

STAR 2000™



STAR LABORATORY REFERENCE GUIDE Contract Billing Module

Release 17.0
October 2011

L17000101

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Preface

The *Contract Billing Module* is one volume in the *STAR Laboratory Reference Guide* series. It provides detailed information concerning how to design, build, and use the Contract Billing software module.

The *General Information Volume* is prerequisite reading for all other volumes of the *STAR Laboratory Reference Guide*. Successful use of the Contract Billing Module depends upon your knowledge of the concepts covered in the *General Information Volume*.

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 a STAR system. (This key may also be referred to as NEW LINE or NL in the STAR system.)

Data Entries

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

Selecting an Entry

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

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

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

Prompts

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

Enter patient name--

Field Characteristics

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

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

STAR Laboratory's Contract Billing module enables you to process and charge tests performed for outside institutions. Charges may reflect a discounted price based on customer-specific volume discounts. Special reporting features include graphic summary reporting for patient results, statistical management reports, and customer billing reports.

Chapter 1: Worksheet Instructions

This chapter contains the instructions necessary to complete the Contract Billing worksheets.

NOTE: If your hospital has STAR Patient Care, certain files will be networked between the two systems. These files, noted at the beginning of both sections 1 and 2, must be built and maintained on STAR Patient Care. If, however, you do not have STAR Patient Care, you must build these files on STAR Laboratory and you need to purchase the *Tables Volume* of the *STAR Patient Care Reference Guide* to assist you in this process.

Chapter 2: Maintenance Functions

This chapter contains screen prints and instructions for using the Maintenance Functions required to build your Contract Billing module. Please see the preceding note.

Chapter 3: Applications

This chapter contains screen prints and instructions for application of the Contract Billing module. It also contains report examples and explanations.

Appendix A: Report Names

This appendix provides a list of the reports, labels, and forms generated by the STAR Laboratory system. The reports, labels, and forms are presented in alphabetical sequence based on the system name of each and then in alphabetical sequence based on the description of the report, label, or form.

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CONTRACT BILLING PARAMETERS

The worksheet for Contract Billing and for Contract Patient Report Parameters is named Contract Billing and Patient Report Parameters. Use a separate worksheet per facility.

FACILITY (1-A-R)

Enter the facility code.

CONTRACT CHARGE SUSPENSE DAYS (2-N-R)

Enter the number of midnight processing days before a contract charge drops off STAR Laboratory. Since charges incurred by a patient registered under a contract are kept with the contract, and that contract may be on the system for years, some clean up of charges must occur. The minimum is 1 day, maximum is 180 days. When a charge exceeds the suspense period, it is deleted and the corresponding department charge total decreased by the amount of the charge. (Year to date cumulative charges are not affected by suspense days.) The default is 60 days.

OUTPATIENT MONTHLY DATA (1-A-R)

The Output Revenue Monthly Report contains monthly revenue totals for each contract and includes the following data:

- Contract name
- Number of tests
- Total revenue at inpatient prices (using base SIM file)
- Total revenue at outpatient prices (using contract price)
- Volume discount (based on contract's discount)
- Net billed
- Difference between inpatient and outpatient prices

To capture data for this report, check Yes.

USE FIM FILE (1-A-R)

Check Yes or No to indicate whether to use the FIM file. If STAR Laboratory is on the same Central Processing Unit (CPU) as Patient Care, it is mandatory to use the Financial Item Master (FIM) file. Setting this field to No does not prevent the system from requiring use of the FIM file. In a stand-alone environment, or when STAR Laboratory is networked to Patient Care on a separate CPU, this flag is set to No and billing codes can be entered free-text for each price level. The FIM file is not available on STAR Laboratory in the networked or stand-alone environment.

NOTE: If STAR Laboratory and STAR Patient Care exist in the same ID, the FIM file is used regardless of how this flag is set.

CONTRACT PATIENT REPORT PARAMETERS

Use the Contract Billing and Patient Report Parameters worksheet to define the parameters for the Contract Patient Reports per facility.

DEPARTMENT (3-A-R)

Enter the department code.

NO. REPORTS (1-N-O)

Enter the default number of copies to print of each report. The limit is a number from one to nine. If multiple copies are to print, all copies for one patient print before the next patient's report begins printing.

REPORT SORT (1-A-R)

To indicate the default Contract Patient Report sort criteria, check one of the following:

A - to sort by patient account number

L - to sort by patient location

N - to sort by patient name

D - to sort by physician

NOTE: The report can be sorted by any of the preceding criteria. This selection only sets the default in the prompt.

EXCLUSIONS (SPECIAL PROCESSING-O)

You can define single, multiple, or a range of test codes to be excluded from Contract Patient Reports. Enter those test codes here.

SECTION SORTS (SPECIAL PROCESSING-O)

The system displays a subscreen when you access this field. Refer to **"SUMMARY REPORT - SECTION SORT"** on page 1-6 for more information on this field.

CONTRACT VENDOR (TABLE LOOKUP)

The system displays a table of active contract vendors when you access this field. Refer to Contract Patient Report Parameters in Chapter 2: Maintenance Functions in the *Contract Billing Module* of the *STAR Laboratory Reference Guide* for further information on this field.

FORMAT (1-A-R)

Indicate the print format for Contract Patient Reports by entering **1** for standard, **2** for zonal, or **3** for offset format.

The standard format simply prints test results in primary result report format. Standard is the default format.

The zonal summary format depicts numeric values graphically by marking their location within the normal range. Low, normal, and high ranges display in three columns. Each numeric value is represented by an X within the appropriate column.

The offset format prints numeric result values in one of two columns of the report depending on whether or not the value falls within the normal range.

If you select the zonal or offset format, you must use forms for the header and footer of this report.

If you select the zonal format, the first line of a Normal Range field over 17 characters long is printed on two lines on the report. However, if the result value is greater than the space provided on the report (12 characters), no Normal Range field prints on the report.

PARTIALS (1-A-C)

Indicate if tests with a Partial status should be included in Contract Patient Reports by checking Yes or No.

COLUMN SEPARATOR (1-A-R)

A vertical bar can be used to separate zones of results for zonal and offset formats only. To use the vertical bar, check Yes. To exclude the vertical bar, check No.

MAX SUSPENSE (1-N-C)

This field only applies to the accession offset format which is currently unavailable.

CORRECTION PRINT (1-A-R)

Indicate whether corrected values are printed following current values by entering **C** or at the end of all test information by entering **T**.

Corrected values that print at the end of the current values print the date and time the result was corrected and the previous result value, along with any associated flags. (For example H, L, P.)

Corrected values that print at the end of the test print after the header *Corrected - Previously Resulted Values*. The result component name prints, followed by the date and time the result was corrected and the previous result value, along with any associated flags. (For example H, L, P.)

You can change this field at any time. The change reflects at the next printing of the report.

ADDENDUM PRINT (1-A-R)

Indicate how addendum results print on the report by entering **V** for addendum results only or **A** for all results, including the addendum.

INCLUDE CANCELLED (1-A-R)

Use this field to determine whether or not laboratory canceled tests print on the Contract Patient Report in addition to the specimen rejected tests. If you check Accn Cancelled, only accession canceled tests print. If you check All, all canceled tests print. If you check None, no canceled tests print.

SUMMARY REPORT - SECTION SORT

Use this worksheet to define the print order for tests within the Contract Patient Reports. Be sure to list individual sections in the order in which you wish them to print.

NOTE: It is not necessary to complete this worksheet to print tests numerically by test code.

SUMMARY REPORT TYPE

Check Contract Patient Report.

DEPARTMENT (3-A-R)

Enter the department code.

NEW PAGE (1-A-R)

To start a new page for this section, enter Yes. The section name prints at the top next to the report name.

SECTION NAME (40-C-R)

Enter the section name as it is to display on the Contract Patient Report. This may or may not be an actual laboratory section name. For example, Hematology and Urinalysis tests may be grouped and named Hematology/Urinalysis.

SORT ORDER (3-N-R)

Indicate the order in which tests will print for patients with multiple tests. More than one sort option can be used (separate by commas). Chronological and reverse chronological cannot both be chosen.

- Enter **1** to sort by Specimen Type
- Enter **2** to sort by Test Code
- Enter **3** to sort chronologically by collection time
- Enter **4** to sort by collection time in reverse chronological order

NOTE: If multiple test sorts are selected, tests print according to the following hierarchy:

- Specimen type
- Test order
- Chronological/reverse chronological

TEST RANGE(S) (U-N-R)

Enter the high and low test code ranges to print within this section. Multiple ranges can be entered.

PRICING - VARIABLE LEVELS

Use the *Pricing - Variable Levels 1-5* and *Pricing - Variable Levels 6-10* worksheets to indicate the different prices and billing codes associated with each test code. Up to ten (10) prices may be assigned per test.

DEPARTMENT (3-A-R)

Enter the department code.

TEST CODE (TABLE SELECTION)

Enter the test code.

PRICE (6-N-R)

Enter the price for this level. A decimal is automatically placed two places to the left of the last digit entered. For example, a \$12.00 charge is entered as 1200.

BILLING CODE (6-N-R)

Enter the billing code for this price. Each price requires a billing code.

NOTE: If STAR Laboratory is in the same ID as STAR Patient Care, the FIM file must be used to assign the billing codes.

TEST - FIXED LEVELS

Use the *Test - Fixed Levels 1-5* and *Test - Fixed Levels 6-10* worksheets to indicate the different prices and billing codes associated with each test code. Up to ten (10) prices may be assigned per test.

DEPARTMENT (3-A-R)

Enter the department code.

TEST CODE (TABLE SELECTION)

Enter the test code.

PRICE (6-N-R)

Enter the price for this level. A decimal is automatically placed two places to the left of the last digit entered. For example, a \$12.00 charge is entered as 1200.

BILLING CODE (6-N-R)

Enter the billing code for this price. Each price requires a billing code.

NOTE: If STAR Laboratory is in the same ID as STAR Patient Care, the FIM file must be used to assign the billing codes.

CONTRACT DEFINITION

Use this worksheet to define information on each contract account to be entered in the system.

FACILITY (1-A-R)

Enter the facility code.

DEPARTMENT (3-A-R)

Enter the department code.

CONTRACT CODE (4-AN-R)

Enter a code for this contract account.

CONTRACT DESCRIPTION (25-C-R)

Enter the name of the contract account as it is to appear on the screen and on reports. The limit is 25 characters.

CONTRACT ACCOUNT ID NUMBER (12-C-R)

Enter the account (billing) number for this contract. Although this number can be up to 12 characters, it is recommended that the length and format of this number match that used for patient account numbers. This number prints on the Invoice only.

ADDRESS LINES 1 & 2 (25-C-R)

Enter the billing address for this contract. Each line may contain up to 25 characters.

CITY (15-C-R)

Enter the name of the city for this contract address.

STATE (2-A-R)

Enter the state (abbreviation) for this contract address.

ZIP CODE (9-N-R)

Enter the ZIP code for this contract. The code may be five or nine digits.

TELEPHONE NUMBER (13-NC-R)

Enter the phone number for this contract using the (###)###-#### format.

CONTACT PERSON (25-C-R)

Enter the name of an individual specified by the contract customer as the person whom the laboratory deals with on a regular basis.

PATIENT TYPES (3-A-R)

Enter the patient type code(s) available for this contract. Patient types must be selected from those for your facility. Reference the Patient Types worksheet for this information.

CONTRACT PHYSICIAN (26-C-R)

Enter the code of the physician associated with this contract or enter the name if not on file. The name indicated here will be used as the default in the registration and ordering process for this contract. Physician codes must be selected from the Doctor File for your facility. Reference the Doctor Information worksheets for the code.

NAME OR ID (1-A-R)

Indicate which to pass to the financial system:

- Patient's name - check Patient Name
- Patient's account number (ID) - check Patient Account #

NOTE: The option selected here also determines which of these two items appear in the Account field within Charge Inquiry.

CYCLE BILL TYPE (1-A-R)

This field contains the type of cycle bill to be generated. You can enter **A** for active days, **E** for end of month, or **I** for fixed day.

CYCLE BILL DAYS (2-N-R)

This field contains the number of days or the day of the month used for generating cycle bills. You can enter between 1 and 99.

SUSPENSE DAYS (3-N-R)

This field contains the number of suspense days before the final bill. This is the number of days of no activity that must be met before the system final bills the contract. You can enter between 1 and 999.

DEPARTMENT

Each contract must be assigned to at least one (and not more than six) department each with a specified price level. Enter the department code.

NOTE: If STAR Laboratory is in the same ID as STAR Patient Care, the definition must be coordinated between products.

PRICE LEVEL (2-N-R)

Each department listed requires a Price Level. Enter the price level (from the Test - Fixed Levels worksheet) to be applied to this department.

Sales Commission for Contracts

Use this worksheet to define maximum dollar amount and percentage of sales commission for each contract.

CONTRACT CODE (3-C-R)

Enter the three-character code for the contract.

DESCRIPTION (25-C-R)

Enter the full description for the contract.

MAXIMUM DOLLAR AMOUNT (6-N-R)

The percentage of sales commission that is paid is based on the total amount of dollars that are billed for laboratory tests for the financial class. This field enables you to enter the total amount of dollars billed. The implied starting minimum amount is 0 dollars. The last maximum dollar amount you enter should be set high enough to accurately reflect the total amount of dollars that could possibly be billed for laboratory tests. If the last maximum dollar entry was 65000.00 with 2.5 percent sales commission and the total amount of dollars billed exceeded 65000.00, sales commission will not be captured. The following example shows how to enter each maximum dollar amount and how the system displays the amount on the screen:

Number Entered:	Displays As:
10	10.00
200	200.00
2500	2500.00
10000	10000.00
49999	49999.00
999999	999999.00

STAR Laboratory assumes the minimum amount for the next maximum dollar entry will be one dollar more than the previous maximum dollar amount. For example, if you enter 300.00 as the first maximum dollar amount, the minimum for the next greater maximum dollar entry will be 301.00. The processor takes the total number of dollars billed and finds the figure in the Maximum Dollar Amount field that is less than or equal to that total and applies the appropriate percentage of sales commission.

The following example explains how this process works:

Maximum Dollar Amount Entered	Equals Total Amount Billed for Laboratory Tests	Percentage of Sales Commission Paid
10000	\$0 to \$10,000	1.0
30000	\$10,001 to \$30,000	2.0
49999	\$30,001 to \$49,999	3.0
75000	\$50,000 to \$75,000	3.5
80000	\$75,001 to \$80,000	4.0
100000	\$80,001 to \$100,000	4.5
999999	\$100,001 to \$999,999	5.0

% SALES COMMISSION (4-NC-C)

In this field, enter the percentage of sales commission that is associated with a defined maximum dollar amount. You can enter the sales commission percentage from 0.0 to 99.9.

CONTRACT VOLUME DISCOUNTS

Use this worksheet to define the volume discounts available per contract. Up to five discounts may be applied per contract. Currently, volume discounts are applied on a monthly basis.

FACILITY (1-A-R)

Enter the facility code.

CONTRACT CODE/NAME

Enter the contract code and name.

DOLLAR/QUANTITY (1-A-R)

Indicate how the discount is to be applied:

- Check Dollar for a dollar amount
- Check Quantity for number of tests

LOW RANGE (8-N-R)

Indicate the lowest number or dollar amount for this range. Dollar amounts must be entered in whole number increments, then are automatically converted into dollar format by placing a decimal after the last digit entered (for example, \$10.00 is acceptable; \$10.50 is not acceptable).

HIGH RANGE (8-N-R)

Indicate the highest number or whole dollar amount for this range. Dollar amounts must be in whole number increments, then are automatically converted into dollar format by placing a decimal after the last digit entered (for example, \$10.00 is acceptable; \$10.50 is not acceptable).

DISCOUNT (U-N-R)

Enter the discount percentage to apply when the total falls within this range. Decimal entries less than one are acceptable, for example, entering .9 is valid. Percentages greater than one require whole numbers only; for example, entering 1.5 is invalid.

1ST DISCOUNT (2-N-R)

The system allows you to apply Last Month's Discount to the contract. However, the first time an invoice is generated, there will be no Last Month data to apply. Therefore, indicate the percentage to use the first time invoices are generated. After the first full month, the system automatically updates the discount to the actual last month's discount.

CONTRACT PATIENT REPORT FORMS

When using the standard reporting format, you have the option of using system-generated headers and footers for the Contract Patient Report.

NOTE: If you are using the zonal or offset format for the Contract Patient Report, this worksheet must be completed.

Using the grid provided on this worksheet, indicate the exact location for the various fields and data elements to be included in the header and footer for the report. These fields and data elements are listed as follows:

ElementDescriptionLength/TruncateHeader/Footer

Example H=Header F=Footer

LGRHNMHospital Name 80 / YH*, F

GENERAL HOSPITAL

(The entire line is used with this element - centered)

LGRDATCurrent Date & Time80 / YH*, F

Mon May 24, 1993 09:26 am

(The entire line is used with this element - centered)

LGRRPTReport Name (Header) 80 / YH*

Single Contract Patient Report

(The entire line is used with this element - centered)

LGRPTNAPatient Name Field9 / NH*, F

Pat Name:

LGRPTNADPatient Name30 / NH*, F*

SMITH,JR,JOHN R

LGRPGPage Field5 / YH*, F

Page:

LGRPGDPage Number3 / YH*

5

LGRUANUnit/Acct Number Field14 / Y H*, F

Unit #/Acct #:

LGRUANDUnit Number / Acct Number30 /H*, F*

10000231/A90002254

LGRLOCLocation Field4 / YH*, F
Loc:

LPRPLOPatient Location11 / YH*, F*
2N 230 B

LGRDRSVPhysician-Contract Field14 / YH*, F
Phys-Contract:

LGRDRSVDPhysician-Contract Data 30 / N H*, F
*FETTEROLF/GEORGIA CEMENT

LGRSTRLine of Stars 80 / YH*, F

(The entire line is used with this element)

LGRDIRDirector Name45 / YH , F*
John W. Alexander, M.D.

LGRSBDSex and Birthdate12 / Y H , F*
(M-09/07/62)

LGRRPTFReport Name (Footer)45 / YF*
Single Contract Patient Report

LGRDRAttending Doctor20 / NH , F*
ALEXANDER,BOB

LDOCCONDESPhysician - Contract Desc40 / NH
SMITH,BILL - CLASSIC COMPANY

CONTRACT BILLING INVOICE FORMS

ElementDescriptionLength/TruncateHeader/Footer

Example H=Header F=Footer

LCIPGPage Header75 / YH*

Page: 2

LCIHOSNHospital Name 75 / YH*

General Hospital

(The entire line is used with this element)

LCIREPTReport Name75 / YH*

Contract Billing - Invoice

(The entire line is used with this element)

LCIDATECurrent Date/Time75 / YH*

Mar 15, 1993 1:50 pm

LCIVTContract Name30 / YH*

To: Family Medical Clinic

LCIBILLBilling Period20 / NH*

Billing Period: 3/1/93 - 3/30/93

LCIADDRContract Address 130 / NH*

123 Lake Street

LCIACCNTAccount Number30 / NH*

Acct #: 1234567

LCIADDRXContract Address 240 / NH*

P.O. Box 3033

LCICITYCity , State40 / NH*

Dallas, TX 75238

LCILINELine of Dashes79 / YH*

LCIHDRHeader Line Fields 79 / YH*

Date Patient No. Patient Name Test Name Chg

LABORATORY FORM DATA ELEMENT REPORT USAGE

Textual Elements

The following textual elements can be applied to any form for any report type. The information includes element name, description, length/truncate, and an example. Specific information about the element, if applicable, follows in parentheses.

ElementDescriptionLength/Truncate
Example

LTXACCN1Accession field #17 / No
Accn #:

LTXACCN2Accession field #213 / No
Accession No.

LTXACCT Account Number field 7 / No
Acct #:

LTXAGEAge field3 / No
Age

LTXATPHYAttending Physician field14 / No
Attending Phys

LTXBDBirthdate field10 / No
Birthdate:

LTXBLKSBlocks field7 / No
Blocks:

LTXCLNColon1 / No
:

LTXCOLL1 Collected field #110 / No
Collected:

LTXCOLL2 Collected field #25 / No
Coll:

LTXCOLL3Collect Time field11 / No
Coll. Time:

LTXCOLL4Collect Period field12 / No
Coll Period:

LTXCOLL5Date Collected field14 / No
Date Collected

LTXCSNU Case Number field12 / No
Case Number:

LTXDASHDash1 / No
-

LTXDIR1Director field #13 / No
Dir

LTXDIR2Director field #28 / No
Director

LTXDR1Doctor field #17 / No
Doctor

LTXDR2Doctor field #22 / No
Dr

LTXDR3Doctor field #34 / No
M.D.

LTXDSDT1Discharge Date field #115 / No
Discharge Date:

LTXDSDT2Discharge Date field #210 / No

Discharge

LTXDTRPTDate Reported field13 / No
Date Reported

LTXHIGHHigh field4 / No
High

LTXINATIn At field6 / No
In at:

LTXLALDSLLine of Alternating Dashes80 / No
- - - - -

LTXLDASHLine of Dashes80 / No
- - - - -

LTXLDSH1Line of Dashes36 / No
- - - - -

LTXLEQ1Line of Equal Signs 80 / No
=====

LTXLFARWLeft Arrows field2 / No
<<

LTXLFBRCLLeft Brace field1 / No
{

LTXLOC1Location field #14 / No
Loc:

LTXLOC2Location field #28 / No
Location

LTXLPRDLine of Periods 80 / No
.....

LTXLTILDLine of Tildes80 / No
~~~~~

LTXLUNDLLLine of Underlines80 / No  
\_\_\_\_\_

LTXNORM1Normal field #16 / No  
Normal

LTXNORM2Normal field #212 / No  
Normal Range

LTXORPHYOrdering Physician field13 / No  
Ordering Phys

LTXOUT1Outside field #17 / No  
Outside

LTXOUT2Outside field #213 / No  
Outside Range

LTXOUT3 Outside field #38 / No  
Abnormal

LTXOUTATOut At field7 / No  
Out at:

LTXPG1Page field #14 / No  
Page

LTXPG2Page field #25 / No  
Page-

LTXPG3Page field #32 / No  
Pg

LTXPHSV1Physician-Service field #113 / No  
Phys-Service:

LTXPHSV2Physician-Service field #29 / No  
Phys-Ser:

LTXPRDPeriod1 / No  
.

LTXPTNM1Patient Name field #14 / No  
Name

LTXPTNM2Patient Name field #212 / No  
Patient Name

LTXPTNM3Patient Name field #38 / No  
Pat Name

LTXPTNUPatient Number14 / No  
Patient Number

LTXRECREceived field8/ No  
Received

LTXRES1Result field #16 / No  
Result

LTXRES2Result field #211 / No  
Result Name

LTXRNG1Range field #15 / No  
Range

LTXRNG2Range field #29 / No  
Reference

LTXRNG3Range field #315 / Yes  
Reference Range

LTXRTARWRRight Arrows field2 / No  
>>

LTXRTBRCRight Brace field1 / No  
}

LTXSERVService3 / No  
Srv

LTXSEXSex field3 / No  
Sex

LTXSPC1Specimen field #15 / No  
Spec:

LTXSPC2Specimen field #29 / No  
Specimen:

LTXSPID1Specimen ID field #113 / No  
Specimen ID #

LTXSPID2Specimen ID field #210 / No  
Spec ID #:

LTXSRCSrc field 7 / No  
Source:

LTXSTARStar1 / No  
\*

LTXTECHTech field5 / No  
Techs

LTXTST1Test field #14 / No  
Test

LTXTST2Test field #210 / No  
Test Name:LTXUNACUnit/Account field12 / No  
Unit#/Acct#:

LTXUNITUnits field5 / No  
Units

LTXUNIT1Unit Number field #16 / No  
Unit #

LTXVTBRVertical Bar1 / No  
|

LTXWITH1Within field #16 / No  
Within

LTXWITH2Within field #212 / No  
Within Range



## Summary Report Data Elements

The following data elements can be applied to summary report forms only. The information includes element name, description, length/truncate, and an example. Specific information about the element, if applicable, follows in parentheses.

ElementDescriptionLength/Truncate  
Example

---

LDACCMTAccession Comment45 / No  
Accn Comment: CALL E/R WHEN COMPLETE  
(This prints only if an accession comment exists)

LDACCN1Accession Number9 / No  
500032

LDACCN2Accession Number11 / No  
[500032]

LDACCTAccount Number16 / Yes  
E900002501424300

LDAGEAge 4 / Yes  
28Y

LDATPHYAttending Physician25 / Yes  
SMITH,ANN C

LDBDBirthdate8 / No  
09/07/62

LDBLKSBLOCKS2 / No  
3

LDCOLL1Collect Date & Time13 / Yes  
12/15/90 0800

LDCOLL2Collect Date8 / No  
02/11/91

LDCOLL4Collection Period5 / Yes  
12hrs

LDCRTDTCCurrent Date & Time25 / No  
Sat Mar 13, 1993 08:52 am

LDCSNUCase Number10 / Yes  
S91-1234

LDDIRDirector25 / Yes  
Alex P. Johnson

LDSDTDischarge Date8 / No  
04/10/93

LDHNSHospital Name30 / Yes  
General Hospital

LDINATAccession Date & Time13 / Yes  
11/12/93 1506

LDLOCLocation 15 / Yes  
2S 2201 2

LDORPHYOrdering Physician30 / Yes  
ALEXANDER,JOHN K.

LDORPHY1Ordering Physician30 / Yes  
KELLY,JOSEPH

(This only prints if ordering physician is  
different that attending physician.)

LDOUTATCompleted Date & Time13 / Yes  
01/15/91 1530

LDPGPage 3 / No  
5

LDPG2Page (New Work Summary Only)3 / No  
3

LDPTNMPatient Name30 / Yes  
Alexander,JR,John E

LDRFPHYReferring Physician25 / Yes  
ADAMS,JOHN K

LDRPTNMReport Name45 / Yes  
Single Contract Patient Report

LDSEXSex 1 / No  
M

LDSPCSpecimen30 / Yes  
Blood-Arterial

LDSRVService3 / No  
MED

## Chapter 2 - Maintenance Functions

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## INTRODUCTION

Additional files are necessary for, but not specific to, Contract Billing functionality. If STAR Patient Care exists at your facility, these files are networked to STAR Laboratory from that system. Otherwise, you must build the following:

Arrival Mode

Charge Location

Counties

Geographic Code/Census Tract

Nationality

Patient Classifications

Patient Types Table

Physicians

**NOTE:** The maintenance processors required to build these files are documented in the *Tables Volume* of the *STAR Patient Care Reference Guide*.

Certain prerequisite files must be built by an McKesson representative prior to the customer build of Contract Billing. These files include Account Number Groups and Patient Types for contract patient accounts.

The following steps are required to build the Contract Billing files:

1. Set the Contract Billing Parameters.
2. Set the Contract Patient Report Parameters.
3. Define all contracts.
4. Assign Volume Discounts to contracts.
5. Assign the prices, price levels, and billing code to test codes. (Inpatient pricing is done when the test is created.)
6. Attach the *Contract Billing* function to the appropriate section menu.

**NOTE:** The section used determines the test code ordering range; therefore, a section such as Central Processing is recommended.

7. Set up the LCI reports and printers using the SPOOLER Printer Direction processor.
8. Set up at least one item under *Charge Locations*. This can be set to LAB in a stand-alone environment; otherwise use the table from STAR Patient Care.

Select the Maintenance Functions option from the Administration menu to access the build processors.

| General Hospital Maintenance Functions Processor |                                       |
|--------------------------------------------------|---------------------------------------|
| Mon Jun 12, 1995 01:40 pm                        |                                       |
| Page:01                                          | Laboratory Maintenance Functions      |
| ( 1) Employee Data                               | (18) Maintenance - Report/Printer/Fax |
| ( 2) Archiving Parameters                        | (19) Maintenance - Sales Commission   |
| ( 3) Collection Walk Order                       | (20) Maintenance - User Preferences   |
| ( 4) HELP Text Edit                              | (21) Maintenance - Workload           |
| ( 5) Maintenance - Adv Bld Bank Int              | (22) Maintenance Types                |
| ( 6) Maintenance - Advanced Micro                | (23) Maintenance Types Listing        |
| ( 7) Maintenance - Anatomic Path                 | (24) Table Data - Department          |
| ( 8) Maintenance - Barcode                       | (25) Table Data - General             |
| ( 9) Maintenance - Contract Billing              | (26) Table Exclusions - General       |
| (10) Maintenance - Equip/Instrument              | (27) Table Types - Department         |
| (11) Maintenance - Flags/Utilities               | (28) Table Types - General            |
| (12) Maintenance - General Test                  | (29) Unlock accession number          |
| (13) Maintenance - Interface                     | (30) Utility - Incomplete work file   |
| (14) Maintenance - Lookup Groups                 | (31) Utility - Recancel Test          |
| (15) Maintenance - PC Downloading                |                                       |
| (16) Maintenance - QC                            |                                       |
| (17) Maintenance - Recall Mgmt                   |                                       |
| Enter choice--                                   |                                       |

Select Maintenance-Contract Billing to access the build processors specific to Contract Billing.

## CONTRACT BILLING PARAMETERS

```
General Hospital Maintenance - Contract Billing Processor
                                   Mon Jun 12, 1995 12:07 pm
Maintenance - Contract Billing Input Options

Option No.  Option
-----
      1      Contract Billing Parameters
      2      Contract Patient Report Parameters

      3      Contract Definition
      4      Contract Volume Discounts
      5      Contract Report

      6      Pricing - Variable Levels
      7      Pricing Report

      8      MPI Search Filters

Enter option number--
```

After selecting Maintenance-Contract Billing, the preceding screen displays.

Contract Billing Parameters are used to define the suspense days for contract charges, control capture of outpatient monthly data, and establish whether or not to use the Financial Item Master (FIM) file. Note that these parameters must be set up for all facilities served by Contract Billing.

After you select this option, the following screen displays. If your STAR Laboratory system is set up for more than one facility, you must select the facility for which you are building Contract Billing files.

