from In Progress before the system changes it to Failed. Once the number of days entered elapse, the system automatically changes the category to Failed. For example, if you enter 5 in this field, during midnight processing following the fifth day that you set a category to In Progress, the system changes it to Failed. The countdown starts the day after the category is set to In Progress; the day the category was changed to In Progress does not count.

NOTE: The maximum is 999 days. If the field is blank, preadmission accounts are not automatically changed to Failed.

4. ADMISSION (3-N-O)

This parameter is used for accounts that have been admitted but not discharged. Enter the number of days that should pass since a category was changed from In Progress before the system changes it to Failed. Once the number of days entered elapse, the system automatically changes the category to Failed. For example, if you enter 5 in this field, during midnight processing following the fifth day that you set a category to In Progress, the system changes it to Failed. The countdown starts the day after the category is set to In Progress; the day the category was changed to In Progress does not count.

NOTE: The maximum is 999 days. If the field is blank, admitted accounts are not automatically changed to Failed.

5. DISCHARGE (3-N-O)

This parameter is used for accounts that have been discharged. Enter the number of days that should pass since a category was changed from In Progress before the system changes it to Failed. Once the number of days entered elapse, the system automatically changes the category to Failed. For example, if you enter 5 in this field, during midnight processing following the fifth day that you set a category to In Progress, the system changes it to Failed. The countdown starts the day after the category is set to In Progress; the day the category was changed to In Progress does not count.

NOTE: The maximum is 999 days. If the field is blank, discharged accounts are not automatically changed to Failed.

6. EXCLUDE PATIENT TYPES (TABLE LOOKUP-O)

Select all patient types that should be excluded from the event checks listed above.

7. EDIT BY (DISPLAY ONLY)

The system displays the name of the person who last edited this entry.

8. EDIT DATE (DISPLAY ONLY)

The system displays the date and time this entry was last edited.

Failed Rules screen

Enter **F** to define automatic escalations for a failed rule or rules. If you enter **F**, the following screen is displayed:

```

                                General Hospital STAR FCW Tables Processor
                                Fri Jun 24, 2011 05:05 pm
STAR FCW Category Status
1 Code                2 Description
   F                  Failed Rules

3 Rules
  Entries Defined
4 Preadmission        5 Admission        6 Discharge
   7 day(s)            8 day(s)          9 day(s)
7 Exclude Patient Types

8 Edit By              9 Edit Date
  Simmons,Bob         06/23/11 1157

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

```

Field Explanations

1. CODE (DISPLAY ONLY)

For a failed rule, *F* is displayed in this field and cannot be changed.

2. DESCRIPTION (DISPLAY ONLY)

For a failed rule, *Failed Rules* is displayed in this field and cannot be changed.

3. RULES (TABLE LOOKUP-O)

When you access this field, the following subscreen is displayed:

```

Page:01                                FCW Rules                                ##=Current Choices
( 1) A0001-COB 1 is Medicare / MSP Medicare not Primary
( 2) A0002-Attending Phys beginning with ;
( 3) A0004-Address Check not done
( 4) A0005-Admit Phys = system default
( 5) A0006-Attend Phys = system default
( 6) A0007-Admit Phys begins with ;
( 7) A0009-Baby Name
( 8) A0010-Guar is under 18
( 9) A0011-Invalid Admitting Diagnosis
(10) A0012-PCA Audit required

Enter choices (e.g. 1,7,5-9) or '-'choices to remove--
      end select(NL)  next pg(/ or PG DN)  Search(TAB)

```

Enter the number or range of numbers corresponding to each failed rule that should escalate the account. To remove a selection, enter the number preceded with a negative (-). Be sure to page through and view and select all necessary rules.

4. PREADMISSION (3-N-O)

Enter the number of days after preadmission that an account in a preadmission status is escalated to Failed based on failed rules. During midnight processing, the system determines which accounts are past preadmission by the number of days specified here. For these accounts, all categories that contain one of the failed rules selected above are changed to Failed.

5. ADMISSION (3-N-O)

Enter the number of days after admission that an admitted account is escalated to Failed based on failed rules. During midnight processing, the system determines which accounts are past admission by the number of days specified here. For these accounts, all categories that contain one of the failed rules selected above are changed to Failed.

6. DISCHARGE (3-N-O)

Enter the number of days after discharge that a discharged account is escalated to Failed based on failed rules. During midnight processing, the system determines which accounts are past discharge by the number of days specified here. For these accounts, all categories that contain one of the failed rules selected above are changed to Failed.

7. EXCLUDE PATIENT TYPES (TABLE LOOKUP-O)

Select all patient types that should be excluded from the failed rules checks listed above.

8. EDIT BY (DISPLAY ONLY)

The system displays the name of the person who last edited this entry.

9. EDIT DATE (DISPLAY ONLY)

The system displays the date and time this entry was last edited.

STAR FCW Distribution CPUs

The STAR FCW Distribution CPUs table is used to define the network applications to which Financial Clearance Workstation needs to push software. When you select this table, the following prompt is displayed:

Enter CPU Code or '' for Network Application lookup--*

You can enter a new or existing CPU code, or enter an asterisk (*) to display a list of network applications from which you can select. Once you select or enter a code, the following screen is displayed:

```

                                General Hospital STAR FCW Tables Processor
                                Thu Jun 23, 2011 10:43 am
STAR FCW Distributions CPUs
( 1)CPU Code           : FCW
( 2)Description        : TEST FCW PUSH

( 3)CPU Hostname/IP Addr: ibm06
( 4)Local CPU?         : No

( 5)Edit By           : TEST,ADMISSIONS
( 6)Edit Date         : 08/02/06 01:48pm

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

```

Field Explanations

1. CPU CODE (DISPLAY ONLY)

The code you entered or selected is displayed and cannot be edited.

2. DESCRIPTION (40-C-R)

The description from the Network Applications table is displayed and can be edited.

3. CPU HOSTNAME/IP ADDR (15-C-R)

The host name or IP address from the Network Applications table is displayed and can be edited.

4. LOCAL CPU? (1-A-R)

Indicate if this is the same CPU that you are on. Enter **Y** for Yes or **N** for No. The default is No.

5. EDIT BY (DISPLAY ONLY)

The system displays the name of the person who last edited this entry.

6. EDIT DATE (DISPLAY ONLY)

The system displays the date and time this entry was last edited.

STAR FCW E-mail Addresses

This table allows you to define e-mail addresses that are then used to send escalation notices and other notes. Following is an example of the STAR FCW E-mail Addresses table:

General Hospital STAR FCW Tables Processor	
Fri Jun 22, 2007 08:50 am	
STAR FCW E-mail Addresses	
(1)Code	: MLD
(2)Name	: RIGELSKI, BABY A.
(3)E-mail Address	: BABYR@EMAIL.COM
(4)Edit by	: RIGELSKI, BABY A.
(5)Edit date	: 03/13/07 10:44am
Enter field number or '/' starting field number--	

Field Explanations

1. CODE (DISPLAY ONLY)

The code you entered or selected is displayed in this field and cannot be edited.

2. NAME (REQUIRED)

Enter the name of the person who owns the e-mail address, using up to 36 alphanumeric characters.

3. E-MAIL ADDRESS (REQUIRED)

Enter an e-mail address, using up to 50 alphanumeric characters.

4. EDIT BY (DISPLAY ONLY)

The system displays the name of the person who last edited this table entry. This field may be blank for McKesson-provided entries.

5. EDIT DATE (DISPLAY ONLY)

The system displays the date and time this table entry was last edited. This field may be blank for McKesson-provided entries.

STAR FCW Escalation Schemas

This table allows you to use combinations of criteria from STAR FCW Facility Parameters to define specific situations under which an account should be escalated and to indicate the e-mail addresses to be notified in each situation. If you do not want

to send individual e-mails, you can choose to generate a midnight processing report that includes all the escalations or a group e-mail that contains the information.

Following is an example of the STAR FCW Escalation Schemas table:

General Hospital STAR FCW Tables Processor			
Fri May 13, 2011 05:49 pm			
STAR FCW Escalation Schemas			
1 Code	2 Description		
BOB	BOBS ESCALATIONS		
3 STAR FCW Categories	4 Financial Classes		
AC,CA,CC,CR,DP,FC,GD,IE,II,ME,OI,PD,RD			
5 Inpt/Outpt	6 Patient Types		
Both			
7 Services			
8 Category Status	9 Notification Options		
C	Report		
10 E-mail Notification			
SIMMONS,BOB			
11 Edit By	12 Edit Date		
Simmons,Bob	03/30/11 1602		
Enter field number or '/' starting field number--			

Field Explanations

1. CODE (DISPLAY ONLY)

The code you entered or selected is displayed in this field, but cannot be edited.

2. DESCRIPTION (REQUIRED)

Enter a description for the escalation schema, using up to 33 alphanumeric characters.

3. STAR FCW CATEGORY

Select the STAR FCW category or categories to be used for the e-mail notification. If this field is left blank, the system will use all categories.

4. FINANCIAL CLASSES

Select the financial class or classes to be used for the e-mail notification. If this field is left blank, the system uses all financial classes.

5. INPT/OUTPT (REQUIRED)

Enter **I** for inpatient, **O** for outpatient, or **B** for both.

6. PATIENT TYPES

Select the patient types to be used for the e-mail notification. If this field is left blank, the system uses all patient types that correspond with the selection you made in field 5 (INPT/OUTPT).

NOTE: If you selected **I** or **O** in field 5 (INPT/OUTPT), only those corresponding patient types are displayed for selection in this field.

7. SERVICES

Select the hospital service or services to be used for the e-mail notification. If this field is left blank, the system will use all services.

8. CATEGORY STATUS

This field allows you to select what triggers the e-mail about the escalation. You can select event, failed rule, and/or the category status(es) from the options your facility has defined in the Generate Escalation Email parameter field on the FCW Facility Parameters screen. If no selection is made, all available statuses in the Generate Escalation Email parameter are applied, as well as events and failed rules.

9. NOTIFICATION OPTIONS

This field determine if e-mails are sent for thenotifications in individual or group format or if all notifications are combined into the Financial Clearance Workstation Escalation Report (CFCKFERX) generated during midnight processing. When you access this field, the following prompt is displayed:

Generate notification (I)ndividual, (G)roup or (R)eport [I]-- |

Enter one of the following options:

- Enter **I** and the system sends individual e-mails for each escalation to the address in the E-mail Notification field. This is the default.
- Enter **G** and the system combines all e-mails for the specified address into a single e-mail produced during midnight processing. The e-mail includes the account number, reason escalated, department location, patient type and category for each account escalated.

NOTE: The group and report options are available only if the Email Method field on the FCW Facility Parameters screen is set to midnight processing (M).

