

STAR 2000™



STAR FINANCIALS PATIENT ACCOUNTING
REFERENCE GUIDE
Pathways Contract Management Interface
Guide

Release 18.0
October 2012

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Preface

The *STAR Financials Patient Accounting Reference Guide* is a multi-volume document written for all users of the system. This volume contains a detailed explanation of the Pathways Contract Management™ interface that is used with the STAR Financials Patient Accounting system. The Pathways Contract Management system is used to calculate the reimbursement amount on accounts for specified primary insurance carrier/plans for final and adjustment billed accounts.

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

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

 - O if an entry is Optional to complete the function
 - C if an entry is Conditionally required or optional
 - For YY-Z field types, where YY is:
 - TABLE LOOKUP for a field that enables you to select from a displayed table. See the *General Information Volume* for more information regarding this entry technique.
 - SPECIAL FORMAT for a field having data entry requirements not conforming to standard format. The field definition contains the specific data entry requirements for the field.
 - DATE for a field subject to the date entry conventions described in the *General Information Volume*.
 - TIME for a field subject to the time entry conventions described in the *General Information Volume*.

NOTE: For use of the Z position in this format, refer to the explanations for Z under X-YY-Z.

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Introduction

This document contains a detailed explanation of the Pathways Contract Management interfaces that are used with the STAR Financials Patient Accounting system. The Pathways Contract Management system is used to calculate the reimbursement amount on accounts for specified primary insurance carrier/plans for final and adjustment billed accounts. The existing reimbursement module on STAR Patient Accounting is used for DRG based and the more simplistic reimbursement calculations. However, McKesson recommends that the more complex reimbursement calculations be done on the Pathways Contract Management system.

This book contains the following chapters:

Chapter 1: Using the Standard Interface

This chapter provides basic information about using the standard Pathways Contract Management Interface.

Chapter 2: Using the Pass-through Interface

This chapter provides basic information about using the pass-through interface.

Chapter 3: Using the PCON 1500 Interface

This chapter provides basic information about using the PCON 1500 interface for 1500 claims.

Appendix A: Pathways Contract Management Interface File

This appendix contains the record type definitions for Pathways Contract Management and STAR Patient Accounting.

Appendix B: Payment and Adjustment File

This appendix contains the record types that are contained in the payment and adjustment file.

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BEFORE YOU BEGIN

Hardware and Software Requirements

For the STAR Patient Accounting system, you must be on Release 5.0 or higher of the STAR Financials Patient Accounting system.

For Pathways Contract Management, you must have a dedicated PC with access to the Network File Server (NFS) module on TCP/IP. The PC must be dedicated during the evening and during midnight processing so that it can receive and send files. The network software for TCP/IP must have NFS on the software.

The minimum disk space requirements for Pathways Contract Management depend on the following:

- Amount of disk space required for Pathways Contract Management needed to receive the source and activity files from STAR Patient Accounting and the return file that is sent to STAR PA.
- Amount of disk space required by the networking software.

These two figures can be added together to get the minimum disk space requirements for the Pathways Contract Management PC.

FILE TRANSFER PROTOCOL

File Naming Conventions

PATHWAYS CONTRACT MANAGEMENT FILE NAMING CONVENTIONS

Pathways Contract Management uses the following naming conventions for the interface files:

NOTE: STAR PA must follow these conventions to ensure processing is correct.

1. The source file names must be unique. Dates are incorporated into the file name for uniqueness. The extension may be variable.
2. The return file names have the same naming conventions as the source file with an extension of .ret.
3. Payment and adjustment activity file names have the same naming conventions as the source file with an extension of .act.
4. Multiple source files are accepted. A return file is created for each source file processed.
5. An input header file, intfsrc.lst, which contains the source file names that are sent to Pathways Contract Management for processing is created and transferred by STAR PA. The file must be ASCII text with one record formatted as *file1.ext,file2.ext,file3.ext,....* This file must be the last file transferred. This file serves two purposes: First, it allows Pathways Contract Management to process multiple files by supplying the file names to the interface processor. Second, the file acts as a trigger to Pathways Contract Management until all input files have been transferred.
6. An input header file, paysrc.lst, which contains the activity file names that are sent to Pathways Contract Management for processing is created and transferred by STAR PA. The file must be ASCII text with one record formatted as *file1.ext,file2.ext,file3.ext,....* This file must be the last file transferred. This file serves two purposes: First, it allows Pathways Contract Management to process multiple files by supplying the file names to the interface processor. Second, the file acts as a trigger to Pathways Contract Management until all input files have been transferred.
7. An input header file, unblsrc.lst, contains the unbilled file name sent to Pathways Contract Management. The file must be ASCII text with one record formatted as *file1.ext*. This file must be the last file transferred. It acts as a trigger to Pathways Contract Management that the unbilled file has transferred. There is only one unbilled file processed each day.

8. An output header file, `intfret.lst`, is created by Pathways Contract Management. This file contains the names of the output files that Pathways Contract Management has created. This file is in ASCII text with one record formatted as `file1.RET,file2.RET....`. This file is the last file created and serves as a trigger to STAR, HealthQuest, and the automatic upload that Pathways Contract Management has completed processing all input files. Output files are available for upload if the output header file exists.

STAR PATIENT ACCOUNTING FILE NAMING CONVENTIONS

STAR Patient Accounting uses the following naming conventions:

The **source file** name is `_yyjjjfs.src`, where:

<code>_</code>	=	the process indicator.
<code>yy</code>	=	the year.
<code>jjj</code>	=	the Julian processing day.
<code>f</code>	=	the facility indicator.
<code>s</code>	=	a sequence number that can be incremented to ensure uniqueness.
<code>.src</code>	=	the extension of the source file which is constant.

An example of this naming convention is `_01031a1.src`. This file is the first source file generated for the processing day 01/31/01 for facility A.

The **return file** is created as the result of Pathways Contract Management processing the source file. The return file name is the same as the source file with a constant extension of `.ret`. An example of the return file that Pathways Contract Management returns is `_01031a1.ret`.

NOTE: If all entries are not returned by Pathways Contract Management, Pathways Contract Management creates a return file that is empty. The empty return file is sent to STAR PA.

The **activity file** name is `_yyjjjfs.act`, where:

<code>_</code>	=	the process indicator.
<code>yy</code>	=	the year.
<code>jjj</code>	=	the Julian processing day.
<code>f</code>	=	the facility indicator.
<code>s</code>	=	a sequence number that can be incremented to ensure uniqueness.
<code>.act</code>	=	the extension for the activity file which is constant.

An example of this naming convention is `_01031a1.act`. This file is the first activity file generated for the processing day 01/31/01 for facility A.

The **unbilled accounts** file name is `unbilled.unb`. Only one file is generated a day even if a multi-facility exists.

TABLES SETUP

Perform the following steps on the STAR system to set up the Pathways Contract Management interface:

1. Add a two-character reimbursement payor code for Pathways Contract Management. The reimbursement payor code is user-defined. An example of this code is CM.
2. Add the payor table definition code (I) for PCON by Bill to the reimbursement payor code defined in step 1. Be sure to complete the table definition in field 4 for the Pathways Contract Management code I.
3. Add the payor table definition code (J) for PCON by Claim to the reimbursement payor code defined in step 1. Be sure to complete the table definition in field 4 for the PCON by Claim code J.
4. Complete the Pathways Contract Management option on the Reimbursement Master.
5. Add reimbursement to the Insurance Plan Coverage.
6. Assign reimbursement to a patient. Refer to Chapter 1: Admissions in the *Patient Processing (Financials) Module* in the *STAR Patient Care Reference Guide* for a description of this procedure.
7. Assign or modify an insurance plan. Refer to Chapter 2: Account Revision in the *Account Inquiry and Revision Volume* in the *STAR Financials Patient Accounting Reference Guide* for a description of this procedure.

Financial Table Setup

REIMBURSEMENT PAYOR CODE

Add a reimbursement payor code to the existing Reimbursement Payor Code table. This code is used to direct patient accounts to Pathways Contract Management for reimbursement calculations.

NOTE: You can set up multiple reimbursement payor codes. However, for simplicity, McKesson recommends that you use one code.

1. Select Tables from the Initial Menu Processor screen.
2. Select Financial Table Maintenance from the Tables Processor screen.

3. Select the Reimbursement Payor Code. Enter the two-character reimbursement payor code or a hyphen (-) to display a list of valid codes. After the code is entered, the following screen is displayed:

General Hospital Financial Table Maintenance Processor			
Tue Jun 20, 1995 09:53 am			
Reimbursement Payor Code			
1 Code	2 Description		
CM	Pathways Contract Management		
3 Edit by	4 Edit date		
Smith, Mary A	06/20/95 09:53am		
Enter field number or '/' starting field number--			

Field Explanations

1. CODE (DISPLAY ONLY)

This field contains the code identifying the reimbursement payor code for Pathways Contract Management.

2. DESCRIPTION (DISPLAY ONLY)

This field contains the description of the reimbursement payor code.

3. EDITED BY (DISPLAY ONLY)

The field contains the name of the person who last edited this table entry.

4. EDIT DATE (DISPLAY ONLY)

The field contains the date and time this table was edited.

PAYOR TABLE DEFINITION CODE

Add the payor table definition code to the Reimbursement Master. The purpose of this step is to associate the Pathways Contract Management reimbursement type with the reimbursement payor code that you defined.

1. Select Tables from the Initial Menu Processor screen.
2. Select PA/AR Master File Maintenance from the Tables Processor screen.

3. Select Reimbursement Master from the PA/AR Master File Maintenance Processor screen.
4. Select Payor Table Definition. The system prompts you to enter a payor code. The Pathways Contract Management payor code entered here must be in the Reimbursement Payor table in order for this function to be valid. You can enter the code or a hyphen (-) to display a list of valid codes.

You are next prompted to enter the payor table definition code. Enter **I** for PCON by Bill, **J** for PCON by Claim, or select the payor table definition code. **J** is only available when **I** has already been selected. After the payor type definition code is entered, the following screen is displayed:

```

                                General Hospital Payor Table Definition Processor
                                Tue Jun 20, 2007 04:47 pm
Payor: LINCOLN NATIONAL
Reimb. Type: Pathways Contract Management
 1 Effective Date Type           2. Edited by           3. Edit Date
   Admission                     Smith,Mary A           06/20/03 04:47pm
4 Pass-through  5 I/P Rmb Calc Meth  6 O/P Rmb Calc Meth  7 OPPS Indicator

8 Table Definitions

Table Effective Effective Post Reimb. Post Contr'l Edited By      Edit Time
#   From      Thru    Charges      by Dept.
001 10/26/02 12/31/02 Yes                    Smith,Mary A 06/20/03 04:47p

                                F1Prev Page F3 Insert F4 Delete F6 Reset F7 Exit

```

Field Explanations

1. EFFECTIVE DATE TYPE (1-A-R)

This field contains the effective date of the coverage. Entry options are **A** (admission) or **D** (discharge). The effective date type is used to select the proper table for a patient.

If you enter **A** (admission date effective), the patient admission date is used to ensure it falls in the date range for the table. If it does, the system uses that table; if it does not, the system checks to determine if there is another table for the payor and reimbursement type with the necessary effective dates.

If you enter **D** (discharge date effective), the patient discharge date or today's date (if the patient has not been discharged) is used to ensure it falls in the date range for the table.

This field is not used by the Pass-through Interface to Pathways Contract Management.

2. EDITED BY (DISPLAY ONLY)

The field contains the name of the person who last edited this table entry.

3. EDIT DATE (DISPLAY ONLY)

The field contains the date and time this table was edited.

4. PASS-THROUGH (1-A-R)

This field indicates whether primary UB claims should be sent to Pathways Contract Management as pass-through claims. When this field is accessed, the following prompt is displayed:

Send pass-through UB claims to PCON (Y/N)?—[N]

Valid values are Y for Yes, send pass-through claims and N for No, do not send pass-through claims. A blank value is equal to No, do not send pass-through claims to Pathways Contract Management. The field defaults to No, do not send pass-through claims.

NOTE: An update to the Pass-through field does not automatically update existing accounts and claims. If the Payor Table Definitions Processor is updated, an account retains the pass-through value that is associated with it. To update an account and associated claims with the current pass-through value in the Payor Table Definitions processor, the insurance must be revised. For example, if the insurance was resequenced on an account, the pass-through value associated with the new primary insurance is associated with the account. To update claims to be pass-through claims, an adjustment bill must be requested for the account and new claims must be loaded. Claims that load for the primary insurance is marked as pass-through claims if the insurance for the account was marked as pass-through.

5. I/P RMB CALC METH (TABLE LOOKUP-O)

This field contains the Inpatient Reimbursement Calculation Method. If you selected Reimbursement Type J (PCON by Claim), this field is available for editing. When you access this field, you are presented with a list of potential calculation methods for this Payor code and Reimbursement Type J. Select all possible values that may apply. When you access the Inpatient Reimbursement section of the Insurance Plan Coverage table, these methods are available options in the Star Calculated Reimbursement Method field after you select the same Payor code and Reimbursement Type J.

6. O/P RMB CALC METH (TABLE LOOKUP-O)

This field contains the Outpatient Reimbursement Calculation Method. If you selected Reimbursement Type J (PCON by Claim), this field is available for editing. When you access this field, you are presented with a list of potential calculation methods for this Payor code and Reimbursement Type J. Select all possible values that may apply. When you access the Outpatient Reimbursement section of the Insurance Plan

Coverage table, these methods are available options in the Star Calculated Reimbursement Method field after you select the same Payor code and Reimbursement Type J.

7. OPPS INDICATOR (1-A-O)

This field is used to indicate whether the reimbursement method is OPPS or TRICARE. When this field is accessed, the following prompt is displayed:

Enter (O)PPS or (T)ricare reimbursement method--

You can enter **O** for OPPS/APC reimbursement method or **T** for TRICARE. The default is OPPS/APC. For TRICARE reimbursement method payers, the system does not take an automatic contractual adjustment. Also, even if you set this field to O for OPPS, but the 3M Core Grouping Software with APC's sends back a Type of Payment (output field paytype) of 39 for TRICARE, the STAR system does not take an automatic contractual adjustment.

8. TABLE DEFINITION (22-AN-R)

This field contains the table number and effective dates of the plan.

You assign the table number. McKesson recommends putting the tables in numerical order starting with 001. If tables exist and you want to change them, select the desired table from those displayed.

After the table number is entered or selected, enter the effective from and through dates for the table. If more than one table is defined for a payor and particular reimbursement type, the effective date cannot overlap.

After the dates are entered, indicate whether a contractual adjustment should be set up for this payor if reimbursement exceeds covered charges. The default for this field is Y for Yes.

Multiple dates can be entered by using the INSERT key to add dates prior to the ones already existing in the table. After the dates are entered, indicate whether a contractual adjustment should be set up for this payor if reimbursement exceeds covered charges. The default for this field is Y for Yes.

The dates in this field are not used by the Pass-through Interface to Pathways Contract Management to determine if claims qualify for the interface.

PATHWAYS CONTRACT MANAGEMENT OPTION ON THE REIMBURSEMENT MASTER

Complete the Pathways Contract Management option on the Reimbursement Master.

1. Select Tables from the Initial Menu Process screen.
2. Select PA/AR Master File Maintenance from the Tables Processor screen.

3. Select Reimbursement Master from the PA/AR Master File Maintenance Processor screen. The following screen is displayed:

General Hospital Reimbursement Master Processor	
Sun Aug 22, 2004 11:34 am	
Reimbursement Master Input Options	
Option No.	Option
1	Payor Table Definition
2	DRG Rate Table Generation
3	DRG Rate Master
4	ICD-9 Diagnosis Codes
5	ICD-9 Procedure Codes
6	Medical Services
7	Specified DRG Codes
8	Major Diagnostic Category
9	ASC Payment Group
10	Overall Plan
11	Pathways Contract Management
12	OPPS Payment Classification
13	Alternate Level of Care
14	Claim Amount
15	Print Reimbursement Table

4. Select Pathways Contract Management. Select the appropriate facility. The following screen is displayed, which must be completed for each facility that is using Pathways Contract Management for reimbursement calculation.

NOTE: This screen is used for both the Standard and Pass-through Claims interfaces to Pathways Contract Management. The fields that are shared by both the Standard and Pass-through interfaces to Pathways Contract Management are UB Source File Retention Days, UB Claim /Denial Return File Retention Days, Activity File Retention Days, and Account Detail Retention Days. The

UB-Pass-through Active field needs to be completed just for the Pass-through interface. For details on the Pass-through Claims Interface, see Chapter 2.

```

General Hospital Pathways Contract Management Processor
Mon June 4, 2011 8:56 am

Pathways Contract Management Parameters for Model Hospital A
UB Standard and Pass-Through PCON Interface Parameters
1 UB Active? 2 UB Pass-through Active? 3 Coins Options 4 Neg Coins/Ded
Yes Yes Both No
5 Use HCPCS XRef 6 Contr Adj Approval Meth 7 Excl from Unb File 8 UB Codes
Yes System No O,S,V
9 PCON Send-Cycle&Final 10 PCON Send-Adj&Late/CycA 11 PCON Send-Inst Adj/CycA
Load Load/Load Load/Load
12 UB Source File Retention Days 13 UB Claim/Denial Return File Retention
180 180
14 Activity File Retention Days 15 Account Detail Retention Days
180 180
16 Default Reimbursement Type if PCON Cycle Account's Insurance Changes
K - Keep same reimbursement
17 Supp Stnd Trans Hst 18 Supp Pass-Thru Trans Hst 19 Post C/A=No Trans Hst
Upload -> Yes
20 Type of APC 21 Edited By 22 Edit Date
Procedure New, Nancy 11/08/10 03:44p

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

```

Field Explanations

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

This field indicates whether the Pathways Contract Management system is to be used to determine the expected reimbursement for the insurance carrier. Enter **Y** for Yes to indicate that the interface to the Pathways Contract Management system is active. Enter **N** for No to indicate that the interface to the Pathways Contract Management system is not active. This field is referenced by midnight processing to determine if the Pathways Contract Management interface jobs are to be executed for this facility. This field is also referenced during the insurance cash batch, adjustment batch, insurance refund, and claim disposition processes to determine if the results of these activities are to be sent to Pathways Contract Management.

2. UB PASS-THROUGH ACTIVE? (1-A-R)

This field indicates whether the Pass-through Claims to Pathways Contract Management Interface is to be used to send pass-through claims to Pathways Contract Management for a facility. Enter **Y** for Yes to indicate that the Pass-through Claims to Pathways Contract Management Interface is active. Enter **N** for No to indicate that the Pass-through Claims to Pathways Contract Management Interface is not active. This field determines whether the Pass-through field in the Reimbursement Payor Table Definition can be used. When the field is set to Yes, all of the typical claim-driven information is sent to Pathways Contract Management, but reimbursement information is sent from STAR Patient Accounting to Pathways Contract Management. This field is referenced by Midnight Processing to determine if the Pathways Contract Management interface jobs are to be executed for this facility. This field can only be completed with a value of Yes if release 8.0 of Pathways Contract Management is

being used, indicating that the Pathways Contract Management Interface is claim-driven. The ability to update the UB Pass-through Active field to Yes is dependent upon the setting of the UB PCON Release field located on the Pathway Parameters associated with the Pathways Interface Processor menu. The UB PCON Release field must be set to release 8.0 or higher, and today's date must be greater than or equal to the corresponding effective date.

Example:

Ability to Update to Yes

For example, if today's date is 6/23/03 and the UB PCON Release field is set to 8.0 with the corresponding effective date equal to 6/23 then you have the ability to update the UB Pass-through Active field to Yes. If the effective date is 6/23/03, then the UB Pathways Contract Management Release was set to 8.0 on 6/22/03.

No Ability to Update to Yes

For example, if today's date is 6/22/03 and the UB PCON Release field is set to 8.0 with the corresponding effective date equal to 6/23 then you don't have the ability to update the UB Pass-through Active field to Yes.

For details on Pass-through claims, see ["USING THE PASS-THROUGH INTERFACE" on page 2-1.](#)

3. COINS OPTIONS (1-A-O)

This field indicates whether a payment activity record for the Pathways Contract Management UB interface is updated so co-pay, patient responsibility, or both can be added to the coinsurance amount. This logic can be used if the file format is 7 or 8 as indicated by the Fmt7 Dt or Fmt8 Dt on the UB Pathways Parameters and if PCON8 is employed as indicated by the PCON8 Date on the UB Pathways Parameters screen.

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

Include (C)opay, (P)atient Responsibility, (B)oth, or (N)either with the coinsurance amt in payments sent to PCON? [N]--

You can enter one of the following:

- C for Copay - The copay for the payment is included with the coinsurance amount for the payment in the activity file (record 05, field 23).
- P for Patient Responsibility - The patient responsibility for the payment is included with the coinsurance amount for the payment in the activity file (record 05, field 23).
- B for Both - The copay and patient responsibility for the payment are included with the coinsurance amount for the payment in the activity file (record 05, field 23).

4.NEG COINS/DED (1-A-O)

If this parameter has a value of Yes, the absolute value of the number used for Deductible and Coinsurance is sent in Record 05 for the PCON interface. This means that negative numbers are changed to a positive number.

The prompt for this field is as follows:

Convert negative values for coinsurance and deductible to be positive allowing PCON to determine the sign from the payment? (Y/N) [N]--

If **Y** (Yes) is entered, the negative numbers are changed to a positive number. If **N** (No) is entered, and the value is zero or less, a value of zero is sent. Otherwise, the value is sent. This means if the value is negative, no value is sent to PCON.

This parameter is used only if format 7 or 8 is used for the Source File Format. The Source File Format is indicated on the UB Pathways Parameters screen found on the Pathways Contr Mgmt Interface menu.

NOTE: Changes to Neg Coins/Ded are effective on the date and time the value is changed. For example, if you change from No to Yes at 10:00 am on 10/20/2010, payments posted from 10:00 am use Yes and payments posted before 10:00 am use No. So it is important to consider this when implementing this change.

5. USE HCPCS XREF (1-A-O)

This field is used to indicate whether the interface should use the Medical Records HCPCS or the HCPCS code from the HCPCS Cross Reference table defined on the claim's charge control parameter. This field is used only for the Version 7 file layout. When this field is accessed, the following prompt is displayed:

Do you want to use the Claim Payer HCPCS Cross Reference Table for Medical Records HCPCS? (Y/N)--

You can enter **Y** (Yes) to use the Claim Payer HCPCS Cross Reference Table or **N** (No) if you do not want the HCPCS codes translated.

6. CONTR ADJ APPROVAL METHOD (1-A-R)

This field indicates method used to approve the contractual adjustment batch that is automatically created when the Pathways Contract Management UB return file is uploaded. After you enter this option, the following prompt is displayed:

Enter contractual adjustment batch approval method: by (S)ystem or (U)ser --

If the contractual adjustment batch is to be automatically approved and posted during the same midnight processing run, enter **S** for system.

If the contractual adjustment batch must be approved by a user, enter **U** for user.

NOTE: Midnight processing automatically uploads the Pathways UB return file at the end of uptime batch if it was not loaded during downtime batch. If this field is set to S(ystem), the batch is automatically posted, as well, which updates the patient accounts with the contractual adjustment generated by Pathways Contract Management. The adjustment posted during uptime is reported on the Adjustment Posting Detail Report (FAR210), in the following midnight processing run.

7. EXCLUDE FROM UNBILLED FILE (1-A-R)

This field indicates whether the facility should be excluded from the Unbilled File. When this field is accessed, the following prompt is displayed:

Exclude this facility from the Unbilled File (Y/N)--

You can enter **Y** for Yes to exclude the facility or **N** for No to include the facility.

8. USE UB CODES (TABLE LOOKUP-O)

This field is used to indicate whether occurrence codes, occurrence span codes, and/or value codes are included in the download file of claim information. This feature is available for the Version 7 file layout only.

When this field is accessed, the system displays the following screen:

Page:01	Select UB Codes to Include	##=Current Choices
(1) O-Occurrence Codes	(3) V-Value Codes	
(2) S-Occurrence Span Codes		

You can select one or all of the UB codes to include.

9. PCON SEND-CYCLE&FINAL (1-A-O)

This field indicates whether cycle and final claims, with a reimbursement method of Pathways Contract Management, should be queued to be sent to Pathways Contract Management at the time of claim load or at claim release. When this field is accessed, the following prompt is displayed:

Enter PCON Send option of (L)oad or (R)elease for Cycle/Final UB claims [L]--

You can enter **L** for Load or **R** for Release. If you enter L (Load), claims are queued to be sent to Pathways Contract Management at the time they are loaded. If you enter R (Release), claims are queued to be sent to Pathways Contract Management at the time they are released on STAR Patient Accounting.

10. PCON SEND-ADJ&LATE/CYCA (1-A-R)

This field indicates whether adjustment, late, and cycle claims, with a reimbursement method of Pathways Contract Management, should be queued to be sent to Pathways Contract Management at the time of claim load or at claim release. When this field is accessed, the following prompt is displayed:

Enter PCON Send option of (L)oad or (R)elease for Adj & Late UB claims [L]-

You can enter **L** for Load or **R** for Release. If you enter L (Load), claims are queued to be sent to Pathways Contract Management at the time they are loaded. If you enter R (Release), claims are queued to be sent to Pathways Contract Management at the time they are released on STAR Patient Accounting.

The next prompt allows you to determine whether cycle adjustment claims with a reimbursement method of Pathways Contract Management should be queued to be sent to Pathways Contract Management at the time of claim load or at claim release:

Enter PCON Send option of (L)oad or (R)elease for UB claims [L]-

You can enter L for Load or R for Release. If you enter L (Load), claims are queued to be sent to Pathways Contract Management at the time they are loaded. If you enter R (Release), claims are queued to be sent to Pathways Contract Management at the time they are released on STAR Patient Accounting.

11. PCON SEND-INST ADJ/CYCA BILL (1-A-R)

This field indicates whether adjustment claims and cycle adjustment claims, with a reimbursement method of Pathways Contract Management, should be queued to be sent to Pathways Contract Management at the time of claim load or at claim release. When this field is accessed, the following prompt is displayed:

Enter PCON Send option of (L)oad or (R)elease for UB Adj claims generated through Instant Adjustment Bill [L]--

You can enter L for Load or R for Release. If you enter L (Load), claims are queued to be sent to Pathways Contract Management at the time they are loaded. If you enter R (Release), claims are queued to be sent to Pathways Contract Management at the time they are released on STAR Patient Accounting.

The next prompt allows you to define whether cycle adjustment claims with a reimbursement method of Pathways Contract Management should be queued to be sent to Pathways Contract Management at the time of claim load or claim release:

Enter PCON Send option of (L)oad or (R)elease for UB Adj claims generated through Instant Adjustment Bill [L]--

You can enter L for Load or R for Release. If you enter L (Load), claims are queued to be sent to Pathways Contract Management at the time they are loaded. If you enter R (Release), claims are queued to be sent to Pathways Contract Management at the time they are released on STAR Patient Accounting.

12. UB SOURCE FILE RETENTION DAYS (3-N-R)

This field indicates the number of days the source file for the standard Pathways Contract Management Interface and the Pass-through Claims to Pathways Contract

Management Interface is held on the STAR Financials Patient Accounting system prior to purging. After you enter this option, the following prompt is displayed:

Enter number of days to retain the standard and pass-through source file --

Enter up to three digits for the number of days that the source file is to be held on the STAR Financials Patient Accounting system prior to purging the file.

For details on Pass-through claims, see [“Chapter 2 - USING THE PASS-THROUGH INTERFACE.”](#)

13. UB CLAIM/DENIAL RETURN FILE RETENTION (3-N-R)

This field indicates the number of days the claim and denial return files for the Standard and Pass-through interfaces are held on the STAR Patient Accounting system prior to purging. After you enter this option, the following prompt is displayed:

Enter number of days to retain the claim and denial return files for Standard and Pass-through interfaces--

Enter up to three digits for the number of days that the return file is to be held on the STAR Patient Accounting system prior to purging the file.

14. ACTIVITY FILE RETENTION DAYS (3-N-R)

This field indicates the number of days the activity file is held on the STAR PA system prior to purging. After you enter this option, the following prompt is displayed:

Enter number of days to retain the standard and pass-through activity file --

Enter up to three digits for the number of days that the activity file is to be held on the STAR Financials Patient Accounting system prior to purging the file.

For details on Pass-through claims, see [“Chapter 1 - USING THE STANDARD INTERFACE.”](#)

15. ACCOUNT DETAIL RETENTION DAYS (3-N-R)

This field indicates the number of days that the detail for an account is retained in the STAR Patient Accounting system prior to purging. After you enter this option, the following prompt is displayed:

Enter number of days to retain the Pathways detail account information for standard and pass-through claims -

Enter up to three digits for the number of days that the detail activity information is to be held on the STAR Patient Accounting system prior to purging the file.

16. DEFAULT REIMBURSEMENT TYPE IF PCON CYCLE ACCOUNT'S INSURANCE CHANGES (1-A-O)

This field indicates whether the reimbursement type should continue to default to the **I (PCON by Bill)** reimbursement type or whether no reimbursement type should be

indicated when the primary insurance account changes. When this field is accessed, the following prompt is displayed:

Enter reimb if PCON cycle account's insurance changes I (PCON), (B)lank, or (K)eeep (I/B/K)--

- If you enter **I (PCON by Bill)**, if the primary insurance plan either changes or is added for an account, the reimbursement type for the insurance plan is defined as J (PCON by Claim), and the account has produced a cycle bill, then the reimbursement type for the primary insurance defaults to I (Pathways Contract Management).

If the reimbursement type is re-evaluated due to an account change, the system determines that the reimbursement type would change to J (PCON by Claim), and the account has a cycle bill, then the reimbursement type for the insurance defaults to I (PCON by Bill). This is done so no cycle claims are sent to Pathways Contract Management. One combined claim is sent when the account final/adjustment bills and a contractual adjustment is made when information returns from Pathways Contract Management.

- If you enter **B (Blank)**, if the primary insurance plan either changes or is added for an account, the reimbursement type for the new insurance plan is defined to be J (PCON by Claim), and the account has a cycle bill, then the Post Cont. Adj at Bill field on the Reimbursement Master defaults to **No** in reimbursement information for the primary insurance plan and the other fields on the reimbursement screen are blank. The message in transaction history is *Reimb type blanked* with a comment of *Account has cycle bill. Reimb type cannot be J (PCON by Claim)*. If this occurs for the primary insurance plan, an additional message in transaction history is *PCON insurance change* with a comment of *Primary insurance reimbursement is blank*.

If the reimbursement type is re-evaluated due to an account change, it is determined that the reimbursement type would change to J (PCON by Claim), and the account has a cycle bill, then the Post Cont. Adj at Bill defaults to No in reimbursement information for the insurance plan and the other fields on the reimbursement screen is blank. The message in transaction history is *Reimb type blanked* with a comment of *Account has cycle bill. Reimb type cannot be J (PCON by Claim)*. If this occurs for the primary insurance plan, an additional message in transaction history is *PCON insurance change* with a comment of *Primary insurance reimbursement is blank*. If Post Cont. Adj at Bill is set to No, then no reimbursement is estimated and no contractual adjustment is taken when the account final bills.

If this parameter is set to B and an attempt is made to change the reimbursement type to J for an account with cycle bills, the system displays the following message (the edit does not prevent **I** from being used):

Account has cycle bills. Use no reimbursement type!

If this parameter is set to **I**, then the system displays the following message:

Account has cycle bills. Use reimb type I (Pathways Contract Mgmt)!

- If you enter **(K) Keep**, the setting of the reimbursement type of I or J remains an I or a J. This field can only be set to Keep if the Pathways Contract Management Release is set to 8.0 or higher.

17. SUPP STND TRANS HST (1-A-R)

This field indicates whether transaction history messages should be suppressed for standard claims at download, upload, or both. A message is posted in transaction history when standard claims are downloaded, uploaded or both downloaded and uploaded, but you can choose to suppress them. When this field is accessed, the following prompt is displayed:

Suppress standard transaction history messages for the (D)ownload, (U)pload, or (B)oth--

You can enter **D** for Download, **U** for Upload, or **B** for Both.

18. SUPP PASS-THRU TRANS HIST (1-A-R)

This field indicates whether transaction history messages should be suppressed for pass-through claims. A message is posted in transaction history when pass-through claims are downloaded, but you can choose to suppress them. When this field is accessed, the following prompt is displayed:

Suppress pass-through transaction history messages for the (D)ownload--

You can enter **D** for Download to suppress claims at Download.

19. POST C/A=NO TRNS HST (1-A-R)

This field indicates whether a message should be recorded in Transaction History when information is returned from PCON for an account where Post Cont. Adj. at Bill is set to *No* for the primary insurance. This field is accessible only if the response for the Supp Stnd Trans Hst field is U for Upload or B for Both.

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

Provide standard transaction history message for upload if Post Cont. Adj. At Bill is No? (Y/N)--

20. TYPE OF APC (1-A-O)

This field is for customers who send claims to 3M OPPS and then to Pathways Contract Management (PCON). When multiple procedures are performed on the same date of service, 3M OPPS may calculate a grouped ItemProcedureAPC that is different from an ItemPaymentAPC. This can occur when similar procedures are performed. Currently, STAR sends PCON the grouped ItemProcedure APC in the 61 Record and the ItemPayment APC in the 29 Record. The Type of APC field is used to specify which APC code is sent to PCON, since PCON's rules may calculate a different

reimbursement when the code is different. ItemPaymentAPC can be used in both records, or ItemProcedureAPC can be used in both records.

The 3M CGS Interface returns two APCs for a service line when the service line qualifies for an APC to be assigned. They are titled ItemProcedureAPC and ItemPaymentAPC. Currently, Star uses ItemProcedureAPC for the APC sent for service lines in record 61 and uses ItemPaymentAPC for the primary APC (determined from the maximum APC weight) in record 29. This information for APCs is sent when the UB Pass Thru Interface is employed or the Reimbursement Type is J (PCON by Clm) and the STAR Calculated Reimbursement Method is OPPS.

For records 29 and 61 send Item Procedure APC(P), send Item Payment APC(Y), or (K)keep as is (Pynt APC in 29 and Proc APC in 61)? [Y]--

Entry options are:

- **Blank** (No Entry) - If the value for this parameter is blank because the parameter has not been selected, then ItemPaymentAPC is used in record 29 and ItemProcedureAPC is used in record 61.
- **K** (Keep As Is) - ItemPaymentAPC is used in record 29 and ItemProcedureAPC is used in record 61.
- **P** (Item Procedure APC) - ItemProcedureAPC is used in records 29 and 61.
- **Y** (ItemPayment APC) - ItemPaymentAPC is used in records 29 and 61. This is the default value for the parameter.

The parameter is effective immediately meaning it is used the next time that a download of information to PCON is used.

21. EDITED BY (DISPLAY ONLY)

The field contains the name of the person who last edited this table entry.

22. EDIT DATE (DISPLAY ONLY)

The field contains the date and time this table was edited.

INSURANCE PLAN REIMBURSEMENT

Add the reimbursement information for each facility to the Insurance Plan Coverage.

1. Select Tables from the Initial Menu Processor screen.
2. Select PA/AR Master File Maintenance from the Tables Processor screen.
3. Select Insurance Plan Coverage from the PA/AR Master File Maintenance Processor screen. Select a carrier code or a hyphen (-) for a table lookup of carrier codes. Enter a plan code or a hyphen (-) for a table lookup of plan codes. Enter **C**

for current insurance or the effective date. Enter **Y** or **N** to the prompt for copying coverage information from another plan.

4. Select Facility Options from the Insurance Plan Coverage Processor screen. The system prompts you to select the facility.
5. Select Reimbursement. The following screen, which is shown on page 1 of 3 (page 1 is inpatients, page 2 is outpatients, and page 3 is patient type exceptions), is displayed:

General Hospital Reimbursement Processor			
Inpatients		Page 1 of 3	Wed Jan 05, 2010 11:39 am
Carrier:SMF TEST INSURANCE.....X		Facility :Model Hospital A	
Plan :SM ACCT LVL CHGS NO SPLIT		Effective:Current	
Patient type: Inpatients			
1 Post Cont. Adj. at Bill		2 Reimbursement Master Payor	
->			
3 Reimbursement Type		4 Contractual Adj. Transaction Code	
5 Reimbursement Type		6 Contractual Adj. Transaction Code	
7 Reimbursement Type		8 Contractual Adj. Transaction Code	
9 Reimbursement Type		10 Contractual Adj. Transaction Code	
11 OPPS Cont. Adj.		12 Pass-through	13 Star Calculated Reimbursement Method
14 Edit by		15 Effective date	
Enter field number or '/' starting field number--			
next screen(/) or previous screen(/P) [/]			

Field Explanations

1. POST CONT. ADJ. AT BILL (1-A-R)

This field indicates whether contractual adjustments should be posted when the bill is produced. Entry options are **Y** for Yes or **N** for No; the default is N. If you set this field to No, the claim is sent to Pathways Contract Management and is returned to STAR, and the contractual adjustment is saved internally in STAR, but not posted.

2. REIMBURSEMENT MASTER PAYOR (2-A-R)

This field contains the code identifying the reimbursement payor for this insurance plan. You can enter the code or a hyphen (-) to display a list of valid codes from the Reimbursement Payor table. This table contains the payers who have special reimbursement arrangements with the hospital. For the Pathways Contract Management system to be activated for this carrier/plan, select the reimbursement payor code designated for this interface.

3. REIMBURSEMENT TYPE (TABLE LOOKUP-R)

This field contains the basis on which this plan reimburses the hospital. When you access this field, the system displays the reimbursement types defined for the payer. For the Pathways Contract Management system to calculate the reimbursement amount, this field must contain one of the following reimbursement types:

NOTE: Setting the UB PCON release to 8.0 on the Pathways Contract Management Parameters from the Interface menu acts as the trigger to convert the reimbursement type to PCON by Bill and the J reimbursement type to PCON by Claim. In Midnight Processing, on the day the UB PCON release field is updated to 8.0, the field descriptions are updated. The updated descriptions on the reimbursement types reflect that the Pathways Contract Management interface is now claim driven and claim driven information is sent to PCON for the J reimbursement type.

- **I (PCON by Bill)**—In order to use this reimbursement type, it must first be defined in the payer table definition for the reimbursement payer. The claim type form must be UB. The claim type is entered on the Claim Information page of the insurance plan. If this is not a UB claim form, the following message is displayed on your screen: *Claim Type must be UB.*

NOTE: This value must be set to I for the carrier/plan to be processed as bill-based. Bill-based means that for each final, adjustment or late bill created on STAR Patient Accounting, only one event is sent to Pathways Contract Management. Split claims for the primary carrier are not sent to Pathways Contract Management and interim cycle bills are not sent to Pathways Contract Management.

- **J (PCON by Claim)**—In order to use this reimbursement type, it must first be defined in the payer table definition for the reimbursement payer. The claim type is entered on the Claim Information page of the insurance plan. If it is not defined in the payer table definition, the following error message is displayed on your screen: *Error: This type not defined for this payer.* The claim type form must be UB Medi-Cal or UB. If this is not a UB or UB Medi-Cal claim form, J cannot be selected, and the following message is displayed on your screen: *Claim Type must be UB or Medi-Cal UB for PCON by Claim.*

NOTE: For J (PCON by Claim) reimbursement type, specific fields and records in the source file sent to Pathways Contract Management are extracted directly from the claim. Payments and adjustments sent to Pathways Contract Management in the activity file is associated directly with a claim, not just associated with the primary carrier. Contractual adjustments returned from Pathways Contract Management to STAR Patient Accounting are claim-specific. Added claims and claims edited for resubmission is sent to Pathways Contract Management.

If you select J (PCON by Bill) or I (PCON by Claim) as the reimbursement type, the other Reimbursement Type fields on the screen cannot be used.

NOTE: This value must be set to J for the carrier/plan to be processed as claim-based. Split claims and interim cycle bills are sent to Pathways Contract Management if the reimbursement type is J (PCON by Claim).

4. CONTRACTUAL ADJ. TRANSACTION CODE (4-N-R)

This field contains the transaction code associated with the reimbursement type entered in the Reimbursement Type field. This code is used to update the account's transaction history and the General Ledger when an adjustment is made on the account. You can enter the code or a hyphen (-) to display a list of valid transaction codes under transaction type A. This field is required if the Reimbursement Type field is completed.

FIELDS 5 - 10

These fields are for additional Reimbursement Types and Contractual Adj. Transaction Codes.

11. OPPS CONT. ADJ. (1-A-R)

This field indicates whether a contractual adjustment should be posted per claim for the primary insurance plan at the time the 3M interface returns an expected reimbursement on the claim. Entry options are Y for Yes or N for No.

12. PASS-THROUGH (DISPLAY ONLY)

This field indicates if primary UB claims should be sent to Pathways Contract Management as pass-through claims.

Valid values are Y for Yes, send pass-through claims to Pathways Contract Management and N for No, do not send pass-through claims to Pathways Contract Management. The value of this field is dependent on the Pass-through field on the Payor Table Definitions Processor for the associated Reimbursement Master Payor Code and Reimbursement Type combination. For example, for Reimbursement Master Payor Code equal to MC and Reimbursement Type equal to G-DRG, if the Pass-through field on the Payor Table Definition Processor is set to Yes, then this field is set to Yes.

An update to this field on the Payor Table Definitions Table for a payor code/reimbursement type automatically updates the insurance that is associated with the payor code/reimbursement type. An update to the Pass-through field on the Payor Table Definitions Table does not automatically update the insurance associated with existing accounts and claims.

For details on Pass-through claims, see [“Chapter 2 - USING THE PASS-THROUGH INTERFACE.”](#)

13. STAR CALCULATED REIMBURSEMENT METHOD (TABLE LOOKUP-O)

This field determines if STAR includes an estimated reimbursement in the PCON 29 record in the standard UB interface rather than estimated reimbursement from the DRG assigned in STAR. The field cannot be accessed for an account unless the Reimbursement Type is J for PCON by Claim and potential values for the STAR Calculated Reimbursement Method have been indicated in the Payor Table Definition

for the Reimbursement Master Payor for Reimbursement Type J (I/P Rmb Calc Method and/or O/P Calc Method). When this field is accessed, one of the following fields can be selected from a table:

- DRG
- Claim Amount
- New York
- OPPS - When the Payor Table is defined with H-OPPS, the Star Calculated Reimbursement Method can be H-OPPS.

NOTE: The Payor Table Definition screen must be updated before you can select *New York* as the STAR Calculated Reimbursement Method.

If the account has final billed, the following prompt is displayed when attempting to change the STAR Calculated Reimbursement Method for an account's insurance:

Account has billed. Are you sure that you want to change Star Calculated Reimbursement Method? (Y/N) [N]--

MENU FLOWS

Pathways Contract Management Menu

When you select Interface Functions from the Financial Management menu, the system displays the following menus:

General Hospital Interface Functions Processor		
Tue Jul 13, 1999 02:50 pm		
Interface Functions Input Options		
	Option No.	Option
	1	TRENDSTAR Interfaces
	2	REPLICA Interface
TAPE PROCESS	3	Charge Summary
	4	Revenue Service Statistics
MAINTAIN	5	Electronic RA Interfaces
	6	Pathways Contr Mgmt Interface
	7	Computer Credit Inc. Interface
	8	EC 2000 CA Interface
IMPORT BALS	9	Import Titan GL Control Totals

Enter option number--

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

When you select Pathways Contract Mgmt Interface, the system displays the following screen:

```

General Hospital Pathways Contr Mgmt Interface Processor
                                Fri Aug 08, 2007 12:55 pm
Pathways Contr Mgmt Interface Input Options

      Option No.  Option
      -----
UB Parameters    1      UB Pathways Parameters
                  2      Download Denial Tracking Reason Groups Table

Standard         3      Download UB Source Files
                  4      Upload UB Return File
                  5      UB Pathways Pre-List Report
                  6      Resend UB PCON Transactions
                  7      Delete Split Claim from PCON
                  8      UB PCON Processing Status
                  9      Mark PCON Standard Files Processed in Test Env

Pass-through    10      PCON Pass-through Interface Options

1500             11      PCON 1500 Interface Options

Enter option number--

```

For the options under Pass-through Claims, refer to “[Chapter 2 - USING THE PASS-THROUGH INTERFACE.](#)” For the options under PCON 1500 Interface Options, refer to “[Chapter 3 - USING THE PCON 1500 INTERFACE.](#)” The options used by the standard interface are explained in this chapter.

UB Pathways Parameters

When you choose UB Pathways Parameters, the following screen is displayed:

```

General Hospital UB Pathways Parameters Processor
                                Fri Feb 03, 2012 12:56 pm

1 UB Directory Path          2 Edited By          4 Edit Date
hbo/tmp/id9/                Moon,Pat              01/18/12 04:22p
3 Download Claims in MNP    5 Upload UB Return File in Downtime
After Claim Load           Yes
6 Delay PA Daily Bal Until? 7 Downtime Done Estimate 8 Den Return File Wait
1:30am                     1:36am                    5
9 Source File Fmt 10 Fmt7 Dt 11 Fmt8 Dt          12 UB PCON Release
Version 8                  11/30/2006          09/25/2011      15.0 eff 06/19/2009
13 PCON8 Date              14 Schedule Start Date for File Fmt 8 15 Resend Attempts
04/03/2004                                     1

16 Seq  Process Description          Start Time          Completion Time
  1  UB Source File Download          02/03 01:08:30      02/03 01:08:55
  2  1500 Source File Download          02/03 01:08:30      02/03 01:08:32
  3  Claim Load                       02/03 01:07:50      02/03 01:07:52
  4  Upload/Post UB Return File          02/03 01:06:27      02/03 01:30:34
  5  Upload/Post 1500 Return File          02/03 01:06:27      02/03 02:00:40
  6  Post 3M OPPS/EAPG Adj              02/03 02:03:39      02/03 02:04:39
  7  PA Daily Balancing                 02/03 02:09:46      02/03 02:09:47
  8  Down Time End

```

Field Explanations

1. UB DIRECTORY PATH (22-AN-R)

This field indicates the directory path that is used to contain the files that are sent by Pathways Contract Management for both the standard interface and the pass-through claims interface. Enter the directory name of hboc/payer/intf.

NOTE: If you are running the interface in a live environment, use the directory name hboc/payer/intf. You can run the interface in both a live environment and a test environment if the directory path in each environment is unique. If you are running the interface in a test environment, use the directory name hboc/payer/tpcm.

2. EDITED BY (DISPLAY ONLY)

The field contains the name of the person who last edited this table entry.

3. EDIT DATE (DISPLAY ONLY)

The field contains the date and time this table was edited.

4. DOWNLOAD CLAIMS IN MNP (1-A-R)

This field determines when the claim file is to be downloaded to Pathways Contract Management during Midnight Processing. When this field is accessed, the following prompt is displayed:

Do you wish to download claims to PCON at the (B)eginning of MNP, After Claim (L)oad or After Claim (E)dit?-

If you enter **B** (Beginning), claims are downloaded to the Pathways Contract Management file at the beginning of Midnight Processing. If you enter **L** (After Claim Load), claims are downloaded to the Pathways Contract Management file after the Claim Load step completes in Midnight Processing. If you enter **E** (After Claim Edit), claims are downloaded to Pathways Contract Management after the Claim Edit and Release Failed Claims After Suspense step in Midnight Processing is completed.

When setting this parameter, consider how your PCON Send parameters are set on the Pathways Contract Management Screen in the Reimbursement Master. For example, if the PCON Send for Cycle/Final field is set to Load, and the Download Claims in MNP field is set to Beginning of MNP, you are not sending any claims that were loaded during that night's Midnight Processing. This is because the Midnight Processing step for claim load occurs after the Beginning of MNP. Claims that were loaded in the previous night's Midnight Processing would be downloaded in the claim file for Pathways Contract Management. The Download Claims in MNP field and the PCON Send parameters allow you to choose the best time for your system and to achieve the proper balance between sending edited claims to Pathways Contract Management and processing the Pathways Contract Management return file before PA daily balancing occurs in Midnight Processing.

5. UPLOAD UB RETURN FILE IN DOWNTIME (1-A-R)

This field indicates whether you want to attempt to upload the Pathways Contract Management UB Return file during midnight processing.

After you enter this option, the following prompt is displayed:

Try to upload UB Return File in Downtime batch (Y/N)?--

Enter **Yes** to indicate that you want the system to attempt to upload the Pathways Contract Management return file during midnight processing. Field 5 is used to determine how long to wait for the return file before continuing with PA Daily Balancing in downtime batch.

Enter **No** to indicate that you do not want the system to attempt to upload the return file during the downtime portion of midnight processing. The Upload UB Return File in the Upload field is referenced, and midnight processing continues without waiting for the return file from Pathways Contract Management.

NOTE: A step at the end of midnight processing (during the uptime portion) makes a final attempt at automatically uploading the return file regardless of the value in this field.

6. DELAY PA DAILY BAL UNTIL? (4-N-C)

This field allows you to enter a delayed start time for PA Daily Balancing, the final step of downtime batch. The field can only be accessed if Field 4 is set to Yes. This field is required if Field 4 is set to Yes.

After you enter this option, the following prompt is displayed:

Try to upload return file before PA Daily Balancing until? - -

When a time is entered in this field, then the system holds up midnight processing and attempts to upload the Pathways Contract Management UB return file until the specified time. If the specified time is reached and the return file is not available, then PA Daily Balancing begins and the system no longer attempts to upload the return file during downtime batch.

If the return file is received before the specified time, the system processes the return file and PA Daily Balancing begins without waiting for the specified time. To help you determine a reasonable Delay time, refer to Field 9 for a list of Start and Completion times for selected jobs in the previous midnight processing run.

7. DOWNTIME DONE ESTIMATE (DISPLAY ONLY)

After a time is accepted in Field 5, the system calculates the new expected completion time for downtime batch and displays the results in this field. The Estimated Downtime Completion Time is determined from the midnight processing times from the previous midnight processing run and assumes that the system waits until the Delay Time in Field 6 to start PA Daily Balancing.

8. DEN RETURN FILE WAIT (3-N-O)

The denial return file for the previous run must be processed before the next download can occur for the Standard UB PCON Interface. This field defines the number of minutes the batch program processing Standard UB Return Files from PCON waits for the denial return file. It looks for the return files at five minute intervals until the files are found or the time indicated for Den Return File Wait expires. The following prompt is displayed:

Enter the number of minutes (divisible by 5 and a maximum of 120) to wait for the denial return file [15]--

The keyed number must be divisible by 5. If it is not, then the following error message appears:

Minutes must be divisible by 5!

The minimum value for the field is 5 and the maximum value is 120.

If the files for denials are not found, the following message is displayed on the console:

IM No Denial Return File for MM/DD/YY (IDx)

The logic handling the batch upload of files for the Standard UB PCON Interface checks for the return files for denials at five minute intervals for the number of minutes indicated in the Den Return File Wait field. If the file is not found after a five minute wait and a background process is being used, the following message appears on the console:

IM Waiting 5 Min for PCON Standard Denial Return File (IDx)

If the file is not found and the number of minutes in Den Return File Wait passes, then the process stops and the following message appears on the console:

IM No Denial Return File for MM/DD/YY (IDx)

9. SOURCE FILE FORMAT (1-N-R)

This field defines the version number of the source file format sent to the Pathways Contract Management system for both the standard and the pass-through claims interfaces. The field is used to indicate that beginning with the next date, any records formatted to be downloaded are configured using the Version 7 layouts and the corresponding return files are processed using the Version 7 layouts. If the field has been updated to contain a 7, it can be updated again to be 6 on the date of its update, but not thereafter. When Version 7 for the File Format is used, both UB and UB04 claims can be formatted.

After you enter this option, the following prompt is displayed:

Enter new UB source file format for standard and pass-through Version (6) or Version (7)---

You can enter **6** (*Version 6) or **7** (**Version 7). After accepting the screen, the version number for the source file format is referenced during Midnight Processing to determine whether the claim source file and the unbilled source file are created according to the Version 6 or Version 7 specifications.

10. FILE FMT7 DATE (DISPLAY ONLY)

This field documents the date on which usage of the Version 7 layouts started.

11. UB PCON RELEASE (3-N-R)

This field indicates the Pathways Contract Management release number and the date the release number was entered in the field. If the current Pathways Contract Management release does not match the value for UB PCON Release, the UB PCON Release can be updated with the current release. Look for the effective date to match the current date. If Release 8.0 was indicated previously, its effective date is indicated in the PCON Effective Date field. If the Release being indicated is 8.0 or above, the PCON8 Date is set to the next day's date because the change is effective on the next day.

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

For standard and pass-through enter UB PCON release of (14.0, 15.0, or 16.0)--

If you select Release 8.0, the UB Source File Format field must be set to Version 6 or higher. If the UB Source File Format field is set to Version 4, you cannot select Version 8.0 for the UB PCON Release, and the following error message is displayed:

File version can't be 6.

Once the user selects 8.0, the system determines the effective date of the Pathways Contract Management 8.0 release as the current date plus one day. The system allows the current claims to be processed through Midnight Processing one more time before becoming claim-based. The system displays the effective date of the Pathways Contract Management 8.0 release as follows:

8.0 eff dt MM/DD/YY

If using Pathways Contract Management UB Release 8.0, the source/activity file format generated is in Version 6.

NOTE: You must also use Pathways Contract Management reimbursement type "J" in order to be claim-based. Carrier/plans with a reimbursement type of "I" continue to process as bill-based events.

12. PCON8 DATE (DISPLAY ONLY)

This field displays the date that STAR Patient Accounting began using logic for Release 8 of Pathways Contract Management.

The first time that the release is changed to 8.0 or higher in the UB PCON Release field, the date for the subsequent day is recorded and displayed in this field. The first date that PCON8 or higher is used is important because the interface between STAR Patient Accounting and Pathways Contract Management, when reimbursement type J is used, becomes claim-driven rather than bill-driven.

13. RESEND ATTEMPTS (1-N-R)

This field contains the number of times the system automatically attempts to re-send the file to Pathways Contract Management. Accounts are re-sent if the expected reimbursement amount was not returned to STAR during the previous Midnight Processing run. The value in this field is used for both loaded and released claims. If you are queuing claims to send to Pathways Contract Management at the time of Load and at the time of Release, the count restarts for each event. When a loaded claim has been rejected by Pathways Contract Management and had subsequently been released on STAR, the release claim starts to process if the PCON Send parameter is set to Both. There is no need to continue sending a claim for the load event.

14. SEQ (DISPLAY ONLY)

This field displays the start and completion times for selected jobs from the previous night's Midnight Processing run. This information is provided to assist you in determining a reasonable delay time for PA Daily Balancing to start, which is entered in the *Delay Pa Daily Bal Until?* field.

Download Denial Tracking Reason Groups Table

This function is used to create a download file (dencds.tbl) which contains Denial Tracking Reason Group denial codes for each insurance plan in the facility for which a Denial Tracking Payor has been assigned in the Insurance Plan Coverage Table. The file is in the UNIX directory identified on the UB Pathways Parameter screen. For each Denial Tracking Reason Group denial code for the Denial Tracking Reason Group assigned to the Denial Tracking Payor for the insurance plan, the following pieces of information are included in the download file:

- Denial Type
- Priority
- PCON Normalized Code
- Root Cause

The PCON Normalized Code is determined from the Denial Tracking Normalized Reason Code table. The PCON Normalized Code field is used if the field is present for the denial code's Normalized Reason Code in the Denial Tracking Normalized Reason Code table. Otherwise, the Normalized Reason Code for the denial code is used.

If the Type of Reason Codes for Group is CAS on the Denial Tracking Reason Group screen, the denial code consists of the ERA Claim Adjustment Group followed by the

ERA CAS Reason Code. If the Type of Reason Codes for Group is Non-CAS on the Denial Tracking Reason Group screen, the denial code consists of the Reason Code.