```
General Hospital Contract Billing Parameters Processor
                                   Fri Jul 01, 2005 10:54 am
Model Hospital A

1 Contract Charge Suspense days      2 Outpatient Monthly Data
                                     Yes
3 Use FIM File
  Yes
4 Edit By                            5 Edit Date
  Rhodes,Victor                      08/24/04 12:58

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

---

## Field Explanations

### 1. CONTRACT CHARGE SUSPENSE DAYS (3-N-R)

Suspense Days are the number of days that charges remain available for printing invoices. The recommended number of suspense days is 60. This allows invoices to be printed on a monthly basis twice. After the suspense days are reached, charge data recorded past that date is deleted as a result of Midnight Processing.

Enter from 1 to 180 suspense days. The default is 60 days. It is recommended that Suspense Days not be changed after LIVE. Otherwise, invoice reports may not be complete if the charges expected to be on the report have been purged.

### 2. OUTPATIENT MONTHLY DATA (1-A-R)

This field controls the set up of files necessary to print the Outpatient Revenue and Test Count reports. Enter **Y** (or press ENTER for the default) to capture data for these reports. Enter **N** if you do not wish to capture this data.

### 3. USE FIM FILE (1-A-R)

If STAR Laboratory is on the same Central Processing Unit (CPU) as Patient Care, it is mandatory to use the Financial Item Master (FIM) file. Setting this field to No does not prevent the system from requiring use of the FIM file. In a stand-alone environment or when STAR Laboratory is networked to Patient Care on a separate CPU, this flag is set to No and billing codes can be entered free-text for each price level. The FIM file is not available on STAR Laboratory in the networked or stand-alone environment.

### 4. EDIT BY

This field automatically updates with your ID code once you accept the screen. Otherwise, it contains the ID of the last person who edited the screen.

### 5. EDIT DATE

This field automatically updates with the date of the change and/or addition once you accept the screen. Otherwise, it contains the date of the last changed to the screen.

## Impact

Accepting this screen sets the user-defined Contract Billing parameters for each facility. There is no output as a result of accepting the screen.



## CONTRACT PATIENT REPORT PARAMETERS

Contract Patient Report Parameters control the number of copies of each report, whether partially completed tests are included, the report format (standard, zonal, or offset) which tests codes to exclude (if any), the default sort criteria, and the column separator. Access the Contract Patient Report Parameters processor from the Contract Billing Maintenance menu.

```

General Hospital Maintenance - Contract Billing Processor
                                Mon Jun 12, 1995 12:07 pm
Maintenance - Contract Billing Input Options

Option No.  Option
-----
      1      Contract Billing Parameters
      2      Contract Patient Report Parameters

      3      Contract Definition
      4      Contract Volume Discounts
      5      Contract Report

      6      Pricing - Variable Levels
      7      Pricing Report

      8      MPI Search Filters

Enter option number--

```

These parameters are set by each laboratory department. If your system is multifacility or multidepartment, select the facility/department from the table(s) before you proceed.

Once you select the Contract Patient Report Parameters option, the system displays the following screen:

```

General Hospital Contract Patient Report Parameters Processor
                                Mon Jun 12, 2000 05:21 pm
GENERAL HOSPITAL A
Laboratory
1 No. Reports      2 Report Sort      3 Exclusions      4 Section Sorts
1                  Account#          None Defined      None Defined
5 Contract Vendor  6 Edit By          7 Edit Date/Time
Defined           Holman, Deb        02/13/96 1553

                        FORMAT PARAMETERS
8 Format           9 Partials
Zonal             No Partials
10 Column Separator 11 Max Suspense      12 Correction Print
No                N/A
13 Addendum Print  14 Include Cancelled
All Values         Accn Cancelled

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

```

## Field Explanations

### 1. NO. REPORTS (1-N-R)

Indicate how many copies of the Contract Patient report to print each time reports are generated. The default is 1. Press ENTER for the default or enter a number up to 9. If multiple copies are to print, all copies for one patient print before the next patient's report begins printing.

### 2. REPORT SORT (1-A-O)

Indicate the default sort order for Contract Patient reports batch printing by entering **A** for account number, **L** for location, **N** for patient name, or **D** for attending physician. The default is *location*. This can be edited at the time of report printing.

### 3. EXCLUSIONS (SPECIAL FORMAT-O)

This field is used to define a range of test codes to be excluded from Contract Patient reports. The prompt displayed when this field is accessed depends on whether tests and/or ranges are previously defined for exclusion.

If no tests or ranges are defined for exclusion, the system displays the following prompt:

*Enter low test code '-' high test code to exclude--  
or test code*

To enter a range of exclusions, enter the low and high test codes separated by a hyphen (-). To exclude an individual test, enter the test code. Once you press ENTER, the system displays the following information:

*Page:01                      Excluded Tests and Ranges*

*( 1) 1001-1015*

*( 2) 2255*

*Add(A) or Delete(D)--*

Enter **A** to continue to define test ranges for exclusion. To delete an option from the list, enter **D**. The system displays the following prompt:

*Enter option number to delete--*

Enter the option number to delete a test code or range. Once you press ENTER, the list automatically updates with the option deleted. The add/delete prompt displays again. Once you press ENTER to exit this field, the system displays the following message:

*Filed!*

**4. SECTION SORTS (SPECIAL FORMAT-O)**

The system displays a subscreen when you access this field. This screen is described later in this section under Section Sorts Field.

**5. CONTRACT VENDOR (TABLE LOOKUP)**

Use this field to define specific patient types for specific contract vendors to print as part of the contract patient reports. When selected to print in the batch report, contract vendors that are not added to this field include all patient types defined for the contract in Contract Definition. Initially, this field displays *Not Defined*. When you select this field, the following prompt displays:

*Enter contract code, first letters '-' or '-' for table--*

Indicate the contract by entering the code, or to select the code from a table of active codes, enter a hyphen (-) or the first few letters of the code followed by a hyphen (-). Use the table-entry techniques described in Chapter 4: Information Entry Techniques in the *General Information Volume* of the *STAR Laboratory Reference Guide*.

Once you have selected the contract vendors, Defined displays in the field. The following prompt displays:

*Enter option to edit, add(A) or delete(D)--*

Enter the option number of the contract vendor you want to edit. The system displays a table of the contract patient types that are defined for that vendor. Select all the patient types displayed or select those that you do not want to include for this vendor.

Enter **A** to add a contract vendor. A table of the contract vendors that have not been defined is displayed. Select the vendor or vendors. The system redisplay the previous prompt for editing the contract vendors.

Enter **D** to delete a contract vendor. The system displays a table of previously defined vendors and the following prompt:

*Enter option to delete--*

When you select the vendor to delete, the system displays the following prompt:

*Delete CONTRACT NAME (Y/N)? [N]--*

Enter **Y** for Yes to delete the contract. Enter **N** for No or press ENTER if you do not want to delete the contract vendor.

**6. EDIT BY (DISPLAY ONLY)**

This field displays the name of the person who last edited this screen.

**7. EDIT DATE/TIME (DISPLAY ONLY)**

This field displays the date and time on which the screen was last edited.

**8. FORMAT (1-N-R)**

This field determines the print format for Contract Patient reports. Enter **1** for standard, **2** for zonal, or **3** for offset.

The standard format prints test results in Primary Result report format. This format is available for all summary reports and prints test data in primary result report format. This is the default format for reports. For more information on this format refer to Chapter 8: Patient Reports in the *General Applications Volume I* of the *STAR Laboratory Reference Guide*.

The zonal format represents numeric result values graphically by marking their location within or outside of the reference range (the normal range of results). Low, normal, and high ranges display as three columns on the report. Each value is represented by an X within the appropriate column. These graphic columns print on the same line and to the right of the numeric value and the reference range.

The offset format prints numeric result values in one of two columns of the report depending on whether or not the value falls within the normal range.

If you select the zonal or offset format, you must use forms for the header and footer of this report.

If you select the zonal format, the first line of a Normal Range field over 17 characters long is printed on two lines on the report. However, if the result value is greater than the space provided on the report (12 characters), no Normal Range field prints on the report.

**9. PARTIALS (1-A-C)**

This field determines if tests with a status of Partial are included in all Contract Patient reports. Enter **Y** to include these tests on the reports, or **N** to exclude them. The default is **Y**.

**10. COLUMN SEPARATOR (1-A-C)**

If you are not using standard format, a vertical bar (|) can be used to separate columns of results. To use the vertical bar, enter **Y**. To exclude the vertical bar, enter **N** or press ENTER. This field cannot be accessed if the Format field is set to Standard. The default is **N**.

**11. MAX SUSPENSE (1-N-C)**

This field only applies to the accession offset format which is currently unavailable. Go to the next field.

**12. CORRECTION PRINT (1-A-R)**

This field determines whether corrected values can be printed following current values or at the end of all test information. When you access this field, the system displays the following prompt:

*Print previous values at end of current(C) value or test(T) [T]--*

Corrected values that print at the end of the current values print the date and time the result was corrected and the previous result value, along with any associated flags. (For example, H, L, P.)

Corrected values that print at the end of the test print after the header Corrected - Previously Resulted Values. The result component name prints, followed by the date and time the result was corrected and the previous result value, along with any associated flags. (For example, H, L, P.)

You can change this field at any time. The change reflects at the next printing of the report.

### **13. ADDENDUM PRINT (1-A-R)**

This field determines how addendum results print on the report. The report may contain only the addendum results or all the results, including the addendum. When you access this field, the following prompt displays:

*Print addendum value(V) only or all(A) result values for test [A]--*

### **14. INCLUDE CANCELLED (1-A-R)**

Use this field to determine whether or not laboratory-canceled tests print on the Contract Patient Report in addition to the specimen rejected tests. If you enter **C**, this field displays *Accn Cancelled* and only accession-canceled tests print. If you enter **A**, this field displays *All* and all canceled tests print. If you enter **N**, this field displays *None* and no canceled tests print.

Upon completion of all required fields, the system displays the following prompt:

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

Accept the screen by entering **Y** or pressing ENTER. Enter **N** to edit.

## **Impact**

Upon acceptance of this screen, Contract Patient reports print according to the parameters set in this processor.

## Section Sorts Field

Upon accessing the Section Sorts field, the system displays the Summary Sections defined (if defined) as in the following example:

| General Hospital Contract Patient Report Parameters Processor |                                        |                               |                               |
|---------------------------------------------------------------|----------------------------------------|-------------------------------|-------------------------------|
| Mon Jun 12, 2000 01:39 pm                                     |                                        |                               |                               |
| 1 No. Reports<br>1                                            | 2 Report Sort<br>Location              | 3 Exclusions<br>None Defined  | 4 Section Sorts<br>-> Defined |
| FORMAT PARAMETERS                                             |                                        |                               |                               |
| 5 Format<br>Accession Offset                                  | 6 Partials<br>No Partials              |                               |                               |
| 7 Column Separator<br>Yes                                     | 8 Max Suspense<br>2                    | 9 Correction Print<br>Current |                               |
| 10 Addendum Print<br>N/A                                      | 11 Include Cancelled<br>Accn Cancelled | 12 Edit By<br>Smith, Ivy      |                               |
| 13 Edit Date/Time<br>06/21/99 1110                            |                                        |                               |                               |
| Page:01                                                       |                                        | Summary Sections defined      |                               |
| ( 1) BLOOD BANK                                               | ( 5) SEROLOGY                          |                               |                               |
| ( 2) URINALYSIS                                               | ( 6) MICROBIOLOGY                      |                               |                               |
| ( 3) CHEMISTRY                                                | ( 7) PATH/CYT                          |                               |                               |
| ( 4) REFERRAL                                                 | ( 8) HEMATOLOGY                        |                               |                               |
| Enter option to edit or add(A)--                              |                                        |                               |                               |

### EDIT

To edit an existing section sort, enter the option number. The following edit screen displays. Make necessary edits (if any). To delete, press ENTER without making any changes. The system displays the following prompt:

*Delete? (N)--*

To delete the section, enter **Y**. To retain the section and exit this screen, enter **N**.

### ADD

To add a new section sort, enter **A**. The system displays the following screen.

**NOTE:** If this is a new installation, the screen displays immediately upon accessing the Section Sort field.

The following screen is the Section Sort Edit screen:

|                                                               |                |
|---------------------------------------------------------------|----------------|
| General Hospital Contract Patient Report Parameters Processor |                |
| Mon Jun 12, 1995 10:39 am                                     |                |
| GENERAL HOSPITAL A                                            |                |
| Community Lab                                                 |                |
| 1 New page                                                    | 2 Section Name |
| Yes                                                           | Blood Bank     |
| 3 Test Range(s)                                               |                |
| 3500-4499                                                     |                |
| 4 Test Sort Order                                             |                |
| Test, Chrono                                                  |                |
| Accept this screen? (Y/N/D) [Y]--                             |                |

## Field Explanations

### 1. NEW PAGE (1-A-R)

Enter **Y** to begin a new page with this section. Enter **N** or press ENTER to continue with the current page.

### 2. SECTION NAME (40-AN-R)

Enter the section name as it is to display on the Contract Patient Report. You can enter up to 40 characters in upper/lower case.

### 3. TEST RANGE(S) (U-C-R)

Define the test code range for this section by entering the lower test code, hyphen (-), higher test code.

### 4. TEST SORT ORDER (1-N-R)

Indicate how to sort tests within this section by selecting from the following options:

1. Specimen Type
2. Test Order
3. Chronological Order
4. Reverse Chronological Order

Multiple sorts can be used; however, options 3 and 4 cannot be used together.

Upon completion of all required fields, the system displays the following prompt:

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

Enter **N** to edit. Enter **D** to delete. Accept the screen by entering **Y** or pressing ENTER. The screen lists the summary sections defined and you can add or edit from the list.

### **Impact**

When you accept this screen, the changes you have made become effective immediately, but they are not retroactive. These changes will be reflected in the next batch printing.

### **DELETE**

You can delete from the prompt just explained, (at the Accept/Edit screen), or by selecting a section to edit at the following prompt:

*Enter option to edit or add(A)--*

The system then displays the edit screen. Press ENTER and the following prompt displays:

*Delete? (N)--*

To delete, enter **Y**. The system displays the following message:

*Deleted!*



## CONTRACT DEFINITION

Select the Contract Definition processor from the Contract Billing Maintenance menu to build contract file information and price levels.

```
General Hospital Maintenance - Contract Billing Processor
                                   Mon Jun 12, 1995 12:07 pm
Maintenance - Contract Billing Input Options

Option No.  Option
-----
      1      Contract Billing Parameters
      2      Contract Patient Report Parameters

      3      Contract Definition
      4      Contract Volume Discounts
      5      Contract Report

      6      Pricing - Variable Levels
      7      Pricing Report

      8      MPI Search Filters

Enter option number--
```

If your system is multifacility, you must select the facility for which you are defining contracts. The system displays the following prompt:

```
General Hospital Contract Definition Processor
                                   Mon Jun 12, 1995 12:07 pm
Contract Names

Enter Contract Name code--
```

To create a new contract file, enter a unique code of up to four characters. To edit an existing contract account, enter the code or a hyphen (-) to select from a table.

The following screen contains an example Contract Names table:

```

                                General Hospital Contract Definition Processor
                                Mon Jun 12, 1995 12:07 pm

Contract Names

Page:01                                Contract Names
( 1) NORTHSIDE MEDICAL GROUP
( 2) GENERAL HOSPITAL CONTRACT
( 3) DOCTOR'S MED GROUP
( 4) FBH CONTRACT
( 5) DR. LANE CONTRACT
( 6) LAB NORTH CONTRACT
( 7) NEW CONTRACT FOR OUTPT
( 8) 1992 CONTRACT FOR OUTPT
( 9) DR. JONES CONTRACT
(10) REFERENCE LAB CONTRACT
(11) SALES COMMISSION CONTRACT
(12) OUTPATIENT CLINIC CONTRACT
(13) COMMUNITY CLINICAL CONTRACT
(14) COUNTY HEALTH CONTRACT
(15) METROPOLITAN HOSPITAL CONTRACT

Enter choice--

```

Enter the option number of the contract you want to edit. If you enter a new code rather than selecting an existing code, the system displays the following prompt:

Add code 'XXXX'(Y/N) [Y]--

Notice the new code, in this case XXXX, displays in the prompt. Enter **N** to select another contract. Enter **Y** to define the new account. The system displays the following screen:

```

                                General Hospital Contract Definition Processor
                                Thu Sep 06, 2001 04:10 pm

Contract Names
1 Code      2 Create Date      3 Description      4 Account ID
  LAB        02/10/92          CONTRACT LABORATORY123456  7762534409
5 Address Line 1
  CONTRACT LAB ADDR LINE 1
6 Address Line 2
  CONTRACT LAB ADDR LINE 2
7 City      8 State      9 ZIP Code      10 Country
  PEORIA        IL        88765
11 Telephone      12 Contact
  (332)444-5555   BRIDGET HEINZEN
13 Patient Types
  CBC,CNR,IFS,PS2,PSE,SPC
14 Contract Physician      15 Name or ID
  32 ADAIR,FRANK C        Name
16 Cycle Bill Type      17 Cycle Bill Days      18 Suspense Days
  End of Month          28          999

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

                                next(/) or previous screen(/P) [/]

```

---

## Field Explanations

### 1. CONTRACT CODE (DISPLAY ONLY)

The contract code entered on the previous screen displays in this field. It cannot be edited.

### 2. CREATE DATE (DISPLAY ONLY)

If this is a new contract, the current date automatically fills in this field. Otherwise, the date the contract was created displays. This field cannot be edited.

### 3. CONTRACT DESCRIPTION (25-C-R)

Enter the name of the contract account as it is to appear on the screen and on reports. The limit is 25 characters.

### 4. CONTRACT ACCOUNT ID NUMBER (12-C-R)

Enter the account (billing) number for this contract. Although this number can be up to 12 characters, the length and format should match that used for patient account numbers. The contract account number prints on the Invoice only.

### 5. ADDRESS LINE 1 (25-C-R)

Enter the first line of the billing address for this contract.

### 6. ADDRESS LINE 2 (25-C-O)

Enter the second line of the billing address for this contract.

### 7. CITY (15-C-R)

Enter the name of the city for this contract.

### 8. STATE (2-A-R)

Enter the state abbreviation for this contract.

### 9. ZIP CODE (9-N-R)

Enter the zip code for this contract. The code may be five or nine digits.

### 10. COUNTRY (TABLE LOOKUP)

Select the country for this contract account. You have three choices:

- If you know it, type the appropriate code for the contract account's country.
- Enter a hyphen (-), and press ENTER. The system displays the country table with the codes and descriptions for selection.
- Type an equal sign (=), and press ENTER for the system default (the hospital's country).

### 11. TELEPHONE NUMBER (13-NC-R)

Enter the phone number for this contract using the (###)###-#### format.

**12. CONTACT (25-C-O)**

Enter the name of the individual specified by the customer as the main contact person for the laboratory to call regarding this account. This field is optional.

**13. PATIENT TYPES (3-A-R)**

Enter the patient type code(s) available for patient registration for this contract. Patient types must be selected from those for your facility. Reference the Patient Types form for this information.

**14. CONTRACT PHYSICIAN (26-C-R)**

Indicate the physician associated with this contract by entering a code or hyphen (-) for table selection. If the physician is not on file, enter the name preceded by a hyphen. Free text entries will be indicated by a semicolon preceding the name upon subsequent entry of this screen. The name indicated here is used as the default in the registration and ordering process for this contract.

**15. NAME OR ID (1-A-R)**

Indicate which field to pass to the financial system by entering:

**N** for patient's name

**I** for patient's account number

**NOTE:** This option also determines which of the two items appear in the Account field within Charge Inquiry.

**16. CYCLE BILL TYPE (1-A-R)**

This field contains the type of cycle bill to be generated. You can enter **A** for active days, **E** for end of month, or **F** for fixed day.

**17. CYCLE BILL DAYS (2-N-R)**

This field contains the number of days or the day of the month used for generating cycle bills. You can enter between 1 and 99.

**18. SUSPENSE DAYS (3-N-R)**

This contains the number of suspense days for the final bill. This is the number of days of no activity that must be met before the system final bills the contract. You can enter between 1 and 999.

Upon completion of all required fields, the following prompt displays:

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

To accept the screen, enter **Y**. To edit, enter **N**. To delete, enter **D**. Once this screen is accepted, the second screen, Price Levels, in the contract definition sequence displays. For more information on the Price Levels screen, refer to ["Price Levels" on page 2-20](#).

Entering **D** at the preceding prompt causes the following prompt to display:

*Enter file as deleted (D)--*

Refer to [“Deleting a Contract Account” on page 2-19](#).

## Editing a Contract Account

Editing a contract file requires the same steps to access the processor as adding a new contract. Enter the contract code or a hyphen (-) for a list of all activefiles. Select from the list.

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

At this point you proceed to the next (Price Level) screen by entering a slash (/) or pressing ENTER.

## Deleting a Contract Account

By pressing ENTER at the edit prompt, the file can be deleted. The system displays the following prompt:

*Delete? (N) --*

If the file is to be deleted, enter **Y**. Verify the deletion at the prompt:

*Enter file as deleted(D)--*

If the file is to be deleted, enter **D**. The information contained in this file is stored as inactive and this file no longer displays in the list of contracts.

## Reactivating a Contract Account

A previously deleted file can be reactivated by entering the code at the initial prompt within this processor:

*Enter Contract Name code--*

If the code is not known, the Contract Report or Contract Table can be printed to include inactive files. Inactive files are indicated by an asterisk (\*).

Upon entering the code to be reactivated, the screen prompts:

*Enter file as deleted(D) or activate(A)--*

Enter **A** to reactivate the file.

## Impact

The contract is reactivated, placed back into the list of contract accounts and can have specimens assigned to it.

## Price Levels

The Price Levels screen is the second screen in the contract definition sequence. Once you accept the Contract screen (refer to the previous General Hospital Contract Definition Processor screen), STAR Laboratory displays the following:

| General Hospital Contract Definition Processor |                        |                    |                |
|------------------------------------------------|------------------------|--------------------|----------------|
| Mon Jun 12, 1995 12:07 pm                      |                        |                    |                |
| <b>Contract Names</b>                          |                        |                    |                |
| 1 Code                                         | 2 Description          | 3 Account ID       |                |
| ATL                                            | ATLANTA MEDICAL CLINIC | 123234             |                |
| 4 Department                                   | 5 Price Level          | 6 Department       | 7 Price Level  |
| LAB                                            | 1                      | ->                 |                |
| 8 Department                                   | 9 Price Level          | 10 Department      | 11 Price Level |
|                                                |                        |                    |                |
| 12 Department                                  | 13 Price Level         | 14 Department      | 15 Price Level |
|                                                |                        |                    |                |
| 16 Maximum Dollar Amount                       |                        | % Sales Commission |                |
| 100.00                                         |                        | 1.0                |                |
| 300.00                                         |                        | 2.0                |                |
| 499.99                                         |                        | 3.0                |                |
| 750.00                                         |                        | 3.5                |                |
| 800.00                                         |                        | 4.0                |                |
| 1000.00                                        |                        | 5.5                |                |
| 999999.00                                      |                        | 6.5                |                |
| Enter department description`-` or code--      |                        |                    |                |

The Code, Description, and Account ID fields are display only fields and contain the data from the preceding screen. For field explanations for these fields refer to “[Field Explanations](#)” on page 2-17. The following field explanations describe the remaining fields on this screen.

## Field Explanations

### 4. DEPARTMENT

Each contract **must** be assigned to at least one (and not more than six) department each with a specified price level. Enter the department code or a hyphen (-) for table display of all departments assigned to the facility selected upon initial entry of the Contract Definition processor. When tests are performed in this department, the assigned price level will be used to calculate the price on the contract invoice.

### 5 - 15. PRICE LEVEL (2-N-R)

Each department requires a Price Level. Enter the price level (from the Contract File Definition form) to be applied within this department.

Repeat these steps for each department providing services to this contract.

### 16. SCROLLING SCREEN FIELD

This field contains the maximum dollar amount and the percentage of sales commission, and uses scrolling screen processing. For information on scrolling screen processing, refer to Chapter 4: Information Entry Techniques in the *General Information Volume* of the *STAR Laboratory Reference Guide*.