- Enter **R** and the system combines all notifications into the Financial Clearance Workstation Escalation Report. The midnight processing report includes the account number, patient name, department location, patient type, category, reason escalated, and e-mail address for each escalation. The report is sorted by e-mail address. See the sample below.

Fri 08/26/11 01:02am Report CFCKFERA		Model Hospital A FCW Escalation Report		
Account #	Patient Name	P/T	Dept	E-mail Address
Reason				
Categories				

1117800001	HAYES, MICHEAL	I/P		mck.emp1@mckesson
Account was Admitted on 06/27/11 and has failed rules in categories ME, OI, CC				
1123500001	SAKOWSKI, MOM	I/P		mck.emp1@mckesson
Account was Admitted on 08/23/11 and has failed rules in categories II				
1123500002	SAKOWSKI, BABY BOY	NEW		mck.emp1@mckesson
Account was Admitted on 08/23/11 and has failed rules in categories II				
1123800001	DONNER, FLORENCE	I/P		mck.emp2@mckesson
Admitted on 08/26/11 and is not financially cleared for categories				
1117800001	HAYES, MICHEAL	I/P		mck.emp2@mckesson
Account was Admitted on 06/27/11 and has failed rules in categories ME, OI, CC				
1123500001	SAKOWSKI, MOM	I/P		mck.emp2@mckesson
Account was Admitted on 08/23/11 and has failed rules in categories II				
1123500002	SAKOWSKI, BABY BOY	NEW		mck.emp2@mckesson
Account was Admitted on 08/23/11 and has failed rules in categories II				
End of Report				

10. E-MAIL NOTIFICATION

Select the person to be notified from the Financial Clearance Workstation E-mail Address table.

11. EDIT BY (DISPLAY ONLY)

The system displays the name of the person who last edited this table entry. This field may be blank for McKesson-provided entries.

12. EDIT DATE (DISPLAY ONLY)

The system displays the date and time this table entry was last edited. This field may be blank for McKesson-provided entries.

FINANCIAL CLEARANCE WORKSTATION ACCOUNT MANAGEMENT PAYMENT OPTIONS

This option is used to define credit card and cash posting parameters related to the Financial Clearance Workstation batches. This table must be completed for the processing batch to run in the background and for credit card and E-check authorizations to be obtained. After you select STAR FCW Acct Mgmt Payment Options from the STAR Navigator menu, the following screen is displayed:

```

General Hospital STAR FCW Acct Mgt Pymt Options Processor
                                Fri May 13, 2011 05:54 pm

1 Payment Posting Batch Description  2 Maximum Batch Size
FCW BATCH - DO NOT DELETE!!          Unlimited
3 Cash Transaction Code/Description
P0004-PERSONAL PAYMENT-CASH
4 Credit Card Transaction Code/Description
P0003-PERSONAL PAYMENT-VISA
5 e-Check Transaction Code/Description
P0007-JODI'S TEST TRANSACTION
CURRENT BATCH  6 Number              7 Size          8 Total
                Waiting for next transaction  0             $0.00
9 Last Batch Number              10 Batch Retention Days
8847
11 Last Receipt #
5775
12 Last Edit Date                13 Last Edit By
05/06/11 0933                   Simmons,Bob

Enter field number or '/' starting field number--
                                next(/) or previous screen(/P) [/]

```

Field Explanations

1. PAYMENT POSTING BATCH DESCRIPTION (31-AN-R)

This field contains a description of the payment posting batch. When the field is accessed, the following prompt is displayed:

Payment Posting batch description --

The default is the McKesson-defined description *FCW Payment Posting*. You can enter a new description.

2. MAXIMUM BATCH SIZE (5-AN-R)

This field contains the maximum number of batch entries allowed before a batch is automatically posted by the system. When this field is accessed, the following prompt is displayed:

Enter new maximum batch size prior to posting ['Unlimited']--

Valid values for this field are 1 through 99999 or U for Unlimited. The system automatically posts a payment posting batch whenever the maximum is met during the day and opens another batch. New entries are added to the open batch. If a batch does not reach its maximum before midnight processing begins for the day, the batch posts during midnight processing.

3. CASH TRANSACTION CODE/DESCRIPTION (TABLE LOOKUP-O)

This field contains the transaction code and description that is used to update the transaction history for each account in a batch when cash is posted. This field must contain a transaction code that is associated with a **P** transaction type. If a valid transaction code is not entered in this field, cash payments made through Financial Clearance Workstation cannot be processed on STAR.

Enter a transaction code with a transaction type of P in this field, or enter a hyphen (-) to display a list of available codes.

4. CREDIT CARD TRANSACTION CODE/DESCRIPTION (TABLE LOOKUP-O)

This field contains the transaction code and description that is used to update the transaction history for each account in a batch when a credit card payment is posted. This field must contain a transaction code that is associated with a **P** transaction type. If a valid transaction code is not entered in this field, credit card payments made through Financial Clearance Workstation cannot be processed on STAR.

Enter a transaction code with a transaction type of P in this field, or enter a hyphen (-) to display a list of available codes.

5. E-CHECK TRANSACTION CODE/DESCRIPTION (TABLE LOOKUP-O)

This field contains the transaction code and description that is used to update the transaction history for each account in a batch when an e-check payment is posted. This field must contain a transaction code that is associated with a **P** transaction type. If a valid transaction code is not entered in this field, e-check payments made through Financial Clearance Workstation cannot be processed on STAR.

Enter a transaction code with a transaction type of P in this field, or enter a hyphen (-) to display a list of available codes.

Current Batch

6. NUMBER (DISPLAY ONLY)

This field contains the batch number that is currently open. If there is not an open batch, the system displays the following message:

Waiting for next transaction

When a payment is posted through Financial Clearance Workstation, a batch is automatically opened by the STAR system, and this field contains the batch number.

7. SIZE (DISPLAY ONLY)

This field contains the current batch size.

8. TOTAL (DISPLAY ONLY)

This field contains the current batch total.

9. LAST BATCH NUMBER (DISPLAY ONLY)

This field contains the batch number for the last Financial Clearance Workstation batch.

10. BATCH RETENTION DAYS (DISPLAY ONLY)

This field contains the number of days that the batches are retained by the system. This field is always set to 30 by the system and cannot be changed. Batches are automatically deleted by the system after 30 days.

11. LAST RECEIPT # (10-N-O)

This field displays the last receipt number generated by the system but can be changed. You can enter a receipt number of up to 10 digits.

12. LAST EDIT DATE (DISPLAY ONLY)

This field contains the date and time the screen was last updated.

13. LAST EDIT BY (DISPLAY ONLY)

This field contains the name of the person who last updated the screen.

When you accept the first screen, the second screen of this table is displayed. The second screen allows you to identify each type of personal payment and its association to Credit Card, E-Check, or Other. This is required so when a payment type is selected at the time of posting, the system launches to the credit card authorization or E-check authorization process:

General Hospital FCW Acct Mgmt Credit Card Options Processor		
Wed Oct 18, 2006 07:08 pm		
1 Description 1	2 Transaction Code 1	3 Type 1
Visa	P0003-PERSONAL PAYMENT-VISA	Credit Card
4 Description 2	5 Transaction Code 2	6 Type 2
Master Card	P0002-PERSONAL PAYMENT-MASTER CARD	Credit Card
7 Description 3	8 Transaction Code 3	9 Type 3
Am Express	P0011-Personal Payment-Am Express	Credit Card
10 Description 4	11 Transaction Code 4	12 Type 4
Discover	P0012-Personal Payment- Discover	Credit Card
13 Description 5	14 Transaction Code 5	15 Type 5
PAYMENT-CASH	P0004-PERSONAL PAYMENT-CASH	Other
16 Description 6	17 Transaction Code 6	18 Type 6
CREDIT CARD	P0010-Personal Payment - Credit Card	Credit Card
19 Description 7	20 Transaction Code 7	21 Type 7
PERS CHECK	P0001-PERSONAL PAYMENT-CHECK	E-Check
22 Description 8	23 Transaction Code 8	24 Type 8
DINERS CLUB	P0063-PAYMENT-DINERS CLUB	Credit Card
Enter field number or '/' starting field number--		
next(/) or previous screen(/P) [/]		

The third screen defines the set up for processing credit card transactions.

General Hospital STAR FCW Acct Mgt Pymt Options Processor			
Tue May 24, 2011 06:04 pm			
CREDIT CARD	1 Login cnpdev2796	2 Transaction Key KBBFFdjRkPvrwxWv	3 Test Mode Yes
4 Test Mode URL	test.authorize.net/gateway/transact.dll		
5 Live Mode URL	test.authorize.net/gateway/transact.dll		
Enter field number or '/' starting field number-- next(/) or previous screen(/P) [/]			

CREDIT CARD

1. LOGIN (PROVIDED BY VENDOR)

This information is provided by authorize.net, the vendor that STAR uses to verify credit card and e-check transactions. Enter the login exactly as provided by authorize.net.

2. TRANSACTION KEY (PROVIDED BY VENDOR)

This information is provided by authorize.net. Enter the transaction key as provided by authorize.net.

3. TEST MODE (1-A-R)

Indicate if credit card transactions should be run in test mode. Enter **Y** for Yes or **N** for No. The default is No.

4. TEST MODE URL (PROVIDED BY VENDOR)

This information is provided by authorize.net. Enter the URL for their test mode as provided by authorize.net.

5. LIVE MODE URL (PROVIDED BY VENDOR)

This information is provided by authorize.net. Enter the URL for their live mode as provided by authorize.net.

PATIENT TYPE

Some fields on the Patient Type table are used by Financial Clearance Workstation.

Since payments can be posted to preadmission accounts, facilities must determine if charges and orders can be posted to these accounts. The *Charge/Order* field on the first page of the Patient Type table can be set to **Yes** on PAT patient types to **not** allow orders and charges to be placed for the selected patient type. Additionally, accounts for PAT patient types can be automatically promoted to an inpatient or outpatient type.