When this function is selected, the system allows you to select one or more facilities for which the download can be displayed, then displays the following screen:

<p style="text-align: center;">General Hospital Download Denial Tracking Reason Groups Table Processor Mon Apr 11, 2005 02:06 pm</p> <p>Start Denial Tracking Reason Groups Table Download for A? (Y/N)--</p>

The following prompt is displayed:

Select facilities to be downloaded or key A for All --

The facilities available for selection are determined from your CRT. The prompt is not displayed if only one facility is valid for your CRT. After you select one facility or enter **A** for all facilities, the following prompt is displayed:

Start Denial Tracking Reason Groups Download for x? (Y/N)--

An **X** signifies the facility codes selected in the previous prompt or the single facility code associated with your CRT. You can enter **N** (No) to return to the previous menu without initiating the download. To start the download, enter **Y** (Yes). The system sends a message with the file path and starts the file creation process. When the download is complete, the system sends the following message to the screen:

Denial Trk Reason Grps Table Downloaded to DIR/dencds.tbl!

The message indicates the directory (DIR) where the file is located, determined from the UB Pathways Parameters screen. The system then exits the screen and displays the Pathways Contract Management menu.

Pathways Pre-list Report Parameters

This screen is used to produce the Pathways Pre-list report (FBR284) which identifies accounts that are targeted for Pathways Contract Management reimbursement calculation through the standard interface. This includes accounts in location PA that have not been final billed and accounts in AR that have not passed all claim edits.

When this function is selected, the system displays the following screen:

General Hospital Pathways Pre-List Report Processor		
Mon Jun 02, 2003 01:02 am		
1 Print PA Detail?	2 Print AR Detail?	3 Print Summary Report?
Yes	Yes	Yes
4 Reimb Types		
Both		
5 Edit by	6 Edit date	
Anderson, Steven	06/02/03 10:24	
Print PA Detail (Y/N)? [Y]--		

Field Explanations

1. PRINT PA DETAIL? (1-A-O)

This field indicates if the Pathways Pre-list report prints the account level detail for accounts in location PA. The default is Yes.

2. PRINT AR DETAIL? (1-A-O)

This field indicates if the Pathways Pre-list report prints the account level detail for accounts in location AR. The default is Yes.

3. PRINT SUMMARY REPORT? (1-A-O)

This field indicates whether the Pathways Pre-list report prints the summary level report for all accounts. The default is Yes.

4. REIMB TYPES (1-A-R)

This field indicates the account reimbursement type(s) that are to be included in the Pre-List Report. When this field is accessed, the system displays the following prompt:

What Reimbursement types are to be included? I/J/B [B]--

Valid options are **I** (PCON by Bill), **J** (PCON by Claim) and **B** (Both) for both reimbursement types.

5. EDIT BY (DISPLAY ONLY)

This field contains the name of the user who last edited the screen.

6. EDIT DATE (DISPLAY ONLY)

This field contains the date the screen was last edited.

After this screen is accepted, the following prompt is displayed:

Run the Pathways Pre-List Report (N)ow or (T)onight? [T]--

If you enter **N** (Now), the report is printed immediately. If you enter **T** (Tonight), the report is scheduled for the next Midnight Processing run.

Resend UB PCON Transactions

The Resend UB Pass-through PCON Transactions processor is used to manually resend claims and activity. When resending activity for claims, the system checks for any payments, adjustments, denials, and appeals for claims. Claims must have been sent through the regular process before using this function. This function allows you to resend to Pathways Contract Management claims that have already been sent by STAR at some time in the past and to resend them to Pathways Contract Management so they can be processed.

A claim can be re-sent if it has not updated Pathways Contract Management due to reaching the maximum number of retries to Pathways Contract Management. The system looks at the claims that should have passed, finds the first claim that has not passed, and puts that claim in the queuing index. If there are multiple claims to pass for one account, the system queues up all of the claims and sends them in the same file.

Depending on the reimbursement type that is assigned to the account, there are different views and actions available in this function, as follows:

- For accounts that have the reimbursement type of I (PCON by Bill):

You can view the Contractual Adjustment if it has been posted, if the final or the adjustment claim is currently being processed or has been placed in the re-send index. You can re-set the re-try indicator for the last claim so that the claim can be sent to Pathways Contract Management if it has timed out.

You can view any activity that has been posted to the account if the account has not final billed. This is so that users cannot select activity to resend to Pathways Contract Management prior to the account producing a final bill. Once the account has moved to location AR, you can view and select to re-send any activity that has previously been posted to the account.

- For accounts with the reimbursement type of J (PCON by Claim):

You can view one line of information per claim that documents the claim's progress through the Pathways Contract Management process and can re-set the re-try indicator for the last claim not processed.

You can view all activity that has been posted to a claim that is associated with the primary insurance and select any activity to re-send to Pathways Contract Management in that night's activity file. This function would be used in the instance where a cycle claim has not passed to Pathways Contract Management and activity was posted on STAR that could not post to Pathways Contract Management, as the claim did not exist.

When you select the Resend PCON Transactions option from the menu, then select a facility and an account, the following screen is displayed:

General Hospital Resend UB PCON Transactions Processor						
Wed Mar 15, 2006 02:18 pm						
Account	Name	FC	Typ	Admit	Disch	Balance Loc
A0133800002	MILLER, MARK	L	LOR	12/04/01	12/04/01	357.60- AR/FCRV

Resend (C)laims or (A)ctivity--

The system edits the account to determine if it is valid for this function. If the account is not valid, the system displays one of the following error messages:

Account in use. Please try later!

Account has no insurance. Press NL.

Reimbursement type is not PCON. Press NL.

Account has no bills. Press NL.

Reimbursement type for latest bill and account do not match. Press NL.

The last error message occurs if the reimbursement type has changed and no subsequent bill has been created.

If the account is valid and has a Pathways Contract Management reimbursement type of J (PCON by Claim), the system displays the following prompt:

Resend (C)laims or (A)ctivity--

Enter **C** to resend claims or **A** to resend Activity. There is no default. For details on resending Activity, see [“Resend Activity Option” on page 1-37](#). For details on resending claims, see [“Resend Claim Option” on page 1-39](#).

Resend Activity Option

If you enter **A** (Activity) to resend activity (payments, adjustments, and refunds) and activity has already been queued to Pathways Contract Management for the account on the current date, the following error message is displayed:

Account has activity for today. Please try tomorrow. Press NL.

Press ENTER to exit the option. In this instance the Resend activity process would need to be done on a subsequent day as there is current day activity that needs to pass to Pathways Contract Management that night.

If you do not have to wait to send the account, you can select the type of activity to be re-sent with the following prompt:

Resend (P)ayments, (A)djustments, or (R)efunds

After you have selected the type of activity to re-send, the following screen is displayed. The screen layout is identical for all activity types, but the activity that displays is limited to the type that was selected. The type that has been selected appears on the screen as part of the header for the third column of information on the screen. All activity for the account appears if the activity should have been sent to Pathways Contract Management.

General Hospital Resend PCON Transactions Processor					
Wed Mar 15, 2006 02:18 pm					
Account	Name	FC Typ	Admit	Disch	Balance Loc
A0132900001	SHORE, ABBY	L	LIC	05/25/02	9466.00 PA/FCRV
BS/CS		Post Date	Amount		
Page:01			Payment Activity	##=Current Choices	
(1)	1/1	06/03/02	-66.00		
(2)	2/3	06/03/02	-100.00		
(3)	5/8	06/03/02	-66.00		
Enter choices (e.g. 1,7,5-9) or '-'choices to remove--					
end select(NL)					

Field Explanations

The screen header contains the current date, time, and ID. The next line of information is the standard account header that is displayed for the account entered on the prior screen. The standard information displayed includes the account number, patient name, financial class, patient type, admit date, discharge date, current account balance, and account location/sub location.

BS/CS (DISPLAY ONLY)

This field contains the bill sequence and claim sequence for the activity.

POST DATE (DISPLAY ONLY)

This field contains the post date for the activity.

AMOUNT (DISPLAY ONLY)

This field contains the amount of the activity.

You can select one or more transactions from the list. If transactions are selected, the system displays the following prompt so you can confirm whether the transactions can be re-sent.

Do you want to resend the selected transactions? (Y/N) [N]-

If you enter Y, the selected transactions are requeued to Pathways Contract Management and you can select another type of activity. If activity is re-sent, and you do not select another activity type, other transactions cannot be selected until a subsequent day. If you enter N, the system redispays the screen.

Resend Claim Option

If you enter **C** at the Resend (C)laims or (A)ctivity prompt, you can resend claims, even ones already sent and processed by Pathways Contract Management.

The next screen that is displayed depends on the reimbursement type assigned to the account. If the Reimbursement type assigned to the account is **I** (PCON by Bill) or **J** (PCON by Claim), and the account has no cycle bills, the following screen is displayed:

General Hospital Resend PCON Transactions Processor					
Wed Mar 15, 2006 02:18 pm					
Account	Name	FC Typ	Admit	Disch	Balance Loc
A0201400025	MARSH, BILL	L	LIC 01/14/02	01/14/02	1525.00 AR/FCRV
F1Prev Page F2Next Page F7 Exit					

The screen header contains the current date, time, and ID. The next line of information includes the account number, patient name, financial class, patient type, admit date, discharge date, current account balance, and account location/sub location.

To resend the claims listed, press F7. The following messages are displayed:

Downloads have occurred for all claims. Press NL.

Claim 1 queued to Standard UB Interface!

Accounts are analyzed to determine if the number of re-tries has been exhausted for a claim. If the retry times have been exhausted, the system displays the following prompt:

Re-try attempts exhausted for claim n. Reset the re-try counter (Y/N) [N]-

You must enter **Y** (Yes) at this prompt to re-set the counter so that this account attempts to pass to Pathways Contract Management.

If the reimbursement type is **J** with no cycle bills or **I**, the prompt at the bottom of the screen displays one of several different messages based on the status of the last claim loaded for the primary insurance. The messages are as follows:

Account has not final billed. Press NL.

This message appears if the account is in PA and has either reimbursement type **J** with no cycle bills or reimbursement type **I**.

Claim xx appears in the re-send index. Press NL.

This message is displayed if the last claim that was loaded for this account is currently in the re-send index.

Contractual Adjustment posted for claim xx on MM/DD/YY. Press NL.

This message is displayed if the last claim that loaded for the primary insurance for this account has received and posted the Contractual Adjustment calculated from Pathways Contract Management. The claim sequence number that received the contractual adjustment and the posting date are displayed in the message.

Contractual Adjustment returned for claim xx on MM/DD/YY. Press NL.

This message is displayed if the last claim that loaded for the primary insurance for this account has been received, but the Contractual Adjustment calculated from Pathways Contract Management has not been posted. The Contractual Adjustment may not be posted because the batch has not posted as yet or because posting the Contractual Adjustment was bypassed. The claim sequence number that received the contractual adjustment and the date of receipt are displayed in the message.

Return file for MM/DD/YY has not returned. Press NL.

This message is displayed if a return file has not been received from Pathways Contract Management. Claims cannot be re-sent if return files from Pathways Contract Management have not been processed.

Return file for MM/DD/YY has not posted. Press NL.

This message is displayed if a return file has been received from Pathways Contract Management but it has not posted. Claims cannot be re-sent if return files from Pathways Contract Management have not been posted.

Re-try attempts exhausted for claim xx. Reset the re-try counter (Y,N) [N]

This message is displayed if the last claim loaded for this account reached the maximum number of retry times without being processed by Pathways Contract Management. Enter Y to re-set the counter or N if you do not want to re-set the counter. The default is N. If you press ENTER or enter N for no, the system does not reset the retry counter back to zero and the claim is not scheduled to re-send to Pathways. If you enter Y for Yes, the system resets the counter on the claim back to zero. That night, the claim passes to Pathways Contract Management.

If the account has a reimbursement type of **J** and Pathways Contract Management cycle claims exist, the following screen is displayed:

General Hospital Resend PCON Transactions Processor							
				Wed Mar 15, 2006 02:18 pm			
Account	Name	FC Typ	Admit	Disch	Balance	Loc	
A0201400024	PCON,TWENTY	L	LIC	01/14/02	17514.00	PA/FCRV	
BS	CS	BT	Elg Dt	Que Dt	CA Posted Dt	CA Posted	First ERA Posted
1	1	C	01/15/02	01/15/02	01/16/02	172.12	
2	2	C	01/17/02	01/17/02	01/18/02	368.00	
3	3	C	01/18/02	01/18/02	01/19/02	184.00	
4	4	C	01/19/02	01/19/02	01/20/02	184.00	
5	5	C	01/20/02	01/20/02	01/21/02	184.00	
6	6	C	01/21/02	01/21/02	01/22/02	184.00	
7	7	C	01/24/02	01/24/02	01/25/02	184.00	
8	8	C	01/24/02	01/25/02	01/26/02	184.00	
9	9	C	01/24/02	01/26/02	01/27/02	184.00	
10	10	C	01/25/02	01/27/02	01/28/02	184.00	
11	11	C	01/26/02	01/28/02	01/29/02	184.00	
12	12	C	01/27/02	01/29/02	01/30/02	184.00	
13	13	C	01/28/02	01/30/02	01/31/02	184.00	
14	14	C	01/29/02	01/31/02	02/01/02	184.00	
F1Prev Page F2Next Page F7 Exit							

The screen header contains the current date, time, and ID.

The next line of information is the standard account header that displays for the account entered on the prior screen. The standard information that is displayed includes the Account number, patient name, financial class, patient type, admit date, discharge date, current account balance, and account location/sub location.

The system displays one line of information per bill sequence found for the primary insurance.

Field Explanations

BS (DISPLAY ONLY)

This column displays the bill sequence that was loaded.

CS (DISPLAY ONLY)

This column displays the claim sequence loaded for the associated bill sequence.

BT (DISPLAY ONLY)

This column displays the bill type that was loaded for the associated bill sequence. Valid Options are **C** for Cycle, **F** for Final, **A** for Adjustment and **L** for Late.

ELG DT (DISPLAY ONLY)

This column displays the date that this claim was first eligible for passing to Pathways Contract Management. This can be the date when the claim was released, when claim information returned from EC2000, or when the claim was re-evaluated due to a change in insurance or reimbursement type.

QUE DT (DISPLAY ONLY)

This column displays the date that this claim was last queued to pass to Pathways Contract Management.

CA POSTED DT (DISPLAY ONLY)

This column displays the date that the Contractual Adjustment posted to the claim.

CA POSTED (DISPLAY ONLY)

This column displays the Contractual Adjustment that posted for the claim.

FIRST ERA POSTED (DISPLAY ONLY)

This column displays the amount of the ERA posted if one exists.

To resend the claims listed, press F7. The following messages are displayed:

Downloads have occurred for all claims. Press NL.

Claim 1 queued to Standard UB Interface!

Several messages and one prompt are displayed on the screen, depending on the status of the claims. The messages are as follows:

Claim xx appears in the re-send index. Press NL.

This message is displayed if the last claim that was loaded for this account is currently in the re-send index.

Contractual Adjustment posted for claim xx on MM/DD/YY. Press NL.

This message is displayed if the last claim that loaded for the primary insurance for this account has received and posted the contractual adjustment calculated from Pathways Contract Management. The claim sequence number that received the contractual adjustment and the posting date are part of the message.

Contractual Adjustment returned for claim xx on MM/DD/YY. Press NL.

This message is displayed if the last claim that loaded for the primary insurance for this account has been received, but the contractual adjustment calculated from Pathways Contract Management has not been posted. The contractual adjustment may not be posted because the batch has not posted as yet or because posting the contractual adjustment was bypassed. The claim sequence number that received the contractual adjustment and the date of receipt are part of the message.

Claim xx being processed by PCON. Press NL.

This message is displayed if the last claim that was loaded for this account is currently attempting to pass to Pathways Contract Management.

Return file for MM/DD/YY has not returned. Press NL.

This message is displayed if a return file has not been received from Pathways Contract Management. Claims cannot be re-sent if return files from Pathways Contract Management have not been processed.

Return file for MM/DD/YY has not posted. Press NL.

This message is displayed if a return file has been received from Pathways Contract Management but it has not posted. Claims cannot be re-sent if return files from Pathways Contract Management have not been posted.

Re-try attempts exhausted for claim xx. Reset the re-try counter (Y,N) [N]

This prompt is displayed if the last claim loaded for this account reached the maximum number of retry times without being processed by Pathways Contract Management. There are two valid options for this prompt, Y for Yes and N for No. The default is N for No. If you enter N, the system does not reset the retry counter back to zero and the claim is not scheduled to re-send to Pathways. If you enter Y, the system resets the counter on the claim back to zero. That night, the claim passes to Pathways Contract Management.

Delete Split Claim from PCON

This function is used if a split claim should not be retained in Pathways Contract Management. The expected use of the function is when an adjustment bill loads and split claims from a previous bill are not needed due to changes in charges.

After selecting a facility and an account, the system displays account information in the following format:

General Hospital Delete Split Claim from PCON									
Wed Mar 15, 2006 02:18 pm									
Account	Name		FC Typ Admit		Disch		Balance Loc		
	SMITH, KATE						0.00		
Page:01	PA, AR, BD Patient Accounts								
	Account	PT	Admit	Disch	FC	Account	Patient	Insurance	Loc
(1)	A0314100001	ERQ	05/21/03	05/21/03	M	1603.79	876.50	727.29	AR
(2)	A0313400009	ERQ	05/14/03	05/14/03	S2	5176.10	5176.10	0.00	AR
Select account--									

UB PCON Processing Status

This function allows you to determine if there are files available to be downloaded or uploaded.

The top part of the UB PCON Processing Status screen facilitates viewing the status of the Pathways Contract Management UNIX files on your system. The bottom of the screen (or the next page) lists files which are incomplete. After the return file has been uploaded and the adjustment batch posted, the entry on the PCON Files Not Processed section of the UB PCON Processing Status Processor screen is removed since the file is now complete.

The UB PCON Processing Status screen can be accessed by selecting UB PCON Processing Status on the Pathways Contract Management Interface menu. The UB PCON Processing Status screen also is displayed when selecting the Download UB Source File and Upload UB Return File options on the Pathways Contract Management Interface menu. If there is more than one screen, the system displays the UB UNIX Status Files on page one and the PCON Files Not Processed on the second page. The UB PCON Processing Status Processor only goes to two screens if there are more than two rows in the PCON Files Not Processed section.

When this function is selected, the following screen is displayed:

```

General Hospital UB PCON Processing Status Processor
                                Wed Sep 04, 2002 10:10 am

UB UNIX Status Files                                Today's Julian Date is 02247

UNIX Input Header Files      Exists?  Associated Files

    Claim File (intfsrc.lst): Yes      _02242a1.src,_02243a1.src,_02243c1.sr
    Old Claim File (intfsrc.old): Yes  _02241a1.src,_02241b1.src,_02241c1.sr

    Activity File (paysrc.lst): Yes
    Old Activity File (paysrc.old): Yes

UNIX Output Header Files      Exists?  Associated Files

    Return File (intfret.lst): No
    Old Return File (intfret.old): Yes  _02241a1.ret,_02241b1.ret,_02241c1.re

Press NL--

```

Field Explanations

UB UNIX STATUS FILES (DISPLAY ONLY)

This label indicates that the screen is showing UB UNIX status files. The current day's Julian Date is displayed next to the label, to assist in reviewing the Source, Activity and Return files that display in the Associated Files column since they contain a Julian Date.

UNIX INPUT HEADER FILES (DISPLAY ONLY)

This column contains the type of input header file followed by the name of the file. The contents of intfsrc.lst identify the source files ready to be processed through Pathways Contract Management (or being processed currently through Pathways Contract Management) and intfsrc.old identifies the source files processed previously. Pathways Contract Management renames intfsrc.lst to intfsrc.old after processing it. If intfsrc.lst does not exist, no files exist waiting to be downloaded.

The contents of the paysrc.lst identifies the activity files ready to be processed through Pathways Contract Management (or being processed currently through Pathways Contract Management) and paysrc.old identifies the activity files processed previously. Pathways Contract Management renames paysrc.lst to paysrc.old after processing it. If paysrc.lst does not exist, no activity files exist waiting to be downloaded. Activity files are created during the daily Midnight Processing run only.

EXISTS? (DISPLAY ONLY)

This column indicates whether or not the header file exists. A Y for Yes indicates that the header file exists and an N for No indicates that the header file doesn't exist.

ASSOCIATED FILES (DISPLAY ONLY)

This column contains the names of any associated files, if any exist. The associated files that display are either source or activity files. The source files correspond to either

the Claim or Old Claim header files. The activity files correspond to either the Activity or Old Activity header files. If the **EXISTS** column contains a Yes, but there are no files names in the associated files column, then the header file was blank.

UNIX OUTPUT HEADER FILES (DISPLAY ONLY)

This column contains the type of output header file followed by the name of the file. The contents of `intfret.lst` identifies the return files from Pathways Contract Management ready to be processed through Star (or being processed currently through Star) and `intfret.old` identifies the return files processed previously. If `intfret.lst` does not exist, no files exist waiting to be uploaded and processed by Star.

EXISTS? (DISPLAY ONLY)

This column indicates whether or not the header file exists. A Y for Yes indicates that the header file exists and an N for No indicates that the header file doesn't exist.

ASSOCIATED FILES (DISPLAY ONLY)

This column contains the names of any associated files, if any exist. The associated files that display are either source or activity files. The source files correspond to either the Return or Old Return header files.

PATHWAYS CONTRACT MANAGEMENT FILES NOT PROCESSED

The bottom of the screen (or the next page) lists files which are incomplete.

DATE (DISPLAY ONLY)

This column displays the date that a Pathways Contract Management file has been downloaded by STAR to UNIX.

SENT (DISPLAY ONLY)

This field indicates if a file has been downloaded by STAR to UNIX either through Midnight Processing or through the Download Processor during the day. If a file has been downloaded to UNIX then it is ready to be processed by Pathways Contract Management. You can run the Pathways Contract Management Interface to process a file through Pathways Contract Management.

UPLOADED (DISPLAY ONLY)

This field indicates whether the UNIX return file has been uploaded into STAR. A value of Yes indicates that the UNIX return file has been uploaded into STAR. A value of No indicates that the UNIX return file has not been uploaded into STAR. A return file can be uploaded into STAR automatically through Midnight Processing or manually through the Upload UB Return File processor.

POSTED (DISPLAY ONLY)

This field indicates if the adjustment batch or batches associated with the Pathways Contract Management return file have been posted. If this field is set to No and the UNIX return file has been uploaded into STAR, there should be an adjustment batch number in the **CA Batch #** column. The adjustment batches that were generated as a result of uploading a UNIX return file into STAR are displayed in the CA Batch # column. Valid values for this field are blank or No. When a batch has been posted it

completes the Pathways Contract Management file so it no longer displays on the PCON Files Not Processed section of the screen.

FACILITY (DISPLAY ONLY)

This field indicates which facilities were included in the UNIX header file when the download to Pathways Contract Management occurred. For example, during Midnight Processing, all facilities are included in the UNIX input header file. During a daily download, the user can elect which facilities to include in the download. Valid values for this field are the facility indicators and **All** for all facilities.

CA BATCH # (DISPLAY ONLY)

This column displays the STAR adjustment batch numbers that were generated but not posted when the Pathways Contract Management Return file was uploaded to STAR. Only the adjustment batch numbers that have not been posted in STAR display in this field. The facility controls whether or not the adjustment batch is automatically posted by the system when the return file is uploaded to STAR. The batches display with the facility, a dash, and then the batch number. For example A-355 indicates that batch 355 is in facility A, and it has not been posted. The CA Batch # column has a display limit of 30 characters.

When you have finished reviewing this screen, press ENTER (or F7 if there is a second screen) to return to the Pathways Contract Management Interface screen.

PROCESSING OF DATA THROUGH STANDARD INTERFACE

Transmission of Data to Pathways Contract Management

Selection of Accounts or Claims

Either accounts/bills or claims are selected for processing by Pathways Contract Management depending on the reimbursement type for the primary insurance plan.

- Accounts/bills are selected if the primary insurance plan indicates that the reimbursement type is I-PCON by Bill. This reimbursement type is defined on the Insurance Plan Coverage screen and is bill-based. Final, late, and adjustment-billed accounts are transmitted (bill type frequencies of 1, 5, and 7).
- Claims are selected for processing if the primary insurance plan indicates that the reimbursement type is J-PCON by Claim. This reimbursement type is defined on the Insurance Plan Coverage screen and is claim-based. Split claims and interim cycle bills for the primary carrier are transmitted.

When PCON claims are created in STAR due to a late bill, the PCON processing performed in STAR for the late claims is similar to the PCON processing performed in STAR for adjustment claims. The information for the late claim is sent to PCON as if the claim was an adjustment claim, meaning previous charges are included. In STAR, this means the previous adjustment claim is no longer considered to be a PCON claim, because the PCON information is being handled under the late claim.

In STAR, activity can be posted for the most recent final/adjustment claims and any subsequent late claims until the late claims are replaced due to an adjustment bill. When an adjustment claim replaces a late claim, the activity is posted to the adjustment claim since that is the most recent claim. For example if you have a final and a late claim, the activity is posted to the late claim. If you have a final, late and adjustment claim, the activity is posted to the adjustment claim.

If a payment/adjustment is being considered for the PCON activity file for the primary insurance, the bill type for the claim is final, late, or adjustment, and the claim for the payment/adjustment is not a PCON claim, the system attempts to find a PCON claim for which the payment/adjustment can be sent to PCON.

A claim is considered if its bill sequence follows the bill sequence associated with the claim for the payment/adjustment. If a claim is found with a matching Claim Split Indicator, it is used. Otherwise, the claim with the smallest claim sequence number with a bill sequence number following the bill sequence number for the claim with the STAR payment/adjustment is used.

CONTENTS OF SOURCE FILE

The source file contains the following information:

- Demographic, charge and claim information for new submissions to Pathways Contract Management
- Updated demographic, charge and claim information for re-sent submissions to Pathways Contract Management
- Deletion and replacement notices

Demographic, charge, and claim information is the information needed to calculate the reimbursement and contractual adjustment amounts for specified primary insurance plans. STAR Patient Accounting sends this data to Pathways Contract Management.

Updated information on re-sent submissions are the accounts that could not be processed by Pathways Contract Management because the information required on a contract was not available on the account. These accounts are printed on the Entries Not Returned section of the Pathways Contract Management Audit Report. Pathways Contract Management generates the Pathways Contract Management Batch Error Listing Report that shows the unprocessed accounts. These unprocessed accounts that are on STAR Patient Accounting should be updated with account information. Each night during Midnight Processing, STAR Patient Accounting resends account information to Pathways Contract Management in order to have the reimbursement and contractual adjustment amounts calculated.

STAR Patient Accounting notifies Pathways Contract Management of deletion and replacement notices. Notification of the deletion and replacement notices is an additional Record Type 29 that is sent with the source file generated by claims processing. The Claim Delete/Replace field on Record Type 29 is used to identify a deletion (D) or replacement (R). The deletion and replacement notices are sent so that Pathways Contract Management can recalculate the reimbursement and contractual adjustments.

The source file is defined in the record format that is defined in Appendix A of this book. The record types that are in the source file include all of the records that are explained in Appendix A. The information that is sent is created as a workfile that can be downloaded as an ASCII file using TCP/IP Network File Server (NFS). Deletion and replacement notices are placed at the beginning of the source file. Charge records are in sequential order by service date.

MIDNIGHT PROCESSING

Creation of Source File

Accounts are sent to Pathways Contract Management from STAR Patient Accounting after the claim for the primary carrier has passed all claim edits. STAR Patient

Accounting attempts to re-send an account to Pathways Contract Management if the reimbursement results were not received as expected. The Resend Attempts field on the Pathways Parameters screen is referenced to determine how many times that account should be included in the UB source file. The number of attempts for each account is maintained on the STAR Patient Accounting system and is included in the Pathways Contract Management Audit Report (FBR280). The error messages on the Account Inquiry screen in Patient Accounting are changed to reflect the claim work status and whether the account was sent. For details on the error messages, see Chapter 1 of the *Account Inquiry Volume* of the *STAR Patient Accounting Reference Guide*. Once the reimbursement is received from Pathways Contract Management, the system no longer attempts to re-send the account in the source file.

The Pathways Pre-list report is generated following claim release and includes all accounts with a status of system released and released due to suspense. The report can be generated during Midnight Processing if you define the report as an optional batch job, or you can request the report to run tonight or at month-end on the Pathways Pre-list Report Request screen.

Download of Source File

The source file that is created can be downloaded during Midnight Processing or during normal processing. The process to download the source file can be an automatic or manual process. The process to download the source file is not split by facility but files are downloaded for separate facilities. STAR Patient Accounting sends separate source files for each facility.

Automatic Process to Download the Source File

The source file created by the STAR Patient Accounting system can be automatically downloaded during midnight processing. This is an automatic process if the source file is present and the communication link is established.

Manual Process to Download Pathways Contract Management File

If for any reason the source file is not downloaded automatically during Midnight Processing, the source file can be manually downloaded. This process can be used during Midnight Processing or during normal processing.

To manually download the source file, perform the following steps:

1. Select Interface Functions from the Financial Management menu. Select Pathways Contr Mgmt Interface from the Interface Functions screen. Select Download UB Source Files from the Pathways Contract Management Interface Processor screen.

The Download UB Source Files function allows claims to be downloaded into a file and sent to Pathways Contract Management during the day in addition to being sent in Midnight Processing. This allows claims to be released during the day due to STAR

edits and EC2000 backfeed claims to be sent to Pathways Contract Management and processed before Midnight Processing.

NOTE: Although claims can be sent during the day, the claims still must have been loaded from a bill produced during Midnight Processing. Claims created by Add a Claim to Insurance are not incorporated.

After you select the function, the UB Interface Status Processor screen is displayed. This screen assists you in determining if a source file is available to download. For information on this screen, refer to “UB PCON Processing Status” on page 1-44. After reviewing this screen, press ENTER. If a file exists, the system does not allow you to process a new file until the previous file has finished processing or is removed by the user from UNIX. The following message is displayed:

intfsrc.lst exists indicating PCON processing may be incomplete or underway. No download can be done until previous process completes. Press NL.

If the claim return file for the previous file was processed but the denial return file was not processed, the following prompt appears:

Pathways Claim Return File uploaded previously. Process Denial Return File (Y/N)--

Processing does not occur unless a response of Y is made.

If Download UB Source Files is accessed on the Pathways Contr Mgmt Interface menu and Midnight Processing has not completed, the following message is displayed:

MNP is in progress. Please try later!

If Download UB Source Files is accessed, and the file intfret.lst exists, indicating a return file has been returned by Pathways Contract Management, the following message is displayed:

intfret.lst exists indicating a return file is waiting to be processed. No download can be done until the return file is processed. Press NL.

If a previous file does not exist, the following prompt is displayed:

Start PCON download? (Y/N) [Y}

If you enter N at the prompt, the system displays the Pathways Contract Management Interface Processor. If you enter Y at the prompt, the following message is displayed:

Pathways Download Process Started

The system checks for source files on the STAR Financials Patient Accounting system to be downloaded. If no files exist that need to be downloaded, the following message is displayed:

Previous Pathways Source File Already Downloaded

If there are no previous files to download, the system displays the following prompt:

Do you want to process claims for your facility which qualified today? (Y/N)

If you enter Y at the prompt, the system returns to the Pathways Contract Management Interface Input Options menu. If you enter Y at the prompt, the system displays the Facility Screen as follows:

```

                                General Hospital Download UB Source Files Processor
                                Wed Aug 21, 2002 03:57 pm
Page:01                      Facilities with Last Hour Run for Today  ##=Current Choices
( 1) Hospital A              0
( 2) Hospital B             13

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

```

This screen displays the facilities prompt for facility selection. Only those facilities that are active for Pathways Contract Management and those that you are allowed to access according the CRT Names table, are displayed. The screen displays the last hour that the interface ran for the day, in military time. For example: a value of 13 is 1:00 p.m. The hour column is blank if the interface has not run for the day. You can elect to download all facilities or selected facilities at one time.

The following message is displayed after you make your selection:

Collecting of claim information for PCON download started!

If qualifying claims are found, the download is confirmed with the following message:

PCON claim file has been downloaded!

If no qualifying claims are found, the following message is displayed:

No claims qualified for PCON download!

The Pathways Contract Management claim queue is created by the hour. During the day, the system uses the last hour processed to determine if claims exist in the claim queue. For example, claims qualify for downloading if they are in the claim queue following the last hour processed and not in the current hour. If you last processed at 11 a.m. and now it is 2:00 p.m., you could process claims that were queued after 11 a.m. and before 12:00 p.m. Claims queued after 12:00 p.m. can be downloaded after 1:00 p.m.

A file cannot be downloaded if there is an outstanding Pathways Contract Management batch that needs to be posted. The system displays the following message:

Existing PCON file batches must be posted first

Incomplete batches display on the UB Interface Status Processor under the PCON Files Not Processed section. The adjustment batch number and associated facility display under the CA Batch # column.

After a download completes, an entry is generated on the PCON Interface Status screen reflecting that the Pathways Contract Management file has been sent by STAR to UNIX. This indicates that the file is ready to be processed by Pathways Contract Management. At this point, you can run the Pathways Contract Management Interface to process a file through Pathways Contract Management.

The Pathways Contract Management Download report (FBR280) is generated after a Pathways Contract Management file is downloaded to UNIX. If multiple downloads occur during the day, there are multiple Pathways Contract Management Download reports.

If there is a source file to be downloaded, STAR Patient Accounting sends the source file to Pathways Contract Management. Each file is checked by the system for a successful or unsuccessful download.

If the source file was successfully downloaded, the following message is displayed:

Successful completion - Files for MM/DD/YY

After successful completion of downloading the source file, the file is marked as processed on the STAR Patient Accounting system so that it cannot be downloaded again. Files that are downloaded follow the naming conventions that are explained in the STAR Patient Accounting File Naming Conventions section of this book.

NOTE: After the source file is downloaded, Pathways Contract Management processes the reimbursements on their system.

If the source file was not successfully downloaded because the prior day return file has not been processed, or if STAR Financials Patient Accounting has sent a source file and has received a return file from Pathways Contract Management but the data has not been posted, the following message is displayed:

Must Post Return File for MM/DD/YY before download

If the source file is not transmitted correctly, the following message is displayed:

Unable to open hbo\payer\intf\file name

The file name indicates the name of the file that was not transmitted.

If STAR PA has sent a source file and Pathways Contract Management has not sent a return file to match the source file, the following message is displayed:

Pathways Source Files Already Downloaded

If STAR Patient Accounting has sent a source file, and Pathways Contract Management is downloading the return file, the following message is displayed:

Attempting to Download Return Files for MM/DD/YY

If no more files are present, the message *Processing Complete* is displayed on your screen and you are returned to the Pathways Contr Mgmt Interface Processor screen.

Receipt of Reimbursement and Contractual Adjustments

SELECTION OF ACCOUNTS

Pathways Contract Management processes the data in the source file sent by STAR PA. If the data was successfully processed, records are returned in the return file. If the data was not successfully processed to determine the reimbursement, Pathways Contract Management does not send these records in the return file.

CONTENTS OF RETURN FILE

The return file that is created by Pathways Contract Management contains the reimbursement and contractual adjustment amounts. Successful calculations are in the return file.

NOTE: If all entries are not returned by Pathways Contract Management, Pathways Contract Management creates a return file that is empty. The empty return file is sent to STAR PA.

The return file must be defined in the record format that is defined in Appendix A of this book. The file is in ASCII format and contains Record Type 29's.

NOTE: If calculations are not in the return file, check the Pathways Contract Management Batch Error Listing Report for that processing day. Refer to Chapter 6: Reports in the *Pathways Contract Management User Guide* for a description of this report.

MIDNIGHT PROCESSING

Upload of Return File

The return file that is sent by Pathways Contract Management to STAR Patient Accounting can be uploaded during Midnight Processing or during normal processing. To upload the return file manually:

A contractual adjustment batch is created by STAR Patient Accounting when the return file is processed following the upload. This process to upload the return file can be an automatic or manual process.

Automatic Process to Upload Return File

The return file sent by Pathways Contract Management can be automatically uploaded during Midnight Processing. This is an automatic process if there is a return file from Pathways Contract Management that can be uploaded.

Manual Process to Upload Pathways Contract Management Return File

The return file can be manually uploaded. The manual upload process can be used if Midnight Processing did not automatically upload the file. The manual process to upload the source file can be used during midnight processing or during normal processing. The process to upload the return file is not split by facility but files can be uploaded for separate facilities. Pathways Contract Management sends separate return files for each facility.

To manually upload the return file, perform the following steps:

1. Select Interface Functions from the Financial Management menu. Select Pathways Contr Mgmt Interface from the Interface Functions screen. Select Upload UB Return File from the Pathways Contr Mgmt Interface Processor screen. If Midnight Processing has not completed, the following message is displayed:

MNP is in progress. Please try later!

2. If there is a return file to be uploaded, Pathways Contract Management sends the return file to STAR Patient Accounting.

Each file is checked for a successful upload. As each file is successfully uploaded, the following message is displayed:

Successful Upload - Return File FILENAME.RET

The FILENAME.RET indicates the name of the file uploaded.

Files that are uploaded follow the naming conventions that are explained in the STAR Patient Accounting File Naming Conventions section of this book.

If the return file is not successfully transmitted, the following message is displayed:

Unable to open hbo\payer\int\file name

The file name indicates the name of the file that was not transmitted.

If the claim return file for the previous file was processed but the denial return file was not processed, the following prompt appears:

Pathways Claim Return File uploaded previously. Process Denial Return File (Y/N)--

Processing does not occur unless a response of Y is made.

If STAR Patient Accounting has sent a source file and Pathways Contract Management has sent the return file to STAR Patient Accounting and the file is uploaded, the following message is displayed:

Pathways Return File Already Uploaded

If STAR Patient Accounting has sent a source file and Pathways Contract Management has not sent the return file, the following message is displayed:

Pathways Return File Not Yet Available

If STAR Patient Accounting has sent a source file and Pathways Contract Management has sent the return file, the following message is displayed:

Attempting to Upload Return File for MM/DD/YY

After the upload is successful, an adjustment batch is created for each return file received. After each batch has been created, the following message is displayed:

Adjustment Batch #999 Created for Facility X MM/DD/YY. Press [NL] to Continue.

#999 indicates the batch number. MM/DD/YY is the date the batch is created. The X indicates the facility indicator.

If no more return files are present, the message *Processing Complete* is displayed on your screen and you are returned to the Pathways Contr Mgmt Interface Processor screen.

Forced Upload if Late

If the PA Daily Balancing step in midnight processing starts before the return file is uploaded, STAR Patient Accounting attempts to automatically upload the file at the end of midnight processing. If a late return file is not uploaded during the day, then the STAR Patient Accounting system uploads the file and posts the contractual adjustment batch automatically at the beginning of the next midnight processing run.

Creation of Contractual Adjustment Batch

A contractual adjustment batch is created for each return file that is uploaded. A return file should be received for each facility; therefore, a contractual adjustment batch is created for each facility.

Posting of Contractual Adjustment Batch

Posting Method

There are three methods for posting the contractual adjustment batch. These are:

- system
- user
- forced posting by the system

The system posting method indicates that the contractual adjustment batch is automatically approved and posted during the same midnight processing run if the return file is received prior to the execution of the STAR Patient Accounting balancing routine. This posting method is defined as S for System in the *Contractual Adjustment Approval Method* field that appears on the Pathways Contract Management option on the Reimbursement Master screen.

The user posting method indicates that the contractual adjustment method is entered as a separate contractual adjustment batch that can be approved online. This posting method is defined as U for User in the *Contractual Adjustment Approval Method* field that appears on the Pathways Contract Management option on the Reimbursement Master screen.

Forced posting by the system occurs at the beginning of midnight processing and prior to the creation of the source file. Any open adjustment batches for Pathways Contract Management are posted by the system. Any return files that are present that have not been uploaded are automatically uploaded by STAR Patient Accounting and the associated contractual adjustment batch is created and posted. The uploading and posting of late return files occurs automatically even if you defined the *Contractual Adjustment Approval Method* field that appears on the Pathways Contract Management option on the Reimbursement Master screen as User.

Results of Posting

The results of posting the contractual adjustment batch by any of the posting methods include:

- Update the transaction history and carrier balance on the account.
- Update the Billing Reimbursement screen with the reimbursement and contractual adjustment amounts.

View Processing Results in Account Inquiry/Balance Summary

After Midnight Processing, Proration Reimbursement, Balance Summary, and Billing Reimbursement screens show the status of the reimbursement calculations performed by Pathways Contract Management. For a detailed explanation of the proration screens, refer to Chapter 1: Proration in the *Billing and Claims Volume* of the *STAR Financials Patient Accounting Reference Guide*.

Proration Reimbursement

The Proration Reimbursement screen is displayed to indicate that reimbursement information was updated or not updated during Midnight Processing. If proration reimbursement was successful, the following screen is displayed with no error message displayed in the Error Description field.

If proration reimbursement was not successful, the system displays the following screen with an error message in the Error Description field:

General Hospital Proration Summary Processor					
Wed Mar 15, 2006 02:18 pm					
Account	Name	FC Typ	Admit	Disch	Balance Loc
A9410500001	JONES, NANCY	I/P	11/15/94		30068.02 PA/FCRV
1 Carrier-Plan		2 Payor			
		CM PATHWAYS CONTRA MGMT			
3 Covered Days	4 Post Date	5 Error Description			
202		No Pathways Contr Mgmt Record			
6 Table No.	7 Reimb. Type	8 Calc. Method	9 Stop Loss		
Covered Charges		33,376.28			
Payments/Adjustments		10,131.00			
Balance		10,172.13			
Press NL--					

Prior to final billing of an account which qualifies for Pathways Contract Management calculation, it is normal for the proration reimbursement to be unsuccessful. The Error Description field for these accounts displays the following message:

No Pathways Contr Mgmt Record

This message indicates that the source file record has not been created. This message is displayed prior to the creation of the source file. This message is placed on the account as the result of demand or midnight processing proration in which the account has not been final billed.

Billing Reimbursement

The Billing Reimbursement screen is displayed to indicate that billing reimbursement information was updated or not updated during Midnight Processing. If billing reimbursement was successful, the following screen is displayed with no error message displayed in the Error Description field.

If billing reimbursement was not successful, the system displays the following screen with an error message in the Error Description field.

General Hospital Proration Summary Processor							
Wed Mar 15, 2006 02:18 pm							
Account	Name	FC Typ	Admit	Disch	Balance	Loc	
A9410500001	JONES,NANCY	I/P	11/15/94		30068.02	PA/FCRV	
1 Carrier-Plan		2 Payor					
		CM PATHWAYS CONTRA MGMT					
3 Covered Days		4 Post Date		5 Error Description			
202		Pathways Contr Mgmt Rec-not sent					
6 Table No.	7 Reimb. Type	8 Calc. Method		9 Stop Loss			
Covered Charges		33,376.28					
Payments/Adjustments		10,131.00					
Balance		10,172.13					
Press NL--							

For billing reimbursement that was unsuccessful, the Error Description field displays one of the following messages:

Pathways Contr Mgmt Rec-not sent

This message indicates that the source file was not sent to Pathways Contract Management. This message is placed on the account once the source file record has been created and prior to sending the source file to Pathways Contract Management.

Pathways Contr Mgmt Rec-not returned

This message indicates that the return file was not received and uploaded. This message is placed on the account once the source file has been sent to Pathways Contract Management and prior to receiving the return file.

Pathways Contr Mgmt Rec-not posted

This message indicates that the return file has been uploaded and the contractual adjustment batch has not been posted. You should check for an open adjustment

batch that needs to be posted. This message is placed on an account after the source file has been returned and uploaded and prior to the contractual adjustment.

Transmission of Payment and Adjustment Activity to Pathways Contract Management

SELECTION OF ENTRIES

STAR Patient Accounting transmits accounting activities for primary carrier/plans to Pathways Contract Management. The accounting activities that are sent include payments, adjustments, refunds, and claim dispositions. STAR PA compiles an index of payment and adjustment activities. The resulting activity file is automatically transmitted to Pathways Contract Management during midnight processing.

Transmission of Payment and Adjustment Activity

The transmission of payment and adjustment activity can be an automatic or manual procedure.

Automatic Processing of Payment and Adjustment Activity File

The activity file is automatically transmitted if the file is successfully created during midnight processing and the communication link is established.

Manual Processing of Payment and Adjustment Activity File

If for any reason the source file is not downloaded during midnight processing, the activity file is downloaded when the source file is manually downloaded.

Results of Processing the Payment and Adjustment Activities

The results of processing the payment and adjustment activities to Pathways Contract Management include:

- STAR Patient Accounting prints the payment and adjustment activities on the Pathways Contract Management Activity report (FBR281). Refer to the Reports section in this book for a description of this report.
- Pathways Contract Management receives payment and activity data and updates their accumulators.

Transmission of Unbilled Account Information

SELECTION OF ENTRIES

STAR PA creates an index of inpatient accounts who have not received either a final or cycle bill. These patients have to have the following criteria to be transmitted to

Pathways Contract Management: unbilled amount greater than zero and a primary insurance that has a Pathways Contract Management reimbursement type and a UB type of claim form. This file is created during midnight processing.

TRANSMISSION OF UNBILLED ACCOUNTS FILE

The file is automatically transmitted if the file is successfully created during midnight processing and the communication link is established.

Results of processing the unbilled accounts file include:

- Pathways Contract Management receives the file and produces the Unbilled Revenue report.
- There is no return file created with this information.
- There is one file created for all facilities in a multi-facility environment.

PURGING CLAIMS

If a claim is deleted that is attached to a primary insurance, and the claim has been accepted by Pathways Contract Management, STAR Patient Accounting sends delete notices to Pathways Contract Management for all subsequent claims that have been passed and reverses the associated Contractual Adjustment unless an ERA Contractual Adjustment has been posted using the variance method. The system then re-sends all of the claims starting with the first claim not sent to Pathways Contract Management. If activity needs to be re-sent (for example, payments, adjustments, refunds, or balance transfers), the Resend PCON Transactions function should be used after the claim has been accepted by Pathways Contract Management. The system posts a Transaction History message to the account for all Pathways Contract Management claims that have been deleted. These are noted on the Pathways Reimbursement Audit Report (FBR285). For more information on purging claims, refer to the *Billing and Claims Volume* of the *STAR Patient Accounting Reference Guide*.

REPORTS

Reimbursement Table Report - FTR140

The Reimbursement Table Report prints reimbursement information for all or selected payers. Refer to the *Reports Volume* in the *STAR Financials Patient Accounting Reference Guide* for more information on this report.

PURPOSE

The report includes the payer code and description, reimbursement type code, table number, effective dates for the payer, effective date type code, post reimbursement flag, and post contractual by department flag.

This report serves as an audit trail for the contents of your reimbursement tables.

FREQUENCY

This report is generated during midnight processing and is printed as a demand report.

SORTS

The system sorts this report by payor code, if multiple payers are selected.

TOTALS

There are no totals provided on this report.

The following is an example of the Reimbursement Table Report.

Figure 1.1 FTR140 — Reimbursement Table Report

Date: 03/27/95 Date: 03/28/95

General Hospital

REIMBURSEMENT TABLE REPORT

Page : 1 Time: 2:20pm

Report: FTR140

PAYOR:CO COMMERCIAL REIMBURSE PAYOR CD

TYPE:A TBL:001 EFF DATES:03/15/94 TO 03/15/96 DATE TYP:A POST REIM:Y POST BY DEPT:N

TYPE:ASC Payment Group

GRP

AMOUNT

MAX REIMB

CAL METH

FLAT RATE

DAY/CHARGE RANGE

% AMT

REIMBURSEMENT

00

874.00

999,999.00

ASC GRP

01

950.00

02

2,010.00

03

2,795.00

04

3,011.00

05

3,451.00

06

4,900.00

07

0.00

08

0.00

09

0.00

PAYOR:CO COMMERCIAL REIMBURSE PAYOR CD

TYPE:D TBL:002 EFF DATES:01/01/92 TO 12/31/96 DATE TYP:A POST REIM:Y POST BY DEPT:N

TYPE:ICD-9 Diagnosis Code

CODE DESCRIPTION

MAX REIMB

CAL METH

FLAT RATE

DAY/CHARGE RANGE

% AMT

REIMBURSEMENT

1234 DIPHYLLOBOOTHRIAS INTEST

20,000,000.00

CHARGES

99,999,999.99

A

1,000.00

ICD9-D EXCEPTION TYPE:FEE SCHEDULE

DEPARTMENT:CENTRAL SERVICES

ICD9-D CODE:1234

NON INCL SIM

CAL TYPE

FLAT/%

TRAN CODE

PRO SUMM

SIM DESC

% AMT

REIMBURSEMENT

NORMAL

340 KIT,CATH-MULTI LEMEN 20CM

A

100.00

PAYOR:CO COMMERCIAL REIMBURSE PAYOR CD

TYPE:O TBL:001 EFF DATES:01/01/92 TO 12/31/95 DATE TYP:A POST REIM:Y POST BY DEPT:Y

TYPE:Overall Plan

MAX REIMB

CAL METH

FLAT RATE

DAY/CHARGE RANGE

% AMT

REIMBURSEMENT

32,232,323.00

DAYS

99,999,999.99

A

60.00

EXCEPTION TYPE:PRO SUMMARY CODE

CODE DESCRIPTION

CAL METH

FLAT RATE

DAY/CHARGE RANGE

% AMT

REIMBURSEMENT

011

3.00

EXCEPTION TYPE:FEE SCHEDULE

DEPARTMENT:Laboratory

NON INCL SIM

CAL TYPE

FLAT/%

TRAN CODE

PRO SUMM

SIM DESC

% AMT

REIMBURSEMENT

NORMAL

1009

A

1.00

NORMAL

1111 TEST DESCRIPTION

A

40.00

PAYOR:PW PATHWAYS CONTRACT MANAGEMENT

TYPE:I TBL:001 EFF DATES:01/01/94 TO 12/31/96 DATE TYP:A POST REIM:Y POST BY DEPT:N

TYPE:Pathways Contract Mgmt

CODE DESCRIPTION

MAX REIMB

CAL METH

FLAT RATE

DAY/CHARGE RANGE

% AMT

REIMBURSEMENT

End of Report

The report contains a header that includes the date and time the report is generated, your hospital's name, the report title, the page number, and the report name as used in the system.

PAYOR

This field displays the payer code and description.

TYPE

This field displays the reimbursement type code.

TBL

This field displays the table number established for this type of reimbursement.

EFF DATES

This field displays the effective from and through dates for this table.

DATE TYP

This field displays the effective date type code. This is either A (admission) or D (discharge).

POST REIM

This field displays the post reimbursement flag. The value displayed in this field does not impact the processing for the Pathways Contract Management reimbursement type.

POST BY DEPT

This field displays the Post Contractual by Department flag. The value displayed in this field does not impact the processing for the Pathways Contract Management reimbursement type.

NOTE: For Pathways Contract Management data is not provided for the remaining fields on this report.

Reimbursement Audit Report - FBR250

The Reimbursement Audit Report provides a list of the final, late, cycle, and adjustment billed accounts that have been processed for reimbursement calculations.

PURPOSE

The report lists the patient name, account number, payer code, type code (DRG code, overall plan, procedure code, medical service, diagnosis code, and Pathways Contract Management) reimbursement table number, transaction code, calculation method (flat rate, per diem, charges), admit date, posting date, covered days, covered charges, expected reimbursement, contractual adjustment, stop loss flag, and any exception codes.

FREQUENCY

This report is generated during midnight processing and is printed as a demand report.

SORTS

The system sorts this report by carrier and is subsorted by patient indicator, patient name, and patient number.

TOTALS

Carrier totals are provided by patient type for the number of accounts, covered charges, expected reimbursement, and contractual adjustment. Facility totals are provided by patient type for number of accounts, covered charges, expected reimbursements, and contractual adjustments.

The following is an example of the Reimbursement Audit Report.

Figure 1.2 FBR250 — Reimbursement Audit Report

Date: 07/22/02 Time: 12:37am		General Hospital Reimbursement Audit Report For 07/21/02						Page : 1 Report: FBR250A	
Carrier: 500 COMMERCIAL Patient Indicator: Emergency									
Patient Name	Account #	Payor Code	Type/ Code	Table # / Tran Code	Calc Meth	Adm Dte/ Post Dte	Cvrd Days	Cvrd Charges	Exp. Reimb./ Contr. Adj.
NEWLIN, KAYLA	01089-00016	KC	H	001		03/30/02		0.00	0.00
				A0002		04/04/2			4,004.00
Type: A-ASC C-MDC D-Diag G-DRG H-OPPS I-PCON J-PCON by Claim M-Med Serv O-Overall Plan P-Proc S-Specified DRG V-Out of Prov sl-Indicates a Stop Loss Table was used in the calculation Calc Meth: A-ASC Grp C-Charge Level D-By Days F-Flat Rate I-PCON by Bill									

The report contains a header that includes the date and time the report is generated, your hospital's name, the report title, the page number, and the report name as used in the system.

CARRIER

This field contains the carrier code and name.

PATIENT INDICATOR

This field contains the patient indicator, for example I-inpatient or O-outpatient.

PATIENT NAME

This field contains the patient name.

ACCOUNT #

This field contains the patient account number.

PAYOR CODE

This field identifies the payer type.

TYPE CODE

This field identifies the reimbursement type. Valid types are A-ASC Payment Group, D-Diagnosis Code, M-Medical Service, O-Overall Plan, P-Procedure Code G-DRG, S-Specified DRG Codes, C-Major Diagnostic Category, H-OPPS, J-PCON by Claim and I-PCON by Bill Interface.

NOTE: V-Out of Province is used by Canadian customers only.

TABLE #

This field identifies the table number corresponding to the reimbursement payer.

If this is a stop loss table, an S prints next to the reimbursement table number.

CALC METH

This field identifies the reimbursement calculation method used. Valid methods are A-ASC Grp, D-By Days, F-Flat Rate, C-Charge Level, A-ASC Group, and I-PCON by Bill. These methods are preceded by I- (for example, I-S) if the reimbursement is a Pathways Contract Management reimbursement.

ADM DTE

This field contains the admission date.

CVRD DAYS

This field contains the number of covered days.

CVRD CHARGES

This field contains the dollar amount of covered charges.

EXP REIMB

This field identifies the expected reimbursement amount for the account.

TRAN CODE

This field contains the transaction type and code.

POST DTE

This field contains the date the transaction was posted.

CONTR. ADJ.

This field identifies the amount of the contractual adjustment for this account. If the contractual adjustment amount has been returned by Pathways Contract Management, but has not been posted, a P is displayed next to the amount.

ACCOMMODATION CODE EXCEPTION

This field identifies the accommodation code exception (if any) for this account.

PRORATION SUMMARY EXCEPTION

This field identifies the proration summary code exception (if any) for this account.

Pathways Contract Management Download Report - FBR280

The Pathways Contract Management Download Report is used to report all insurances sent to Pathways Contract Management for final, adjusted, and late billed accounts. The report heading contains a counter which identifies how many times the Pathways Contract Management Interface run was processed. If the interface is only run during Midnight Processing for the facility, the file counter is 1. If the interface is run one or more times during the day, the file counter on the reports reflect the number of the run. The Midnight Processing run of the interface document the last time that a file was created for Pathways Contract Management for the facility since this is the last process that updates the counter.

