

STAR 2000™



STAR FINANCIALS PATIENT ACCOUNTING
REFERENCE GUIDE
Horizon Performance Manager™
Interface Guide

Release 18.0
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Any comments or suggestions regarding this publication are welcomed and should be forwarded to the attention of

STAR 2000 Documentation Team
McKesson
Mail Stop ATHQ-3302
5995 Windward Parkway
Alpharetta, GA 30005

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Preface

The *STAR Financials Patient Accounting Reference Guide* is a multivolume document written for all users of the STAR Financials Patient Accounting System. This volume contains a detailed explanation of the Horizon Performance ManagerTM interface that is used with the STAR Financials Patient Accounting system.

Documentation Conventions

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

Revisions

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

Canadian Documentation

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

Key Names

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

Key Chords

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

ENTER

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

Data Entries

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

Selecting an Entry

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

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

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

Prompts

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

Enter patient name--

Field Characteristics

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

- DISPLAY ONLY for a field you cannot edit.
- For X-YY-Z field types, where:
 - X is the maximum number of characters permitted in the field:
 - P for a field length determined by a Parameter
 - T for a field length determined by a Table
 - U for a field having an Undefined length
 - YY is the type of entry technique permitted in the field:
 - A for Letters only
 - N for Numerals only
 - C for Characters (including punctuation)
 - AC for Letters and Punctuation only (no numbers)
 - NC for Numerals and Punctuation only (no letters)
 - AN for Numerals and Letters only (no punctuation)
 - Z is the requirement indicator of the field:
 - R if an entry is required to complete the function
- For YY-Z field types, where YY is:
 - TABLE LOOKUP for a field that enables you to select from a displayed table. See the *General Information Volume* for more information regarding this entry technique.
 - SPECIAL FORMAT for a field having data entry requirements not conforming to standard format. The field definition contains the specific data entry requirements for the field.
 - DATE for a field subject to the date entry conventions described in the *General Information Volume*.
 - TIME for a field subject to the time entry conventions described in the *General Information Volume*.

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

Table of Contents

Documentation Conventions	v
Table of Illustrations	xi
Introduction	xiii
Chapter 1 - Using the Horizon Performance Manager Interface	
INTRODUCTION	1-3
FILE CREATION	1-4
PARAMETERS SETUP	1-7
Enterprise Parameters	1-7
Facility Parameters	1-7
User Defined Attributes	1-44
Service Item User Defined Attributes	1-46
Trigger Events	1-48
Practitioner and Code Listing Parameters	1-73
INTERFACE FUNCTIONS	1-77
Practitioner and Code Listing	1-77
Cost Accounting Volume/Price File	1-81
Account Update	1-81
Date Range Update	1-82
NFS/ASCII Manual Transfer	1-86
Inhouse Conversion/AR Add Historical Activity	1-88
HPM Interface File Deletion	1-90
Detail Payment/Adjustment/Refund Backload	1-91
Remove Accounts Selected for HPM Date Range Update	1-92
REPORTS	1-94
HPM Processing Report - FARPDS5	1-94
Description/Purpose	1-94
Generating and Printing This Report	1-94
HPM Audit Report - FARPDS	1-97
Description/Purpose	1-97
Generating and Printing This Report	1-97
HPM Exception Report - Detail	1-101
Cases and Charges by Patient Type - FARPDS3	1-104
Description/Purpose	1-104
Generating and Printing This Report	1-104
Cases and Charges By Month/Fiscal Period Report - FARPDS1	1-106
Description/Purpose	1-106
Generating and Printing This Report	1-106
Cases and Charges By Health Plan Report - FARPDS2	1-108
Description/Purpose	1-108
Generating and Printing This Report	1-108

Totals By Record Type Report - FARPDS4	1-110
Description/Purpose	1-110
Generating and Printing This Report	1-110

Appendix A - Horizon Performance Manager Data Descriptions

INTRODUCTION	A-3
USER-DEFINED FIELDS	A-5
SERVICE ITEM USER DEFINED ATTRIBUTES	A-368
ABN	A-368
ABN Override	A-368
Alternate Bill Item Code	A-368
Alternate Bill Summ Code 1 DES	A-368
Alternate Bill Summ Code 2 DES	A-369
Alternate Bill Summ Code 3 DES	A-369
Alternate Bill Summ Code 1	A-369
Alternate Bill Summ Code 2	A-369
Alternate Bill Summ Code 3	A-370
Bill Sequence Number	A-370
Baby Charge Indicator	A-370
Charge Location	A-370
Charge To/From Account	A-371
Charge Sequence	A-371
Charge Type	A-371
Combined Bill Indicator	A-371
Dept with STAR Facility Code Prefix	A-372
Department	A-372
Department with Facility Code Suffix	A-372
Detail Revenue Center	A-372
GL Department Number	A-373
HCPCS Code	A-373
Late Charge Indicator	A-373
Med Nec Dup HCPCS	A-373
Med Nec Dup HCPCS Override	A-374
Metric Quantity	A-374
Out of Province Service Code	A-374
Order #	A-374
Ordering Location (CRT Name)	A-375
Ordering ID	A-375
Proration Summary Code	A-375
R&B Minutes	A-375
Relative Value	A-376
Revenue Department Code	A-376
Source of Charge	A-376
STAR Facility Code	A-376
Take Home Drug	A-377
Type of Service	A-377
Type of Unit	A-377

UB Revenue Code	A-377
DATA ELEMENTS	A-378
Interface File Attributes	A-378
FILE LAYOUTS	A-381
Common File	A-381
Patient/Member File	A-382
Cost Accounting File	A-411
Index	Index-1

Table of Illustrations

Figure 1.1	FARPDS5 - HPM Processing Report	1-95
Figure 1.2	FARPDS - HPM Audit Report	1-98
Figure 1.3	FARPDS - HPM Exception Report (Detail)	1-103
Figure 1.4	FARPDS3 - Cases and Charges by Patient Type	1-105
Figure 1.5	FARPDS1 - Cases and Charges By Month/Fiscal Period Report	1-107
Figure 1.6	FARPDS2 - Cases and Charges By Health Plan Report	1-109
Figure 1.7	FARPDS4 - Totals By Record Type Report	1-111

Introduction

This document contains a detailed explanation of the Horizon Performance Manager interface that is used with the STAR Financials Patient Accounting system.