Following is the first page of the Patient Type table:

General Hospital Patient Type Processor															
Mon Oct 23, 2006 07:19 pm															
Patient Type Code: PAT - Last edited by Douglas, Laura on 07/25/06 09:17am															
1 Description					2 Type					3 Flow					
Pre Admission Testing Inpatient					Inpatient					C-ADM PAT (STAR)					
4 Abstract Classification					5 Restrict					6 Form					
INPATIENT					No					7 Price Fld					
										Variable					
8 Rec		9 Ret		10 PRE		11 Upd. Init?		12 PAT		13 OP/Bed		14 Ind		15 Bed	
				No				Yes						No	
16 WL		17 Book		18 Disp		19 Auto Dis Days				20 Auto Re-Adm Days					
No		No													
21 Acct Number Group				22 Clinical Site				23 Print Options				24 Numbers			
				A				None Specified							
25 Perm Acct Nbr				26 Default Patient Type								27 MNP Convert			
				Emergency Room								Yes			
28 Charge/Order		29 Future		30 Hold		31 Susp		32 Pseudo		33 Contract Class					
Allow		15		7		3									

Enter field number or '/' starting field number--
next(/) or previous screen(/P) [/]

Selected Field Explanations

26. DEFAULT PATIENT TYPE (TABLE LOOKUP-C)

This field is accessible only if the *Permanent Acct Number* field is set to Yes or the *PAT* field is set to Yes, and then it is required. When you access this field, you receive the following prompt:

Enter expected patient type or '-' to list--

The patient type you enter here is used as the patient type for the account once the account has been converted to a non-preadmission status. PAT types are automatically converted at midnight processing the day that they are to arrive based on the expected admission date.

NOTE: Preadmission patient types or contract patient types are not valid for this field and do not display in response to the - option. If you enter an Expected Patient

Type during the preadmission process, the patient type you select then overrides this default patient type.

27. MNP CONVERT (1-A-C)

This field is accessible only if the *Permanent Acct Number* field or the *PAT* field is set to Yes, and then it is required. When you access this field, you receive the following prompt:

Convert account status during Midnight Processing? (Y/N) [N]--

If you enter **Y**, the patient's account is converted from a preadmission to a non-preadmission or from a PAT to non-PAT status during the midnight processing run immediately prior to the Expected Date of Testing or Expected Admission Date entered during the preadmission process. If you enter **N**, the patient's account is not converted automatically during midnight processing. You must manually convert the account using the Change Patient Type function.

28. CHARGE/ORDER (1-A-C)

This field is accessible only if the *PAT* field is set to Yes. When you access this field, the following prompt is displayed:

Disallow charges and orders to be entered for this patient type? (Y/N) [Y]-- |

Enter **Y** or press ENTER, and charges/orders **cannot** be placed for this patient type. Enter **N**, and charges/orders **can** be placed.

When a change patient type is performed on the account, the setting on the new patient type is used for the account.

NOTE: This field can be changed at the account level in Admission or Admission Revision using the *Disallow Charges/Orders* field on the Miscellaneous page once the patient is admitted.

Once an account is active, the Disallow Charges/Orders field cannot be changed from allowing charges to disallowing charges.

The *Check Suppr* field on the second page of the Patient Type table indicates if the automatic address, credit, and/or eligibility checks should be suppressed for the selected patient type:

General Hospital Patient Type Processor				
Mon Oct 23, 2006 08:15 pm				
Patient Type Code: PAT - Last edited by Douglas, Laura on 07/25/06 09:17am				
Definition				
1 Patient Management	2 Category	3 Therapy Type		
4 Hlth Lodg	5 Psych	6 Mat	7 Neo	8 GUM
9 Discharge Form				
10 CPT Days/Discharge	11 CPT Days/Final	12 Patient Tracker Info Flow		
30				
13 Check Suppr	14 GUI MSP Accept			
None				
Enter field number or '/' starting field number--				
next(/) or previous screen(/P) [/]				

Selected Field Explanation

13. CHECK SUPPR (1-A-O)

Indicate if automatically generated address, credit, and eligibility requests should be suppressed (not sent) for visits with this patient type. When you access this field, the following is displayed:

Page:01 Select checks to suppress for this Type ##=Current Choices
 (1) Address
 (2) Credit
 (3) Eligibility
 (4) None

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

Enter the number corresponding to each check that you want to suppress, or enter **4** (or leave the field blank) so that no checks are suppressed.

If a check is suppressed, requests are **not** automatically generated for visits that are assigned this patient type.

If a check is not suppressed, automatically generated requests are sent if the insurance plan is set up to do so, and for Address and Credit Checks, the account has

both a guarantor and an insurance plan. For checks to be automatically sent for self pay accounts, the account must have a Self Pay insurance plan.

INSURANCE CARRIERS

The *Online Checks?* field determines whether online address, credit, and/or insurance eligibility requests are generated automatically for the selected insurance carrier.

General Hospital Table Maintenance Processor			
Thu Oct 12, 2006 12:05 pm			
Insurance Carriers			
1 Code	2 Insurance	3 Primary?	4 MSP Screen?
400	BLUE CROSS	Yes	No
5 Insurance Type	6 Edit By	7 Edit Date	
B BLUE CROSS	Walters,Michelle	06/08/06 03:22p	
8 Financial Classes	9 Default Financial Class	10 Print Attestation	
B	BLUE CROSS		
11 Mail to Person	12 Mail to Company		
CONTACT PERSONS NAME FOR BLUE CROSS			
13 Address Line 1	14 Address Line 2		
ADDRESS LINE ONE B.C.			
15 City	16 State	17 ZIP Code	18 Country
CITY FOR BLUE CROS	KY	89938-3939	
19 Phone	20 Ext.	21 Group Number Format	22 Pol/Cert/ID Format
(090)223-4455	9987		
23 Online Checks?	24 Admission Office Text		
Entries Defined	Yes		
Enter field number or '/' starting field number--			
next(/) or previous screen(/P) [/]			

NOTE: The entry in the *Online Checks?* field on the Insurance Plan table overrides the entry in this field on the Insurance Carrier table.

Selected Field Explanation

23. ONLINE CHECKS? (SPECIAL FORMAT-O)

This field determines whether online address, credit, and/or insurance eligibility checks are sent automatically for this insurance carrier. When you access this field, the following is displayed:

Page:01 Select types to auto send online checks ##=Current Choices

(1) Address

(2) Credit

(3) Eligibility

(4) None

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

end select(NL)

Enter the number corresponding to each type of check that you want to send automatically, or enter **4** (or leave the field blank) so that no checks are sent automatically.

NOTE: For address and credit checks to be sent automatically, the account must have both a guarantor and an insurance plan. For checks to be sent automatically for self pay accounts, the account must have a self pay insurance plan.

INSURANCE PLANS

Two fields on the Insurance Plans table are used by Financial Clearance Workstation. The *Online Checks?* field determines whether online address, credit, and/or insurance eligibility requests are generated automatically for the selected insurance plan. The entry in the field on the Insurance Plan table overrides the entry in the Insurance Carrier table. The *PA Ins Coverage* field determines if the POS Insurance Coverage fields collected in Admission update the STAR Patient Accounting data.

Both fields are on the second page of the Insurance Plans table:

General Hospital Table Maintenance Processor					
Insurance Plans					
1 Code Plan Name			2 Group Name		
400100 BLUE CROSS BASIC PLAN			GROUP NAME FOR BLUE CROSS BASI		
3 Group Number Format		4 Group Number	5 From		6 To
		GR34567	01/01/85		
7 Pol/Cert/ID Format		8 1500 Plan Code	9 Copy ALL to 1500?		
		400200 BLUE CROSS 1500			
10 Ver		11 Prenote		12 Notice of Admission	
Yes		Yes			
13 Verify Phone		14 Ext	15 Verify Fax		16 Appr Phone
(865)555-1212		1	(865)555-1212		(865)555-1211
18 Appr Fax		19 Review Agency		20 Contact Name	
(865)555-1212		REVIEW		REVIEW CONTACT	
21 Reference Number		22 Review Phone		23 Ext	24 Review Fax
REF1234		(708)999-1111		1	(865)555-1212
25 Print Attestation		26 Online Checks?		27 PA Ins Coverage	
No		Entries Defined		Yes	

Enter field number or '/' starting field number--
next(/) or previous screen(/P) [/]

Selected Field Explanations

26. ONLINE CHECKS? (SPECIAL FORMAT-O)

This field determines whether online address, credit, and/or insurance eligibility checks are sent automatically for this insurance plan. When you access this field, the following is displayed:

Page:01 Select types to auto send online checks ##=Current Choices
 (1) Address
 (2) Credit
 (3) Eligibility
 (4) None

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

Enter the number corresponding to each type of check that you want to send automatically, or enter **4** (or leave the field blank) so that no checks are sent automatically.

NOTE: For address and credit checks to be sent automatically, the account must have both a guarantor and an insurance plan. For checks to be sent automatically for self pay accounts, the account must have a self pay insurance plan.

27. PA INS COVERAGE (1-A-O)

Indicate if changes to insurance coverage made in STAR Patient Processing should update STAR Patient Accounting. Enter **Y** for Yes or **N** for No. The default is No. If this field is set to No, Patient Processing does not update Patient Accounting and stores the information at the visit level for the account. If this field is set to Yes, the equivalent fields in the PA Insurance Coverage screens are updated when data is entered on the Insurance Coverage screen in Admissions unless Patient Accounting parameters prevent the updates.

NOTE: This field works in conjunction with several STAR Patient Accounting fields. Access Financial System Management > Maintain Facility Information > PAAR Control.

On the first screen, if the *Chg?* fields (one for inpatients and one for outpatients) are set to No, no changes are allowed to insurance information after insurance verification.

On the last screen, you should review the field *Keep User Info for Ins Cov.* This field identifies whether information keyed by a user should be retained rather than updating the insurance coverage information for an account's insurance plan from the Insurance Coverage table when the patient type changes for the account, including accounts in a pre-collect status. You can select which types of coverage should be retained.

You should also review the fields *No Ins Chg if P/A Ins Chg for I/P* and *No Ins Chg if P/A Ins Chg for O/P*. If they are set to Yes, when insurance coverage data is changed in Patient Processing after Patient Accounting has updated the data, the Patient Processing changes do **not** update Patient Accounting.

If Patient Processing attempts to update Insurance Coverage for an account and the parameters are defined **not** to allow the update, the following message is sent from STAR Patient Processing to STAR Patient Accounting:

PC update not accepted by PA

This message is stored in STAR Patient Accounting within the account's transaction history as a Key Data Change using the default Key Data Change transaction code defined in the PAAR Control Table on Patient Accounting.

REJECT REASONS

The *Result Category* field has been added to the Reject Reasons table. This field is used to group reject reasons into categories that are displayed on the Insurance Eligibility view in Financial Clearance Workstation. McKesson has completed the Result Category field, but facilities can change it.

Access this table by selecting Data Processing Main Menu > System Management > System Control Functions > Communications Control > Eligibility, Addr/Credit Check > Insurance Eligibility Response Tables.