The report reflects the sending of claims to Pathways Contract Management at the time a claims loads and when a claim releases. For example, if the PCON Send For Cycle/Final field or the PCON Send For Adj/Late field is set to Both, then claims are sent to Pathways Contract Management when they load and when they release. A # sign follows the bill type for claims that replace loaded claims. For example, if a loaded claim is sent to Pathways Contract Management, and then the same claim is sent at time of claim release, then a # sign is used to indicate that the loaded claim is being replaced on Pathways Contract Management by the released claim. The # sign follows the bill type for such claims in the Entries Not Returned section of the report. If a claim sent after release was sent previously after load, a replacement notice is sent for the claim originally loaded. Although these replacement notices are counted in the report totals, the claims are not identified in the Del/Replace Not section of the report.

PURPOSE

This report, which includes all insurances sent to Pathways Contract Management for final, adjusted, and late billed accounts, is divided into two sections. The first section provides the claims sent. The second section provides all deletion and replacement notices.

The report is split by facility.

FREQUENCY

This report is generated nightly during Midnight Processing. This report is also generated each time a Pathways Contract Management file is manually downloaded.

SORTS

The system sorts this report by biller and then alphabetically by patient name.

TOTALS

Totals are provided within each section of the report. Totals are provided for the total number of entries not returned, and for the total number of deletion and replacement notices. A summary of these totals is provided at the end of the report.

The following is an example of the Pathways Contract Management Download Report.

Figure 1.3 FBR280 — Pathways Contract Management Download Report

Date: 11/27/02		Model Hospital A										Page : 1	
Time: 0:18		Pthwys Cont Mgmt UB Download Rpt - File 1										Report: FBR280A	
		Entries Not Returned											
Biller: 98-NANCY L WEISSMANN													

Name	Acct #	Car/Pln	BS/CS	BT	RT	Clm Nbr	Admit Dt	#Attempts	Days	Cvrd Chgs		
TEST,BARB BABYB	0223100005	500100	4/	7	F	I	0000001	08/19/02	99	50,470.00		
TEST,BARB BABYG	0223100004	500100	4/	7	F	I	0000002	08/19/02	99	50,470.00		
TEST,BARB MOM	0223100003	500100	4/	7	F	I	0000001	08/19/02	99	50,470.00		
Totals: # Accts									3	151,410.00	0.00	0.00

In BT column indicates claim was deleted and added in the same day.

Date: 11/27/02		Model Hospital A										Page : 2	
Time: 0:18		Pthwys Cont Mgmt UB Download Rpt - File 1										Report: FBR280A	
		Summary of Activity for 11/26/02											

	No of Claims	Covered Chrgs	Contr Adj	Expect Reimb
Deletion/Replacement Notices:	0	0.00		
New Entries Created:	3	151,410.00		
Existing Entries Included:	0	0.00		
Entries Sent:	3	151,410.00		
Entries Returned:	0	0.00	0.00	0.00
Entries Not Returned:	3	151,410.00		
Entries Bypassed:	0	0.00	0.00	0.00
Adjustments posted:	0		0.00	
Adjustments pending:	0			

End of Report

The report contains a header that includes the date and time the report is generated, your hospital's name, the report title, the page number, and the report name as used in the system.

Entries Not Returned

This section provides a summary of the entries not returned by Pathways Contract Management.

BILLER

This field contains the biller code and description or name of the biller.

PATIENT NAME

This field contains the patient name.

ACCOUNT #

This field contains the patient account number.

CAR/PLN

This field contains the insurance carrier/plan code.

BS/CS

This field contains the bill sequence and claim sequence number for the claim.

BT

This field identifies the type of bill. Valid bill types are F-Final, L-Late, C-Cycle, Z-Cycle Adjustment, or A-Adjustment.

RT

This field contains the reimbursement type code that is assigned to the account. Valid types are I-PCON by Bill and J-PCON by Claim.

CLM NBR

This field contains the unique claim identifier.

ADMIT DT

This field contains the admission date.

POST DT

This field identifies the date the contractual adjustment was posted. Contractual adjustments not yet posted are listed as not sent, not returned, or pending depending on the status of the transfer process.

METHOD

This field identifies the batch posting method. The posting method is System or User.

BCH

This field identifies the batch number assigned to the contractual adjustment batch.

CVRD DAYS

This field identifies the covered days for the claim.

CVRD CHARGES

This field identifies the covered charges for the claim.

EXP. REIMB

This field contains the expected reimbursement as calculated by Pathways Contract Management.

CONTR ADJ

This field contains the contractual adjustment amount as calculated by Pathways Contract Management.

Deletion and Replacement Notices

This section provides a summary of the deletion and replacement notices returned by Pathways Contract Management.

BILLER

This field contains the biller code and description or name for the original claim.

PATIENT NAME

This field contains the patient name.

ACCOUNT #

This field contains the patient account number.

CAR/PLN

This field contains the insurance carrier/plan code.

BS/CS

This field contains the bill sequence and the claim sequence number for the claim.

TYP

This field identifies the type of bill. Valid bill types are F-Final, L-Late, or A-Adjustment.

ADMIT DT

This field contains the admission date.

NOTICE TYPE

This field contains the type of notice sent to Pathways Contract Management. Valid notice types are R-Replacement and D-Deletion.

CVRD DAYS

This field identifies the covered days for the original claim.

ORIG CVRD CHGS

This field contains the covered charges for the original claim.

ORIG REIMB

This field contains the reimbursement for the original claim.

ORIG CONTR

This field contains the contractual adjustment amount for the original claim.

NOTE: Pathways Contract Management provides a listing of all claims that were rejected and reports the reason the reimbursement could not be successfully calculated. The Pathways Contract Management Batch Error Listing Report, which is requested by specific date, can be used to make corrections to the accounts that were not processed.

Totals for Deletion and Replacement Notices**TOTALS: # ACCOUNTS**

This field contains the total number of accounts.

TOTALS: CVRD CHARGES

This field contains the total of the covered charges.

TOTALS: ORIG REIMB

This field contains the total of the original reimbursements.

TOTALS: ORIG CONTR

This field contains the total of the original contracts.

Summary of Activity for MM/DD/YY

This section of the report provides a summary of totals for a particular date.

DELETION/REPLACEMENT NOTICES

This field contains the total number of deletion and replacement notices reported in the detail section of this report.

NEW ENTRIES CREATED

This field contains the total number of claims included in the source file for the first time.

EXISTING ENTRIES INCLUDED

This field contains the total number of claims returned by Pathways Contract Management on a previous processing day that are automatically included in the source file so that Pathways Contract Management can retry the reimbursement calculation.

ENTRIES SENT

This field contains the totals for the claims sent to Pathways Contract Management.

The *Entries Sent* field should balance with other fields as follows:

$$\text{New Entries Created} + \text{Existing Entries Included} = \text{Entries Sent}$$

Entries Sent = Entries Returned + Entries Not Returned

ENTRIES RETURNED

This field contains the total number of entries returned by Pathways Contract Management.

ENTRIES NOT RETURNED

This field contains the total number of entries not returned by Pathways Contract Management.

ADJUSTMENTS POSTED

This field contains the number of contractual adjustments that were returned by Pathways Contract Management that were posted by the system to the patient's account. *** *Batch #999* *** is printed beside the total to indicate the adjustment batch that contained the Pathways Contract Management contractual adjustments.

ADJUSTMENTS PENDING

This field contains the number of contractual adjustments that were returned by Pathways Contract Management that were not posted by the system to the patient's account. These adjustments are in an open adjustment batch that requires your approval. *** *Batch #999* *** is printed beside this total to indicate that there is an open adjustment batch that requires your approval. The batch number is included to assist you in locating the batch.

Pathways Contract Management Activity Report - FBR281

PURPOSE

This report provides a listing of all STAR Patient Accounting activities (payments, adjustments, refunds, balance transfers and claim dispositions) that were sent to Pathways Contract Management. This report can be used to verify that the correct information is being transmitted to Pathways Contract Management. This report contains the patient account number, patient name, the type of activity (insurance payment, insurance payment reversal, insurance refund, balance transfer, insurance refund deletion, insurance adjustment, and insurance denial), the transaction code, and the amount of the activity.

This report is split by facility.

FREQUENCY

This report is generated nightly during midnight processing. If no activity is transmitted for the day, the report is generated without detail entries.

SORTS

The system sorts this report alphabetically by patient name. The report is then sorted by the posting date of the activity.

TOTALS

A subtotal by type of activity (insurance payment, insurance payment reversal, insurance refund, insurance refund deletion, insurance adjustment, insurance denial and balance transfer) is provided. A grand total for activities is provided.

The following is an example of the Pathways Contract Management Activity Report.

Figure 1.4 FBR281 — Pathways Contract Management Activity Report

Date: 06/18/03		Model Hospital A					Page : 1			
Time: 0:30		Pathways Contract Management Activity Report					Report: FBR281A			
Activity for 06/18/03										
Patient Name	Account #	Car/Pln	BS/CS	BT RT	Activity	Post Dt	Batch#	Trans Cd	Amount	Clm Nbr
COLLINS, MATT	0136100003	500/100	6/ 6	A I	Bal Xfer	06/18/03		B0001	4,500.00-	0000001
Totals:										
Insurance Payments					0.00					
Insurance Payment Reversals					0.00					
Insurance Refunds					0.00					
Insurance Refunds Deletions					0.00					
Insurance Adjustments					0.00					
Insurance Denials					0.00					
Balance Transfers					4,500.00-					
Grand Total:					4,500.00-					
End of Report										

The report contains a header that includes the date and time the report is generated, your hospital's name, the report title, the page number, and the report name as used in the system.

PATIENT NAME

This field contains the patient name.

ACCOUNT #

This field contains the patient account number.

CAR/PLN

This field contains the insurance carrier/plan code.

BS/CS

This field contains the bill sequence and claim sequence number for the claim.

BT

This field identifies the type of bill. Valid bill types are F-Final, L-Late, C-Cycle, Z-Cycle Adjustment, or A-Adjustment.

RT

This column contains the reimbursement type code that is assigned to the account.

ACTIVITY

This field contains the type of activity of payment, reversal, refund, adjustment, refund deletion, denial, or balance transfer.

POST DT

This field contains the date the activity was posted on the STAR Patient Accounting system.

BATCH #

This field contains the associated batch number for the payment or adjustment.

NOTE: Refunds, denials, balance transfers and claim dispositions do not have a batch number.

TRANS CD

This field contains the transaction code for the activity.

AMOUNT

This field contains the dollar amount of the activity. Typical payments are shown as negative amounts. Typical refunds are shown as positive amounts. Adjustments are shown relative to how they impact the account balance. An adjustment that increases the patient account is positive.

CLM NBR

This field contains the unique claim identifier that was passed to Pathways Contract Management for this claim.

TOTAL

This section of the report contains the insurance payments, insurance payment reversals, insurance refunds, insurance adjustments, insurance denials, and balance transfers. A grand total is also provided.

Pathways Contract Management Posting Report - FBR282

The Pathways Contract Management Posting Report is used to report all insurances sent to Pathways Contract Management. The report heading contains a counter which identifies how many times the Pathways Contract Management Interface run was processed. If the interface is only run during Midnight Processing for the facility, the file counter is 1. If the interface is run one or more times during the day, the file counter on the reports reflects the number of the run. The Midnight Processing run of the interface documents the last time that a file was created for Pathways Contract Management for the facility since this is the last process that updates the counter.

The report reflects the sending of claims to Pathways Contract Management at the time a claims loads and when a claim releases. For example, if the PCON Send For Cycle/Final field or the PCON Send For Adj/Late field is set to Both, then claims are sent to Pathways Contract Management when they load and when they release. A # sign follows the bill type for claims that replace loaded claims. For example, if a loaded claim is sent to Pathways Contract Management, and then the same claim is sent at time of claim release, then a # sign is used to indicate that the loaded claim is being replaced on Pathways Contract Management by the released claim. The # sign follows the bill type for such claims in various sections of the report. If a claim sent after release was sent previously after load, a replacement notice is sent for the claim originally loaded. Although these replacement notices are counted in the report totals, the claims are not identified in the Del/Replace Not section of the report.

PURPOSE

This report, which includes all insurances sent to Pathways Contract Management for final and adjustment billed accounts, is divided into six sections. The first section provides the claims sent for which the reimbursements are returned. The second section provides the claims sent for which the reimbursements are not returned. The third section provides all deletion and replacement notices. The fourth section provides all entries returned for which the contractual adjustment was not posted due to multiple billing events. The fifth section provides all entries returned for which the contractual adjustment was not posted due to Electronic Remittance Advice payments and entries returned if the contractual adjustment has not changed on STAR Patient Accounting. If the contractual adjustment has not changed, the account appears on the report under the Bypassed due to Repeat Processing section of the report. The sixth section provides all entries for accounts returned from Patient Accounting for which the contractual Adjustment hasn't posted. The Post Dt field on the report displays *No C/A Posted*, and the Contr Adj field is blank when no C/A is posted.

The report is split by facility.

FREQUENCY

This report is generated nightly during Midnight Processing. This report is also generated each time a Pathways Contract Management return file is manually uploaded and each time a Pathways Contract Management contractual adjustment batch is approved online.

NOTE: This report is only generated if a return file is found when the step in Midnight Processing is run. This report is generated if the Return File is Manually Uploaded or Posted.

SORTS

The system sorts this report by biller and then alphabetically by patient name.

TOTALS

Totals are provided within each section of the report. Totals are provided for the total number of entries returned, for the total number of entries not returned, and for the total number of deletion and replacement notices. A summary of these totals is provided at the end of the report.

The following is an example of the Pathways Contract Management Posting Report.

Figure 1.5 FBR282 — Pathways Contract Management Posting Report

Date: 01/31/10
Time: 15:02

General Hospital

Pathwys Cont Mgmt UB Posting Rpt

Entries Returned

Page : 1
Report: FBR282A

Biller: 98-NANCY L NEW

Name	Acct #	Car/Pln	BS/CS	BT	RT	Clm	M	DT	Admit	Dt	Post	Dt	Met	Bch	Days	Cvrd	Chgs	Exp.	Reimb	Contr	Adj
SMITH, BOB	0201400031	808001	9/	9	C	J		01/23/02	01/14/02	01/27/02	Sys	378	10			13,872.00	10,000.00			184.00	
Del/Replace Not																					
* In BT column indicates claim was deleted and added in the same day.																					
Bypassed due to ERA																					
Biller: 98-NANCY L NEW																					
Name	Acct #	Car/Pln	BS/CS	BT	RT	Clm	M	DT	Admit	Dt	Post	Dt	Met	Bch	Days	Cvrd	Chgs	Exp.	Reimb	Contr	Adj
SHINE,EARL	0133700010	808002	15/	15	F	J		01/11/02	12/03/01	Bypassed	due	to	ERA	42		34,497.00	43,000.00			0.00	
Totals:	# Accts																496,898.94	372,266.79			2,097.94
* In BT column indicates claim was deleted and added in the same day.																					
Bypassed due to Repeat Processing																					
Biller: 98 - NANCY L NEW																					
Name	Acct #	Car/Pln	BS/CS	BT	RT	Clm	Num	Admit	Dt	Post	Dt	Met	Bch	Days	Cvrd	Chgs	Exp.	Reimb	Contr	Adj	
KESS, ANN	0414800079	918100	1/	1	C#	J	1		05/27/04	Repeat	Proc		2		645.00	516.00			0.00		
KESLAFB	0414800079	918100	2/	3	C#	J	3		05/27/04	Repeat	Proc		2	100,	745.11	80,860.79			0.00		
Totals:	# Accts						2									101,390.11	81,376.79			0.00	
* In BT column indicates claim was deleted and added in the same day and # in BT column indicates same claim resent.																					
* In BT column indicates claim was deleted and added in the same day and # in BT column indicates same claim resent.																					
Contractual Adjustment is not being Posted																					
Biller: 4-BILLER BILLERFOUR																					
Name	Acct #	Car/Pln	BS/CS	BT	RT	Clm	Num	Admit	Dt	Post	Dt	Met	Bch	Days	Cvrd	Chgs	Exp.	Reimb	Contr	Adj	
CAIN, J	0929600002	918100	8/	10	A	I	3		10/23/09	No C/A	Posted		4		3,842.56	3,842.56			0.00		
Totals:	# Accts						1									3,842.56	3,842.56			0.00	
* In BT column indicates claim was deleted and added in the same day and # in BT column indicates same claim resent.																					

Field Explanations

The report contains a header that includes the date and time the report is generated, your hospital's name, the report title, the page number, and the report name as used in the system.

Entries Returned

This section provides a summary of the entries returned by Pathways Contract Management.

BILLER

This field contains the biller code and description or name of the biller.

PATIENT NAME

This field contains the patient name.

ACCOUNT #

This field contains the patient account number.

CAR/PLN

This field contains the insurance carrier/plan code.

BS/CS

This field contains the bill sequence and claim sequence number for the claim.

BT

This field identifies the type of bill. Valid bill types are F-Final, L-Late, C-Cycle, Z-Cycle Adjustment, or A-Adjustment.

RT

This field contains the reimbursement type for the account being reported on.

CLM M DT

This field contains the claim match date that was passed to Pathways Contract Management for this claim.

ADMIT DT

This field contains the admission date.

POST DT

This field identifies the date the contractual adjustment was posted. Contractual adjustments not yet posted are listed as not sent, not returned, or pending depending on the status of the transfer process.

MET

This field identifies the batch posting method. The posting method is System or User.

BCH

This field identifies the batch number assigned to the contractual adjustment batch.

CVRD DAYS

This field identifies the covered days for the claim.

CVRD CHARGES

This field identifies the covered charges for the claim.

EXP. REIMB

This field contains the expected reimbursement as calculated by Pathways Contract Management.

CONTR ADJ

This field contains the contractual adjustment amount as calculated by Pathways Contract Management.

Totals for Entries Returned**TOTALS: # ACCOUNTS**

This field contains the total number of accounts.

TOTALS: CVRD CHARGES

This field contains the total of the covered charges.

TOTALS: EXP. REIMB

This field contains the total expected reimbursement amount as returned by Pathways Contract Management.

TOTALS: CONTR ADJ

This field contains the total contractual adjustment amount as calculated by Pathways Contract Management.

Entries Not Returned

This section provides a summary of the entries not returned by Pathways Contract Management.

BILLER

This field contains the biller code and description or name of the biller.

PATIENT NAME

This field contains the patient name.

ACCOUNT #

This field contains the patient account number.

CAR/PLN

This field contains the insurance carrier/plan code.

BS/CS

This field contains the bill sequence and claim sequence number for the claim.

BT

This field identifies the type of bill. Valid bill types are F-Final, L-Late, C-Cycle or A-Adjustment. If a claim was sent previously and processed by Pathways Contract Management, the re-sent claim is identified on the STAR PCON reports with a # sign.

RT

This field contains the reimbursement type for the account being reported on.

CLM M DT

This field contains the claim match date that was passed to Pathways Contract Management for this claim.

ADMIT DT

This field contains the admission date.

POST DT

This field identifies the date the contractual adjustment was posted. Contractual adjustments not yet posted are listed as not sent, not returned, or pending depending on the status of the transfer process.

METHOD

This field identifies the batch posting method. The posting method is System or User.

BCH

This field identifies the batch number assigned to the contractual adjustment batch.

CVRD DAYS

This field identifies the covered days for the claim.

CVRD CHARGES

This field identifies the covered charges for the claim.

EXP. REIMB

This field contains the expected reimbursement as calculated by Pathways Contract Management.

CONTR ADJ

This field contains the contractual adjustment amount as calculated by Pathways Contract Management.

Deletion and Replacement Notices

This section provides a summary of the deletion and replacement notices returned by Pathways Contract Management.

BILLER

This field contains the biller code and description or name for the original claim.

NAME

This field contains the patient name.

ACCOUNT #

This field contains the patient account number.

CAR/PLN

This field contains the insurance carrier/plan code.

BS/CS

This field contains the bill sequence and the claim sequence number for the claim.

BT

This field identifies the type of bill. Valid bill types are F-Final, L-Late, C-Cycle, or A-Adjustment.

RT

This field contains the reimbursement type for the account being reported on.

CLM M DT

This field contains the claim match date that was passed to Pathways Contract Management for this claim.

ADMIT DT

This field contains the admission date.

NOT TYP (NOTICE TYPE)

This field contains the type of notice sent to Pathways Contract Management. Valid notice types are R-Replacement and D-Deletion.

CVRD DAYS

This field identifies the covered days for the original claim.

ORIG CVRD CHGS

This field contains the covered charges for the original claim.

ORIG REIMB

This field contains the reimbursement for the original claim.

ORIG CONTR

This field contains the contractual adjustment amount for the original claim.

Pathways Contract Management provides a listing of all claims that were rejected and reports the reason the reimbursement could not be successfully calculated. The Pathways Contract Management Batch Error Listing Report, which is requested by specific date, can be used to make corrections to the accounts that were not processed.

Totals for Deletion and Replacement Notices

TOTALS: # ACCOUNTS

This field contains the total number of accounts.

TOTALS: CVRD CHARGES

This field contains the total of the covered charges.

TOTALS: ORIG REIMB

This field contains the total of the original reimbursements.

TOTALS: ORIG CONTR

This field contains the total of the original contracts.

Contractual Adjustment Is Not Being Posted

This section provides a summary of accounts returned from Pathways Contract Management for which the contractual Adjustment hasn't posted.

BILLER

This field contains the biller code and description or name for the original claim.

NAME

This field contains the patient name.

ACCOUNT #

This field contains the patient account number.

CAR/PLN

This field contains the insurance carrier/plan code.

BS/CS

This field contains the bill sequence and the claim sequence number for the claim.

BT

This field identifies the type of bill. Valid bill types are F-Final, L-Late, C-Cycle, or A-Adjustment.

RT

This field contains the reimbursement type for the account being reported on.

CLM M DT

This field contains the claim match date that was passed to Pathways Contract Management for this claim.

ADMIT DT

This field contains the admission date.

BCH

This field identifies the batch number assigned to the contractual adjustment batch.

CVRD DAYS

This field identifies the covered days for the claim.

CVRD CHARGES

This field identifies the covered charges for the claim.

EXP. REIMB

This field contains the expected reimbursement as calculated by Pathways Contract Management.

CONTR ADJ

This field contains the contractual adjustment amount as calculated by Pathways Contract Management.

Entries Bypassed

This section provides a summary of the entries returned by Pathways Contract Management that are not posted to STAR Patient Accounting due to multiple billing events. Only the contractual adjustment associated with the most recent bill is posted on STAR PA; all others are “bypassed.”

BILLER

This field contains the biller code and description or name of the biller.

PATIENT NAME

This field contains the patient name.

ACCOUNT #

This field contains the patient account number.

CAR/PLN

This field contains the insurance carrier/plan code.

BS/CS

This field contains the bill sequence and claim sequence number for the claim.

BT

This field identifies the type of bill. Valid bill types are F-Final, L-Late, C-Cycle or A-Adjustment.

RT

This field contains the reimbursement type for the account being reported on.

CLM M DT

This field contains the claim match date that was passed to Pathways Contract Management for this claim.

ADMIT DT

This field contains the admission date.

POST DT

This field displays BYPASSED for all entries in this section of the report. If the contractual adjustment is not returned and posted on STAR Patient Accounting before the account is adjustment billed, the information from the second billing event is also sent to Pathways Contract Management. When the contractual adjustment from the first billing event is received, it does not post to the account. In this situation, BYPASSED is displayed in this field for the contractual adjustment.

METHOD

This field identifies the batch posting method. The posting method is System or User.

BCH

This field identifies the batch number assigned to the contractual adjustment batch.

CVRD DAYS

This field identifies the covered days for the claim.

CVRD CHARGES

This field identifies the covered charges for the claim.

EXP. REIMB

This field contains the expected reimbursement as calculated by Pathways Contract Management.

CONTR ADJ

This field contains the contractual adjustment amount as calculated by Pathways Contract Management.

Totals for Entries Bypassed

TOTALS: # ACCOUNTS

This field contains the total number of accounts.

TOTALS: CVRD CHARGES

This field contains the total of the covered charges.

TOTALS: EXP. REIMB

This field contains the total expected reimbursement amount as returned by Pathways Contract Management.

TOTALS: CONTR ADJ

This field contains the total contractual adjustment amount as calculated by Pathways Contract Management.

Entries Bypassed Due to ERA

This section provides a summary of the entries returned by Pathways Contract Management that are not posted to STAR PA due to a variance method contractual adjustment already occurring with the Electronic Remittance Advice payment. These

are the entries that are bypassed because the contractual adjustment method is variance and a payment has been handled by ERA already; therefore no further adjustments are posted from Pathways. ERA controls contractual adjustments from this point forward.

BILLER

This field contains the biller code and description or name of the biller.

PATIENT NAME

This field contains the patient name.

ACCOUNT #

This field contains the patient account number.

CAR/PLN

This field contains the insurance carrier/plan code.

BS/CS

This field contains the bill sequence and claim sequence number for the claim.

BT

This field identifies the type of bill. Valid bill types are F-Final, L-Late, C-Cycle or A-Adjustment.

RT

This field contains the reimbursement type for the account being reported on.

CLM M DT

This field contains the claim match date that was passed to Pathways Contract Management for this claim.

ADMIT DT

This field contains the admission date.

POST DT

This field displays BYPASSED for all entries in this section of the report.

Entries returned by Pathways Contract Management are displayed in this section when the contractual adjustment was bypassed (not posted) due to a variance method contractual adjustment already occurring with an Electronic Remittance Advice payment. These are the entries that are bypassed because the contractual adjustment method is variance and a payment has been handled by ERA already; therefore, no further adjustments are posted from Pathways Contract Management. ERA controls contractual adjustments from that point on. In this situation, BYPASSED is displayed in this field for the contractual adjustment.

METHOD

This field identifies the batch posting method. The posting method is System or User.

BCH

This field identifies the batch number assigned to the contractual adjustment batch.

CVRD DAYS

This field identifies the covered days for the claim.

CVRD CHARGES

This field identifies the covered charges for the claim.

EXP. REIMB

This field contains the expected reimbursement as calculated by Pathways Contract Management.

CONTR ADJ

This field contains the contractual adjustment amount as calculated by Pathways Contract Management.

Totals Entries Bypassed Due to ERA**TOTALS: # ACCOUNTS**

This field contains the total number of accounts.

TOTALS: CVRD CHARGES

This field contains the total of the covered charges.

TOTALS: EXP. REIMB

This field contains the total expected reimbursement amount as returned by Pathways Contract Management.

TOTALS: CONTR ADJ

This field contains the total contractual adjustment amount as calculated by Pathways Contract Management.

Summary of Activity for MM/DD/YY

This section of the report provides a summary of totals for a particular date.

DELETION/REPLACEMENT NOTICES

This field contains the total number of deletion and replacement notices reported in the detail section of this report.

NEW ENTRIES CREATED

This field contains the total number of claims included in the source file for the first time.

EXISTING ENTRIES INCLUDED

This field contains the total number of claims returned by Pathways Contract Management on a previous processing day that are automatically included in the source file so that Pathways Contract Management can retry the reimbursement calculation.

ENTRIES SENT

This field contains the totals for the claims sent to Pathways Contract Management.

The Entries Sent field should balance with other fields as follows:

New Entries Created + Existing Entries Included = Entries Sent
Entries Sent = Entries Returned + Entries Not Returned

ENTRIES RETURNED

This field contains the total number of entries returned by Pathways Contract Management.

ENTRIES NOT RETURNED

This field contains the total number of entries not returned by Pathways Contract Management.

ENTRIES BYPASSED

This field contains the total number of entries returned by Pathways Contract Management for which the contractual adjustment was bypassed (not posted) due to multiple billing events. The contractual adjustment associated with the most recent bill is posted on STAR PA.

ENTRIES BYPASSED DUE TO ERA

This field contains the total number of entries returned by Pathways Contract Management for which the contractual adjustment was bypassed (not posted) due to a variance method contractual adjustment already occurring with the Electronic Remittance Advice payment. These are the entries that are bypassed because the contractual adjustment method is variance and a payment has been handled by ERA already; therefore no further adjustments are posted from Pathways Contract Management. ERA controls contractual adjustments from that point on.

ADJUSTMENTS POSTED

This field contains the number of contractual adjustments that were returned by Pathways Contract Management that were posted by the system to the patient's account. *** *Batch #999* *** is printed beside the total to indicate the adjustment batch that contained the Pathways Contract Management contractual adjustments.

ADJUSTMENTS PENDING

This field contains the number of contractual adjustments that were returned by Pathways Contract Management that were not posted by the system to the patient's account. These adjustments are in an open adjustment batch that requires your approval. *** *Batch #999* *** is printed beside this total to indicate that there is an open adjustment batch that requires your approval. The batch number is included to assist you in locating the batch.

Pathways Pre-List Report - FBR284

Purpose

The Pathways Pre-List Report is used to identify accounts targeted for Pathways Contract Management reimbursement, including unbilled accounts and billed accounts with failed primary claims. The report also includes a section that shows all Pathways Contract Management/Cycle accounts that are currently re-trying to send claims to Pathways Contract Management that have not met the maximum number of retry times along with accounts that have exceeded the maximum number of retry times.

Frequency

The report can be generated during Midnight Processing or at Period End during Midnight Processing.

Sorts

This report is divided into the following sections:

- PA Account Detail (in location PA)
- AR Account Detail (in location AR)
- PA PCON/Cycle Contractual Adjustment not Returned
- Carrier/Plan Summary

Depending on the parameters set on the Pathways Pre-List Screen, the report can be printed as follows:

- All sections
- Detail only—The detail sections can be sorted by carrier/plan or by patient name. Subtotal lines in the detail sections are included for each carrier/plan, for each carrier, and for all accounts.
- Summary only

Accounts are selected for the PA detail section of the report as follows:

- The account is in PA (all patient indicators included)
- The account has I-PCON by Bill or J-PCON by Claim as the reimbursement method on the primary COB
- The total charge amount on the account is greater than zero.

Accounts are selected for the AR detail section of the report as follows:

- The account is in AR (all patient indicators included)
- The account has I-PCON by Bill or J-PCON by Claim as the reimbursement method on the primary COB
- The account has a claim for the primary COB that has a balance greater than zero.
- The most recent final, adjustment, or late claim does not have a contractual adjustment amount returned from Pathways Contract Management.
- The primary claim was not created by the Add Claim to Insurance function.

Accounts are selected for the PA/PCON Cycle - Contractual Adjustment not Returned section of the report as follows:

- The account is in location PA with a reimbursement type of J (PCON by Claim), was assigned with at least one cycle claim that was passed to Pathways Contract Management, and the contractual adjustment has not been returned.

Totals

The Summary section of the report provides totals and subtotals by patient location, patient indicator, carrier, and carrier/plan. Totals provided are by facility. Cross-facility reporting is not provided.

A sample of the report is shown on the following page. The detail report of PA accounts is shown first, followed by the detail report of AR accounts, followed by the PA/PCON Cycle - Contractual Adjustment not Returned section, followed by the summary report for both PA and AR accounts.

Figure 1.6 FBR284 — Pathways Pre-List Report (PA Accounts)

Date: 04/02/02		General Hospital A							Page : 11				
Time: 11:18		Pathways Pre-List Report							Report: FBR284A				
		PA Accounts for 01/31/02											
Carrier: Blue Cross-Blue Shield													
Account	Patient Name	Car/Pln	FC	P/T	Admit Dt	Disch Dt	R	Hld	LOS	Total Charges	Unbilled Amt	Carrier Bal	Account Bal
Plan: 808/001 I & O WITH J TYPE													
0201400016	COHEN, BOB	808/001	L	LIC	01/14/02		I	18		14,754.00	66.00	14,739.00	15,686.39
0201400012	MARKS, TOM	808/001	L	LIC	01/14/02		I	18		14,754.00	66.00	14,739.00	14,754.00
0201400011	PURE, BOB	808/001	L	LIC	01/14/02		I	18		14,754.00	66.00	14,739.00	3,625.73
Plan Totals: 808/001 I & O WITH J TYPE							#Accts:	3		44,262.00	198.00	44,217.00	34,066.12
Plan: 808/002 I=J O=NON J													
0201400018	PATH, THOMAS	808/002	L	LIC	01/14/02		I	18		13,500.00	750.00	13,485.00	13,500.00
Plan Totals: 808/002 I=J O=NON J							#Accts:	1		13,500.00	750.00	13,485.00	13,500.00
Plan: 808/003 I=NON J O=J													
0201400022	SMITH, AMOS	808/003	L	LIC	01/14/02		I	18		14,754.00	66.00	14,639.00	14,654.00
0201400020	JOSEPH, STEVE	808/003	L	LIC	01/14/02		I	18		14,754.00	66.00	14,739.00	14,709.00
0201400033	LASSITER, BARB	808/003	L	LIC	01/14/02		I	18		14,754.00	66.00	14,739.00	17,330.00
0201400037	MILLER, SHEILA	808/003	L	LIC	01/14/02	02/01/02	I	18		15,438.00	750.00	13,544.17	14,152.42
Plan Totals: 808/003 I=NON J O=J							#Accts:	4		59,700.00	948.00	57,661.17	60,845.42
Carrier Totals: 808 - PATIENT INSURANCE							#Accts:	8		117,462.00	1,896.00	115,363.17	108,411.54

Figure 1.7 FBR284 — Pathways Pre-List Report (AR Accounts)

Date: 04/02/02 Time: 15:43		General Hospital Pathways Pre-list Report AR Accounts for 01/31/02												Page : 1 Report: FBR284A					
Carrier: 808 - PATIENT INSURANCE																			
Account	Patient Name	Car/Pln	FC	P/T	Svc	From	Svc	Thru	R	BS	CS	S	LOS	Total Charges	Lst	Clm	Amt	Carrier Bal	Account Bal
Plan: 808/001 I & O WITH J TYPE																			
0133800004	SHORES, JONI	808/001	L	LOR					I					137.94	*****			1,172.94	137.94
0202500009	COHEN, BOB	808/001	L	LOC	01/25/02	01/25/02	J	1	1	R	1		1	109.96	109.96			94.96	109.96
0202500017	LANDIS, KIM	808/001	L	LOC	01/25/02	01/25/02	J	1	1	R	1		1	1,250.00	1,250.00			985.00	1,250.00
0202500018	STEVENS, BOB	808/001	L	LOC	01/25/02	01/25/02	J	1	1	R	1		1	1,250.00	1,250.00			985.00	1,250.00
0202500019	TIUMMS, ENOCH	808/001	L	LOC	01/25/02	01/25/02	J	1	1	F	1		1	1,250.00	1,250.00			985.00	1,250.00
0202500020	TAYLOR, ANDY	808/001	L	LOC	01/25/02	01/25/02	J	1	1	F	1		1	1,250.00	1,250.00			985.00	1,250.00
0202500021	SMITH, MIKE	808/001	L	LOC	01/25/02	01/25/02	J	1	1	R	1		1	1,250.00	1,250.00			985.00	1,250.00
0202500022	DAVIS, LORI	808/001	L	LOC	01/25/02	01/25/02	J	1	1	F	1		1	1,250.00	1,250.00			985.00	1,250.00
0202500023	ANTOUR, NOAH	808/001	L	LOC	01/25/02	01/25/02	J	1	1	R	1		1	1,250.00	1,250.00			985.00	1,250.00
0202500024	AARON, MOSHE	808/001	L	LOC	01/25/02	01/25/02	J	1	1	F	1		1	1,250.00	1,250.00			985.00	1,250.00
0202500025	BROKER, MIKE	808/001	L	LOC	01/25/02	01/25/02	J	1	1	F	1		1	2,500.00	2,500.00			1,985.00	2,500.00
0202500027	RIP, ELAINE	808/001	L	LOC	01/25/02	01/25/02	J	1	1	F	1		1	2,500.00	2,500.00			1,985.00	2,500.00
0202500029	MILLER, DANNY	808/001	L	LOC	01/25/02	01/25/02	J	1	1	F	1		1	1,250.00	1,250.00			985.00	1,250.00
Plan Totals: 808/001 I & O WITH J TYPE					#Accts:					13		16,497.90		16,359.96		14,102.90		16,497.90	
Plan: 808/003 I=NON J O=J																			
0202900019	MILLER, STEVE	808/003	L	LOC					I					2,750.00	*****			2,735.00	2,750.00
0202900020	CASH, AARON	808/003	L	LOC					I					550.00	*****			535.00	550.00
0202900021	BURER, ELONA	808/003	L	LOC					I					550.00	*****			535.00	550.00
0202900022	SMITH, COLE	808/003	L	LOC					I					2,750.00	*****			2,735.00	2,750.00
0202900023	SPITZ, CLONA	808/003	L	LOC					I					2,750.00	*****			2,735.00	2,750.00
0202900035	TEMAS, BOB	808/003	L	LOC					I					2,750.00	*****			2,735.00	2,750.00
0202900036	EPSTEIN, AL	808/003	L	LOC					I					2,750.00	*****			2,735.00	2,750.00
0202900037	HAWKINS, DALE	808/003	L	LOC					I					2,750.00	*****			2,735.00	2,750.00
0202900038	ALMAS, NICKY	808/003	L	LOC					I					2,750.00	*****			2,735.00	2,750.00
0202900039	BOKIS, ELAINE	808/003	L	LOC					I					2,200.00	*****			2,185.00	2,200.00
0202900046	JONES, LORI	808/003	L	LOC					I					2,750.00	*****			2,735.00	2,750.00
0202900047	JONES, MIKE	808/003	L	LOC					I					550.00	*****			535.00	550.00
0202900048	PIRKLE, TGOM	808/003	L	LOC					I					550.00	*****			535.00	550.00
0202900049	HALE, NANCY	808/003	L	LOC					I					2,750.00	*****			2,735.00	2,750.00
0202900051	BRITH, ROBIN	808/003	L	LOC					I					2,750.00	*****			2,735.00	2,750.00
0202900055	HARMON, TOM	808/003	L	LOC					I					2,750.00	*****			2,735.00	2,750.00
0202800001	HARRIS, JENAK	808/003	L	LOC	01/28/02	01/28/02	I	1	1	R	1		1	550.00	550.00			535.00	550.00
0202400024	FIRST, TOM	808/003	L	LOC					I					66.00	*****			51.00	66.00
0202500030	BEEBER, ELAINE	808/003	L	LOC	01/25/02	01/25/02	I	1	1	R	1		1	1,250.00	1,250.00			985.00	1,250.00
0202800028	WILL, COLLIN	808/003	L	LOC					I					126.94	*****			40.00	126.94
0202800029	SMOOT, WILL	808/003	L	LOC					I					126.94	*****			40.00	126.94
0202800030	MAKIS, AOLIN	808/003	L	LOC					I					126.94	*****			40.00	126.94
0202800031	BREE, NICKY	808/003	L	LOC					I					126.94	*****			40.00	126.94
0202800032	THOMAS, JOSHUA	808/003	L	LOC					I					126.94	*****			40.00	126.94
Plan Totals: 808/003 I=NON J O=J					#Accts:					24		37,150.70		1,800.00		36,181.00		37,150.70	

Figure 1.8 FBR284 — Pathways Pre-List Report - PA PCON/Cycle - Contractual
Adjustments not Returned

Date: 02/01/02 Time: 21:26		General Hospital Pathways Pre-List Report												Page : 6 Report: FBR284A			
PA PCON/Cycle - Contractual Adjustments not Returned for 01/31/02 for 01/31/02																	
Carrier: Blue Cross - Blue Shield																	
Account	Patient Name	Car/Pln	FC	P/T	Svc	From	Svc	Thru	R	BS	CS	S	LOS	Total Charges	Lst Clm Amt	Carrier Bal	Account Bal
Plan: 808/001 I & O WITH J TYPE																	
0134700009	DREW,EIGHT	808/001	L	LIC	12/14/01	12/14/01	J	2	8+	M	50			40,866.00	39,984.00	40,851.00	41,066.25
0135300005	DREW,THIRTYSIX	808/001	L	LIR	12/21/01	01/10/02	J	2	2+	S	44			35,970.00	34,272.00	36,123.00	36,138.00
0131800003	MOORE,PCONCYCLE	808/001	L	I/P	11/16/01	11/17/01	J	2	3+	R	79			16,516.00	15,884.00	18,078.00	18,093.00
0201400010	PCON,FIVE	808/001	L	LIC	01/29/02	01/29/02	J	15	15+	R	18			14,754.00	2,448.00	17,315.00	17,330.00
0201400023	PCON,NINETEEN	808/001	L	LIC	01/29/02	01/29/02	J	15	15+	R	18			14,759.94	2,448.00	17,015.36	17,030.36
0201400021	PCON,SEVENTEEN	808/001	L	LIC	01/29/02	01/29/02	J	15	16+	R	18			14,754.00	2,448.00	17,315.00	17,330.00
0201400034	PCON,THIRTYONE	808/001	L	LIC	01/29/02	01/29/02	J	15	15+	R	18			14,754.00	2,448.00	17,499.00	17,514.00
0201400036	PCON,THIRTYTHRE	808/001	L	LIC	01/29/02	01/29/02	J	15	15+	R	18			14,754.00	2,448.00	17,499.00	17,514.00
0201400008	PCON,THREE	808/001	L	LIC	01/15/02	01/16/02	J	2	2+	R	18			14,759.94	13,056.00	14,551.55	14,566.55
0201400024	PCON,TWENTY	808/001	L	LIC	01/29/02	01/29/02	J	15	15+	R	18			14,765.88	2,448.00	17,499.00	17,514.00
0201400031	PCON,TWENTYEIGH	808/001	L	LIC	01/29/02	01/29/02	J	15	15+	R	18			14,754.00	2,448.00	17,499.00	17,514.00
0201400029	PCON,TWENTYFIVE	808/001	L	LIC	01/29/02	01/29/02	J	15	15+	R	18			14,754.00	2,448.00	17,499.00	17,514.00
0201400028	PCON,TWENTYFOUR	808/001	L	LIC	01/29/02	01/29/02	J	15	15+	R	18			14,754.00	2,448.00	17,499.00	17,514.00
0201400032	PCON,TWENTYNINE	808/001	L	LIC	01/29/02	01/29/02	J	15	15+	R	18			14,754.00	2,448.00	17,499.00	17,514.00
0201400030	PCON,TWENTYSEVE	808/001	L	LIC	01/29/02	01/29/02	J	15	15+	R	18			14,754.00	2,448.00	17,499.00	17,514.00
0201400027	PCON,TWENTYTHRE	808/001	L	LIC	01/29/02	01/29/02	J	15	15+	R	18			14,754.00	2,448.00	17,499.00	17,514.00
0201400007	PCON,TWO	808/001	L	LIC	01/29/02	01/29/02	J	15	15+	R	18			14,754.00	2,448.00	13,698.00	13,738.74

Figure 1.9 FBR284 — Pathways Pre-List Report (Summary)

Date: 09/19/02 Time: 11:05		Model Hospital B Pathways Pre-List Report Summary for 09/18/02						Page : 4 Report: FBR284B	
----- Location PA -----				----- Location AR -----				--- Totals ---	
#Accts	Total Charges	Carrier Bal	Acct Balance	#Accts	Total Charges	Carrier Bal	Acct Balance	PA/AR	Acct Bal
Carr: 808									
Plan: 001 I & O WITH J TYPE									
O	3	435.60	435.60	421.78	0	0.00	0.00	0.00	435.60
Totals:	3	435.60	435.60	421.78	0	0.00	0.00	0.00	435.60
Plan: 002 I=J O=NON J									
O	1	71.94	56.94	66.94	0	0.00	0.00	0.00	66.94
Totals:	1	71.94	56.94	66.94	0	0.00	0.00	0.00	66.94
Carr: 808									
Totals:	4	507.54	492.54	488.72	0	0.00	0.00	0.00	502.54
Carr: 918									
Plan: 001									
E	0	0.00	0.00	0.00	1	405.82	405.82	405.82	405.82
Totals:	0	0.00	0.00	0.00	1	405.82	405.82	405.82	405.82
Carr: 918									
Totals:	0	0.00	0.00	0.00	1	405.82	405.82	405.82	405.82
Grand Totals [All Carriers]									
Totals:	4	507.54	492.54	488.72	1	405.82	405.82	405.82	908.36
End of Report									

Column Explanations

The report contains a header that includes the date and time the report is generated, your hospital's name, the report title, the page number, and the report name as used in the system.

ACCOUNT

This field contains the patient account number.

PATIENT NAME

This field contains the patient's name.

CAR/PLN

This field contains the insurance carrier/plan code.

FC

This field contains the patient's financial classification.

P/T

This field contains the patient's patient type.

The following fields are shown on the report for PA accounts only:

ADMIT DT

This field contains the date the patient was admitted.

DISCH DT

This field contains the date the patient was discharged.

HLD

This field contains a "Y" if the account is on hold for billing.

R

This field contains the reimbursement type that assigned to the primary insurance. Options are I (PCON by Bill) and J (PCON by Claim).

LOS

This field contains the number of days in the patient's length of stay period.

The following fields are shown on the report for AR accounts and for PCON by Claim accounts with contractual adjustments not returned:

SVC FROM

This field contains the date the patient began receiving services.

SVC THRU

This date contains the date through which the patient received services.

BS

This field contains the bill sequence number for the claim.

NOTE: In the PCON by Claim accounts with contractual adjustments not returned section, this field reflects the first bill sequence that has a Pathways Contract Management claim still waiting for the contractual adjustment.

CS

This field contains the claim sequence number for the claim.

NOTE: For the PCON by Claim - Contractual Adjustment not Returned, this column prints a plus sign (+) after the claim sequence associated with the bill sequence from the BS column. This indicator means that there are multiple claims for this account that are awaiting the contractual adjustment. In this instance, all the claims that are awaiting the contractual adjustment have the claim totals rolled up into the claim amount column.

ST

This field contains the claim work status. Claim statuses are as follows:

Rec not sent / Claim Work Sts F
Rec not sent / Claim Work Sts M
Rec not sent / Claim Work Sts R
Rec not sent / Claim Work Sts S
Rec not sent/EC2000
Pathways Contr Mgmt Rec-not returned
Pathways Contr Mgmt-no more resends

CLAIM AMOUNT

This field contains the dollar amount of the total charges for the patient's claim. Asterisks (*****) in this field indicate that the claim amount was not available.

LOS

This field contains the number of days in the patient's length of stay period.

LST CLAM AMT

This field contains the last claim amount sent.

The following fields are shown for both AR and PA accounts:

TOTAL CHARGES

This field contains the dollar amount of the total charges for the visit.

CARRIER BAL

This field contains the balance for the insurance carrier.

ACCOUNT BAL

This field contains the balance for the account.

The following field is shown for PA accounts only:

UNBILLED AMT

This field contains the unbilled amount on the patient's account.

Pathways Reimbursement Changes Audit Report - FBR285

Purpose

The Pathways Reimbursement Changes Audit Report reflects accounts that have had the reimbursement type modified from or to either reimbursement types of J-PCON by Claim or I-PCON by Bill.

This report provides an audit trail of the following:

- Insurance changes that resulted in the reimbursement type changing for the primary insurance from or to one of the two Pathways reimbursement types. The report reflects the current information in the Original columns and the changed information in the New columns.
- If the system is logging a Pathways Contract Management-type transaction history message to an account due to a user action on the account, this action is reflected on the report. In this instance, the report reflects the current information in the Original Columns, the New Columns are blank, and the transaction history message is displayed on the next line.
- Changes to the reimbursement type where either the original and/or the new reimbursement type are one of the two Pathways reimbursement types.
- Claims that had the re-try indicator re-set. The report includes the original claim information and the current claim information along with a comment that the re-try counter was reset.
- Deleted claims are reflected on the report.
- Additional accounts that provide an audit trail for the user to analyze claim/ insurance modifications that would impact Pathways Contract Management.

Frequency

The report is generated nightly during Midnight Processing.

Sorts

An account appears on this report if the reimbursement type on the primary insurance changed from or to I-PCON by Bill or J-PCON by Claim or if the primary insurance changed and the reimbursement type for the old or new primary insurance is I-PCON by Bill or J-PCON by Claim.

The following is an example of the Pathways Reimbursement Changes Audit Report.

Figure 1.10 FBR285 — Pathways Reimbursement Changes Audit Report

Date: 02/01/02		General Hospital						Page : 1		
Time: 8:23		Pathways Reimbursement Changes Audit Report for 01/31/02						Report: FBR285A		
Account #	Patient Name	Loc	ERA Var	Archived	Purged	Original Information		Current Information		
						Car/Pln	Reimb Type	Claims	Car/Pln	Reimb
A0131800001	DAVIS, C	1	No	No	No			808/002	J	Yes
	PCON claim Delayed. Waiting for claim 65 to be processed.									
	PCON claim Delayed. Waiting for claim 87 to be processed.									
A0131800003	MOORE, POLLY	1	No	No	No			808/001	J	Yes
	PCON claim Delayed. Waiting for claim 45 to be processed.									
A0134700006	DREW, ANGIE	1	No	No	No			808/003	J	Yes
	PCON claim Delayed. Waiting for claim 19 to be processed.									
A0134700007	SMITH, COLIN	1	No	No	No			808/004	J	Yes
	PCON claim Delayed. Waiting for claim 34 to be processed.									
A0134700009	BREW, AARON	1	No	No	No			808/001	J	Yes
	PCON claim Delayed. Waiting for claim 16 to be processed.									
	PCON claim Delayed. Waiting for claim 27 to be processed.									
A0134700011	BURGESS, MIKE	1	No	No	No			808/002	J	Yes
	PCON claim Delayed. Waiting for claim 36 to be processed.									
A0134700012	MARKS, STEVE	1	No	No	No			808/002	J	Yes
	PCON claim Delayed. Waiting for claim 37 to be processed.									

Field Explanations

The report contains a header that includes the date and time the report is generated, the hospital name, the report title, the page number, and the report name as used in the system.

ACCOUNT #

This column contains the patient's account number

PATIENT NAME

This column contains the patient's name.

LOC

This column contains the account's current location.

There are two column sections. The first section prints the original information for the account prior to the modifications being reported.

CAR/PLN

This column contains the original carrier/plan that was on the account prior to changing the information. This column could be blank if the account was self-pay and did not have a primary insurance assigned.

REIMB TYPE

This column contains the original Reimbursement type that was on the account prior to changing the information. This column could be blank if the account was self-pay and did not have a primary insurance assigned.

CLAIMS

This column contains either a Yes or a No to reflect if claims existed for the original primary insurance.

The second column section prints the insurance information at the time that the change was logged.

CAR/PLN

This column contains the new Carrier/Plan that was assigned to the account. This column could be blank if all insurance plans were removed and the account became self-pay.

REIMB TYPE

This column contains the new reimbursement type that was assigned to the account.

CLAIMS

This column prints either a Yes or a No to reflect if claims existed for the new primary insurance.

On the next line after the account information is printed, the report prints all of the messages that were logged for that day for this account.

Pathways Contract Management UB Denial Download Report- FBR286

Purpose

The Pathways Contract Management UB Denial Download Report includes all denial codes for an associated denial instance.

The report has a section for Initial Denial Instance and a section for Updated Denial Instance. If the denial is a new instance according to the Change Indicator field in the 06 record, the denial is included in the initial denial instance section of the FBR286. If the denial is an updated denial instance according to the 06 record, it is included on the updated denial instance section of the report. The Totals sections shows totals for Initial Denials and for Updated Denials.

Frequency

The report is generated nightly during Midnight Processing.

Sorts

An account appears on this report if one or more denials were entered for the account through Insurance Cash, Balance Transfer and Claim Disposition, 835 ERA, 835 Vendor, or Insurance Adjustment Posting.

The following is an example of the Pathways Contract Management UB Denial Download Report.

Figure 1.11 FBR286 — Pathways Contract Management UB Denial Download Report

Date: 07/20/07		Model Hospital A										Page : 1	
Time: 1:14		Pthwys Cont Mgmt UB Denial Download Rpt										Report: FBR286A	
Initial Denial Instances													
Name	Account#		CarPln		Ins Typ CS		Clm Bill Dt		Clm Mtch Dt		Clm #	Den Dt	Den Source
Den Amt	Payor	Den Reas	Grp	Clm Sts	Instance#	ICN #					HIC #		
Clm Adj Group	Adj	Rsns	Adj Amt		Priority	Root Cause	Den Type						
KANE,TESTC		0719200002	918100		C	1	07/11/07		07/11/07		1	07/19/07	X
200.00	400	04			1								
CO	18		200.00		1	1	O						
KANE,TESTD		0719200003	918100		C	1	07/11/07		07/11/07		1	07/19/07	P
75.00	400	04			1								
CO	18		30.00		1	1	O						
CO	18		10.00										
CO	35		35.00										
Date: 07/20/07		Model Hospital A										Page : 2	
Time: 1:14		Pthwys Cont Mgmt UB Denial Download Rpt										Report: FBR286A	
Updated Denial Instances													
Name	Account#		CarPln		Ins Typ CS		Clm Bill Dt		Clm Mtch Dt		Clm #	Den Dt	Den Source
Den Amt	Payor	Den Reas	Grp	Clm Sts	Instance#	ICN #					HIC #		
Clm Adj Group	Adj	Rsns	Adj Amt		Priority	Root Cause	Den Type						
Initial Denial Total Claims:		2											
Updated Denial Total Claims:													
Total Claims:		2											
End of Report													

Field Explanations

The report contains a header that includes the date and time the report is generated, the hospital name, the report title, the page number, and the report name as used in the system.

PATIENT NAME

This column contains the patient's name.

ACCOUNT #

This column contains the patient's account number

CAR/PLN

This column contains the insurance carrier and plan for the account.

INS TYP

This column contains the insurance type for the claim.

CS

This column contains the claim sequence number.

CLM BILL DT

This field contains the billing date.

CLM MTCH DT

This field contains the date the claim match was sent to Pathways Contract Management.

CLM #

This column contains the claim number.

DEN DT

This column contains the date the claim was denied.

DEN SOURCE

This column contains the source of the denial.

DEN AMT

This field contains the amount of the denial.

PAYOR

This column contains the payor code.

DEN REAS GRP

This column contains the code for the payor-specific denial tracking reason group.

CLM STS

This field contains the claim work status code and description. The claim status is either D (deleted), M (manually released), A (awaiting payment), F (failed), R (released), E (edit), H (hold), or S (suppressed).

INSTANCE#

This column contains the number of the denial instance.

HIC #

This field contains the subscriber ID number or the health insurance claim number.

CLM ADJ GROUP

This field contains the claim adjustment group code which is the general grouping of reasons for denials. The standard ANSI X12 835 codes are CO for Contractual Obligations, CR-Correction and Reversals, OA-Other Adjustments, PI-Payor Initiated Reductions, Pr-Patient Responsibility.

ADJ RSNS

This column contains the contractual adjustment reason codes.

ADJ AMT

This column contains the amount of the contractual adjustment.

PRIORITY ROOT CAUSE

This column contains a code and description for the root cause of a claim denial.

DEN TYPE

This field contains one of the following denial types: clinical, administrative, or other.

INITIAL DENIAL TOTAL CLAIMS

This column contains the total of initial denials.

UPDATED DENIAL TOTAL CLAIMS

This column contains the total of updated denials.

Pathways Contract Management UB Denial Upload Report- FBR287

Purpose

The Pathways Contract Management UB Denial Upload Report includes all denial codes for an associated denial instance.

The report has a section for Initial Denial Instance and a section for Updated Denial Instance. If the denial is a new instance according to the Change Indicator field in the 06 record, it is included in the initial denial instance section of the FBR286. If the denial is an updated denial instance according to the 06 record, it is included on the updated denial instance section of the report. The Totals sections shows totals for Initial Denials and for Updated Denials.

Frequency

The report is generated nightly during Midnight Processing.

Sorts

An account appears on this report if one or more denials were entered for the account through Insurance Cash, Balance Transfer and Claim Disposition, 835 ERA, 835 Vendor, or Insurance Adjustment Posting.

The following is an example of the Pathways Contract Management UB Denial Upload Report.