**MAXIMUM DOLLAR AMOUNT (6-N-R)**

The percentage of sales commission that is paid is based on the total amount of dollars that are billed for laboratory tests for the financial class. This field enables you to enter the total amount of dollars billed. The implied starting minimum amount is 0 dollars. The last maximum dollar amount you enter should be set high enough to accurately reflect the total amount of dollars that could possibly be billed for laboratory tests. If the last maximum dollar entry was 65000.00 with 2.5 percent sales commission and the total amount of dollars billed exceeded 65000.00, sales commission will not be captured. The following example shows how to enter each maximum dollar amount and how the system displays the amount on the screen:

| Number Entered: | Displays As: |
|-----------------|--------------|
| 10              | 10.00        |
| 200             | 200.00       |
| 2500            | 2500.00      |
| 10000           | 10000.00     |
| 49999           | 49999.00     |
| 999999          | 999999.00    |

The cursor displays in the Maximum Dollar Amount field. If you press ENTER in this field, the system displays the following error message:

*Error: Field required!*

The system redisplay the screen with the cursor in the scrolling screen field. You must either enter a value, press **F7** to exit, or enter a period (.), which removes you from the scrolling screen processor.

Once you enter the maximum dollar amount, the cursor moves to the % Sales Commission column of the scrolling screen field. If you want to change the dollar amount, you can press the arrow keys to move to the previous field and re-enter the maximum dollar amount. If you enter any characters in this field other than numerals, the system displays the following error message:

*Error: Invalid format for this field!*

STAR Laboratory assumes the minimum amount for the next maximum dollar entry will be one dollar more than the previous maximum dollar amount. For example, if you enter 300.00 as the first maximum dollar amount, the minimum for the next greater maximum dollar entry will be 301.00. The processor takes the total number of dollars billed and find the figure in the Maximum Dollar Amount field that is less than or equal to that total and apply the appropriate percentage of sales commission.

The following example explains how this process works:

| Maximum Dollar Amount Entered | Equals Total Amount Billed for Laboratory Tests | Percentage of Sales Commission Paid |
|-------------------------------|-------------------------------------------------|-------------------------------------|
| 1000                          | \$0 to \$10,000                                 | 1.0                                 |
| 30000                         | \$10,001 to \$30,000                            | 2.0                                 |
| 49999                         | \$30,001 to \$49,999                            | 3.0                                 |
| 75000                         | \$50,000 to \$75,000                            | 3.5                                 |
| 80000                         | \$75,001 to \$80,000                            | 4.0                                 |
| 100000                        | \$80,001 to \$100,000                           | 4.5                                 |
| 999999                        | \$100,001 to \$999,999                          | 5.0                                 |

#### % SALES COMMISSION (4-NC-C)

In this field enter the percentage of sales commission that is associated with a defined maximum dollar amount. You can enter the sales commission percentage from 0.0 to 99.9.

The system displays the following error message if you try to exit this field without entering a value:

*Error: Field required!*

The system redisplay the screen with the cursor in the % Sales Commission column of the scrolling screen. You must either enter a value, press **F7** to exit, or enter a period (.) which removes you from the scrolling screen processor.

Once you complete the fields, you must either press **F7**, press ENTER, or enter a period (.) to exit the scrolling screen processor. When you exit the screen, the system displays the following prompt:

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

If you enter **Y** or press ENTER, the system accepts the screen and displays the following:

*Filed!*

Enter **N** to edit the fields on the screen. If you enter any characters in the scrolling screen processor other than a number or a period, the system displays the following error message:

*Error: Invalid format for the field!*



Upon completion of all required fields, the system displays the following prompt:

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

Enter **Y** to accept; enter **N** to edit.

## Impact

Upon acceptance of this screen, the contract information is filed. Patients can now be registered for this account. Charges can be placed against this account.

## Printing a List

```

General Hospital Contract Definition Processor
Mon Jun 12, 1995 12:07 pm
Contract Names

Do you want a printed list? (Y/N)--

```

A list of all contracts can be printed using the Contract Definition processor. The preceding screen displays by pressing ENTER at the prompt displayed upon initial entry of the Contract Definition processor. Enter **N** to exit the processor. To print a list, enter **Y** and the system displays the following prompt:

Enter code(C) sequence or alphabetic(A) [A]--

To sort the report by contract code, enter **C**. To sort by contract name, enter **A** or press ENTER for the default.

Include entries filed as deleted? (Y/N)--

Enter **Y** to include all contract accounts, active and inactive. Inactive accounts are indicated by an asterisk (\*) before the description. Enter **N** to limit the report to active accounts only. There is no default.

The next screen displays a list of alternate printers available for this report. Select a printer or press ENTER for the default.

The system displays the following message:

*Compiling and printing!*

The Contract Table report contains abbreviated information for each contract account. It is suitable for using as a phone list.

The heading of the report contains the facility name, date and time of printing, and the report name.

The columns of the report are: code, description, account number, telephone number, cycle type, and bill days. The account number and telephone number fields are optional during contract definition and, therefore, may not appear on the report. The account number is prefixed with the facility code.

The following report example was sorted alphabetically by contract description. The other sort method available is by contract code.

Fifty-six contract accounts can print on one page of the report. The end of the report is indicated by End of Report.

Figure 2.1 Contract Table (ALGRLGR0)

| 10:39am 06/12/95 |                            | GENERAL HOSPITAL A<br>Contract Table |               |            |           |
|------------------|----------------------------|--------------------------------------|---------------|------------|-----------|
| Code             | Description                | Account                              | Telephone     | Cycle Type | Bill Days |
| ATL              | ATLANTA MEDICAL CLINIC     | A123233                              | (404)123-2323 | E          | 5         |
| BIB              | BIBLE LABORATORY ENTERPRI  | A344433                              | (404)122-3433 | E          | 28        |
| GYN              | BUTLER, GROSS & ANDREWS    | A433444                              | (404)123-4554 | F          | 28        |
| CAM              | CAMP, HAMM, & PARKER       | A345453                              | (404)122-3322 | F          | 20        |
| NEP              | DORAVILLE NEPHROLOGY ASSOC | A443333                              | (404)123-3222 | A          | 2         |
| DRS              | DRS. SMITH & JONES         | A443332                              | (404)122-8988 | F          | 5         |
| GAM              | GEORGIA MEDICAL ASSOCIATE  | A552233                              | (404)123-7878 | E          | 5         |
| End of Report    |                            |                                      |               |            |           |

## CONTRACT VOLUME DISCOUNTS

```
General Hospital Maintenance - Contract Billing Processor
                                   Mon Jun 12, 1995 12:07 pm
Maintenance - Contract Billing Input Options

Option No.  Option
-----
      1      Contract Billing Parameters
      2      Contract Patient Report Parameters

      3      Contract Definition
      4      Contract Volume Discounts
      5      Contract Report

      6      Pricing - Variable Levels
      7      Pricing Report

      8      MPI Search Filters

Enter option number--
```

The Contract Volume Discounts processor is used to assign discounts to individual contract accounts based on total dollar amount or testing quantity. Up to five discounts may be assigned per contract. Volume discounts are applied on a monthly basis.

Select the Contract Volume Discounts processor. Select the facility. The system displays the following screen:

```
General Hospital Contract Volume Discounts Processor
                                   Mon Jun 12, 1995 12:07 pm

Enter contract first letter(s) '-' or code--
```

Indicate the contract by entering the code or a hyphen (-) for table display. Use the table entry techniques described in Chapter 4: Information Entry Techniques in the *General Information Volume* of the *STAR Laboratory Reference Guide*.

| General Hospital Contract Volume Discounts Processor |                 |                |
|------------------------------------------------------|-----------------|----------------|
| Fri Jul 01, 2005 11:00 am                            |                 |                |
| MIKES TEST CONTRACT                                  |                 |                |
| 1 Dollar/Quantity                                    | 2 Edit By       | 3 Edit Date    |
| Dollar                                               | Franklin,Sue    | 06/20/05 23:26 |
| 4 Low Range - High Range (1)                         | 5 Discount (1)  |                |
| 400.00 - 800.00                                      | ->              |                |
| 6 Low Range - High Range (2)                         | 7 Discount (2)  |                |
| 8 Low Range - High Range (3)                         | 9 Discount (3)  |                |
| 10 Low Range - High Range (4)                        | 11 Discount (4) |                |
| 12 Low Range - High Range (5)                        | 13 Discount (5) |                |
| Enter volume discount--                              |                 |                |

## Field Explanations

### 1. DOLLAR/QUANTITY (1-A-R)

Discounts can be based on a dollar amount or a specific number of tests. The discount type selected here will be used for all discounts for this contract. Enter **D** for dollar discount or **Q** for quantity.

**NOTE:** All Range field entries depend on Field 1 -Dollar/Quantity. If discounts are to be based on dollar amounts, Range field entries are automatically converted into dollar format by placing a decimal after the last digit entered. Only whole dollar amounts may be entered. For example, entering the number 10 is interpreted as \$10.00. Entering 1050 is interpreted as \$1050.00. Entering 10.50 is invalid.

### 2. EDIT BY

This field automatically updates with your ID code once you accept the screen. Otherwise, it contains the ID of the last person who edited the screen.

### 3. EDIT DATE

This field automatically updates with the date of the change and/or addition once you accept the screen. Otherwise, it contains the date of the last changed to the screen.

### 4. LOW RANGE - HIGH RANGE (1) (17-N-R)

Enter the lowest number or dollar amount for this range followed by a hyphen (-) and the highest number in the range. For dollar discounts, enter the even dollar amount. For quantity discounts, enter the exact number of tests. For example, to enter a low range number of ten thousand, enter 10000 without any commas or decimals. You cannot enter commas/decimals at the prompt, but the system displays these

characters as needed on the screen. Your complete entry to indicate a range of ten thousand to twenty thousand would be 10000-20000. The system displays this entry on the screen as 10,000.00 - 20,000.00 for dollar discount or 10000-20000 for quantity. If you press ENTER the system enters a null value in this field and the range is 0 - 0.

### 5. DISCOUNT (1) (3-N-R)

Enter the discount percentage to apply when the total falls within this range. Decimal entries less than one are acceptable, for example, entering .9 is valid. Percentages greater than one require whole numbers, for example, entering 1.5 is invalid. Enter the number without using the percentage key, for example, enter **10** for 10 percent. (You cannot enter a discount if the range is 0 - 0.)

**Example:**

Contract Code/Name: AMC/Atlanta Medical Clinic  
Dollar/Quantity: Dollar  
Low Range: 10,000 High Range: 15,000 Discount: 5  
In this example, a total of \$12,000 of work was performed during the month.  
Since the total falls within the specified range, 5% discount is applied.  
The charge applied to this contract is \$11,400.

**NOTE:** The system allows you to apply Last Month's Discount to the contract. However, the first time an invoice is generated, there is no Last Month data. A Last Month's Discount can be built by your McKesson representative. After the first full month, the system automatically updates the discount to last month's discount.

Up to five ranges can be entered per contract. Complete the remaining fields for ranges (2) through (5) and discounts (2) through (5) using the field explanations for the Low Range - High Range (1) and Discount (1) fields.

Upon completion of all required fields, the system displays the following prompt:

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

Enter **Y** to accept; enter **N** to edit.

### Impact

Upon acceptance of this screen, the contract volume discounts are filed. Any changes to the volume discounts takes place with the next invoice printed for the contract using the discount option - calculate discounting. If no discounting or Use Last Month's Discount Rate options are used in producing the invoice, any change in volume discounts will not affect the invoice.

## CONTRACT REPORT

| General Hospital Maintenance - Contract Billing Processor |                                    |
|-----------------------------------------------------------|------------------------------------|
| Mon Jun 12, 1995 12:07 pm                                 |                                    |
| Maintenance - Contract Billing Input Options              |                                    |
| Option No.                                                | Option                             |
| 1                                                         | Contract Billing Parameters        |
| 2                                                         | Contract Patient Report Parameters |
| 3                                                         | Contract Definition                |
| 4                                                         | Contract Volume Discounts          |
| 5                                                         | Contract Report                    |
| 6                                                         | Pricing - Variable Levels          |
| 7                                                         | Pricing Report                     |
| 8                                                         | MPI Search Filters                 |

Enter option number--

The Contract Report lists file information on each contract account. This report can include both active and inactive accounts. The following information is provided for each contract:

- Code
- Name
- Address (both lines plus city, state, ZIP)
- Telephone Number
- Contact Person
- Price Group(s) (the departments and price levels)
- Discount Level(s) (the ranges, percentages and discount type)

Access Contract Report from the preceding menu. If multidepartment and/or multifacility, enter the department and facility for which you wish to generate this report.

|                                            |                  |
|--------------------------------------------|------------------|
| General Hospital Contract Report Processor |                  |
| Mon Jun 12, 1995 12:07 pm                  |                  |
| Client Billing Report Parameters (wide)    |                  |
| 1 Sort Method                              | 2 Print Inactive |
| Alpha                                      | No               |
| 3 Default Printer                          |                  |
| 3E PRINTER ROOM (Port #44)                 |                  |
| Accept this screen? (Y/N) [Y]--            |                  |

## Field Explanations

### 1. SORT METHOD (1-A-R)

Indicate whether to arrange contracts alphabetically (enter **A**) by description or numerically by contract code (enter **C**) within the report.

### 2. PRINT INACTIVE (1-A-R)

Enter **Y** to include both active contracts and contracts filed as inactive. Inactive accounts will be flagged with an asterisk (\*). Enter **N** or press ENTER for the default to include only active contracts.

### 3. DEFAULT PRINTER (AUTO-FILL)

This field displays the default printer for this report. You may access this field by entering **/3** (slash 3) and selecting from the display of alternate printers.

Upon completion of all required fields, the system displays the following prompt:

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

Accept the screen by entering **Y** or pressing ENTER. Enter **N** to edit.

## Impact

Accepting this screen sets the print parameters for the Contract Report.

## Output

The Contract Report prints at the designated printer.

The Contract Report contains contract-specific information included in the Contract Definition and Volume Discounts files.

The report header contains the facility name, report name, the sort mechanism, and the date and time of printing.

## Column Explanations

### ID CODE

This is the unique identification code for this contract.

### CONTRACT NAME

This is the full name (description) of the contract. An asterisk (\*) indicates this contract is filed as inactive.

### ADDRESS

This column contains the full address of the contract account.

### PHONE NUMBER

The phone number of the account is printed if it was defined in the Contract Definition file.

### CONTACT

The name of the contact person, if defined, prints in this column.

### PRICE GROUP

The department code(s) and the corresponding price level(s) print in this column.

### DISCOUNT RANGE

The discount range(s) defined for this contract print in this column.

### %

The amount to be discounted for the range defined in the previous column prints in this column.

### TYPE

The type of discount for the range defined on this line displays as \$ for dollar and # for quantity.

End of Report prints on the last line of the report



Figure 2.2 Alphabetic Contract Report (ALCILC10)

| General Hospital<br>Alphabetic Contract Report<br>Mon Jun 12, 1995 10:41 am |                                         |                                             |                 |             |                |                                                       |                  |      |  |
|-----------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------|-----------------|-------------|----------------|-------------------------------------------------------|------------------|------|--|
| ID<br>Code                                                                  | Contract Name<br>(* indicates inactive) | Address                                     | Phone<br>Number | Contact     | Price<br>Group | Discount<br>Range                                     | %                | Type |  |
| ATL                                                                         | ATLANTA MEDICAL CLINIC                  | 301 PERIMETER CENTER N<br>ATLANTA, GA 30309 | (404)111-2222   | DR. SMITH   | LAB,2          | 01 - 150<br>151 - 500<br>501 - 1000<br>1001 - 9999999 | 1<br>2<br>3<br>4 | \$   |  |
| BIB                                                                         | BIBLE LABORATORY ETP                    | 900 CLOVERHURST LANE                        |                 | DR. DREYFUS | LAB,1          |                                                       |                  |      |  |
| End of Report                                                               |                                         |                                             |                 |             |                |                                                       |                  |      |  |

## PRICING - VARIABLE LEVELS

```
General Hospital Maintenance - Contract Billing Processor
                                Wed Jul 16, 2003 09:29 am

Maintenance - Contract Billing Input Options

Option No.  Option
-----
      1      Contract Billing Parameters
      2      Contract Patient Report Parameters

      3      Contract Definition
      4      Contract Volume Discounts
      5      Contract Report

      6      Pricing - Variable Levels
      7      Pricing Report

      8      MPI Search Filters

Enter option number--
```

Select the Pricing - Variable Levels processor to define up to ten price levels per test code. If your system is multifacility, select the facility. If your system is multidepartment, select the department.

```
General Hospital Pricing - Variable Levels Processor
                                Wed Jul 16, 2003 09:47 am

Enter test code or first letters`--`
```

Indicate the test to assign price levels. Use the table entry techniques described in Chapter 4: Information Entry Techniques in the *General Information Volume* of the *STAR Laboratory Reference Guide*.

The next screen display depends on whether price level changes which are to go into effect on some future date are on file.

1. If a test code is entered for which price level changes have not yet gone into effect, the system displays the following prompt:

*Enter active (A) version or future (F) revision for 08/07/03? [F]--*

Enter **A** to view current prices. The Effective Date field is blank.

Enter **F** (or press ENTER) for future prices. The Effective Date field contains the future date and prices are defined.

The Pricing-Fixed Levels screen displays for the chosen test code. If Future prices are displayed, the system prompts you to complete the screen (if all prices are not defined).

2. If the test entered has no future price level changes on file, the system displays the following screen:

| General Hospital Pricing - Variable Levels Processor |                       |                           |                  |
|------------------------------------------------------|-----------------------|---------------------------|------------------|
|                                                      |                       | Fri Aug 15, 2003 10:29 am |                  |
| Department                                           | Description           | Status                    |                  |
| LAB Laboratory                                       | 1010 AMIKACIN, TROUGH | Act                       |                  |
| 1 Effective Date                                     | 2 Edit By             |                           |                  |
| 08/15/03                                             | Smith,Paul            |                           |                  |
| 3 Variable Price 1                                   | 4 FIM Item # 1        | 5 Variable Price 2        | 6 FIM Item # 2   |
| 36.00                                                | 7011-1010             |                           |                  |
| 7 Variable Price 3                                   | 8 FIM Item # 3        | 9 Variable Price 4        | 10 FIM Item # 4  |
|                                                      |                       |                           |                  |
| 11 Variable Price 5                                  | 12 FIM Item # 5       | 13 Variable Price 6       | 14 FIM Item # 6  |
|                                                      |                       |                           |                  |
| 15 Variable Price 7                                  | 16 FIM Item # 7       | 17 Variable Price 8       | 18 FIM Item # 8  |
|                                                      |                       |                           |                  |
| 19 Variable Price 9                                  | 20 FIM Item # 9       | 21 Variable Price 10      | 22 FIM Item # 10 |
|                                                      |                       |                           |                  |
| Accept this screen? (Y/N) [Y]--                      |                       |                           |                  |

## Field Explanations

### 1. EFFECTIVE DATE (8-AC-R)

Enter the date for which these changes go into effect using one of the date entry techniques described in Chapter 4: Information Entry Techniques in the *General Information Volume* of the *STAR Laboratory Reference Guide*. Press ENTER for the default date of today.

### 2. VARIABLE PRICE

Even numbered fields allow you to enter a price. You can specify up to 10 price levels per test. All the Variable Price fields prompt you with:

*Enter variable price--*

The vertical bar indicates the maximum length of the price allowed to be entered. This is defined for the system by setting the Charge Maximum Length parameter in the General Parameters. Enter whole numbers only; the price displays in decimal format (for example 1200 is displayed \$12.00).

### 3. FIM Item #

Two different prompts may display for this field depending on your system configuration. The billing code may be entered as free text if STAR Laboratory is a stand alone system and STAR Patient Care is not in the network.

#### CASE 1:

If you are a stand alone STAR Laboratory system, all of the billing code fields prompt you with:

*Enter billing code--*

The vertical bar indicates the maximum length of the billing code as defined by the Bill Code Length parameter set by the McKesson representative during installation. Another parameter set by McKesson, Billing Code Format, controls how the numeric code displays upon entry. Therefore, enter the exact numeric sequence of the billing code for this test. The system automatically formats your entry.

#### CASE 2:

If STAR Patient Care is in the network with STAR Laboratory, you are using the FIM file. FIM item number fields prompt you with:

*Enter first characters of FIM description '-' or code--*

Enter the FIM code or a hyphen (-) for table display (as in the preceding screen). Use the table entry techniques described in Chapter 4: Information Entry Techniques in the *General Information Volume* of the *STAR Laboratory Reference Guide*.

Once you indicate the FIM code, the FIM price screen is displayed.

| General Hospital Pricing - Variable Levels Processor |                      |                      |                    |                           |  |
|------------------------------------------------------|----------------------|----------------------|--------------------|---------------------------|--|
|                                                      |                      |                      |                    | Wed Jul 16, 2003 09:23 am |  |
| Department                                           | Description          | Status               |                    |                           |  |
| LAB Laboratory                                       | 5166 Glucose Fasting | Act                  |                    |                           |  |
| 1 Effective Date                                     |                      |                      |                    |                           |  |
| FIM: 12002110 GLUCOSE FASTING                        |                      |                      |                    |                           |  |
| 1 Effective Date                                     |                      |                      |                    |                           |  |
| 09/13/89                                             |                      |                      |                    |                           |  |
| 2 Variable Price 1                                   | 3 FIM Item # 1       | 4 Variable Price 2   | 5 Billing Code 2   |                           |  |
| 3.00                                                 | 516-6                | 4.00                 | 516-6              |                           |  |
| 6 Variable Price 3                                   | 7 Billing Code 3     | 8 Variable Price 4   | 9 Billing Code 4   |                           |  |
| 5.00                                                 | 516-6                | 6.00                 | 516-6              |                           |  |
| 10 Variable Price 5                                  | 11 Billing Code 5    | 12 Variable Price 6  | 13 Billing Code 6  |                           |  |
| 7.00                                                 | 516-6                | 8.00                 | 516-6              |                           |  |
| 14 Variable Price 7                                  | 15 Billing Code 7    | 16 Variable Price 8  | 17 Billing Code 8  |                           |  |
| 9.00                                                 | 516-6                | 10.00                | 516-6              |                           |  |
| 18 Variable Price 9                                  | 19 Billing Code 9    | 20 Variable Price 10 | 21 Billing Code 10 |                           |  |
| 11.00                                                | 516-6                | 12.00                | 516-6              |                           |  |
| Accept (Y/N) [Y]--                                   |                      |                      |                    |                           |  |

Upon completion of all required fields, the system displays the following prompt:

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

Accept the screen by entering **Y** or pressing ENTER. Enter **N** to edit. Once this screen is accepted, the next variable price can be entered.

## Impact

The acceptance of this screen sets a file to be checked at Midnight Processing for activation of the prices. The prices become effective at midnight on the day defined in the effective date field. Once the prices become effective, they print on the Pricing Report. If an Item has future and active versions of pricing, the change of effective date on either version creates one new future version.

## Output

There is no output as a result of accepting this screen.

## Historical Pricing - Variable Levels

When you choose the Pricing - Variable Levels option, you can also view (read-only) up to 999 days of historical SIM Contract Price Level pages. All SIM items with historical pricing information display a header beside the Description title with the words "Historical pricing", as shown below:

```
General Hospital Maintenance - Contract Billing Processor
                                   Wed Jul 16, 2003 09:29 am

Maintenance - Contract Billing Input Options

Option No.  Option
-----
      1      Contract Billing Parameters
      2      Contract Patient Report Parameters

      3      Contract Definition
      4      Contract Volume Discounts
      5      Contract Report

      6      Pricing - Variable Levels
      7      Pricing Report

      8      MPI Search Filters

Enter option number--
```

After you have chosen the Pricing - Variable Levels option, the following screen displays. If your system is multifacility, select the facility. If your system is multidepartment, select the department.

```
General Hospital Pricing - Variable Levels Processor
                                   Wed Jul 16, 2003 09:47 am

Enter test code or first letters`-`--
```

Enter the test code and the Contract Price Level screen displays prompting the user for the effective date.

| General Hospital Pricing - Variable Levels Processor |                               |                      |                  |
|------------------------------------------------------|-------------------------------|----------------------|------------------|
| Thu Aug 14, 2003 01:45 pm                            |                               |                      |                  |
| Department                                           | Description                   | Historical pricing   | Status           |
| LAB Laboratory                                       | 1390 ELECTROLYTE PANEL, SERUM |                      | Act              |
| 1 Effective Date                                     |                               | 2 Edit By            |                  |
| ->                                                   |                               | Smith, Paul          |                  |
| 3 Variable Price 1                                   | 4 FIM Item # 1                | 5 Variable Price 2   | 6 FIM Item # 2   |
| 25.00                                                | 7011-1390                     | 25.00                | 7011-1390        |
| 7 Variable Price 3                                   | 8 FIM Item # 3                | 9 Variable Price 4   | 10 FIM Item # 4  |
| 11 Variable Price 5                                  | 12 FIM Item # 5               | 13 Variable Price 6  | 14 FIM Item # 6  |
| 15 Variable Price 7                                  | 16 FIM Item # 7               | 17 Variable Price 8  | 18 FIM Item # 8  |
| 19 Variable Price 9                                  | 20 FIM Item # 9               | 21 Variable Price 10 | 22 FIM Item # 10 |
| Enter effective date [08/14/03]--                    |                               |                      |                  |

If historical information is available, the historical version option displays on the SIM Contract Price Levels screen once you have completed either viewing or updating a record. Upon exiting the above screen, one of the following prompts displays:

*Accept this screen? (Y/N) [Y]*

*No changes made - no update filed!*

*Press NL --*

Regardless of which prompt displays, the system completes any updates and displays the following screen:

```

General Hospital Pricing - Variable Levels Processor
                                Thu Aug 14, 2003 01:49 pm
Department      Description      Historical pricing      Status
LAB Laboratory   1390 ELECTROLYTE PANEL, SERUM      Act
1 Effective Date      2 Edit By
08/14/03              Smith,Paul
3 Variable Price 1    4 FIM Item # 1      5 Variable Price 2    6 FIM Item # 2
25.00                7011-1390           25.00                7011-1390
7 Variable Price 3    8 FIM Item # 3      9 Variable Price 4    10 FIM Item # 4

11 Variable Price 5   12 FIM Item # 5     13 Variable Price 6   14 FIM Item # 6
15 Variable Price 7   16 FIM Item # 7     17 Variable Price 8   18 FIM Item # 8
19 Variable Price 9   20 FIM Item # 9     21 Variable Prce 10   22 FIM Item # 10

View historical versions? (Y/N) [N]--

```

If you enter **N** for No, the user is returned to the *Enter test code or first letters`-`--* prompt.