Enter a code of one or two alphanumeric characters or enter a hyphen (-) to display a list of codes from which you can select. When you enter or select a code, a screen similar to the following is displayed:

General Hospital Insurance Eligibility Response Tables Processor	
Mon Oct 16, 2006 12:37 pm	
Reject Reasons	
(1)Code	: 43
(2)Description	: INVALID/MISSING PROVIDER ID
(3)Result Category: 01	
(4)Edit by	: Lewis,Gerald
(5)Edit date	: 12/14/05 02:28pm
Enter field number or '/' starting field number--	

Selected Field Explanation

3. RESULT CATEGORY (TABLE LOOKUP-C)

Enter the result category code if you know it, or enter a hyphen (-) to display all result categories for selection. This field is required for Financial Clearance Workstation.

FOLLOW-UP SCHEDULES (PA)

If Financial Clearance Workstation users will use Receivables Workstation to set up payment plans or promise-to-pay agreements, you must define the follow-up schedule on STAR Patient Accounting so the payment plan or agreement follows the account when the location changes from PA to AR.

You can access the Follow-up Schedules (PA) table by logging on to STAR Patient Accounting and selecting Tables > Financial Table Maintenance > Follow-up Schedules (PA). The following screen is displayed:

General Hospital Financial Table Maintenance Processor												
Mon Oct 23, 2006 02:48 pm												
Follow-up Schedules (PA)												
1	Schedule #	2	Description					3	Wait Days			
	123		FCW PA FOLLOW UP SCHEDULE						15			
4	Day of Month	5	Day of Week	6	Week of Month	7	Due Days	8	Grace Days			
							15		10			
9	Ins Pending	10	Bill Balance	11	Restart %	12	Restart Amt	13	Min Balance			
	Bill		Account		100.00%				\$2.00			
14	Transfer Balance	Pymt Plan to AR?		15	AR Payment Plan Schedule #							
	Yes				97-PATRICE'S BILL PATIENT							
16	Transfer Advanced	Pymt Plan to AR?		17	AR Payment Plan Schedule #							
	Yes				100-PAYMENT PLAN DUE ON 15TH							
18	Transfer Customized	Account to AR?		19	AR Custom Schedule #							
	Yes				100-PAYMENT PLAN DUE ON 15TH							
20	Delinquent F/U Type			21	Delinquent F/U Message							
	Collection Letter				4 COL LTR TESTING							
22	Partial Payment F/U Type			23	Partial Payment F/U Message							
	Collection Letter				4 COL LTR TESTING							
24	Partial Payment F/U %											
	100.00%											
Enter field number or '/' starting field number--												

Selected Field Explanations

16. TRANSFER ADVANCED PYMT PLAN TO AR? (1-A-O)

This field indicates if accounts on advanced payment plans should remain on payment plans when they transfer to AR. Valid values for this field are **Yes** for *Transfer account payment plan to AR* and **No** for *Do not transfer account payment plan to AR*. If you select Yes, the system prompts for an AR Payment Plan Schedule #. When account payment plans transfer to AR, they use the schedule defined for the AR Payment Plan Schedule. The accounts also retain their Payment Plan Amount, Delinquent Amount, Prepaid Amount, Next Follow-up Step, and Next Follow-up Date when they transfer to AR.

NOTE: Only accounts on advanced payment plans that are active in follow-up qualify to transfer to a payment plan in AR. Accounts that have already met their advanced amount do not receive follow-up, so they do not transfer to a payment plan in AR.

17. AR PAYMENT PLAN SCHEDULE # (TABLE LOOKUP-C)

This field contains the AR Payment Plan Schedule. This field is required if the Transfer Acct Level Advanced Pymt Plan To AR? field contains a Yes. When account payment plans transfer to AR, they use the schedule defined in this field. The accounts also retain their Payment Plan Amount, Delinquent Amount, Prepaid Amount, Next Follow-up Step and Next Follow-up Date, when they transfer to AR.

NOTE: You should modify each financial class within the Financial Class table in Financial Table Maintenance to include the Follow Up Schedule (PA).

You should define Payment Plan Schedules under PA and AR follow up schedules based on your facility's policies and procedures. Once the Payment Plan is attached to an account, the user can modify the plan as hospital policy allows.

Chapter 3 - PROCEDURAL CONSIDERATIONS

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INTRODUCTION

This chapter provides information that your facility should consider when developing its procedures for using and supporting STAR Financial Clearance Workstation.

INTERNAL POLICY FOR SUPPORT

You should establish an internal policy as to how support issues are handled. You should determine to which support analyst in the Information Systems department issues should be logged for this module.

If the support analyst needs to log a call with McKesson, he or she should log the case with STAR Patient Processing support unless it relates to a functional issue with the Patient Accounting portion of the Financial Clearance Workstation module. If the issue relates to Receivables Workstation, Cash Posting, Cash Reports, DPW Processing, or FPI Inquiry, he or she should log the case with STAR Patient Accounting support.

RECONCILING CASH PAYMENTS RECEIVED BY USERS

The Cash Report by User ID (FAR133x) can be used to balance an employee's cash drawer. The report is generated for a single user ID. You can place menu library element FKCASHUID on a STAR Navigator menu to allow access to this report. When selected, it prompts if the report should be run for the user currently signed on to STAR Navigator.

Following is a sample report:

Date: 10/18/06		Model Hospital A				Page : 1			
Time: 03:56pm		Cash Report by User ID				Report: FAR133A			
User Name: TEST,ADMISSIONS									
Account No.	Account Name	PT	Psting DATE	Psting Time	FC	Dollar Amt Collected	Trans Code	Trans Desc	
A0629000001	DURBIN,PRAONE	I/P	10/18/06	1510	I/P	10.00	0004	PERSONAL PAYMENT-CASH	
A0000003648	TEST,FCW HL7	ER	10/18/06	1510	ER	100.00	0003	PERSONAL PAYMENT-VISA	
A0629100001	TEST,GFCW	O/P	10/18/06	1510	O/P	5.00	0004	PERSONAL PAYMENT-CASH	
Total Transactions			3	Total Amt		115.00			
End of Report									
<Page Break>									

The report includes the user name and the account number, account name, patient type, posting date, posting time, financial class, dollar amount collected, transaction code, and transaction description for each payment the user posted. It also includes totals of the number of transactions and the amount of money posted.

USING THE RULES BUILDER

Types of Rules

The Rules Definition function supports three types of rules:

- **Base Rules** are built by McKesson and delivered with the Financial Clearance Workstation software. Periodic updates (additions and changes) to the base rules may be delivered via ESD. These rules can be edited only by McKesson but may be activated by the corporation and/or facility. Base rules can be set to *Forced in Region* from the Maintain Corporate Rules function. When rules are pushed out to the regions, if the rule is flagged as a “forced” rule, the rule is activated for each facility on the regional CPUs and cannot be deactivated except by using the Maintain Corporate Rules function. These rules can be copied and modified by corporate or regional personnel.
- **Corporate Rules** are built using the Maintain Corporate Rules function and can be distributed to the regional Patient Care CPUs by Corporate personnel. These rules can be edited by only designated corporate personnel based on menu access. When Corporate rules are pushed out to the regions, if the rule is flagged as a “forced” rule, the rule is activated for each facility on the regional CPUs and cannot be deactivated except by using the Maintain Corporate Rules function. These rules can be copied to a regional rule and modified on the regional Patient Care CPU.

NOTE: It is recommended that the Corporate rules be maintained on the Corporate CPU and pushed out to the regional CPUs; however, if there is a need to edit or add a corporate rule on a regional CPU (Corporate CPU downtime or support issue with the push tool), the Maintain Corporate Rules function is available for placement on appropriate user menus. If a Corporate rule is edited or added from a regional CPU, this change is not reflected on the Corporate CPU so any changes to Corporate rules on regional CPUs must also be performed on the Corporate CPU or the changes are lost when the next rule push is performed.

- **Regional Rules** are built and maintained on each regional Patient Care CPU and can be edited by anyone that has access to the Rules Definition function. These rules can be copied and modified on the regional Patient Care CPU.

Rule Selection

If criteria are entered **and** a rule code is entered in the Search text box, the rule associated with the code is retrieved and the other criteria are ignored.

If a partial name is entered in the Search text box and other criteria are specified, the criteria are used in conjunction with the partial search entered to retrieve the applicable rules.

Rule Definition

Non-forced rules can be activated/deactivated by each facility.

Rules can be added/edited with a future effective date. When a future effective date is entered, the system keeps both a current and a pending version of the rule. Once a pending rule exists, the current rule can be viewed but is no longer editable. Any further changes must be made to the pending rule.

Rules can be copied and edited to create new rules. You can insert a line when creating or modifying a rule.

A pre-defined list of data elements is available for writing rules.

NOTE: If a data element that you wish to write rules against is not in the list provided by McKesson, you can log a case to STAR Support, S-User requesting the addition of the missing data element(s). This is especially useful if you have any custom data elements that you would like evaluated for use in the Financial Clearance Workstation. Follow the same procedure that you use for forms and menu change requests to McKesson.

Rule categories are table driven, and the category code is displayed on the Financial Clearance Workstation work list.

Following is the Financial Clearance Workstation Categories table:

Code	Description
AC	Address Check
CA	Compliance Audit
CC	Credit Check
CR	Credit Risk
DP	DRG Payment Window
FC	Financial Clearance
GD	Guarantor Demographics (demographics)
IE	Insurance Eligibility
II	Insurance Information (demographics)
ME	Medical Information (demographics)
OI	Other Information (demographics)
PD	Patient Demographics (demographics)
RD	Relative Demographics (demographics)
RA	Reverse ADT

Financial Clearance Workstation Conditions

Conditions are table driven in the application and selected by the description.

Following are Financial Clearance Workstation conditions:

- is not equal to
- is not numeric
- does not contain
- does not follow
- is less than
- is less than or equal to
- is equal to
- is greater than
- is greater than or equal to
- is numeric
- is found in list
- is not found in list
- contains
- follows
- does not begin with
- begins with
- does not end with
- ends with
- pattern match

Compare Values

Short help is available in the Rule Definition by mouse-over on the data element(s) selected for the rule. The short help indicates the appropriate entry for compare values.

Literals must be encased in quotes (this includes numeric or alphabetic table codes and specific dates).

Following are some examples:

- "MED" for medical service code
- "12/31/04" for specific date of December 31, 2004
- "1" for a numeric table code of 1

When a flag is selected, valid values are "Y" or "N".

The following keywords are available:

- BLANK
- TODAY or TODAY +/- a number

If empty quotation marks ("") are entered for a null or blank compare value, the compare value is converted to the keyword BLANK when the rule is saved.

Keywords can be viewed online by entering a ? in the Compare value column and pressing TAB.

When you use the conditions *Found in List* or *Not Found in List*, enter the compare values separated by commas with no spaces after the commas (for example, If Patient Type Found in List "I/P,O/P,SER"). Note that the entire string is encased in quotes.