Figure 1.12 FBR287 — Pathways Contract Management UB Denial Upload Report

Date: 07/20/07		Model Hospital A							Page : 1		
Time: 7:59		Pthwys Cont Mgmt UB Denial Upload Rpt							Report: FBR287A		
Name	Account#	CarPln	Ins	Typ	CS	Clm Bill Dt	Clm Mtch Dt	Clm #	Den Dt	Den Amt	Clm Sts
	Star/PCON					Star/PCON	Star/PCON	Star/PCON		Star	
	Norm Rsn				Den Type	Prim Adj Group	Prim Adj Rsn		Adj Amt	Appeal	Due Date
Initial Denial Instance											
KESLER,TESTC	0719200002	918100	C		1	07/11/07	07/11/07	1	07/19/07	200.00	
	300/300	ELIGIB			O/O	CO/CO	18/18			200.00	09/17/07
KESLER,TESTD	0719200003	918100	C		1	07/11/07	07/11/07	1	07/19/07	75.00	
	300/300	ELIGIB			O/O	CO/CO	18/18			30.00	09/17/07
Claims Sent:											
Initial Claims Sent	:	2									
Updated Claims Sent	:	0									
Total Claims Sent	:	2									
Claims Received:											
Initial Claims Received:	:	2									
Updated Claims Received:	:	0									
Total Claims Received	:	2									
End of Report											

Field Explanations

The report contains a header that includes the date and time the report is generated, the hospital name, the report title, the page number, and the report name as used in the system.

PATIENT NAME

This column contains the patient's name.

ACCOUNT #

This column contains the patient's account number

CAR/PLN

This column contains the insurance carrier and plan for the account.

INS TYP

This column contains the insurance type for the claim.

CS

This column contains the claim sequence number.

CLM BILL DT

This field contains the billing date.

CLM MTCH DT

This field contains the date the claim match was sent to Pathways Contract Management.

CLM #

This column contains the claim number.

DEN DT

This column contains the date the claim was denied.

DEN SOURCE

This column contains the source of the denial.

DEN AMT

This field contains the amount of the denial.

PAYOR

This column contains the payor code.

DEN REAS GRP

This column contains the code for the payor-specific denial tracking reason group.

CLM STS

This field contains the claim work status code and description. The claim status is either D (deleted), M (manually released), A (awaiting payment), F (failed), R (released), E (edit), H (hold), or S (suppressed).

INSTANCE#

This column contains the number of the denial instance.

HIC #

This field contains the subscriber ID number or the health insurance claim number.

CLM ADJ GROUP

This field contains the claim adjustment group code which is the general grouping of reasons for denials. The standard ANSI X12 835 codes are CO for Contractual Obligations, CR-Correction and Reversals, OA-Other Adjustments, PI-Payor Initiated Reductions, Pr-Patient Responsibility.

ADJ RSNS

This column contains the contractual adjustment reason codes.

ADJ AMT

This column contains the amount of the contractual adjustment.

PRIORITY ROOT CAUSE

This column contains a code and description for the root cause of a claim denial.

DEN TYPE

This field contains one of the following denial types: clinical, administrative, or other.

INITIAL DENIAL TOTAL CLAIMS

This column contains the total of initial denials.

UPDATED DENIAL TOTAL CLAIMS

This column contains the total of updated denials.

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OVERVIEW

The Pathways Contract Management Pass-through Claims Interface provides the option for claims to be passed through, stored and reported on in Pathways Contract Management when the expected reimbursement is not calculated on Pathways Contract Management. For pass-through claims, the expected reimbursement is called pass-through reimbursement. A pass-through claim updates Pathways Contract Management with the pass-through reimbursement amount and the critical information used to determine the reimbursement amount, such as DRG or the primary APC if it is available. If there is not a pass-through reimbursement amount, the system sends a zero pass-through reimbursement amount. Pathways Contract Management can accept such claims with their pass-through reimbursement, and the system suppresses sending a claim return (29R) record back to STAR but sends back a return record for denials, the Denial Return record (06R).

In order for Denial Tracking to be complete, claims for which the expected reimbursement is not calculated on Pathways Contract Management must be sent to Pathways Contract Management as pass-through claims. The interface can apply to any type of claim for which a pre-determined reimbursement amount must be passed to Pathways Contract Management for storage and reporting, including Medicare claims and denied/appealed claims. For example, expected reimbursement calculations for STAR Patient Accounting patients occur from numerous sources and the Pass-through Claims to Pathways Contract Management Interface can be used to send any claims for which reimbursement is not calculated on Pathways Contract Management. The STAR Reimbursement sources are the Standard Interface to Pathways Contract Management (complex contract agreements), the Interface to 3M for OPPS (primarily Medicare Outpatients), the Grouper for DRG (primarily Medicare Inpatients) and STAR Reimbursement (simple contract agreements). Claims are available for the Pass-through Interface as follows:

- OPPS Reimbursement - Each claim is sent after claim release (includes cycles).
- DRG Reimbursement - Final/adjustment/late claim sent after claim release. Cycle claims are sent after claim release with an expected reimbursement of zero.
- STAR Reimbursement -Final/adjustment/late claim sent after claim release. Cycle claims are sent after claim release with an expected reimbursement of zero.

Only claims for the primary carrier (COB1) are sent to Pathways Contract Management and only UB and Medi-Cal UB claims are sent to Pathways Contract Management. The Unbilled file is not updated for pass-through claims. The Claim Driven Pathways Contract Management Interface must be activated for the Pass-through interface. The Claim Driven Pathways Contract Management Interface is automatically activated when you upgrade to release 8.0 on Pathways Contract Management. The Pass-through source file and activity file is sent using the UB Source File Format of Version 6 or higher. The Pass-through interface is available for UB Pathways Contract Management Release 8.0 or higher and STAR Patient Accounting release 8.0 or higher. Any claim sent to

Pathways Contract Management for pass-through processing automatically qualifies for denial/appeals processing if that occurs for the claim.

A separate UB Pass-through Activity file is sent to Pathways Contract Management to update Pathways Contract Management with payment and adjustment activity for the pass-through claims. For hospitals using Pathways Contract Management Denial Tracking, the UB Pass-through Activity file also includes denial and appeal information. The activity file is sent following the associated source file in Midnight Processing. A separate UB Pass-through Denial Return file is generated by Pathways Contract Management and sent to STAR Patient Accounting for hospitals using Denial Tracking. The Pass-through Denial Return file corresponds to the Denial information contained in the Pass-through Activity file. STAR Patient Accounting is unable to send a new Pass-through Activity file to Pathways Contract Management until it receives a Denial Return file from Pathways Contract Management for those hospitals using Denial Tracking.

In the Download UB Pass-through Source Files processor, users are able to manually download the UB pass-through source and activity files to Pathways Contract Management if they are not automatically downloaded during Midnight Processing.

In the Resend UB Pass-through PCON Transactions processor, users are able to select UB claims and activity on individual accounts to be re-sent to Pathways Contract Management.

In the UB Pass-through PCON Processing Status processor, users are able to view the status of the UB pass-through source, activity and denial return files as they are found in the UNIX directory that is shared with Pathways Contract Management.

BEFORE YOU BEGIN

Hardware and Software Requirements

For the STAR Patient Accounting system, you must be on Release 5.0 or higher of the STAR Financials Patient Accounting system.

For Pathways Contract Management, you must have a dedicated PC with access to the Network File Server (NFS) module on TCP/IP. The PC must be dedicated during the evening and during Midnight Processing so that it can receive and send files. The network software for TCP/IP must have NFS on the software.

The minimum disk space requirements for Pathways Contract Management depend on the following:

- Amount of disk space required for Pathways Contract Management needed to receive the source and activity files from STAR Patient Accounting and the return file that is sent to STAR Patient Accounting.
- Amount of disk space required by the networking software.

These two figures can be added together to get the minimum disk space requirements for the Pathways Contract Management PC.

FILE TRANSFER PROTOCOL

File Naming Conventions

Pathways Contract Management File Naming Conventions

Pathways Contract Management uses the following naming conventions for the interface files:

NOTE: STAR Patient Accounting must follow these conventions to ensure processing is correct.

1. The source file names must be unique. Dates are incorporated into the file name for uniqueness. The extension may be variable.
2. The Pass-through claims interface does not generate a return source file from Pathways Contract Management to STAR but it generates a denial return record.
3. Payment and adjustment activity file names have the same naming conventions as the source file with an extension of .lst.
4. Multiple source files are accepted.
5. The Pass-through Claim Header File is called INTFPASS.LST. Claims that are marked as pass-through claims are in source files listed in the INTFPASS.LST header file.
 - STAR looks to the header file (INTFPASS.LST) to see if Pathways Contract Management processed the pass-through claim file. If the file has been renamed to INTFPASS.OLD then it indicates to STAR that Pathways Contract Management processed the file and STAR Patient Accounting generates a new INTFPASS.LST. If the file has not been renamed to INTFPASS.OLD, STAR Patient Accounting does not generate any new source files for the existing INTFPASS.LST. STAR Patient Accounting does not generate a new source file if it expecting a Pass-through Denial Return Record from Pathways Contract Management. In Midnight Processing, STAR prepares pass-through claims that should go to Pathways Contract Management and the next time an INTFPASS.LST header file is generated, it includes these pass-through claims that have not yet been sent to Pathways Contract Management but have been identified as pass-through since the last time an INTFPASS.LST header file was created.
6. A separate UB Pass-through Activity file is sent to Pathways Contract Management to update the system with payment and adjustment activity for the pass-through claims. For hospitals using Pathways Contract Management Denial Tracking, the UB Pass-through Activity file also includes denial and appeal information. The activity file is sent following the associated source file in Midnight Processing.

TABLES SETUP

Perform the following steps on the STAR system to set up the Pathways Contract Management Pass-through Claims interface:

1. Payor Table Definitions Processor

Determine which reimbursement types for each reimbursement payor code that is identified as pass-through payor/reimbursement types on the Reimbursement Payor Table Definitions Processor. Go to the Pass-through field on the Reimbursement Payor Table Definition Processor for any reimbursement payor code and reimbursement type combination that you want to mark as pass-through and update the Pass-through field to Yes.

2. Insurance Carrier Plan Coverage, Reimbursement Processor

Determine which insurance carrier/plans should be designated as pass-through insurances. Next, access the insurance carrier/plans through Insurance Plan Coverage, Reimbursement Processor that should be pass-through insurances and verify that the Pass-through field displays Yes, indicating that the insurance is for pass-through. If the pass-through field does not display Yes, the reimbursement payor code/reimbursement type combination associated with the insurance must not be defined as pass-through. Access the Reimbursement Payor Table Definitions Processor and update the Pass-through field to Yes for the payor code/reimbursement type combination.

3. Pathways Contract Management Processor- from Reimbursement

Set the UB Pass-through Active field to Yes on the Pathways Contract Management Processor from the Reimbursement Master. The UB Source File Retention Days, UB Claim /Denial Return File Retention Days, Activity File Retention Days, and Account Detail Retention Days fields are also used by the Pass-through interface. Since these fields are used by both the standard and pass-through interfaces, they are already populated if you are using the existing standard interface to Pathways Contract Management.

Financial Table Setup

Payor Table Definition Code

This table is used to designate which reimbursement types for each payor are identified as pass-through payor/reimbursement types.

1. Select Tables from the Initial Menu Processor screen.
2. Select PA/AR Master File Maintenance from the Tables Processor screen.

3. Select Reimbursement Master from the PA/AR Master File Maintenance Processor screen.
4. Select Reimbursement Payor Table Definition. The system prompts you to enter a payor code. Enter the Payor Code for which you want to send pass-through claims to Pathways Contract Management.
5. Select the Reimbursement Type for which you want to send pass-through claims to Pathways Contract Management. The system displays the Reimbursement Payor Table Definitions screen.

```

General Hospital Payor Table Definition Processor
                                Tue Jun 10, 2003 10:11 am
Payor: GENERAL INSURANCE
Reimb. Type: OPPS
1 Effective Date Type  2 Edited By              3 Edit Date
  Service              Martin, Nancy           06/10/03 10:11
4 Pass-through        5 Table Definitions
  Yes
Table Effective Effective Post Reimb. Post Contr'l Edited By   Edit Time
#   From      Thru    > Charges  by Dept.
001 01/01/1998 01/01/2004  Yes      No      Martin, Nancy 06/10/03 10:11

FlPrev Page F3 Insert  F4 Delete  F6 Reset  F7 Exit

```

Field Explanations

1. EFFECTIVE DATE TYPE (1-A-R)

This field contains the effective date of the coverage. Entry options are **A** (admission) or **D** (discharge). The effective date type is used to select the proper table for a patient.

If you enter **A** (admission date effective), the patient admission date is used to ensure it falls in the date range for the table. If it does, the system uses that table; if it does not, the system checks to determine if there is another table for the payor and reimbursement type with the necessary effective dates.

If you enter **D** (discharge date effective), the patient discharge date or today's date (if the patient has not been discharged) is used to ensure it falls in the date range for the table.

This field is not used by the Pass-through interface to Pathways Contract Management.

2. EDITED BY (DISPLAY ONLY)

The field contains the name of the person who last edited this table entry.

3. EDIT DATE (DISPLAY ONLY)

The field contains the date and time this table was edited.

4. PASS-THROUGH (1-A-R)

This field indicates whether primary UB claims should be sent to Pathways Contract Management as pass-through claims. When this field is accessed, the following prompt is displayed:

Send pass-through UB claims to PCON (Y/N)?—[N]

Enter **Y** for Yes, send pass-through claims or **N** for No, do not send pass-through claims. A blank value is equal to No, do not send pass-through claims to Pathways Contract Management. The field defaults to No, do not send pass-through claims.

NOTE: An update to the Pass-through field does not automatically update existing accounts and claims. If the Payor Table Definitions Processor is updated, an account retains the pass-through value that is associated with it. To update an account and associated claims with the current pass-through value in the Payor Table Definitions processor, the insurance must be revised. For example, if the insurance was resequenced on an account, the pass-through value associated with the new primary insurance is associated with the account. To update claims to be pass-through claims, an adjustment bill must be requested for the account and new claims must be loaded. Claims that load for the primary insurance is marked as pass-through claims if the insurance for the account was marked as pass-through.

5. TABLE DEFINITION (22-AN-R)

This field contains the table number and effective dates of the plan.

You assign the table number. McKesson recommends putting the tables in numerical order starting with 001. If tables exist and you want to change them, select the desired table from those displayed.

After the table number is entered or selected, enter the effective from and through dates for the table. If more than one table is defined for a payor and particular reimbursement type, the effective date cannot overlap.

After the dates are entered, indicate whether a contractual adjustment should be set up for this payor if reimbursement exceeds covered charges. The default for this field is **Y** for Yes.

Multiple dates can be entered by using the INSERT key to add dates prior to the ones already existing in the table. After the dates are entered, indicate whether a contractual adjustment should be set up for this payor if reimbursement exceeds covered charges. The default for this field is Y for Yes.

The dates in this field are not used by the Pass-through Interface to Pathways Contract Management to determine if claims qualify for the interface.

Pathways Contract Management Option on the Reimbursement Master

Complete the Pathways Contract Management option on the Reimbursement Master.

1. Select Tables from the Initial Menu Process screen.
2. Select PA/AR Master File Maintenance from the Tables Processor screen.
3. Select Reimbursement Master from the PA/AR Master File Maintenance Processor screen. The following screen is displayed:

General Hospital Reimbursement Master Processor	
Sun Aug 22, 2004 11:34 am	
Reimbursement Master Input Options	
Option No.	Option
1	Payor Table Definition
2	DRG Rate Table Generation
3	DRG Rate Master
4	ICD-9 Diagnosis Codes
5	ICD-9 Procedure Codes
6	Medical Services
7	Specified DRG Codes
8	Major Diagnostic Category
9	ASC Payment Group
10	Overall Plan
11	Pathways Contract Management
12	OPPS Payment Classification
13	Alternate Level of Care
14	Claim Amount
15	Print Reimbursement Table

4. Select Pathways Contract Management. Select the appropriate facility. The following screen is displayed:

NOTE: This screen must be completed for each facility that is using Pathways Contract Management for reimbursement calculations.

```

General Hospital Pathways Contract Management Processor
                                Tue Jan 25, 2010 11:38 am

Pathways Contract Management Parameters for Model Hospital A
UB Standard and Pass-Through PCON Interface Parameters
1 UB Active?                      2 UB Pass-through Active?    3 Coins Options
   Yes                               Yes                          B
4 Contr Adj Approval Method      5 Exclude from Unbilled File
   System                          Yes
6 PCON Send-Cycle&Final          7 PCON Send-Adj&Late/CycA    8 PCON Send-Inst Adj/CycA
   Load                          Load                          Load
9 UB Source File Retention Days  10 UB Claim/Denial Return File Retention
   180                             180
11 Activity File Retention Days  12 Account Detail Retention Days
   180                             180
13 Default Reimbursement Type if PCON Cycle Account's Insurance Changes
   K - Keep same reimbursement
14 Suppress Standard Transc His Msg  15 Suppress Pass-through Transc His Msg
   ->
16 Edited By                      17 Edit Date
   New, Nancy                      10/07/05 17:39

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

```

NOTE: This screen is used for both the Standard and Pass-through Claims interfaces to Pathways Contract Management. The fields that are shared by both the Standard and the Pass-through Claims interfaces to Pathways Contract Management are: UB Source File Retention Days, UB Claim/Denial Return File Retention Days, Activity File Retention Days, and Account Detail Retention Days. The UB Pass-through Active field needs to be completed just for the Pass-through interface. For field explanations, refer to ["Pathways Contract Management Option on the Reimbursement Master"](#) on page 1-12.

MENU FLOWS

Pathways Contract Management Menu

When you select Interface Functions from the Financial Management menu, the system displays the following menus:

General Hospital Interface Functions Processor		
Interface Functions Input Options		
Tue Jul 13, 1999 02:50 pm		
	Option No.	Option
	1	TRENDSTAR Interfaces
	2	REPLICA Interface
TAPE PROCESS	3	Charge Summary
	4	Revenue Service Statistics
MAINTAIN	5	Electronic RA Interfaces
	6	Pathways Contr Mgmt Interface
	7	Computer Credit Inc. Interface
	8	EC 2000 CA Interface
IMPORT BALS	9	Import Titan GL Control Totals

Enter option number--

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

When you select Pathways Contr Mgmt Interface, the system displays the following screen:

```

Pathways Contr Mgmt Interface Input Options
                               Sun Feb 05, 2012 07:13 pm

Option No.  Option
-----
UB Parameters  1      UB Pathways Parameters
               2      Download Denial Tracking Reason Groups Table

Standard      3      Download UB Source Files
               4      Upload UB Return File
               5      UB Pathways Pre-List Report
               6      Resend UB PCON Transactions
               7      Delete Split Claim from PCON
               8      UB PCON Processing Status
               9      Mark PCON Standard Files Processed in Test Env

Pass-through  10      PCON Pass-through Interface Options

1500          11      PCON 1500 Interface Options

Enter option number--

```

Select Option 10,PCON Pass-through Interface Options, to display the applicable options. The following screen is displayed:

```

General Hospital PCON Pass-through Interface Options Processor
                               Sun Feb 05, 2012 07:20 pm
PCON Pass-through Interface Options Input Options

Option No.  Option
-----
Pass-through  1      Download UB Pass-through Source Files
               2      Complete Processing for UB Pass-through File
               3      Resend UB Pass-through PCON Transactions
               4      Delete Split Claim from PCON Pass-through
               5      UB Pass-through PCON Processing Status
               6      Mark PCON Pass-through Files Processed in Test Env

F10949 Options 7      Select Standard PCON Claims to Resend to PCON
               8      Process Selected Standard PCON Claims for Resend
               9      Select Passthrough PCON Claims to Resend to PCON
               10     Process Selected Passthrough PCON Clms for Resend

Enter option number--

```

Pathways Parameters

When you choose Pathways Parameters, the following screen is displayed:

NOTE: The following fields on the Pathways Parameters Processor are used by UB Pass-through Claims to Pathways Contract Management Interface: **UB Directory Path, UB Source File Format, and UB PCON Release**. The other fields on the screen are not used by the pass-through claims interface.

General Hospital UB Pathways Parameters Processor			
Fri Feb 03, 2012 12:56 pm			
1 UB Directory Path	2 Edited By	4 Edit Date	
hbo/tmp/id9/	Moon,Pat	01/18/12 04:22p	
3 Download Claims in MNP	5 Upload UB Return File in Downtime		
After Claim Load	Yes		
6 Delay PA Daily Bal Until?	7 Downtime Done Estimate	8 Den Return File Wait	
1:30am	1:36am	5	
9 Source File Fmt	10 Fmt7 Dt	11 Fmt8 Dt	12 UB PCON Release
Version 8	11/30/2006	09/25/2011	15.0 eff 06/19/2009
13 PCON8 Date	14 Schedule Start Date for File Fmt 8	15 Resend Attempts	
04/03/2004		1	
16 Seq	Process Description	Start Time	Completion Time
1	UB Source File Download	02/03 01:08:30	02/03 01:08:55
2	1500 Source File Download	02/03 01:08:30	02/03 01:08:32
3	Claim Load	02/03 01:07:50	02/03 01:07:52
4	Upload/Post UB Return File	02/03 01:06:27	02/03 01:30:34
5	Upload/Post 1500 Return File	02/03 01:06:27	02/03 02:00:40
6	Post 3M OPPS/EAPG Adj		
7	PA Daily Balancing	02/03 02:03:39	02/03 02:04:39
8	Down Time End	02/03 02:09:46	02/03 02:09:47

Field Explanations

1. UB DIRECTORY PATH (22-AN-R)

This field indicates the directory path that is to be used to contain the files that are sent by Pathways Contract Management for both the standard interface and the pass-through claims interface. Enter the directory name of hboc/payer/intf.

NOTE: If you are running the interface in a live environment, use the directory name hboc/payer/intf. You can run the interface in both a live environment and a test environment if the directory path in each environment is unique. If you are running the interface in a test environment, use the directory name hboc/payer/tpcm.

2. DOWNLOAD CLAIMS IN MNP (1-A-R)

This field determines when the claim file is to be downloaded to Pathways Contract Management during Midnight Processing. When this field is accessed, the following prompt is displayed:

Do you wish to download claims to PCON at the (B)eginning of MNP, After Claim (L)oad or After Claim (E)dit?-

If you enter **B** (Beginning), claims are downloaded to the Pathways Contract Management file at the beginning of Midnight Processing. If you enter **L** (After Claim Load), claims are downloaded to the Pathways Contract Management file after the Claim Load step completes.

in Midnight Processing. If you enter **E** (After Claim Edit), claims are downloaded to Pathways Contract Management after the Claim Edit and Release Failed Claims After Suspense step in Midnight Processing is completed.

When setting this parameter, consider how your PCON Send parameters are set on the Pathways Contract Management Screen in the Reimbursement Master. For example, if the PCON Send for Cycle/Final field is set to Load, and the Download Claims in MNP field is set to Beginning of MNP, you are not sending any claims that were loaded during that night's Midnight Processing. This is because the Midnight Processing step for claim load occurs after the Beginning of Patient Accounting. Claims that were loaded in the previous night's Midnight Processing would be downloaded in the claim file for Pathways Contract Management. The Download Claims in MNP field and the PCON Send parameters allow you to choose the best time for your system to send edited claims to Pathways Contract Management before PA daily balancing occurs in Midnight Processing.

3. UPLOAD UB RETURN FILE IN DOWNTIME (1-A-R)

This field indicates whether you want to attempt to upload the Pathways Contract Management UB Return file during midnight processing.

After you enter this option, the following prompt is displayed:

Try to upload UB Return File in Downtime batch (Y/N)?--

Enter **Yes** to indicate that you want the system to attempt to upload the Pathways Contract Management return file during Midnight Processing. This field is used to determine how long to wait for the return file before continuing with PA Daily Balancing in downtime batch.

Enter **No** to indicate that you do not want the system to attempt to upload the return file during the downtime portion of Midnight Processing. This field is not referenced, and Midnight Processing continues without waiting for the return file from Pathways Contract Management.

NOTE: A step at the end of Midnight Processing (during the uptime portion) makes a final attempt at automatically uploading the return file regardless of the value in this field.

4. DELAY PA DAILY BAL UNTIL? (4-N-C)

This field allows you to enter a delayed start time for PA Daily Balancing, the final step of downtime batch. The field can only be accessed if the Download Claims in MNP field is set to Yes; this field is required if the Download Claims in MNP field is set to Yes.

After you enter this option, the following prompt is displayed:

Try to upload return file before PA Daily Balancing until? - -

When a time is entered in this field, the system holds up Midnight Processing and attempts to upload the Pathways Contract Management UB return file until the specified time. If the specified time is reached and the return file is not available, then PA Daily Balancing begins and the system no longer attempts to upload the return file during downtime batch.

If the return file is received before the specified time, the system processes the return file and PA Daily Balancing begins without waiting for the specified time. To help you determine a reasonable Delay time, refer to Field 9 for a list of Start and Completion times for selected jobs in the previous Midnight Processing run.

5. DOWNTIME DONE ESTIMATE (DISPLAY ONLY)

After a time is accepted in the Upload UB Return File in Downtime field, the system calculates the new expected completion time for downtime batch and displays the results in this field. The Estimated Downtime Completion Time is determined from the Midnight Processing times from the previous Midnight Processing run and assumes that the system waits until the Delay Time in Field 6 to start PA Daily Balancing.

6. UB SOURCE FILE FORMAT (1-N-0)

This field defines the version number of the CMS UB source file format sent to the Pathways Contract Management system for both the standard and the pass-through claims interfaces. After you enter this option, the following prompt is displayed:

Enter new UB 92 source file format for Standard and Pass-through: Version (4) or Version (6)--

Enter **4** (Version 4), **6** (Version 6), or leave the field blank. This field is not required and there is no default. If you leave the field blank, the source file format is assumed to be *Version 4. If the version is **Version 6, the version number (060) is included in Record 01 of the source file.

NOTE: If using the claim-based interface and pass-through interface, this field must be set to Version 6 or higher.

After accepting the screen, the version number for the source file format is referenced during Midnight Processing to determine whether the claim source file and the unbilled source file are created according to the Version 4 or Version 6 specifications.

7. UB PCON RELEASE (3-N-R)

This field indicates the PCON release number. When this field is accessed, the following prompt is displayed:

Enter UB PCON release of 5.4, 6.0, 7.0, or 8.0--

If you select Release 8.0, the UB Source File Format field must be set to Version 6 or higher. If the UB Source File Format field is set to Version 4, you cannot select Version 8.0 for the UB PCON Release, and the following error message is displayed:

File version can't be 6.

Once the user selects 8.0, the system determines the effective date of the Pathways Contract Management 8.0 release as the current date plus one day. The system allows the current claims to be processed through Midnight Processing one more time before becoming claim-based. The system displays the effective date of the Pathways Contract Management 8.0 release as follows:

8.0 eff dt MM/DD/YY

You must also use Pathways Contract Management reimbursement type "J" in order to be claim-based. Carrier/plans with a reimbursement type of "I" continue to process as bill-based events.

8. DEN RETURN FILE WAIT (3-N-O)

The denial return file for the previous run must be processed before the next download can occur for the Standard UB PCON Interface. This field defines the number of minutes the batch program processing Standard UB Return Files from PCON waits for the denial return file. It looks for the return files at five minute intervals until the files are found or the time indicated for Den Return File Wait expires. The following prompt is displayed:

Enter the number of minutes (divisible by 5 and a maximum of 120) to wait for the denial return file [15]--

The keyed number must be divisible by 5. If it is not, then the following error message appears:

Minutes must be divisible by 5!

The minimum value for the field is 5 and the maximum value is 120.

If the files for denials are not found, the following message is displayed on the console:

IM No Denial Return File for MM/DD/YY (IDx)

The logic handling the batch upload of files for the Standard UB PCON Interface checks for the return files for denials at five minute intervals for the number of minutes indicated in the Den Return File Wait field. If the file is not found after a five minute wait and a background process is being used, the following message appears on the console:

IM Waiting 5 Min for PCON Standard Denial Return File (IDx)

If the file is not found and the number of minutes in Den Return File Wait passes, then the process stops and the following message appears on the console:

IM No Denial Return File for MM/DD/YY (IDx)

9. RESEND ATTEMPTS (1-N-R)

This field contains the number of times the system automatically attempts to re-send the file to Pathways Contract Management. Accounts are resent if the expected

reimbursement amount was not returned to STAR during the previous Midnight Processing run. The value in this field is used for both loaded and released claims. If you are queuing claims to send to Pathways Contract Management at the time of Load and at the time of Release, the count restarts for each event. When a loaded claim has been rejected by Pathways Contract Management and had subsequently been released on Star, the release claim starts to process if the PCON Send parameter is set to Both. There is no need to continue sending a claim for the load event.

10. EDITED BY (DISPLAY ONLY)

The field contains the name of the person who last edited this table entry.

11. EDIT DATE (DISPLAY ONLY)

The field contains the date and time this table was edited.

12. SEQ (DISPLAY ONLY)

This field displays the start and completion times for selected jobs from the previous night's Midnight Processing run. This information is provided to assist you in determining a reasonable delay time for PA Daily Balancing to start, which is entered in Field 6.

Download UB Pass-through Source Files

This option can be used if the download during Midnight Processing fails or is not done because a previous download was not confirmed. Unlike the standard interface, no partial files can be sent during the day.

To manually download the source file, select Download UB Pass-through Source Files from the Pathways Contract Management Interface Processor. If Midnight Processing has not completed, the following message is displayed:

MNP is in progress. Please try later!

The following screen is displayed:

```

General Hospital Download UB Pass-through Source Files Processor
                                Tue Jun 10, 2003 12:02 pm

UB UNIX Status Files                                Today's Julian Date is 03161

    UNIX Input Header Files          Exists?  Associated Files
    Claim File (intfpass.lst): Yes      _03202aP.src,_03203aP.src
    Old Claim File (intfpass.old): No
    Activity File (paypass.lst): Yes
    Old Activity File (paypass.old):Yes

    UNIX Output Header Files          Exists?  Associated Files
    Denial File (paypret.lst): Yes
    Old Denial File (paypret.old): Yes    _03198ap.den

                                Pass-through Files not Processed
    Date  Sent  Denl  DPrC
07/21/03  Yes   No    No
07/22/03  Yes   No    No
Press NL--

```

After you press **ENTER**, the following prompt is displayed:

Start Pass-through Download (Y/N) [Y]--

If you answer Yes, the following message is displayed:

Pass-through Download Process Started!

The UB Pass-through PCON Processing Status screen is then displayed, which shows the status of the Pathways Contract Management UNIX fields on your system. For information on this screen, see [“UB Pass-through PCON Processing Status” on page 2-25](#).

Complete Processing for UB Pass-through Source Files

This option is used to review the status of the Pathways Contract Management Pass-through interface. If Midnight Processing has not completed, the following message is displayed:

MNP is in progress. Please try later!

When this option is selected, the following screen is displayed:

```

General Hospital Complete Processing for UB Pass-through File Processor
                                Wed Jul 23, 2003 01:36 pm

UB UNIX Status Files                                Today's Julian Date is 03204

UNIX Input Header Files          Exists?  Associated Files

    Claim File (intfpass.lst): Yes      _03202aP.src,_03203aP.src
    Old Claim File (intfpass.old): No
    Activity File (paypass.lst): Yes
    Old Activity File (paypass.old):Yes

UNIX Output Header Files          Exists?  Associated Files
    Denial File (paypret.lst): Yes
    Old Denial File (paypret.old): Yes  _03198ap.den

                                Pass-through Files not Processed
    Date  Sent  Denl  DPrc
07/21/03  Yes   No   No
07/22/03  Yes   No   No
Press NL--

```

For field explanations, refer to “UB Pass-through PCON Processing Status” on page 2-25.

When you press **ENTER**, the following prompt is displayed:

Complete processing for previous pass-through interface download file? (Y/N) [Y]

If you respond with **Y** (Yes), the following prompt is displayed:

Processing Denial Return File

Upon completion, the following message is displayed:

Pass Through Completion Process Completed

Resend UB Pass-through PCON Transactions

The Resend UB Pass-through PCON Transactions processor is used to manually resend pass-through claims and activity. When resending activity for pass-through claims, the system checks for any payments, adjustments, denials and appeals for pass-through claims. Claims must have been sent through the regular pass-through process before using this function. This function allows you to resend to Pathways Contract Management claims that have already been sent by STAR at some time in the past and to resend them to Pathways Contract Management so that they can be processed. Since STAR Patient Accounting does not receive a return file from Pathways Contract Management, Patient Accounting does not know if it has been processed by Pathways Contract Management. You have the option of selecting by facility, selecting an account and resending claims or activity. Pathways Contract Management generates the Pathways Contract Management Batch Error Listing

Report that shows unprocessed accounts. These unprocessed accounts should be updated with account information and manually resent to Pathways Contract Management through this Resend UB Pass-through PCON Transactions processor. The system does not automatically resend accounts that are not processed by Pathways Contract Management.

When you select the option from the menu, then select a facility and an account, the following screen is displayed:

General Hospital Resend UB Pass-through PCON Transactions Processor						
Wed Mar 15, 2006 02:18 pm						
Account	Name	FC	Typ	Admit	Disch	Balance Loc
A03129-00002	MILLER, MARK	S2	I/P	05/09/03	05/09/03	506.75 AR/FCRV

Resend (C)laims or (A)ctivity--

The system edits the account to determine if it is a pass-through claim (one that is identified as a pass-through claim on the Reimbursement Payor Table Definitions Table). If the claim is not a pass-through claim, the system displays the following error message:

Pass-through is not Yes. Press NL.

If the account is a pass-through claim, the following prompt is displayed:

Resend (C)laims or (A)ctivity--

Enter **C** to resend claims or **A** to resend Activity. There is no default. For details on resending Claims, see [“Resending Claims” on page 2-22](#). For details on resending activity, see [“Resending Activity” on page 2-23](#).

Resending Claims

If you enter **C** at the Resend (C)laims or (A)ctivity prompt, the following screen is displayed:

General Hospital Pass-through PCON Transactions Processor							
Wed Mar 15, 2006 02:18 pm							
Account	Name	FC Typ	Admit	Disch	Balance	Loc	
A03134-00013	KANE, CAROLE	M	DIA	05/14/03	5386.10	PA/FCRV	

BS	CS	BT	Elg Dt	Que Dt	CA Posted Dt	CA Posted	First ERA Posted
159304			05/15/03	05/15/03			

F1Prev Page F2Next Page F7 Exit

Field Explanations

BS (DISPLAY ONLY)

This column displays the bill sequence that was loaded.

CS (DISPLAY ONLY)

This column displays the claim sequence loaded for the associated bill sequence.

BT (DISPLAY ONLY)

This column displays the bill type that was loaded for the associated bill sequence. Valid Options are **C** for Cycle, **F** for Final, **A** for Adjustment and **L** for Late.

ELG DT (DISPLAY ONLY)

This column displays the date that this claim was first eligible for passing to Pathways Contract Management. This can be the date when the claim was released, when claim information returned from EC2000, or when the claim was re-evaluated due to a change in insurance or reimbursement type.

QUE DT (DISPLAY ONLY)

This column displays the date that this claim was last queued to pass to Pathways Contract Management.

CA POSTED DT (DISPLAY ONLY)

This column displays the date that the Contractual Adjustment posted to the claim.

CA POSTED (DISPLAY ONLY)

This column displays the Contractual Adjustment that posted for the claim.

FIRST ERA POSTED (DISPLAY ONLY)

This column displays the amount of the ERA posted if one exists.

To resend the claims listed, press F7. The following messages are displayed:

Downloads have occurred for all claims. Press NL.

Claim 1 queued to Pass-through PCON UB Interface!

Resending Activity

If you enter **A** at the Resend (C)laims or (A)ctivity prompt, the following prompt is displayed:

Resend (P)ayments, (A)ddjustments, or (R)efunds

After you have selected the type of activity to re-send, the following screen is displayed. The screen layout is identical for all activity types, but the activity displayed is limited to the type that was selected. The type that has been selected appears on the screen as part of the header for the third column of information on the screen. All activity for the account appears if the activity should have been sent to Pathways Contract Management.

General Hospital Resend UB Pass-through PCON Transactions Processor							
				Wed Mar 15, 2006 02:18 pm			
Account	Name		FC Typ	Admit	Disch	Balance	Loc
A03129-00002	Kain, Thomas	A	S2	I/P 05/09/03	05/09/03	506.75	AR/FCRV
BS/CS		Post Date	Amount				
Page:01			Payment Activity		##=Current Choices		
(1)	1/1	05/12/03	-20.00				

Field Explanations

The screen header contains the current date, time, and ID. The next line of information is the standard account header that is displayed for the account entered on the prior

screen. The standard information displayed includes the account number, patient name, financial class, patient type, admit date, discharge date, current account balance, and account location/sub location.

BS/CS (DISPLAY ONLY)

This field contains the bill sequence and claim sequence for the activity.

POST DATE (DISPLAY ONLY)

This field contains the post date for the activity.

AMOUNT (DISPLAY ONLY)

This field contains the amount of the activity.

You can select one or more transactions from the list. If transactions are selected, the system displays the following prompt so you can confirm whether the transactions can be re-sent.

Do you want to resend the selected transactions? (Y/N) [N]-

If you enter **Y**, the selected transactions are queued to Pathways Contract Management, and you can select another type of activity. If activity is re-sent, and you do not select another activity type, other transactions cannot be selected until a subsequent day. If you enter **N**, the system redisplay the screen.

Delete Split Claim from PCON Pass-through

This function is used if a split claim should not be retained in Pathways Contract Management. The expected use of the function is when an adjustment bill loads and split claims from a previous bill are not needed due to changes in charges.

After selecting a facility and an account, the system displays account information in the following format:

```

General Hospital Delete Split Claim from PCON Pass-through Processor
                                Wed Mar 15, 2006 02:18 pm
Account      Name                FC Typ Admit   Disch      Balance Loc
SMITH, KATE
Page:01      PA, AR, BD Patient Accounts
Account      PT  Admit   Disch   FC   Account   Patient  Insurance Loc
( 1) A0314100001 ERQ 05/21/03 05/21/03 M    1603.79    876.50    727.29 AR
( 2) A0313400009 ERQ 05/14/03 05/14/03 S2   5176.10    5176.10     0.00 AR

Select account--

```

After selecting an account, the system displays all Pathways Contract Management pass-through claims for the account in the following format:

```

General Hospital Split Claim from PCON Pass-through Processor
                                Wed Mar 15, 2006 02:18 pm
Account      Name                FC Typ Admit   Disch      Balance Loc
A03134-00013 KIRK, PAUL          M DIA 05/14/03    5386.10 PA/FCRV
Clm Adj   Bill   Bill   Clm   Prd Wk  OPPS Clm
Seq Clm   From   Thru   Type  Sts Sts Sts  Dsp Carrier/Plan(*Shared)
Page:01      All PCON Pass-through Claims
( 1)  2    05/16/03 05/21/03 UB  P    R          100500,MEDICARE PASS-T
( 2)  1    05/14/03 05/15/03 UB  P    R          100500,MEDICARE PASS-T

Enter choice--

```

Select a split claim from the list and press **ENTER** to delete the claim.

UB Pass-through PCON Processing Status

This option provides a summary of the status for the Pathways Contract Management Pass-through interface. The top part of the screen facilitates viewing the status of the

Pathways Contract Management UNIX files on your system. The bottom of the screen (or the next page) lists files which are incomplete. After the source file has been downloaded an entry is generated on the PCON Files Not Processed section of the UB Pass-through PCON Processing Status screen. An entry on the PCON Files Not Processed section is removed when Pathways Contract Management processes the file for it is now complete, and the header file has been renamed INTFPASS.OLD. For hospitals that are using Denial Management, there is an additional file called the Denial Management Return file. When using Denial Management, the entry on the PCON Files Not Processed section of the UB Pass-through PCON Processing Status screen is removed after the Denial Management Return file is uploaded into STAR and the file is considered complete.

If there is more than one screen, the system displays the UB UNIX Status Files on page one and the PCON Files Not Processed on the second page. The UB Pass-through PCON Processing Status Processor only goes to two screens if there are more than two rows in the PCON Files Not Processed section.

The following screen is displayed:

```

General Hospital UB Pass-through PCON Processing Status Processor
                                Fri May 16, 2003 01:06 pm

UB UNIX Status Files                                Today's Julian Date is 03136

UNIX Input Header Files                Exists?  Associated Files

    Claim File (intfpass.lst): No
    Old Claim File (intfpass.old): Yes      _03136aP.src
    Activity File (paypass.lst): No
    Old Activity File (paypass.old):Yes      _03136aP.act

UNIX Output Header Files                Exists?  Associated Files
    Denial File (paypret.lst): Yes          _03136ap.den
    Old Denial File (paypret.old): No

                                Pass-through Files not Processed

    Date  Sent  Denl  DPrc
05/16/03  Yes  Yes   No

Press NL--

```

Field Explanations

UB PASS-THROUGH UNIX STATUS FILES (DISPLAY ONLY)

This label indicates that the screen is showing UB Pass-through UNIX status files. The current day's Julian Date is displayed next to the label, to assist in reviewing the Source and Activity files that display in the Associated Files column since they contain a Julian Date.

UNIX INPUT HEADER FILES (DISPLAY ONLY)

This column contains the type of input header file followed by the name of the file. The contents of intfpass.lst identifies the source files ready to be processed through Pathways Contract Management (or being processed currently through Pathways Contract

Management) and intfpass.old identifies the source files processed previously. Pathways Contract Management renames intfpass.lst to intfpass.old after processing it. If intfpass.lst does not exist, no files exist waiting to be downloaded. The contents of the paypass.lst identifies the activity files ready to be processed through Pathways Contract Management (or being processed currently through Pathways Contract Management) and paypass.old identifies the activity files processed previously. Pathways Contract Management renames paypass.lst to paypass.old after processing it. If paypass.lst does not exist, no activity files are waiting to be downloaded. Activity files are created during Midnight Processing.

EXISTS? (DISPLAY ONLY)

This column indicates whether or not the header file exists. A Y for Yes indicates that the header file exists and an N for No indicates that the header file doesn't exist.

ASSOCIATED FILES (DISPLAY ONLY)

This column contains the names of any associated files, if any exist. The associated files that display are either source or activity files. The source files correspond to either the Claim or Old Claim header files. The activity files correspond to either the Activity or Old Activity header files. If the Exists column contains a Yes, but there are no file names in the associated files column, then the header file was blank.

DATE (DISPLAY ONLY)

This column displays the date that a Pathways Contract Management Pass-through file was downloaded by STAR Patient Accounting to UNIX.

SENT (DISPLAY ONLY)

This field indicates if a file has been downloaded by STAR to UNIX. If a file has been downloaded to UNIX then it is ready to be processed by Pathways Contract Management. You can run the Pathways Contract Management Interface to process a file through Pathways Contract Management. When a batch has been processed by Pathways Contract Management, it completes the Pathways Contract Management file so it no longer displays on the PCON Files Not Processed section of the screen.

UPLOADED (DISPLAY ONLY)

This field indicates whether the UNIX Denial Return file was uploaded into STAR. A value of Yes indicates that the UNIX Denial Return file was uploaded into STAR. A value of No indicates that the UNIX Denial Return file was not uploaded into STAR. A return file can be uploaded into STAR automatically through Midnight Processing or manually through the Upload UB Pass-through Return File processor.

PROCESSING OF DATA THROUGH PASS-THROUGH INTERFACE

Activating the Pass-through Interface

To activate the pass-through interface, you need to set the UB Pass-through Active parameter to Yes on the Reimbursement Master, Pathways Contract Management Processor. Also, the Standard Pathways Contract Management Interface is a prerequisite for the Pass-through Interface. The Standard interface must be activated for the Pass-through interface. Any claim sent to Pathways Contract Management for pass-through processing automatically qualifies for denial/appeals processing if that occurs for the claim.

Selection of Pass-through Claims

Claims are selected for processing by Pathways Contract Management Pass-through Claims Interface based on the Reimbursement Payor Code and the Reimbursement Type in the Reimbursement Payor Table Definitions Processor.

- Claims are selected for payor/reimbursement type combinations which have been defined as Pass-through.

At the time the insurance is added to the account, the primary carrier is marked to send pass-through claims to Pathways Contract Management. This marking occurs as part of the admission/registration process, as part of the insurance revision process, and as a part of the patient type change process. For example, an outpatient account has an insurance that is associated with a pass-through reimbursement payor code and reimbursement type. If a patient type change occurred and now the account is an inpatient, the system would update the insurance with the parameters associated with an inpatient. The system would use the inpatient reimbursement payor code and reimbursement type to determine if the account should be marked as a pass-through account.

An update to the Pass-through field on the Payor Table Definitions processor table does not automatically update existing accounts and claims. If the Payor Table Definitions Processor is updated, an account retains the pass-through value that is associated with it. To update an account and associated claims with the current pass-through value in the Payor Table Definitions processor, the insurance must be revised. For example, if the insurance was resequenced on an account, the pass-through value associated with the new primary insurance is associated with the account. To update claims to be pass-through claims, an adjustment bill must be requested for the account and new claims must be loaded. Claims that load for the primary insurance is marked as pass-through claims if the insurance for the account was marked as pass-through.

Contents of Source File

The Pass-through source file contains the following information:

- Demographic, charge and claim information for new submissions to Pathways Contract Management
- Updated demographic, charge and claim information for re-sent submissions to Pathways Contract Management
- Deletion and replacement notices

The pass-through claims are sent to Pathways Contract Management after the claim is released. A complete set of records is sent to Pathways Contract Management in the same basic format as the UB source file, with a few exceptions to include the information normally calculated by Pathways Contract Management.

The source file is defined in the record format that is defined in Appendix A of this book. The record types that are in the source file include all of the records that are explained in Appendix A. The information that is sent is created as a workfile that can be downloaded as an ASCII file using TCP/IP Network File Server (NFS). Deletion and replacement notices are placed at the beginning of the source file. Charge records are in sequential order by service date.

STAR automatically generates replacement and deletion notifications in the pass-through claim source file for claim deletions and replacements caused by insurance revisions and adjustment bills. STAR assumes if it sent the pass-through claim, then it needs to generate a replace or delete notice when applicable for insurance revisions and adjustment bills. STAR Patient Accounting notifies Pathways Contract Management of deletion and replacement notices. Notification of the deletion and replacement notices is an additional Record Type 29 that is sent with the source file generated by claims processing. The Claim Delete/Replace field on Record Type 29 is used to identify a deletion (D) or replacement (R).

A separate UB Pass-through Activity file is sent to Pathways Contract Management to update the system with payment and adjustment activity for the pass-through claims. For hospitals using Pathways Contract Management Denial Tracking, the UB Pass-through Activity file also includes denial and appeal information. The activity file is sent following the associated source file in Midnight Processing.

Midnight Processing

Creation of Source File

The pass-through claims are sent to Pathways Contract Management after the claim is released. Claims are available for the Pass-through Interface as follows:

- OPPS Reimbursement – Each claim is sent after claim release (includes cycles)
- DRG Reimbursement – Final/adjustment/late claim sent after claim release. Cycle claims are sent after claim release with an expected reimbursement of zero.

- STAR Reimbursement – Final/adjustment/late claim sent after claim release. Cycle claims are sent after claim release with an expected reimbursement of zero.

Only claims for the primary carrier(COB1) are sent to Pathways Contract Management, and only UB and Medi-Cal UB claims are sent to Pathways Contract Management.

A complete set of records is sent to Pathways Contract Management in the same basic format as the UB source file, with a few exceptions to include the information normally calculated by Pathways Contract Management. The source files are created only in Midnight Processing. In order to minimize the impact to downtime Midnight Processing, pass-through claims are sent to Pathways Contract Management in a separate source file at the end of uptime batch during Midnight Processing. You cannot turn off the automatic process to generate source files for the interface. To inactivate the pass-through interface, you would need to update the UB Pass-through Active parameter with a value of No on the Reimbursement Master, Pathways Contract Management Processor. The process to download the source file can be an automatic or manual process. The process to download the source file is not split by facility but files are downloaded for separate facilities. STAR Patient Accounting sends separate source files for each facility. The Pathways Contract Management Pass-through Download report (FBR580) is created when the claim source file is generated in Midnight Processing. Pass-through claims does not generate a return source file from Pathways Contract Management to STAR, but the interface generates a denial return record. The Pass-through Claim Header File is called INTFPASS.LST. Claims that are marked as pass-through claims are in source files listed in the INTFPASS.LST header file. STAR looks to the header file (INTFPASS.LST) to see if Pathways Contract Management processed the pass-through claim file. If the file has been renamed to INTFPASS.OLD then it indicates to STAR that Pathways Contract Management processed the file and STAR Patient Accounting generates a new INTFPASS.LST. If the file has not been renamed to INTFPASS.OLD then STAR does not generate any new source files for the existing INTFPASS.LST. Also, STAR does not generate a new source file, if it is expecting a Pass-through Denial Return Record from Pathways Contract Management. In Midnight Processing, STAR prepares pass-through claims that should go to Pathways Contract Management, and the next time an INTFPASS.LST header file is generated, it includes these pass-through claims that have not yet been sent to Pathways Contract Management but have been identified as pass-through since the last time an INTFPASS.LST header file was created.

Download of Source File

The source files created can be downloaded during Midnight Processing or during normal processing. The process to download the source file can be an automatic or manual process. The process to download the source file is not split by facility but files are downloaded for separate facilities. STAR PA sends separate source files for each facility.

Automatic Process to Download the Source File

The source file created by the STAR Patient Accounting system can be automatically downloaded during Midnight Processing. This is an automatic process if the source file is present and the communication link is established.

Manual Process to Download Pathways Contract Management File

If for any reason the source file is not downloaded automatically during Midnight Processing, the source file can be manually downloaded. This process can be used during Midnight Processing or during normal processing.

To manually download the source file, perform the following steps:

1. Select Interface Functions from the Financial Management menu. Select Pathways Contr Mgmt Interface from the Interface Functions screen. Select Download UB Pass-through Source Files from the Pathways Contract Management Interface Processor screen.

The Download UB Pass-through Source Files function allows claims to be downloaded into a file and sent to Pathways Contract Management during the day in addition to being sent in Midnight Processing. This allows claims to be released during the day due to STAR edits and EC2000 backfeed claims to be sent to Pathways Contract Management and processed before Midnight Processing.

NOTE: Although claims can be sent during the day, the claims still must have been loaded from a bill produced during Midnight Processing. Claims created by Add a Claim to Insurance are not incorporated.

After you select the function, the Download UB Pass-through Source Files Processor screen is displayed. This screen assists you in determining if a source file is available to download. For information on this screen, refer to “[Download UB Pass-through Source Files](#)” on page 2-18. If a file exists, the system does not allow you to process a new file until the previous file has finished processing or is removed by the user from UNIX. The following message is displayed:

intfpass.lst exists indicating PCON processing may be incomplete or underway. No download can be done until previous process completes. Press NL.