If you enter **Y** for Yes and there is only one date of historical pricing, the following screen is displayed.

```

General Hospital Pricing - Variable Levels Processor
                                Fri Aug 15, 2003 09:53 am
Department      Description      Historical pricing      Status
LAB HBOC Laboratory 1390 ELECTROLYTE PANEL, SERUM      Hist
1 Effective Dates      2 Edit By
04/19/02 - 08/12/03    Smith,Paul
3 Variable Price 1    4 FIM Item # 1      5 Variable Price 2    6 FIM Item # 2
48.10                7011-1390           48.10                7011-1390
7 Variable Price 3    8 FIM Item # 3      9 Variable Price 4    10 FIM Item # 4

11 Variable Price 5   12 FIM Item # 5     13 Variable Price 6   14 FIM Item # 6
15 Variable Price 7   16 FIM Item # 7     17 Variable Price 8   18 FIM Item # 8
19 Variable Price 9   20 FIM Item # 9     21 Variable Prce 10   22 FIM Item # 10

Press NL--

```



If you enter **Y** for Yes and more than one date is available, the following screen is displayed:

```

                                General Hospital Pricing - Variable Levels Processor
                                Fri Aug 15, 2003 10:01 am
Department      Description      Historical pricing      Status
LAB Laboratory   1280 BUN
Page:01
                                Historical Dates
( 1) 04/22/03 1200am
( 2) 04/21/03 1200am
( 3) 03/14/03 1200am
( 4) 03/13/03 0750am
( 5) 03/06/03 1200am
( 6) 05/23/02 1020am

Enter choice--

```

After you choose a date from the above screen, you are taken to the appropriate SIM Contract Price Levels screen for the effective date chosen, as shown in the screen below.

```

                                General Hospital Pricing - Variable Levels Processor
                                Fri Aug 15, 2003 10:01 am
Department      Description      Historical pricing      Status
LAB Laboratory   1280 BUN
1 Effective Dates                                2 Edit By
   04/22/03 - 04/22/03                               Smith,Paul
3 Variable Price 1 4 FIM Item # 1                5 Variable Price 2 6 FIM Item # 2
   60.50                               1001-1280
7 Variable Price 3 8 FIM Item # 3                9 Variable Price 4 10 FIM Item # 4
11 Variable Price 5 12 FIM Item # 5              13 Variable Price 6 14 FIM Item # 6
15 Variable Price 7 16 FIM Item # 7              17 Variable Price 8 18 FIM Item # 8
19 Variable Price 9 20 FIM Item # 9              21 Variable Price 10 22 FIM Item # 10

Press NL--

```

The fields available on this screen are identical to the fields available on the Contract Price Levels screen except that the first field displays as a date range. For Canadian customers, the date range displays in the Canadian date format.

The date range displayed indicates when the SIM Contract Price Levels were in effect. For the current and future Contract Price Levels page, only a beginning effective date is displayed.

After accessing the above screen, if you press ENTER you are asked if you want to inactivate the historical SIM Descriptive version for all system processes, as shown by the following prompt:

*Inactivate? (N) --*

If you press ENTER or enter **N** for No, you are returned to the historical version of the Date Selection screen or to the *Enter test code or first letters`-`--* prompt if only one historical version is available.

If you enter **Y** for Yes, the following prompt displays:

*Are you sure you want to inactivate the historical price (Y/N) [N]--*

If you press ENTER or **N** for No, you are returned to the historical version of the Date Selection screen if more than one historical version is available. If only one version exists, you are returned to the *Enter test code or first letters`-`--* prompt.

| General Hospital Pricing - Variable Levels Processor |             |                    |        |
|------------------------------------------------------|-------------|--------------------|--------|
| Fri Aug 15, 2003 10:01 am                            |             |                    |        |
| Department                                           | Description | Historical pricing | Status |
| LAB Laboratory                                       | 1280 BUN    |                    | Hist   |
| Page:01                                              |             |                    |        |
| Historical Dates                                     |             |                    |        |
| ( 1)                                                 | 04/22/03    | 1200am             |        |
| ( 2)                                                 | 04/21/03    | 1200am             |        |
| ( 3)                                                 | 03/14/03    | 1200am             |        |
| ( 4)                                                 | 03/13/03    | 0750am             |        |
| ( 5)                                                 | 03/06/03    | 1200am             |        |
| ( 6)                                                 | 05/23/02    | 1020am             |        |
| Enter choice--                                       |             |                    |        |

If you enter **Y** for Yes, the name of the person who inactivated the entry is stored, along with the time when the inactivation occurred, as shown in the screen below. Once a historical version is inactivated, it cannot be reactivated.

| General Hospital Pricing - Variable Levels Processor |              |                    |        |
|------------------------------------------------------|--------------|--------------------|--------|
| Fri Aug 15, 2003 10:11 am                            |              |                    |        |
| Department                                           | Description  | Historical pricing | Status |
| LAB Laboratory                                       | 1230 AMYLASE |                    | Hist   |
| Page:01                                              |              | Historical Dates   |        |
| ( 1) 04/22/03 1200am (inactivated by Smith,Paul      |              |                    |        |
| ( 2) 04/21/03 1200am                                 |              |                    |        |
| ( 3) 03/14/03 1200am                                 |              |                    |        |
| ( 4) 03/13/03 0750am                                 |              |                    |        |
| ( 5) 03/12/03 1239pm                                 |              |                    |        |
| ( 6) 09/05/02 0933am                                 |              |                    |        |
| Enter choice--                                       |              |                    |        |

## PRICING REPORT

```

General Hospital Maintenance - Contract Billing Processor
Mon Jun 12, 1995 12:07 pm
Maintenance - Contract Billing Input Options

Option No.  Option
-----
      1      Contract Billing Parameters
      2      Contract Patient Report Parameters

      3      Contract Definition
      4      Contract Volume Discounts
      5      Contract Report

      6      Pricing - Variable Levels
      7      Pricing Report

      8      MPI Search Filters

Enter option number--

```

The Price Index Report contains test-specific pricing information from the Pricing - Variable Levels file. Select the Pricing Report processor. Select the department if your system is multidepartment.

```

General Hospital Pricing Report Processor
Mon Jun 12, 1995 12:07 pm
Contract Billing Price Index Report (wide)

1 Sort Method          2 Print Nonorderable
Alpha                  No

3 Price Groups only    4 All Price Levels      5 Select Price Levels
Yes                    Yes                ->

6 Default Printer
3E PRINTER ROOM (Port #44)

Page:01                Select 4 Levels to Print      ##=Current Choices
( 1) Levels 1          ( 6) Levels 6
( 2) Levels 2          ( 7) Levels 7
( 3) Levels 3          ( 8) Levels 8
( 4) Levels 4          ( 9) Levels 9
( 5) Levels 5          (10) Levels 10

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

```

## Field Explanations

### 1. SORT METHOD (1-A-R)

Indicate whether to sort the report alphabetically by test name (enter **A**) or numerically by test code (enter **C**). The default is **A**.

**2. PRINT NONORDERABLE (1-A-R)**

Nonorderable tests, usually master instrument tests, are defined as such in the Basic Test Information file. These tests are generally not included in pricing reports since they cannot be ordered. Enter **Y** to include nonorderable test codes in this report. Enter **N** or press ENTER to exclude these tests from the Price Index Report.

**3. PRICE GROUPS ONLY (1-A-R)**

Some tests are not performed for contract patients and therefore do not have associated price levels. Enter **Y** or press ENTER to include only tests with price levels assigned in this report. Enter **N** to include all tests in the report.

**4. ALL PRICE LEVELS (1-A-R)**

The Price Index Report may include all or selected price levels per test. To print all price levels, enter **Y** or press ENTER. When the All option is used, price levels print without billing codes. To select up to four price levels to print with billing codes, enter **N**.

**5. SELECT PRICE LEVELS**

This field is bypassed if Field 4 (All Price Levels) is set to Yes. If Field 4 is set to No, ten price levels display for selection. Only four can be included in one report. Use the table entry techniques described in Chapter 4: Information Entry Techniques in the *General Information Volume* of the *STAR Laboratory Reference Guide*.

**6. DEFAULT PRINTER**

This field displays the default printer for this report. You may access this field by entering **/6** (slash 6) and selecting from the display of alternate printers. This is a wide report as indicated at the top left of the screen.

**Impact**

The print parameters are set for this report.

**Output**

The Price Index Report prints at the designated printer.

The Price Index Report contains base and price level information for all tests specified in the parameters.

The header contains facility name, report name, sort mechanism, and date/time of report printing. Alphabetic sorts are noted as such in the title of the report. Numeric sorts are simply named Contract Billing Price Index Report.

The columns of information printed depend on how the parameters are set.

1. If all price levels print, the columns are:

Test - test code

Test Name (comes from the test file, not the SIM file)

Base Price - the inpatient price defined in Test Maintenance - Billing Information processor

Price 1-10 - For each price level, the charge amount prints as defined in Contract Billing Maintenance - Pricing - Variable Levels processor

2. If price ranges were selected to print (up to four per report), the first three columns (Test, Test Name, and Base Price) are the same. The next columns(s) contain:

Level #

Price - charge amount for the level indicated in column header

Bill Code - billing code as defined in Contract Billing Maintenance - Pricing Fixed Levels processor

If all tests in the system have price levels defined and/or the report was requested for all test codes, the report could be from five to ten pages long. Fifty test codes print per page.

**NOTE:** Contract level prices reflect only the most current prices defined. No historical prices print on this report.

Figure 2.3 Alphabetic Contract Billing Price Index Report (ALCILC10)

| General Hospital                               |                           |            |         |         |         |         |         |         |         |         |         |          | Page: 1 |
|------------------------------------------------|---------------------------|------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|----------|---------|
| Alphabetic Contract Billing Price Index Report |                           |            |         |         |         |         |         |         |         |         |         |          |         |
| Mon Jun 12, 1995 12:47 pm                      |                           |            |         |         |         |         |         |         |         |         |         |          |         |
| Test                                           | Test Name                 | Base Price | Price 1 | Price 2 | Price 3 | Price 4 | Price 5 | Price 6 | Price 7 | Price 8 | Price 9 | Price 10 |         |
| 6730                                           | 17 HYDROXYCORTICOSTEROIDS | 8.00       |         |         |         |         |         |         |         |         |         |          |         |
| 7040                                           | 5 NUCLEOTIDASE            | 10.00      | .01     | 20.00   |         |         |         |         |         |         |         |          |         |
| 5006                                           | A/G RATIO                 |            | 8.00    | 7.00    |         | 25.00   |         |         |         |         |         |          |         |
| 4802                                           | ACID FAST CULTURE         |            | 30.00   | 32.00   | 34.00   | 35.00   | 36.00   | 38.00   | 40.00   | 42.00   | 44.00   | 46.00    |         |
| 5004                                           | ACID PHOSPHATASE          | 20.00      | 18.00   | 15.00   | 16.50   | 17.00   | 17.50   | 18.00   | 18.50   | 19.00   | 19.50   | 20.00    |         |
| 6000                                           | ACID PHOSPHATASE PROSTATI | 25.00      | 23.00   | 20.00   | 18.00   | 15.50   |         |         |         |         |         |          |         |
| 6005                                           | ACTH (ADENOCORTICOTROPIN) | 14.00      | 12.00   | 11.00   | 10.00   | 9.00    | 12.50   | 12.99   |         |         |         |          |         |
| 6011                                           | ADENOVIRUS AB CF          |            | 10.00   |         |         |         |         |         |         |         |         |          |         |
| 5010                                           | ALCOHOL LEGAL             |            | 10.00   |         |         |         |         |         |         |         |         |          |         |
| 5024                                           | AMYLASE SERUM             |            | 3.00    | 4.00    | 5.00    | 6.00    | 7.00    | 8.00    | 9.00    | 10.00   | 11.00   | 12.00    |         |
| 5028                                           | AMYLASE URINE             |            | 5.00    | 6.00    | 7.00    | 8.00    | 9.00    | 10.00   | 11.00   | 12.00   | 13.00   | 14.00    |         |
| 5036                                           | BENCE JONES PROTEIN       |            | 20.00   | 21.00   | 22.00   | 23.00   | 24.00   | 25.00   | 26.00   | 27.00   | 28.00   | 29.00    |         |
| 5040                                           | BILIRUBIN TOTAL           |            | 9.00    | 10.00   | 11.00   | 12.00   | 13.00   | 14.00   | 15.00   | 16.00   | 17.00   | 18.00    |         |
| 5042                                           | BILIRUBIN TOTAL AND DIREC |            | 15.00   | 16.00   | 17.00   | 18.00   | 19.00   | 20.00   | 21.00   | 22.00   | 23.00   | 24.00    |         |
| 4340                                           | BRONCH BRUSH              |            | 45.00   | 50.00   | 55.00   | 60.00   | 65.00   | 70.00   | 75.00   | 80.00   | 85.00   | 100.00   |         |
| 4314                                           | BUCCAL SMEAR/BARR BODY    |            | 60.00   |         | 70.00   |         | 80.00   |         | 90.00   |         | 100.00  |          |         |
| 5050                                           | BUN                       | 15.00      | 11.00   | 10.00   |         |         |         |         |         |         |         |          |         |
| 5054                                           | BUN AND CREATININE        |            | 9.00    | 10.00   | 11.00   | 12.00   | 13.00   | 14.00   | 15.00   | 16.00   | 17.00   | 18.00    |         |
| 5062                                           | BUN, CREAT AND GLUCOSES   |            | 20.00   | 21.00   | 22.00   | 23.00   | 24.00   | 25.00   | 26.00   | 27.00   | 28.00   | 29.00    |         |
| 5070                                           | CALCIUM BLOOD             | 15.00      | 9.50    | 9.00    | 8.50    |         |         |         |         |         |         |          |         |
| 5072                                           | CALCIUM EXCRETION         | 35.00      | 33.00   | 31.00   | 29.00   |         |         |         |         |         |         |          |         |
| 5090                                           | CARDIAC ENZYMES           | 37.00      | 45.00   | 46.00   | 47.00   | 48.00   | 49.00   | 50.00   | 51.00   | 52.00   | 53.00   | 54.00    |         |
| 5707                                           | CBC SCREEN 1              |            | 10.00   | 20.00   |         |         |         |         |         |         |         |          |         |
| 5710                                           | CBC SCREEN 2              | 15.00      | 13.00   | 15.00   |         |         |         |         |         |         |         |          |         |
| 5720                                           | CBC SCREEN 6              | 45.00      | 40.00   | 35.00   |         |         |         |         |         |         |         |          |         |
| 5722                                           | CBC SCREEN 7              | 10.00      | 9.50    | 9.00    |         |         |         |         |         |         |         |          |         |
| 5727                                           | CBC W DIFF                |            |         | 22.00   | 24.00   | 26.00   | 28.00   | 30.00   | 32.00   | 34.00   | 26.00   | 28.00    |         |
| 5735                                           | CBC W/O DIFF              |            | 15.00   | 16.00   | 17.00   | 18.00   | 19.00   | 20.00   | 21.00   | 22.00   | 23.00   | 24.00    |         |
| 5094                                           | CEA                       | 65.00      | 10.50   | 9.50    | 8.50    |         |         |         |         |         |         |          |         |
| 5096                                           | CHLORIDE SERUM            | 55.00      | 11.00   | 10.00   | 9.00    |         |         |         |         |         |         |          |         |
| 5102                                           | CHOLESTEROL               |            | 5.00    | 6.00    | 7.00    | 8.00    | 9.00    | 10.00   | 11.00   | 12.00   | 13.00   | 14.00    |         |
| 5106                                           | CHOLESTEROL HDL           |            | 10.00   | 11.00   | 12.00   | 13.00   | 14.00   | 15.00   | 16.00   | 17.00   | 18.00   | 19.00    |         |
| 5108                                           | CKMB (CPK ISOENZYMES)     |            | 15.00   | 16.00   | 17.00   | 18.00   | 19.00   | 20.00   | 21.00   | 22.00   | 23.00   | 24.00    |         |
| 5757                                           | COAGULATION SCREEN        |            | 35.00   | 40.00   | 45.00   | 50.00   | 55.00   | 60.00   | 65.00   | 70.00   | 75.00   | 80.00    |         |
| 4600                                           | COLD AGGLUTININ           |            | 25.00   | 26.00   | 27.00   |         |         |         |         |         |         |          |         |
| 5120                                           | CREATININE SERUM          |            | 7.00    | 8.00    | 9.00    | 10.00   | 11.00   | 12.00   | 13.00   | 14.00   | 15.00   | 16.00    |         |
| 5122                                           | CREATININE URINE          |            | 7.00    | 8.00    | 9.00    | 10.00   | 11.00   | 12.00   | 13.00   | 14.00   | 15.00   | 16.00    |         |
| 5128                                           | DILANTIN                  |            | 11.00   | 12.00   | 13.00   | 14.00   | 15.00   | 16.00   | 17.00   | 18.00   | 19.00   | 20.00    |         |
| 5130                                           | DILANTIN & PHENOBARBITAL  |            | 15.00   | 16.00   | 17.00   | 18.00   | 19.00   | 20.00   | 21.00   | 22.00   | 23.00   | 24.00    |         |
| 5134                                           | ELECTROLYTES              | 20.00      | 15.50   | 16.00   | 17.00   |         |         |         |         |         |         |          |         |
| End of Report                                  |                           |            |         |         |         |         |         |         |         |         |         |          |         |

## MPI SEARCH FILTER

```

General Hospital Maintenance - Contract Billing Processor
                                Mon Jun 12, 1995 12:07 pm
Maintenance - Contract Billing Input Options

Option No.  Option
-----
      1      Contract Billing Parameters
      2      Contract Patient Report Parameters

      3      Contract Definition
      4      Contract Volume Discounts
      5      Contract Report

      6      Pricing - Variable Levels
      7      Pricing Report

      8      MPI Search Filters

Enter option number-

```

The MPI Search Filters provides the ability to filter the MPI search based on the patient classifications. Select the MPI SearchFilters processor. Select the department if your system is multidepartment.

```

General Hospital Pricing Report Processor
                                Mon Jun 10, 1996 12:07 pm
MPI Search Filters
Laboratory

1 MPI Search Filters
  Active

Patient Classifications
2 Medical          3 Veterinary          4 Environmental
  Yes              Yes              Yes
5 Research         6 Proficiency          7 Single Occurrence
  Yes              Yes              Yes

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

```

## Field Explanations

### 1. MPI SEARCH FILTERS (1-A-R)

This field activates the MPI search filters. When activated, additional fields display below the MPI search criteria allowing you to filter the search with the following parameters. The following prompt displays for this field:

*Activate MPI search filters? (Y/N)--*



Entering **Y** activates the MPI search filter and allows additional filter fields to display below the main MPI search criteria. Entering **N** disables the MPI search filter and the filter fields do not display when a name or soundex MPI search is performed.

## Patient Classifications

### 2. MEDICAL (1-A-R)

This field determines if this classification is included in the criteria for the MPI search. The following prompt displays for this field:

*Include medical classification in search criteria? (Y/N) [Y]--*

If **Y** is selected the corresponding field on the MPI search screen displays **Yes**. If **N** is selected the corresponding field on the MPI search screen displays **No**.

### 3. VETERINARY (1-A-R)

This field determines if this classification is included in the criteria for the MPI search. The following prompt displays for this field:

*Include veterinary classification in search criteria? (Y/N) [Y]--*

If **Y** is selected the corresponding field on the MPI search screen displays **Yes**. If **N** is selected the corresponding field on the MPI search screen displays **No**.

### 4. ENVIRONMENTAL (1-A-R)

This field determines if this classification is included in the criteria for the MPI search. The following prompt displays for this field:

*Include environmental classification in search criteria? (Y/N) [Y]--*

If **Y** is selected the corresponding field on the MPI search screen displays **Yes**. If **N** is selected the corresponding field on the MPI search screen displays **No**.

### 5. RESEARCH (1-A-R)

This field determines if this classification is included in the criteria for the MPI search. The following prompt displays for this field:

*Include research classification in search criteria? (Y/N) [Y]--*

If **Y** is selected the corresponding field on the MPI search screen displays **Yes**. If **N** is selected the corresponding field on the MPI search screen displays **No**.

### 6. PROFICIENCY (1-A-R)

This field determines if this classification is included in the criteria for the MPI search. The following prompt displays for this field:

*Include proficiency classification in search criteria? (Y/N) [Y]--*

If **Y** is selected the corresponding field on the MPI search screen displays *Yes*. If **N** is selected, the corresponding field on the MPI search screen displays *No*.

**7. SINGLE OCCURRENCE (1-A-R)**

This field determines if this classification is included in the criteria for the MPI search. The following prompt displays for this field:

*Include single occurrence classification in search criteria? (Y/N) [Y]--*

If **Y** is selected the corresponding field on the MPI search screen displays *Yes*. If **N** is selected the corresponding field on the MPI search screen displays *No*.

**NOTE:** At least one Patient Classification must be set to *Yes*. If there is an attempt to do so, the last classification to be set to *No* causes the message:

*Classification(s) are required*

and the field sets to *Yes*.

## Chapter 3 - Applications

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## CONTRACT BILLING

```
General Hospital Administration Processor
Mon Aug 19, 2002 10:45 am
Administration Input Options

Option No.  Option
-----
1          Patient Inquiry
2          Accessioning
3          Order Credit
4          Maintenance Functions
5          Special Reports
6          System Manager Functions
7          Archiving
8          SQL
9          SQL - DBA
10         User Preferences
11         Contract Billing
12         Pt. Care Interface
13         Review Queue Reporting
14         Clinical Ordering Details - Information Report
15         Department Incomplete Work Rpt
16         Census
Enter option number--
```

The Contract Billing function is usually attached to the Administrative section menu. Access Contract Billing from the menu above. The system displays the following screen:

```
General Hospital Administration Contract Billing Processor
Mon Jun 12, 1995 01:35 pm
Administration Contract Billing Input Options

Option No.  Option
-----
1          Contract Management
2          Contract Billing - Reports
Enter option number--
```

Contract Billing is divided between patient-related (management) functions and billing reports processors. Select **Contract Management** and the Contract Management menu is displayed.

## CONTRACT MANAGEMENT

| General Hospital Contract Management Functions Processor |                              |
|----------------------------------------------------------|------------------------------|
| Mon Jun 12, 1995 01:35 pm                                |                              |
| Contract Management Functions Input Options              |                              |
| Option No.                                               | Option                       |
| 1                                                        | Contract Registration        |
| 2                                                        | Contract Charge              |
| 3                                                        | Contract Credit              |
| 4                                                        | Contract Charge Inquiry      |
| 5                                                        | Contract Year-to-Date Report |

Enter option number--

After selecting Contract Management Functions, the preceding menu displays. These processors are discussed in detail in the following sections.

If the service being performed by the hospital is patient-related, the patient must be registered within STAR Patient Care in a networked environment or STAR Laboratory in a stand-alone environment. This is accomplished by selecting Contract Registration from the menu above. Enter **1** to access this processor.

### Contract Registration

After selecting Contract Registration, you are prompted to select the facility if your system is multifacility. The system displays the following prompt:

*Enter first letter(s) '-' or code--*

Indicate the contract of choice using one of the table entry techniques described in Chapter 4: Information Entry Techniques in the *General Information Volume* of the *STAR Laboratory Reference Guide*. This entry is the account that will be billed for this patient. The valid patient type(s) for that contract name display for your selection. Once a patient type is selected, the appropriate screens for the registration are defined. The number of screens required is determined by the patient type which is set up in accordance with the type of contract.

In this example, the contract Reference Lab XYZ is selected and a screen displaying the associated patient types displays as follows:

```

General Hospital Contract Registration Processor

Page:01                      Patient Types For Contract REF
-----
( 1) CON-Contract Account
( 2) CYT-Cytology Exam
( 3) REF-Reference Lab

Enter choice--

```

Select the appropriate patient type. (In this case, CYT was selected.) Since the screen associated with this patient type has a patient name, the following prompt displays to search the MPI for prior patient information.

```

Enter Unit No, name, '=' for contract--
      '-'Social Security No, '#'Corporate No, '*'Account No

```

Identify the patient using one of the patient look-up routines described in Chapter 4: Information Entry Techniques in the *General Information Volume* of the *STAR Laboratory Reference Guide*.

```

General Hospital Contract Registration Processor
Search: HO  Male/Female
No.      Name      Birthdate  Soc Sec      Last Visit/Type  Mother's Name  Sex  Unit#
          Current Name  Corp#
1      HOLMES,LARRY H  08/13/23  998-09-4468  01/06/87  I/P      SUSAN      F      A111111218
                                     11000181

End of list
Select #, `A` to add patient --
                                     N = New Search

```

If the patient information you are searching for displays, verify the information and press the sequence identifier (No.) for that patient. The data stored in the MPI is brought forward to the registration record.

If the patient you are searching for does not display, enter **A** to add the patient to the MPI while completing the admission sequence. The registration sequence must be completed.

| General Hospital Contract Registration Processor |                 |                 |          |          |           |     |        |
|--------------------------------------------------|-----------------|-----------------|----------|----------|-----------|-----|--------|
| Mon Jun 12, 1995 01:35 pm                        |                 |                 |          |          |           |     |        |
| No.                                              | Name            | Sex             | BD       | Room     | Physician | SVC | Status |
| 111111218                                        | HOLMES, LARRY H | M               | 08/13/23 |          |           |     |        |
| ID Number                                        | Type            | Physician       | Service  | Adm Date | Expected  | ELT |        |
| 1 A 98                                           | PRE             | ADAMS, HAROLD R | MED      |          | 02/12/87  |     |        |
| 2 A 87006-00192                                  | I/P             | KELLY, JOSEPH   | SUR      | 01/06/87 |           |     |        |

Select account number, `N` to create new account number--

All active patient visits linked to the patient display are available for registration. However, if this registration is new (as is typically the case), enter **N** to create a new account. Complete the registration sequence.

Contract patients cannot be preregistered and can only be registered once per patient type within a contract. If the patient was registered previously for the same patient type and contract, bypass the registration process and begin entering the orders or charges.

Following are examples of a possible series of screens for each type of registration sequence determined by the patient type.

### ONE-PAGE REGISTRATION SEQUENCE WITH DEMOGRAPHICS

The first sequence type discussed here is the Contract Registration One-page Registration Sequence with Demographics.

When beginning the contract registration of a patient, STAR Laboratory automatically uses the MPI Inquiry screen to check for a patient's prior visit (inpatient or outpatient). If an MPI record is found, the appropriate data from the MPI is brought forward to the current visit to speed the registration of the patient. Information in the MPI is automatically revised as the patient's registration information is revised.



After the patient is selected from the MPI, the Registration Page is displayed as follows:

| General Hospital Contract Registration Processor |           |                      |          |                           |           |              |        |
|--------------------------------------------------|-----------|----------------------|----------|---------------------------|-----------|--------------|--------|
| Vendor Registration                              |           | Page 1 of 2          |          | Mon Mar 17, 2003 10:40 am |           |              |        |
| No.                                              | Name      | Sex                  | BD       | Room                      | Physician | SVC          | Status |
| 0000002521                                       | TEST,AUNT | F                    | 03/03/43 |                           |           |              |        |
| 1 Patient Type                                   |           |                      |          | 2 Identification          |           |              |        |
| Contract Account                                 |           |                      |          | ->                        |           |              |        |
| 3 Name                                           |           |                      |          |                           |           |              |        |
| TEST,AUNT                                        |           |                      |          |                           |           |              |        |
| 4 Sex                                            |           | 5 Marital Status     |          | 6 Race                    |           |              |        |
| FEMALE                                           |           | D DIVORCED           |          |                           |           |              |        |
| 7 Birthdate                                      |           | 8 Soc Sec Number     |          |                           |           |              |        |
| 03/03/1943 59Y                                   |           | 222-00-2222          |          |                           |           |              |        |
| 9 OP Admission Date                              |           | 10 OP Admission Time |          |                           |           |              |        |
| 01/20/03                                         |           | 12:48                |          |                           |           |              |        |
| 11 Unit Number                                   |           | 12 Corporate Number  |          | 13 Registration Number    |           |              |        |
| 000-00-2109                                      |           | 00002032             |          |                           |           |              |        |
| 14 Initials                                      |           | 15 Opt Out           |          | 16 Opt Out Date           |           | 17 Publicity |        |
|                                                  |           |                      |          |                           |           |              |        |
| 18 Notice of Privacy Practice                    |           |                      |          | 19 Date Received          |           |              |        |
|                                                  |           |                      |          |                           |           |              |        |
| Enter identification number --                   |           |                      |          |                           |           |              |        |
| next(/) or previous screen(/P) [/]               |           |                      |          |                           |           |              |        |

## Field Explanations

### 1. PATIENT TYPE (DISPLAY ONLY)

The previously selected patient type is displayed.