Not all data elements support a "Was/Did" version. For example, MSP Primary only allows an "Is/Does" as there is no database storage of a previous MSP primary condition. It is either primary or it is not. Another example is the "Compliance data change flags" as there is only a current version of these flags.

For rule testing purposes, only the current value is pulled from the database. "Was/Did" values are available only when the rule is being run in real-time.

Pattern Matching

Pattern matching uses the following values:

- A indicates alphabetic characters
- N indicates numbers
- U indicates uppercase letters
- L indicates lowercase letters

- P indicates punctuation characters

Use a number to indicate how many instances of each value above should occur in the pattern:

- A number before a value indicates exactly that many of the value (for example, 5A indicates 5 alphabetic characters)
- A number preceded by a period indicates that many or fewer of the value (for example, .5A indicates 5 or less alphabetic characters)
- A number followed by a period indicates that many or more of the value (for example, 5.A indicates 5 or more alphabetic characters)

An entry in quotation marks indicates an exact match on what is enclosed in the quotation marks (for example, 1"8"8N means 1 literal "8" followed by 8 numbers).

Following are some examples for pattern matching:

- 1A6N = One letter followed by six numbers
- 10N = Ten numbers
- 1A1P1.N = One letter followed by one punctuation character, followed by one or more numbers
- 1U2.L = One uppercase letter followed by two or more lowercase letters
- 3N1"-"4N = Three numbers, followed by one dash, followed by 4 numbers (could be used for a phone number format without the area code)

Effective Date versus Activation Date

When a rule is created, the effective date must be in the future because the rule becomes effective via a midnight processing routine.

If a current rule is effective, it cannot be edited. You must create a future Pending version of a rule for any changes.

When a rule is being activated for a facility, the activation date cannot be earlier than the current effective date for that rule.

When you are activating a rule, you are always activating the Current rule unless the rule has just been added and there is only a Pending version. If you are making changes to a rule that is already active, the Effective Date determines when the change to the rule is implemented. If you make changes to a rule that was already built but never activated, you may need to wait until the rule's pending effective date passes (occurs in midnight processing) to activate the rule.

There is an effective date in the RuleDistribution (Push Tool). This effective date is not the same as the effective date of a rule. The Rule effective date applies to the CPU on which the rule is built. The distribution effective date applies to the date the rule is to become effective when it is pushed out to the regions.

Rule Processing

Following is some information on rule processing:

- Once a rule is cleared at the rule level, it is not re-evaluated for the account.
- Rules with a category of CA are not run on an account for a facility that does not have PCA Integration implemented.
- Rules with a category of AC are not run on an account for a facility that does not have Address Check implemented.
- Rules with a category of CC or CR are not run on an account for a facility that does not have Credit Check implemented.
- Rules with a category of IE are not run on an account for a facility that does not have Insurance Eligibility implemented.

Appendix A - FINANCIAL CLEARANCE WORKSTATION TESTING GUIDELINES

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FINANCIAL CLEARANCE WORKSTATION TESTING GUIDELINES

Perform the following steps to test STAR Financial Clearance Workstation.

Overall Functionality

1. Verify the *Active* field is on the Financial Clearance Workstation Parameters Processor and can be set at the facility level.
2. Verify that the Clear Category buttons on the Address/Credit Check and Eligibility screens display only if Financial Clearance Workstation is active for the facility.
3. Verify that discharged accounts are not included on the work list screens unless the **Suspense Days** option is selected on the Parameters screen.
4. Verify that once the Detail View is selected on Financial Clearance Workstation, the STAR Navigator screen is populated with the account.
5. Verify that if an account has cleared all categories, the */Cleared* text is displayed in the patient header in GUI Admissions.
6. Verify that the audit service is called from STAR as a by-product of Financial Clearance Workstation calling STAR functions.

Address Checking

1. Verify that if the customer ID is not set on STAR, the Address Check form in the Financial Clearance Workstation work list is not available.
2. Verify that if ACC is implemented but Address Check is not a valid path option, the Address Check form in the Financial Clearance Workstation work list is not available.
3. Verify that when the Clear Category button is selected on Financial Clearance Workstation and a reason is entered, the reason appears as an account note on the account.
4. Verify that when the In Progress check box on the Detail View is selected, the AC category appears on the Financial Clearance Workstation work list as Pending.
5. Verify when the Clear Addr Chk button in STAR GUI Admissions is selected, the AC category does not appear on the work list as Incomplete or Pending.
6. Verify that the automatic Address Check request is not performed if the account does not have both an insurance plan and a guarantor.

7. Verify that the automatic Address Check request is performed only if the insurance plan and patient type are set up to perform the check automatically.

Credit Checking

1. Verify that if the customer ID is not set on STAR, the Credit Check work list in Financial Clearance Workstation is not available.
2. Verify that If ACC is implemented but Credit Check is not a valid path option, the Credit Check and Credit Risk forms in Financial Clearance Workstation are not available.
3. Verify that when the Clear Category button is selected on Financial Clearance Workstation and the reason is entered, the reason is added as an account note on the account.
4. Verify when the In Progress check box on the Detail View is selected, the category appears on the work list as Pending.
5. Verify when the Clear Category button in STAR GUI Admissions is selected, the category does not appear on the work lists as Incomplete or Pending.

Insurance Eligibility

1. Verify that if Eligibility is not implemented on STAR, the Eligibility Check form in Financial Clearance Workstation is not available.
2. Verify when the Clear Category button is selected on Financial Clearance Workstation and the reason is entered, the reason is added as an account note on the account.
3. Verify when the In Progress check box on the Detail View is selected, the IE category appears on the work list as Pending.
4. Verify that when the Clear Category button is selected in STAR GUI Admissions, the IE category does not display on the work list as Incomplete or Pending.
5. Verify that when an account fails the eligibility category on Financial Clearance Workstation for a reject reason, the result category for the reason displays on the Detail View for that account.

Compliance Audit Checking

1. Verify that if Pathways Compliance Advisor™ is not implemented on STAR, the Compliance Audit form in Financial Clearance Workstation is not available.

2. Verify when the In Progress check box on the Detail View is selected, the CA category appears on the work list as Pending.

Demographic Checks

1. Verify that only failed rules display on the Detail View for a specific account.
2. Verify that the failed rules display under the correct subcategories.
3. Verify when the Clear Category button is selected on Financial Clearance Workstation and the reason is entered, the reason is added as an account note on the account.
4. Verify that selecting the In Progress check box causes the category to display on the work list as Pending.

DRG Payment Window (DPW) Processing

1. Test for declaration of DPW after the inpatient account is processed initially.
2. Test for declaration of DPW following the initial processing.
3. Test an inpatient admission without a qualifying outpatient account.
4. Test an inpatient admission with a qualifying outpatient account.
5. Test an inpatient admission with multiple qualifying accounts.
6. Test the button to launch into the STAR Financial Patient Inquiry screen.
7. Test the button for STAR MPI Search.
8. Test the button for STAR Cancel Admission.
9. Select the **Clear Category** button and verify an account note displays in Transaction History with the correct transaction code.

Financial Clearance

1. Verify the Estimated Patient Amount Due is calculated correctly.
2. Select the **Access STAR Post Single Payment** button, and verify the GUI Cash Posting screen is launched.
3. Select the **Access STAR Post Multiple Guarantor Payments** button, and verify the Multiple Accounts Payment Entry screen is launched.

4. Select the **Access STAR RWS** button, and verify Financial Clearance Workstation launches to STAR Receivables Workstation for the account at the account information level.
5. Select the **Clear Category** button, and verify the account is cleared from the Financial Clearance Workstation work list and you are required to enter a reason.
6. Verify Financial Clearance Workstation sent a message for all activity performed on the Financial Clearance screen.
7. Verify STAR received the data from Financial Clearance Workstation and stored and displayed the data in the account's Transaction History as a transaction type *T* free-form note.
8. Test the various Patient Accounting PAAR Control Parameter options, allowing and preventing the update of insurance information.
9. Verify information on the Insurance Master List Report (FTINMx), the Insurance Coverage Table Audit Report (FTINSAUDx), and Insurance Coverage Changes per Patient Type Changes (FAINSPTx) reports.
10. If Price Estimation Assistant (PEA) is turned on, test the following scenarios on both Financial Clearance Workstation and PEA:
 - Add the values of the ABN Non-Covered field and the Private Room Differential field to the Patient Responsibility amount that was received from PEA. Ensure that the result matches the Financial Clearance Workstation Total Estimated Patient Responsibility value.
 - Ensure that estimates are stored and displayed in the Estimate Summary form.

Post Payments

1. Test STAR obtaining credit card approval, and check authorization approval numbers.
2. Test STAR retaining credit card approval number, and check authorization approval number.
3. Test the **Access STAR Post Single Payment** button on the Financial Clearance screen.
4. Test the **Access STAR Post Multiple Patient Payments** and **Access STAR Post Multiple Guarantor Payments** buttons on the Financial Clearance screen.
5. Test the Access STAR Financial Patient Inquiry button on the Financial Clearance screen.

6. Test requesting and printing the Cash Report by User ID (FAR133x). Verify all data are accurate.

Receivables Workstation Access

1. Test the command button to launch Receivables Workstation to the account-level Follow-up screen.
2. Test defining a Promise to Pay Agreement.
3. Test defining a Payment Plan Agreement.
4. Test the command button to manually clear the step within the Financial Clearance Detail View on Financial Clearance Workstation.

Estimated Demand Bill

1. Test displaying the Estimated Demand Bill from the Financial Clearance screen, and verify it is correct.
2. Print the Estimated Demand bill after selecting the Calculate Estimate button, and verify it is correct.
3. Print the Estimated Demand Bill with information manually keyed on the Financial Clearance screen, and verify it is correct.
4. Verify Financial Clearance Workstation sent a system message to STAR that the Estimated Demand Bill was generated/printed.
5. Verify STAR received, stored, and displayed the system message from Financial Clearance Workstation in account transaction history as a transaction type **T** with the correct transaction code.

Account Notes Generation

1. Verify the system-generated messages from Financial Clearance Workstation are sent to STAR and that the messages display in STAR.
2. Verify the correct transaction codes are being sent to STAR and stored on STAR in transaction history.
3. Test statistic retention for new transaction codes.

Patient Type Table Changes

1. Verify that the new *Charge/Order* field has been added to the Patient Type table.

2. Verify that the Default Patient Type field can be accessed for PAT accounts.
3. Verify that an Expected Patient Type can be entered on the Number Assignment screen for a PAT account.
4. Verify that the PAT account is converted during midnight processing to the Expected Patient Type entered on the Number Assignment screen.
5. Verify that a converted account with no charges or visit check-ins is included on the No Show Report.
6. Verify that no charges and orders can be entered for a PAT account that is flagged to disallow charges/orders.
7. Verify that charges and orders can be entered for a PAT account that is flagged to allow charges/orders.