If a previous file does not exist, the following prompt is displayed:

Start Pass-through Download (Y/N) [Y]--

If you enter **N** at the prompt, the system displays the Pathways Contract Management Interface Processor. If you enter **Y** at the prompt, the following message is displayed:

Pass-through Download Process Started

The system checks for source files on the STAR Financials Patient Accounting system to be downloaded. If no files exist that need to be downloaded, the following message is displayed:

Previous Pathways Source File Already Downloaded

If there are no previous files to download, the system displays the following prompt:

Do you want to process claims for your facility which qualified today? (Y/N)

If you enter **N** at the prompt, the system returns to the Pathways Contract Management Interface Input Options menu. If you enter **Y** at the prompt, the system displays the Facility Screen as follows:

```

                                General Hospital Download UB Source Files Processor
                                Tue Jun 10, 2003 03:57 pm
Page:01                      Facilities with Last Hour Run for Today  ##=Current Choices
( 1) Hospital A              0
( 2) Hospital B             13

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

This screen displays the facilities prompt for facility selection. Only those facilities that are active for Pathways Contract Management and those that you are allowed to access according the CRT Names table, are displayed. The screen displays the last hour that the interface ran for the day, in military time. For example: a value of 13 is 1:00 p.m. The hour column is blank if the interface has not run for the day. You can elect to download all facilities or selected facilities at one time.

The following message is displayed after you make your selection:

Collecting of claim information for PCON download started!

If qualifying claims are found, the download is confirmed with the following message:

PCON claim file has been downloaded!

If no qualifying claims are found, the following message is displayed:

No claims qualified for PCON download!

The Pathways Contract Management claim queue is created by the hour. During the day, the system uses the last hour processed to determine if claims exist in the claim queue. For example, claims qualify for downloading if they are in the claim queue following the last hour processed and not in the current hour. If you last processed at 11 a.m. and now it is 2:00 p.m., you could process claims that were queued after 11 a.m. and before 12:00 p.m. Claims queued after 12:00 p.m. can be downloaded after 1:00 p.m.

A file cannot be downloaded if there is an outstanding Pathways Contract Management batch that needs to be posted. The system displays the following message:

Existing PCON file batches must be posted first

Incomplete batches display on the UB Interface Status Processor under the PCON Files Not Processed section. The adjustment batch number and associated facility display under the CA Batch # column.

After a download completes, an entry is generated on the PCON Interface Status screen reflecting that the Pathways Contract Management file has been sent by STAR to UNIX. This indicates that the file is ready to be processed by Pathways Contract Management. At this point, you can run the PCON Interface to process a file through Pathways Contract Management.

The Pathways Contract Management Download report (FBR280) is generated after a Pathways Contract Management file is downloaded to UNIX. If multiple downloads occur during the day, there are multiple Pathways Contract Management Download reports.

If there is a source file to be downloaded, STAR Patient Accounting sends the source file to Pathways Contract Management. Each file is checked by the system for a successful or unsuccessful download.

If the source file was successfully downloaded, the following message is displayed:

Successful completion - Files for MM/DD/YY

After successful completion of downloading the source file, the file is marked as processed on the STAR Patient Accounting system so that it cannot be downloaded again. Files that are downloaded follow the naming conventions that are explained in the STAR Patient Accounting File Naming Conventions section of this book.

NOTE: After the source file is downloaded, Pathways Contract Management processes the reimbursements on their system.

If the source file was not successfully downloaded because the prior day denial return file has not been processed, or if STAR Financials Patient Accounting has sent a source file and has received a denial return file from Pathways Contract Management but the data has not been posted, the following message is displayed:

Must Post Return File for MM/DD/YY before download

If the source file is not transmitted correctly, the following message is displayed:

Unable to open hboc\payer\intf\file name

The file name indicates the name of the file that was not transmitted.

If STAR Patient Accounting has sent a source file and Pathways Contract Management has not sent a denial return file to match the source file, the following message is displayed:

Pathways Source Files Already Downloaded

If STAR Patient Accounting has sent a source file and Pathways Contract Management is downloading the denial return file, the following message is displayed:

Attempting to Download Return Files for MM/DD/YY

If no more files are present, the message *Processing Complete* is displayed on your screen and you are returned to the Pathways Contr Mgmt Interface Processor screen.

Transmission of Payment and Adjustment Activity to Pathways Contract Management

Selection of Entries

STAR Patient Accounting transmits accounting activities for primary carrier/plans to Pathways Contract Management. The accounting activities that are sent include payments, adjustments, refunds, and claim dispositions. STAR Patient Accounting compiles an index of payment and adjustment activities. The resulting activity file is automatically transmitted to Pathways Contract Management during Midnight Processing.

Transmission of Payment and Adjustment Activity

The transmission of payment and adjustment activity can be an automatic or manual procedure.

Automatic Processing of Payment and Adjustment Activity File

The activity file is automatically transmitted if the file is successfully created during Midnight Processing and the communication link is established.

Manual Processing of Payment and Adjustment Activity File

If for any reason the source file is not downloaded during Midnight Processing, the activity file is downloaded when the source file is manually downloaded.

Results of Processing the Payment and Adjustment Activities

The results of processing the payment and adjustment activities to Pathways Contract Management include:

- STAR Patient Accounting prints the payment and adjustment activities on the Pathways Contract Management Activity report (FBR281). Refer to the Reports section in this book for a description of this report.
- Pathways Contract Management receives payment and activity data and updates their accumulators.

PURGING CLAIMS

If a claim is deleted that is attached to a primary insurance, and the claim has been accepted by Pathways Contract Management, STAR Patient Accounting sends delete notices to Pathways Contract Management for all subsequent claims that have been passed and reverses the associated Contractual Adjustment unless an ERA Contractual Adjustment has been posted using the variance method. The system then re-sends all of the claims starting with the first claim not sent to Pathways Contract Management. If activity needs to be re-sent (for example, payments, adjustments, refunds, or balance transfers), the Resend PCON Transactions function should be used after the claim has been accepted by Pathways Contract Management. The system posts a Transaction History message to the account for all Pathways Contract Management claims that have been deleted. These are noted on the Pathways Reimbursement Audit Report (FBR285). For more information on purging claims, refer to the *Billing and Claims Volume* of the *STAR Patient Accounting Reference Guide*.

REPORTS

Pathways Contract Management UB Pass-through Download Report - FBR580

Purpose

This report, which includes all pass-through UB claims sent to Pathways Contract Management for cycle, final, adjusted, and late billed accounts, is divided into two sections. The first section provides the claims sent. The second section provides all deletion and replacement notices. The report is split by facility. Totals are provided within each section of the report. Totals are provided for the total number of deletion and replacement notices. A summary of these totals is provided at the end of the report.

Frequency

The report is generated nightly during Midnight Processing.

Sorts

The system sorts this report by biller and then alphabetically by patient name.

The following is an example of the Pathways Contract Management UB Pass-through Download Report.

Figure 2.1 FBR580 — Pathways Contract Management UB Pass-through Download Report

Date: 01/19/05		Model Hospital A									
Time: 11:47		Pthwys Cont Mgmt UB Pass-through Download Rpt									
		Claims Sent									
		Biller: 98-NANCY L WEISSMANN									
Name	Acct #	Car/Pln	BS/CS	BT	RT	Clm Num	Admit Dt	Cvrd Chgs	Reim Basis Typ	Reimb Basis Va	
KING, MARK	0501700003	926001	2/	3	A H	1	01/17/05	260.00	O	6	
Totals:	# Accts	1						260.00			
* In BT column indicates claim was deleted and added in the same day and # in BT column indicates same claim resent.											

Figure 2.2 FBR580 — Pathways Contract Management UB Pass-through Download Report (Summary of Activity)

Date: 01/19/05		Model Hospital A		P	
Time: 11:47		Pthwys Cont Mgmt UB Pass-through Download Rpt		Rep	
Summary of Activity for 01/19/05					
	No of Claims	Covered Chrgs	Ext Reim Amt		
Deletion/Replacement Notices:	0	0.00	0.00		
Entries Sent:	1	260.00	63.11		
End of Report					

Field Explanations

BILLER

This field contains the biller code and description or name of the biller.

NAME

This field contains the patient name.

ACCT #

This field contains the patient account number.

CAR/PLN

This field contains the insurance carrier/plan code.

BS/CS

This field contains the bill sequence and claim sequence number for the claim.

BT

This field identifies the type of bill. Valid bill types are F-Final, L-Late, C-Cycle, A-Adjustment, and Z-Cycle Adjustment.

RT

This field contains the reimbursement type code that is assigned to the account. Valid types are

- A - ASC Payment Group
- C - Major Diagnostic Category
- D - ICD-9 Diagnosis Code
- G - DRG
- H - OPPTS
- M - Medical Service
- N - Nova Scotia OOP
- O - Overall Plan
- P - ICD-9 Procedure Code
- S - Specified DRG Codes

CLM NUM

This field contains the pass-through claim identifier.

ADMIT DT

This field contains the admission date.

CVRD CHARGES

This field identifies the covered charges for the claim.

REIM BASIS TYP

This field contains the reimbursement types sent in the Pathways Contract Management 29 record. The valid values are:

- D for DRG
- O for OPPS for APC
- G for APG
- N for Other

REIMB BASIS VAL

This field contains the primary APC code if the Reimb Basis Type field contains an O for OPPS and the DRG value if the Reim Basis Type field contains a D for DRG. Otherwise, the field is blank. The system uses the PCON 20-01 record, field 16, to obtain the DRG value.

EXT REIM AMT

This field contains the expected reimbursement amount for an account. For OPPS accounts, this field contains the total claim payment from the 3M OPPS Interface screen. The total claim payment amount is calculated by the 3M OPPS interface. The Ext Reim Amt is sent in the Pathways Contract Management record 29 in the External Reim Amt field.

Summary of Activity for MM/DD/YY

This section of the report provides a summary of totals for a particular date.

ENTRIES CREATED

This field contains the total number of claims included in the source file.

Totals for Entries Created

TOTALS: NO OF CLAIMS

This field contains the total number of claims.

TOTALS: COVERED CHARGES

This field contains the total of the covered charges.

TOTALS: PT REIMBURSEMENT AMT

This field contains the total of the original reimbursements.

DELETION/REPLACEMENT NOTICES

This field contains the total number of deletion and replacement notices reported in the detail section of this report.

Totals for Deletion and Replacement Notices**TOTALS: NO OF CLAIMS**

This field contains the total number of claims.

TOTALS: COVERED CHARGES

This field contains the total of the covered charges.

TOTALS: PT REIMBURSEMENT AMT

This field contains the total of the original reimbursements.

ENTRIES BYPASSED

This field contains the total number of claims bypassed in the source file.

Totals for Entries Bypassed**TOTALS: NO OF CLAIMS**

This field contains the total number of claims.

TOTALS: COVERED CHARGES

This field contains the total of the covered charges.

TOTALS: PT REIMBURSEMENT AMT

This field contains the total of the original reimbursements.

Pathways Contract Management UB Pass-through Changes Audit Report - FBR585

Purpose

The Pathways Contract Management UB Pass-through Changes Audit Report reflects accounts that have had their pass-through indicator modified. This report provides an audit trail of insurance changes that resulted in the pass-through indicator changing for the primary insurance from or to a pass-through claim. The report reflects the current information

in the Original columns and the changed information in the New columns. The report also includes claims that had to be manually resent and deleted claims.

Frequency

The report is generated nightly during Midnight Processing.

The following is a sample of the Pathways Contract Management UB Pass-through Activity Report.

Figure 2.3 FBR585 — Pathways Contract Management UB Pass-through Activity Report

Date: 02/01/02		General Hospital								Rep	
Time: 8:23		Pathways Reimbursement Changes Audit Report for 01/31/02									
Account #		Patient Name	Loc	ERA Var	Archived	Purged	Original Information		Current		
Type	Claims						Car/Pln	Reimb Type	Claims	Car	
A0131800001		DAVIS, C	1	No	No	No			808/002		
		PCON claim Delayed. Waiting for claim 65 to be processed.									
		PCON claim Delayed. Waiting for claim 87 to be processed.									
A0131800003		MOORE,POLLY	1	No	No	No			808/001		
		PCON claim Delayed. Waiting for claim 45 to be processed.									
A0134700006		DREW, ANGIE	1	No	No	No			808/003		
		PCON claim Delayed. Waiting for claim 19 to be processed.									
A0134700007		SMITH, COLIN	1	No	No	No			808/004		
		PCON claim Delayed. Waiting for claim 34 to be processed.									
A0134700009		BREW, AARON	1	No	No	No			808/001		
		PCON claim Delayed. Waiting for claim 16 to be processed.									
		PCON claim Delayed. Waiting for claim 27 to be processed.									
A0134700011		BURGESS, MIKE	1	No	No	No			808/002		
		PCON claim Delayed. Waiting for claim 36 to be processed.									
A0134700012		MARKS, STEVE	1	No	No	No			808/002		
		PCON claim Delayed. Waiting for claim 37 to be processed.									

Field Explanations

ACCOUNT #

This column contains the patient's account number

PATIENT NAME

This column contains the patient's name.

LOC

This column contains the account's current location.

There are two column sections. The first section prints the original information for the account prior to the modifications being reported.

CAR/PLN

This column contains the original carrier/plan that was on the account prior to changing the information. This column could be blank if the account was self-pay and did not have a primary insurance assigned.

REIMB TYPE

This column contains the original Reimbursement type that was on the account prior to changing the information. This column could be blank if the account was self-pay and did not have a primary insurance assigned.

CLAIMS

This column contains either Yes or a No to reflect if claims existed for the original primary insurance.

The second column section prints the insurance information at the time that the change was logged.

PASS-THROUGH

This column contains either a Yes or a No to reflect if the account was marked as pass-through.

CAR/PLN

This column contains the new Carrier/Plan that was assigned to the account. This column could be blank if all insurance plans were removed and the account became self-pay.

REIMB TYPE

This column contains the new reimbursement type that was assigned to the account.

CLAIMS

This column prints either a Yes or a No to reflect if claims existed for the new primary insurance. On the next line after the account information is printed, the report prints all of the messages that were logged for that day for this account.

PASS-THROUGH

This column contains either a Yes or a No to reflect if the account was marked as pass-through.

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BEFORE YOU BEGIN

Hardware and Software Requirements

For the STAR Patient Accounting system, you must be on Release 9.0 or higher of the STAR Financials Patient Accounting system.

For Pathways Contract Management, you must have a dedicated PC with access to the Network File Server (NFS) module on TCP/IP. The PC must be dedicated during the evening and during Midnight Processing so that it can receive and send files. The network software for TCP/IP must have NFS on the software.

The minimum disk space requirements for Pathways Contract Management depend on the following:

- Amount of disk space required for Pathways Contract Management needed to receive the source and activity files from STAR Patient Accounting and the return file that is sent to STAR Patient Accounting.
- Amount of disk space required by the networking software.

These two figures can be added together to get the minimum disk space requirements for the Pathways Contract Management PC.

FILE TRANSFER PROTOCOL

File Naming Conventions

Pathways Contract Management File Naming Conventions

Pathways Contract Management uses the following naming conventions for the interface files:

NOTE: STAR Patient Accounting must follow these conventions to ensure processing is correct.

1. The source file names must be unique. Dates are incorporated into the file name for uniqueness. The extension may be variable.
2. The return file names have the same naming conventions as the source file with an extension of .ret.
3. Payment and adjustment activity file names have the same naming conventions as the source file with an extension of .act.
4. Multiple source files are accepted. A return file is created for each source file processed.
5. An input header file, intfsrc.lst, which contains the source file names that are sent to Pathways Contract Management for processing is created and transferred by STAR Patient Accounting. The file must be ASCII text with one record formatted as *file1.ext,file2.ext,file3.ext,....* This file must be the last file transferred. This file serves two purposes: First, it allows Pathways Contract Management to process multiple files by supplying the file names to the interface processor. Second, the file acts as a trigger to Pathways Contract Management until all input files have been transferred.
6. An input header file, paysrc.lst, which contains the activity file names that are sent to Pathways Contract Management for processing is created and transferred by STAR Patient Accounting. The file must be ASCII text with one record formatted as *file1.ext,file2.ext,file3.ext,....* This file must be the last file transferred. This file serves two purposes: First, it allows Pathways Contract Management to process multiple files by supplying the file names to the interface processor. Second, the file acts as a trigger to Pathways Contract Management until all input files have been transferred.
7. An output header file, intfret.lst, is created by Pathways Contract Management. This file contains the names of the output files that Pathways Contract Management has created. This file is in ASCII text with one record formatted as *file1.RET,file2.RET,....* This file is the last file created and serves as a trigger to STAR, HealthQuest, and the automatic upload that Pathways Contract

Management has completed processing all input files. Output files are available for upload if the output header file exists.

STAR Patient Accounting File Naming Conventions

STAR Patient Accounting uses the following naming conventions:

The **source file** name is _yyjjjfs.src, where:

_	=	the process indicator.
yy	=	the year.
jjj	=	the Julian processing day.
f	=	the facility indicator.
s	=	a sequence number that can be incremented to ensure uniqueness.
.src	=	the extension of the source file which is constant.

An example of this naming convention is _01031a1.src. This file is the first source file generated for the processing day 01/31/01 for facility A.

The **return file** is created as the result of Pathways Contract Management processing the source file. The return file name is the same as the source file with a constant extension of .ret. An example of the return file that Pathways Contract Management returns is _01031a1.ret.

NOTE: If all entries are not returned by Pathways Contract Management, Pathways Contract Management creates a return file that is empty. The empty return file is sent to STAR Patient Accounting.

The **activity file** name is _yyjjjfs.act, where:

_	=	the process indicator.
yy	=	the year.
jjj	=	the Julian processing day.
f	=	the facility indicator.
s	=	a sequence number that can be incremented to ensure uniqueness.
.act	=	the extension for the activity file which is constant.

An example of this naming convention is _01031a1.act. This file is the first activity file generated for the processing day 01/31/01 for facility A.

TABLES SETUP

Perform the following steps on the STAR Patient Accounting system to set up the Pathways Contract Management interface:

1. Add the reimbursement type B (PCON 1500) to the Payor Table. If the reimbursement type is B (PCON 1500), the Effective Date Type field defaults to A for Admission and the Pass-through field is blank.
2. Complete the Pathways Contract Management option on the Reimbursement Master.
3. Add reimbursement to the Insurance Plan Coverage.
4. Assign reimbursement to a patient. Refer to Chapter 1: Admissions in the *Patient Processing (Financials) Module* in the *STAR Patient Care Reference Guide* for a description of this procedure.
5. Assign or modify an insurance plan. Refer to Chapter 2: Account Revision in the *Account Inquiry and Revision Volume* in the *STAR Financials Patient Accounting Reference Guide* for a description of this procedure.

Financial Table Setup

Payor Table Definition Code

Add the reimbursement type B (PCON 1500) to the Payor Table Definition on the Reimbursement Master.

1. Select Tables from the Initial Menu Processor screen.
2. Select PA/AR Master File Maintenance from the Tables Processor screen.
3. Select Reimbursement Master from the PA/AR Master File Maintenance Processor screen.
4. Select Payor Table Definition. The system prompts you to enter a payor code. The Pathways Contract Management payor code entered here must be in the Reimbursement Payor table in order for this function to be valid. You can enter the code or a hyphen (-) to display a list of valid codes.

You are next prompted to enter the payor table definition code. Enter **B** for **PCON 1500**. After the payor type definition code is entered, the following screen is displayed:

```

                                General Hospital Payor Table Definition Processor
                                Mon Mar 15, 2004 11:35 am
Payor: Pathways Contract Management
Reimb. Type: PCON 1500
 1 Effective Date Type  2 Edited By          3 Edit Date
   Admission           Moon,Pat             10/30/04 12:14pm
 4 Pass-through        5 Table Definitions

Table Effective Effective Post Reimb. Post Contr'l Edited By   Edit Time
#   From      Thru      > Charges   by Dept.

F1Prev Page F3 Insert  F4 Delete  F6 Reset  F7 Exit

```

Field Explanations

1. EFFECTIVE DATE TYPE (1-A-R)

This field contains the effective date of the coverage. Entry options are **A** (admission) or **D** (discharge). The effective date type is used to select the proper table for a patient.

If you enter **A** (admission date effective), the patient admission date is used to ensure it falls in the date range for the table. If it does, the system uses that table; if it does not, the system checks to determine if there is another table for the payor and reimbursement type with the necessary effective dates. This field must be set to A for PCON 1500 claims.

2. EDITED BY (DISPLAY ONLY)

The field contains the name of the person who last edited this table entry.

3. EDIT DATE (DISPLAY ONLY)

The field contains the date and time this table was edited.

4. PASS-THROUGH (DISPLAY ONLY)

This field indicates whether primary UB claims should be sent to Pathways Contract Management as pass-through claims. This field is not used with PCON 1500 claims.

5. TABLE DEFINITION (22-AN-R)

This field contains the table number and effective dates of the plan.

You assign the table number. McKesson recommends putting the tables in numerical order starting with 001. If tables exist and you want to change them, select the desired table from those displayed.

After the table number is entered or selected, enter the effective from and through dates for the table. If more than one table is defined for a payor and particular reimbursement type, the effective date cannot overlap.

NOTE: The Post Reimb.>Charges and Post Contr'l by Dept. fields are not applicable to the PCON 1500 interface.

Pathways Contract Management Option on the Reimbursement Master

Complete the Pathways Contract Management option on the Reimbursement Master.

1. Select Tables from the Initial Menu Process screen.
2. Select PA/AR Master File Maintenance from the Tables Processor screen.
3. Select Reimbursement Master from the PA/AR Master File Maintenance Processor screen. The following screen is displayed:

General Hospital Reimbursement Master Processor		Mon Mar 15, 2004 11:50 am
Reimbursement Master Input Options		
Option No.	Option	
1	Payor Table Definition	
2	DRG Rate Table Generation	
3	DRG Rate Master	
4	ICD-9 Diagnosis Codes	
5	ICD-9 Procedure Codes	
6	Medical Services	
7	Specified DRG Codes	
8	Major Diagnostic Category	
9	ASC Payment Group	
10	Overall Plan	
11	Pathways Contract Management	
12	OPPS Payment Classification	
13	Alternate Level of Care	
14	Claim Amount	
15	Print Reimbursement Table	
Enter option number--		

4. Select Pathways Contract Management. Select the appropriate facility. The following prompt is displayed:

This screen must be completed for each facility that is using Pathways Contract Management for reimbursement calculations.

Select (U)B92 Interface Screen or 1500 (B) Interface Screen [U]--

You can enter **B** for the 1500 Interface Screen. The following screen is displayed:

```

General Hospital Pathways Contract Management Processor
                                Fri May 18, 2006 11:54 am

Pathways Contract Management Parameters for Model Hospital A
      CMS 1500 PCON Interface Parameters
1 1500 Active                2 Contr Adj Approval Method      3 Include Co-Pay
   Yes                      System                             No
4 PCON Send-Cycle&Final    5 PCON Send-Adj&Late/CycA        6 PCON Send-Inst Adj/CycA Bill
   Load                   Load/Load                        Load/Load
7 1500 Source File Retention Days    8 1500 Claim Return File Retention
   3                                4
9 Activity File Retention Days        10 Account Detail Retention Days
   5                                6
11 Suppress Transc His Msg
->
12 Edited By                  13 Edit Date
   Moon,Pat                  07/28/05 07:33a

```

Field Explanations

1. 1500 ACTIVE? (1-A-R)

This field indicates whether the Pathways Contract Management system is to be used to determine the expected reimbursement for the insurance carrier. Enter **Y** for Yes to indicate that the interface to the Pathways Contract Management system is active. Enter **N** for No to indicate that the interface to the Pathways Contract Management system is not active. This field is referenced by Midnight Processing to determine if the Pathways Contract Management interface jobs are to be executed for this facility. This field is also referenced during the insurance cash batch, adjustment batch, insurance refund, and claim disposition processes to determine if the results of these activities are to be sent to Pathways Contract Management.

2. CONTR ADJ APPROVAL METHOD (1-A-R)

This field indicates method used to approve the contractual adjustment batch that is automatically created when the Pathways Contract Management 1500 return file is uploaded. After you enter this option, the following prompt is displayed:

Enter contractual adjustment batch approval method: by (S)ystem or (U)ser --

If the contractual adjustment batch is to be automatically approved and posted during the same Midnight Processing run, enter **S** for system.

If the contractual adjustment batch must be approved by a user, enter **U** for user.

NOTE: Midnight Processing automatically uploads the Pathways 1500 return file at the end of uptime batch if it was not loaded during downtime batch. If this field is set to S(ystem), the batch is automatically posted, as well, which updates

the patient accounts with the contractual adjustment generated by Pathways Contract Management. The adjustment posted during uptime is reported on the Adjustment Posting Detail Report (FAR210), in the following Midnight Processing run.

3. INCLUDE CO-PAY (1-A-O)

This field indicates whether the coinsurance amount included in the payment transaction sent to Pathways Contract Management is the sum of the coinsurance and the co-payment. When this field is accessed, the following prompt is displayed:

Include Co-Pay with the coinsurance amt in payments sent to PCON? (Y/N) [N]--

If you enter **N** (No) or leave the field blank, only the coinsurance amount is included in the payment transaction sent to Pathways Contract Management. If you enter **Y** (Yes), the coinsurance amount sent to Pathways Contract Management includes the coinsurance and co-payment.

4. PCON SEND-CYCLE&FINAL (1-A-O)

This field indicates whether cycle adjustment and final claims, with a reimbursement method of Pathways Contract Management, should be queued to be sent to Pathways Contract Management at the time of claim load or at claim release. When this field is accessed, the following prompt is displayed:

Enter PCON Send option of (L)oad or (R)elease for Cycle/Final 1500 claims [L]--

You can enter **L** for Load or **R** for Release. If you enter **L** (Load), claims are queued to be sent to Pathways Contract Management at the time they are loaded. If you enter **R** (Release), claims are queued to be sent to Pathways Contract Management at the time they are released on STAR Patient Accounting.

5. PCON SEND-ADJ&LATE/CYCA (1-A-R)

This field indicates whether adjustment, late, and cycle claims, with a reimbursement method of Pathways, should be queued to be sent to Pathways Contract Management at the time of claim load or at claim release. When this field is accessed, the following prompt is displayed:

Enter PCON Send option of (L)oad or (R)elease for Adj & Late 1500 claims [L]-

You can enter **L** for Load or **R** for Release. If you enter **L** (Load), claims are queued to be sent to Pathways Contract Management at the time they are loaded. If you enter **R** (Release), claims are queued to be sent to Pathways Contract Management at the time they are released on STAR Patient Accounting.

The next prompt allows you to indicate whether cycle adjustment claims with a reimbursement method of Pathways Contract Management should be queued to be sent to Pathways Contract Management at the time of claim load or at claim release:

Enter PCON Send option of (L)oad or (R)elease for Cycle Adj 1500 claims [L]-

You can enter **L** for Load or **R** for Release. If you enter L (Load), claims are queued to be sent to Pathways Contract Management at the time they are loaded. If you enter R (Release), claims are queued to be sent to Pathways Contract Management at the time they are released on STAR Patient Accounting.

6. PCON SEND-INST ADJ/CYCA BILL (1-A-R)

This field indicates whether adjustment claims and cycle adjustment claims, with a reimbursement method of Pathways Contract Management, should be queued to be sent to Pathways Contract Management at the time of claim load or at claim release. When this field is accessed, the following prompt is displayed:

Enter PCON Send option of (L)oad or (R)elease for 1500 Adj claims generated through Instant Adjustment Bill [L]--

You can enter **L** for Load or **R** for Release. If you enter L (Load), claims are queued to be sent to Pathways Contract Management at the time they are loaded. If you enter R (Release), claims are queued to be sent to Pathways Contract Management at the time they are released on STAR Patient Accounting.

The next prompt allows you to indicate whether cycle adjustment claims with a reimbursement method of Pathways Contract Management should be queued to be sent to Pathways Contract Management at the time of claim load or at claim release:

Enter PCON Send option of (L)oad or (R)elease for 1500 Cycle Adj claims generated through Instant Adjustment Bill [L]--

You can enter **L** for Load or **R** for Release. If you enter L (Load), claims are queued to be sent to Pathways Contract Management at the time they are loaded. If you enter R (Release), claims are queued to be sent to Pathways Contract Management at the time they are released on STAR Patient Accounting.

7. 1500 SOURCE FILE RETENTION DAYS (3-N-R)

This field indicates the number of days the source file is held on the STAR Financials Patient Accounting system prior to purging. After you enter this option, the following prompt is displayed:

Enter new number of days to retain the 1500 source files--

You can enter up to three digits for the number of days that the source file is to be held on the STAR Financials Patient Accounting system prior to purging the file.

8. 1500 CLAIM RETURN FILE RETENTION (3-N-R)

This field indicates the number of days the claim return files are held on the STAR Patient Accounting system prior to purging. After you enter this option, the following prompt is displayed:

Enter number of days to retain the claim return file--

You can enter up to three digits for the number of days that the return file is to be held on the STAR Patient Accounting system prior to purging the file.

9. ACTIVITY FILE RETENTION DAYS (3-N-R)

This field indicates the number of days the activity file is held on the STAR Patient Accounting system prior to purging. After you enter this option, the following prompt is displayed:

Enter new number of days to retain the activity files--

You can enter up to three digits for the number of days that the activity file is to be held on the STAR Financials Patient Accounting system prior to purging the file.

10. ACCOUNT DETAIL RETENTION DAYS (3-N-R)

This field indicates the number of days that the detail for an account is retained in the STAR Patient Accounting system prior to purging. After you enter this option, the following prompt is displayed:

Enter number of days to retain Pathways detail account information for 1500 claims--

Enter up to three digits for the number of days that the detail activity information is to be held on the STAR Patient Accounting system prior to purging the file.

11. SUPPRESS TRANSC HIS MSG (1-A-R)

A message is posted in transaction history when PCON 1500 claims are downloaded, uploaded or both downloaded and uploaded. When this field is accessed, the following prompt is displayed:

Suppress PCON 1500 transaction history messages for the (D)ownload, (U)pload, or (B)oth--

Valid values for this field are **D** for Download, **U** for Upload, or **B** for Both.

12. EDITED BY (DISPLAY ONLY)

The field contains the name of the person who last edited this table entry.

13. EDIT DATE (DISPLAY ONLY)

The field contains the date and time this table was edited.

Insurance Plan Reimbursement

Add the reimbursement information for each facility to the Insurance Plan Coverage.

1. Select Tables from the Initial Menu Processor screen.
2. Select PA/AR Master File Maintenance from the Tables Processor screen.

3. Select Insurance Plan Coverage from the PA/AR Master File Maintenance Processor screen. Select a carrier code or a hyphen (-) for a table lookup of carrier codes. Enter a plan code or a hyphen (-) for a table lookup of plan codes. Enter **C** for current insurance or the effective date. Enter **Y** or **N** to the prompt for copying coverage information from another plan.
4. Select Facility Options from the Insurance Plan Coverage Processor screen. The system prompts you to select the facility.
5. Select Reimbursement. The following screen, which is shown on page 1 of 3 (page 1 is inpatients, page 2 is outpatients, and page 3 is patient type exceptions), is displayed:

General Hospital Reimbursement Processor	
Inpatients	Page 1 of 3 Fri May 16, 2004 09:09 am
Carrier:COLUMBIA HEALTH	Facility :ALL
Plan :COLUMBIA HEALTH	Effective:CURRENT
Patient type: Inpatients	
1. Post. Cont. Adj. at Bill Yes	2. Reimbursement Master Payor CM-Pathways Contract Management
3. Reimbursement Type I-PCON by Bill	4. Contractual Adj. Transaction Code A0001-I/P MEDICARE PART A ALLOWANCE
5. Reimbursement Type	6. Contractual Adj. Transaction Code
7. Reimbursement Type	8. Contractual Adj. Transaction Code
9. Reimbursement Type	10. Contractual Adj. Transaction Code
11 OPPS Cont. Adj.	12. Pass-through
13. Edit by Marsh, Nancy	14. Effective date 05/16/4 01:24pm
Enter field number or '/' starting field number-- next screen(/) or previous screen(/P) [/]	

Field Explanations

1. POST CONT. ADJ. AT BILL (1-A-R)

This field indicates whether contractual adjustments should be posted when the bill is produced. Entry options are **Y** for Yes or **N** for No; the default is N.

2. REIMBURSEMENT MASTER PAYOR (2-A-R)

This field contains the code identifying the reimbursement payor for this insurance plan. You can enter the code or a hyphen (-) to display a list of valid codes from the Reimbursement Payor table. This table contains the payors who have special reimbursement arrangements with the hospital. For the Pathways Contract Management system to be activated for this carrier/plan, select the reimbursement payor code designated for this interface.

3. REIMBURSEMENT TYPE (TABLE LOOKUP-R)

This field contains the basis on which this plan reimburses the hospital. When you access this field, the system displays the reimbursement types defined for the payor. For the Pathways Contract Management system to calculate the reimbursement amount for 1500 claims, this field must be set to B (PCON 1500).

NOTE: If the reimbursement type is B, the remaining fields on the screen cannot be accessed. If the reimbursement type is changed to B from another type, the remaining fields are blanked if they contain information.

4. CONTRACTUAL ADJ. TRANSACTION CODE (4-N-R)

This field contains the transaction code associated with the reimbursement type entered in the Reimbursement Type field. This code is used to update the account's transaction history and the General Ledger when an adjustment is made on the account. You can enter the code or a hyphen (-) to display a list of valid transaction codes under transaction type A. This field is required if the Reimbursement Type field is completed.

FIELDS 5 - 10

These fields are for additional Reimbursement Types and Contractual Adj. Transaction Codes.

11. OPPS CONT. ADJ. (1-A-R)

This field indicates whether a contractual adjustment should be posted per claim for the primary insurance plan at the time the 3M interface returns an expected reimbursement on the claim. Entry options are Y for Yes or N for No.

12. PASS-THROUGH (DISPLAY ONLY)

This field indicates if primary UB claims should be sent to Pathways Contract Management as pass-through claims. This field is not used for 1500 claims.

MENU FLOWS

Pathways Contract Management Menu

When you select Interface Functions from the Financial Management menu, the system displays the following menus:

```

General Hospital Interface Functions Processor
                                     Wed Mar 17, 2004 10:54 am
Interface Functions Input Options

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

TAPE PROCESS  3      Charge Summary
              4      Revenue Service Statistics

MAINTAIN      5      Electronic RA Interfaces
              6      Pathways Contr Mgmt Interface
              7      3M OPPS Reimbursement Interface
              8      Computer Credit Inc. Interface
              9      EC 2000 CA Interface
             10      Pathways Decision Support Interface
             11      HCP Account Management

IMPORT BALS  12      Import Titan GL Control Totals

Enter option number--

```

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

When you select Pathways Contr Mgmt Interface, the system displays the following screen:

General Hospital Pathways Contr Mgmt Interface Processor		
Sun Feb 05, 2012 07:26 pm		
Pathways Contr Mgmt Interface Input Options		
	Option No.	Option

UB Parameters	1	UB Pathways Parameters
	2	Download Denial Tracking Reason Groups Table
Standard	3	Download UB Source Files
	4	Upload UB Return File
	5	UB Pathways Pre-List Report
	6	Resend UB PCON Transactions
	7	Delete Split Claim from PCON
	8	UB PCON Processing Status
	9	Mark PCON Standard Files Processed in Test Env
Pass-through	10	PCON Pass-through Interface Options
1500	11	PCON 1500 Interface Options

Enter option number--

For the options under Pass-through Claims, refer to “[Chapter 2 - USING THE PASS-THROUGH INTERFACE.](#)” For the options under the standard interface, refer to “[Chapter 2 - USING THE PASS-THROUGH INTERFACE.](#)” The options used by the PCON 1500 interface are explained in this chapter.

After you select the PCON 1500 Interface Options, the following screen is displayed:

PCON 1500 Interface Options Processor

```

General Hospital PCON 1500 Interface Options Processor
Wed Mar 17, 2004 11:22 am
PCON 1500 Interface Options Input Options

Option No.  Option
-----
1500 Parameters 1      1500 Pathways Parameters

1500          2      Download 1500 Source Files
              3      Upload 1500 Return File
              4      Resend 1500 PCON Transactions
              5      Delete Unreplaced Claim from PCON
              6      1500 PCON Processing Status
              7      PCON 1500 Reimbursement Information
              8      Update Insurance Plans for PCON 1500
              9      Update PA Accounts for PCON 1500
             10      PCON 1500 Source of Pay
             11      Electronic Claim System Physician ID for 24K

Enter option number--

```

Each of the options is explained in detail on the following pages.

1500 Pathways Parameters

When you choose 1500 Pathways Parameters, the following screen is displayed:

```

General Hospital 1500 Pathways Parameters Processor
Mon May 30, 2011 07:31 pm

1 1500 Directory Path      2 Edited By      3 Edit Date
hbo/tmp/id9/              New, Nancy      03/15/11 07:02p
4 Download 1500 Claims in MNP      5 Upload 1500 Return File in Downtime
After Claim Load              Yes
6 Delay PA Daily Bal Until?      7 Estimated Downtime Completion Time
2:00am                        2:12am
8 Current PCON 1500 Format and Date      9 Resend Attempts
Format 2 eff dt 03/16/11      5
10 Pending PCON 1500 Format      11 Effective Date for Pending Format

12 Seq  Process Description      Start Time      Completion Time
1      UB Source File Download      05/30 01:11:54      05/30 01:12:01
2      1500 Source File Download      05/30 01:11:54      05/30 01:12:02
3      Claim Load      05/30 01:11:17      05/30 01:11:19
4      Upload/Post UB Return File      05/30 01:09:16      05/30 01:30:24
5      Upload/Post 1500 Return File      05/30 01:09:16      05/30 02:00:29
6      Post 3M OPPS/EAPG Adj
7      PA Daily Balancing      05/30 02:03:26      05/30 02:04:26
8      Down Time End      05/30 02:16:16      05/30 02:16:16
Enter field number or '/' starting field number--

```

Field Explanations

1. DIRECTORY PATH (22-AN-R)

This field indicates the directory path that is to be used to contain the files that are sent by Pathways Contract Management for the 1500 PCON interface.

NOTE: If you are running the interface in a live environment, use the directory name hboc/payer/intf. You can run the interface in both a live environment and a test environment if the directory path in each environment is unique. If you are running the interface in a test environment, use the directory name hboc/payer/tpcm.

2. EDITED BY (DISPLAY ONLY)

The field contains the name of the person who last edited this table entry.

3. EDIT DATE (DISPLAY ONLY)

The field contains the date and time this table was edited.

4. DOWNLOAD 1500 CLAIMS IN MNP (1-A-R)

This field determines when the claim file is to be downloaded to Pathways Contract Management during Midnight Processing. When this field is accessed, the following prompt is displayed:

Do you wish to download claims to PCON 1500 at the (B)eginning of MNP, After Claim (L)oad or After Claim (E)dit?-

If you enter **B** (Beginning), claims are downloaded to the Pathways Contract Management file at the beginning of Midnight Processing. If you enter **L** (After Claim Load), claims are downloaded to the Pathways Contract Management file after the Claim Load step completes in Midnight Processing. If you enter **E** (After Claim Edit), claims are downloaded to Pathways Contract Management after the Claim Edit and Release Failed Claims After Suspense step in Midnight Processing is completed.

When setting this parameter, consider how your PCON Send parameters are set on the Pathways Contract Management Screen in the Reimbursement Master. For example, if the PCON Send for Cycle/Final field is set to Load, and the Download Claims in MNP field is set to Beginning of MNP, you are not sending any claims that were loaded during that night's Midnight Processing. This is because the Midnight Processing step for claim load occurs after the Beginning of MNP. Claims that were loaded in the previous night's Midnight Processing would be downloaded in the claim file for Pathways Contract Management. The Download Claims in MNP field and the PCON Send parameters allow you to choose the best time for your system and to achieve the proper balance between sending edited claims to Pathways Contract Management and processing the Pathways Contract Management return file before PA daily balancing occurs in Midnight Processing.

5. UPLOAD 1500 RETURN FILE IN DOWNTIME (1-A-R)

This field indicates whether you want to attempt to upload the Pathways Contract Management PCON 1500 Return file during midnight processing.

After you enter this option, the following prompt is displayed:

Try to upload PCON 1500 Return File in Downtime batch (Y/N)?--

Enter **Yes** to indicate that you want the system to attempt to upload the Pathways Contract Management return file during Midnight Processing. The Delay PA Daily Bal Until field is used to determine how long to wait for the return file before continuing with PA Daily Balancing in downtime batch.

Enter **No** to indicate that you do not want the system to attempt to upload the return file during the downtime portion of Midnight Processing. The Delay PA Daily Bal Until field is referenced, and Midnight Processing continues without waiting for the return file from Pathways Contract Management.

NOTE: A step at the end of Midnight Processing (during the uptime portion) makes a final attempt at automatically uploading the return file regardless of the value in this field.

6. DELAY PA DAILY BAL UNTIL? (4-N-C)

This field allows you to enter a delayed start time for PA Daily Balancing, the final step of downtime batch. The field can be accessed only if the Upload 1500 Return File in Downtime is set to Yes. This field is required if the Upload 1500 Return File is set to Yes.

After you enter this option, the following prompt is displayed:

Try to upload PCON 1500 return file before PA Daily Balancing until? - -

When a time is entered in this field, the system holds up Midnight Processing and attempts to upload the Pathways Contract Management 1500 return file until the specified time. If the specified time is reached and the return file is not available, PA Daily Balancing begins, and the system no longer attempts to upload the return file during downtime batch.

If the return file is received before the specified time, the system processes the return file and PA Daily Balancing begins without waiting for the specified time. To help you determine a reasonable Delay time, refer to the Process Description field for a list of Start and Completion times for selected jobs in the previous Midnight Processing run.

7. ESTIMATED DOWNTIME COMPLETION TIME (DISPLAY ONLY)

After a time is accepted in the Delay Pa Daily Bal Until? field, the system calculates the new expected completion time for downtime batch and displays the results in this field. The Estimated Downtime Completion Time is determined from the Midnight Processing times from the previous Midnight Processing run and assumes that the

system waits until the Delay Time in the Delay Pa Daily Bal Until? field to start PA Daily Balancing.

8. CURRENT PCON 1500 FORMAT AND DATE (DISPLAY ONLY)

This field displays the version of the PCON 1500 Interface currently being used and the effective date.

9. RESEND ATTEMPTS (1-N-R)

This field contains the number of times the system automatically attempts to re-send the file to Pathways Contract Management. Accounts are resent if the expected reimbursement amount was not returned to STAR during the previous Midnight Processing run. The value in this field is used for loaded and released claims. If you are queuing claims to send to Pathways Contract Management at the time of Load and at the time of Release, the count restarts for each event. When a loaded claim has been rejected by Pathways Contract Management and had subsequently been released on STAR, the release claim starts to process if the PCON Send parameter is set to Both. There is no need to continue sending a claim for the load event.

10. PENDING PCON 1500 FORMAT (TABLE LOOKUP-R)

Release 16.0 for Pathways Contract Management CMS 1500 provides a new file format (Version 2) which is required for ICD10 codes. Release 16.0 continues to support the existing file format until the new file format is selected in STAR.

This field is used to indicate the next PCON 1500 format to be used. When the field is accessed, a table look-up of available formats is supplied. Only formats following the format in the Current PCON 1500 Format and Date field are displayed.

If you wish to start using file format 2 for Release 16.0 or a subsequent release for the PCON 1500 Interface, make sure the correct release of software is installed for PCON 1500 and select the new entry for the file format.

If an entry is selected, a future date must be indicated in the Effective Date for Pending Release field.

11. EFFECTIVE DATE FOR PENDING RELEASE (6-N-O)

Release 16.0 for Pathways Contract Management CMS 1500 provides a new file format (Version 2) which is required for ICD10 codes. Release 16.0 will continue to support the existing file format until the new file format is selected in STAR.

This field is used to indicate the date on which the record formats for format 2 of the PCON 1500 interface must be used. The prompt for this field is as follows:

Enter future Effective Date for Pending PCON 1500 Format--

The keyed date must follow the current date. If the Effective Date for Pending Format equals or precedes the current date, the date cannot be updated.

12. SEQ (DISPLAY ONLY)

This field displays the start and completion times for selected jobs from the previous night's Midnight Processing run. This information is provided to assist you in determining a reasonable delay time for PA Daily Balancing to start, which is entered in the Delay PA Daily Bal Until? field.

Update Insurance Plans for PCON 1500

The Update Insurance Plans for PCON 1500 screen can be used to update the reimbursement type from blank to B for multiple insurance plans for inpatient or outpatient accounts. After the processor is selected from the PCON 1500 Interface Options menu and a facility is selected if necessary, the following prompt is displayed:

Select 1500 (B) or Non Pro Fee 1500 (Z) plans-

Entry options are **B** for 1500 claim type or **Z** for Non Pro Fee 1500 claim type. After you select a claim type, the following prompt is displayed:

Select plans for (I)npatients or (O)utpatients-

Enter **I** for Inpatients or **O** for Outpatients. Given the criteria of claim type and patient indicator, the following screen is displayed, which contains insurance plans with no reimbursement type.

```

                                General Hospital Update Insurance Plans for PCON 1500 Processor
                                Thu Mar 18, 2004 09:48 am

Patient type: Inpatients

Page:01                                Inpatient 1500 Plans                                ###=Current Choices
( 1) 100200-100200 MEDICARE PROFESSIONAL COMPONENT
( 2) 100999-100999 NEWBERRY 1500 PLAN
( 3) 200200-200200 MEDICAID 1500 PRO FEES
( 4) 222200-222200 NY MEDICAID 1500 PLAN NAME