### 2. IDENTIFICATION (10-C-O)

Enter the patient's identification number. This field is used to further identify the patient and the association with the contract (for example, employee number, specimen number).

### 3. NAME (15-A-R)

Enter the patient's name - last name first, comma(,) then the first name.

### 4. SEX (1-A-R)

Enter the patient's sex as M or F, which displays as MALE or FEMALE.

### 5. MARITAL STATUS (TABLE LOOKUP)

Enter the code that describes the patient's marital status. The code and the description are displayed.

### 6. RACE (TABLE LOOKUP)

Enter the code that describes the patient's race. The code and the description are displayed.

**7. BIRTHDATE AGE (15-C-R)**

Enter the patient's date of birth. Dates can be entered in a variety of formats. Refer to Chapter 4: Information Entry Techniques in the *General Information Volume* of the *STAR Laboratory Reference Guide* for further details. The system automatically calculates the age. Enter the century if different from the current one.

**8. SOC SEC NUMBER (9-N-O)**

Enter the patient's Social Security Number without hyphens (-). The system displays the number and inserts the hyphens.

**9. OP ADMISSION DATE (25-C-R)**

The system supplies the system date as the date of registration. This field can be adjusted to a previous date when necessary. Dates can be entered in a variety of formats. Refer to Chapter 4: Information Entry Techniques in the *General Information Volume* of the *STAR Laboratory Reference Guide* for details.

**10. OP ADMISSION TIME (10-C-R)**

The system displays the current time as the registration time, but can be adjusted. The time can be entered in military time or as AM/PM.

**11. UNIT NUMBER (10-N-R)**

The patient's unit number is displayed if it was previously assigned. This field cannot be edited once assigned. If this is a first time patient, depending on the parameters, the unit number may be assigned for the patient type. When assigning unit numbers, either enter them manually, or enter them by using a previously defined range of numbers. Press ENTER, which is the default, for an automatic assignment.

The length of the unit number is hospital-defined. The maximum length is ten digits.

**12. CORPORATE NUMBER (8-N-R)**

The patient's corporate number is displayed if it was previously assigned. This field cannot be edited once assigned. If this is a first time patient, the corporate number must be assigned for all patients. When assigning corporate numbers, either enter them manually, or enter them by using a previously defined range of numbers. Press ENTER, which is the default, for an automatic assignment.

**13. REGISTRATION NUMBER (10-N-R)**

The patient's registration number is either automatically assigned by the system, or you must enter it manually. Press ENTER, which is the default, for an automatic assignment. When the number is assigned automatically, the format is as follows: YYJJJ-SSSSS where YY is the last two digits of the year, JJJ is the Julian date for the day of registration, and SSSSS is a sequential one up counter of all visits during the day. Although check digits can be used with STAR Financials, it lowers the maximum number of visits of all patient types available in a day from 99,999 to 9,999.

**14. INITIALS (3-A-R)**

The initials of the person registering the patient are entered or displayed here. Impact

Upon acceptance of this screen, the following takes place:

- The patient has a corporate and account number assigned, and possibly a unit number assigned as well.
- The patient has an active visit in the MPI.
- Registration information is sent to other STAR products. In a networked environment, registration takes place in STAR Patient Care and is sent back via networking to STAR Laboratory.
- The patient displays in Name Inquiry and can have orders and charges placed through the normal STAR Laboratory screens.
- When the patient is displayed on name inquiry, the associated contract name or ID is displayed in place of the physician.
- Charges can only be viewed through the Contract Charge Inquiry screen.
- The patient is linked to the master contract account. All charges/orders are billed to the master contract account.

**15. OPT OUT (1-A-O)**

This field accepts entry of Y or N. If you enter **Y**, the patient does not display on the directory listing (Name Inquiry) and related patient search functions accessed from defined CRTs. If you enter **N**, the patient displays on all directory listings.

There is no default value. If no entry is made in the field, it remains blank.

**16. OPT OUT DATE (DATE-C)**

This is the date the Opt Out decision was made. If there is an entry in the Opt Out field, this field is required.

The current date is defaulted into this field. The Opt Out Date field is not accessible if the Opt Out indicator field is blank. If the Opt Out indicator is changed, the date in the Opt Out Date field is cleared.

The Opt Out date cannot be a future date.

**17. PUBLICITY (TABLE LOOKUP-C)**

If the Opt Out field is set to Yes, then the Publicity field is required, and only those publicity codes indicated to be “opt-out” types in the table are displayed for selection. If the Opt Out field is set to No, then the publicity code is an optional field, and only those codes that are not marked as “opt-out” are displayed for selection.

If the Opt Out field is changed from No to Yes, then this field is required. If there is an entry in this field that is not defined an “opt-out” type and the Opt Out field is changed to Yes, this field is cleared. If the Opt Out field is changed from Yes to No, then this field is cleared and becomes optional.

**18. NOTICE OF PRIVACY PRACTICE (1-A-O)**

This field accepts entry of Y or N. If you enter **Y**, the Notice of Privacy Practice has been given to the patient. If you enter **N**, the Notice of Privacy Practice has not been given to the patient.

The data entered in this field is stored and brought forward to a new visit.

There is no default value. If you move through the field without making an entry, the field remains blank.

**19. DATE RECEIVED (DATE-O)**

Date the Notice of Privacy Practice was given to the patient.

If Yes is entered in the Notice of Privacy Practice field, the current date is defaulted into this field but can be edited. If the Notice of Privacy Practice field is No or blank, this field is not accessible. If the Yes in the Notice of Privacy Practice is changed to No, the data in this field is cleared. The field does not accept entry of a future date.

**Output**

There is no output on STAR Laboratory as a result of registration.

**TWO PAGE REGISTRATION SEQUENCE**

The second sequence discussed is the Contract Registration Two Page Registration Sequence. This sequence begins the same way as the first sequence. Select a contract, a patient type, and perform the MPI name search as previously discussed.

In this example Reference Lab XYZ and patient type CON-Contract were selected. The difference is in the screen(s) that appear for the actual registration.

Once the patient is selected from the MPI, the system displays the following screen:

| General Hospital Contract Registration Processor |                              |     |               |                                       |                        |               |          |
|--------------------------------------------------|------------------------------|-----|---------------|---------------------------------------|------------------------|---------------|----------|
| Patient                                          |                              |     |               | Page 1 of 2 Mon Jun 12, 1995 01:35 pm |                        |               |          |
| No.                                              | Name                         | Sex | BD            | Room                                  | Physician              | SVC           | Status   |
| 000100687                                        | JOHNSON, WILLIAM M           | M   | 11/11/46      |                                       |                        |               |          |
| 1                                                | Last Name                    | 2   | First Name    | 3                                     | Middle Name            | 4             | Entitle  |
|                                                  | JOHNSON                      |     | WILLIAM       |                                       | M                      |               | JR.      |
| 5                                                | Sex                          |     |               |                                       |                        |               | MALE     |
| 6                                                | Soc Sec Number               | 7   | Birthdate     | Age                                   | 8                      | Birthplace    |          |
|                                                  | 231-45-4532                  |     | 11/11/46      | 44Y                                   |                        | -> ATLANTA GA |          |
| 9                                                | Marital Status               | 10  | Race          | 11                                    | Patient Class          |               |          |
|                                                  | M MARRIED                    |     | 2 CAUCASIAN   |                                       | EMP HOSPITAL EMPLOY    |               |          |
| 12                                               | Mother's Name                | 13  | Father's Name | 14                                    | Primary Care Physician |               |          |
|                                                  | MARTHA                       |     | FRED          |                                       |                        |               |          |
| 15                                               | Address                      | 16  | City          | 17                                    | State                  | 18            | Zip Code |
|                                                  | 321 MAPLE STREET             |     | ATLANTA       |                                       | GA                     |               | 30245    |
| 19                                               | Phone                        | 20  | County        | 21                                    | Resident Since         |               |          |
|                                                  | (404)393-6543                |     | DEKALB        |                                       | 10/10/86               |               |          |
| 22                                               | Geographic Code/Census Tract | 23  | Nationality   | 24                                    | Language               |               |          |
|                                                  | INSIDE PERIMETER             |     | CANADIAN      |                                       | E ENGLISH              |               |          |

Enter place of birth--  
next screen(/) or previous screen(/P) [/]

## Field Explanations

### 1. LAST NAME (15-A-R)

Enter the patient's last name with no special characters or spaces.

### 2. FIRST NAME (10-A-R)

Enter the patient's first name.

### 3. MIDDLE NAME (10-A-O)

Enter the patient's middle name.

### 4. ENTITLE (5-AC-O)

This is a free-form field which allows the entry of JR., SR., III, PHD., MD., and so on. This field should be entered in a format that can be used at the end of the patient's name, such as MD instead of Dr.).

### 5. SEX (1-A-R)

Enter the patient's sex as M or F, which displays as MALE or FEMALE.

### 6. SOC SEC NUMBER (9-N-O)

Enter the patient's social security number without hyphens (-). The system displays the number and inserts the hyphens.

### 7. BIRTHDATE AGE (25-C-R)

Enter the patient's date of birth. Dates can be entered in a variety of formats. Refer to Chapter 4: Information Entry Techniques in the *General Information Volume* of the *STAR Laboratory Reference Guide* for details. The system automatically calculates the age. Enter the century if different from the current one.

**8. BIRTHPLACE (25-AC-0)**

Enter the patient's place of birth. This is a free-form field.

**9. MARITAL STATUS (TABLE LOOKUP)**

Enter the code that describes the patient's marital status. The code and the description are displayed.

**10. RACE (TABLE LOOKUP)**

Enter the code that describes the patient's race. The code and the description are displayed.

**11. PATIENT CLASS (TABLE LOOKUP)**

Enter the code that describes the patient's classification (for example, VIP - Very Important Person, CD - Communicable Disease). The code and the description are displayed.

**12. MOTHER'S NAME (10-AC-O)**

Enter the patient's mother's name. This is used later for verification that this is the correct patient. Depending on hospital procedures, this may be the mother's maiden name or first name.

**13. FATHER'S NAME (10-AC-O)**

Enter the patient's father's name. This can be used later for verification that this is the correct patient.

**14. PRIMARY CARE PHYSICIAN (TABLE LOOKUP)**

Select the patient's primary care physician from the user-defined table. If the physician is not defined in the table, enter a hyphen (-) followed by a 25-character free-form entry. This enables you to enter a physician's name that is not in the table.

**NOTE:** If this physician has more than one office, and multiple office address processing is activated at the facility and individual physician level, the appropriate office for this patient displays. Refer to Chapter 5: Universal Functions in the *General Information Volume* of the *STAR Patient Care Reference Guide*, for full documentation on Physician Second Address Processing.

**15. ADDRESS (20-C-R)**

Enter the patient's home address.

**16. CITY (18-C-R)**

Enter the patient's city. If the city's ZIP code is in the ZIP code table and you enter it in the city field, the city, state and ZIP code automatically fill the appropriate fields. The ZIP code you enter can be either five or nine characters (only five characters are edited against the ZIP code table entries). If the ZIP code you enter is not in the table, the cursor moves to the ZIP code field and the cursor remains at the city field for your free-form entry. An equal sign (=) can be entered for the system's default city, state and five-digit ZIP.

**17. STATE (2-A-R)**

Enter the patient's state in the standard state abbreviation format. This entry is validated with the user-defined state table. An equal sign (=) can be entered for the default state.

**18. ZIP CODE (9-N-R)**

Enter the patient's ZIP code. The ZIP code you enter can be five or nine characters. An equal sign (=) can be entered for the first five characters of the default ZIP code. If a nine-digit ZIP code is used, it displays with a hyphen (-) between the ZIP code and the ZIP code extension.

**19. PHONE (10-NC-O)**

Enter the patient's area code and home phone number without the parentheses () and hyphen (-). The system automatically enters the parentheses around the area code and inserts a hyphen in the phone number. You can enter the phone number without the area code if it is a local number, and the system automatically enters the area code. You can also enter the number in one of the following formats, if desired: (404)393-6000 or 404/393-6000. You can enter any special characters between the area code and prefix, or between the prefix and suffix.

**20. COUNTY (TABLE LOOKUP)**

Enter the code of the county in which the patient lives. The code and the description are displayed.

**21. RESIDENT SINCE (8-N-O)**

Enter the date that the patient began living at the above address. Dates can be entered in a variety of formats. Refer to Chapter 4: Information Entry Techniques in the *General Information Volume* of the *STAR Laboratory Reference Guide* for further details. A valid date must be entered. If it is the current year, you don't have to enter the year; the system automatically defaults to the current year.

**22. GEO. CODE/CENSUS TRACT (TABLE LOOKUP)**

A geographic code can be entered here from a hospital-defined table. This field can be used in conjunction with a census tracking program. The code and the description are displayed.

**23. NATIONALITY (TABLE LOOKUP)**

Enter the code that describes the patient's nationality. The code and the description are displayed.

**24. LANGUAGE (TABLE LOOKUP)**

Enter the code that describes the patient's language. The field defaults to *English* if that entry exists in the table. The code and the description are displayed.

Upon acceptance of the previous screen, the following screen displays. This is the second page of the two page contract registration sequence.

| General Hospital Contract Registration Processor |                     |                  |              |                           |           |     |        |
|--------------------------------------------------|---------------------|------------------|--------------|---------------------------|-----------|-----|--------|
| Vendor Registration                              |                     | Page 2 of 2      |              | Mon Mar 17, 2003 10:13 am |           |     |        |
| No.                                              | Name                | Sex              | BD           | Room                      | Physician | SVC | Status |
| 0000002521                                       | TEST,AUNT           | F                | 03/03/43     |                           |           |     | CON    |
| 1 Patient Type                                   |                     |                  |              | 2 Identification          |           |     |        |
| Contract Account                                 |                     |                  |              | ->                        |           |     |        |
| 3 OP Admission Date                              | 4 OP Admission Time | 5 Arrival Mode   |              |                           |           |     |        |
| 03/17/03                                         | 10:13               |                  |              |                           |           |     |        |
| 6 Unit Number                                    | 7 Corporate Number  | 8 Account Number |              |                           |           |     |        |
| 000-00-2109                                      | 00002032            |                  |              |                           |           |     |        |
| 9 Initials                                       | 10 Opt Out          | 11 Opt Out Date  | 12 Publicity |                           |           |     |        |
| 13 Notice of Privacy Practice                    |                     | 14 Date Received |              |                           |           |     |        |

Enter identification number -- |  
next (/) or previous screen (/P) [/]

## Field Explanations

### 1. PATIENT TYPE (DISPLAY ONLY)

The previously selected patient type is displayed.

### 2. IDENTIFICATION (10-C-R)

Enter the patient's identification number. This is a free-form field used to further identify the patient and the association with the contract (for example, employee number, specimen number).

### 3. OP ADMISSION DATE (25-C-R)

The system supplies the system date as the date of registration. This field can be adjusted to a previous date when necessary. Dates can be entered in a variety of formats. Refer to Chapter 4: Information Entry Techniques in the *General Information Volume* of the *STAR Laboratory Reference Guide* for details.

### 4. OP ADMISSION TIME (10-C-R)

Although the system displays the current time as the admission time, it can be edited in this field. Enter a new time in military time or as AM/PM.

### 5. ARRIVAL MODE (TABLE LOOKUP)

Enter the code that describes the patient's mode of arrival. The table can be overridden by entering a hyphen (-) followed by a free-form entry. This allows you to enter an arrival mode up to 13 characters long that is not in the table.



**6. UNIT NUMBER (10-N-R)**

The patient's unit number is displayed if it was previously assigned. This field cannot be edited once assigned. If this is a first time patient, the unit number may be assigned for the patient type. When assigning unit numbers, either enter them manually, or enter them by using a previously defined range of numbers. Press ENTER, which is the default, for the automatic assignment of the unit number.

The length of the unit number is hospital-defined. The maximum length is ten digits.

**7. CORPORATE NUMBER (8-N-R)**

The patient's corporate number is displayed if it was previously assigned. This field cannot be edited once assigned. If this is a first time patient, the corporate number must be assigned. When assigning corporate numbers, either enter them manually, or enter them by using a previously defined range of numbers. Press ENTER, which is the default, for the automatic assignment of the corporate number. Even if a contract patient does not have a unit number assigned, a corporate number is always assigned.

**8. ACCOUNT NUMBER (10-N-R)**

The patient's account number is either automatically assigned by the system, or you must enter it manually. Press ENTER, which is the default, for the automatic assignment of the registration number. When the number is assigned automatically, the format is as follows: YYJJJ-SSSSS where YY is the last two digits of the year, JJJ is the Julian date for the day of registration, and SSSSS is a sequential one up counter of all visits during the day. Although check digits can be used with STAR Financials, it lowers the maximum number of visits of all patient types available in a day from 99,999 to 9,999.

**9. INITIALS (3-A-R)**

The initials of the person registering the patient are entered or displayed here.

**10. OPT OUT (1-A-O)**

This field accepts entry of Y or N. If you enter **Y**, the patient does not display on the directory listing (Name Inquiry) and related patient search functions accessed from defined CRTs. If you enter **N**, the patient displays on all directory listings.

There is no default value. If no entry is made in the field, it remains blank.

**11. OPT OUT DATE (DATE-C)**

This is the date the Opt Out decision was made. If there is an entry in the Opt Out field, this field is required.

The current date is defaulted into this field. The Opt Out Date field is not accessible if the Opt Out indicator field is blank. If the Opt Out indicator is changed, the date in the Opt Out Date field is cleared.

The Opt Out date cannot be a future date.

**12. PUBLICITY (TABLE LOOKUP-C)**

If the Opt Out field is set to Yes, then the Publicity field is required, and only those publicity codes indicated to be “opt-out” types in the table are displayed for selection. If the Opt Out field is set to No, then the publicity code is an optional field, and only those codes that are not marked as “opt-out” are displayed for selection.

If the Opt Out field is changed from No to Yes, then this field is required. If there is an entry in this field that is not defined an “opt-out” type and the Opt Out field is changed to Yes, this field is cleared. If the Opt Out field is changed from Yes to No, then this field is cleared and becomes optional.

**13. NOTICE OF PRIVACY PRACTICE (1-A-O)**

This field accepts entry of Y or N. If you enter **Y**, the Notice of Privacy Practice has been given to the patient. If you enter **N**, the Notice of Privacy Practice has not been given to the patient.

The data entered in this field is stored and brought forward to a new visit.

There is no default value. If you move through the field without making an entry, the field remains blank.

**14. DATE RECEIVED (DATE-O)**

Date the Notice of Privacy Practice was given to the patient.

If Yes is entered in the Notice of Privacy Practice field, the current date is defaulted into this field but can be edited. If the Notice of Privacy Practice field is No or blank, this field is not accessible. If the Yes in the Notice of Privacy Practice is changed to No, the data in this field is cleared. The field does not accept entry of a future date.

**Impact**

Upon acceptance of this screen, the following occurs:

- The patient has a corporate and account number assigned, and possibly a unit number assigned as well.
- The patient has an active visit in the MPI.
- Registration is sent to other STAR products. In a networked environment, registration takes place in STAR Patient Care and is sent back via networking to STAR Laboratory.
- The patient displays in Name Inquiry and can have orders and charges placed through the normal STAR Laboratory screens.
- Charges can only be viewed on the Contract Charge Inquiry screen.
- The patient is linked (charge-to) the master contract account. All charges/orders are billed to the master contract account.

## Output

There is no output as a result of registration on STAR Laboratory.

## Charge Scheme

If STAR Laboratory and STAR Patient Care reside on separate CPUs (in a networked environment), use the following chart to determine when charging occurs and where charges are visible on the system:

| Scheme             | Charge on Order                                                                                                          | Charge on Accession                                                              | Charge on Result                                                                                 |
|--------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Event Order Placed | Charge appears on Patient Care in Contract Charge Inquiry. Charge date/time can be viewed in Laboratory Patient Inquiry. | No charge occurs with this event.                                                | No charge occurs with this event.                                                                |
| Accession          | Charge appears on Laboratory in Contract Charge Inquiry.                                                                 | Charge appears on both Patient Charge and Laboratory in Contract Charge Inquiry. | Charge appears on Laboratory in Contract Charge Inquiry.                                         |
| Resulting          | No charging occurs with this event.                                                                                      | No charging occurs with this event.                                              | Charge appears on Patient Care. Charge date/time can be viewed in Laboratory in Patient Inquiry. |

**NOTE:** If your charge scheme is Charge on Order or Charge on Result, charges displayed in Contract Charge Inquiry will not be the same on the two systems for a temporary period of time. Charges are always the same between the two systems with the Charge on Accession scheme.

## Contract Charge

The Contract Charge function is used when an account is provided by the hospital to an institution or company for services that are not patient related. In this situation, the account is resident within the system and charges are placed directly to that account. Orders for patients are not applicable; therefore, these accounts are not accessed through the normal Name Inquiry function. Patient-related charges, even for contract patients, are input using the normal STAR Patient Care Charge and Order screens. Please refer to the *Order Management and Charge Processing Module* of the *STAR Patient Care Reference Guide* for detailed information regarding these patient-related charge and order functions.

Examples of this type of account are services that the laboratory performs routinely and contracts out if resources or equipment are available. Following are some specific examples:

- Delivery fees for specimens/reports
- Testing for health fairs

When charges are to be placed for contract services that are patient related, the patients must be registered using Contract Registration. Once this is accomplished, the charges are placed through STAR Laboratory's normal order, charge, and credit functions. After selecting Contract Charge, the system displays the following prompt:

*Enter first letter(s) '-' or code--*

Select the appropriate Contract Name table from the entries by entering a hyphen (-) to list the choices, or enter the code of an entry if it is known. This entry is the account that is billed for the service. (Service is whatever you are charging for; it can be a delivery fee, or a fee for any other type of charge.)

The Charge Screen displays for entry of the appropriate service. Once the test codes are selected, the Charge Screen displays as follows.

| General Hospital Contract Charge Processor |                  |                           |  |
|--------------------------------------------|------------------|---------------------------|--|
| General Laboratory Charge                  |                  | Mon Aug 19, 2002 10:48 am |  |
| Code                                       | Description      | Account ID                |  |
| LB1                                        | LAB CONTRACT 1   | 5670                      |  |
| 1 Item                                     | 2 Description    | 3 Initials                |  |
| 1475                                       | GLUCOSE, FASTING | CC                        |  |
| 4 Date of Service                          |                  | 5 Charging Physician      |  |
| ->                                         |                  |                           |  |
| 6 Quantity/Minutes                         |                  | 7 Price                   |  |
| 8 Charge Location                          |                  | 9 Serial Number           |  |
| Enter date of service [Today]--            |                  |                           |  |

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## Field Explanations

### 1. ITEM (TABLE LOOKUP)

The test code, or a portion of or all of the description can be entered. If an alphabetic lookup is used, all matching items are displayed in the bottom portion of the screen. Select the appropriate item(s) from the display. Enter a slash (/) to access the next page of items, or press ENTER to end the selection. If an error is made during the selection process, the selected item can be deleted by entering a hyphen (-) preceding the option number. This field is required.

### 2. DESCRIPTION (DISPLAY ONLY or 33-C-R)

The item description is displayed automatically based on the item selection. If the item entered is a manually priced item, the displayed description can be overridden with a more appropriate 33-character description by returning to the description field.

### 3. INITIALS (3-A-R)

The initials of the individual entering the charge are entered or displayed here.

### 4. DATE OF SERVICE (8-C-R)

Enter the date the service was actually performed. The default is the system date. A future date cannot be entered. The date can be a previous date. The number of days a charge can be backdated is controlled by a hospital-defined parameter in the SIM Department table.

### 5. CHARGING PHYSICIAN (DISPLAY ONLY)

This field is automatically completed by the system with the name of the physician in the Contract Name table.

### 6. QUANTITY/MINUTES (3-N-R or 4-N-R)

The appropriate quantity for the charge is entered. The default quantity is 1 (one). If the item is a timed charge, the correct number of minutes can be entered or the start and stop time can be entered and the system calculates the appropriate number of minutes.

### 7. PRICE (DISPLAY ONLY or 10-NC-R)

If the item selected is a Simple, Timed, or Incremental priced item, the price is displayed based on the quantity entered. If the item is a Manually priced item, you can enter the price in one of three formats:

1. Enter the total price without a decimal point (for example, 99900 = \$999.00).
2. Enter @ followed by the price for an individual item. The system automatically multiplies the previously entered quantity times the price entered, and displays the product (for example, @400 with a quantity of 2 = \$8.00).
3. Enter the number @a given price. The system automatically calculates the per item price and multiplies it by the previously entered quantity (for example, 4@1200 with a quantity of 2 = \$6.00).

The appropriate patient price is displayed upon completion of this field.

**8. CHARGE LOCATION (TABLE LOOKUP)**

This field is table-driven. It represents the location where the charge is incurred. Select an entry from the table. The revenue for this charge item may be redirected to a different revenue center as a result of this field. This revenue redirection is hospital-controlled by using combinations of the Revenue Department table and the Charge Location table. Please refer to the *Order Management and Charge Processing Module* of the *STAR Patient Care Reference Guide* for more information regarding revenue redirection capabilities.

**9. SERIAL NUMBER (7-AN-O)**

This field is accessed only when charging for an automatic daily charge item. It can be used to identify the charged item (such as the serial number for a piece of equipment). This field assists in tracking equipment locations.

As each charge is processed, the previous charge entry and sequential order/charge number is displayed below the last line of the screen. When multiple charges are entered, the charging physician, charge location, and initials are retained for ease of entry. These fields can be revised during the process if necessary. Once charging for that department is completed, the option exists to charge the same account for another charge department, if applicable.

**Impact**

Upon acceptance of this screen, the following occurs:

- The master contract is charged the discounted rate as indicated in the vendor table. The appropriate price level is determined in the Contract Name table. If there is no charge indicated in the appropriate price level, then the outpatient price is charged. If there is no outpatient price, then the normal charge amount is charged.
- Charges are reflected in the Contract Charge Inquiry function with the contract name or identification number displaying as the account which received the service.
- An order or charge number is assigned to each charge as an audit trail.

**Output**

Contract Charges print on the following reports:

- Contract Year-To-Date Charge Summary, the Contract Invoice and the Outpatient Revenue Monthly reports.