Disallow Charges/Orders Field on Miscellaneous Page

1. Verify that the Charges/Orders flag for the patient type can be overridden for the account using the *Disallow Charges/Orders* field on the Miscellaneous form as long as the account is not active and the flag is not being changed from allowing charges to disallowing charges.
2. Verify that once an account is active (PAT, IP, or OP patient types), the Charges/Orders flag cannot be changed from allowing charges to disallowing charges on the account.

Financial Clearance Workstation Access Table

1. Edit the table and enter different functions for some of the entries.
2. Perform both alphabetic lookups and direct code entry in the fields. Ensure that when changes are made and the screen is accepted, the changes are committed to the database.
3. For GUI Admission and Admission Revision, ensure that the GUI Form Flow field is accessible.
4. When integrated testing occurs, ensure that each button on the Financial Clearance Workstation work list calls the correct function.

Rules Definition

1. Enter search criteria using all options available, and verify that the correct results display when you select **Retrieve**.

2. Copy a rule, and verify that the Rule Definition tab displays and the Code field is blank.
3. Add a new rule, and verify that the Rule Definition tab displays with no data for entry of new rule information.
4. Double-click to select an existing rule, and verify that the Rule Definition tab displays with the selected rule's detail information.
5. Test profile and distribution history in conjunction with testing the Rules Distribution function.

Appendix B - TROUBLESHOOTING

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TROUBLESHOOTING TIPS

Printing a Demand Bill

If the estimated demand bill does not print correctly from Financial Clearance Workstation, you need to have your IT department adjust your printer.

Error Messages

CURRENT WORKITEM HAS ALREADY BEEN COMPLETED

This message may be displayed when an out-of-sequence event occurs on the work list. For example:

1. Event with temporary account comes, and a new Financial Clearance Workstation process is initiated.
2. Event with permanent account comes, and new Financial Clearance Workstation process is initiated. (There is no way to match this permanent account number to the temporary account number.)
3. Event with both temporary and permanent account numbers comes (with the same temporary account number as in step 1 and the same permanent account number as in step 2). Financial Clearance Workstation terminates the process with the temporary account, keeping only one process with the permanent account number for the same patient. In this case, you may see the error message *Current workitem has already been completed* if you have already opened workitem (before step 3) and try to complete it later (after step 3).

STAR ACCESS IS NOT CURRENTLY SUPPORTED FOR THIS BUTTON!

This message indicates that a Financial Clearance Workstation access code is invalid or inactive. You need to revise the entry in the Financial Clearance Workstation Access table.

APPLET STARTED BEFORE NAVIGATOR SERVER IS RUNNING AND READY. PLEASE VERIFY THAT NAVIGATOR AND WEM ARE READY, THEN TRY AGAIN

This error message is displayed if a button is selected on the Financial Clearance Workstation work list and STAR Navigator has not been started. You should start STAR Navigator before accessing the work list.

Appendix C - AVAILABLE RULE ELEMENTS

AVAILABLE RULE ELEMENTS	C-3
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AVAILABLE RULE ELEMENTS

The table below lists rule elements available for use in the Rules Builder.

Rule Element Code	Rule Element Description
CAI4025	ABN NON COVERED
CAHPX15	ABN REQUIRED
CAHPXABN	ABN REQUIRED,NO RESPONSE
CAHPX14	ABN RESPONSE
CAVQ27	ACCIDENT COUNTRY
CAVP14D	ACCIDENT DATE
CAVQ7	ACCIDENT NATURE
CAVQ6	ACCIDENT PLACE
CAVQ31	ACCIDENT STATE
CAVP14T	ACCIDENT TIME
CAVQ8	ACCIDENT TYPE CODE
CAVQ8WR	ACCIDENT WORK RELATED?
CAMP171	ACCOMMODATION CODE, CURRENT/DIS
CAMP17SC	ACCOMMODATION SIM CODE
CAMP17	ACCOMMODATION, CURRENT/DISCH
CAMP17HP	ACCOMMODATION,HOLD FOR PRIVATE
CASC5CD	ACCOUNT CREATION DATE
CAMP2P	ACCOUNT IS IN PRE-ADMIT STATUS
CAVQ32	ADDRESS CHECK CLEAR STEP
CAACCUR	ADDRESS CHECK CURRENT
CTADCR2	ADDRESS CHECK DAYS
CAACCDF	ADDRESS CHECK DIFFERENCE EXIST
CADP9	ADDRESS LINE 1, PATIENT
CAAL01	ADDRESS LINE 2, PATIENT
CAVQ30	ADDRESS/CREDIT CHECK PERMISSION
CAMP8D	ADMISSION DATE
CAVP24	ADMISSION SOURCE
CAMP8T	ADMISSION TIME
CAVP23	ADMISSION TYPE
CADP3B	AGE AT ADMIT IN DAYS,PATIENT
CADP3A	AGE AT ADMIT IN YEARS,PATIENT

Rule Element Code	Rule Element Description
CAAL26	ALIEN NUMBER
CAAL12	ALT ADDRESS LINE 1, PATIENT
CAAL13	ALT ADDRESS LINE 2, PATIENT
CAAL14	ALT CITY, PATIENT
CAAJ2	ALT COUNTRY, PATIENT
CAAL17	ALT COUNTY, PATIENT
CAAL34	ALT INVALID ADDRESS, PATIENT
CAVP32	ALT PHONE FLAG, VST LEVEL
CAAL32	ALT PHONE MESSAGE, PATIENT
CAAL18	ALT PHONE, PATIENT
CAAL30	ALT RESIDENCE TYPE, PATIENT
CAAL15	ALT STATE, PATIENT
CAAL16	ALT ZIP CODE,PATIENT
CAVP25D	ARRIVAL DATE
CAVP8	ARRIVAL MODE
CAVP25T	ARRIVAL TIME
CADP3	BIRTHDATE,PATIENT
CAAK9	BIRTHPLACE,PATIENT
CAGK03	CAUSE OF DEATH
CADP8	CHURCH,PATIENT
CADP10	CITY, PATIENT
CAAL7	CLASSIFICATION,PATIENT
CAMP57	CLERGY NOTIFICATION
CAMQ16	CLERGY REQUEST CODE
CAMQ17	CLERGY REQUEST DATE
CAMP5CS	CLINICAL SITE, PATIENT TYPE
CAMP1CS	CLINICAL SITE, STATION
CAMP5PV	CLINICAL SITE, VISIT
CCXPCA2	COMPLIANCE AUDIT,DATA CHANGE
CCXPCA2D	COMPLIANCE AUDIT,DX CHANGE
CCXPCAE	COMPLIANCE AUDIT,EXP DT CHANGE
CCXPCA2I	COMPLIANCE AUDIT,INS CHANGE
CCXPCAP	COMPLIANCE AUDIT,PROC CHANGE
CAI11PCA	COMPLIANCE CK INSURANCE PLANS

Rule Element Code	Rule Element Description
CABP31	CONDITION CODE #1
CABP310	CONDITION CODE #10
CABP311	CONDITION CODE #11
CABP32	CONDITION CODE #2
CABP33	CONDITION CODE #3
CABP34	CONDITION CODE #4
CABP35	CONDITION CODE #5
CABP36	CONDITION CODE #6
CABP37	CONDITION CODE #7
CABP38	CONDITION CODE #8
CABP39	CONDITION CODE #9
CABP181	CONDITION INDICATOR 1
CABP1810	CONDITION INDICATOR 10
CABP1811	CONDITION INDICATOR 11
CABP182	CONDITION INDICATOR 2
CABP183	CONDITION INDICATOR 3
CABP184	CONDITION INDICATOR 4
CABP185	CONDITION INDICATOR 5
CABP186	CONDITION INDICATOR 6
CABP187	CONDITION INDICATOR 7
CABP188	CONDITION INDICATOR 8
CABP189	CONDITION INDICATOR 9
CAVP31	CONFIDENTIAL ADD/PH, VST LEVEL
CAAJ1	COUNTRY, PATIENT
CAAK1	COUNTY, PATIENT
CAVQ12	COURTESY DISCHARGE
CAVQ33	CREDIT CHECK CLEAR STEP
CACCCUR	CREDIT CHECK CURRENT
CTADCR3	CREDIT CHECK DAYS
CAVQ36	CREDIT RISK CLEAR STEP
CAPLT03	CURRENT LOCATION,PLT
CADP24	DATE OF DEATH,PATIENT
CADP7	DENOMINATION,PATIENT
CAMQ10OV	DIAGNOSIS,ADMIT IS OVERRIDE?

Rule Element Code	Rule Element Description
CAMQ10	DIAGNOSIS, ADMITTING
CASDX	DIAGNOSIS, SECONDARIES
CASDXOV	DIAGNOSIS, SECONDARY OVERRIDE?
CAMP62	DISALLOW CHARGES/ORDERS
CAMP55	DPW FLAG
CAVQ34	ELIGIBILITY CLEAR STEP
CAIECUR	ELIGIBILITY CURRENT
CIXSNDID	ELIGIBILITY INS PROV SENDER ID
CAMQ18	ELOS, ESTIMATED LENGTH OF STAY
CAEP2CME	EMPLOYER PATIENT, # EMPLOYEES
CAI4022	ESTIMATED CHARGES
CAI4024	ESTIMATED CONTRACTUAL ADJ
CAI4027	ESTIMATED PATIENT LIABILITY
CAI4023	ESTIMATED REIMBURSEMENT
CAI4026	ESTIMATED ROOM DIFFERENCE
CAVP6D	EXPECTED ADMISSION DATE
CAVP6T	EXPECTED ADMISSION TIME
CAMQ18A	EXPECTED DISCHARGE DATE
CAMP51	EXPECTED PATIENT TYPE
CAVQ11D	EXPECTED TESTING DATE
CAVQ11T	EXPECTED TESTING TIME
CAAL9	FATHER'S NAME
CAEOC1	FCW ESTIMATES CALCULATED FLAG
CAI17	FINANCIAL CLASS
CAVQ38	FINANCIAL CLEARANCE CLEAR STEP
CAGDP9	GUAR ADDRESS LINE 1
CAGAL1	GUAR ADDRESS LINE 2
CAGDP3A	GUAR AGE
CAGAL12	GUAR ALT ADDRESS LINE 1
CAGAL13	GUAR ALT ADDRESS LINE 2
CAGAL14	GUAR ALT CITY
CAGAJ2	GUAR ALT COUNTRY
CAGAL17	GUAR ALT COUNTY
CAGAL34	GUAR ALT INVALID ADDRESS