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

```

The Update Insurance Plans for PCON 1500 screen displays an insurance plan for the facility if the reimbursement type is blank and if the insurance plan matches the criteria for claim type and patient indicator. You can select one or more plans from the list to update each plan's reimbursement type. After the insurance plans are selected, the reimbursement screen for an insurance plan is displayed and should be completed. For details on this screen, refer to ["Insurance Plan Reimbursement" on page 3-14](#). After the screen is accepted, the following prompt is displayed:

Are you sure that you want to update the (inpatient or outpatient) reimbursement information for the selected insurance plans (Y/N)

If you respond with **Y** for Yes, reimbursement information is updated for each of the selected insurance plans if the reimbursement type is blank. If you respond with **N** for No, the insurance plans are not updated with reimbursement information.

EC2000 Physician ID for 24K Processor

When claim service information in STAR is replaced by information returned from EC2000, one provider number is returned for 24K. STAR translates this provider number to a STAR physician code number so other information about the performing physician can be provided to Pathways Contract Management. The type of number returned by EC2000 needs to be identified so STAR can make this translation. This screen is used to make this determination. If EC2000 Physician ID for 24K is selected from the PCON 1500 Interface Options menu, the following screen is displayed:

General Hospital EC2000 Physician ID for 24K Processor			
Thu Mar 18, 2004 11:57 am			
1 Edited By	2 Edit Date		
Moon,Pat	11/11/04 06:47p		
3 Seq	Insurance Plan	24K Physician Type	
1	500200 COMMERCIAL 1500	1 - Other One	
2	500667 BOB'S COPY ALL 1500 PLAN		
3	500701 PCON 1500 PLAN		
F1Prev Page F2Next Page F4 Delete F6 Reset F7 Exit ?			

Field Explanations

SEQ (DISPLAY ONLY)

This field contains the sequence number for the insurance plan.

INSURANCE PLAN (DISPLAY ONLY)

All plans that use a reimbursement type of B (PCON 1500) are displayed. The selections for the 24K Physician Type are as follows:

B Blue Cross

C Commercial

X Medicaid

P Medicare

- 1 Other 1
- 2 Other 2
- 3 PIN Number
- 4 Tax ID Number
- 5 UB82 ID Number
- 6 UPIN Number
- 7 Social Security Number
- 8 State License Number

24K PHYSICIAN TYPE (TABLE LOOKUP-R)

The type of 24K Physician can be indicated by keying the one-character code or by selecting an entry from a table lookup.

PCON 1500 Source of Pay Table

This function is used to map insurance types to a Source of Pay. Source of Pay is a national code for the payment source for the claim, such as Medicaid or Commercial. When this option is selected, the following screen is displayed:

General Hospital PCON 1500 Source of Pay Processor	
Fri Mar 19, 2004 09:39 am	
1 Edited By	2 Edit Date
More, Ken	11/11/04 06:45p
3 Seq	PCON 1500 Source of Pay
1	A CANADIAN OUT OF PROVINCE
2	B BLUE CROSS
3	C COMMERCIAL
4	D CANADIAN PROVINCIAL INSURANCE
5	E CANADIAN COMMERCIAL INSURANCE
6	F CANADIAN WORKERS COMPENSATION
7	G CANADIAN MILITARY INSURANCE
8	I IFAS INSURANCE TYPE
9	M MEDICARE PART A
10	N HMO
11	O OTHER
12	P MEDICARE PART B
13	S CHAMPUS
14	W FLORIDA WORKMAN'S COMPENSATION
F1Prev Page F2Next Page F4 Delete F6 Reset F7 Exit ?	

Field Explanations

SEQ (DISPLAY ONLY)

This field contains the sequence number for the insurance plan.

INSURANCE TYPE (DISPLAY ONLY)

All plans that use a reimbursement type of B (PCON 1500) are displayed.

PCON 1500 SOURCE OF PAY (DISPLAY ONLY)

This field contains the source of pay for the insurance type.

Resend 1500 PCON Transactions

The Resend 1500 PCON Transactions function provides the ability to send claim information to Pathways Contract Management if the number of re-tries has been exhausted and to send activity (payments, adjustments, and refunds) if the matching claim did not exist in Pathways Contract Management when the activity was originally sent. In addition, the processor can be used to determine the progress of all Pathways Contract Management cycle claims for an account.

A claim can be re-sent if it has not updated Pathways Contract Management due to reaching the maximum number of retries to Pathways Contract Management. The system looks at the claims that should have passed, finds the first claim that has not passed, and puts that claim in the queuing index. If there are multiple claims to pass for one account, the system queues up all of the claims, but only passes one at a time, starting with the oldest. The next claim in sequence does not pass until the prior claim has been marked as accepted.

Depending on the reimbursement type that is assigned to the account, there are different views and actions available in this function, as follows:

When you select the Resend 1500 PCON Transactions option from the menu, then select a facility and an account, the following screen is displayed:

General Hospital Resend 1500 PCON Transactions Processor					
Wed Mar 15, 2006 02:18 pm					
Account	Name	FC Typ	Admit	Disch	Balance Loc
A0133800002	MILLER, MARK	L	LOR 12/04/01	12/04/01	357.60- AR/FCRV

Resend (C)laims or (A)ctivity-

The system edits the account to determine if it is valid for this function. If the account is not valid, the system displays one of the following error messages:

Account in use. Please try later!

Account has no insurance. Press NL.

Reimbursement type is not PCON. Press NL.

Account has no bills. Press NL.

Reimbursement type for latest bill and account do not match. Press NL.

The last error message occurs if the reimbursement type has changed and no subsequent bill has been created.

If the account has a Pathways Contract Management reimbursement type of B (1500 PCON), the system displays the following prompt:

Resend (C)laims or (A)ctivity--

Enter **C** to resend claims or **A** to resend Activity. There is no default. For details on resending Activity, see [“Resend Activity Option” on page 3-27](#). For details on resending claims, see [“Resend Claim Option” on page 3-28](#).

Resend Activity Option

If you enter **A** (Activity) to resend activity (payments, adjustments, and refunds) and activity has already been queued to Pathways Contract Management for the account on the current date, the following error message is displayed:

Account has activity for today. Please try tomorrow. Press NL.

Press ENTER to exit the option. In this instance the Resend activity process would need to be done on a subsequent day as there is current day activity that needs to pass to Pathways Contract Management that night.

If you do not have to wait to send the account, you can select the type of activity to be re-sent with the following prompt:

Resend (P)ayments, (A)djustments, or (R)efunds

After you have selected the type of activity to re-send, the following screen is displayed. The screen layout is identical for all activity types, but the activity that displays is limited to the type that was selected. The type that has been selected appears on the screen as part of the header for the third column of information on the

screen. All activity for the account appears if the activity should have been sent to Pathways Contract Management.

General Hospital Resend PCON Transactions Processor					
					Wed Mar 15, 2006 02:18 pm
Account	Name	FC Typ	Admit	Disch	Balance Loc
A0132900001	SHORE, ABBY	L LIC	05/25/02		9466.00 PA/FCRV
Page:01	BS/CS	Post Date	Amount		
(1)	1/1	06/03/02	-66.00	###Current Choices	
(2)	2/3	06/03/02	-100.00		
(3)	5/8	06/03/02	-66.00		
Enter choices (e.g. 1,7,5-9) or '-'choices to remove--					
end select(NL)					

Field Explanations

The screen header contains the current date, time, and ID. The next line of information is the standard account header that is displayed for the account entered on the prior screen. The standard information displayed includes the account number, patient name, financial class, patient type, admit date, discharge date, current account balance, and account location/sub location.

BS/CS (DISPLAY ONLY)

This field contains the bill sequence and claim sequence for the activity.

POST DATE (DISPLAY ONLY)

This field contains the post date for the activity.

AMOUNT (DISPLAY ONLY)

This field contains the amount of the activity.

You can select one or more transactions from the list. If transactions are selected, the system displays the following prompt so you can confirm whether the transactions can be re-sent.

Do you want to resend the selected transactions? (Y/N) [N]-

If you enter **Y** for Yes, the selected transactions are queued to Pathways Contract Management and you can select another type of activity. If activity is re-sent, and you do not select another activity type, other transactions cannot be selected until a subsequent day. If you enter **N** for No, the system redisplay the screen.

Resend Claim Option

If you enter **C** at the Resend (C)laims or (A)ctivity prompt, the account is analyzed to determine if the number of re-tries has been exhausted for a claim. If the retry times have been exhausted, the system displays the following prompt:

Re-try attempts exhausted for claim n. Reset the re-try counter (Y/N) [N]-

You must enter **Y** (Yes) at this prompt to re-set the counter so that this account attempts to pass to Pathways Contract Management.

The next screen that is displayed depends on the reimbursement type that is assigned to the account. If the Reimbursement type assigned to the account is B (PCON 1500), and the account has no cycle bills, the following screen is displayed:

General Hospital Resend PCON Transactions Processor						
Wed Mar 15, 2006 02:18 pm						
Account	Name	FC	Typ	Admit	Disch	Balance Loc
A0201400025	MARSH, BILL	L	LIC	01/14/04	01/14/04	1525.00 AR/FCRV
Contractual Adjustment posted for claim 3 on 06/21/04. Press NL.						

The screen header contains the current date, time, and ID. The next line of information includes the account number, patient name, financial class, patient type, admit date, discharge date, current account balance, and account location/sub location.

The prompt at the bottom of the screen displays one of several different messages based on the status of the last claim loaded for the primary insurance. The messages are as follows:

Account has not final billed. Press NL.

This message appears if the account is in location PA.

Claim xx appears in the re-send index. Press NL.

This message is displayed if the last claim that was loaded for this account is currently in the re-send index.

Contractual Adjustment posted for claim xx on MM/DD/YY. Press NL.

This message is displayed if the last claim that loaded for the primary insurance for this account has received and posted the Contractual Adjustment calculated from Pathways Contract Management. The claim sequence number that received the contractual adjustment and the posting date are displayed in the message.

Contractual Adjustment returned for claim xx on MM/DD/YY. Press NL.

This message is displayed if the last claim that loaded for the primary insurance for this account has been received, but the Contractual Adjustment calculated from Pathways Contract Management has not been posted. The Contractual Adjustment may not be posted because the batch has not posted as yet or because posting the Contractual

Adjustment was bypassed. The claim sequence number that received the contractual adjustment and the date of receipt are displayed in the message.

Return file for MM/DD/YY has not returned. Press NL.

This message is displayed if a return file has not been received from Pathways Contract Management. Claims cannot be re-sent if return files from Pathways Contract Management have not been processed.

Return file for MM/DD/YY has not posted. Press NL.

This message is displayed if a return file has been received from Pathways Contract Management but it has not posted. Claims cannot be re-sent if return files from Pathways Contract Management have not been posted.

Re-try attempts exhausted for claim xx. Reset the re-try counter (Y,N) [N]

This message is displayed if the last claim loaded for this account reached the maximum number of retry times without being processed by Pathways Contract Management. Enter **Y** to reset the counter or **N** if you do not want to reset the counter. The default is N. If you press ENTER or enter N for no, the system does not reset the retry counter back to zero and the claim is not scheduled to re-send to Pathways. If you enter Y for Yes, the system resets the counter on the claim back to zero. That night, the claim passes to Pathways Contract Management.

If Pathways Contract Management cycle claims exist, the following screen is displayed:

General Hospital Resend PCON Transactions Processor							
				Wed Mar 15, 2006 02:18 pm			
Account	Name	FC Typ	Admit	Disch	Balance	Loc	
A0201400024	PCON,TWENTY	L	LIC 01/14/02		17514.00	PA/FCRV	
BS	CS	BT	Elg Dt	Que Dt	CA Posted Dt	CA Posted	First ERA Posted
1	1	C	01/15/02	01/15/02	01/16/02	172.12	
2	2	C	01/17/02	01/17/02	01/18/02	368.00	
3	3	C	01/18/02	01/18/02	01/19/02	184.00	
4	4	C	01/19/02	01/19/02	01/20/02	184.00	
5	5	C	01/20/02	01/20/02	01/21/02	184.00	
6	6	C	01/21/02	01/21/02	01/22/02	184.00	
7	7	C	01/24/02	01/24/02	01/25/02	184.00	
8	8	C	01/24/02	01/25/02	01/26/02	184.00	
9	9	C	01/24/02	01/26/02	01/27/02	184.00	
10	10	C	01/25/02	01/27/02	01/28/02	184.00	
11	11	C	01/26/02	01/28/02	01/29/02	184.00	
12	12	C	01/27/02	01/29/02	01/30/02	184.00	
13	13	C	01/28/02	01/30/02	01/31/02	184.00	
14	14	C	01/29/02	01/31/02	02/01/02	184.00	
F1Prev Page F2Next Page F7 Exit							

The screen header contains the current date, time, and ID.

The next line of information is the standard account header that displays for the account entered on the prior screen. The standard information that is displayed includes the Account number, patient name, financial class, patient type, admit date, discharge date, current account balance, and account location/sub location.

The system displays one line of information per bill sequence found for the primary insurance.

Field Explanations

BS (DISPLAY ONLY)

This column displays the bill sequence that was loaded.

CS (DISPLAY ONLY)

This column displays the claim sequence loaded for the associated bill sequence.

BT (DISPLAY ONLY)

This column displays the bill type that was loaded for the associated bill sequence. Valid Options are **C** for Cycle, **F** for Final, **A** for Adjustment and **L** for Late.

ELG DT (DISPLAY ONLY)

This column displays the date that this claim was first eligible for passing to Pathways Contract Management. This can be the date when the claim was released, when claim information returned from EC2000, or when the claim was re-evaluated due to a change in insurance or reimbursement type.

QUE DT (DISPLAY ONLY)

This column displays the date that this claim was last queued to pass to Pathways Contract Management.

CA POSTED DT (DISPLAY ONLY)

This column displays the date that the Contractual Adjustment posted to the claim.

CA POSTED (DISPLAY ONLY)

This column displays the Contractual Adjustment that posted for the claim.

FIRST ERA POSTED (DISPLAY ONLY)

This column displays the amount of the ERA posted if one exists.

Several messages and one prompt are displayed on the screen, depending on the status of the claims. The prompts are as follows:

Claim xx appears in the re-send index. Press NL.

This message is displayed if the last claim that was loaded for this account is currently in the re-send index.

Contractual Adjustment posted for claim xx on MM/DD/YY. Press NL.

This message is displayed if the last claim that loaded for the primary insurance for this account has received and posted the contractual adjustment calculated from Pathways Contract Management. The claim sequence number that received the contractual adjustment and the posting date are part of the message.

Contractual Adjustment returned for claim xx on MM/DD/YY. Press NL.

This message is displayed if the last claim that loaded for the primary insurance for this account has been received, but the contractual adjustment calculated from Pathways Contract Management has not been posted. The contractual adjustment may not be posted because the batch has not posted as yet or because posting the contractual adjustment was bypassed. The claim sequence number that received the contractual adjustment and the date of receipt are part of the message.

Claim xx being processed by PCON. Press NL.

This message is displayed if the last claim that was loaded for this account is currently attempting to pass to Pathways Contract Management.

Return file for MM/DD/YY has not returned. Press NL.

This message is displayed if a return file has not been received from Pathways Contract Management. Claims cannot be re-sent if return files from Pathways Contract Management have not been processed.

Return file for MM/DD/YY has not posted. Press NL.

This message is displayed if a return file has been received from Pathways Contract Management but it has not posted. Claims cannot be re-sent if return files from Pathways Contract Management have not been posted.

Re-try attempts exhausted for claim xx. Reset the re-try counter (Y,N) [N]

This prompt is displayed if the last claim loaded for this account reached the maximum number of retry times without being processed by Pathways Contract Management. There are two valid options for this prompt, Y for Yes and N for No. The default is N for No. If you enter **N**, the system does not reset the retry counter back to zero and the claim is not scheduled to re-send to Pathways. If you enter **Y**, the system resets the counter on the claim back to zero. That night, the claim passes to Pathways Contract Management.

1500 PCON Processing Status

This function allows you to determine if there are files available to be downloaded or uploaded.

The top part of the 1500 PCON Processing Status screen facilitates viewing the status of the Pathways Contract Management UNIX files on your system. The bottom of the screen (or the next page) lists files which are incomplete. After the return file has been uploaded and the adjustment batch posted, the entry on the PCON Files Not Processed section of the 1500 PCON Processing Status Processor screen is removed since the file is now complete.

The 1500 PCON Processing Status screen can be accessed by selecting 1500 PCON Processing Status on the Pathways Contract Management Interface menu. The 1500 PCON Processing Status screen also is displayed when selecting the Download 1500 Source File and Upload 1500 Return File options on the PCON 1500 Interface Options menu. If there is more than one screen, the system displays the 1500 UNIX Status Files on page one and the PCON Files Not Processed on the second page. The 1500 PCON Processing Status Processor only goes to two screens if there are more than two rows in the PCON Files Not Processed section.

When this function is selected, the following screen is displayed:

General Hospital 1500 PCON Processing Status Processor		
Fri Mar 26, 2004 10:30 am		
1500 UNIX Status Files	Today's Julian Date is 04086	
UNIX Input Header Files	Exists?	Associated Files
Claim File (cmssrc.lst):	Yes	b04036a.src
Old Claim File (cmssrc.old):	No	
Activity File (cmsact.lst):	Yes	b04034a1.act
Old Activity File (cmsact.old):	No	
UNIX Output Header Files	Exists?	Associated Files
Return File (cmscret.lst):	No	
Old Return File (cmscret.old):	No	
Press NL--		

Field Explanations

1500 UNIX STATUS FILES (DISPLAY ONLY)

This label indicates that the screen is showing 1500 UNIX status files. The current day's Julian Date is displayed next to the label, to assist in reviewing the Source, Activity and Return files that display in the Associated Files column since they contain a Julian Date.

UNIX INPUT HEADER FILES (DISPLAY ONLY)

This column contains the type of input header file followed by the name of the file. The contents of intfsrc.lst identify the source files ready to be processed through Pathways

Contract Management (or being processed currently through Pathways Contract Management) and intfsrc.old identifies the source files processed previously. Pathways Contract Management renames intfsrc.lst to intfsrc.old after processing it. If intfsrc.lst does not exist, no files exist waiting to be downloaded.

The contents of the paysrc.lst identifies the activity files ready to be processed through Pathways Contract Management (or being processed currently through Pathways Contract Management) and paysrc.old identifies the activity files processed previously. Pathways Contract Management renames paysrc.lst to paysrc.old after processing it. If paysrc.lst does not exist, no activity files exist waiting to be downloaded. Activity files are created during the daily Midnight Processing run only.

EXISTS? (DISPLAY ONLY)

This column indicates whether or not the header file exists. A Y for Yes indicates that the header file exists and an N for No indicates that the header file doesn't exist.

ASSOCIATED FILES (DISPLAY ONLY)

This column contains the names of any associated files, if any exist. The associated files that display are either source or activity files. The source files correspond to either the Claim or Old Claim header files. The activity files correspond to either the Activity or Old Activity header files. If the **EXISTS** column contains a Yes, but there are no files names in the associated files column, then the header file was blank.

UNIX OUTPUT HEADER FILES (DISPLAY ONLY)

This column contains the type of output header file followed by the name of the file. The contents of intfret.lst identify the return files from Pathways Contract Management ready to be processed through STAR (or being processed currently through STAR) and intfret.old identifies the return files processed previously. If intfret.lst does not exist, no files exist waiting to be uploaded and processed by STAR.

EXISTS? (DISPLAY ONLY)

This column indicates whether or not the header file exists. A Y for Yes indicates that the header file exists and an N for No indicates that the header file doesn't exist.

ASSOCIATED FILES (DISPLAY ONLY)

This column contains the names of any associated files, if any exist. The associated files that are displayed are either source or activity files. The source files correspond to either the Return or Old Return header files.

PATHWAYS CONTRACT MANAGEMENT FILES NOT PROCESSED

The bottom of the screen (or the next page) lists files which are incomplete.

DATE (DISPLAY ONLY)

This column displays the date that a Pathways Contract Management file has been downloaded by STAR to UNIX.

SENT (DISPLAY ONLY)

This field indicates if a file has been downloaded by STAR to UNIX either through Midnight Processing or through the Download Processor during the day. If a file has been downloaded to UNIX, then it is ready to be processed by Pathways Contract Management. You can run the Pathways Contract Management Interface to process a file through Pathways Contract Management.

UPLOADED (DISPLAY ONLY)

This field indicates whether the UNIX return file has been uploaded into STAR. A value of Yes indicates that the UNIX return file has been uploaded into STAR. A value of No indicates that the UNIX return file has not been uploaded into STAR. A return file can be uploaded into STAR automatically through Midnight Processing or manually through the Upload 1500 Return File processor.

POSTED (DISPLAY ONLY)

This field indicates if the adjustment batch or batches associated with the Pathways Contract Management return file have been posted. If this field is set to No and the UNIX return file has been uploaded into STAR, there should be an adjustment batch number in the **CA Batch #** column. The adjustment batches that were generated as a result of uploading a UNIX return file into STAR are displayed in the CA Batch # column. Valid values for this field are blank or No. When a batch has been posted, it completes the Pathways Contract Management file, so it no longer displays on the 1500 Files Not Processed section of the screen.

FACILITY (DISPLAY ONLY)

This field indicates which facilities were included in the UNIX header file when the download to Pathways Contract Management occurred. For example, during Midnight Processing, all facilities are included in the UNIX input header file. During a daily download, the user can elect which facilities to include in the download. Valid values for this field are the facility indicators and **All** for all facilities.

CA BATCH # (DISPLAY ONLY)

This column displays the STAR adjustment batch numbers that were generated but not posted when the Pathways Contract Management Return file was uploaded to STAR. Only the adjustment batch numbers that have not been posted in STAR display in this field. The facility controls whether or not the adjustment batch is automatically posted by the system when the return file is uploaded to STAR. The batches display with the facility, a hyphen, and then the batch number. For example A-355 indicates that batch 355 is in facility A, and it has not been posted. The CA Batch # column has a display limit of 30 characters.

When you have finished reviewing this screen, press ENTER (or F7 if there is a second screen) to return to the PCON 1500 Interface Options screen.

Delete Unreplaced Claim from PCON

If an adjustment bill is produced and a previous final/adjustment claim is not replaced, the claim remains in PCON 1500 even though activity cannot be posted against it in

STAR. The Delete Unreplaced Claim From PCON screen can be used to delete the 1500 claim from PCON if desired.

If the processor is selected and an account is selected with no PCON 1500 claims, then the following error message is displayed:

Account has no PCON 1500 Claims!

If the account has PCON 1500 claims, the following screen is displayed. It lists PCON 1500 claims for the account. The screen lists the adjustment claim sequence assigned by STAR and marks claims with an asterisk that have not been replaced by a PCON 1500 claim.

General Hospital Delete Unreplaced Claim from PCON Processor											
Wed Mar 15, 2006 02:18 pm											
Account	Name		FC Typ		Admit	Disch		Balance		Loc	
A03224-00009	MOORE,PCONF		C		OPC	08/12/03 08/12/03		180.00		AR/FCRV	
Clm Adj	Bill	Bill	Clm	Prd	Wk	OPPS		Clm			
Seq Clm	From	Thru	Type	Sts	Sts	Sts	Dsp	Carrier/Plan(*Shared)			
Page:01		All PCON Claims									
(1)	7	08/12/03	08/12/03	1500	NP	R		500700,TEST PLAN FOR P			
(2)	6* 7	08/12/03	08/12/03	1500	NP	M	R	500700,TEST PLAN FOR P			
(3)	5* 7	08/12/03	08/12/03	1500	P	R	R	500700,TEST PLAN FOR P			
(4)	4* 7	08/12/03	08/12/03	1500	NP	M	R	500700,TEST PLAN FOR P			
Enter choice--											

Field Explanations

CLM SEQ (DISPLAY ONLY)

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

ADJ. CLM (DISPLAY ONLY)

If this claim has been replaced by a subsequent claim, the claim sequence number of the claim that replaced it is displayed in this field.

BILL FROM (DISPLAY ONLY)

This field contains the beginning date covered by this claim.

BILL THRU (DISPLAY ONLY)

This field contains the ending date covered by this claim.

CLM TYPE (DISPLAY ONLY)

This field contains the type of claim form for this claim.

PRD STS (DISPLAY ONLY)

This field indicates whether the claim has been produced (P), not produced (NP), purged (Pu), or archived (AR).

WK STS (DISPLAY ONLY)

This field indicates the current work status of the claim.

The work statuses include awaiting payment from prior payment (A), delete (D), edit (E), fail (F), hold (H), manually released (M), system released (R), system released forced (S), and suppressed (P). Possible entries are explained in the Work Status Codes topic.

OPPS STS

This field indicates the status of an OPPS claim. Values are **Q** (Queued to 3M), **A** (3M Processed), **E** (3M Errors/No reimbursement calculated), **B** (Processed but 3M Errors), **C** (Not Queued due to errors), or **L** (Check 3M Log).

CLM DSP (DISPLAY ONLY)

This field indicates the current claim disposition. The valid claim dispositions are **F** (Final Payment), **A** (Adjusted to Zero), **P** (Partial Payment), **T** (Transfer), **C** (Clear), or **R** (Replaced).

CARRIER/PLAN (DISPLAY ONLY)

This field contains the carrier and plan code and description for this claim record. If the claim is shared by more than one carrier, the carrier/plan is displayed with an asterisk preceding it.

You cannot select cycle bills, late bills, current final/adjustment bills or bills that have already been replaced from the list. An error message is displayed if you select any of these types of bills.

If you select a qualifying PCON 1500 claim, the following prompt is displayed:

Are you sure that you want to delete 1500 claim xx from PCON (Y/N) [N]-

If the response is **Y** for Yes, a delete notice is formatted for PCON, PCON 1500 claim information is removed from STAR, and the contractual adjustment is reversed if it was posted previously. If the response is **N** for No, the list is repeated and you can select another PCON 1500 claim.

PCON 1500 Reimbursement Information

The PCON 1500 Reimbursement Information processor lists status and reimbursement information for an account's PCON 1500 claims. When an insurance payment is made for a PCON 1500 claim, reimbursement information is displayed on

the posting screen, and reimbursement information for all PCON 1500 claims can be displayed using the PCON 1500 Reimbursement Information option.

General Hospital PCON 1500 Reimbursement Information Processor													
Wed Mar 15, 2006 02:18 pm													
Account		Name			FC Typ		Admit		Disch		Balance Loc		
A03106-00001		MOORE,PCONCYCLE			C		SER 04/16/04		05/06/04		3293.52 AR/FCRV		
PCON 1500 Insurance: COB 2 500100 Commercial Secondary Insurance Claim Type: B													
BS CS		PCON Num		BT		Load Dt		Submit Dt		Wrk Status/Disp		PCON Post Date	
Claim Total				Est Reim		Est Con Adj		Posted		Total Pmt		Total Adj	
1 3		3		F		10/06/04		10/07/04		R/P		10/07/04	
1,111,111.00				2,222,222.00		3,333,333.00		Yes		4,444,444.00		2,222,222.00	

Field Explanations

BS/CS (DISPLAY ONLY)

This field contains the bill sequence and claim sequence for the activity.

POST DATE (DISPLAY ONLY)

This field contains the post date for the activity.

AMOUNT (DISPLAY ONLY)

This field contains the amount of the activity.

Update PA Accounts For PCON 1500

The Update PA Accounts for PCON 1500 Processor can be used to update the reimbursement type from blank to B (PCON 1500) for accounts in PA for which a PCON 1500 insurance has not been defined. The inpatient reimbursement information, outpatient reimbursement information, or patient type exception reimbursement information from the Insurance Plan Coverage table is used for the account's insurance plan if the reimbursement type per the table is B and the reimbursement type for the account's insurance plan is blank. Claims loaded after the reimbursement type changes per this process are eligible for the PCON 1500 Interface. The processor does not go back and evaluate claims already loaded.

After the processor is selected from the PCON 1500 Interface Options menu and a facility is selected, if necessary, the following prompt is displayed:

Select accounts for (I)npatients or (O)utpatients-

You can enter **I** for Inpatients or **O** for Outpatients. Next, select an insurance plan with the reimbursement type of B (PCON 1500). The following prompt is displayed:

Are you sure that you want to update account reimbursement information for inpatients in PA for the selected insurance plans (Y/N)--

If you enter **Y** for **Yes**, the system begins processing a background job and displays the following message:

Update (inpatient or outpatient) PA accounts for PCON 1500 started!

A starting message is displayed as follows:

Update PA Accounts for PCON 1500 started for facility x for (inpatients or outpatients)

An ending message is displayed as follows:

Update PA Accounts for PCON 1500 ended for facility x for (inpatients or outpatients)

PROCESSING OF DATA THROUGH PCON 1500 INTERFACE

Transmission of Data to Pathways Contract Management

Selection of Accounts or Claims

Claims are selected for processing by Pathways Contract Management depending on the reimbursement type for the primary insurance plan.

- Claims are selected if the primary insurance plan indicates that the reimbursement type is B (1500). This reimbursement type is defined on the Insurance Plan Coverage screen and is claim-based. Final, late, and adjustment-billed accounts are transmitted (bill type frequencies of 1, 5, and 7).

Contents of Source File

The source file contains the following information:

- Demographic, charge and claim information for new submissions to Pathways Contract Management
- Updated demographic, charge and claim information for re-sent submissions to Pathways Contract Management
- Deletion and replacement notices

Demographic, charge, and claim information is the information needed to calculate the reimbursement and contractual adjustment amounts for specified primary insurance plans. STAR Patient Accounting sends this data to Pathways Contract Management.

Updated information on re-sent submissions are the accounts that could not be processed by Pathways Contract Management because the information required on a contract was not available on the account. These accounts are printed on the Entries Not Returned section of the Pathways Contract Management Audit Report. Pathways Contract Management generates the Pathways Contract Management Batch Error Listing Report that shows the unprocessed accounts. These unprocessed accounts that are on STAR Patient Accounting should be updated with account information. Each night during Midnight Processing, STAR Patient Accounting resends account information to Pathways Contract Management in order to have the reimbursement and contractual adjustment amounts calculated.

STAR Patient Accounting notifies Pathways Contract Management of deletion and replacement notices. Notification of the deletion and replacement notices is an additional Record Type 29 that is sent with the source file generated by claims processing. The Claim Delete/Replace field on Record Type 29 is used to identify a deletion (D) or replacement (R). The deletion and replacement notices are sent so that

Pathways Contract Management can recalculate the reimbursement and contractual adjustments.

The source file is defined in the record format that is defined in Appendix A of this book. The record types that are in the source file include all of the records that are explained in Appendix A. The information that is sent is created as a workfile that can be downloaded as an ASCII file using TCP/IP Network File Server (NFS). Deletion and replacement notices are placed at the beginning of the source file. Charge records are in sequential order by service date.

Midnight Processing

Creation of Source File

Accounts are sent to Pathways Contract Management from STAR Patient Accounting after the claim for the primary carrier has passed all claim edits. STAR Patient Accounting attempts to re-send an account to Pathways Contract Management if the reimbursement results were not received as expected. The Resend Attempts field on the Pathways Parameters screen is referenced to determine how many times that account should be included in the UB source file. The number of attempts for each account is maintained on the STAR Patient Accounting system and is included in the Pathways Contract Management Audit Report (FBR280). The error messages on the Account Inquiry screen in Patient Accounting are changed to reflect the claim work status and whether the account was sent. For details on the error messages, see Chapter 1 of the *Account Inquiry Volume* of the *STAR Patient Accounting Reference Guide*. Once the reimbursement is received from Pathways Contract Management, the system no longer attempts to re-send the account in the source file.

The Pathways Pre-list report is generated following claim release and includes all accounts with a status of system released and released due to suspense. The report can be generated during Midnight Processing if you define the report as an optional batch job, or you can request the report to run tonight or at month-end on the Pathways Pre-list Report Request screen.

Download of Source File

The source file that is created can be downloaded during Midnight Processing or during normal processing. The process to download the source file can be an automatic or manual process. The process to download the source file is not split by facility but files are downloaded for separate facilities. STAR Patient Accounting sends separate source files for each facility.

Automatic Process to Download the Source File

The source file created by the STAR Patient Accounting system can be automatically downloaded during Midnight Processing. This is an automatic process if the source file is present and the communication link is established.

Manual Process to Download Pathways Contract Management File

If for any reason the source file is not downloaded automatically during Midnight Processing, the source file can be manually downloaded. This process can be used during Midnight Processing or during normal processing.

To manually download the source file, perform the following steps:

1. Select Interface Functions from the Financial Management menu.
2. Select Pathways Contr Mgmt Interface from the Interface Functions screen.
3. Select PCON 1500 Interface Options.
4. Select the Download 1500 Source Files option.

The Download 1500 Source Files function allows claims to be downloaded into a file and sent to Pathways Contract Management during the day in addition to being sent in Midnight Processing. This allows claims to be released during the day due to STAR edits and EC2000 backfeed claims to be sent to Pathways Contract Management and processed before Midnight Processing.

NOTE: Although claims can be sent during the day, the claims still must have been loaded from a bill produced during Midnight Processing. Claims created by Add a Claim to Insurance are not incorporated.

After you select the function, the PCON 1500 Processing Status screen is displayed. This screen assists you in determining if a source file is available to download. For information on this screen, refer to [“1500 PCON Processing Status” on page 3-32](#). If a source file exists, the system does not allow you to process a new source file until the previous one has finished processing or is removed by the user from UNIX. The following message is displayed:

cmssrc.lst exists indicating PCON processing may be incomplete or underway. No download can be done until previous process completes. Press NL.

If a previous file does not exist, but the interface is in use, the following message is displayed:

PCON 1500 interface in use!

Otherwise, the screen for the 1500 PCON Processing Status appears followed by one or more of the following prompts or messages:

Start PCON 1500 Download (Y/N) [Y]--

If you enter N at the prompt, the system displays the Pathways Contract Management Interface Processor. If you enter Y at the prompt, the following message is displayed:

PCON 1500 Download Process Started

The system checks for source files on the STAR Financials Patient Accounting system to be downloaded. If a file exists that needs to be downloaded, the following messages are displayed:

Previous PCON 1500 Source File Already Downloaded

Existing PCON 1500 file is waiting to be processed. Press NL.

If there are no previous files to download, the system displays the following prompt:

Do you want to process PCON 1500 claims which qualified today? (Y/N)

If you enter **Y** at the prompt, the system displays the following prompt:

PCON 1500 Source Files Download Completed

The facilities screen displays for PCON 1500. This screen displays the facilities prompt for facility selection. Only those facilities that are active for Pathways Contract Management and those that you are allowed to access according to the CRT Names table are displayed. The screen displays the last hour that the interface ran for the day, in military time. For example: a value of 13 is 1:00 p.m. The hour column is blank if the interface has not run for the day. You can elect to download all facilities or selected facilities at one time.

The following message is displayed after you make your selection:

Collecting of claim information for PCON download started!

If qualifying claims are found, the download is confirmed with the following message:

PCON claim file has been downloaded!

If no qualifying claims are found, the following message is displayed:

No claims qualified for PCON download!

The Pathways Contract Management claim queue is created by the hour. During the day, the system uses the last hour processed to determine if claims exist in the claim queue. For example, claims qualify for downloading if they are in the claim queue following the last hour processed and not in the current hour. If you last processed at 11 a.m. and now it is 2:00 p.m., you could process claims that were queued after 11 a.m. and before 12:00 p.m. Claims queued after 12:00 p.m. can be downloaded after 1:00 p.m.

A file cannot be downloaded if there is an outstanding Pathways Contract Management batch that needs to be posted. The system displays the following message:

Existing PCON file batches must be posted first

Incomplete batches display on the UB Interface Status Processor under the PCON Files Not Processed section. The adjustment batch number and associated facility display under the CA Batch # column.

After a download completes, an entry is generated on the PCON Interface Status screen reflecting that the Pathways Contract Management file has been sent by STAR to UNIX. This indicates that the file is ready to be processed by Pathways Contract Management. At this point, you can run the Pathways Contract Management Interface to process a file through Pathways Contract Management.

The Pathways Contract Management Download report (FBR570) is generated after a Pathways Contract Management file is downloaded to UNIX. If multiple downloads occur during the day, there are multiple Pathways Contract Management Download reports.

If there is a source file to be downloaded, STAR Patient Accounting sends the source file to Pathways Contract Management. Each file is checked by the system for a successful or unsuccessful download.

If the source file was successfully downloaded, the following message is displayed:

Successful completion - Files for MM/DD/YY

After successful completion of downloading the source file, the file is marked as processed on the STAR Patient Accounting system so that it cannot be downloaded again. Files that are downloaded follow the naming conventions that are explained in the STAR Patient Accounting File Naming Conventions section of this book.

NOTE: After the source file is downloaded, Pathways Contract Management processes the reimbursements.

If the source file was not successfully downloaded because the prior day return file has not been processed, or if STAR Financials Patient Accounting has sent a source file and has received a return file from Pathways Contract Management but the data has not been posted, the following message is displayed:

Must Post Return File for MM/DD/YY before download

If the source file is not transmitted correctly, the following message is displayed:

Unable to open hbo\payer\intf\file name

The file name indicates the name of the file that was not transmitted.

If STAR Patient Accounting has sent a source file and Pathways Contract Management has not sent a return file to match the source file, the following message is displayed:

Pathways Source Files Already Downloaded

If STAR Patient Accounting has sent a source file and Pathways Contract Management is downloading the return file, the following message is displayed:

Attempting to Download Return Files for MM/DD/YY

If no more files are present, the message *Processing Complete* is displayed on your screen and you are returned to the Pathways Contr Mgmt Interface Processor screen.

Receipt of Reimbursement and Contractual Adjustments

Selection of Accounts

Pathways Contract Management processes the data in the source file sent by STAR Patient Accounting. If the data was successfully processed, records are returned in the return file. If the data was not successfully processed to determine the reimbursement, Pathways Contract Management does not send these records in the return file.

Contents of Return File

The return file that is created by Pathways Contract Management contains the reimbursement and contractual adjustment amounts. Successful calculations are in the return file.

NOTE: If all entries are not returned by Pathways Contract Management, Pathways Contract Management creates a return file that is empty. The empty return file is sent to STAR Patient Accounting.

The return file must be defined in the record format that is defined in Appendix A of this book. The file is in ASCII format and contains Record Type 29's.

NOTE: If calculations are not in the return file, check the Pathways Contract Management Batch Error Listing Report for that processing day.

Midnight Processing

Upload of Return File

The return file that is sent by Pathways Contract Management to STAR Patient Accounting can be uploaded during Midnight Processing or during normal processing. A contractual adjustment batch is created by STAR Patient Accounting when the return file is processed following the upload. This process to upload the return file can be an automatic or manual process.

Automatic Process to Upload Return File

The return file sent by Pathways Contract Management can be automatically uploaded during Midnight Processing. This is an automatic process if there is a return file from Pathways Contract Management that can be uploaded.

Manual Process to Upload Pathways Contract Management Return File

The return file can be manually uploaded. The manual upload process can be used if Midnight Processing did not automatically upload the file. The manual process to upload the source file can be used during Midnight Processing or during normal processing. The process to upload the return file is not split by facility but files can be uploaded for separate facilities. Pathways Contract Management sends separate return files for each facility.

To manually upload the return file, perform the following steps:

1. Select Interface Functions from the Financial Management menu.
2. Select Pathways Contr Mgmt Interface from the Interface Functions screen
3. Select PCON 1500 Interface Options from the Pathways Contr Mgmt Interface Processor screen.
4. Select Upload 1500 Return File from the PCON 1500 Interface Options screen.
5. If there is a return file to be uploaded, Pathways Contract Management sends the return file to STAR Patient Accounting.

Each file is checked for a successful upload. As each file is successfully uploaded, the following message is displayed:

Successful Upload - Return File FILENAME.RET

The FILENAME.RET indicates the name of the file uploaded.

Files that are uploaded follow the naming conventions that are explained in [“File Naming Conventions” on page 3-6](#).

If the return file is not successfully transmitted, the following message is displayed:

Unable to open hboc\payer\intf\file name

The file name indicates the name of the file that was not transmitted.

If STAR Patient Accounting has sent a source file and Pathways Contract Management has sent the return file to STAR Patient Accounting and the file is uploaded, the following message is displayed:

PCON 1500 Return File Already Uploaded

If STAR Patient Accounting has sent a source file and Pathways Contract Management has not sent the return file, the following message is displayed:

PCON 1500 Return File Not Yet Available

If STAR Patient Accounting has sent a source file and Pathways Contract Management has sent the return file, the following message is displayed:

Attempting to Upload Return File for MM/DD/YY

After the upload is successful, an adjustment batch is created for each return file received. After each batch has been created, the following message is displayed:

Adjustment Batch #999 Created for Facility X MM/DD/YY. Press [NL] to Continue.

#999 indicates the batch number. MM/DD/YY is the date the batch is created. The X indicates the facility indicator.

If no more return files are present, the message *PCON 1500 Return File Upload Process Completed* is displayed on your screen and you are returned to the Pathways Contr Mgmt Interface Processor screen.

Forced Upload if Late

If the PA Daily Balancing step in Midnight Processing starts before the return file is uploaded, STAR Patient Accounting attempts to automatically upload the file at the end of Midnight Processing. If a late return file is not uploaded during the day, then the STAR Patient Accounting system uploads the file and posts the contractual adjustment batch automatically at the beginning of the next Midnight Processing run.

Creation of Contractual Adjustment Batch

A contractual adjustment batch is created for each return file that is uploaded. A return file should be received for each facility; therefore, a contractual adjustment batch is created for each facility.

Posting of Contractual Adjustment Batch

Posting Method

There are three methods for posting the contractual adjustment batch. These are:

- system
- user
- forced posting by the system

The system posting method indicates that the contractual adjustment batch is automatically approved and posted during the same Midnight Processing run if the return file is received prior to the execution of the STAR Patient Accounting balancing routine. This posting method is defined as S for System in the *Contractual Adjustment Approval Method* field that appears on the Pathways Contract Management option on the Reimbursement Master screen.

The user posting method indicates that the contractual adjustment method is entered as a separate contractual adjustment batch that can be approved online. This posting method is defined as U for User in the *Contractual Adjustment Approval Method* field that appears on the Pathways Contract Management option on the Reimbursement Master screen.

Forced posting by the system occurs at the beginning of Midnight Processing and prior to the creation of the source file. Any open adjustment batches for Pathways Contract Management are posted by the system. Any return files that are present that have not been uploaded are automatically uploaded by STAR Patient Accounting and the associated contractual adjustment batch is created and posted. The uploading and posting of late return files occurs automatically even if you defined the *Contractual Adjustment Approval Method* field that appears on the Pathways Contract Management option on the Reimbursement Master screen as User.

Results of Posting

The results of posting the contractual adjustment batch by any of the posting methods include:

- Updating the transaction history and carrier balance on the account.
- Updating the Billing Reimbursement screen with the reimbursement and contractual adjustment amounts.

View Processing Results in Account Inquiry/Balance Summary

After Midnight Processing, the Proration Reimbursement, Balance Summary, and Billing Reimbursement screens show the status of the reimbursement calculations performed by Pathways Contract Management. For a detailed explanation of the proration screens, refer to Chapter 1: Proration in the *Billing and Claims Volume* of the

STAR Financials Patient Accounting Reference Guide.

Proration Reimbursement

The Proration Reimbursement screen is displayed to indicate that reimbursement information was updated or not updated during Midnight Processing. If proration reimbursement was successful, the following screen is displayed with no error message displayed in the Error Description field.

If proration reimbursement was not successful, the system displays the following screen with an error message in the Error Description field:

General Hospital Proration Summary Processor					
					Wed Mar 15, 2006 02:18 pm
Account	Name	FC Typ	Admit	Disch	Balance Loc
A9410500001	JONES,NANCY		I/P 11/15/94		30068.02 PA/FCRV
1 Carrier-Plan		2 Payor			
		CM PATHWAYS CONTRA MGMT			
3 Covered Days	4 Post Date	5 Error Description			
202		No Pathways Contr Mgmt Record			
6 Table No.	7 Reimb. Type	8 Calc. Method	9 Stop Loss		
Covered Charges		33,376.28			
Payments/Adjustments		10,131.00			
Balance		10,172.13			
Press NL--					

Prior to final billing of an account which qualifies for Pathways Contract Management calculation, it is normal for the proration reimbursement to be unsuccessful. The Error Description field for these accounts displays the following message:

No Pathways Contr Mgmt Record

This message indicates that the source file record has not been created. This message is displayed prior to the creation of the source file. This message is placed on the account as the result of demand or Midnight Processing proration in which the account has not been final billed.

Billing Reimbursement

The Billing Reimbursement screen is displayed to indicate that billing reimbursement information was updated or not updated during Midnight Processing. If billing reimbursement was successful, the following screen is displayed with no error message displayed in the Error Description field.

If billing reimbursement was not successful, the system displays the following screen with an error message in the Error Description field.

General Hospital Proration Summary Processor					
Wed Mar 15, 2006 02:18 pm					
Account	Name	FC Typ	Admit	Disch	Balance Loc
A9410500001	JONES,NANCY	I/P	11/15/94		30068.02 PA/FCRV
1 Carrier-Plan		2 Payor			
		CM PATHWAYS CONTRA MGMT			
3 Covered Days	4 Post Date	5 Error Description			
202		Pathways Contr Mgmt	Rec-not sent		
6 Table No.	7 Reimb. Type	8 Calc. Method	9 Stop Loss		
	Covered Charges	33,376.28			
	Payments/Adjustments	10,131.00			
	Balance	10,172.13			
Press NL--					

For billing reimbursement that was unsuccessful, the Error Description field displays one of the following messages:

Pathways Contr Mgmt Rec-not sent

This message indicates that the source file was not sent to Pathways Contract Management. This message is placed on the account once the source file record has been created and prior to sending the source file to Pathways Contract Management.

Pathways Contr Mgmt Rec-not returned

This message indicates that the return file was not received and uploaded. This message is placed on the account once the source file has been sent to Pathways Contract Management and prior to receiving the return file.

Pathways Contr Mgmt Rec-not posted

This message indicates that the return file has been uploaded and the contractual adjustment batch has not been posted. You should check for an open adjustment batch that needs to be posted. This message is placed on an account after the source file has been returned and uploaded and prior to the contractual adjustment.

Transmission of Payment and Adjustment Activity to Pathways Contract Management

Selection of Entries

STAR Patient Accounting transmits accounting activities for primary carrier/plans to Pathways Contract Management. The accounting activities that are sent include payments, adjustments, refunds, and claim dispositions. STAR Patient Accounting compiles an index of payment and adjustment activities. The resulting activity file is automatically transmitted to Pathways Contract Management during Midnight Processing.

Transmission of Payment and Adjustment Activity

The transmission of payment and adjustment activity can be an automatic or manual procedure.

Automatic Processing of Payment and Adjustment Activity File

The activity file is automatically transmitted if the file is successfully created during Midnight Processing and the communication link is established.

Manual Processing of Payment and Adjustment Activity File

If for any reason the source file is not downloaded during Midnight Processing, the activity file is downloaded when the source file is manually downloaded.

Results of Processing the Payment and Adjustment Activities

The results of processing the payment and adjustment activities to Pathways Contract Management include:

- STAR Patient Accounting prints the payment and adjustment activities on the Pathways Contract Management Activity report (FBR281). Refer to **“REPORTS” on page 3-53** for a description of this report.
- Pathways Contract Management receives payment and activity data and updates their accumulators.

PURGING CLAIMS

If a claim is deleted that is attached to a primary insurance, and the claim has been accepted by Pathways Contract Management, STAR Patient Accounting sends delete notices to Pathways Contract Management for all subsequent claims that have been passed and reverses the associated Contractual Adjustment unless an ERA Contractual Adjustment has been posted using the variance method. The system then re-sends all of the claims starting with the first claim not sent to Pathways Contract Management. If activity needs to be re-sent (for example, payments, adjustments, refunds, or balance transfers), the Resend PCON Transactions function should be used after the claim has been accepted by Pathways Contract Management. The system posts a Transaction History message to the account for all Pathways Contract Management claims that have been deleted. These are noted on the Pathways Reimbursement Audit Report (FBR251). For more information on purging claims, refer to the *Billing and Claims Volume* of the *STAR Patient Accounting Reference Guide*.

REPORTS

Reimbursement Table Report - FTR140

The Reimbursement Table Report prints reimbursement information for all or selected payors. Refer to the *Reports Volume* in the *STAR Financials Patient Accounting Reference Guide* for more information on this report. For a sample of this report, refer to [“Chapter 1 - USING THE STANDARD INTERFACE.”](#)

Purpose

The report includes the payor code and description, reimbursement type code, table number, effective dates for the payor, effective date type code, post reimbursement flag, and post contractual by department flag.

This report serves as an audit trail for the contents of your reimbursement tables.

Frequency

This report is generated during Midnight Processing and is printed as a demand report.

Sorts

The system sorts this report by payor code, if multiple payors are selected.

Totals

There are no totals provided on this report.

Reimbursement Audit Report - FBR251

The Reimbursement Audit Report provides a list of the final, late, cycle, and adjustment billed accounts that have been processed for reimbursement calculations.

Purpose

The report lists the patient name, account number, payor code, type code (DRG code, overall plan, procedure code, medical service, diagnosis code, and Pathways Contract Management) reimbursement table number, transaction code, calculation method (flat rate, per diem, charges), admit date, posting date, covered days, covered charges, expected reimbursement, contractual adjustment, stop loss flag, and any exception codes.