## Contract Credit

The Contract Credit function is used when an account is provided by the hospital to an institution or company for services that are not patient related. In this situation, the account is resident within the system and charges and credits are placed directly to that account. Orders for patients are not applicable; therefore, these accounts are not accessed through the normal Name Inquiry function. Patient-related credits, even for contract patients, are input using the normal STAR Laboratory Credit function. Please refer to the *Order Management and Charge Processing Module* of the *STAR Patient Care Reference Guide* for details regarding the patient-related charge and order screens.

Since issuing a credit on an account for an entire charge transaction can be performed using the Charge Inquiry function keeping the charge audit trail in place, it is suggested that Charge Inquiry cancellation be used whenever possible. Typically, the credit screen is used to credit partial charge amounts. An example of this would be eight units of blood charged to the patient, and the patient only uses six of the units. Rather than credit eight units of blood and charge for six units of blood, depending on hospital procedures, a credit can be placed for two units of blood, which is the unused portion of the original order.

Examples of this type of account are services that the hospital performs routinely and contracts out if resources or equipment are available. Following are some specific examples:

- Delivery fees for specimens
- Testing for health fairs

When credits are to be placed for contract services that are patient related, the patients must be registered using Contract Registration. Once this is accomplished, the credits are placed through STAR Laboratory's normal credit functions. After selecting Contract Credit, the system displays the following prompt:

*Enter first letter(s)'-' or code--*

Select the appropriate Contract Name table from the entries by entering a hyphen (-) to list the choices, or enter the code of an entry if you know it. This entry is the account that is billed for the service. (Service is whatever you are crediting for; can be a delivery fee, or a fee for any other type of charge.)

Once the contract name is selected, the following prompt displays:

*Are you sure you want to enter CREDITS? (Y/N)[N]*

If **Y** is entered the credit screen displays for entry of the appropriate service.

| General Hospital Contract Credit Processor |                  |                           |
|--------------------------------------------|------------------|---------------------------|
| General Laboratory Credit                  |                  | Mon Aug 19, 2002 11:03 am |
| Code                                       | Description      | Account ID                |
| LB1                                        | LAB CONTRACT 1   | 5670                      |
| 1 Item                                     | 2 Description    | 3 Initials                |
| 1475                                       | GLUCOSE, FASTING | CC                        |
| 4 Date of Service                          |                  | 5 Charging Physician      |
| ->                                         |                  |                           |
| 6 Quantity/Minutes                         |                  | 7 Price                   |
| 8 Charge Location                          |                  | 9 Serial Number           |
| Enter date of service [Today]--            |                  |                           |

## Field Explanations

### 1. ITEM (TABLE LOOKUP)

The test code, a portion of or all of the description can be entered. If an alphabetic lookup is used, all matching items are displayed in the bottom portion of the screen. Select the appropriate item(s) from the display. Enter a slash (/) to access the next page of items, or press ENTER to end the selection. If an error is made during the selection process, the selected item can be deleted by entering a hyphen (-) preceding the option number. This field is required.

### 2. DESCRIPTION (DISPLAY ONLY)

The item description is displayed automatically based on the item selection. If the item entered is a manually priced item, the displayed description can be overridden with a more appropriate 33-character description by returning to the description field.

### 3. INITIALS (3-A-R)

Enter your initials (or the individual entering the charge).

### 4. DATE OF SERVICE (8-C-R)

Enter the date associated with this credit. The default is the system date. A future date cannot be entered. The date can be a previous date. The number of days a credit can be backdated is controlled by a hospital-defined parameter in the SIM Department table.



**5. CHARGING PHYSICIAN (DISPLAY ONLY)**

This field is automatically completed by the system with the name of the physician in the Contract Name table.

**6. QUANTITY/MINUTES (3-N-R or 4-N-R)**

The appropriate quantity for the credit is entered. The default quantity is 1 (one). If the item is a timed credit, the correct number of minutes can be entered or the start and stop time can be entered and the system calculates the appropriate number of minutes.

**7. PRICE (DISPLAY ONLY or 10-NC-R)**

If the item selected is a Simple, Timed, or Incremental priced item, the price is displayed based on the quantity entered. If the item is a Manually priced item, you can enter the price in one of three formats:

- Enter the total price without a decimal point (for example, 99900 = \$999.00).
- Enter @ followed by the price for an individual item. The system automatically multiplies the previously entered quantity times the price entered, and displays the product (for example, @400 with a quantity of 2 = \$8.00).
- Enter the number @a given price. The system automatically calculates the per item price and multiplies it by the previously entered quantity (for example, 4@1200 with a quantity of 2 = \$6.00).

The appropriate patient price is displayed upon completion of this field.

**8. CHARGE LOCATION (TABLE LOOKUP)**

This field is table-driven. It represents the location where the charge is incurred. The default charge location is defined in the prompt. Based on the entry in the CRT table. Either select an entry from the table or press ENTER to accept the default. The revenue for this charge item may be directed to a different revenue center as a result of this field. This revenue redirection is hospital-controlled by using combinations of the Revenue Department table and the Charge Location table. Please refer to the *Order Management and Charge Processing Module* of the *STAR Patient Care Reference Guide* for more information regarding revenue redirection capabilities.

**9. SERIAL NUMBER (7-AN-O)**

This field is accessed only when crediting for an automatic daily charge item. It can be used to identify the credited item (such as the serial number for a piece of equipment). If this field is entered, it appears on the Midnight Processing Equipment Report. This field assists in tracking equipment locations.

As each credit is processed, the previous credit entry and sequential order/charge number is displayed below the last line of the screen. When multiple credits are entered, the charging physician, charge location, and initials are retained for ease of entry. These fields can be revised during the process if necessary. Once all crediting for that department is completed, the option exists to credit the same account for another charge department, if applicable.

## Impact

Upon acceptance of this screen, the following occurs:

- The master contract is credited by the discounted rate, as indicated in the vendor table. The appropriate price level is determined in the Contract Name table. If there is no charge amount indicated in the appropriate price level, then the outpatient price is credited. If there is no outpatient price, then the normal charge amount is credited.
- Credits are reflected in the Contract Charge Inquiry function with the contract name or identification number displaying as the account which received the service.
- An order or charge number for each credit is assigned to each credit as an audit trail.

## Output

Contract Credits are reflected in the following reports:

- Credits are reflected on the Contract Year-To-Date Charge Summary, the Contract Invoice, and the Outpatient Revenue Monthly reports.

If ordering/accessioning on a contract patient, the previous discussions in those sections apply. The Collection Date of the specimen is the Date of Service listed on the contract

Use the following table to determine when charging occurs and where charges are visible on the system:

| Scheme              | Charge on Accession                                                              | Charge on Result                                                                                 |
|---------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Event: Order Placed | No charge occurs with this event.                                                | No charge occurs with this event.                                                                |
| Accessioning        | Charge appears on both Patient Charge and Laboratory in Contract Charge Inquiry. | Charge appears on Laboratory in Contract Charge Inquiry.                                         |
| Resulting           | No charge occurs with this event.                                                | Charge appears on Patient Care. Charge date/time can be viewed in Laboratory in Patient Inquiry. |

## Contract Charge Inquiry

The Contract Charge Inquiry function reflects all charges, chargeable orders, and credits that have been applied to a given contract account and allows for cancellation of orders/charges previously placed, maintaining an audit trail. This would be charges placed directly to the account through the contract charge and credit screens, as well as charges, orders and credits applied to patients who are associated with this account through the contract registration sequence. Since these patient charges are actually charges to the master account, or contract, their charges cannot be viewed by patient under the normal STAR Laboratory Charge Inquiry. Once the Contract Charge Inquiry function is selected, you are prompted to select the facility if multifacility. The system displays the following prompt:

*Enter first letter(s) '-' or code--*

Select the appropriate Contract Name table from the entries by entering a hyphen (-) to list the choices or by entering the code of a contract if you know it. This entry is the account that you are viewing the charges and credits for, or are intending to cancel some of the charges.

The system displays the following prompt:

*Enter summary (S) or date to begin charge review [Today]--*

Enter the beginning date for which charges are to be viewed. The default response is today's date. After selecting the appropriate date, you are able to view the contract charges. If **S** is entered, the summary screen displays. If a date is entered, the detail screens display as follows with the summary screen displaying after all charges are viewed.

After the date is entered, the following screen displays listing all charges, chargeable orders, credits, or cancellations placed during the entered date.

| General Hospital Contract Charge Inquiry Processor     |      |                   |                                             |                           |          |     |       |
|--------------------------------------------------------|------|-------------------|---------------------------------------------|---------------------------|----------|-----|-------|
|                                                        |      |                   |                                             | Mon Jun 12, 1995 01:35 pm |          |     |       |
| Code                                                   |      | Description       |                                             | Account ID                |          |     |       |
| 3                                                      |      | REFERENCE LAB XYZ |                                             | 1231234                   |          |     |       |
| Charges for Eligible Departments                       |      |                   | During the 24 Hours Ending Midnight Tonight |                           |          |     |       |
| No                                                     | Chg# | Dept              | Description                                 | Account                   | Srv Date | Qty | Price |
| 1                                                      | 2    | LAB               | LAB STAT CHARGE                             | HOLMES, LARRY HENDR       | 10/23/89 | -1  | -.57  |
| 2                                                      | 1    | LAB               | LAB STAT CHARGE                             | HOLMES, LARRY HENDR       | 10/23/89 | -1  | -.57  |
| 3                                                      | 2    | LAB               | LAB STAT CHARGE                             | HOLMES, LARRY HENDR       | 10/23/89 | 1   | .57   |
| 4                                                      | 2    | LAB               | BLOOD CULTURE                               | HOLMES, LARRY HENDR       | 10/23/89 | 1   | 42.20 |
| 5                                                      | 1    | LAB               | LAB STAT CHARGE                             | HOLMES, LARRY HENDR       | 10/23/89 | 1   | .57   |
| 6                                                      | 1    | LAB               | ARSENIC, BLOOD                              | HOLMES, LARRY HENDR       | 10/23/89 | 1   | 59.00 |
| 7                                                      | 1    | LAB               | LAB STAT CHARGE                             | BENNETT, BARBARA LU       | 10/23/89 | -1  | -.57  |
| 8                                                      | 2    | LAB               | URINALYSIS, ROUTIN                          | BENNETT, BARBARA LU       | 10/23/89 | 1   | 14.40 |
| 9                                                      | 1    | LAB               | LAB STAT CHARGE                             | BENNETT, BARBARA LU       | 10/23/89 | 1   | .57   |
| 10                                                     | 1    | LAB               | CBC & PLATELET COU                          | BENNETT, BARBARA LU       | 10/23/89 | 1   | 34.80 |
| 11                                                     | 1    | MSC               | DELIVERY FEE - SPE                          | REFERENCE LAB XYZ         | 10/23/89 | 1   | 53.00 |
| All charges have been listed for the date shown!       |      |                   |                                             |                           |          |     |       |
| Enter number, summary(S) or new date [previous date]-- |      |                   |                                             |                           |          |     |       |

## Field Explanations

### 1. NO (2-N-O)

This is the number you select to view more detail for the charge line item, to cancel a charge or order, or to issue a credit to the patient's bill.

### 2. CHG# (DISPLAY ONLY)

This is the number assigned to this line item when the charge or order was generated.

### 3. DEPT (DISPLAY ONLY)

This is the Service Item department from which the charge or order was generated.

### 4. DESCRIPTION (DISPLAY ONLY)

This is the description of the item that was charged or ordered.

### 5. ACCOUNT (DISPLAY ONLY)

The name or identification number of the individual who received the charges, credits, cancellations, or orders is displayed. If the charge or credit was placed directly to the account through Contract Charge or Credit, then the contract's name or identification number displays. Whether the name or identification number displays is controlled by the Contract Name table.

### 6. SRV DATE (DISPLAY ONLY)

This is the date the actual service was performed, as entered in the charge screen.

**7. QTY (DISPLAY ONLY)**

This is the quantity of the item charged, credited, or cancelled. A hyphen (-) to the left of the quantity indicates a credit or cancellation.

## 8. PRICE (DISPLAY ONLY)

This is the extended price for the item that was charged, ordered, credited, or cancelled. A hyphen (-) to the left of the quantity indicates a credit or cancellation.

When the line items for charges listed on the Charge Inquiry Screen exceed one page, you can scroll through the additional charges by pressing ENTER. You can select a line item and obtain more detail about that charge, or place a credit to the account for that charge providing an audit trail. Enter the line number of the item to review.

The Charge Inquiry Detail Screen provides additional information about the original charge. All fields are display only. You can cancel a charge from this screen, depending on the entries. The charge was either placed as a result of an item being ordered that was a Charge-on-Order item, or through the Contract Charge function.

[illegible]

The prompt allows you to either enter **C** to cancel the item, enter slash (/), or press ENTER for the default response to view the next item listed.

## Field Explanations

### 1. CHARGE NUMBER (DISPLAY ONLY)

This is the transaction number originally assigned to this charge or order.

## 2. FROM CRT (DISPLAY ONLY)

This is the CRT from which the original charge or order was generated.

**3. DEPARTMENT (DISPLAY ONLY)**

This is the Service Item Master charge department from which the item was charged or ordered.

**4. TYPE (DISPLAY ONLY)**

This is the type of transaction that was generated: Admission Order, Cancel, Credit, Charge, or Order.

**5. CHARGE LOCATION (DISPLAY ONLY)**

This is the charge location entered or displayed during the charging or ordering process. Please refer to the *Order Management and Charge Processing Module* of the *STAR Patient Care Reference Guide* for details regarding the charge location and revenue redirection processing.

**6. DATE CHARGED (DISPLAY ONLY)**

This is the date and time the charge or order was entered in the system.

**7. CHARGED BY (DISPLAY ONLY)**

The initials of the person who entered the transaction display here.

**8. CODE/BILL CODE (DISPLAY ONLY)**

This is the four-digit STAR Laboratory test code followed by the financial system billing code associated with this charge or order.

**9. DESCRIPTION (DISPLAY ONLY)**

This is the description associated with this item being charged, credited, or ordered.

**10. QUANTITY (DISPLAY ONLY)**

This is the quantity of the item charged or ordered.

**11. PRICE (DISPLAY ONLY)**

This is the extended price for the item charged or ordered.

**12. DATE OF SERVICE (DISPLAY ONLY)**

This is the actual date the service or item was provided for the account. The number of days the system allowed backdating upon initial entry is a hospital-defined parameter that is located in the SIM department table.

**13. ORDER DIAGNOSIS (DISPLAY ONLY)**

This is the ICD CM code field. The ICD CM code is the reason, or ordering diagnosis, for ordering the test or exam.

**14. CHARGING PHYSICIAN (DISPLAY ONLY)**

This field indicates the physician who charged this service or item.

**15. PERFORMING PHYSICIAN (DISPLAY ONLY)**

This field indicates the physician who performed the test or exam.

**16. REVENUE CODE (DISPLAY ONLY)**

This is the revenue department to which the charge or credit was applied.

**17. ACCOMMODATION CODE (DISPLAY ONLY)**

If the item charged or credited was a room/bed item, this is the accommodation code that was assigned. For all other types of items, this field displays blanks.

**18. HCPCS CODE (DISPLAY ONLY)**

This field indicates the HCPCS (Healthcare Financing Administration Common Procedure Coding System) code associated with this item in the FIM file.

**19. HCPCS MODIFIERS (DISPLAY ONLY)**

The HCPCS modifiers that apply to the SIM item display during the ordering/charge process for selection. For professional fee charges and CMS-compliant outpatients, up to ten modifiers can be selected, but on the claim for the UB-92 only two display, and for the 1500 only four modifiers display. The modifiers are built in the Medical Records HCPCS Modifiers Table. The user can indicate which department the modifier(s) applies to as well as whether the modifiers are used for Pro Fees, Non Pro Fees, or both, and their display priority.

**20. AdV PANEL (DISPLAY ONLY)**

This field is used only if AdVantage Laboratory is the networked laboratory system.

**21. ABN (DISPLAY ONLY)**

This field displays data entered in STAR Patient Care. It indicates whether an Advanced Beneficiary Notification (ABN) form was signed, based upon the patient's patient type, plan, patient's diagnosis, and procedure code. This field may be blank or contain one of the following:

- Yes - An ABN is required and has been printed and signed by the patient for this charge. If the ABN is designated as printed and signed, the designated charge can be defined in the UB92 Charge Control Parameters to print in the non-covered column of the UB92 claim form. If a HCPCS modifier or modifiers have been defined in the STAR Patient Care SIM Department Table in Table Maintenance, this modifier is appended to the HCPCS procedure code in STAR Patient Care and printed on the appropriate claim form.
- No - An ABN is required and has not been printed and signed by the patient for this charge. An override reason has been entered instead of a signed ABN form.
- App - An ABN is not required-TheSIM item ordered has an approved diagnosis or approved diagnoses have not been defined for this procedure in the STAR Medical Records HCPCS Table.
- FQ/Y - The ABN was given due to a frequency limitation and was signed.
- FQ/N - The ABN was given due to a frequency limitation and was not signed.

**22. ABN REASON (DISPLAY ONLY)**

This field indicates why the ABN was not signed if the test was not determined to be medically necessary based on the ICD diagnostic codes defined in the STAR Medical Records HCPCS Table. This field displays an Override Reason code from a user-defined table or freeform text up to 33 characters. In the event of a Late Charge, this field automatically defaults to the freeform text override reason *Late Charge - Patient not avail.* STAR Medical Records and STAR Patient Accounting have the ability to edit the ABN field or the Ordering Diagnosis field if they are using the ABN/Duplicate HCPCS Processing function. If the ABN field or the Ordering Diagnosis field is edited while the charge is still active on STAR Patient Care, the system updates the STAR Patient Accounting charge record.

**23. MED NEC DUP HCPCS (DISPLAY ONLY)**

This field indicates whether a duplicate HCPCS procedure has been ordered for this patient within a single calendar day. The response in the Med Nec Dup HCPCS field is stored in the charge record as follows. This field contains one of the following.

- If Yes, the appropriate modifier to indicate medical necessity, as defined by the user in the STAR Patient Care SIM Department table, is added to the HCPCS code in the STAR Patient Care charge record. The HCPCS plus modifier combination then prints on the applicable claim form.
- If No, the charge can be defined in the appropriate UB92 Charge Control Parameter to print in the non-covered column on the UB92 claim form (FL 48).
- If Null, the charge is not indicated as a duplicate, and the HCPCS does not print in the non-covered column of the UB92 claim form.

**24. MED NEC DUP/CONFLICT HCPCS OVERRIDE (DISPLAY ONLY)**

This field is populated by the reason selected from the Duplicate HCPCS Override Reason table during charge entry, if a modifier is allowed. If a modifier is not allowed, the field is populated with the default *No* from the CCE Modifier Allowed field. If *No* is displayed, this indicates that the item is not defined to allow a modifier and the item is non-covered.

**25. TAKE HOME DRUG (DISPLAY ONLY)**

This field displays data entered in STAR Pharmacy. It indicates whether an item was designated as a take home medication at the time the charge was entered. If a charge is received that has the take home indicator set to Yes, then the UB92 Revenue Code is changed on the charge to the user-defined revenue code specific to take home medications. This revenue code may be defined as non-covered in the insurance plan, thus causing it to appear in the non-covered column of the UB92 claim form.

**26. CONFLICT CODE/CATEGORY (DISPLAY ONLY)**

This field is populated by the XREF HCPCS Function definitions. The HCPCS code displayed in this field is the code detected as a conflict during order entry and the category displayed is the conflict detected during charge entry.



**27. CCE MODIFIER ALLOWED (DISPLAY ONLY)**

This field is populated by the definition entered in the HCPCS Processor Table within the XREF HCPCS/CPT® option. If a conflict is detected, the field displays Yes or No. If Yes is displayed, the Med Nec Dup/Conflict HCPCS Override field displays an override reason entered during Order Entry or Charge Entry. If No is displayed, there is no override reason in the Med Ned Dup/Conflict HCPCS Override field.

**28. FREQUENCY LIMIT (DISPLAY ONLY)**

This field is used to display the frequency limit linked to the HCPCS code defined for the SIM item ordered or charged.

If you enter **C** to cancel an item and credit the patient, the following screen displays:

| General Hospital Contract Charge Inquiry Processor           |                   |            |
|--------------------------------------------------------------|-------------------|------------|
| Fri Jun 21, 2002 05:07 pm                                    |                   |            |
| Code                                                         | Description       | Account ID |
| 3                                                            | REFERENCE LAB XYZ | 1231234    |
| The quantity and price below will be credited to the patient |                   |            |
| ( 1)Charge Number: 3                                         |                   |            |
| ( 2)Description : CBC & PLATELET COUNT                       |                   |            |
| ( 3)Quantity : 1                                             |                   |            |
| ( 4)Price : \$34.80                                          |                   |            |
| ( 5)Initials : KLG                                           |                   |            |
| Accept this screen? (Y/N) [Y]--                              |                   |            |

The cancel option keeps the same charge/order number that was originally assigned in the charge or order function, providing an accurate audit trail. The cancel option cancels the order in its entirety; that is, the quantity and price cannot be modified from the original charge or order.

**Field Explanations****1. CHARGE NUMBER (DISPLAY ONLY)**

This is the transaction number originally assigned to this charge or order.

**2. DESCRIPTION (DISPLAY ONLY)**

This is the item description associated with this transaction.

**3. QUANTITY (DISPLAY ONLY)**

This is the quantity of the item ordered or charged.

**4. PRICE (DISPLAY ONLY)**

This is the extended price for the item ordered or charged.

**5. INITIALS (3-A-R)**

The initials of the individual cancelling this charge or order are displayed or entered.

After the item is cancelled, the system returns to the Charge Inquiry screen to view or access other charges. You may choose to view only the summary page of the Charge Inquiry function, or the summary screen displays once all the detail charges have been viewed.

| General Hospital Contract Charge Inquiry Processor |                   |            |            |       |     |
|----------------------------------------------------|-------------------|------------|------------|-------|-----|
| Mon Jun 12, 1995 01:35 pm                          |                   |            |            |       |     |
| Code                                               | Description       | Account ID |            |       |     |
| 3                                                  | REFERENCE LAB XYZ | 1231234    |            |       |     |
| Department                                         | Today             | All        | Department | Today | All |
| LABORATORY                                         | -34.80            | 150.40     |            |       |     |
| OTHER                                              | 0.00              | 53.00      |            |       |     |
| *** Total                                          | -34.80            | 203.40     |            |       |     |
| Press NL--                                         |                   |            |            |       |     |

The charges are summarized according to the Charge Summary name assigned to a particular Service Item Master Department in the hospital-maintained SIM table.

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

This field lists the departments with associated charges for this contract.

**2. TODAY (DISPLAY ONLY)**

This is the total of the current day's charges for the department associated with the selected contract.

**3. ALL (DISPLAY ONLY)**

This is the total active charges for the department for this contract.

## Impact

Contract Cancellations are reflected in the following reports:

- The master contract is credited the discounted rate as indicated in the SIM for the items credited. The appropriate price level is determined in the Contract Name table. If there is no charge amount indicated in the appropriate price level, then the outpatient price is credited. If there is no outpatient price, then the normal charge amount is credited.
- Cancellations are reflected in the Contract Charge Inquiry function with the contract name or identification number displaying as the account which received the service.
- The audit trail is maintained because each cancellation maintains the original charge or order charge number.

## Output

Upon acceptance of this screen, the following prints:

- Cancellations are reflected on the Contract Year-To-Date Charge Summary and Invoice reports.

## Contract Year-to-Date Report

The Contract Year-To-Date Report function provides a summary of contract activity by contract account for a specified year. After selecting this option from the menu, you are prompted to select the facility if multifacility. The system displays the following prompt:

*Print Contract Year to Date Report? (Y/N) [N]--*

If you enter **Y**, you are prompted to enter the year you want printed. After entering the year, the report begins printing immediately on the designated printer. When entering the year, enter only the last two digits; for example, to print the report for 1993, enter 93. The following message displays after the year is entered:

*Compiling and Printing*

To enter the default, which is *No*, press ENTER.

This report prints monthly total charges for each contract for the selected year. The report also displays a total for all contracts for each month and a total for individual and total contracts for the year.

SORT is by Vendor Contract Name.

An example of a Contract Year-To-Date Charge Summary report follows.

Figure 3.1 Contract Year-To-Date Charge Summary Report

|                                                           |          |         |         |                    |         |         |         |           |         |          |          |          |
|-----------------------------------------------------------|----------|---------|---------|--------------------|---------|---------|---------|-----------|---------|----------|----------|----------|
| Mon Jun 12, 1995 05:26 pm                                 |          |         |         | GENERAL HOSPITAL A |         |         |         | Page 1    |         |          |          |          |
| Contract Year-to-Date Charge Summary Report for Year 1995 |          |         |         |                    |         |         |         |           |         |          |          |          |
| Contract                                                  |          |         |         |                    |         |         |         |           |         |          |          |          |
| January                                                   | February | March   | April   | May                | June    | July    | August  | September | October | November | December | Total    |
| -----                                                     | -----    | -----   | -----   | -----              | -----   | -----   | -----   | -----     | -----   | -----    | -----    | -----    |
| ALLENTOWN INDUSTRIES                                      |          |         |         |                    |         |         |         |           |         |          |          |          |
| 471.25                                                    | 89.41    | 316.75  | 1006.52 | 635.02             | 157.33  | 280.84  | 204.49  | 459.25    | 207.62  | 185.99   | 440.02   | 4454.49  |
| DAMIEN, YOUNG & ASSOCIATES                                |          |         |         |                    |         |         |         |           |         |          |          |          |
| 78.44                                                     | 60.90    | 52.02   | 117.31  | 27.19              | .00     | 51.22   | 79.11   | 48.16     | 30.00   | 8.40     | 104.83   | 657.58   |
| GHERADELLI LABORATORIES                                   |          |         |         |                    |         |         |         |           |         |          |          |          |
| 748.16                                                    | 241.12   | 962.37  | 1480.25 | 1022.81            | 961.14  | 603.77  | 749.98  | 852.31    | 971.85  | 1020.46  | 811.17   | 10425.39 |
| GRIFFIN-HAWTHORNE MEDICAL                                 |          |         |         |                    |         |         |         |           |         |          |          |          |
| 1008.37                                                   | 802.69   | 1724.08 | 1102.00 | 840.62             | 218.28  | 771.52  | 914.73  | 1428.88   | 1601.45 | 935.22   | 990.64   | 12338.48 |
| SMITH LABORATORY ENTERPRISES                              |          |         |         |                    |         |         |         |           |         |          |          |          |
| 66.83                                                     | 102.80   | 226.42  | 215.40  | 108.44             | 92.83   | 270.34  | 194.69  | 241.25    | 196.94  | 312.08   | 94.33    | 2122.35  |
| Totals                                                    |          |         |         |                    |         |         |         |           |         |          |          |          |
| 2373.05                                                   | 1296.92  | 3281.64 | 3921.48 | 2634.08            | 1429.58 | 1977.69 | 2143.00 | 3029.85   | 3007.86 | 2462.15  | 2440.99  | 29998.29 |
| End of Report                                             |          |         |         |                    |         |         |         |           |         |          |          |          |

## CONTRACT BILLING REPORTS

```
General Hospital Administration Contract Billing Processor
                                   Mon Jun 12, 1995 03:14 pm
Administration Contract Billing Input Options

Option No.  Option
-----
      1      Contract Management
      2      Contract Billing - Reports

Enter option number--
```

The above menu displays upon selecting Contract Management from the Administration section menu. Select Contract Billing - Reports from the above menu.