Rule Element Code	Rule Element Description
CAGAL18	GUAR ALT PHONE
CAGAL32	GUAR ALT PHONE MESSAGE
CAGAL30	GUAR ALT RESIDENCE TYPE
CAGAL15	GUAR ALT STATE
CAGAL16	GUAR ALT ZIP CODE
CAGDP3	GUAR BIRTHDATE
CAGAK9	GUAR BIRTHPLACE
CAGDP10	GUAR CITY
CAGAL7	GUAR CLASS
CAGDP25	GUAR CORPORATE NUMBER
CAGAJ1	GUAR COUNTRY
CAGAK1	GUAR COUNTY
CAGDP24	GUAR DATE OF DEATH
CAUP4	GUAR EMP ADDRESS LINE 1
CAUP11	GUAR EMP ADDRESS LINE 2
CAUP7	GUAR EMP ADDRESS ZIP CODE
CAUP5	GUAR EMP CITY
CAUP19	GUAR EMP COUNTRY
CAUP18	GUAR EMP COUNTY
CAUP21	GUAR EMP DATE LAST WORKED
CAUP15	GUAR EMP EMPLOYED SINCE
CAUP2	GUAR EMP EMPLOYER/SCHOOL
CAUP14	GUAR EMP ID
CAUP17	GUAR EMP OCCUPATION
CAUP16	GUAR EMP RETIREMENT DATE
CAUP6	GUAR EMP STATE
CAUP13	GUAR EMP STATUS
CAUP8	GUAR EMP WORK PHONE
CAUP10	GUAR EMP WORK PHONE EXT
CAGDP26	GUAR ENTITLE
CAGAL9	GUAR FATHER NAME
CAGAL4	GUAR GEO CODE/CENSUS TRACT
CAGDP42	GUAR INVALID ADDRESS
CAGDP27	GUAR LANGUAGE

Rule Element Code	Rule Element Description
CAGAL31	GUAR MAIL TO ADDRESS
CAGDP14	GUAR MARITAL STATUS
CAGDP15	GUAR MOTHERS MAIDEN NAME
CAGDP02	GUAR NAME
CAGAL3	GUAR NATIONALITY
CAGDP13	GUAR PHONE
CAGDP28	GUAR PHONE EXT
CAGAL29	GUAR PHONE MESSAGE
CAGDP6	GUAR RACE
CAGP01	GUAR RELATIONSHIP TO PT, CODE
CAGP02	GUAR RELATIONSHIP TO PT, DESC
CAGAJ11	GUAR RESIDENCE TYPE
CAGAK10	GUAR RESIDENT SINCE
CAGDP4	GUAR SEX
CAGDP11	GUAR STATE
CAGP7	GUAR VST ALT PHONE FLAG
CAGP6	GUAR VST MAIL TO ADDRESS
CAGDP12	GUAR ZIP CODE
CAGDP5	GUARANTOR SOCIAL SECURITY #
CAHPX1	HCPCS CODE
CAHP1	HCPCS CODE 1 / DISPOSITION
CAHP1D	HCPCS CODE 1 DESC / DISPOSITIO
CAHP2	HCPCS CODE 2 / DISPOSITION
CAHPX2	HCPCS CODE 2 ADMISSIONS
CAHPX2D	HCPCS CODE 2 DESC / ADMISSIONS
CAHP2D	HCPCS CODE 2 DESC / DISPOSITIO
CAHP3	HCPCS CODE 3 / DISPOSITION
CAHPX3	HCPCS CODE 3 ADMISSIONS
CAHPX3D	HCPCS CODE 3 DESC / ADMISSIONS
CAHP3D	HCPCS CODE 3 DESC / DISPOSITIO
CAHPX4	HCPCS CODE 4 ADMISSIONS
CAHPX4D	HCPCS CODE 4 DESC / ADMISSIONS
CAHPX5	HCPCS CODE 5 ADMISSIONS
CAHPX5D	HCPCS CODE 5 DESC / ADMISSIONS

Rule Element Code	Rule Element Description
CAHPX6	HCPCS CODE 6 ADMISSIONS
CAHPX6D	HCPCS CODE 6 DESC / ADMISSIONS
CAHPX7	HCPCS CODE 7 ADMISSIONS
CAHPX7D	HCPCS CODE 7 DESC / ADMISSIONS
CAHPX8	HCPCS CODE 8 ADMISSIONS
CAHPX8D	HCPCS CODE 8 DESC / ADMISSIONS
CAHPX9	HCPCS CODE 9 ADMISSIONS
CAHPX9D	HCPCS CODE 9 DESC / ADMISSIONS
CAHPX1D	HCPCS DESCRIPTION
CAADCRH	HEALTHCARE SCORE
CAADCRD	HEALTHCARE SCORE DATE
CAVQ10	INITIALS, ACCOUNT # ASSIGNMENT
CAVP2	INITIALS, ADMISSION
CAI353	INS ADULTS IN HOUSEHOLD
CAI32	INS APPROVAL #
CAI33	INS APPROVAL DATE
CAI341	INS APPROVAL EXT
CAI342	INS APPROVAL FAX PHONE
CAI31	INS APPROVAL NAME
CAI340	INS APPROVAL PHONE
CAI38	INS APPROVED LOS
CAI344	INS APPROVED UNTIL DATE
CAI343	INS APPROVED VISITS
CAI240	INS BLUE SHIELD PLAN NUMBER
CAI214	INS BRANCH OF SERVICE
CAI243	INS CARD ISSUE DATE
CAI11C	INS CARRIER CODE
CAI231	INS CERTIFICATE ID
CAI14	INS COMMENT
CAI349	INS CONTACT COMPANY NAME
CAI4017	INS COPAY
CAI331	INS DATE OF ARRIVAL
CAI4016	INS DEDUCTIBLE
CAI217	INS DEPENDENT

Rule Element Code	Rule Element Description
CAI355	INS DEPOSIT
CAI356	INS DEPOSIT INFORMATION
CAI336	INS EMG CODE
CAN116	INS EMPLOYED SINCE
CAN114	INS EMPLOYEE ID
CAN12	INS EMPLOYER
CAN14	INS EMPLOYER ADDRESS LINE 1
CAN111	INS EMPLOYER ADDRESS LINE 2
CAN15	INS EMPLOYER CITY
CAN118	INS EMPLOYER DATE LAST WORKED
CAN16	INS EMPLOYER STATE
CAN17	INS EMPLOYER ZIP CODE
CAN113	INS EMPLOYMENT STATUS
CAI35354	INS FAMILY SIZE
CAI311	INS FOMER PROVINCE ADDRESS 2
CAI313	INS FORMER PROVINCE
CAI310	INS FORMER PROVINCE ADDRESS 1
CAI312	INS FORMER PROVINCE CITY
CAI314	INS FORMER PROVINCE POST CODE
CAI112	INS GROUP NAME
CAI16	INS GROUP NUMBER
CAI27	INS GROUP PHONE
CAI28	INS GROUP PHONE EXTENSION
CAAK14	INS HC EXPIRATION DATE
CAAK15	INS HC PROVINCE
CAI228	INS HC TEMPORARY CARD
CAAK13	INS HC VERSION
CAI333	INS HEALTH CARD NUMBER
CAI327	INS I/P DECLARATION
CAI21	INS INSURANCE TYPE
CAI126	INS INSURED ADDRESS 1
CAI127	INS INSURED ADDRESS 2
CAI115	INS INSURED BIRTHDATE
CAI128	INS INSURED CITY

Rule Element Code	Rule Element Description
CAI132	INS INSURED COUNTRY
CAI131	INS INSURED COUNTY
CAI125	INS INSURED ENTITLE
CAI13	INS INSURED NAME
CAI134	INS INSURED PHONE
CAI135	INS INSURED PHONE EXT
CAI133	INS INSURED RESIDENCE TYPE
CAI114	INS INSURED SAME AS
CAI111	INS INSURED SEX
CAI211	INS INSURED SS#
CAI129	INS INSURED STATE
CAI130	INS INSURED ZIP CODE
CAI352	INS INTENDED PAYMENT SOURCE
CAI22	INS MAIL TO ADDRESS LINE 1
CAI23	INS MAIL TO ADDRESS LINE 2
CAI24	INS MAIL TO CITY
CAI239	INS MAIL TO COUNTRY
CAI219	INS MAIL TO PERSON
CAI25	INS MAIL TO STATE
CAI26	INS MAIL TO ZIP CODE
CAI241	INS MEDICAID HMO NUMBER
CAI136	INS MEDICARE ENROLLMENT STATE
CAI215	INS MILITARY STATUS
CAI354	INS MINORS IN HOUSEHOLD
CAI358	INS NOA ADMIN REF NUMBER
CAI359	INS NOA NOTIF RECEIPT NUMBER
CAI360	INS NOA REVIEW ID NUMBER
CAI244	INS NY MEDICAID SEQ#
CAI233	INS OCCURENCE DATE
CAI216	INS PAY GRADE
CAI11	INS PLAN CODE
CAI12	INS PLAN NAME
CAI15	INS POLICY NUMBER
CAI19	INS RELATION TO INSURED

Rule Element Code	Rule Element Description
CAI329	INS RETURN TO PROVINCE DATE
CAI322	INS REVIEW AGENCY
CAI324	INS REVIEW AGENCY CONTACT NAME
CAI323	INS REVIEW AGENCY PHONE
CAI325	INS REVIEW AGENCY REFERENCE #
CAI345	INS REVIEW PHONE EXT
CAI347	INS REVIEWED BY NAME
CAI348	INS SECOND OPINION STATUS
CAI230	INS SOCIAL ASSISTANCE
CAI357	INS SVC AUTH EXCEPTION CODE
CAI212	INS TPL NUMBER
CAI35	INS VER NOTIFIED DATE
CAI39	INS VER SECOND OPINION
CAI37	INS VERIFIED DATE
CAI36	INS VERIFIED NAME
CADP042	INVALID ADDRESS, PATIENT
CADP043	LAST GOOD ADDRESS CHECK
CADP044	LAST GOOD CREDIT CHECK
CARTID	LAST RTE RESPONSE DATE
CAVP21	LOCATIONS
CAVP30	MAIL TO ADDRESS, VISIT LEVEL
CADP15	MOTHER'S MAIDEN NAME
CAIQ214	MSP - BLACK LUNG BENEFITS
CAIQ232	MSP - BLACK LUNG BENEFITS DATE
CAIQ233	MSP - DATE OF INJURY/ILLNESS
CAIQ216	MSP - EDIT BY
CAIQ217	MSP - EDIT DATE
CAIQ127	MSP - EMPLOYER ADDRESS LINE 1
CAIQ128	MSP - EMPLOYER ADDRESS LINE 2
CAIQ129	MSP - EMPLOYER CITY
CAIQ115	MSP - EMPLOYER NAME
CAIQ130	MSP - EMPLOYER STATE
CAIQ131	MSP - EMPLOYER ZIP CODE
CAIQ32	MSP - GHP # OF EMPLOYEES