Frequency

This report is generated during Midnight Processing and is printed as a demand report.

Sorts

The system sorts this report by carrier and is subsorted by patient indicator, patient name, and patient number.

Totals

Carrier totals are provided by patient type for the number of accounts, covered charges, expected reimbursement, and contractual adjustment. Facility totals are provided by patient type for number of accounts, covered charges, expected reimbursements, and contractual adjustments.

The following is an example of the Reimbursement Audit Report.

Figure 3.1 FBR251 — Reimbursement Audit Report

Date: 10/15/04 Time: 12:44am		Windward Medical Center PCON 1500 Reimbursement Audit Report For 10/14/04					Page : 1 Report: FBR251A	
Carrier: 678 TRISH INS Patient Indicator: Inpatient								
Patient Name	Account #	COB	BS	CS	Tran Code	Adm Dte/ Post Dte	Claim Total	Exp. Reimb. Contr. Adj.
JERNIGAN, JERI	03286-00001	1	1	1	A00278	10/07/03 10/14/03	645.30	616.24 29.06-

The report contains a header that includes the date and time the report is generated, your hospital's name, the report title, the page number, and the report name as used in the system.

CARRIER

This field contains the carrier code and name.

PATIENT INDICATOR

This field contains the patient indicator, for example I-inpatient or O-outpatient.

PATIENT NAME

This field contains the patient name.

ACCOUNT #

This field contains the patient account number.

BS

This field contains the bill sequence number for the claim.

CS

This field contains the claim sequence number for the claim.

TRAN CODE

This field contains the transaction code for the claim.

ADM DTE/POST DTE

This field contains the date the patient was admitted and the date the transaction was posted.

EXP REIMB/CONTR ADJ.

This field identifies the expected reimbursement amount and the contractual adjustment for the account.

Pathways Contract Management Download Report - FBR570

The Pathways Contract Management Download Report is used to report all insurances sent to Pathways Contract Management for final, adjusted, and late billed accounts. The report heading contains a counter which identifies how many times the Pathways Contract Management Interface run was processed. If the interface is only run during Midnight Processing for the facility, the file counter is 1. If the interface is run one or more times during the day, the file counter on the reports reflects the number of the run. The Midnight Processing run of the interface documents the last time that a file was created for Pathways Contract Management for the facility since this is the last process that updates the counter.

The report reflects the sending of claims to Pathways Contract Management at the time a claims loads and when a claim releases. For example, if the PCON Send For Cycle/Final field or the PCON Send For Adj/Late field is set to Both, claims are sent to Pathways Contract Management when they load and when they release. A # sign

follows the bill type for claims that replace loaded claims. For example, if a loaded claim is sent to Pathways Contract Management, and then the same claim is sent at time of claim release, a number (#) sign is used to indicate that the loaded claim is being replaced on Pathways Contract Management by the released claim. The # sign follows the bill type for such claims in the Entries Not Returned section of the report. If a claim sent after release was sent previously after loading, a replacement notice is sent for the claim originally loaded. Although these replacement notices are counted in the report totals, the claims are not identified in the Deletion/Replacement Notices section of the report.

Purpose

This report, which includes all insurances sent to Pathways Contract Management for final, adjusted, and late billed accounts, is divided into two sections. The first section provides the claims sent. The second section provides all deletion and replacement notices.

The report is split by facility.

Frequency

This report is generated nightly during Midnight Processing. This report is also generated each time a Pathways Contract Management file is manually downloaded.

Sorts

The system sorts this report by biller and then alphabetically by patient name.

Totals

Totals are provided within each section of the report. Totals are provided for the total number of entries not returned, and for the total number of deletion and replacement notices. A summary of these totals is provided at the end of the report.

The following is an example of the Pathways Contract Management Download Report.

Figure 3.2 FBR570 — Pathways Contract Management Download Report

Date: 10/10/04	General Hospital	Page : 1
Time: 12:55am	Pthwys Cont Mgmt 1500 Download Rpt - File	Report: FBR570A
	Entries Not Returned	
Biller: 44-JENNIE;M MOTHERSHED		

Name	Acct #	Car/Pln	BS/CS	BT	RT	Clm Num	Admit Dt	#Attempts	Total Chgs
JEANSONNE,ADMIT	0229500002	400100	133/270A	B	80		10/22/02		57,502.70
Totals:	# Accts	1							57,502.70

* In BT column indicates claim was deleted and added in the same day and # in BT column indicates same claim resent.

Date: 10/10/04	General Hospital	Page : 2
Time: 12:55am	Pthwys Cont Mgmt 1500 Download Rpt - File	Report: FBR570A
	Summary of Activity for 10/09/04	

	No of Claims	Total Chrgs	Contr Adj	Expect Reimb
Deletion/Replacement Notices:	1	57,362.70		
New Entries Created:	1	57,502.70		
Existing Entries Included:	0	0.00		
Entries Sent:	1	57,502.70		
Entries Returned:				
Entries Not Returned:				
Entries Bypassed:				
Adjustments posted:				
Adjustments pending:				

The report contains a header that includes the date and time the report is generated, your hospital's name, the report title, the page number, and the report name as used in the system.

Entries Not Returned

This section provides a summary of the entries not returned by Pathways Contract Management.

BILLER

This field contains the biller code and description or name of the biller.

PATIENT NAME

This field contains the patient name.

ACCOUNT #

This field contains the patient account number.

CAR/PLN

This field contains the insurance carrier/plan code.

BS/CS

This field contains the bill sequence and claim sequence number for the claim.

BT

This field identifies the type of bill. Valid bill types are F-Final, L-Late, C-Cycle, or A-Adjustment.

RT

This field contains the reimbursement type code that is assigned to the account. Valid types are B - PCON 1500.

CLM NUM

This field contains the unique claim identifier.

ADMIT DT

This field contains the admission date.

POST DT

This field identifies the date the contractual adjustment was posted. Contractual adjustments not yet posted are listed as not sent, not returned, or pending depending on the status of the transfer process.

TOTAL CHARGES

This field contains the total charges for the account.

Deletion and Replacement Notices

This section provides a summary of the deletion and replacement notices returned by Pathways Contract Management.

BILLER

This field contains the biller code and description or name for the original claim.

PATIENT NAME

This field contains the patient name.

ACCOUNT #

This field contains the patient account number.

CAR/PLN

This field contains the insurance carrier/plan code.

BS/CS

This field contains the bill sequence and the claim sequence number for the claim.

TYP

This field identifies the type of bill. Valid bill types are F-Final, L-Late, or A-Adjustment.

ADMIT DT

This field contains the admission date.

NOTICE TYPE

This field contains the type of notice sent to Pathways Contract Management. Valid notice types are R-Replacement and D-Deletion.

CVRD DAYS

This field identifies the covered days for the original claim.

ORIG CVRD CHGS

This field contains the covered charges for the original claim.

ORIG REIMB

This field contains the reimbursement for the original claim.

ORIG CONTR

This field contains the contractual adjustment amount for the original claim.

NOTE: Pathways Contract Management provides a listing of all claims that were rejected and reports the reason the reimbursement could not be successfully calculated. The Pathways Contract Management Batch Error Listing Report, which is requested by specific date, can be used to make corrections to the accounts that were not processed.

Totals for Deletion and Replacement Notices**TOTALS: # ACCOUNTS**

This field contains the total number of accounts.

Summary of Activity for MM/DD/YY

This section of the report provides a summary of totals for a particular date.

DELETION/REPLACEMENT NOTICES

This field contains the total number of deletion and replacement notices reported in the detail section of this report.

NEW ENTRIES CREATED

This field contains the total number of claims included in the source file for the first time.

EXISTING ENTRIES INCLUDED

This field contains the total number of claims returned by Pathways Contract Management on a previous processing day that are automatically included in the source file so that Pathways Contract Management can retry the reimbursement calculation.

ENTRIES SENT

This field contains the totals for the claims sent to Pathways Contract Management.

The *Entries Sent* field should balance with other fields as follows:

New Entries Created + Existing Entries Included = Entries Sent
Entries Sent = Entries Returned + Entries Not Returned

ENTRIES RETURNED

This field contains the total number of entries returned by Pathways Contract Management.

ENTRIES NOT RETURNED

This field contains the total number of entries not returned by Pathways Contract Management.

ADJUSTMENTS POSTED

This field contains the number of contractual adjustments that were returned by Pathways Contract Management that were posted by the system to the patient's account. *** *Batch #999* *** is printed beside the total to indicate the adjustment batch that contained the Pathways Contract Management contractual adjustments.

ADJUSTMENTS PENDING

This field contains the number of contractual adjustments that were returned by Pathways Contract Management that were not posted by the system to the patient's account. These adjustments are in an open adjustment batch that requires your approval. *** *Batch #999* *** is printed beside this total to indicate that there is an open adjustment batch that requires your approval. The batch number is included to assist you in locating the batch.

Pathways Contract Management Activity Report - FBR571

Purpose

This report provides a listing of all STAR Patient Accounting activities (payments, adjustments, refunds, balance transfers and claim dispositions) that were sent to Pathways Contract Management. This report can be used to verify that the correct information is being transmitted to Pathways Contract Management. This report contains the patient account number, patient name, the type of activity (insurance payment, insurance payment reversal, insurance refund, balance transfer, insurance refund deletion, insurance adjustment, and insurance denial), the transaction code, and the amount of the activity.

This report is split by facility.

Frequency

This report is generated nightly during Midnight Processing. If no activity is transmitted for the day, the report is generated without detail entries.

Sorts

The system sorts this report alphabetically by patient name. The report is then sorted by the posting date of the activity.

Totals

A subtotal by type of activity (insurance payment, insurance payment reversal, insurance refund, insurance refund deletion, insurance adjustment, insurance denial and balance transfer) is provided. A grand total for activities is provided.

The following is an example of the Pathways Contract Management Activity Report.

Figure 3.3 FBR571 — Pathways Contract Management Activity Report

Date: 10/10/04		General Hospital							Page : 1	
Time: 12:55am		Pathways Contract Management 1500 Activity Report							Report: FBR571A	
		Activity for 10/09/04								
Patient Name	Account #	Clm Num	BS/CS	BT RT	Car/Pln	Ins Type	Clm Bill Dt	Activity	Post Dt	
Batch#	Trans Cd	Amount	Pymt/Adj Ind							
MOORE,PCONF		0322400001	1	4/ 4	A B	500/700	C	10/06/03	Bal Xfer	
	B0010	10.00-		6					10/09/03	
Totals:										
Insurance Payments						0.00				
Insurance Payment Reversals						0.00				
Insurance Refunds						0.00				
Insurance Refunds Deletions						0.00				
Insurance Adjustments						0.00				
Insurance Denials						0.00				
Balance Transfers						10.00-				
Total Insurance Payments						0.00				
Total Insurance Adjustments						10.00-				
Grand Total:						10.00-				
End of Report										

The report contains a header that includes the date and time the report is generated, your hospital's name, the report title, the page number, and the report name as used in the system.

PATIENT NAME

This field contains the patient name.

ACCOUNT #

This field contains the patient account number.

BS

This field contains the bill sequence number for the claim.

CS

This field contains the claim sequence number for the claim.

TRAN CODE

This field contains the transaction code for the claim.

ADM DTE/POST DTE

This field contains the dates the patient was admitted and the date that activity was posted on the STAR Patient Accounting system.

CLAIM TOTAL

This field contains the dollar amount of the total charges for the patient's claim.

EXP REIMB/CONTR. ADJ.

This field identifies the expected reimbursement amount for the account and the contractual adjustment amount for the account.

Pathways Contract Management Posting Report - FBR572

The Pathways Contract Management Posting Report is used to report all insurances sent to Pathways Contract Management. The report heading contains a counter which identifies how many times the Pathways Contract Management Interface run was processed. If the interface is only run during Midnight Processing for the facility, the file counter is 1. If the interface is run one or more times during the day, the file counter on the reports reflects the number of the run. The Midnight Processing run of the interface documents the last time that a file was created for Pathways Contract Management for the facility since this is the last process that updates the counter.

The report reflects the sending of claims to Pathways Contract Management at the time a claims loads and when a claim releases. For example, if the PCON Send For Cycle/Final field or the PCON Send For Adj/Late field is set to Both, then claims are sent to Pathways Contract Management when they load and when they release. A # sign follows the bill type for claims that replace loaded claims. For example, if a loaded claim is sent to Pathways Contract Management, and then the same claim is sent at time of claim release, then a # sign is used to indicate that the loaded claim is being replaced on Pathways Contract Management by the released claim. The # sign follows

the bill type for such claims in various sections of the report. If a claim sent after release was sent previously after load, a replacement notice is sent for the claim originally loaded. Although these replacement notices are counted in the report totals, the claims are not identified in the Del/Replace Not section of the report.

Purpose

This report, which includes all insurances sent to Pathways Contract Management for final and adjustment billed accounts, is divided into five sections. The first section provides the claims sent for which the reimbursements are returned. The second section provides the claims sent for which the reimbursements are not returned. The third section provides all deletion and replacement notices. The fourth section provides all entries returned for which the contractual adjustment was not posted due to multiple billing events. The fifth section provides all entries returned for which the contractual adjustment was not posted due to Electronic Remittance Advice payments.

The report is split by facility.

Frequency

This report is generated nightly during Midnight Processing. This report is also generated each time a Pathways Contract Management return file is manually uploaded and each time a Pathways Contract Management contractual adjustment batch is approved online.

NOTE: This report is generated only if a return file is found when the step in Midnight Processing is run. This report is generated if the Return File is Manually Uploaded or Posted.

Sorts

The system sorts this report by biller and then alphabetically by patient name.

Totals

Totals are provided within each section of the report. Totals are provided for the total number of entries returned, for the total number of entries not returned, and for the total number of deletion and replacement notices. A summary of these totals is provided at the end of the report.

The following is an example of the Pathways Contract Management Posting Report.

Figure 3.4 FBR572 — Pathways Contract Management Posting Report

Date: 10/10/04
 Time: 11:30am

Windward Medical Center
 Pthwys Cont Mgmt 1500 Posting Rpt - File
 Entries Not Returned

Page : 1
 Report: FBR572A

Biller: 44-JENNIE;M MOTHERSHED

Name	Acct #	Car/Pln	BS/CS	BT	RT	Clm Num	Admit Dt	#Attempts	Days	Total Chgs
JEANSONNE, ADMIT	0229500002	400100	133/270A	I	80	10/22/02			1	57,502.70
Totals:	# Accts				1					57,502.70

* In BT column indicates claim was deleted and added in the same day and # in BT column indicates same claim resent.

Date: 10/10/04
 Time: 11:30am

Windward Medical Center
 Pthwys Cont Mgmt 1500 Posting Rpt - File
 Summary of Activity for 10/09/04

Page : 2
 Report: FBR572A

	No of Claims	Total Chrgs	Contr Adj	Expect Reimb
Deletion/Replacement Notices:	1	57,362.70		
New Entries Created:	1	57,502.70		
Existing Entries Included:	0	0.00		
Entries Sent:	1	57,502.70		
Entries Returned:	0	0.00	0.00	0.00
Entries Not Returned:	1	57,502.70		
Entries Bypassed:	0	0.00		
Adjustments posted:	0		0.00	*** Batch #21 ***
Adjustments pending:	0			

End of Report

Field Explanations

The report contains a header that includes the date and time the report is generated, your hospital's name, the report title, the page number, and the report name as used in the system.

Entries Returned

This section provides a summary of the entries returned by Pathways Contract Management.

BILLER

This field contains the biller code and description or name of the biller.

PATIENT NAME

This field contains the patient name.

ACCOUNT #

This field contains the patient account number.

CAR/PLN

This field contains the insurance carrier/plan code.

BS/CS

This field contains the bill sequence and claim sequence number for the claim.

BT

This field identifies the type of bill. Valid bill types are F-Final, L-Late, C-Cycle or A-Adjustment.

RT

This field contains the reimbursement type for the account being reported on.

CLM M DT

This field contains the claim match date that was passed to Pathways Contract Management for this claim.

ADMIT DT

This field contains the admission date.

POST DT

This field identifies the date the contractual adjustment was posted. Contractual adjustments not yet posted are listed as not sent, not returned, or pending depending on the status of the transfer process.

MET

This field identifies the batch posting method. The posting method is System or User.

BCH

This field identifies the batch number assigned to the contractual adjustment batch.

CVRD DAYS

This field identifies the covered days for the claim.

CVRD CHARGES

This field identifies the covered charges for the claim.

EXP. REIMB

This field contains the expected reimbursement as calculated by Pathways Contract Management.

CONTR ADJ

This field contains the contractual adjustment amount as calculated by Pathways Contract Management.

Totals for Entries Returned**TOTALS: # ACCOUNTS**

This field contains the total number of accounts.

TOTALS: CVRD CHARGES

This field contains the total of the covered charges.

TOTALS: EXP. REIMB

This field contains the total expected reimbursement amount as returned by Pathways Contract Management.

TOTALS: CONTR ADJ

This field contains the total contractual adjustment amount as calculated by Pathways Contract Management.

Entries Not Returned

This section provides a summary of the entries not returned by Pathways Contract Management.

BILLER

This field contains the biller code and description or name of the biller.

PATIENT NAME

This field contains the patient name.

ACCOUNT #

This field contains the patient account number.

CAR/PLN

This field contains the insurance carrier/plan code.

BS/CS

This field contains the bill sequence and claim sequence number for the claim.

BT

This field identifies the type of bill. Valid bill types are F-Final, L-Late, C-Cycle or A-Adjustment.

RT

This field contains the reimbursement type for the account being reported on.

CLM M DT

This field contains the claim match date that was passed to Pathways Contract Management for this claim.

ADMIT DT

This field contains the admission date.

POST DT

This field identifies the date the contractual adjustment was posted. Contractual adjustments not yet posted are listed as not sent, not returned, or pending depending on the status of the transfer process.

METHOD

This field identifies the batch posting method. The posting method is System or User.

BCH

This field identifies the batch number assigned to the contractual adjustment batch.

CVRD DAYS

This field identifies the covered days for the claim.

CVRD CHARGES

This field identifies the covered charges for the claim.

EXP. REIMB

This field contains the expected reimbursement as calculated by Pathways Contract Management.

CONTR ADJ

This field contains the contractual adjustment amount as calculated by Pathways Contract Management.

Deletion and Replacement Notices

This section provides a summary of the deletion and replacement notices returned by Pathways Contract Management.

BILLER

This field contains the biller code and description or name for the original claim.

NAME

This field contains the patient name.

ACCOUNT #

This field contains the patient account number.

CAR/PLN

This field contains the insurance carrier/plan code.

BS/CS

This field contains the bill sequence and the claim sequence number for the claim.

BT

This field identifies the type of bill. Valid bill types are F-Final, L-Late, C-Cycle, or A-Adjustment.

RT

This field contains the reimbursement type for the account being reported on.

CLM M DT

This field contains the claim match date that was passed to Pathways Contract Management for this claim.

ADMIT DT

This field contains the admission date.

NOT TYP (NOTICE TYPE)

This field contains the type of notice sent to Pathways Contract Management. Valid notice types are R-Replacement and D-Deletion.

CVRD DAYS

This field identifies the covered days for the original claim.

ORIG CVRD CHGS

This field contains the covered charges for the original claim.

ORIG REIMB

This field contains the reimbursement for the original claim.

ORIG CONTR

This field contains the contractual adjustment amount for the original claim.

Pathways Contract Management provides a listing of all claims that were rejected and reports the reason the reimbursement could not be successfully calculated. The Pathways Contract Management Batch Error Listing Report, which is requested by specific date, can be used to make corrections to the accounts that were not processed.

Totals for Deletion and Replacement Notices

TOTALS: # ACCOUNTS

This field contains the total number of accounts.

TOTALS: CVRD CHARGES

This field contains the total of the covered charges.

TOTALS: ORIG REIMB

This field contains the total of the original reimbursements.

TOTALS: ORIG CONTR

This field contains the total of the original contracts.

Entries Bypassed

This section provides a summary of the entries returned by Pathways Contract Management that are not posted to STAR Patient Accounting due to multiple billing events. Only the contractual adjustment associated with the most recent bill is posted on STAR Patient Accounting; all others are "bypassed."

BILLER

This field contains the biller code and description or name of the biller.

PATIENT NAME

This field contains the patient name.

ACCOUNT #

This field contains the patient account number.

CAR/PLN

This field contains the insurance carrier/plan code.

BS/CS

This field contains the bill sequence and claim sequence number for the claim.

BT

This field identifies the type of bill. Valid bill types are F-Final, L-Late, C-Cycle or A-Adjustment.

RT

This field contains the reimbursement type for the account being reported on.

CLM M DT

This field contains the claim match date that was passed to Pathways Contract Management for this claim.

ADMIT DT

This field contains the admission date.

POST DT

This field displays BYPASSED for all entries in this section of the report. If the contractual adjustment is not returned and posted on STAR Patient Accounting before the account is adjustment billed, the information from the second billing event is also

sent to Pathways Contract Management. When the contractual adjustment from the first billing event is received, it does not post to the account. In this situation, BYPASSED is displayed in this field for the contractual adjustment.

METHOD

This field identifies the batch posting method. The posting method is System or User.

BCH

This field identifies the batch number assigned to the contractual adjustment batch.

CVRD DAYS

This field identifies the covered days for the claim.

CVRD CHARGES

This field identifies the covered charges for the claim.

EXP. REIMB

This field contains the expected reimbursement as calculated by Pathways Contract Management.

CONTR ADJ

This field contains the contractual adjustment amount as calculated by Pathways Contract Management.

Totals for Entries Bypassed

TOTALS: # ACCOUNTS

This field contains the total number of accounts.

TOTALS: CVRD CHARGES

This field contains the total of the covered charges.

TOTALS: EXP. REIMB

This field contains the total expected reimbursement amount as returned by Pathways Contract Management.

TOTALS: CONTR ADJ

This field contains the total contractual adjustment amount as calculated by Pathways Contract Management.

Entries Bypassed Due to ERA

This section provides a summary of the entries returned by Pathways Contract Management that are not posted to STAR Patient Accounting due to a variance method contractual adjustment already occurring with the Electronic Remittance Advice payment. These are the entries that are bypassed because the contractual adjustment method is variance and a payment has been handled by ERA already; therefore no further adjustments are posted from Pathways. ERA controls contractual adjustments from this point forward.

BILLER

This field contains the biller code and description or name of the biller.

PATIENT NAME

This field contains the patient name.

ACCOUNT #

This field contains the patient account number.

CAR/PLN

This field contains the insurance carrier/plan code.

BS/CS

This field contains the bill sequence and claim sequence number for the claim.

BT

This field identifies the type of bill. Valid bill types are F-Final, L-Late, C-Cycle or A-Adjustment.

RT

This field contains the reimbursement type for the account being reported on.

CLM M DT

This field contains the claim match date that was passed to Pathways Contract Management for this claim.

ADMIT DT

This field contains the admission date.

POST DT

This field displays BYPASSED for all entries in this section of the report.

Entries returned by Pathways Contract Management are displayed in this section when the contractual adjustment was bypassed (not posted) due to a variance method contractual adjustment already occurring with an Electronic Remittance Advice payment. These are the entries that are bypassed because the contractual adjustment method is variance and a payment has been handled by ERA already; therefore, no further adjustments are posted from Pathways Contract Management. ERA controls contractual adjustments from that point on. In this situation, BYPASSED is displayed in this field for the contractual adjustment.

METHOD

This field identifies the batch posting method. The posting method is System or User.

BCH

This field identifies the batch number assigned to the contractual adjustment batch.

CVRD DAYS

This field identifies the covered days for the claim.

CVRD CHARGES

This field identifies the covered charges for the claim.

EXP. REIMB

This field contains the expected reimbursement as calculated by Pathways Contract Management.

CONTR ADJ

This field contains the contractual adjustment amount as calculated by Pathways Contract Management.

Totals Entries Bypassed Due to ERA**TOTALS: # ACCOUNTS**

This field contains the total number of accounts.

TOTALS: CVRD CHARGES

This field contains the total of the covered charges.

TOTALS: EXP. REIMB

This field contains the total expected reimbursement amount as returned by Pathways Contract Management.

TOTALS: CONTR ADJ

This field contains the total contractual adjustment amount as calculated by Pathways Contract Management.

Summary of Activity for MM/DD/YY

This section of the report provides a summary of totals for a particular date.

DELETION/REPLACEMENT NOTICES

This field contains the total number of deletion and replacement notices reported in the detail section of this report.

NEW ENTRIES CREATED

This field contains the total number of claims included in the source file for the first time.

EXISTING ENTRIES INCLUDED

This field contains the total number of claims returned by Pathways Contract Management on a previous processing day that are automatically included in the source file so that Pathways Contract Management can retry the reimbursement calculation.

ENTRIES SENT

This field contains the totals for the claims sent to Pathways Contract Management.

The Entries Sent field should balance with other fields as follows:

New Entries Created + Existing Entries Included = Entries Sent
Entries Sent = Entries Returned + Entries Not Returned

Pathways Reimbursement 1500 Changes Audit Report - FBR575

Purpose

The Pathways Reimbursement Changes Audit Report reflects changes in insurance information impacting the calculation of reimbursement using the PCON 1500 interface.

This report provides an audit trail of the following:

- Insurance changes that resulted in the reimbursement type changing for the primary insurance from or to one of the two Pathways reimbursement types. The report reflects the current information in the Original columns and the changed information in the New columns.
- If the system is logging a Pathways Contract Management-type transaction history message to an account due to a user action on the account, this action is reflected on the report. In this instance, the report reflects the current information in the Original Columns, the New Columns are blank, and the transaction history message is displayed on the next line.
- Changes to the reimbursement type where either the original and/or the new reimbursement type are one of the two Pathways reimbursement types.
- Claims that had the re-try indicator re-set. The report includes the original claim information and the current claim information along with a comment that the re-try counter was reset.
- Deleted claims are reflected on the report.
- Additional accounts that provide an audit trail for the user to analyze claim/insurance modifications that would impact Pathways Contract Management.

Frequency

The report is generated nightly during Midnight Processing.

Sorts

An account appears on this report if the reimbursement type on the primary insurance changed and impacted the calculation of reimbursement using the PCON 1500 interface.

The following is an example of the Pathways Reimbursement Changes Audit Report.

Figure 3.5 FBR575 — Pathways Reimbursement Changes Audit Report

Date: 10/10/04		Windward Medical Center							Page : 1			
Time: 01:00am		Pathways Reimbursement 1500 Changes Audit Report for 10/09/04							Report:			
FBR575A												
		Original Information							Current Information			
Account #	Patient Name	Loc	ERA	Var	Arch	Prge	Car/Pln	Reimb-Post	ClmType	Claims	Car/Pln	Reimb/Post
ClmType Claims												
A0200900001	SHONE,ONE	1	No	No	No	500700	B	Yes	500/300	B/Yes	B	Yes
PCON 1500 reimbursement change. First 1500 insurance reimbursement was PCON 1500 with Post Adj Yes.												
End of Report												

Field Explanations

The report contains a header that includes the date and time the report is generated, the hospital name, the report title, the page number, and the report name as used in the system.

ACCOUNT #

This column contains the patient's account number.

PATIENT NAME

This column contains the patient's name.

LOC

This column contains the account's current location.

There are two column sections. The first section prints the original information for the account prior to the modifications being reported.

CAR/PLN

This column contains the original carrier/plan that was on the account prior to changing the information. This column could be blank if the account was self-pay and did not have a primary insurance assigned.

REIMB TYPE

This column contains the original Reimbursement type that was on the account prior to changing the information. This column could be blank if the account was self-pay and did not have a primary insurance assigned.

CLAIMS

This column contains either a Yes or a No to reflect if claims existed for the original primary insurance.

The second column section prints the insurance information at the time that the change was logged.

CAR/PLN

This column contains the new Carrier/Plan that was assigned to the account. This column could be blank if all insurance plans were removed and the account became self-pay.

REIMB TYPE

This column contains the new reimbursement type that was assigned to the account.

CLAIMS

This column prints either a Yes or a No to reflect if claims existed for the new primary insurance.

On the next line after the account information is printed, the report prints all of the messages that were logged for that day for this account.

Appendix A - PATHWAYS CONTRACT MANAGEMENT INTERFACE FILE

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INTRODUCTION

This appendix contains the specifications for the data that is transmitted from STAR Patient Accounting (PA) to Pathways Contract Management. Also included are the record types that are transmitted from Pathways Contract Management to STAR Patient Accounting. The record layouts for Version 6 are first, followed by the record layouts for Version 4 beginning on page [A-40](#).

RECORD LAYOUTS - VERSION 6

The record layouts that follow contain the following data:

- Record Type - The number that identifies the type of the record.
- Record Size - The physical length of the record.
- Field Number (Field No.) - The number of the field.
- Field Name - The name of the field.
- Picture - This is the picture clause. Pic X is initialized to blanks. Pic 9 is initialized to zeros. All money and date fields are Pic 9. All code fields that have a legitimate value of zero are Pic X.
- Field Specifications (Field Spec.) - This indicates the justification of the field. L is left justified. R is right justified.
- Position (Pos.) From/Thru - This indicates the position in the record. From is the leftmost position in the record (high order). Thru is the rightmost position in the record (low order).
- Location - The location of the field or the constant value for the field.
- Update - **Y** indicates that STAR Patient Accounting system enters this data. **N** indicates that STAR Patient Accounting does not enter this data. **YP** indicates that STAR Patient Accounting enters this data and Pathways Contract Management updates the contents. **P** indicates that Pathways Contract Management enters the data.

The following record types are transmitted:

Record Type	Record Name
01	Header Record
20	Patient Data
28	Patient Data Record (Sequence 01 and Sequence 02)
29	Claim Record for Source File
29	Claim Record for Source File (Replacements/Deletions)
29	Claim Record for Return File
30	Third Party Payer
40	Claim Data Record
41	Claim Data Condition Value
61	Outpatient Procedures Record

Record Type	Record Name
70	Medical Data (Sequence 01 and Sequence 02)
80	Physician Data
92	Detail Charge Record

Record Type 29 (Claim Record for Return File) is the only record that Pathways Contract Management returns to STAR Patient Accounting.

Header

Record Type: 01

Record Size: 192

R/O: Required

Description:

The Record 01 is the batch header. The 01 record is required as the first record in a batch of reimbursements.

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 01	X(2)		1	2	Always '01'	Y
02	Filler	X(187)		3	189		N
03	Version Code Value is '060' for Version 6 format.	X(3)		190	192	Always '060'	Y

Patient Data

Record Type: 20

Record Size: 192

R/O: Required

Description:

This record contains patient claim and patient demographic information.

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 20	XX	L	1	2	"20"	Y
02	Filler	XX		3	4		N
03	Patient Control Number	X(20)	L	5	24	EN	Y
04	Patient Last Name	X(20)	L	25	44	X2,,2	Y
05	Patient First Name	X(9)	L	45	53	X2,,2	Y
06	Patient Middle Initial	X		54	54	X2,,2	Y
07	Patient Sex	X		55	55	X2,,5	Y
08	Patient Birthdate	9(8)	R	56	63	X2,,4	Y
	(CCYYMMDD)						
09	Patient Marital Status	X		64	64	X2,,6	Y
10	Type of Admission	X		65	65	X2,,9	Y
11	Source of Admission	X		66	66	X2,,10	Y
12	Patient Address - Line 1	X(18)	L	67	84	X2,,3	Y
13	Patient Address - Line 2	X(12)	L	85	96	X2,,3	Y
14	City	X(15)	L	97	111	X2,,3	Y
15	State	XX	L	112	113	X2,,3	Y
16	ZIP Code	9(9)	R	114	122	X2,,3	Y
17	Admission/Start of Care Date	9(8)	R	123	130	X2,,7	Y
18	Admission Hour	XX	R	131	132	X2,,8	Y
19	Statement From (CCYYMMDD)	9(8)	R	133	140	X1,,13	Y
20	Statement Thru (CCYYMMDD)	9(8)	R	141	148	X1,,13	Y
21	Patient Status	99	R	149	150	X2,,12	Y
22	Discharge Hour	99	R	151	152	X2,,11	Y
23	Payments Received (Patient Line)	9(8)V99S	R	153	162	X5,,13	Y
24	Estimated Amount Due (Patient line)	9(8)V99S	L	163	172	X5,,17	Y
25	Medical Record Number	X(17)	L	173	189	X2,,13	Y
26	Filler	X(3)	R	190	192		N

Notes for Record Type 20 - Patient Data

1. Field 11, Address Line 1

The first 18 characters of STAR Address Line 1 populate this field.

2. Field 12, Address Line 2

The last 7 characters from STAR Address Line 1 and the first 5 characters from STAR Address Line 2 populate this field.

3. Field 21, Patient Status

STAR sends the Discharge Status.

Patient Data - Sequence 01

Record Type: 28

Record Sequence: 01

Record Size: 26

R/O: Required

Description:

The 28-01 record contains additional patient claim data.

Field No.	Field Name	Picture	Field Spec	Pos From	Pos. Thru	Location	Update
01	Record Type 28	X(002)	L	1	2	"28"	Y
02	Sequence Number	X(002)	L	3	4	"01"	Y
03	Patient Control Number	X(020)	L	5	24	EN	Y
04	Hospital Facility	X(001)	L	25	25	fEN	Y
05	Entity	X(002)	L	26	27	Blank	N
06	Admit Date (CCYYMMDD)	X(008)	L	28	35	X2,,7	Y
07	Discharge Date (CCYYMMDD)	X(008)	L	36	43	MP,,14	Y
08	Billing Date (CCYYMMDD)	X(008)	L	44	51	X1,,14	Y

Field No.	Field Name	Picture	Field Spec	Pos From	Pos. Thru	Location	Update
09	Patient Process Type (Access) Patient Indicator I - Inpatient, O - Outpatient or E - Emergency	X(001)	L	52	52	FAA,,20	Y
10	Patient Type (Access)	X(003)	L	53	55	FAA,,18	Y
11	Patient Class (Access)	X(002)	L	56	57		N
12	Financial Class	X(002)	L	58	59	FAA,,21	Y
13	Medical Service	X(003)	L	60	62	FAA,,19	Y
14	Account Number	X(013)	L	63	75	Blank	N
15	DRG Type	X(001)	L	76	76	If KK1,,1==0, set to I. If KK1,,1==2, set to Y If KK1,,1==3, set to S. For ASC codes, set to A.	Y
16	DRG Code	X(003)	L	77	79	KK,,5	Y
17	#1 MDC Code	X(002)	L	80	81	KK,,6	Y
18	#1 Outlier Code	X(001)	L	82	82	If type = I, KK, 14/15. If type = Y, KK1,11. Convert 5 to C, 3 to D. If type = S, KK1, 11. Convert 3 to C, 2 to D.	Y
19	#2 ASC/DRG Type	X(001)	L	83	83	Follow type 1 logic, using \$P(\$P(KK2),";"). If KK2 null, leave DRG 2 fields blank.	Y
20	#2 ASC/DRG Code	X(003)	L	84	86	KK2,,17	Y

Field No.	Field Name	Picture	Field Spec	Pos From	Pos. Thru	Location	Update
21	#2 MDC Code	X(002)	L	87	88	KK2,,18	Y
22	#2 Outlier Code	X(001)	L	89	89	KK2,,11. If type = I, convert 3 to C, 2 to D. Else use Outlier 1 logic.	Y
23	#1 CPT4 Code	X(005)	L	90	94		Y
24	#1 CPT4 Date (CCYYMMDD)	X(006)	L	95	102	Codes are the first “,” piece in HP-1,,8.	Y
25	#2 CPT4 Code	X(005)	L	103	107		Y
26	#2 CPT4 Date (CCYYMMDD)	X(006)	L	108	115		Y
27	#3 CPT4 Code	X(005)	L	116	120		Y
28	#3 CPT4 Date (CCYYMMDD)	9(008)	L	121	128		Y
29	#4 CPT4 Code	X(005)	L	129	133		Y
30	#4 CPT4 Date (CCYYMMDD)	9(008)	L	134	141		Y
31	#5 CPT4 Code	X(005)	L	142	146		Y
32	#5 CPT4 Date (CCYYMMDD)	9(008)	L	147	154		Y
33	#6 CPT4 Code	X(005)	L	155	159		Y
34	#6 CPT4 Date (CCYYMMDD)	9(008)	L	160	167		Y
35	#7 CPT4 Code	X(005)	L	168	172		Y
36	#7 CPT4 Date (CCYYMMDD)	9(008)	L	173	180		Y
37	#8 CPT4 Code	X(005)	L	181	185		Y
38	#8 CPT4 Date (CCYYMMDD)	9(0086)	L	186	193		Y
39	Admitting Pavilion	X(001)	L	194	194	Blank	N
40	#1 DRG Weight	9(3)V9(4)	R	195	201	^EM(Y%, "RM",P(KK,2)_(K K,5)) piece 7. You can access online through Med Recs, Abstracting, tables.	Y

Field No.	Field Name	Picture	Field Spec	Pos From	Pos. Thru	Location	Update
41	#2 DRG Weight	9(3)V9(4)	R	202	208	\$P(KK2,,4)	Y
42	Mother's Discharge Date - for newborn claims only (CCYYMMDD)	9(008)	L	209	216	If VP-17 not null, retrieve mother MP node.	Y

Notes for Record Type 28-01 Patient Data

1. Field 09 - Patient Process Type:
 - Equivalent to STAR Patient Accounting Patient Indicator.
 - I = Inpatient
 - E = Emergency
 - O = Outpatient
2. Field 10 - Patient Type:
 - Pathways Contract Management Interface automatically substitutes the / (slash) with a - (dash). For example, I/P on STAR Patient Accounting is translated to I-P on Pathways Contract Management.
3. Fields 15 and 19 - DRG Types:
 - I = Medicare DRG
 - S = CHAMPUS DRG
 - Y = All Payer DRG
4. Fields 18 and 22 - Outlier Codes:
 - D = Day Outlier
 - C = Cost Outlier
5. Field 42 - Mother's Discharge Date:
 - This field is applicable only to newborns. The baby must have a separate claim. The mother and baby cannot be combine billed.
 - The date format is CCYYMMDD) when a date is present.

Record 28-02 - Patient Data

Record Type: 28

Sequence: 02

Size: 192

R/O: Optional

Description

The 28-02 record is optional. It contains the ASC codes assigned to the claim's CPT codes, as well as all unique UB revenue codes on the claim.

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 28	X(002)	L	1	2	"28"	Y
02	Sequence Number	X(002)	L	3	4	"02"	Y
03	Patient Control Number	X(020)	L	5	24	EN	Y
04 *	#1 ASC Code	X(01)	L	25	25		Y
05 *	#2 ASC Code	X(01)	L	26	26		Y
06 *	#3 ASC Code	X(01)	L	27	27		Y
07 *	#4 ASC Code	X(01)	L	28	28		Y
08 *	#5 ASC Code	X(01)	L	29	29		Y
09 *	#6 ASC Code	X(01)	L	30	30		Y
10 *	#7 ASC Code	X(01)	L	31	31		Y
11 *	#8 ASC Code	X(01)	L	32	32		Y
12 *	Patient Age (years) Note: Patient Age is the Age in years at admission.	X(03)	L	33	35		Y
13 - 47*	UB Revenue Code Table - Each unique revenue code on the claim needs to be in this table.	X(04) (occurs 35 times)	L	36	175	UB Claim Type=X, FB-XB-1, pad to 4 digits Medi-Cal UB Claim Type=R (Not Available)	
48	Filler	X(017)	L	176	192		

NOTE: The asterisk (*) denotes that the field is used by Pathways Contract Management.

Record for Source File

Record Type: 29

Record Size: 192

R/O: Required

Description:

The 29 record contains insurance claim data. Currently, Pathways Contract Management only processes COB sequence 1.

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 29	X(002)	L	1	2	"29"	Y
02	Sequence Number	9(002)	R	3	4	"01"	Y
03	Patient Control Number	X(020)	L	5	24	EN	Y
04	Hospital Facility	X(001)	L	25	25	fEN	Y
05	Entity	X(002)	L	26	27	Blank	N
06	Insured Employer No.	X(006)	L	28	33	N(1),,2	Y
07	Ins. Plan/Carrier Code	X(006)	L	34	39	FAI1, "," pieces 1 and 2	Y
08	Debit/Credit Indicator	X(005)	L	40	44	D or C	Y
09	Ins. Type	X(001)	L	45	45	I2,,1	Y
10	COB Sequence	X(001)	L	46	46	FAI1, "," piece 3	Y
11	IK Sequence Number	9(001)	R	47	47	FAI1, "," piece 4	Y
12	Claim Delete/Replace	X(001)	L	48	48	Blank	Y
13	Claim Type Code	X(001)	L	49	49	\$P(C).	Y
14	Claim Number	9(007)	R	50	56	CS - in memory	Y
15	Bill Sequence Number	9(003)	R	57	59	BS - in memory	Y
16	Covered Days	9(005)	R	60	64	X1,,15	YP
17	Covered Charges	9(7)V99	R	65	73	FBT,,1 + FBT,,2	YP
18	Deductible Amount	9(7)V99	R	74	82	FBT,,3	YP
19	Co-Insurance Amount	9(7)V99	R	83	91	FBT,,10	YP

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
20	COB Estimated Amount	9(7)V99	R	92	100	FBT,,11	YP
21	#1 Adjustment Code	X(008)	L	101	108	FA3,,4	YP
22	#1 Adjustment Amount	9(7)V9	R	109	117	Not sent.	P
23	Debit/Credit Ind.	X(01)	L	118	118	Not sent.	P
24	#2 Adjustment Code	X(008)	L	119	126	Not sent.	P
25	#2 Adjustment Amount	9(7)V99	R	127	135	Not sent.	P
26	Debit/Credit Ind.	X(01)	L	136	136	Not sent.	P
27	Reimb Method Code	X(001)	L	137	137	Not sent.	P
28	Reimb Method Exception	X(004)	L	138	141	Not sent.	P
29	Stop Loss Code	X(002)	L	142	143	Not sent.	P
30	Reimb Basis Type	X(001)	L	144	144	Not sent.	P
31	Reimb Basis Value	X(007)	L	145	151	Not sent.	P
32	Prof Comp Delete Ind.	X(001)	L	152	152	Not sent.	P
33	Process Ind.	X(001)	L	153	153	Y	Y
34	Patient Process Type	X(001)	L	154	154	FAA,,20	Y
35	Total Charges	9(7)V99	R	155	163		Y
36	Claim Sequence	9(3)	R	164	166		Y
37	DRG Reim Amt	9(7)V99	R	167	175		Y
38	DRG Outlier Amt	9(7)V99	R	176	184		Y
39	Filler	X(8)	L	185	192		N

Notes for Record Type 29 - Claim Record for Source File

- Field 6 - Insured Employer No.:
 - Pathways Contract Management automatically substitutes the / (slash) with a - (dash). For example, 123/456 on STAR Patient Accounting is translated to 123-456 on Pathways Contract Management.
- Field 11 - IK Sequence Number:
 - STAR Patient Accounting = Internal sequence number of carriers/plans.
- Field 12 - Claim Delete/Replace:
 - STAR Patient Accounting = D, R, or ' '
- Field 13 - Claim Type Code:

- STAR Patient Accounting = Claim Type of A for adjustment, F for final, or L for late.
5. Field 14 - Claim Number:
 - STAR Patient Accounting = Claim Sequence
 6. Field 15 - Bill Sequence Number:
 - STAR Patient Accounting = Bill Sequence
 7. Field 16 - Covered Days
 - Covered Days for late bills is determined by the Covered Days defined for the primary insurance plan.
 - Covered Days may equal zero in some circumstances.
 8. Field 20 - COB Estimated Amount:
 - STAR Patient Accounting sends the insurance liability amount.
 9. Field 33 - Process Ind.:
 - Y = The insurer qualifies for contract management.
 10. Field 34 - Patient Process Type:
 - This field is the patient indicator in STAR Patient Accounting.

Claim Record for Source File (Replacements/Deletions)

Record Type: 29

Record Size: 192

The source file that is sent to Pathways Contract Management by STAR Patient Accounting contains all of these records.

NOTE: This record is the same as the Claim Record for Source File record except for the Claim Delete/Replace field (Field 12).

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 29	X(002)	L	1	2	29	Y
02	Sequence Number	9(002)	R	3	4	01	Y
03	Patient Control Number	X(020)	L	5	24	1EN	Y
04	Hospital Facility	X(001)	L	25	25	fEN	Y
05	Entity	X(002)	L	26	27		N
06	Insured Employer No.	X(006)	L	28	33	N(1),,2	Y

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
07	Ins. Plan/Carrier Code	X(006)	L	34	39	FA1, “,” pieces 1 and 2	Y
08	Filler	X(005)	L	40	44		N
09	Ins. Type	X(001)	L	45	45	I2,,1	Y
10	COB Sequence	X(001)	L	46	46	FA1, “,” piece 3	Y
11	IK Sequence Number	9(001)	R	47	47	FA1, “,” piece 4	Y
12	Claim Delete/Replace	X(001)	L	48	48	R = Replace D = Delete	Y
13	Claim Type Code	X(001)	L	49	49	\$P(C).	Y
14	Claim Number	9(007)	R	50	56	CS - in memory	Y
15	Bill Sequence Number	9(003)	R	57	59	BS - in memory	Y
16	Covered Days	9(005)	R	60	64	X1,,15	YP
17	Covered Charges	9(7)V99	R	65	73	FBT,,1 + FBT,,2	YP
18	Deductible Amount	9(7)V99	R	74	82	FBT,,3	YP
19	Co-Insurance Amount	9(7)V99	R	83	91	FBT,,10	YP
20	COB Estimated Amount	9(7)V99	R	92	100	FBT,,11	YP
21	#1 Adjustment Code	X(008)	L	101	108	FA3,,4	P
22	#1 Adjustment Amount	9(7)V9	R	109	117	Not sent.	P
23	Debit/Credit Ind.	X(01)	L	118	118	Not sent.	P
24	#2 Adjustment Code	X(008)	L	119	126	Not sent.	P
25	#2 Adjustment Amount	9(7)V99	R	127	135	Not sent.	P
26	Debit/Credit Ind.	X(01)	L	136	136	Not sent.	P
27	Reimb Method Code	X(001)	L	137	137	Not sent.	P
28	Reimb Method Exception	X(004)	L	138	141	Not sent.	P
29	Stop Loss Code	X(002)	L	142	143	Not sent.	P
30	Reimb Basis Type	X(001)	L	144	144	Not sent.	P
31	Reimb Basis Value	X(007)	L	145	151	Not sent.	P
32	Prof Comp Delete Ind.	X(001)	L	152	152	Not sent.	P
33	Process Ind.	X(001)	L	153	153	Y	Y
34	Patient Process Type	X(001)	L	154	154	FAA,,20	Y
35	Total Charges	9(7)V99	R	155	163		
36	Claim Sequence	9(3)	R	164	166		

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
37	DRG Reim Amt	9(7)V99	R	167	175		
38	DRG Outlier Amt	9(7)V99	R	176	184		
39	Filler	X(8)	L	185	192		

Notes for Record Type 29 - Claim Record for Source File (Replacements/Deletions)

1. Field 6 - Insured Employer No.:
 - Pathways Contract Management automatically substitutes the / (slash) with a - (dash). For example, 123/456 on STAR Patient Accounting is translated to 123-456 on Pathways Contract Management.
2. Field 9 - Insurance Type
 - When an insurance is deleted, the Insurance Type field contains the Insurance Type for the previous COB 1 instead of the Insurance Type for the current COB 1.
3. Field 11 - IK Sequence Number:
 - STAR Patient Accounting = Internal sequence number of carriers/plans.
4. Field 12 - Claim Delete/Replace:
 - STAR Patient Accounting = D or R
 - If R, then a new set of claim records (20 through 92) for the account must be included in the same source file.
5. Field 13 - Claim Type Code:
 - STAR Patient Accounting = Claim Type of A for adjustment, F for final, or L for late for previous claim.
6. Field 14 - Claim Number:
 - STAR Patient Accounting = Claim Sequence for previous claim.
7. Field 15 - Bill Sequence Number:
 - STAR Patient Accounting = Bill Sequence for previous claim.
8. Field 20 - COB Estimated Amount:
 - STAR Patient Accounting sends the insurance liability amount.
9. Field 33 - Process Ind.:
 - Y = The insurer qualifies for contract management.
10. Field 34 - Patient Process Type:
 - This field is the patient indicator in STAR Patient Accounting.

Claim Record for Return File

Record Type: 29

Record Size: 192

Description:

The 29 Claim Return Record is returned to patient accounting for every claim processed successfully. The field values are the same as those sent on the 29 record except for fields indicated in the Field No. column with an asterisk (*).

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 29	X(002)	L	1	2	29	Y
02	Sequence Number	9(002)	R	3	4	01	Y
03	Patient Control Number	X(020)	L	5	24	1EN	Y
04	Hospital Facility	X(001)	L	25	25	fEN	Y
05	Entity	X(002)	L	26	27		N
06	Insured Employer No.	X(006)	L	28	33	N(1),,2	Y
07	Ins. Plan/Carrier Code	X(006)	L	34	39	FAI1, “,” pieces 1 and 2	Y
08	Filler	X(005)	L	40	44		N
09	Ins. Type	X(001)	L	45	45	I2,,1	Y
10	COB Sequence	X(001)	L	46	46	FAI1, “,” piece 3	Y
11	IK Sequence Number	9(001)	R	47	47	FAI1, “,” piece 4	Y
12	Claim Delete/Replace	X(001)	L	48	48	Blank	Y
13	Claim Type Code	X(001)	L	49	49	\$P(C).	Y
14	Claim Number	9(007)	R	50	56	CS - in memory	Y
15	Bill Sequence Number	9(003)	R	57	59	BS - in memory	Y
16	Covered Days	9(005)	R	60	64	X1,,15	YP
17	Covered Charges	9(7)V99	R	65	73	FBT,,1 + FBT,,2	YP
18	Deductible Amount	9(7)V99	R	74	82	FBT,,3	YP
19	Co-Insurance Amount	9(7)V99	R	83	91	FBT,,10	YP
20*	COB Estimated Amount	9(7)V99	R	92	100	FBT,,11	YP
21	#1 Adjustment Code	X(008)	L	101	108	FA3,,4	P
22*	#1 Adjustment Amount	9(7)V9	R	109	117	Not sent.	P
23*	Debit/Credit Ind.	X(01)	L	118	118	Not sent.	P

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
24	#2 Adjustment Code	X(008)	L	119	126	Not sent.	P
25	#2 Adjustment Amount	9(7)V99	R	127	135	Not sent.	P
26	Debit/Credit Ind.	X(01)	L	136	136	Not sent.	P
27	Reimb Method Code	X(001)	L	137	137	Not sent.	P
28	Reimb Method Exception	X(004)	L	138	141	Not sent.	P
29	Stop Loss Code	X(002)	L	142	143	Not sent.	P
30	Reimb Basis Type	X(001)	L	144	144	Not sent.	P
31	Reimb Basis Value	X(007)	L	145	151	Not sent.	P
32	Prof Comp Delete Ind.	X(001)	L	152	152	Not sent.	P
33	Process Ind.	X(001)	L	153	153	Y	Y
34	Patient Process Type	X(001)	L	154	154	FAA,,20	Y
35	Total Charges	9(7)V99	R	155	163		
36	Claim Sequence	9(3)	R	164	166		
37	DRG Reim Amt	9(7)V99	R	167	175		
38	DRG Outlier Amt	9(7)V99	R	176	184		
39	Filler	X(8)	L	185	192		

Notes for Record Type 29 - Claim Record for Source File

- Field 6 - Insured Employer No.:
 - Pathways Contract Management automatically substitutes the / (slash) with a - (dash). For example, 123/456 on STAR Patient Accounting is translated to 123-456 on Pathways Contract Management.
- Field 11 - IK Sequence Number:
 - STAR Patient Accounting = Internal sequence number of carriers/plans.
- Field 12 - Claim Delete/Replace:
 - STAR Patient Accounting = D, R, or ' '
- Field 13 - Claim Type Code:
 - STAR Patient Accounting = Claim Type of A for adjustment, F for final, or L for late.
- Field 14 - Claim Number:
 - STAR Patient Accounting = Claim Sequence
- Field 15 - Bill Sequence Number:

- STAR Patient Accounting = Bill Sequence
7. Field 16 - Covered Days
 - Covered Days for late bills is determined by the Covered Days defined for the primary insurance plan.
 - Covered Days may equal zero in some circumstances.
 8. Field 20 - COB Estimated Amount:
 - STAR Patient Accounting sends the insurance liability amount.
 9. Field 33 - Process Ind.:
 - Y = The insurer qualifies for contract management.
 10. Field 34 - Patient Process Type:
 - This field is the patient indicator in STAR Patient Accounting.

Third Party Payer

Record Type: 30

Record Size: 192

R/O: Optional

Description:

The only field used on the 30 record is the Insurance Group Number. This field may be used in Payer Profile in Contract Detail.

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 30	XX	L	1	2	"30"	Y
02	Sequence Number	99	R	3	4	Corresponds to COB	Y
03	Patient Control Number	X(20)	L	5	24	EN	Y
04	Source of Payment Code	X		25	25	FAM,31	Y
05	Payer Identification	9(5)	R	26	30	FAM,30	Y
06	Payer Sub-Identification	X(4)	L	31	34	FAM,30	Y
07	Certificate/Soc Sec Number/ Health Insurance Claim/ Identification Number	X(19)	L	35	53	X6,7	Y
08	Payer Name	X(25)	L	54	78	X4,26	Y

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
09	Primary Payer Code	X		79	79	FAM,32	Y
10	Insurance Group Number	X(17)	L	80	96	X6,13	Y
11	Insured Group Name Insured's Name (Fields 12-14)	X(14)	L	97	110	X6,10	Y
12	Last Name	X(20)	L	111	130	X6,1	Y
13	First Name	X(9)	L	131	139	X6,1	Y
14	Middle Initial	X		140	140	X6,1	Y
15	Insured's Sex	X		141	141	I1,11	Y
16	Release of Information Certification Indicator	X		142	142	X5,4	Y
17	Assignment of Benefits Certification Indicator	X		143	143	X5,7	Y
18	Patient's Relationship to Insured	99	R	144	145	X6,4	Y
19	Employment Status Code	9		146	146	X7,4	Y
20	Covered Days	9(3)	R	147	149	X1,15	Y
21	Noncovered Days	9(4)	R	150	153	X1,16	Y
22	Coinsurance Days	9(3)	R	154	156	X1,17	Y
23	Lifetime Reserve Days	9(3)	R	157	159	X1,18	Y
24	Provider Identification Number	X(13)	L	160	172	\$E X5,13	Y
25	Payments Received	9(8)V99S	R	173	182	X5,10	Y
26	Estimated Amount Due	9(8)V99S	R	183	192	X5,,14	Y

Notes for Record Type 30 - Third Party Payer

1. Field 10 - Insurance Group Number:

- Pathways Contract Management automatically substitutes the / (slash) with a - (dash). For example, A123/456 on STAR Patient Accounting is translated to A123-456 on Pathways Contract Management.

Claim Data

Record Type: 40

Record Size: 192

R/O: Optional

Description:

Generally, a claim contains a single set of type 40 and 41 records. Each claim must contain a Record Type 40. The set may or may not contain a Record Type 41, depending on the information being submitted.

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 40	X(02)	L	1	2	"40"	Y
02	Sequence Number	9(02)	3	3	4	Usually "01", but additional sequence numbers are allowed.	Y
03	Patient Control Number	X(20)		5	24		Y
04	Type of Bill	X(03)	L	25	27		Y
05	Treatment Authorization Code Code-A	X(18)		28	45		N
06	Treatment Authorization Code Code-B	X(18)		46	63		N
07	Treatment Authorization Code Code-C	X(18)	64	81			N
08	Occurrence Code - 1	X(02)		82	83		N
09	Occurrence Date - 1 (CCYYMMDD)	9(8)		84	91		N
10	Occurrence Code - 2	X(2)		92	93		N
11	Occurrence Date - 2 (CCYYMMDD)	9(8)		94	101		N
12	Occurrence Code - 3	X(02)		102	103		N
13	Occurrence Date - 3 (CCYYMMDD)	9(8)		104	111		N

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
14	Occurrence Code - 4	X(02)		112	113		N
15	Occurrence Date - 4 (CCYYMMDD)	9(8)		114	121		N
16	Occurrence Code - 5	X(02)		122	123		N
17	Occurrence Date - 5 (CCYYMMDD)	9(8)		124	131		N
18	Occurrence Code - 6	X(02)		132	133		N
19	Occurrence Date - 6 (CCYYMMDD)	9(8)		134	141		N
20	Occurrence Code - 7	X(02)		142	143		N
21	Occurrence Date - 7 (CCYYMMDD)	9(8)		144	151		N
22	Occurrence Span Code - 1	X(02)		152	153		N
23	Occurrence Span From Date - 1 (CCYYMMDD)	9(8)		154	161		N
24	Occurrence Span Thru Date - 1 (CCYYMMDD)	9(8)		162	169		N
25	Occurrence Span Code - 2	X(02)		170	171		N
26	Occurrence Span From Date - 2 (CCYYMMDD)	9(8)		172	179		N
27	Occurrence Span Thru Date - 2 (CCYYMMDD)	9(8)		180	187		N
28	Filler	X(05)		188	192		N

Notes for Record Type 40 - Claim Data

Field 4, Type of Bill

This three-digit alphanumeric code gives three specific pieces of information. The first digit identifies the type of facility. The second classifies the type of care. The third indicates the sequence of this bill in this particular episode of care. It is referred to as "frequency" code.

The frequency code (the third digit) values used by STAR Patient Accounting are as follows:

- 1 - Admit Through Discharge Claim
- 2 - Interim - First Claim
- 3 - Interim - Continuing Claims
- 4 - Interim - Last Claim
- 5 - Late charge Only
- 7 - Replacement of Prior Claim

The three-digit type of bill code is extracted directly from the claim form, except in the following instances.

- If the record sent is for a late claim, then the bill type frequency value will be changed from a 5 to a 7. This is done so that the information sent to Pathways Contract Management will be treated as an adjustment claim. Note: STAR sends all charges to Pathways Contract Management and not just the late charges.
- If the record sent is for the last claim in an episode of care, then the bill type frequency value will be changed from a 4 to a 1. This is done so that the information sent to Pathways Contract Management will be treated as an Admit Through Discharge Claim. Note: STAR does not send interim claims (bill type frequency values of 2 and 3) to Pathways Contract Management. STAR sends all charges, not just the charges from the last claim, to Pathways Contract Management when the Last Interim Claim is loaded.

The bill type code comes from the claim and is not available for unbilled accounts. This field will be blank in the Unbilled Accounts File sent to Pathways Contract Management.

Claim Data Condition Value

Record Type: 41

Record Size: 192

R/O
Optional

Description:

Generally, a claim contains a single set of type 40 and type 41 records. Each claim must contain a Record Type 40. The set may or may not contain a Record Type 41, depending on the information being submitted.

Pathways Contract Management does not use the value codes; therefore, the value codes are not included in Record 41. STAR populates fields 01 through 13 of Record 41.

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 41	X(02)		1	2	"41"	Y
02	Sequence Number	9(02)		3	4	Values are "01" through "99"	Y
03	Patient Control Number	X(20)		5	24	EN	Y
04	Condition Code - 1	X(02)		25	26	FB-X2 pieces 14-120 (UB) FB-R2 pieces 14-20 (Medi-Cal)	Y
05	Condition Code - 2	X(02)		27	28	FB-X2 pieces 14-20 (UB) FB-R2 pieces 14-20 (Medi-Cal)	Y
06	Condition Code - 3	X(02)		29	30	FB-X2 pieces 14-120 (UB) FB-R2 pieces 14-20 (Medi-Cal)	Y
07	Condition Code - 4	X(02)		31	32	FB-X2 pieces 14-20 (UB) FB-R2 pieces 14-20 (Medi-Cal)	Y
08	Condition Code - 5	X(02)		33	34	FB-X2 pieces 14-20 (UB) FB-R2 pieces 14-20 (Medi-Cal)	Y
09	Condition Code - 6	X(02)		35	36	FB-X2 pieces 14-20 (UB) FB-R2 pieces 14-20 (Medi-Cal)	Y
10	Condition Code - 7	X(02)		37	38	FB-X2 pieces 14-120 (UB) FB-R2 pieces 14-20 (Medi-Cal)	Y
11	Condition Code - 8	X(02)		39	40	FB-X2 pieces 14-120 (UB) FB-R2 pieces 14-20 (Medi-Cal)	Y
12	Condition Code - 9	X(02)		41	42	FB-X2 pieces 14-120 (UB) FB-R2 pieces 14-20 (Medi-Cal)	Y

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
13	Condition Code - 10	X(02)		43	44	FB-X2 pieces 14-120 (UB) FB-R2 pieces 14-20 (Medi-Cal)	Y
14	Form Locator 31 (upper)	X(05)		45	49		N
15	Form Locator 31 (lower)	X(06)		50	55		N
16	Value Code - 1	X(02)		56	57		N
17	Value Amount - 1	9(7)V99S		58	66		N
18	Value Code - 2	X(02)		67	68		N
19	Value Amount - 2	9(7)V99S		69	77		N
20	Value Code - 3	X(02)		78	79		N
21	Value Amount - 3	9(7)V99S		80	88		N
22	Value Code - 4	X(02)		89	90		N
23	Value Amount - 4	9(7)V99S		91	99		N
24	Value Code - 5	X(02)		100	101		N
25	Value Amount - 5	9(7)V99S		102	110		N
26	Value Code - 6	X(02)		111	112		N
27	Value Amount - 6	9(7)V99S		113	121		N
28	Value Code - 7	X(02)		122	123		N
29	Value Amount - 7	9(7)V99S		124	132		N
30	Value Code - 8	X(02)		133	134		N
31	Value Amount - 8	9(7)V99S		135	143		N
32	Value Code - 9	X(02)		144	145		N
33	Value Amount - 9	9(7)V99S		146	154		N
34	Value Code - 10	X(02)		155	156		N
35	Value Amount - 10	9(7)V99S		157	165		
36	Value Code - 11	X(02)		166	167		
37	Value Amount - 11	9(7)V99S		168	176		
38	Value Code - 12	X(02)		177	178		
39	Value Amount - 12	9(7)V99S		179	187		
40	Filler (National Use)	X(05)		188	192		
17	Value Amount - 2	9(7)V99S		69	77		

Notes for Record Type 41 - Claim Data Condition Values

Fields 04 - 13, Condition Codes

The condition codes come directly from the claim except in the following instances:

- If the record sent is for a late claim, then STAR will send the Condition Codes from the current claim and from prior claims in the episode of care. This is done so that the information sent to Pathways Contract Management will be treated as a complete adjustment claim. Note: STAR sends all charges to Pathways Contract Management and not just the late charges, and the bill type frequency code will be sent as a 7 instead of a 5. (See Record 40, field 4.)
- If the record sent is for the last claim in an episode of care, STAR will send the Condition Codes from the current claim and from prior claims in the episode of care. This is done so that the information sent to Pathways Contract Management will be treated as a complete Admit Through Discharge Claim. Note: STAR does not send interim claims (bill type frequency values of 2 and 3) to Pathways Contract Management. STAR sends all charges, not just the charges from the last claim, to Pathways Contract Management when the Last Interim Claim is loaded, and the bill type frequency value will be changed from a 4 to a 1.
- If the record sent is for an adjustment bill on an interim billed account, STAR will send the Condition Codes from the current claim and from prior claims in the episode of care. This is done so that the information sent to Pathways Contract Management will be treated as a complete adjustment claim. Once again, STAR sends all charges to Pathways Contract Management. The value or the bill type frequency in this instance will be 7.

These fields come from the claim. These fields are not available for unbilled accounts and will not appear in the unbilled file sent to Pathways Contract Management.

Outpatient Procedures

Record Type: 61

Record Size: 196

R/O: Optional

Description:

This record contains CPT procedure and modifier information. The sequence number for record type 61 in Version 6 can go from 001 to 999, each such physical record containing three procedure codes, thus making provision for reporting up to 2997 procedures on a single claim.

All fields in Record 61 are populated with claim-specific data. The record is used for both outpatients and inpatients, even though the record name is Outpatient

Procedures. Although there is duplication between Record 61 and Record 92, both records continue to be sent. HCPCS codes in Record 92 come from the charge on the account. HCPCS Codes in Record 61 come directly from the claim.

Only charges that have both a service date and a HCPCS Procedure Code on the claim are included in Record 61.

Record 61 entries are sorted in Service Date Order.

HCPCS codes on the claim with a decimal are assumed to be bed charge amounts and are not included in Record 61.

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 61	X(02)		1	2	Always '61'	Y
02	Sequence Number (001-999)	9(03)		3	5	Store internally allowing more than 999 records. Repeat 999 in output file if more than 999 records are generated.	Y
03	Patient Control Number	X(20)		6	25	EN	Y
04	Filler (National Use)	X(02)		26	27		N
Revenue Center 1 Loop (Occurs 3 times) Revenue Code - 1 X(55) 28 82							
05	Revenue Code	9(04)		28	31	FB-XB-1 (UB) FB-RB-2 (Medi-Cal)	Y
06	HCPCS Procedure Code	X(05)		32	36	FB-XB-3 positions 1-5 (UB) FB-RB-3 positions 1-5 (Medi-Cal)	Y
07	Modifier 1 (HCPCS & CPT-4)	X(02)		37	38	FB-XB-3 positions 6-7 (UB) FB-RB-3 positions 6-7 (Medi-Cal)	Y

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
08	Modifier 2 (HCPCS & CPT-4)	X(02)		39	40	FB-XB-3 positions 8-9 (UB) FB-RB-3 positions 8-9 (Medi-Cal)	Y
09	Units of Service (Absolute Value)	9(7)		41	47	FB-XB-5 (UB) FB-RB-5 (Medi-Cal)	Y
10	Form Locator 49	X(06)		48	53	FB-XB-8 (UB) FB-RB-8 (Medi-Cal)	Y
11	Outpatient Total Charges	9(8)V99S		54	63	FB-XB-6 (UB) FB-RB-6 (Medi-Cal)	Y
12	Outpatient Noncovered Charges	9(8)V99S		64	73	FB-XB-7 (UB) FB-RB-6-7 (Medi-Cal)	Y
13	Date of Service (CCYYMMDD)	9(8)		74	81	FB-XB-4 (UB) FB-RB-4 (Medi-Cal)	Y
14	Filler	X(01)		82	82		N
Revenue Center 2 Loop							
Revenue Code 2		X(55)		83	137		
15	Revenue Code	9(04)		83	86	FB-XB-1 (UB) FB-RB-2 (Medi-Cal)	Y
16	HCPCS Procedure Code	X(05)		87	91	FB-XB-3 positions 1-5 (UB) FB-RB-3 positions 1-5 (Medi-Cal)	Y
17	Modifier 1 (HCPCS & CPT-4)	X(02)		92	93	FB-XB-3 positions 6-7 (UB) FB-RB-3 positions 6-7 (Medi-Cal)	Y

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
18	Modifier 2 (HCPCS & CPT-4)	X(02)		94	95	FB-XB-3 positions 8-9 (UB) FB-RB-3 positions 8-9 (Medi-Cal)	Y
19	Units of Service	9(7)		96	102	FB-XB-5 (UB) FB-RB-5 (Medi-Cal)	Y
20	Form Locator 49	X(06)		103	108	FB-XB-8 (UB) FB-RB-8 (Medi-Cal)	Y
21	Outpatient Total Charges	9(8)V99S		109	118	FB-XB-6 (UB) FB-RB-6 (Medi-Cal)	Y
22	Outpatient Noncovered Charges	9(8)V99S		119	128	FB-XB-7 (UB) FB-RB-6-7 (Medi-Cal)	Y
23	Date of Service (CCYYMMDD)	9(8)		129	136	FB-XB-4 (UB) FB-RB-4 (Medi-Cal)	Y
24	Filler (National Use)	X(01)		137	137		N
Revenue Center 3 Loop							
Revenue Code 3		X(55)		138	192		
25	Revenue Code	9(04)		138	141	FB-XB-1 (UB) FB-RB-2 (Medi-Cal)	Y
26	HCPCS Procedure Code	X(05)		142	146	FB-XB-3 positions 1-5 (UB) FB-RB-3 positions 1-5 (Medi-Cal)	Y
27	Modifier 1 (HCPCS & CPT-4)	X(02)		147	148	FB-XB-3 positions 6-7 (UB) FB-RB-3 positions 6-7 (Medi-Cal)	Y

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
28	Modifier 2 (HCPCS & CPT-4)	X(02)		149	150	FB-XB-3 positions 8-9 (UB) FB-RB-3 positions 8-9 (Medi-Cal)	Y
29	Units of Service	9(7)		151	157	FB-XB-5 (UB) FB-RB-5 (Medi-Cal)	Y
30	Form Locator 49	X(06)		158	163	FB-XB-8 (UB) FB-RB-8 (Medi-Cal)	Y
31	Outpatient Total Charges	9(8)V99S		164	173	FB-XB-6 (UB) FB-RB-6 (Medi-Cal)	Y
32	Outpatient Noncovered Charges	9(8)V99S		174	183	FB-XB-7 (UB) FB-RB-6-7 (Medi-Cal)	Y
33	Date of Service (CCYYMMDD)	9(8)		184	191	FB-XB-4 (UB) FB-RB-4 (Medi-Cal)	Y
34	Filler	X(01)		192	196		N

Notes for Record Type 61 - Outpatient Procedures

All Fields

All fields that come from the claim are not available in the unbilled file sent to Pathways Contract Management.

Fields 05, 15, and 25: Revenue Code

The value for the Medi-Cal UB Revenue Code is pulled directly from the claim form on STAR. This value may not match the standard UB Revenue Codes.

Fields 11, 21, and 31: Outpatient Total Charges, and Fields 12, 22, and 32: Outpatient Noncovered Charges

The debit or credit sign of the value is embedded in the last position of the dollar amount by changing the last digit to a non-numeric character. The cross reference table for the signed fields follows:

Cross Reference Table of Signed Fields		
VALUE	DEBIT	CREDIT
0	{	}
1	A	J
2	B	K
3	C	L
4	D	M
5	E	N
6	F	O
7	G	P
8	H	Q
9	I	R

For example: The amount +10.51 would become 000000105A; the amount -10.51 would become 000000105J.

Fields 13, 23, and 33: Date of Service

Date of Service is in the format CCYYMMDD.

Medical Data - Sequence 01

Record Type: 70

Record Sequence: 01

Record Size: 192

R/O: Optional

Description:

The 70-01 record is used to report diagnoses and procedure codes.

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 70	XX	L	1	2	"70"	Y
02	Sequence 01	01	R	3	4	"01"	Y
03	Patient Control Number	X(20)	L	5	24	EN	Y

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
04	Principal Diagnosis Code	X(6)	L	25	30	X7,13	Y
05	Other Diagnosis Code - 1	X(6)	L	31	36	X8,1	Y
06	Other Diagnosis Code - 2	X(6)	L	37	42	X8,2	Y
07	Other Diagnosis Code - 3	X(6)	L	43	48	X8,3	Y
08	Other Diagnosis Code - 4	X(6)	L	49	54	X8,4	Y
09	Other Diagnosis Code - 5	X(6)	L	55	60	X8,5	Y
10	Other Diagnosis Code - 6	X(6)	L	61	66	X8,6	Y
11	Other Diagnosis Code - 7	X(6)	L	67	72	X8,7	Y
12	Other Diagnosis Code - 8	X(6)	L	73	78	X8,8	Y
13	Principal Procedure Code	X(7)	L	79	85	X8,14	Y
14	Principal Procedure Date (CCMMDDYY)	9(6)	R	86	93	X8,15	Y
15	Other Procedure Code - 1	X(7)	L	94	100	X8,16	Y
16	Other Procedure Date - 1 (CCMMDDYY)	9(6)	R	101	108	X8,17	Y
17	Other Procedure Code - 2	X(7)	L	109	115	X8,18	Y
18	Other Procedure Date - 2 (CCMMDDYY)	9(6)	R	116	123	X8,19	Y
19	Other Procedure Code - 3	X(7)	L	124	130	X8,20	Y
20	Other Procedure Date - 3 (CCMMDDYY)	9(6)	R	131	138	X8,21	Y
21	Other Procedure Code - 4	X(7)	L	139	145	X8,22	Y
22	Other Procedure Date - 4 (CCMMDDYY)	9(6)	R	146	153	X8,23	Y
23	Other Procedure Code - 5	X(7)	L	154	160	X8,24	Y
24	Other Procedure Date - 5 (CCMMDDYY)	9(6)	R	161	168	X8,25	Y
25	Admitting Diagnosis Code	X(6)	L	169	174	X8,9	Y
26	External Cause of Injury (E-Code)	X(6)	L	175	180	X8,10	Y
27	Procedure Coding Method Used	9	R	181	181	Blank	N
28	Filler	X(23)		182	192		N

Medical Data - Sequence 02

Record Type: 70

Record Sequence: 02

Record Size: 192

R/O: Optional

Description:

The 70-02 record is used to report additional diagnoses and procedure codes.

The CMS 1450 Flat File Specification reserves record type 70 sequence 02 for contents of form locator 57. McKesson does not use Form locator 57. Therefore, record sequence 02 is used by McKesson to maintain more diagnoses and procedure codes than allowed on record type 70 sequence 01. This extension allows a total of 17 diagnosis codes (principal plus sixteen) and 11 procedure codes (primary plus ten).

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 70	X(002)	L	1	2	70	Y
02	Sequence 02	X(002)	L	3	4	02	Y
03	Patient Control Number	X(020)	L	5	24	1EN	Y
04	Filler	X(006)	L	25	30		N
05	Other Diagnosis Code - 9	X(006)	L	31	36	HK, “,” 9,16	Y
06	Other Diagnosis Code 10	X(006)	L	37	42	See Field # 5 Location.	Y
07	Other Diagnosis Code 11	X(006)	L	43	48	See Field # 5 Location	Y
08	Other Diagnosis Code 12	X(006)	L	49	54	See Field # 5 Location.	Y
09	Other Diagnosis Code 13	X(006)	L	55	60	See Field # 5 Location	Y
10	Other Diagnosis Code 14	X(006)	L	61	66	See Field # 5 Location	Y
11	Other Diagnosis Code 15	(X006)	L	67	72	See Field # 5 Location	Y

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
12	Other Diagnosis Code 16	X(006)	L	73	78	See Field # 5 Location	Y
13	Filler	X(007)	L	79	85		N
14	Filler	X(006)	L	86	91		N
15	Other Procedure Code 6	X(007)	L	92	98	IK-2, “,” , 7,11	Y
16	Other Procedure Date 6 (CCYYMMDD)	9(006)	R	99	104	JK1-7,,8, “,” first piece JK2-1,,3, “,” first piece.	Y
17	Other Procedure Code 7	X(007)	L	105	111	IK-2, “,” , 7,11	Y
18	Other Procedure Date 7 (CCMMYYDD)	9(006)	R	112	117	JK1-7,,8, “,” first piece JK2-1,,3, “,” first piece	Y
19	Other Procedure Code 8	X(007)	L	118	124	IK-2, “,” , 7,11	Y
20	Other Procedure Date 8 (CCYYMMDD)	9(006)	R	125	130	JK1-7,,8, “,” first piece	Y
21	Other Procedure Code 9	X(007)	L	131	137	IK-2, “,” , 7,11	Y
22	Other Procedure Date 9 (CCYYMMDD)	9(006)	R	138	143	JK1-7,,8, “,” first piece. JK2-1,,3, “,” first piece.	Y
23	Other Procedure Code 10	X(007)	L	144	150	IK-2, “,” , 7,11	Y
24	Other Procedure Date 10 (CCYYMMDD)	9(006)	R	151	156	JK1-7,,8, “,” first piece. JK2-1,,3, “,” first piece.	Y
25	Filler	X(006)	L	157	162		N
26	Filler	X(006)	L	163	168		N
27	Filler	X(001)	L	169	169		N

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
28	Filler	X(023)	L	170	192		N

Notes for Record Type 70 - Medical Data - Sequence 02

1. The CMS 1450 V.4 Flat File Specification reserves Record Type 70 Sequence 02 record for contents of Form Locator 57. McKesson does not use Form Locator 57. McKesson maintains more Diagnosis and Procedure codes than are allowed on the Record Type 70 Sequence 01 record. Therefore, McKesson chooses to re-define Record Type 70 Sequence 02 record as an extension of the Diagnosis and Procedural data contained in the Sequence 01 record.
2. The McKesson version of the Record Type 70 Sequence 02 record mimics the Sequence 01 record in format. This version of the Sequence 02 record provides eight additional Other Diagnosis Code slots, and five additional Other Procedure Code/Date slots.
3. This extension allows a total of 17 Diagnosis Codes (one Principal diagnosis code and sixteen Other diagnosis codes), and a total of 11 Procedure Codes (one Principal procedure code and ten Other procedure codes).
4. As on the Record Type 70 Sequence 01 record, all Procedure Date fields on this Sequence 02 record are in CCYYMMDD format.

Record 80 - Physician Data

Record Type: 80

Record Size: 192

R/O: Optional

Description:

The 80 record is used for physician information. This information can be used as access criteria in payer contract terms.

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Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 80	X(002)	L	1	2	"80"	Y
02	Sequence number	X(002)	L	3	4		
03	Patient Control Number	X(020)	L	5	24	EN	Y
04	Filler	X(002)	L	25	26		N
05 *	Attending Physician ID	X(016)	L	27	42		Y

06 *	Procedure Physician ID	X(016)	L	43	58		Y
07 *	Admitting Physician ID	X(016)	L	59	74		Y
08 *	Other Physician ID	X(016)	L	75	90		Y
09	Attending Physician Name	X(25)	L	91	115		Y
10	Procedure Physician Name	X(25)	L	116	140		Y
11	Admitting Physician Name	X(25)	L	141	165		Y
12	Other Physician Name	X(25)	L	166	190		Y
13	Filler	X(2)	L	191	192		N

NOTE: An asterisk (*) denotes that the field is used by Pathways Contract Management.

Record 92 - Detail Charge Record

Record Type: 92

Record Size: 226

R/O: Required

Description:

The 92 record contains detail information for each charge on a claim. At least one charge record is required for each claim. The charge records must be in service order date.

Although there is duplication between Record 61 and Record 92, charges will continue to be sent in both records. Charges in Record 92 come from the account and may or may not include a HCPCS Code. Charges in Record 61 come from the claim and are only included if the charge has a HCPCS code and a service date.

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 92	X(002)	L	1	2	"92"	Y
02	Filler	X(002)	L	3	4		N
03	Patient Control Number	X(020)	L	5	24	EN	Y

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
04	Hospital Facility	X(001)	L	25	25	FEN	Y
05	Entity	X(002)	L	26	27		N
06	A/R Provider Number	9(005)	R	28	32		N
07	Charge Record Number	9(007)	R	33	39		N
08	Service Type	X(003)	L	40	42		N
09	Service Date (CCYYMMDD)	X(008)	L	43	50	FCA,,13	Y
10	Accommodation Code	X(002)	L	51	52	FCA,,23	Y
11	Patient Location Code	X(004)	L	53	56	FCB,,14	Y
12	Servicing Physician	X(006)	L	57	62	If FCA,,21=1,, FCA,,18,"," second piece	Y
13	FIM Code	9(009)	R	63	71	FCA,,3	Y
14	SIM Item	9(004)	R	72	75	FCA,,6, "," first piece	Y
15	CPT - HCPCS Code	X(007)	L	76	82	FCA,,26	Y
16	UB Revenue Code	X(004)	L	83	86	FCA,,22	Y
17	Revenue Department	X(004)	L	87	90	FCA,,11	Y
18	Revenue Center	X(004)	L	91	94	FCA,,12	Y
19	Proration Sum. Code	9(003)	R	95	97	FCA,,36	Y
20	Quantity	9(005)	R	98	102	FCA,,1	Y
21	Charge Amount	9(7)V99	R	103	111	FCA-,2	Y
22	Professional	9(7)V99	R	112	120	FCA,,2*	Y
	Comp Amt.					*Load prof	
						comp if FCA,,	
						21 = 1	
23	Discount Return Ind.	X(001)	L	121	121	N	Y
24	#1 Covered Amount	9(7)V99	R	122	130		N

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
25	#2 Covered Amount	9(7)V99	R	131	139		N
26	#3 Covered Amount	9(7)V99	R	140	148		N
27	#4 Covered Amount	9(7)V99	R	149	157		N
28	#5 Covered Amount	9(7)V99	R	158	166		N
29	#6 Covered Amount	9(7)V99	R	167	175		N
30	Unit Cost	9(5)V99	R	176	182		N
31	Debit/Credit Ind.	X(001)	L	183	183	D for charge, C for credit.	Y
32	Discount Adj. Code	X(008)	L	184	191		N
33	Filler	X(001)	L	192	192		N
34	Filler	X(18)		193	210		N
35	HCPCS Mod 1	X(004)		211	214		Y
36	HCPCS Mod 2	X(004)		215	218		Y
37	HCPCS Mod 3	X(004)		219	222		Y
38	HCPCS Mod 4	X(004)		223	226		Y

Notes for Record Type 92 - Detail Charge Record

1. Field 20 - Charge Quantity
 - This value is always a whole number. Decimal places found in charge quantities are truncated. For example, a charge quantity of 1.64 is sent as 1.
2. Field 23 - Discount Return Ind.:
 - STAR Patient Accounting sets this field to N.
3. Field 31 - Debit/Credit Ind.:
 - D = Amount fields 21, 22, and 24-30 are positive.
 - C = Amount fields 21, 22, and 24-30 are negative.
4. Field 15 - The first modifier is included in the last 2 positions of this field.

Record 99 - File Control

Record Type: 99

Record Size: 192

R/O: Required

Description:

Record 99 must be the last record in the source file.

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 99	X(002)	L	1	2	99	Y
02	Filler	X(190)	R	3	192		N

Notes for Record Type 99 - File Control Record

1. Record Type 99 must be the last valid record in the file.

RECORD LAYOUTS - VERSION 4

The record layouts that follow contain the following data:

- Record Type - The number that identifies the type of the record.
- Record Size - The physical length of the record.
- Field Number (Field No.) - The number of the field.
- Field Name - The name of the field.
- Picture - This is the picture clause. Pic X is initialized to blanks. Pic 9 is initialized to zeros. All money and date fields are Pic 9. All code fields that have a legitimate value of zero are Pic X.
- Field Specifications (Field Spec.) - This indicates the justification of the field. L is left justified. R is right justified.
- Position (Pos.) From/Thru - This indicates the position in the record. From is the leftmost position in the record (high order). Thru is the rightmost position in the record (low order).
- Location - The location of the field or the constant value for the field.
- Update - Y indicates that STAR Patient Accounting system enters this data. N indicates that STAR Patient Accounting system does not enter this data. YP indicates that STAR Patient Accounting system enters this data and Pathways Contract Management updates the contents. P indicates that Pathways Contract Management enters the data.

The following record types are transmitted from Pathways Contract Management to STAR Patient Accounting:

Record Type	Record Name
20	Patient Data
28	Patient Record (Sequence 01 and Sequence 02)
29	Claim Record for Source File
29	Claim Record for Source File (Replacements/Deletions)
29	Claim Record for Return File
30	Third Party Payer
50	Inpatient Accommodations Data
70	Medical Data (Sequence 01 and Sequence 02)
80	Physician Data

Record Type	Record Name
92	Detail Charge Record
99	File Control

Record Type 29 (Claim Record for Return File) is the only record that Pathways Contract Management returns to STAR Patient Accounting.

Patient Data

Record Type: 20

Record Size: 192

R/O: Required

Description:

This record contains patient claim and patient demographic information.

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 20	XX	L	1	2	"20"	Y
02	Filler	XX		3	4		N
03	Patient Control Number	X(20)	L	5	24	EN	Y
	Patient Name (Fields 4-6)						
04	Last Name	X(20)	L	25	44	X2,,2	Y
05	First Name	X(9)	L	45	53	X2,,2	Y
06	Middle Initial	X		54	54	X2,,2	Y
07	Patient Sex	X		55	55	X2,,5	Y
08	Patient Birthdate (MMDDYYYY)	9(8)	R	56	63	X2,,4	Y
09	Patient Marital Status	X		64	64	X2,,6	Y
10	Type of Admission	X		65	65	X2,,9	Y
11	Source of Admission	X		66	66	X2,,10	Y
12	Patient Address - Line 1	X(18)	L	67	84	X2,,3	Y
13	Patient Address - Line 2	X(18)	L	85	102	X2,,3	Y
14	City	X(15)	L	103	117	X2,,3	Y
15	State	XX	L	118	119	X2,,3	Y
16	ZIP Code	9(9)	R	120	128	X2,,3	Y

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
17	Admission/ Start of Care Date	9(6)	R	129	134	X2,,7	Y
18	Admission Hour	XX	R	135	136	X2,,8	Y
19	Statement From (MMDDYY)	9(6)	R	137	142	X1,,13	Y
20	Statement Thru (MMDDYY)	9(6)	R	143	148	X1,,13	Y
21	Patient Status	99	R	149	150	X2,,12	Y
22	Discharge Hour	99	R	151	152	X2,,11	Y
23	Payments Received (Patient line)	9(8)V99S	R	153	162	X5,,13	Y
24	Estimated Amount Due (Patient Line)	9(8)V99S	L	163	172	X5,,17	Y
25	Medical Record Number	X(17)	L	173	189	X2,,13	Y
26	Filler	X(3)	R	190	192		N

Notes for Record Type 20 - Patient Data

1. Record Type 20 may be followed by a Record Type 30.
- 2.) Field 11, Address Line 1—The first 18 characters of STAR Address Line 1 populate this field.
- 3.) Field 12, Address Line 2—The last 7 characters from STAR Address Line 1 and the first 5 characters from STAR Address Line 2 populate this field.
4. Field 21 - Patient Status:
 - STAR Patient Accounting sends the discharge status from the UB claim form. For a description of discharge status, refer to Chapter 3: Claims in the *Billing and Claims Volume* in the *STAR Financials Patient Accounting Reference Guide*.

Patient Data - Sequence 01

Record Type: 28

Record Size: 192

R/O: Required

Description:

The 28-01 record contains additional patient claim data.

Field No.	Field Name	Picture	Field Spec	Pos From	Pos. Thru	Location	Update
01	Record Type 28	X(002)	L	1	2	28	Y
02	Sequence Number	X(002)	L	3	4	01	N
03	Patient Control Number	X(020)	L	5	24	1EN	Y
04	Hospital Facility	X(001)	L	25	25	fEN	Y
05	Entity	X(002)	L	26	27		N
06	Admit Date (MMDDYY)	X(006)	L	28	33	X2,,7	Y
07	Discharge Date (MMDDYY)	X(006)	L	34	39	MP,,14	Y
08	Billing Date (MMDDYY)	X(006)	L	40	45	X1,,14	Y
09	Patient Process Type	X(001)	L	46	46	FAA,,20	Y
10	Patient Type	X(003)	L	47	49	FAA,,18	Y
11	Patient Class (Access)	X(002)	L	50	51		N
12	Financial Class	X(002)	L	52	53	FAA,,21	Y
13	Medical Service	X(003)	L	54	56	FAA,,19	Y
14	Account Number	X(013)	L	57	69	Blank	N
15	ASC/DRG Type	X(001)	L	70	70	If KK1,,1==0, set to I. If KK1,,1==2, set to Y. If KK1,,1==3, set to S. For ASC codes, set to A.	Y
16	#1 ASC/DRG Code	X(003)	L	71	73	KK,,5	Y
17	#1 MDC Code	X(002)	L	74	75	KK,,6	Y
18	#1 Outlier Code	X(001)	L	76	76	If type = I, KK, 14/15. If type = Y, KK1,11. Convert 5 to C, 3 to D. If type = S, KK1, 11. Convert 3 to C, 2 to D.	Y

Field No.	Field Name	Picture	Field Spec	Pos From	Pos. Thru	Location	Update
19	#2 ASC/DRG Type	X(001)	L	77	77	Follow type 1 logic, using \$P(\$P(KK2),","). If KK2 null, leave DRG 2 fields blank.	Y
20	#2 ASC/DRG Code	X(003)	L	78	80	KK2,,17	Y
21	#2 MDC Code	X(002)	L	81	82	KK2,,18	Y
22	#2 Outlier Code	X(001)	L	83	83	KK2,,11. If type = I, convert 3 to C, 2 to D. Else use Outlier 1 logic.	Y
23	#1 CPT4 Code	X(005)	L	84	88		Y
24	#1 CPT4 Date (MMDDYY)	X(006)	L	89	94	Codes are the first “,” piece in HP-1,,8.	Y
25	#2 CPT4 Code	X(005)	L	95	99		Y
26	#2 CPT4 Date (MMDDYY)	X(006)	L	100	105		Y
27	#3 CPT4 Code	X(005)	L	106	110		Y
28	#3 CPT4 Date (MMDDYY)	X(006)	L	111	116		Y
29	#4 CPT4 Code	X(005)	L	117	121		Y
30	#4 CPT4 Date (MMDDYY)	X(006)	L	122	127		Y
31	#5 CPT4 Code	X(005)	L	128	132		Y
32	#5 CPT4 Date (MMDDYY)	X(006)	L	133	138		Y
33	#6 CPT4 Code	X(005)	L	139	143		Y
34	#6 CPT4 Date (MMDDYY)	X(006)	L	144	149		Y
35	#7 CPT4 Code	X(005)	L	150	154		Y
36	#7 CPT4 Date (MMDDYY)	X(006)	L	155	160		Y
37	#8 CPT4 Code	X(005)	L	161	165		Y
38	#8 CPT4 Date (MMDDYY)	X(006)	L	166	171		Y
39	Admitting Pavilion	X(001)	L	172	172	Blank	N
40	#1 DRG Weight	9(3)V9(4)	R	173	179	\$P(KK2,,4)	Y
41	#2 DRG Weight	9(3)V9(4)	R	180	186	\$P(KK2,,4)	Y

Field No.	Field Name	Picture	Field Spec	Pos From	Pos. Thru	Location	Update
42	Mother's Discharge Date	X(006)	L	187	192	If VP-17 not null, retrieve mother MP node.	Y

Notes for Record Type 28 - Patient Record (Sequence 01)

1. Field 09 - Patient Process Type:
 - Equivalent to STAR Patient Accounting Patient Indicator.
 - I = Inpatient
 - E = Emergency
 - O = Outpatient
2. Field 10 - Patient Type:
 - Pathways Contract Management Interface automatically substitutes the / (slash) with a - (dash). For example, I/P on STAR Patient Accounting is translated to I-P on Pathways Contract Management.
3. Fields 15 and 19 - DRG Types:
 - I = Medicare DRG
 - S = CHAMPUS DRG
 - Y = All Payer DRG
4. Fields 18 and 22 - Outlier Codes:
 - D = Day Outlier
 - C = Cost Outlier
5. Field 42 - Mother's Discharge Date:
 - This field is applicable only to newborns. The baby must have a separate claim. The mother and baby can not be combine billed.
 - The date format is MMDDYY when a date is present.

Patient Data - Sequence 02

Record Type: 28

Record Size: 192

R/O: Required

Description:

The 28-02 record is optional. It contains the ASC codes assigned to the claim's CPT codes, as well as all unique UB revenue codes on the claim.

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 28	X(002)	L	1	2	"28"	Y
02	Sequence Number	X(002)	L	3	4	"02"	Y
03	Patient Control Number	X(020)	L	5	24		Y
04 *	#1 ASC Code	X(01)	L	25	25		Y
05 *	#2 ASC Code	X(01)	L	26	26		Y
06 *	#3 ASC Code	X(01)	L	27	27		Y
07 *	#4 ASC Code	X(01)	L	28	28		Y
08 *	#5 ASC Code	X(01)	L	29	29		Y
09 *	#6 ASC Code	X(01)	L	30	30		Y
10 *	#7 ASC Code	X(01)	L	31	31		Y
11 *	#8 ASC Code	X(01)	L	32	32		Y
12 *	Patient Age (years)	X(03)	L	33	35		Y
13 - 47 *	UB Revenue Code Table - Each unique revenue code on the claim needs to be in this table.	X(004) (occurs 35 times)	L	36	175	UB, Claim Type=X FB-XB-1, pad to 4 digits Medical UB Claim Type=R (Not available)	Y
48	Filler	X(017)	L	176	192		N

The asterisk (*) denotes that the field is used by Pathways Contract Management.

Claim Record for Source File

Record Type: 29

Record Size: 192

R/O: Required

Description:

The 29 record contains insurance claim data. Currently, Pathways Contract Management only processes COB sequence 1.

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 29	X(002)	L	1	2	"29"	Y
02	Sequence Number	9(002)	R	3	4	"01"	Y
03	Patient Control Number	X(020)	L	5	24	EN	Y
04	Hospital Facility	X(001)	L	25	25	fEN	Y
05	Entity	X(002)	L	26	27		N
06	Insured Employer No.	X(006)	L	28	33	N(1),,2	Y
07	Ins. Plan/Carrier Code	X(006)	L	34	39	FA1, ":", pieces 1 and 2	Y
08	Debit/Credit Indicator	X(005)	L	40	44	D or C	Y
09	Ins. Type	X(001)	L	45	45	I2,,1	Y
10	COB Sequence	X(001)	L	46	46	FA1, ":", piece 3	Y
11	IK Sequence Number	9(001)	R	47	47	FA1, ":", piece 4	Y
12	Claim Delete/Replace	X(001)	L	48	48	Blank	Y
13	Claim Type Code	X(001)	L	49	49	\$P(C).	Y
14	Claim Number	9(007)	R	50	56	CS - in memory	Y
15	Bill Sequence Number	9(003)	R	57	59	BS - in memory	Y
16	Covered Days	9(005)	R	60	64	X1,,15	YP
17	Covered Charges	9(7)V99	R	65	73	FBT,,1 + FBT,,2	YP
18	Deductible Amount	9(7)V99	R	74	82	FBT,,3	YP
19	Co-Insurance Amount	9(7)V99	R	83	91	FBT,,10	YP
20	COB Estimated Amount	9(7)V99	R	92	100	FBT,,11	YP
21	#1 Adjustment Code	X(008)	L	101	108	FA3,,4	P

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
22	#1 Adjustment Amount	9(7)V9	R	109	117	Not sent.	P
23	Debit/Credit Ind.	X(01)	L	118	118	Not sent.	P
24	#2 Adjustment Code	X(008)	L	119	126	Not sent.	P
25	#2 Adjustment Amount	9(7)V99	R	127	135	Not sent.	P
26	Debit/Credit Ind.	X(01)	L	136	136	Not sent.	P
27	Reimb Method Code	X(001)	L	137	137	Not sent.	P
28	Reimb Method Exception	X(004)	L	138	141	Not sent.	P
29	Stop Loss Code	X(002)	L	142	143	Not sent.	P
30	Reimb Basis Type	X(001)	L	144	144	Not sent.	P
31	Reimb Basis Value	X(007)	L	145	151	Not sent.	P
32	Prof Comp Delete Ind.	X(001)	L	152	152	Not sent.	P
33	Process Ind.	X(001)	L	153	153	Y	Y
34	Patient Process Type	X(001)	L	154	154	FAA,,20	Y
35	Total Charges	9(7)V99	R	155	163		Y
36	Claim Sequence	9(3)	R	164	166		Y
37	DRG Reim Amt	9(7)V99	R	167	175		Y
38	DRG Outlier Amt	9(7)V99	R	176	184		Y
39	Filler	X(8)	L	185	192		N

Notes for Record Type 29 - Claim Record for Source File

- Field 6 - Insured Employer No.:
 - Pathways Contract Management automatically substitutes the / (slash) with a - (dash). For example, 123/456 on STAR Patient Accounting is translated to 123-456 on Pathways Contract Management.
- Field 11 - IK Sequence Number:
 - STAR Patient Accounting = Internal sequence number of carriers/plans.
- Field 12 - Claim Delete/Replace:
 - STAR Patient Accounting = D, R, or ' '
- Field 13 - Claim Type Code:
 - STAR Patient Accounting = Claim Type of A for adjustment, F for final, or L for late.
- Field 14 - Claim Number:
 - STAR Patient Accounting = Claim Sequence

6. Field 15 - Bill Sequence Number:
 - STAR Patient Accounting = Bill Sequence
7. Field 16 - Covered Days
 - Covered Days for late bills is determined by the Covered Days defined for the primary insurance plan.
 - Covered Days may equal zero in some circumstances.
8. Field 20 - COB Estimated Amount:
 - STAR Patient Accounting sends the insurance liability amount.
9. Field 33 - Process Ind.:
 - Y = The insurer qualifies for contract management.
10. Field 34 - Patient Process Type:
 - This field is the patient indicator in STAR Patient Accounting.

Claim Record for Source File (Replacements/Deletions)

Record Type: 29

Record Size: 192

Description:

The source file that is sent to Pathways Contract Management by STAR Patient Accounting will contain all of these records.

NOTE: This record is the same as the Claim Record for Source File record except for the Claim Delete/Replace field (Field 12).

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 29	X(002)	L	1	2	29	Y
02	Sequence Number	9(002)	R	3	4	01	Y
03	Patient Control Number	X(020)	L	5	24	1EN	Y
04	Hospital Facility	X(001)	L	25	25	fEN	Y
05	Entity	X(002)	L	26	27		N
06	Insured Employer No.	X(006)	L	28	33	N(1),,2	Y
07	Ins. Plan/Carrier Code	X(006)	L	34	39	FAI1, “,” pieces 1 and 2	Y
08	Filler	X(005)	L	40	44		N
09	Ins. Type	X(001)	L	45	45	I2,,1	Y

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
10	COB Sequence	X(001)	L	46	46	FA1, “,” piece 3	Y
11	IK Sequence Number	9(001)	R	47	47	FA1, “,” piece 4	Y
12	Claim Delete/Replace	X(001)	L	48	48	R = Replace D = Delete	Y
13	Claim Type Code	X(001)	L	49	49	\$P(C).	Y
14	Claim Number	9(007)	R	50	56	CS - in memory	Y
15	Bill Sequence Number	9(003)	R	57	59	BS - in memory	Y
16	Covered Days	9(005)	R	60	64	X1,,15	YP
17	Covered Charges	9(7)V99	R	65	73	FBT,,1 + FBT,,2	YP
18	Deductible Amount	9(7)V99	R	74	82	FBT,,3	YP
19	Co-Insurance Amount	9(7)V99	R	83	91	FBT,,10	YP
20	COB Estimated Amount	9(7)V99	R	92	100	FBT,,11	YP
21	#1 Adjustment Code	X(008)	L	101	108	FA3,,4	P
22	#1 Adjustment Amount	9(7)V9	R	109	117	Not sent.	P
23	Debit/Credit Ind.	X(01)	L	118	118	Not sent.	P
24	#2 Adjustment Code	X(008)	L	119	126	Not sent.	P
25	#2 Adjustment Amount	9(7)V99	R	127	135	Not sent.	P
26	Debit/Credit Ind.	X(01)	L	136	136	Not sent.	P
27	Reimb Method Code	X(001)	L	137	137	Not sent.	P
28	Reimb Method Exception	X(004)	L	138	141	Not sent.	P
29	Stop Loss Code	X(002)	L	142	143	Not sent.	P
30	Reimb Basis Type	X(001)	L	144	144	Not sent.	P
31	Reimb Basis Value	X(007)	L	145	151	Not sent.	P
32	Prof Comp Delete Ind.	X(001)	L	152	152	Not sent.	P
33	Process Ind.	X(001)	L	153	153	Y	Y
34	Patient Process Type	X(001)	L	154	154	FAA,,20	Y
35	Total Charges	9(7)V99	R	155	163		
36	Claim Sequence	9(3)	R	164	166		
37	DRG Reim Amt	9(7)V99	R	167	175		
38	DRG Outlier Amt	9(7)V99	R	176	184		
39	Filler	X(8)	L	185	192		

Notes for Record Type 29 - Claim Record for Source File (Replacements/Deletions)

1. Field 6 - Insured Employer No.:
 - Pathways Contract Management automatically substitutes the / (slash) with a - (dash). For example, 123/456 on STAR Patient Accounting is translated to 123-456 on Pathways Contract Management.
2. Field 9 - Insurance Type
 - When an insurance is deleted, the Insurance Type field contains the Insurance Type for the previous COB 1 instead of the Insurance Type for the current COB 1.
3. Field 11 - IK Sequence Number:
 - STAR Patient Accounting = Internal sequence number of carriers/plans.
4. Field 12 - Claim Delete/Replace:
 - STAR Patient Accounting = D or R

If R, then a new set of claim records (20 through 92) for the account must be included in the same source file.
5. Field 13 - Claim Type Code:
 - STAR Patient Accounting = Claim Type of A for adjustment, F for final, or L for late for previous claim.
6. Field 14 - Claim Number:
 - STAR Patient Accounting = Claim Sequence for previous claim.
7. Field 15 - Bill Sequence Number:
 - STAR Patient Accounting = Bill Sequence for previous claim.
8. Field 20 - COB Estimated Amount:
 - STAR Patient Accounting sends the insurance liability amount.
9. Field 33 - Process Ind.:
 - Y = The insurer qualifies for contract management.
10. Field 34 - Patient Process Type:
 - This field is the patient indicator in STAR Patient Accounting.

Claim Record for Return File

Record Type: 29

Record Size: 192

Description:

The 29 Claim Record for the Return File is returned to Patient Accounting for every claim processed successfully. The field values are the same as those sent on the 29 Claim Record for the Source File except for fields indicated in the Field No. column with an asterisk (*).

NOTE: The location fields will be updated on STAR Patient Accounting.

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 29	X(002)	L	1	2	"29"	Y
02	Sequence Number	9(002)	R	3	4	"01"	Y
03	Patient Control Number	X(020)	L	5	24	EN	Y
04	Hospital Facility	X(001)	L	25	25	fEN	Y
05	Entity	X(002)	L	26	27		N
06	Insured Employer No.	X(006)	L	28	33	N(1),,2	Y
07	Ins. Plan/Carrier Code	X(006)	L	34	39	FAI1, ",", pieces 1 and 2	Y
08	Filler	X(005)	L	40	44		N
09	Ins. Type	X(001)	L	45	45	I2,,1	Y
10	COB Sequence	X(001)	L	46	46	FAI1, ",", piece 3	Y
11	IK Sequence Number	9(001)	R	47	47	FAI1, ",", piece 4	Y
12	Claim Delete/Replace	X(001)	L	48	48	Blank	Y
13	Claim Type Code	X(001)	L	49	49	\$P(C).	Y
14	Claim Number	9(007)	R	50	56	FBT1,,10	YP
15	Bill Sequence Number	9(003)	R	57	59	BS - in memory	Y
16	Covered Days	9(005)	R	60	64	FBT1,,15	YP
17	Covered Charges	9(7)V99	R	65	73	FBT1,,4	YP
18	Deductible Amount	9(7)V99	R	74	82	FBT1,,5	YP
19	Co-Insurance Amount	9(7)V99	R	83	91	FBT1,,5	YP
20 *	COB Estimated Amount	9(7)V99	R	92	100	FBT1,,5	YP
21	#1 Adjustment Code	X(008)	L	101	108	FTW,,1	P
22*	#1 Adjustment Amount	9(7)V9	R	109	117	FTW,,14	P

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
23*	Debit/Credit Ind.	X(01)	L	118	118	Not stored.	P
24	#2 Adjustment Code	X(008)	L	119	126	Not stored.	P
25	#2 Adjustment Amount	9(7)V99	R	127	135	Not stored.	P
26	Debit/Credit Ind.	X(01)	L	136	136	Not stored.	P
27	Reimb Method Code	X(001)	L	137	137	FBT1,,13	P
28	Reimb Method Exception	X(004)	L	138	141	FBT1,,14	P
29	Stop Loss Code	X(002)	L	142	143	FBT1,,18	P
30	Reimb Basis Type	X(001)	L	144	144	Not used.	P
31	Reimb Basis Value	X(007)	L	145	151	Not used.	P
32	Prof Comp Delete Ind.	X(001)	L	152	152	Not used.	P
33	Process Ind.	X(001)	L	153	153	Not used.	Y
34	Patient Process Type	X(001)	L	154	154	FAA,,20	Y
35	Total Charges	9(7)V99	L	155	163		
36	Claim Sequence	9 (3)	L	164	166		
37	DRG reim Amt	9(7)V99	L	167	184		
36	DRG Outlier Amt	9(7)V99	L	185	192		

Notes for Record Type 29 - Claim Record for Return File

- Field 6 - Insured Employer No.:
 - Pathways Contract Management automatically substitutes the / (slash) with a - (dash). For example, 123/456 on STAR Patient Accounting is translated to 123-456 on Pathways Contract Management.
- Field 11 - IK Sequence Number:
 - STAR Patient Accounting = Internal sequence number of carriers/plans.
- Field 12 - Claim Delete/Replace:
 - STAR Patient Accounting = D, R, or ' '
- Field 13 - Claim Type Code:
 - STAR Patient Accounting = Claim Type of A for adjustment, F for final or L for late.
- Field 14 - Claim Number:
 - STAR Patient Accounting = Claim Sequence.
- Field 15 - Bill Sequence Number:
 - STAR Patient Accounting = Bill Sequence.

7. Field 17 - Covered Charges:

- This field is the reimbursement liability amount.

8. Fields 18, 19 & 20 - Deductible Amount, Co-Insurance Amount and COB Estimated Amount

- The expected reimbursement amount is determined as follows:

The reimbursement calculated by Pathways Contract Management is sent in Field 20, COB Estimated Amount. The expected reimbursement on STAR Patient Accounting is determined as follows:

COB Estimated Amount (field 20)
+Co-Insurance Amount (field 19)
+Deductible Amount (field 18)
=STAR Expected Reimbursement Amount

The expected reimbursement amount is displayed on the Proration Processor screen. For information on this screen, refer to Chapter 1: Proration in the *Billing and Claims Volume* of the *STAR Financials Patient Accounting Reference Guide*.

9. Field 20 - COB Estimated Amount:

- Pathways Contract Management returns the calculated reimbursement amount.

10. Field 23 - Debit/Credit Ind.:

- D = #1 Adjustment Amount is positive.
- C = #1 Adjustment Amount is negative.

11. Field 26 - Debit/Credit Ind.:

- D = #2 Adjustment Amount is positive.
- C = #2 Adjustment Amount is negative.

12. Field 27 - Reimb Method Code:

- This field is loaded with different values depending on which rule is used. Valid values are B, E, F, H, L, O, P, T, and W.

13. Field 30 & 31 - Reimb Basis Type and Reimb Basis Value:

- These fields are loaded if a match to a reimbursement rate table is made.

14. Field 32 - Prof Comp Delete Ind.:

- D = Do not bill professional component plan.

15. Field 33 - Process Ind.:

- Y = The insurer qualifies for contract management.

16. Field 34 - Patient Process Type:

- This field is the patient indicator on STAR Patient Accounting.

Third Party Payer

Record Type: 30

Record Size: 192

R/O: Optional

Description:

The file contains Record Type 30 for Primary Insurance only.

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 30	XX	L	1	2	"30"	Y
02	Sequence Number	99	R	3	4	Corresponds to COB	Y
03	Patient Control Number	X(20)	L	5	24	EN	Y
04	Source of Payment Code	X		25	25	FAM,31	Y
05	Payer Identification	9(5)	R	26	30	FAM,30	Y
06	Payer Sub-Identification	X(4)	L	31	34	FAM,30	Y
07	Certificate/Soc Sec Number/ Health Insurance Claim/ Identification Number	X(19)	L	35	53	X6,7	Y
08	Payer Name	X(25)	L	54	78	X4,26	Y
09	Primary Payer Code	X		79	79	FAM,32	Y
10	Insurance Group Number	X(17)	L	80	96	X6,13	Y
11	Insured Group Name Insured's Name (Fields 12-14)	X(14)	L	97	110	X6,10	Y
12	Last Name	X(20)	L	111	130	X6,1	Y
13	First Name	X(9)	L	131	139	X6,1	Y
14	Middle Initial	X		140	140	X6,1	Y
15	Insured's Sex	X		141	141	I1,11	Y
16	Release of Information Certification Indicator	X		142	142	X5,4	Y
17	Assignment of Benefits Certification Indicator	X		143	143	X5,7	Y
18	Patient's Relationship to Insured	99	R	144	145	X6,4	Y

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
19	Employment Status Code	9		146	146	X7,4	Y
20	Covered Days	9(3)	R	147	149	X1,15	Y
21	Noncovered Days	9(4)	R	150	153	X1,16	Y
22	Coinsurance Days	9(3)	R	154	156	X1,17	Y
23	Lifetime Reserve Days	9(3)	R	157	159	X1,18	Y
24	Provider Identification Number	X(13)	L	160	172	\$E X5,13	Y
25	Payments Received	9(8)V99 S	R	173	182	X5,10	Y
26	Estimated Amount Due	9(8)V99 S	R	183	192	X5,,14	Y

Notes for Record Type 30 - Third Party Payer

1. Field 10 - Insurance Group Number:

- Pathways Contract Management automatically substitutes the / (slash) with a - (dash). For example, A123/456 on STAR Patient Accounting is translated to A123-456 on Pathways Contract Management.

Inpatient Accommodations Data

Record Type: 50

Record Size: 192

Description:

Accommodation Revenue Codes: 100 thru 21X.

NOTE: Pathways Contract Management is not currently using this record.

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 50	XX	L	1	2	"50"	Y
02	Sequence Number	99	R	3	4	Increment per record	Y
03	Patient Control Number Accommodations (occurs 4 times) Accommodations - 1	X(20)	L	5	24	EN	Y
		9(42)	R	25	66		Y
04	Accommodations Revenue Code	9(4)	R	25	28	\$P(XB,1)	Y
05	Accommodations Rate	9(7)V99	R	29	37	\$P(XB,3)	Y
06	Accommodations Days	9(4)	R	38	41	\$P(XB,5)	Y
07	Accommodations Total Charges	9(8)V99 S	R	42	51	\$P(XB,6)	Y
08	Accommodations Noncovered Charges	9(8)V99 S	R	52	61	\$P(XB,7)	Y
09	Form Locator 49	X(4)	L	62	65	\$P(XB,8)	Y
10	Filler	X		66	66		N
11	Accommodations - 2	9(42)	R	67	108	Same definition as for fields 4-9.	Y
12	Accommodations - 3	9(42)	R	109	150	Same definition as for fields 4-9.	Y
13	Accommodations - 4	9(42)	R	151	192	Same definition as for fields 4-9.	Y

Notes for Record Type 50 - Inpatient Accommodations Data

1. Accommodations should be entered in numeric sequence.
2. The sequence number for each Record Type 50 can go from 01 to 99. Each physical record contains four accommodations. This makes provisions for reporting up to 396 accommodations on a single claim.

Medical Data - Sequence 01

Record Type: 70

Record Size: 192

R/O: Optional

Description:

The sequence number for Record Type 70 can be 01 or 02. The 01 record is for the reporting of eight diagnoses and five procedures.

NOTE: ICD-9-CM coding is required for all bill types. Report the decimal in the code. The ICD-9-CM diagnosis codes have been assigned a picture of X.

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 70	XX	L	1	2	"70"	Y
02	Sequence 01	01	R	3	4	"01"	Y
03	Patient Control Number	X(20)	L	5	24	EN	Y
04	Principal Diagnosis Code	X(6)	L	25	30	X7,13	Y
05	Other Diagnosis Code - 1	X(6)	L	31	36	X8,1	Y
06	Other Diagnosis Code - 2	X(6)	L	37	42	X8,2	Y
07	Other Diagnosis Code - 3	X(6)	L	43	48	X8,3	Y
08	Other Diagnosis Code - 4	X(6)	L	49	54	X8,4	Y
09	Other Diagnosis Code - 5	X(6)	L	55	60	X8,5	Y
10	Other Diagnosis Code - 6	X(6)	L	61	66	X8,6	Y
11	Other Diagnosis Code - 7	X(6)	L	67	72	X8,7	Y
12	Other Diagnosis Code - 8	X(6)	L	73	78	X8,8	Y
13	Principal Procedure Code	X(7)	L	79	85	X8,14	Y
14	Principal Procedure Date (MMDDYY)	9(6)	R	86	91	X8,15	Y
15	Other Procedure Code - 1	X(7)	L	92	98	X8,16	Y
16	Other Procedure Date - 1 (MMDDYY)	9(6)	R	99	104	X8,17	Y
17	Other Procedure Code - 2	X(7)	L	105	111	X8,18	Y
18	Other Procedure Date - 2 (MMDDYY)	9(6)	R	112	117	X8,19	Y
19	Other Procedure Code - 3	X(7)	L	118	124	X8,20	Y
20	Other Procedure Date - 3 (MMDDYY)	9(6)	R	125	130	X8,21	Y

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
21	Other Procedure Code - 4	X(7)	L	131	137	X8,22	Y
22	Other Procedure Date - 4 (MMDDYY)	9(6)	R	138	143	X8,23	Y
23	Other Procedure Code - 5	X(7)	L	144	150	X8,24	Y
24	Other Procedure Date - 5 (MMDDYY)	9(6)	R	151	156	X8,25	Y
25	Admitting Diagnosis Code	X(6)	L	157	162	X8,9	Y
26	External Cause of Injury (E-Code)	X(6)	L	163	168	X8,10	Y
27	Procedure Coding Method Used	9	R	169	169	Blank	N
28	Filler	X(23)		170	192		N

Medical Data - Sequence 02

Record Type: 70

Record Size: 192

R/O: Optional

Description:

The 70-02 record is used to report additional diagnoses and procedure codes.

The CMS 1450 Flat File Specification reserves record type 70 sequence 02 for contents of form locator 57. McKesson does not use Form Locator 57. Therefore, record sequence 02 is used by McKesson to maintain more diagnoses and procedure codes than allowed on record type 70 sequence 01. This extension allows a total of 17 diagnosis codes (principal plus sixteen) and 11 procedure codes (primary plus ten).

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 70	X(002)	L	1	2	70	Y
02	Sequence 02	X(002)	L	3	4	02	Y
03	Patient Control Number	X(020)	L	5	24	1EN	Y
04	Filler	X(006)	L	25	30		N
05	Other Diagnosis Code - 9	X(006)	L	31	36	HK, ",", 9,16	Y

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
06	Other Diagnosis Code 10	X(006)	L	37	42	See Field # 5 Location.	Y
07	Other Diagnosis Code 11	X(006)	L	43	48	See Field # 5 Location	Y
08	Other Diagnosis Code 12	X(006)	L	49	54	See Field # 5 Location.	Y
09	Other Diagnosis Code 13	X(006)	L	55	60	See Field # 5 Location	Y
10	Other Diagnosis Code 14	X(006)	L	61	66	See Field # 5 Location	Y
11	Other Diagnosis Code 15	(X006)	L	67	72	See Field # 5 Location	Y
12	Other Diagnosis Code 16	X(006)	L	73	78	See Field # 5 Location	Y
13	Filler	X(007)	L	79	85		N
14	Filler	X(006)	L	86	91		N
15	Other Procedure Code 6	X(007)	L	92	98	IK-2, “,” , 7,11	Y
16	Other Procedure Date 6	9(006)	R	99	104	JK1-7,,8, “,” first piece JK2-1,,3, “,” first piece.	Y
17	Other Procedure Code 7	X(007)	L	105	111	IK-2, “,” , 7,11	Y
18	Other Procedure Date 7	9(006)	R	112	117	JK1-7,,8, “,” first piece JK2-1,,3, “,” first piece	Y
19	Other Procedure Code 8	X(007)	L	118	124	IK-2, “,” , 7,11	Y
20	Other Procedure Date 8	9(006)	R	125	130	JK1-7,,8, “,” first piece	Y
21	Other Procedure Code 9	X(007)	L	131	137	IK-2, “,” , 7,11	Y

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
22	Other Procedure Date 9	9(006)	R	138	143	JK1-7,,8, “,” first piece. JK2-1,,3, “,” first piece.	Y
23	Other Procedure Code 10	X(007)	L	144	150	IK-2, “,”, 7,11	Y
24	Other Procedure Date 10	9(006)	R	151	156	JK1-7,,8, “,” first piece. JK2-1,,3, “,” first piece.	Y
25	Filler	X(006)	L	157	162		N
26	Filler	X(006)	L	163	168		N
27	Filler	X(001)	L	169	169		N
28	Filler	X(023)	L	170	192		N

Notes for Record Type 70 - Medical Data - Sequence 02

1. The CMS 1450 V.4 Flat File Specification reserves Record Type 70 Sequence 02 record for contents of Form Locator 57. McKesson does not use Form Locator 57. McKesson maintains more Diagnosis and Procedure codes than are allowed on the Record Type 70 Sequence 01 record. Therefore, McKesson chooses to re-define Record Type 70 Sequence 02 record as an extension of the Diagnosis and Procedural data contained in the Sequence 01 record.
2. The McKesson version of the Record Type 70 Sequence 02 record mimics the Sequence 01 record in format. This version of the Sequence 02 record provides eight additional Other Diagnosis Code slots, and five additional Other Procedure Code/Date slots.
3. This extension allows a total of 17 Diagnosis Codes (one Principal diagnosis code and sixteen Other diagnosis codes), and a total of 11 Procedure Codes (one Principal procedure code and ten Other procedure codes).
4. As on the Record Type 70 Sequence 01 record, all Procedure Date fields on this Sequence 02 record are in CCYYMMDD format.

Physician Data

Record Type: 80

Record Size: 192

R/O: Optional

Description:

The 80 record is used for physician information. This information can be used as access criteria in payer contract terms.

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 80	X(002)	L	1	2	"80"	Y
02	Sequence number	X(002)	L	3	4		
03	Patient Control Number	X(020)	L	5	24	EN	Y
04	Filler	X(002)	L	25	26		N
05 *	Attending Physician ID	X(016)	L	27	42		Y
06 *	Procedure Physician ID	X(016)	L	43	58		Y
07 *	Admitting Physician ID	X(016)	L	59	74		Y
08 *	Other Physician ID	X(016)	L	75	90		Y
09	Attending Physician Name	X(25)	L	91	115		N
10	Procedure Physician Name	X(25)	L	116	140		N
11	Admitting Physician Name	X(25)	L	141	165		N
12	Other Physician Name	X(25)	L	166	190		N
13	Filler	X(2)	L	191	192		N

NOTE: The asterisk (*) denotes that the field is used by Pathways Contract Management.

Detail Charge Record

Record Type: 92

Record Size: 226

R/O: Required

Description:

The 70-02 record is used to report additional diagnoses and procedure codes.

The CMS 1450 Flat File Specification reserves record type 70 sequence 02 for contents of form locator 57. McKesson does not use Form locator 57. Therefore, record sequence 02 is used by McKesson to maintain more diagnoses and procedure codes than allowed on record type 70 sequence 01. This extension allows a total of 17 diagnosis codes (principal plus sixteen) and 11 procedure codes (primary plus ten).

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 92	X(002)	L	1	2	"92"	Y
02	Filler	X(002)	L	3	4		N
03	Patient Control Number	X(020)	L	5	24	EN	Y
04	Hospital Facility	X(001)	L	25	25	FEN	Y
05	Entity	X(002)	L	26	27		N
06	A/R Provider Number	9(005)	R	28	32		N
07	Charge Record Number	9(007)	R	33	39		N
08	Service Type	X(003)	L	40	42		N
09	Service Date (MMDDYY)	X(006)	L	43	48	FCA,,13	Y
10	Accommodation Code	X(002)	L	49	50	FCA,,23	Y
11	Patient Location Code	X(004)	L	51	54	FCB,,14	Y
12	Servicing Physician	X(006)	L	55	60	If FCA,,21=1,,	Y
						FCA,,18,","	
						second piece	
13	FIM Code	9(009)	R	61	69	FCA,,3	Y

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
14	SIM Item	9(004)	R	70	73	FCA,,6, “,” first piece	Y
15	CPT - HCPCS Code	X(007)	L	74	80	FCA,,26	Y
16	UB Revenue Code	X(004)	L	81	84	FCA,,22	Y
17	Revenue Department	X(004)	L	85	88	FCA,,11	Y
18	Revenue Center	X(004)	L	89	92	FCA,,12	Y
19	Proration Sum. Code	9(003)	R	93	95	FCA,,36	Y
20	Quantity	9(005)	R	96	100	FCA,,1	Y
21	Charge Amount	9(7)V99	R	101	109	FCA-,,2	Y
22	Professional	9(7)V99	R	110	118	FCA,,2*	Y
	Comp Amt.					*Load prof comp if FCA,, 21 = 1	
23	Discount Return Ind.	X(001)	L	119	119		Y
24	#1 Covered Amount	9(7)V99	R	120	128		N
25	#2 Covered Amount	9(7)V99	R	129	137		N
26	#3 Covered Amount	9(7)V99	R	138	146		N
27	#4 Covered Amount	9(7)V99	R	147	155		N
28	#5 Covered Amount	9(7)V99	R	156	164		N
29	#6 Covered Amount	9(7)V99	R	165	173		N
30	Unit Cost	9(5)V99	R	174	180		N
31	Debit/Credit Ind.	X(001)	L	181	181	D for charge, C for credit.	Y
32	Discount Adj. Code	X(008)	L	182	189		N
33	Filler	X(003)	L	190	192		N
34	Filler	X(18)		193	210		N
35	HCPCS Mod 1	X(004)		211	214		Y
36	HCPCS Mod 2	X(004)		215	218		Y
37	HCPCS Mod 3	X(004)		219	222		Y
38	HCPCS Mod 4	X(004)		223	226		Y

Notes for Record Type 92 - Detail Charge Record

1. Field 20 - Charge Quantity
 - This value is always a whole number. Decimal places found in charge quantities are truncated. For example, a charge quantity of 1.64 is sent as 1.
2. Field 23 - Discount Return Ind.:
 - STAR Patient Accounting sets this field to N.
3. Field 31 - Debit/Credit Ind.:
 - D = Amount fields 21, 22, and 24-30 are positive.
 - C = Amount fields 21, 22, and 24-30 are negative.
4. Field 15 - The first modifier is included in the last 2 positions of this field.

File Control**Record Type: 99****Record Size: 192****R/O: Optional****Description:**

Record 99 must be the last record in the source file.

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 99	XX	L	1	2	99	Y
02	Filler	X(190)	R	3	192		N

Notes for Record Type 99 - File Control Record

1. Record Type 99 must be the last valid record in the file.

Appendix B - PAYMENT AND ADJUSTMENT FILE

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INTRODUCTION

This appendix contains the specifications for the data that is contained in the payment and adjustment file. The following record types are in this file:

Record Type	Record Name
01	Payment/Adjustment Header Record
05	Payment/Adjustment Detail Record
06	Denial Data, Claim Level
06R	Denial Return
08	Appeal Data
99	Payment/Adjustment Trailer Record

RECORD LAYOUTS

The record layouts that follow contain the following data:

- Record Type - The number that identifies the type of the record.
- Record Size - The physical length of the record.
- Field Number (Field No.) - The number of the field.
- Field Name - The name of the field.
- Picture - This is the picture clause. Pic X is initialized to blanks. Pic 9 is initialized to zeros. All money and date fields are Pic 9. All code fields that have a legitimate value of zero are Pic X.
- Field Specifications (Field Spec.) - This indicates the justification of the field. L is left justified. R is right justified.
- Position (Pos.) From/Thru - This indicates the position in the record. From is the leftmost position in the record (high order). Thru is the rightmost position in the record (low order).
- Location - The location of the field.
- Update - Y indicates that STAR PA system enters this data. N indicates that STAR PA system does not enter this data.

Payment/Adjustment Header

Record Type: 01

Record Size: 192

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 01	X(002)	L	1	2	Value is '01'	Y
02	Filler	X(187)	L	3	189		N
03	Version Code	X(003)	L	190	192	Vale is '060'	Y

Payment/Adjustment Detail

Record Type: 05

Record Size: 250

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 05	X (002)	L	1	2	Value is '05'	Y
02	Hospital Facility	X(001)	L	3	3	fen	Y
03	Filler	X(001)	L	4	4		
04	Entity	X(002)	L	5	6		N
05	Transaction Code	X(008)	L	7	14	FTA,8	N
06	Filler	X(004)	L	15	18		
07	Payment Adjustment Date CCYYMMDD	9(008)	L	19	26	System date	Y
08	Patient Control No.	9(020)	L	27	46		N
09	Filler	X(005)	L	47	51		Y
10	Claim Pmt/Adj Amount	9(8)V99	R	52	61	FTA,14	Y
11	Insurance Plan/ Carrier Code	X(006)	L	62	67	FTA,23,24	Y
12	Filler	X(005)	L	68	72		
13	Insurance Type	X(001)	L	73	73	I2,1	Y
14	Filler	X(005)	L	74	78		
15	Claim Bill Date	X(008)	R	79	86	FTA,7	Y
16	Pynt/Adj Ind.	X(001)	L	87	87		Y
17	Debit/Credit Ind.	X(001)	L	88	88	See Field 16 note.	
18	Final Payment Flag	X(001)	L	89	89	FTA,22	Y
19	Claim Mail Date (Optional)	X(008)	L	90	97	FBL,12	Y
20	Filler	X(004)		98	101		
21	COB Estimate Amt.	9(8)V99S	L	102	111	FBT,11	Y
22	Deductible	9(8)V99	L	112	121	FBT,3	Y
23	Coinsurance	9(8)V99	L	122	131	FBT,10	Y
24	DRG Code	X(003)	L	132	134	FTG,20	Y
25	Outlier	X(001)	L	135	135	FTG,21	Y
26	Claim Match Date, CCYYMMDD	X(008)	L	135	143		Y

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
27	Claim Number	X(008)	L	144	151		Y
28	Filler	X(097)	L	152	250		

Notes for Record Type 05 - Payment/Adjustment Detail

1. Field 16 - Pmt/Adj Ind.:

- 0 = Indicates insurance payment (always a credit).
- 1 = Indicates insurance pay reversal (always a debit).
- 2 = Not used in STAR PA.
- 3 = Indicates insurance refund (debit or credit).
- 4 = Indicates insurance adjustment (debit or credit).
- 5 = Indicates insurance rejection [amount is zero (Field 9)].
- 6 = Indicates balance transfer (debit or credit).

A claim denied on STAR Patient Accounting generates two Payment/Adjustment Detail records: a balance transfer record (where field 16 is 6 and the balance transfer amount is in Field 9) and an insurance rejection record (where field 16 is 5 and the amount in Field 9 is zero.)

2. Field 17- Debit/Credit Ind.:

- Affects the sign of the value in field 10.
- D = Claim Pmt/Adj Amount is positive.
- C = Claim Pmt/Adj Amount is negative.
- Only required if Field 16 is equal to 4 or 6.

3. Field 18 - Final Payment Flag:

- Y = Indicates if the claim has been paid or rejected (Claim disposition = final, denied or adjusted to zero).
- N = Indicates if the claim is partially paid (Claim disposition = partial, transfer or clear).
- Blank = Indicates adjustments or refunds.

4. Field 21 - COB Estimate Amt.:

- COB Estimate Amount calculated at billing time.

5. Field 22 - Deductible

- Deductible at payment time.

6. Field 23 - Coinsurance

- Coinsurance at payment time.

7. Field 24 - DRG Code

- DRG code on the payment transaction.

8. Field 25 - Outlier

- Outlier code on the payment transaction.

Denial Data, Claim Level

Record Type: 06

Record Size: 250

Field No.	Field Name	Picture	Field Spec.	Pos From	Pos Thru	Location	Update
01	Record type 06	X(002)	L	1	1	Value is '06'	
02	Sequence Number (001-999)	9(003)	R	3	5		
03	Hospital Facility**	X(001)	L	6	6		
04	Filler	X(001)	L	7	7		
05	Entity**	X00(2)	L	8	9		
06	Patient Control No.**	9(020)	R	10	29		
07	Insurance Plan/Carrier Code**	X(006)	L	30	35		
08	Filler	X(005)	L	36	40		
09	Insurance Type**	X(001)	L	41	41		
10	Claim Bill Date**	X(008)	L	42	49		
11	Filler	X(005)	L	50	54		
12	Claim Match Date**	X(008)	L	55	62		
13	Denial Date	X008)	L	63	70		
14	Claim Status Code	X(002)	L	71	72		
15	Adjustment Group Code #1	x(002)	L	73	74		

Field No.	Field Name	Picture	Field Spec.	Pos From	Pos Thru	Location	Update
16	Adjustment Reason Code #1	X(005)	L	75	79		
17	Adjustment Amount #1	9(8)V99S	R	80	89		
18	Filler	X(004)	L	90	93		
19	Adjustment Group Code #2	X(002)	L	94	95		
20	Adjustment Reason Code #2	X(005)	L	96	100		
21	Adjustment Amount #2	9(8)V99S	R	101	110		
22	Filler	X(004)	L	111	114		
23	Adjustment Group Code #3	X(002)	L	115	116		
24	Adjustment Reason Code #3	X(005)	L	117	121		
25	Adjustment Amount #3	9(8)V99S	R	122	131		
26	Filler	X(004)	L	132	135		
27	Payor Claim Control Number (ICN)	X(030)	L	136	165		
28	Health Insurance Claim Number (HIC Number)	X(020)	L	166	185		
29	Denial Source	X(005)	L	186	190		
30	Collector ID	X(025)	L	191	215		
31	Appeal Due Date	X(008)	L	216	223		
32	Claim Number**	X(008)	L	224	231		
33	Filler	X(017)	L	232	250		

Denial Return

Record Type: 06R

Record Size: 250

Field No.	Field Name	Picture	Field Spec.	Pos From	Pos Thru	Location	Update
01	Record type 06R	X(002)	L	1	2	Value is '06'	
02	Hospital Facility	X(001)	L	3	3		
03	Filler	X(001)	L	4	4		
04	Entity	X(002)	L	5	6		
05	Patient Control No.	9(020)	R	7	26		
06	Insurance Plan/Carrier Code	X(006)	L	27	32		
07	Filler	X(005)	L	33	37		
08	Insurance Type	X(001)	L	38	38		
09	Claim Bill Date	X(008)	L	39	46		
10	Filler	X(005)	L	47	51		
11	Claim Match Date	X(008)	L	52	59		
12*	Priority Adjustment Group Code	X(002)	L	60	61		
13*	Priority Adjustment Reason Code	X(005)	L	62	66		
14*	Normalized Reason Code	X(010)	L	67	76		
15*	Appeal Due Date	X(008)	L	77	84		
16*	Denial Type (C=Clinical; A=Administrative ; O=Other)	X(001)	L	85	85		
17	Claim Number	X(008)	L	86	93		
18	Filler	X (155)	L	94	250		

Appeal Data

Record Type: 08

Record Size: 250

Field No.	Field Name	Picture	Field Spec.	Pos From	Pos Thru	Location	Update
01	Record type 08	X(002)	L	1	2	Value is '08'	
02	Hospital Facility**	X(001)	L	3	3		
03	Filler	X(001)	L	4	4		
04	Entity**	X(002)	L	5	6		
05	Patient Control No.**	9(020)	R	7	26		
06	Insurance Plan/Carrier Code**	X(006)	L	27	32		
07	Insurance Type**	X(001)	L	33	33		
08	Claim Bill Date**	X(008)	L	34	41		
09	Filler	X(005)	L	42	46		
10	Claim Match Date**	X(008)	L	47	54		
11	Collector ID	X(025)	L	55	79		
12	Appeal Status	X(002)	L	80	81		
13	Appeal Disposition	X(002)	L	82	83		
14	Appeal Amount	9(8)V9 9S	R	84	93		
15	Appeal Actions	X(8)	L	94	101		
16	Appeal Date	X(008)	L	102	109		
17	Root Cause	X(004)	L	110	113		
18	Appeal Indicator	X(001)	L	114	114		
19	Appeal Indicator Date	X(008)	L	115	122		
20	Appeal Disposition Date	X(008)	L	123	130		
21	Appeal Status Date	X(008)	L	131	138		

Field No.	Field Name	Picture	Field Spec.	Pos From	Pos Thru	Location	Update
22	Revised Appeal Due Date	X(008)	L	139	146		
23	Claim Number **	X(008)	L	144	154		
24	Filler	X(094)	L	155	250		

File Control

Record Type: 99

Record Size: 192

Field No.	Field Name	Picture	Field Spec.	Pos. From	Pos. Thru	Location	Update
01	Record Type 99	X(002)	L	1	2	Value is '99'	Y
02	Filler	X(190)	L	3	192		N

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