### Batch Contract Patient

```
General Hospital Contract Billing - Reports Processor
                                   Mon Jun 12, 1995 12:09 pm
Contract Billing - Reports Input Options

Option No.  Option
-----
      1      Batch Contract Patient Report
      2      Single Contract Patient Report
      3      Invoice Generation
      4      Outpatient Revenue Monthly
      5      Outpatient Test Count Report

Enter option number--
```

The Contract Billing Reports menu enables you to print patient and administrative reports for contracts and contract patient types. This menu contains base reports processors and cannot be changed.

The Batch Contract Patient Report and Single Contract Patient Report processors generate patient reports. The Invoice Generation processor produces invoices for each contract that has charges. The Outpatient Revenue Monthly Report and Outpatient Test Count Report are administrative reports.

Contract Patient Reports are provided for each patient registered under contract accounts. Reports may print in standard, zonal, or offset format. Standard format is the same as that for Primary Result Reports. Within zonal reports, numeric values are depicted graphically by marking their location within the normal range. Low, normal and high ranges display in three columns. Each numeric value is represented by an X within the appropriate column making it easier for the physician to scan the report for abnormal values. Offset reports provide *Outside* and *Within* columns in which respective numeric result values print.

Patient reports may be printed in batch by contract account or singly by patient name.

Access the Batch Contract Patient Report processor. These reports are generated for each facility. If your system is multifacility, select the appropriate facility.

If a batch of Contract Patient Reports is printing, the system displays the following message:

*Batch Contract Patient report already printing! Please try later!*

Otherwise, the system displays the following prompt:

*Enter first letter(s) '-', code (s), or all(A) --*

The batch of Contract Patient Reports may include one, multiple, or all accounts. Indicate the contract(s) to include by entering the code(s) or a hyphen for table selection. Use the table entry techniques described in Chapter 4: Information Entry Techniques in the *General Information Volume* of the *STAR Laboratory Reference Guide*. Enter **A** to include all contracts in this batch

If you enter **A** and there is a contract code A on file, the following prompt displays:

*Enter NL for contract code 'A' or all(A) --*

To select contract code A, press ENTER. To select all contracts, enter **A**.

In this example, the code ATL is entered at the first prompt to access that contract. The system displays the following prompt:

*Reprint(R) or Print(P) new reports?-- **P***

STAR Laboratory enables you to reprint a batch of summaries or print a new batch. Enter **P** to print a new batch. When **P** is entered, the Batch Contract Patient Report Parameter screen displays (see the following screen).

In this example, **P** is entered to print new reports. The system displays the following screen:

| General Hospital Batch Contract Patient Report Processor |                   |
|----------------------------------------------------------|-------------------|
| Mon Jun 12, 1995 09:20 am                                |                   |
| Contract Summary Report Parameters                       |                   |
| 1 Sort Method                                            | 2 Last print date |
| Doctor - Ordering                                        | 03/16/92          |
| 3 Number of Patient Copies                               | 4 Default Printer |
| 1                                                        |                   |
| Enter field number or '/' starting field number--        |                   |

## Field Explanations

### 1. SORT METHOD (1-A-R)

A batch may be sorted by patient location (enter **L**), patient name (enter **N**), account number (enter **A**) or doctor (enter **D**). This sort is secondary to sort by contract.

If you select to sort by **D**, the following prompt displays:

*Sort by Contract(C), Attending(A), Ordering(O) or Admitting(D) doctor--*

### 2. LAST PRINT DATE (DISPLAY ONLY)

This field displays the last date a batch of Contract Patient reports printed. You cannot edit this field.

### 3. NUMBER OF PATIENT COPIES (1-N-R)

The prompt for this field displays the default number of patient reports as defined under the Contract Billing Maintenance - Parameters. This field can be edited for each batch requested. Enter a number from one to nine.

**4. DEFAULT PRINTER (TABLE LOOKUP-C)**

This field displays the default printer for this report. You may access this field by entering **/4** (slash 4) and selecting from the list of alternate printers.

Upon completion of all required fields, the system displays the following prompt:

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

Accept the screen by entering **Y** or pressing ENTER. Enter **N** to edit.

**Impact**

Print parameters are set for this batch of Contract Patient Reports.

**Output**

Contract Patient Reports for the selected criteria print on the designated printer.

**REPRINT**

At the following prompt, enter **R** to reprint a batch of summaries:

*Reprint(R) or Print(P) new reports?--*

The contract(s) selection screen precedes this prompt. The next screen to display depends on whether you selected a single, multiple, or all contracts on the first screen.

When multiple contracts are selected, the reprint function may not be used. The following error message displays:

*Multiple selections not valid for Reprint!*

When all contracts are selected for reprint, the print parameters display for the last batch printed as in the following example.

|                                                          |                           |  |
|----------------------------------------------------------|---------------------------|--|
| General Hospital Batch Contract Patient Report Processor |                           |  |
| Mon Jun 12, 1995 12:09 pm                                |                           |  |
| Prints last batch printed for all contracts.             |                           |  |
| 1 Sort Method                                            |                           |  |
| Doctor                                                   |                           |  |
| 2 Number of Patient Copies                               | 3 Default Printer         |  |
| 1                                                        | 3FL PRINTER RM (Port #33) |  |
| Accept this screen? (Y/N) [Y]--                          |                           |  |



## Field Explanations

### 1. SORT METHOD (1-A-O)

A batch may be sorted by patient location (enter **L**), patient name (enter **N**), account number (enter **A**) or contract doctor (enter **D**). This is the secondary sort to sort by contract. This field cannot be edited when reprinting a batch.

### 2. NUMBER OF PATIENT COPIES (1-N-R)

The prompt for this field displays the default number of patient reports as defined under the Contract Billing Maintenance - Parameters. This field can be edited for each batch requested. Enter a number from one to nine.

### 3. DEFAULT PRINTER (TABLE LOOKUP-C)

This field displays the default printer for this report. You may access this field by entering **/3** (slash 3) and selecting from the list of alternate printers.

Upon completion of all required fields, the system displays the following prompt:

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

Accept the screen by entering **Y** or pressing ENTER. Enter **N** to edit.

## Impact

Upon completion of this screen, the following occurs:

- Print parameters are set for this batch of Contract Patient reports.

## Output

Upon completion of this screen, the following occurs:

- The batch of Contract Patient reports for the selection criteria prints on the designated printer.

*Reprint(R) or Print(P) new reports?--*

If a single contract was selected, the system displays the following screen:

```
General Hospital Batch Contract Patient Report Processor
                                Mon Jun 12, 1995 12:09 pm

Page:01                                Reports for Reprint
Printed      #Pts      Sorted by      Locations included
( 1) 08/03/89 1317      10      Location      All
( 2) 08/09/89 1555      15      Location      All

Enter choice--
```

A table of previously printed batches for this contract displays prior to the reprint Batch Contract Patient Report screen. Select the batch to reprint.

If the batch selected is currently printing or printing was aborted, the system displays the following prompt:

*This report is printing or aborted, continue (Y/N) --*

If report printing was aborted, enter **Y**. If the report is currently printing, enter **N**.

```
General Hospital Batch Contract Patient Report Processor
                                Mon Jun 12, 1995 12:09 pm
Reprint of report printed: 08/03/89 1317      Sorted by: Location
Location(s): All

Report Parameters

1 Sort Method                2 Start Account #      3 End Account #
  Location                    ->

4 Number of Patient Copies    5 Default Printer
  1                          3FL PRINTER RM (Port #33)

Start with account number [beginning] --
```

In the preceding example, the batch was sorted by location for all locations. When these are reprinted, you can enter a starting account number and an ending account number, change the number of patient copies and select another printer.

---

## Field Explanations

### 1. SORT METHOD (1-A-O)

A batch may be sorted by patient location (enter **L**), patient name (enter **N**), account number (enter **A**) or contract doctor (enter **D**). This is the secondary sort to sort by contract. This field cannot be edited when reporting a batch.

### 2. STARTING ACCOUNT NUMBER (12-N-R)

The entire batch can be reprinted using the default of beginning and ending account number. Or, an account number can be entered to start the batch.

### 3. ENDING ACCOUNT NUMBER (12-N-R)

The default is the last account number in the batch. A different account number can be entered to end the batch.

### 4. NUMBER OF PATIENT COPIES (1-N-R)

The prompt for this field displays the default number of patient reports as defined under the Contract Billing Maintenance - Parameters. This field can be edited for each batch requested. Enter a number from one to nine.

### 5. DEFAULT PRINTER (TABLE LOOKUP-C)

This field displays the default printer for this report. You may access this field by entering **/5** (slash 5) and selecting from the list of alternate printers.

Upon completion of all required fields, the system displays the following prompt:

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

Accept the screen by entering **Y** or pressing ENTER. Enter **N** to edit.

## Impact

Print parameters are set for this batch of reports.

## Output

The batch of reports for the selection criteria prints on the designated printer.

With each batch of reports, a Contract Patient Batch Print Patient Listing prints before each contract batch. If all contracts are selected to print in the batch, each contract with work to be printed will have a patient listing. A patient listing example follows.

The first line contains the title of the report and the date and time of printing. The second line is the contract code and name. The third line is the sort criteria. In this example the reports were sorted by patient name. Other sorts include by doctor, account number and location. The fourth line lists the locations included in the report. In this example, all locations are included. Next is a list of the patients sorted by the method indicated for the report. The sort key in this case is patient name. Patient names are listed in alphabetic order by last name, first name and middle name. The number that follows the name is the internal account number prefixed by the facility

indicator. The external account number lists for each patient. Following this list is a report trailer listing the number of patients included for this contract in this batch.

Figure 3.2 Contract Patient Batch Print Patient List (ALSRLSR0)

```
Contract Patient Batch Print Patient Listing                08/12/89 1300
ATL - ATLANTA MEDICAL CLINIC
Sorted by: Name
For locations: All

                Sort key = ~JARVIS,DAVID AA180                Acct# = A892240002
                Sort key = ~SMITH,CAROLYNA1790                Acct# = A892240001

No. Of patients = 2

                End of Listing
```

Each time a batch is reprinted, a patient listing prints. The only difference between the initial print and a reprint patient listing is a line noted by **\*\*REPRINT\*\***. The date and time of initial report generation prints on this line. See the following example.

Figure 3.3 Contract Patient Batch Print Patient List Reprint (ALSRLSR0)

```
Contract Patient Batch Print Patient Listing                08/12/89 1300
ATL - ATLANTA MEDICAL CLINIC
Sorted by: Name
For locations: All

                **REPRINT**                                Initial Print at: 08/12/89 1300

                Sort key = ~JARVIS,DAVID AA180                Acct# = A892240002
                Sort key = ~SMITH,CAROLYNA1790                Acct# = A892240001

No. Of patients = 2

                End of Listing
```

Two examples of Contract Patient Reports follow. One was generated using the Batch Contract Patient Report processor and one using the Single Contract Patient Report processor. The first example is a patient from the batch print and the second is a single patient report without section sorts.

The Batch Contract Patient Report contains all work performed on the patient since the last printing of this report. The Single Contract Patient Report prints all work performed since the start date entered for the account numbers selected.

You can define the placement and type of header and footer information on Contract Patient Reports for your facility. Test results and specimen-related information print within the body of the report. The system comes with pre-defined headers and footers. The examples shown contain these headers and footers.

The first two header lines are identical for all summary reports. These lines contain the hospital name and the date/time of printing. The third line contains the report name. The first two reports contain the section sort as defined in the Contract Billing Maintenance processor - Contract Patient Report Parameters. When the section sort is defined to have a page break between sections, the header prints next to the report name on each page.

The next four lines contain patient demographic information and the page number. The patient name is formatted last name, first name middle initial. The second line has the patient unit number and account number. The third line is the patient location. In the case of contract patients, the patient location is always the patient type assigned to the patient. For example, CON may mean contract. The contract physician name and contract name print on the fourth line of the patient header. The demographic header is followed by a blank line and a line of asterisks (\*) across the page to separate the headers from the actual laboratory data.

The first lab data printed is the accession number. For the zonal format, the next line contains the collection date and time, accession date and time (Received) and the specimen type. Next is the header for this test including the test name, result, high/low flagging, normal range and Low, Result Normal and High ranges. This is followed by the component names, units of measure, test results, and high/low flagging under the HL column. If the result is above or below the normal range, H or L flagging prints in the HL column.

The next three columns contain a graphic representation of the results. Results below normal have an X printed under the Low column. High results have an X under the High column. Normal results are represented by the X printing in a relative position within the Normal Result column. For example, if the result is low within the normal range an X prints in the left quadrant of the range. There is an option in the system to print vertical bars (|) on the report as column separators or to use blank lines. Note that the sample Single Contract Patient report uses the standard format and the sample batch reports are in zonal format.

The next test resulted on the patient prints after a dashed line. The order in which test codes print is defined within the section sort builder. The available sorts per section are Chronological, Reverse Chronological, Test Code and Specimen Type or a combination of these.

The footer contains patient demographic data as well. The patient name, unit number, account number, location and doctor print along with the patient's sex and date of birth. The Laboratory Director's name and report name prints on the right side of the report.

The Advanced Microbiology and Anatomic Pathology reports print in primary report format on the Contract Patient Report.

For the description of the Single Contract Patient Report example in standard format, refer to Chapter 8: Patient Reports in the *General Applications Volume I* of the *STAR Laboratory Reference Guide*.

## Contract Patient Report Examples

Contract Patient reports can be defined to print in zonal, standard or offset format. The following is a sample in zonal format. The results are represented by an X appearing in the appropriate location within the low, normal or high range.

Figure 3.4 Batch Contract Patient Report (ALSRLSR0)

|                               |              |                                   |            |                       |        |         |    |
|-------------------------------|--------------|-----------------------------------|------------|-----------------------|--------|---------|----|
| GENERAL HOSPITAL A            |              |                                   |            |                       |        |         |    |
| Mon Jun 12, 1995 10:34 am     |              |                                   |            |                       |        |         |    |
| Batch Contract Patient Report |              |                                   |            |                       |        |         |    |
| Pat Name:                     |              | JARVIS, DAVID A                   |            |                       |        | Page: 1 |    |
| Unit #/Acct #:                |              | 600000178/A8922400002             |            |                       |        |         |    |
| Loc:                          |              | CON                               |            |                       |        |         |    |
| Phys-Contract:                |              | WALSH, WILLIAM E-ATLANTA MEDICINE |            |                       |        |         |    |
| *****                         |              |                                   |            |                       |        |         |    |
| -----                         |              |                                   |            |                       |        |         |    |
| 1018                          |              |                                   |            |                       |        |         |    |
| -----                         |              |                                   |            |                       |        |         |    |
| Collected: 03/12/90 1211      |              | Received: 03/12/90 1212           |            | Spec: Blood           |        |         |    |
| CBC W DIFF                    | Result       | HL                                | Norm Range | Low                   | Result | Normal  | Hi |
| *****                         |              |                                   |            |                       |        |         |    |
| WBC ((X10)3):                 | 15.9         | H                                 | 4.8-10.8   |                       |        |         | X  |
| RBC ((X10)6):                 | 5.6          |                                   | 4.7-6.1    |                       |        | X       |    |
| HGB (gm/dl):                  | 16.1         |                                   | 10-20      |                       |        | X       |    |
| HCT (%) :                     | 48           |                                   | 42-52      |                       |        | X       |    |
| MCV (fl) :                    | 88           |                                   | 80-94      |                       |        | X       |    |
| MCH (pg) :                    | 23           | L                                 | 27-31      | X                     |        |         |    |
| MCHC :                        | 33           |                                   | 33-37      |                       | X      |         |    |
| RDW (%) :                     | 15           | H                                 | 11.5-14.5  |                       |        |         | X  |
| PLT.CT ((X10)3):              | 225          |                                   | 130-400    |                       | X      |         |    |
| SEG (%) :                     | 33           | L                                 | 40-60      | X                     |        |         |    |
| BAND (%) :                    | 29           |                                   |            |                       |        |         |    |
| LYMPHS (%) :                  | 26           |                                   | 25-45      |                       | X      |         |    |
| MONOS (%) :                   | 1            | L                                 | 2-9        | X                     |        |         |    |
| EOSIN (%) :                   | 1            | L                                 | 2-5        | X                     |        |         |    |
| BASO (%) :                    | 1            |                                   | 0-1        |                       |        |         | X  |
| META (%) :                    | 1            |                                   |            |                       |        |         |    |
| MYELO (%) :                   | 1            |                                   |            |                       |        |         |    |
| PRO-MYELO (%) :               | 2            |                                   |            |                       |        |         |    |
| BLAST (%) :                   | 5            |                                   |            |                       |        |         |    |
| RBC MORPH :                   | Normal       |                                   |            |                       |        |         |    |
| Reviewed By:                  | Deb J Martin |                                   |            |                       |        |         |    |
| Review Queue:                 | Supervisor   |                                   |            |                       |        |         |    |
| -----                         |              |                                   |            |                       |        |         |    |
| John W. Shanning, M.D.        |              |                                   |            | JARVIS, DAVID A       |        |         |    |
|                               |              |                                   |            | 600000178/A8922400002 |        |         |    |
|                               |              |                                   |            | CON                   |        |         |    |
|                               |              |                                   |            | (M-10/25/54)          |        |         |    |
| Batch Contract Patient Report |              |                                   |            | WALSH, WILLIAM E      |        |         |    |

The following patient report reflects the offset format which is similar to the standard report format with the exception that results which fall outside the normal range print in a separate column.

Figure 3.5 Single Contract Patient Report (ALSRLSR0)

| GENERAL HOSPITAL A             |                                  |                                                 |                 |             |
|--------------------------------|----------------------------------|-------------------------------------------------|-----------------|-------------|
| Single Contract Patient Report |                                  |                                                 |                 |             |
| Pat Name:                      | MARTIN,DEBORAH J                 | Page: 1                                         |                 |             |
| Unit #/Acct #:                 | 600000160/A8922300003            |                                                 |                 |             |
| Loc:                           | CON                              |                                                 |                 |             |
| Phys-Contract:                 | WALSH,WILLIAM E-ATLANTA MEDICINE |                                                 |                 |             |
| *****                          |                                  |                                                 |                 |             |
| Test Name                      | Electrolytes                     | Spec:                                           | Blood           |             |
| Collected:                     | 9/1/90 0700                      | In at:                                          | 9/1/90 0831     |             |
| Out at:                        | 9/1/90 1352                      | Order Phys:                                     | Smith,Alvin     |             |
| -----                          |                                  |                                                 |                 |             |
| Result Name                    | Outside                          | Within                                          | Reference Range | Units       |
| Sodium                         |                                  | 145                                             | 134-148         | mEq/L       |
| Potassium                      | 3.3 LC                           |                                                 | 3.5-5.3         | mEq/L       |
| Chloride                       |                                  | 100 C                                           | 94-108          | mEq/L       |
| CO2                            |                                  | 25                                              | 24-34           | mEq/L       |
| CORRECTED:                     |                                  |                                                 |                 |             |
| Previous Potassium             |                                  | 3.7                                             | Reported:       | 9/1/90 1300 |
| Previous Chloride              |                                  | 105                                             | Reported:       | 9/1/90 1300 |
| *****                          |                                  |                                                 |                 |             |
| Test Name                      | Cardiac Profile                  | Spec:                                           | Blood           |             |
| Collected:                     | 9/1/90 0700                      | In at:                                          | 9/1/90 0831     |             |
| Out at:                        | 9/1/90 1652                      | Order Phys:                                     | Smith,Alvin     |             |
| -----                          |                                  |                                                 |                 |             |
| Result Name                    | Outside                          | Within                                          | Reference Range | Units       |
| Cholesterol                    | •                                | • 145                                           | 140-200         | mg/dl       |
| Triglyceride                   | •                                | • 75                                            | 40-175          | mg/dl       |
| LDH                            | • 235 H                          | •                                               | 60-225          | U/L         |
| LDH Interpretation             | •                                | • This pattern of isoenzymes is indicative of a |                 |             |
|                                | •                                | • myocardial infarction.                        |                 |             |
| CK                             | • 402 H                          | •                                               | 57-374          | U/L         |
| -----                          |                                  |                                                 |                 |             |
| End of Report                  |                                  |                                                 |                 |             |
| John W. Shanning, M.D.         |                                  | MARTIN,DEBORAH J                                |                 |             |
| Single Contract Patient Report |                                  | 600000160/A8922300003                           |                 |             |
|                                |                                  | CON                                             |                 |             |
|                                |                                  | (F-08/23/52)                                    |                 |             |
|                                |                                  | WALSH,WILLIAM E-ATL                             |                 |             |

## Report Layout

### REPORT HEADER

Report headers are user-defined and therefore will depend on your laboratory's definitions. The following report header layout applies to the previous Patient Detail report example.

### HOSPITAL NAME

This is the name of the facility to which the patient is assigned. This field is centered on the report.

**PAGE NUMBER**

The report page number prints on the top of this report.

**PAT NAME**

The patient name in LAST,FIRST format prints below the report heading on the left side of this report.

**UNIT #/ACCT #**

The patient's unit number and account number print, separated by a slash (/).

**LOC**

The patient's location code prints directly across from the PAT NAME field. Once the patient has been discharged, the patient type and date of discharge prints in this field.

**PHYS-SERVICE**

The attending physician followed by a hyphen (-) and the physician's specialty service prints below the LOC field.

The remainder of the report prints the test results in the format currently defined for the report type selected. The following describes the offset report type.

**ACCESSION HEADER**

The first body of information printed after the report header is the accession header. This data may be separated from the report header by a line of hyphens (-), asterisks (\*), equals (=), tildes (~), periods (.), underlines ( \_ ), or hyphens alternating with spaces (- - -). The information included in the accession header is report-specific and user-defined. The previous example includes the following data in the accession header:

In this example, accession header information is enclosed by a line of asterisks (\*) and a line of hyphens (-).

**TEST NAME**

The test name prints for this accession.

**SPEC**

The specimen type prints for this accession.

**COLLECTED**

The specimen collection date and time prints.

**IN AT**

The date and time the specimen was accessioned prints on the left side of the report.

**OUT AT**

The date and time the test was reported prints on the left side of the report directly below the IN field (the accession date and time).



**ORDER PHYS**

The physician who ordered the test prints in LAST, FIRST M format.

Column headers follow the accession information. These include the Result Name, Outside, Within, Reference Range and Units. A line of hyphens (-) separates this information from the test data.

**TEST DATA****RESULT NAME**

The name of each result component prints in the first column of the test data area. The result value for each component prints in either the Outside or Within column of the test data area.

**OUTSIDE**

Result values which fall outside the reference (normal) range print in this column.

**WITHIN**

Result values which fall within the reference (normal) range print in this column. This column also contains the result value if no reference range is defined for the result. Textual results which do not have normal values start printing one space inside the column divider and continue to far right margin. See the LDH Interpretation on the sample report. Textual results with a normal range print in the Within column up to five characters. Corrected values are flagged with C and print as an overflow comment. See the Potassium and Chloride results on the sample report.

**REFERENCE RANGE / UNITS**

The reference range and units for each result component prints to the right of the Within column. The name of this column is user-defined.

At the end of a page within the report and before the footer, one of the following messages print:

*(Continued on next page)*

*End of Report - Print date and time*

**REPORT FOOTER**

Report footers are user-defined and therefore may differ on each individual report.

**LABORATORY DIRECTOR**

The name of the laboratory director prints on the left.

**REPORT NAME**

The name of the report follows the LABORATORY DIRECTOR field.

**PATIENT NAME**

The patient's name prints on the right side of the report in LAST, FIRST format.

**UNIT NUMBER/ACCOUNT NUMBER**

The patient's unit number and account number print on the right side of the report directly below the PATIENT NAME field. The two numbers are separated by a slash (/).

**PATIENT TYPE**

The patient type (may also be the patient's location) print on the right side of the report directly below the UNIT NUMBER/ACCOUNT NUMBER field.

**SEX CODE/DATE OF BIRTH**

The sex code and the patient's date of birth print in parenthesis on the right side of the report directly below the PATIENT TYPE/ADMISSION DATE field. The code and date are separated by a hyphen (-).

**ATTENDING PHYSICIAN**

The attending physician prints on the same line with the REPORT TITLE/SECTION field directly below the SEX CODE/DATE OF BIRTH field. This field follows the constant, Dr., and prints in LAST, FIRST format.

## Single Contract Patient

| General Hospital Contract Billing - Reports Processor |                                |
|-------------------------------------------------------|--------------------------------|
| Mon Jun 12, 1995 12:09 pm                             |                                |
| Contract Billing - Reports Input Options              |                                |
| Option No.                                            | Option                         |
| 1                                                     | Batch Contract Patient Report  |
| 2                                                     | Single Contract Patient Report |
| 3                                                     | Invoice Generation             |
| 4                                                     | Outpatient Revenue Monthly     |
| 5                                                     | Outpatient Test Count Report   |

Enter option number--

A Single Contract Patient report can be printed for a contract patient by selecting the option from the above menu example. Use the standard patient look up routine to select the patient to print. One or more accounts can be selected to print on the report.

| General Hospital Single Contract Patient |           |                    |      | Report Processor  |                |
|------------------------------------------|-----------|--------------------|------|-------------------|----------------|
| Unit #                                   | Name      | Sex Birthdate      | Room | Physician         | Srv ICD Status |
| A0000000007                              | DAVIS,SUE | F 04/04/1944       |      | ALLEN, DAVID      | 10 CON DIS     |
|                                          |           | Acct#: A9223100014 |      |                   |                |
| 1 Start Date                             |           | 2 Number of Copies |      | 3 Default Printer |                |
| 08/18/92                                 |           | 1                  |      |                   |                |
| Accept this screen? (Y/N) [Y]--          |           |                    |      |                   |                |

Once the patient has been selected, patient demographics and the print criteria fields display.

## Field Explanations

### 1. START DATE (DATE-R)

Enter the start date of work to be included in the report. The default is the oldest work for the account(s) selected for that patient. Use the date entry techniques described in Chapter 4: Information Entry Techniques in the *General Information Volume* of the *STAR Laboratory Reference Guide*.

### 2. NUMBER OF COPIES (1-N-R)

Enter the number (from 1 to 9) of copies to print per patient. The default is 1. Note that the default number of copies specified in the Contract Patient Reports parameters does not affect the default number displayed in this prompt.

### 3. DEFAULT PRINTER (TABLE LOOKUP-C)

This field displays the default printer for this report. You may access this field by entering /3 (slash 3) and selecting from the display of alternate printers.

Upon completion of all required fields, the system displays the following prompt:

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

Accept the screen by entering **Y** or pressing ENTER. Enter **N** to edit.

## Impact

Once the screen is accepted, the system displays the following message:

*Summary report for MARTIN, DEBORAH (A892150002) sorting and printing!*

## Output

The report for the selected accounts on the patient print.

This report provides the contract with the actual laboratory results on the patient's specimens submitted for analysis. A single report may be generated in the case of a loss of original copy from batch or to provide supplemental copies for further distribution.

The difference between the Contract Patient Report printed in batch and one printed as a single is the report name printed in the header and footer. The report name is Single Contract Patient Report.