Rule Element Code	Rule Element Description
CAIQ31	MSP - GHP COVERAGE
CAIQ33	MSP - GROUP HEALTH PLAN
CAIQ310	MSP - GROUP NUMBER
CAIQ35	MSP - INSURER ADDRESS LINE 2
CAIQ334	MSP - MEDICARE ENTITLEMENT DATE
CAIQ235	MSP - MSP INFORMATION SUPPLIED BY
CAIQ313	MSP - MSP VERIFIED
CAIQ311	MSP - POLICY HOLDER
CAIQ312	MSP - RELATION TO PATIENT
CAIQ146	MSP - RETIREMENT DATE
CAIQ110	MSP - RETIREMENT/ENTITLEMENT DATE
CAIQ221	MSP - SERVICES PAID
CAIQ114	MSP - SPOUSE EMPLOYED
CAIQ125	MSP - SPOUSE INFORMATION
CAIQ222	MSP - VA BENEFITS
CAIQ330	MSP - VERIFIED BY
CAIQ331	MSP - VERIFIED DATE
CAIQ134	MSP - WC ADDRESS LINE 1
CAIQ135	MSP - WC ADDRESS LINE 2
CAIQ136	MSP - WC CITY
CAIQ141	MSP - WC EMP ADDRESS LINE 1
CAIQ142	MSP - WC EMP ADDRESS LINE 2
CAIQ143	MSP - WC EMP CITY
CAIQ144	MSP - WC EMP E
CAIQ145	MSP - WC EMP ZIP CODE
CAIQ140	MSP - WC EMPLOYER
CAIQ139	MSP - WC POLICY NUMBER
CAIQ137	MSP - WC STATE
CAIQ138	MSP - WC ZIP CODE
CAIQ29	MSP - WORK RELATED ACCIDENT
CAIQ133	MSP - WORKERS COMP POLICY
CAIQ34	MSP -INSURER ADDRESS LINE 1
CAIQ36	MSP CITY
CAIQ329	MSP COMMENT LINES

Rule Element Code	Rule Element Description
CAIQ327	MSP ENTITLEMENT
CAIQGHP	MSP GHP IS PRIMARY
CAIQMCP	MSP MEDICARE IS PRIMARY
CAIQPTE	MSP PATIENT EMPLOYED
CAIQ39	MSP POLICY NUMBER
CAVQ25	NATURE OF INJURY
CABPC1	OCCURRENCE CODE
CABP11	OCCURRENCE CODE 1
CABP12	OCCURRENCE CODE 1 DATE
CABP13	OCCURRENCE CODE 2
CABP14	OCCURRENCE CODE 2 DATE
CABP15	OCCURRENCE CODE 3
CABP16	OCCURRENCE CODE 3 DATE
CABP17	OCCURRENCE CODE 4
CABP18	OCCURRENCE CODE 4 DATE
CABP19	OCCURRENCE CODE 5
CABP110	OCCURRENCE CODE 5 DATE
CABP111	OCCURRENCE CODE 6
CABP112	OCCURRENCE CODE 6 DATE
CABP113	OCCURRENCE CODE 7
CABP114	OCCURRENCE CODE 7 DATE
CABP115	OCCURRENCE CODE 8
CABP116	OCCURRENCE CODE 8 DATE
CABPD1	OCCURRENCE CODE DATE
CAI1RTE	ONLINE ELIGIBILITY FLAG
CAEP15	PAT EMPLOYED SINCE
CAEP4	PAT EMPLOYEE ADDRESS LINE 1
CAEP11	PAT EMPLOYEE ADDRESS LINE 2
CAEP14	PAT EMPLOYEE ID
CAEP5	PAT EMPLOYER CITY
CAEP19	PAT EMPLOYER COUNTRY
CAEP18	PAT EMPLOYER COUNTY
CAEP3	PAT EMPLOYER NAME
CAEP6	PAT EMPLOYER STATE

Rule Element Code	Rule Element Description
CAEP8	PAT EMPLOYER WORK PHONE
CAEP10	PAT EMPLOYER WORK PHONE EXT
CAEP7	PAT EMPLOYER ZIP CODE
CAEP21	PAT EMPLOYMENT DATE LAST WORK
CAEP16	PAT EMPLOYMENT RETIREMENT DATE
CAEP13	PAT EMPLOYMENT STATUS
CAEP1	PAT OCCUPATION
CCGVL11	PATIENT CONTRACT NAME
CCGVL1	PATIENT CONTRACT NUMBER
CADP25	PATIENT CORPORATE NUMBER
CADP48	PATIENT ETHNICITY
CADP27	PATIENT LANGUAGE
CADP14	PATIENT MARITAL STATUS
CADP1	PATIENT MEDICAL RECORD NUMBER
CADP2	PATIENT NAME
CADP26	PATIENT NAME SUFFIX
CADP28	PATIENT PHONE EXTENSION
CADP13	PATIENT PHONE NUMBER
CADP6	PATIENT RACE
CADP4	PATIENT SEX
CADP5	PATIENT SSN
CAMP5	PATIENT TYPE
CAMP5C	PATIENT TYPE IS A CONTRACT TYP
CAMP5E	PATIENT TYPE IS AN ER TYPE
CAMP5I	PATIENT TYPE IS AN INPATIENT
CAMP5O	PATIENT TYPE IS AN OUTPATIENT
CAMP5T	PATIENT TYPE IS PAT TYPE
CAMP5P	PATIENT TYPE IS PRE-ADMIT TYPE
CAMP5S	PATIENT TYPE IS SERIES TYPE
CAMP61	PCA TRANS ID
CKPRM17	PEA INTEGRATION ACTIVE
CAMQ15	PHONE REQUESTED
CAVP4	PHYSICIAN, ADMITTING
CAMP12	PHYSICIAN, ATTENDING

Rule Element Code	Rule Element Description
CAVP28	PHYSICIAN,ER
CCTHM12	PHYSICIAN,FACILITY DEFAULT
CAMP54	PHYSICIAN,PRIMARY CARE
CAVP5	PHYSICIAN,REFERRING
CAMQ27	PLANNED DISCHARGE TIME
CAVP13	POWER OF ATTORNEY
CAVP9	PREFERRED ACCOMMODATION CODE
CAMQ26	PRINCIPAL DIAGNOSIS
CFFD53	PROMISE TO PAY DATE
CAUS11	PT UDF
CAIUK10	REFERRAL REASON
CAVQ9	REFERRING FACILITY
CAR14	REL1 ADDRESS LINE 1
CAR112	REL1 ADDRESS LINE 2
CAR114	REL1 BIRTHDATE
CAR15	REL1 CITY
CAR118	REL1 COUNTRY
CAR113	REL1 COUNTY
CAL14	REL1 EMP ADDRESS LINE 1
CAL111	REL1 EMP ADDRESS LINE 2
CAL15	REL1 EMP CITY
CAL119	REL1 EMP COUNTRY
CAL118	REL1 EMP COUNTY
CAL115	REL1 EMP EMPLOYED SINCE
CAL114	REL1 EMP ID
CAL13	REL1 EMP NAME
CAL11	REL1 EMP OCCUPATION
CAL116	REL1 EMP RETIREMENT DATE
CAL16	REL1 EMP STATE
CAL113	REL1 EMP STATUS
CAL18	REL1 EMP WORK PHONE
CAL17	REL1 EMP ZIP CODE
CAR13	REL1 NAME
CAR18	REL1 PHONE

Rule Element Code	Rule Element Description
CAR111	REL1 PHONE EXT
CAR11	REL1 RELATION TO PATIENT
CAR116	REL1 RESIDENT SINCE
CAR115	REL1 SEX
CAR19	REL1 SS#
CAR16	REL1 STATE
CAL110	REL1 WORK PHONE EXT
CAR17	REL1 ZIP CODE
CAR24	REL2 ADDRESS LINE 1
CAR212	REL2 ADDRESS LINE 2
CAR214	REL2 BIRTHDATE
CAR25	REL2 CITY
CAR218	REL2 COUNTRY
CAR213	REL2 COUNTY
CAR23	REL2 NAME
CAR28	REL2 PHONE
CAR211	REL2 PHONE EXTENSION
CAR21	REL2 RELATION TO PATIENT
CAR216	REL2 RESIDENT SINCE
CAR215	REL2 SEX
CAR29	REL2 SS#
CAR26	REL2 STATE
CAR27	REL2 ZIP CODE
CAVP1	REVERSE ADT FLAG
CAVQ17	ROI CONSENT
CAACCSA	SEARCH AMERICA CODES
CAMP11	SERVICE
CAAJ3	STAFF ALERT
CADP11	STATE, PATIENT
CAMP1	STATION WHILE IN-HOUSE
CAMP1SIM	STATION'S SIM DEPARTMENT
CAMP18	STATION,CURRENT/DISCHARGE
CAMK6	SURGERY DATE
CAMK5	SURGERY SCHEDULED

Rule Element Code	Rule Element Description
CAVQ19	TRANSFERRED FROM FACILITY
CAAK16	TUMOR REGISTRY NUMBER
CABQ1	UB VALUE CODE 1
CABQ12	UB VALUE CODE 1 AMOUNT
CABQ10	UB VALUE CODE 10
CABQ102	UB VALUE CODE 10 AMOUNT
CABQ11	UB VALUE CODE 11
CABQ112	UB VALUE CODE 11 AMOUNT
CABQ2	UB VALUE CODE 2
CABQ22	UB VALUE CODE 2 AMOUNT
CABQ3	UB VALUE CODE 3
CABQ32	UB VALUE CODE 3 AMOUNT
CABQ4	UB VALUE CODE 4
CABQ42	UB VALUE CODE 4 AMOUNT
CABQ5	UB VALUE CODE 5
CABQ52	UB VALUE CODE 5 AMOUNT
CABQ6	UB VALUE CODE 6
CABQ62	UB VALUE CODE 6 AMOUNT
CABQ7	UB VALUE CODE 7
CABQ72	UB VALUE CODE 7 AMOUNT
CABQ8	UB VALUE CODE 8
CABQ82	UB VALUE CODE 8 AMOUNT
CABQ9	UB VALUE CODE 9
CABQ92	UB VALUE CODE 9 AMOUNT
CAAJ4	VETERAN
CAUS21	VST UDF
CADP12	ZIP CODE, PATIENT

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■ R e a d e r C o m m e n t F o r m ■

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