See Contract Patient Report Examples for a sample of this report.

## Invoice Generation

| General Hospital Contract Billing - Reports Processor |                                |
|-------------------------------------------------------|--------------------------------|
| Mon Jun 12, 1995 12:09 pm                             |                                |
| Contract Billing - Reports Input Options              |                                |
| Option No.                                            | Option                         |
| 1                                                     | Batch Contract Patient Report  |
| 2                                                     | Single Contract Patient Report |
| 3                                                     | Invoice Generation             |
| 4                                                     | Outpatient Revenue Monthly     |
| 5                                                     | Outpatient Test Count Report   |

Enter option number--

A billing invoice can be generated on any contract for a user-defined period of time. The invoice can be discounted per contract. See Chapter 2: Contract Definition for further information on how to set up discounts.

Access the Invoice Generation processor. Select the facility if your system is multifacility.

```
General Hospital Invoice Generation Processor
                                Mon Jun 12, 1995 01:19 pm

Enter first letter(s) '-', code, or all(A) --
```

You can print invoices for one, multiple or all contracts. Indicate the contract to include by entering the code or a hyphen (-) for table selection. Use the table entry techniques described in the Information Entry Techniques chapter in Chapter 4: Information Entry Techniques in the *General Information Volume* of the *STAR Laboratory Reference Guide*. Enter **A** to include all contracts in this invoice

If you enter **A** and there is a contract code A on file, the following prompt displays:

```
Enter NL for contract code 'A' or all(A) --
```

To select contract code A, press ENTER. To select all contracts, enter **A**.

In this example, the code ATL is entered to access that contract.

```
General Hospital Invoice Generation Processor
                                Mon Jun 12, 1995 01:19 pm

Report Parameters
1 Discount Option
  Last Month's discount

2 Start Date      3 End date      4 Default Printer
  07/01/89        07/31/89        3E PRINTER ROOM (Port #44)

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

---

## Field Explanations

### 1. DISCOUNT OPTION (1-N-R)

The invoice can be generated with or without discounting. Enter the number corresponding to the desired option:

- 1 - No Discounting - simply provides invoice totals based on the price level assigned to the individual contract.
- 2 - Calculate Discounting - allows a new discount figure to be calculated whenever the laboratory wishes. For example, each time invoices are generated, a new discount can be applied based on either the volume of test or dollars charged per contract. This causes the discounts to fluctuate each month. This option is the default.
- 3 - Use Last Month's Discount Rate - uses the figure calculated from last month's test volume or total dollar amount to discount invoices for the entire month (on a per contract basis). On the first day of each month, Midnight Processing calculates the previous month's discount rate for each contract. This results in consistent discounting per month. Last month's discount also more accurately reflects the overall volume/dollar per contract and, therefore, may be a better indicator of contract activity/ revenue.

**NOTE:** To use Last Month's Discount Rate the **first** time invoices are generated, a figure must be set up by your McKesson representative. After this, the system automatically calculates, updates, and uses the discount rate from the last month.

### 2. START DATE (DATE-R)

Enter the beginning date of charges to include in this invoice. It is suggested that invoices be generated once a month. There is no default.

### 3. END DATE (DATE-R)

Enter the end date of charges include in this invoice. The last day of the previous month is the default for the end date.

### 4. DEFAULT PRINTER (TABLE LOOKUP-O)

This field displays the default printer for this report. You may access this field by entering /4 (slash 4) and selecting from the display of alternate printers. The default printer is the port defined for the regular client reports (not wide reports).

## Impact

Invoice parameters are set for report generation.

## Output

Invoices print on the designated printer.

Additional copies of the invoices can be generated using the parameters defined for the first copy.

Two Invoice Report examples follow. The first does not have discounting set up. The second one is an example of discounting.

An invoice is generated for each contract. The header includes the hospital name, report name, and the date and time of report printing. The name and address of the contract prints next. To the left is the billing period and contract account number.

The body of the report lists the date of service, patient account number, patient name, test name and charge. The charge is determined by the price level assigned to the contract. A grand total prints at the end of the report.

If there is an additional discount to the contract, a subtotal and volume discount (in percent) print before the grand total line.

Figure 3.6 Contract Billing - Invoice without Discount (ALCILC10)

| General Hospital           |             |                                   |                 | Page: 1 |
|----------------------------|-------------|-----------------------------------|-----------------|---------|
| Contract Billing - Invoice |             |                                   |                 |         |
| Mon Jun 12, 1995 02:26 pm  |             |                                   |                 |         |
| To: ATLANTA MEDICAL CLINIC |             | Billing Period: 08/09/89-08/12/89 |                 |         |
| 301 PERIMETER CENTER N     |             | Acct #: A123234                   |                 |         |
| ATLANTA, GA 30309          |             |                                   |                 |         |
| Date                       | Patient No. | Patient Name                      | Test Name       | Chg     |
| 08/12/89                   | A8922400002 | JARVIS, DAVID A                   | COAG PROFILE 20 | .00     |
| 08/12/89                   | A8922400002 | JARVIS, DAVID A                   | CBC W DIFF      | 22.00   |
| 08/12/89                   | A8922400002 | JARVIS, DAVID A                   | CHOLESTEROL     | 6.00    |
| 08/12/89                   | A8922400002 | JARVIS, DAVID A                   | CARDIAC ENZYMES | 46.00   |
| 08/12/89                   | A8922400001 | UNKNOWN, NAME                     | CALCIUM BLOOD   | 9.00    |
| Grand Total                |             |                                   |                 | 83.00   |
|                            |             |                                   |                 | -9.00   |
|                            |             |                                   |                 | 74.00   |

Figure 3.7 Contract Billing - Invoice with Discount (ALCILC10)

|                            |             |                                   |                 |         |
|----------------------------|-------------|-----------------------------------|-----------------|---------|
| General Hospital           |             |                                   |                 | Page: 1 |
| Contract Billing - Invoice |             |                                   |                 |         |
| Mon Jun 12, 1995 02:26 pm  |             |                                   |                 |         |
| To: ATLANTA MEDICAL CLINIC |             | Billing Period: 08/08/89-08/12/89 |                 |         |
| 301 PERIMETER CENTER N     |             | Acct #: A123234                   |                 |         |
| ATLANTA,GA 30309           |             |                                   |                 |         |
| -----                      |             |                                   |                 |         |
| Date                       | Patient No. | Patient Name                      | Test Name       | Chg     |
| -----                      |             |                                   |                 |         |
| 08/12/89                   | A8922400002 | JARVIS,DAVID A                    | COAG PROFILE 20 | .00     |
| 08/12/89                   | A8922400002 | JARVIS,DAVID A                    | CBC W DIFF      | 22.00   |
| 08/12/89                   | A8922400002 | JARVIS,DAVID A                    | CHOLESTEROL     | 6.00    |
| 08/12/89                   | A8922400002 | JARVIS,DAVID A                    | CARDIAC ENZYMES | 46.00   |
| Sub Total                  |             |                                   |                 | 74.00   |
| Volume Discount (1%)       |             |                                   |                 | .74     |
| -----                      |             |                                   |                 |         |
| Grand Total                |             |                                   |                 | 73.26   |

## Outpatient Revenue

|                                                       |                                |
|-------------------------------------------------------|--------------------------------|
| General Hospital Contract Billing - Reports Processor |                                |
| Mon Jun 12, 1995 12:09 pm                             |                                |
| Contract Billing - Reports Input Options              |                                |
| Option No.                                            | Option                         |
| -----                                                 |                                |
| 1                                                     | Batch Contract Patient Report  |
| 2                                                     | Single Contract Patient Report |
| 3                                                     | Invoice Generation             |
| 4                                                     | Outpatient Revenue Monthly     |
| 5                                                     | Outpatient Test Count Report   |
|                                                       |                                |
| Enter option number--                                 |                                |

The Outpatient Revenue Monthly Report contains monthly revenue totals for each contract. Report data for each month is automatically captured as a by-product of Midnight Processing the first day of the next month. Any time after the first day of the month, the laboratory can print the Outpatient Revenue Monthly Report for the previous month. Data remains online for one year (12 months) and is purged after that time. For example, upon report generation for August 1993, report data for August 1992 is purged.



Access the Outpatient Revenue Monthly Report processor.

If your system is multifacility, you must select the appropriate facility before proceeding.

|                                                       |                            |
|-------------------------------------------------------|----------------------------|
| General Hospital Outpatient Revenue Monthly Processor |                            |
| Mon Jun 12, 1995 01:21 pm                             |                            |
| Report Parameters (wide)                              |                            |
| 1 Revenue Month                                       | 2 Default Printer          |
| August                                                | 3E PRINTER ROOM (Port #44) |
| Accept this screen?(Y/N) [Y]--                        |                            |

## Field Explanations

### 1. REVENUE MONTH (2-N-R)

Enter a month using a number from 1 to 12. The previous month is the default. The name of the month selected displays in the field. The report is not available for partial months. Therefore, if you enter the number for the current month, data for that month is generated from the previous year.

**NOTE:** The default month (the previous month) for January is 12.

If the monthly revenue is not available for the month selected, the screen displays the error message:

*Error: Not on file!*

### 2. DEFAULT PRINTER (TABLE LOOKUP-O)

This field displays the default printer for this report. You may access this field by entering /2 (slash 2) and selecting from the display of alternate printers.

The default is the wide client reports printer (requires 132 column paper).

Upon completion of all required fields, the system displays the following prompt:

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

Accept the screen by entering **Y** or pressing ENTER. Enter **N** to edit.

**Impact**

Report parameters are set for printing.

**Output**

The Outpatient Revenue Monthly Report prints at the designated printer.

An example of the Outpatient Revenue Report follows. The report header includes the hospital name, the report name, the date and time of printing, and the month for which the report was generated.

**Column Explanations****NO.**

This is an option number assigned to each contract. Contracts are listed in alphabetical order.

**CONTRACT NAME**

This is the name assigned to the contract.

**TOTAL # OF TESTS**

This is the total number of tests performed for the patients registered for the contract. This number is used to calculate the discount when based on testing quantity.

**TOTAL REVENUE AT INPATIENT PRICES**

This is the total number of tests multiplied times the assigned test price.

**TOTAL REVENUE AT OUTPATIENT PRICES**

This is the total number of tests multiplied times the price level price assigned to the contract.

**VOLUME DISCOUNT**

This is the dollar amount of the discount, whether it is based on dollars or quantity of tests.

**NET BILLED**

This is the total amount billed to the contract for the period. It is the grand total from the invoice.

**DIFFERENCE INPATIENT VS. OUTPATIENT**

This is the difference between the inpatient revenue and the outpatient revenue for the contract.

**TOTALS**

Each numeric column has a total trailer.

Figure 3.8 Contract Billing - Outpatient Revenue Rpt (ALCWLCI0)

| Page: 1<br>General Hospital<br>Contract Billing - Outpatient Revenue Report<br>Mon Jun 12, 1995 02:35 pm<br>for month of August |                     |                                   |                                   |                    |               |                             |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------|-----------------------------------|--------------------|---------------|-----------------------------|
| No. Contract Name                                                                                                               | Total #<br>of Tests | Total Revenue<br>at Inpat. Prices | Total Revenue<br>at Outpat Prices | Volume<br>Discount | Net<br>Billed | Diff. Inpat.<br>vs. Outpat. |
| 1 ATLANTA MEDICAL CLINIC                                                                                                        | 9                   | 3342.00                           | 3061.00                           | 122.44             | 2938.56       | 403.44                      |
| 2 CAMP, HARRISON & PARKER                                                                                                       | 4                   | 51.00                             | 43.00                             | .43                | 42.57         | 8.43                        |
| 3 GEORGIA MEDICAL ASSOCIATE                                                                                                     | 4                   | 147.00                            | 102.00                            | 1.02               | 100.98        | 46.00                       |
| 4 BUTLER, GROSS & ANDREWS                                                                                                       | 5                   | 89.00                             | 76.00                             | .76                | 75.24         | 13.76                       |
| Totals:                                                                                                                         | 22                  | 3629.00                           | 3282.00                           | 124.65             | 3157.35       | 471.65                      |

## Outpatient Test Count

```
General Hospital Contract Billing - Reports Processor
                                Mon Jun 12, 1995 01:21 pm
Contract Billing - Reports Input Options

Option No.  Option
-----
      1      Batch Contract Patient Report
      2      Single Contract Patient Report
      3      Invoice Generation
      4      Outpatient Revenue Monthly
      5      Outpatient Test Count Report

Enter option number--
```

A Test Count Report by contract is available. This report lists the tests performed for a contract, the total number, and the revenue figures.

Access the Outpatient Test Count Report processor.

If your system is multifacility, you must select the appropriate facility before proceeding.

```
General Hospital Outpatient Test Count Report Processor
                                Mon Jun 12, 1995 01:21 pm
Contract Names

Enter first letter(s) '-' or code-- ATL
```

Indicate the contract to include by entering the code or a hyphen (-) for table selection. Use the table entry techniques described in Chapter 4: Information Entry Techniques in the *General Information Volume* of the *STAR Laboratory Reference Guide*.

In this example, the code ATL is entered to access that contract.

|                                                         |            |                            |
|---------------------------------------------------------|------------|----------------------------|
| General Hospital Outpatient Test Count Report Processor |            |                            |
| Mon Jun 12, 1995 01:21 pm                               |            |                            |
| Report Parameters                                       |            |                            |
| 1 Start Date                                            | 2 End date | 3 Default Printer          |
| 08/08/89                                                | 08/12/89   | 3E PRINTER ROOM (Port #44) |
| Accept this screen? (Y/N) [Y]--                         |            |                            |

This screen is used to define the start date, end date, and the printer for the Outpatient Test Count Report.

## Field Explanations

### 1. START DATE (DATE-R)

Enter the start date using date entry techniques described in Chapter 4: Information Entry Techniques in the *General Information Volume* of the *STAR Laboratory Reference Guide*. Start date is the date that the counting of the tests begins. There is no default for this field.

### 2. END DATE (DATE-R)

Enter the end date using date entry techniques described in Chapter 4: Information Entry Techniques in the *General Information Volume* of the *STAR Laboratory Reference Guide*. The default for the end date is yesterday. The report counts data through midnight of the date entered; therefore, the entry of today's date cannot be entered.

### 3. DEFAULT PRINTER (TABLE LOOKUP-R)

This field displays the default printer for this report. You may access this field by entering /3 (slash 3) and selecting from the display of alternate printers.

The default printer is an 80-character client report printer.

Upon completion of all required fields, the system displays the following prompt:

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

Accept the screen by entering **Y** or pressing ENTER. Enter **N** to edit.

**Impact**

Upon acceptance, print parameters are set for this report.

**Output**

When the screen is accepted, the Outpatient Test Count Report begins printing on the designated printer. This report can be printed again using the same parameters. A reprint function is not available.

The Outpatient Test Count Report prints by facility one per laboratory department. The page number is in the upper right corner of each page. The header contains the hospital name, report name with the laboratory name, beginning and ending date range and the date and time of report printing. The contract name follows the header.

**TEST CODE**

The tests listed on the report are in numeric order according to test code.

**TEST NAME**

The test name is listed in upper case.

**TOTAL # OF TESTS**

The total number of each test performed for the contract for the period specified in the report header is listed.

**TOTAL INPATIENT REVENUE**

The total number of tests times the inpatient price per test is listed.

**TOTAL REVENUE OUTPAT.**

The total number of tests times the price level price defined for the contract is listed. This is the revenue from this contract for the time period specified in the report header.

**DIFFERENCE INPATIENT VERSUS OUTPATIENT**

The difference between inpatient and outpatient revenue is printed.

**TOTALS**

Totals for each numeric field print in the report trailer.

Figure 3.9 Contract Billing - Outpatient Test Count Rpt (ALCILCI0)

| General Hospital                                                  |                    |                  |                  |                   | Page: 1                 |
|-------------------------------------------------------------------|--------------------|------------------|------------------|-------------------|-------------------------|
| Contract Billing - Outpatient Test Count Report for Community Lab |                    |                  |                  |                   |                         |
| Report for: 06/05/95-06/09/95                                     |                    |                  |                  |                   |                         |
| Mon Jun 12, 1995 02:36 pm                                         |                    |                  |                  |                   |                         |
| Contract Name: BUTLER, GROSS & ANDREWS                            |                    |                  |                  |                   |                         |
| Test Code                                                         | Test Name          | Total # of tests | Total Rev Inpat. | Total Rev Outpat. | Diff. Inpat. vs Outpat. |
| 5054                                                              | BUN AND CREATININE | 1                | 11.00            | 9.00              | 2.00                    |
| 5090                                                              | CARDIAC ENZYMES    | 1                | 37.00            | 45.00             | -8.00                   |
| 5120                                                              | CREATININE SERUM   | 1                | 18.00            | 7.00              | 11.00                   |
| 5755                                                              | COAG PROFILE 20    | 1                | 47.00            | 36.00             | 9.00                    |
| Totals:                                                           |                    | 4                | 113.00           | 97.00             | 16.00                   |





---

# Appendix A - Report Names

|                                          |     |
|------------------------------------------|-----|
| INTRODUCTION.....                        | A-3 |
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## INTRODUCTION

This appendix provides a list of the reports, labels, and forms generated by the STAR Laboratory system. The reports, labels, and forms are presented in alphabetical sequence based on the system name of each and then in alphabetical sequence based on the description of the report, label, or form.

For the STAR Laboratory reports, forms, and labels, the first character of the report name is always the department identifier. The department identifier is an alpha character that is automatically assigned by the system when the department is defined. The department identifier is followed by a three-digit report code. The report code may be the section code if the report is defined to be section specific in Spooler Report Definition. The next three digits represent the report type codes as defined in Spooler Printer Direction in Chapter 11: Spooler/Printer Matrix in the *Maintenance Functions Volume II* of the *STAR Laboratory Reference Guide*. The last digit represents the printer. For example: 0 is always the default printer, whereas other digits (such as 2, 3) represent the alternate printers respectively as defined in printer direction. The number of each report that displays is dependent upon the number of alternate printers selected. If no alternate printers are selected for a report, the report displays only once with the report identifier ending in 0.

An example form is ALALLAL0. The A represents department A. LAL stands for the Laboratory Accession Label report code. LAL is the Report Type Code, which in this case is the Laboratory Accession Label. 0 represents the default printer being used for this form. Using this example, if accession labels are defined to be section specific, the report name would look like, for example, AHEMLAL0 for the Hematology section.

You can use the STAR Audit Service to audit user requests for certain reports. The Audit Service collects and stores information such as report request date and time, the name of the user requesting the report and the criteria selected for the report. The report requests that can be audited are marked with a plus sign (+). For more information, refer to the *STAR Audit Service Reference Guide*.

# SYSTEM REPORTS, LABELS, AND FORMS

## System Report Names by Report Name

Below is a list of reports as they display with only the default printer defined.

| REPORT    | DESCRIPTION                | REFERENCE GUIDE BOOK     |
|-----------|----------------------------|--------------------------|
| ALALLAL0  | Accession Label            | Gen Apps Vol - Part I    |
| +ALARLAR0 | Archive Patient Listing    | Gen Apps Vol - Part II   |
| ALBALBA0  | Barcode Accession Label    | Maint Func Vol - Part II |
| ALBBLBB0  | Barcode Specimen Rejection | Maint Func Vol - Part II |
| ALBCLBC0  | Barcode Collection Label   | Maint Func Vol - Part II |
| ALBCLBCL  | Default Barcode Label      | Maint Func Vol - Part II |
| ALBELBE0  | Barcode Spooler Error      | Maint Func Vol - Part II |
| ALBFLBF0  | CMS ABN Report             | Maint Func Vol - Part II |
| ALBGLBG0  | Barcode General Label      | Maint Func Vol - Part II |
| ALBHLBH0  | Barcode Histotech Label    | Maint Func Vol - Part II |
| ALBILBI0  | Instrument Accession Label | Gen Apps Vol - Part I    |
| ALBMLBM0  | Barcode Adv Micro Label    | Maint Func Vol - Part II |
| ALBNLBN0  | ABN Report                 | Maint Func Vol - Part II |
| ALBOLBO0  | Barcode Sendout Label      | Maint Func Vol - Part II |
| ALBSLBS0  | Specimen Rejection Label   | Gen Apps Vol - Part I    |
| ALCILCI0  | Client Report              | Contract Billing Module  |
| ALCLLCL0  | Collection Label           | Gen Apps Vol - Part I    |
| ALCMLPR0  | Primary Report             | Gen Apps Vol - Part I    |
| ALCNLCN0  | Census Reports             | Gen Apps Vol - Part II   |
| +ALCULCU0 | Cums Report                | Gen Apps Vol - Part I    |
| ALCWLCI0  | Client Report - Wide       | Contract Billing Module  |
| ALDNLDN0  | Downloaded Lab Report      | Gen Apps Vol - Part II   |
| +ALDRLGR0 | General Reports            | All Volumes              |
| +ALGRLGR0 | Cytology QA Reports        | Anatomic Path Module     |
| +ALGWLGR0 | General Reports - Wide     | All Volumes              |
| ALHMLPR0  | Primary Report             | Gen Apps Vol - Part I    |
| +ALHRLHR0 | Histotech Process Report   | Anatomic Path Module     |
| ALHTLHT0  | Histotech Process Label    | Anatomic Path Module     |

| <b>REPORT</b> | <b>DESCRIPTION</b>        | <b>REFERENCE GUIDE BOOK</b> |
|---------------|---------------------------|-----------------------------|
| ALMILMI0      | Microbiology Internal Log | Advanced Micro Module       |
| ALMLLBM0      | Barcode Adv Micro Label   | Advanced Micro Module       |
| ALMMLMM0      | Micro Work-up Labels      | Advanced Micro Module       |
| +ALMRLMI0     | Microbiology Reports      | Advanced Micro Module       |
| ALMRLPR0      | Primary Report            | Gen Apps Vol - Part I       |
| +ALMWLMI0     | Microbiology-Wide Reports | Advanced Micro Module       |
| ALNPLNP0      | Lab Network Printer       | Gen Apps Vol - Part I       |
| ALPRLPR0      | Primary Report            | Gen Apps Vol - Part I       |
| +ALRCLRC0     | Recall Reminder Letters   | Gen Apps Vol - Part I       |
| ALRMLPR0      | Primary Report            | Gen Apps Vol - Part I       |
| ALRPLRP0      | Draft Long Report         | Gen Apps Vol - Part I       |
| ALS           | Archive Lab Summary       | Gen Apps Vol - Part II      |
| ALSLLSL0      | Call Stat Labels          | Gen Apps Vol - Part I       |
| ALSOLSO0      | Sendout Labels            | Gen Apps Vol - Part I       |
| +ALSPLSP0     | Long Report               | Gen Apps Vol - Part I       |
| +ALSRLSR0     | Summary Reports           | Gen Apps Vol - Part I       |
| +ALTRLTR0     | Specimen Transfer         | Gen Apps Vol - Part I       |

## System Report Names by Description

| DESCRIPTION                | REPORT   | REFERENCE GUIDE BOOK     |
|----------------------------|----------|--------------------------|
| ABN Report                 | ALBNLBN0 | Maint Func Vol - Part II |
| Accession Label            | ALALLAL0 | Gen Apps Vol - Part I    |
| Archive Lab Summary        | ALS      | Gen Apps Vol - Part II   |
| +Archive Patient Listing   | ALARLAR0 | Gen Apps Vol - Part II   |
| Barcode Accession Label    | ALBALBA0 | Maint Func Vol - Part II |
| Barcode Adv Micro Label    | ALBMLBM0 | Maint Func Vol - Part II |
| Barcode Adv Micro Label    | ALMLLBM0 | Maint Func Vol - Part II |
| Barcode Collection Label   | ALBCLBC0 | Maint Func Vol - Part II |
| Barcode General Label      | ALBGLBG0 | Maint Func Vol - Part II |
| Barcode Histotech Label    | ALBHLBH0 | Maint Func Vol - Part II |
| Barcode Sendout Label      | ALBOLBO0 | Maint Func Vol - Part II |
| Barcode Specimen Rejection | ALBBLBB0 | Maint Func Vol - Part II |
| Barcode Spooler Error      | ALBELBE0 | Maint Func Vol - Part II |
| Call Stat Labels           | ALSLLSL0 | Gen Apps Vol - Part I    |
| Census Reports             | ALCNLCN0 | Gen Apps Vol - Part II   |
| Client Report              | ALCILCI0 | Contract Billing Module  |
| Client Report - Wide       | ALCWLCI0 | Contract Billing Module  |
| CMS ABN Report             | ALBFLBF0 | Maint Func Vol - Part II |
| Collection Label           | ALCLLCL0 | Gen Apps Vol - Part I    |
| +Cums Report               | ALCULCU0 | Gen Apps Vol - Part I    |
| +Cytology QA Reports       | ALGRLGR0 | Anatomic Path Module     |
| Default Barcode Label      | ALBCLBCL | Maint Func Vol - Part II |
| Downloaded Lab Report      | ALDNLDN0 | Gen Apps Vol - Part II   |
| Draft Long Report          | ALRPLRP0 | Gen Apps Vol - Part I    |
| +General Reports           | ALDRLGR0 | All Volumes              |
| +General Reports - Wide    | ALGWLGR0 | All Volumes              |
| Histotech Process Label    | ALHTLHT0 | Anatomic Path Module     |
| +Histotech Process Report  | ALHRLHR0 | Anatomic Path Module     |
| Instrument Accession Label | ALBILBI0 | Gen Apps Vol - Part I    |
| Lab Network Printer        | ALNPLNP0 | Gen Apps Vol - Part I    |
| +Long Report               | ALSPLSP0 | Gen Apps Vol - Part I    |

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| DESCRIPTION                | REPORT   | REFERENCE GUIDE BOOK  |
|----------------------------|----------|-----------------------|
| Micro Work-up Labels       | ALMMLMM0 | Advanced Micro Module |
| Microbiology Internal Log  | ALMILMI0 | Advanced Micro Module |
| +Microbiology Reports      | ALMRLMI0 | Advanced Micro Module |
| +Microbiology Wide Reports | ALMWLMI0 | Advanced Micro Module |
| Primary Report             | ALCMLPR0 | Gen Apps Vol - Part I |
| Primary Report             | ALHMLPR0 | Gen Apps Vol - Part I |
| Primary Report             | ALMRLPR0 | Gen Apps Vol - Part I |
| Primary Report             | ALPMLPR0 | Gen Apps Vol - Part I |
| Primary Report             | ALRMLPR0 | Gen Apps Vol - Part I |
| +Recall Reminder Letters   | ALRCLRC0 | Gen Apps Vol - Part I |
| Sendout Labels             | ALSOLSO0 | Gen Apps Vol - Part I |
| Specimen Rejection Label   | ALBSLBS0 | Gen Apps Vol - Part I |
| +Specimen Transfer         | ALTRLTR0 | Gen Apps Vol - Part I |





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

We value your suggestions for improving our documentation. Please use this form to evaluate the *Contract Billing Module* of the *STAR Laboratory Reference Guide* for Release 17.0.

| Topic                          | Poor                     | Fair                     | Good                     | Excellent                |
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| Clarity of information         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Amount of overview information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation of processes       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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Other Comments:

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