Chapter 1: Using Horizon Performance Manager Interface

This chapter discusses the Horizon Performance Manager Interface. This interface creates a Horizon Performance Manager interface file in the format of Horizon Performance Manager database input tables which can be used to create or update the database. Parameters and reports that are used with the interface are also provided in this chapter.

Appendix A: Horizon Performance Manager Data Descriptions

This appendix contains user-defined field descriptions that are used in the Horizon Performance Manager function in STAR Financials Patient Accounting.

Chapter 1 - Using the Horizon Performance Manager Interface

INTRODUCTION.....	1-3
FILE CREATION.....	1-4
PARAMETERS SETUP	1-7
Enterprise Parameters	1-7
Facility Parameters.....	1-7
User Defined Attributes	1-44
Service Item User Defined Attributes	1-46
Trigger Events.....	1-48
Practitioner and Code Listing Parameters.....	1-73
INTERFACE FUNCTIONS.....	1-77
Practitioner and Code Listing	1-77
Cost Accounting Volume/Price File	1-81
Account Update.....	1-81
Date Range Update.....	1-82
NFS/ASCII Manual Transfer.....	1-86
Inhouse Conversion/AR Add Historical Activity	1-88
HPM Interface File Deletion	1-90
Detail Payment/Adjustment/Refund Backload.....	1-91
Remove Accounts Selected for HPM Date Range Update	1-92
REPORTS.....	1-94
HPM Processing Report - FARPDS5	1-94
Description/Purpose	1-94
Generating and Printing This Report.....	1-94
HPM Audit Report - FARPDS.....	1-97
Description/Purpose	1-97
Generating and Printing This Report.....	1-97
HPM Exception Report - Detail	1-101
Cases and Charges by Patient Type - FARPDS3.....	1-104
Description/Purpose	1-104
Generating and Printing This Report.....	1-104
Cases and Charges By Month/Fiscal Period Report - FARPDS1	1-106
Description/Purpose	1-106
Generating and Printing This Report.....	1-106
Cases and Charges By Health Plan Report - FARPDS2	1-108
Description/Purpose	1-108
Generating and Printing This Report.....	1-108
Totals By Record Type Report - FARPDS4	1-110
Description/Purpose	1-110
Generating and Printing This Report.....	1-110

Illustrations

Figure 1.1	FARPDS5 - HPM Processing Report.....	1-95
Figure 1.2	FARPDS - HPM Audit Report	1-98
Figure 1.3	FARPDS - HPM Exception Report (Detail)	1-103
Figure 1.4	FARPDS3 - Cases and Charges by Patient Type	1-105
Figure 1.5	FARPDS1 - Cases and Charges By Month/Fiscal Period Report.....	1-107
Figure 1.6	FARPDS2 - Cases and Charges By Health Plan Report	1-109
Figure 1.7	FARPDS4 - Totals By Record Type Report.....	1-111

INTRODUCTION

The Horizon Performance Manager Interface creates a Horizon Performance Manager interface file in the format of a Horizon Performance Manager database input table which can be used to create or update a Horizon Performance Manager database. Parameters are available to give you the ability to customize the file to meet your needs in Horizon Performance Manager. Other functions are available to assist in processing the interface and in creating other files used for Horizon Performance Manager.

FILE CREATION

The following is a series of events that must take place to create an interface file.

1. Trigger event occurs. Once the interface is live, the trigger events from the Trigger Event Parameter screen determines when an account is transferred to Horizon Performance Manager. You can choose from 1 - 42 trigger events to determine when accounts are transferred to Horizon Performance Manager. When the event occurs, the account is written to the appropriate interface index.
2. Write the account to an index. Once a trigger event occurs, the account is added to the interface index. The interface index contains the account number and the reason that the account was put into the index (which trigger event). The information for the interface file associated with the account is not captured at this time. There are a number of different indices depending on the type of account.

There are six different indices used.

- standard interface index
- AR/BD add account interface index
- AR converted interface index
- inhouse accounts at conversion interface index
- date range update interface index
- series account interface index

In most instances, once an account is triggered, it is written to the standard interface index.

- AR/BD Add Account Interface Index

If the facility has recently been through a conversion to STAR Patient Accounting, some of the accounts triggered may be AR or Bad Debt add accounts. These are sometimes referred to as manually converted accounts. AR and Bad Debt add accounts may also result from accounts that have been archived and purged. These may need to be added back into AR and Bad Debt. If this type of account is triggered and if on Page 3 of the Facility Parameters screen you select to include these accounts, these accounts are written to the AR/BD add accounts index. They are processed based on the parameters set on Page 3 of the Facility Parameters screen, and an AR/BD Add interface file is created.

- Converted Account Interface Index

If the facility has recently been through a conversion to STAR Patient Accounting, some of the accounts triggered may be converted accounts. If the parameter on Page 3 of the Facility Parameters screen is set to include converted accounts, these accounts are written to the Converted Account

Index. They are processed based on the parameters set on Page 3 of the Facility Parameters screen, and a Converted Accounts interface file is created.

- Inhouse Accounts at Conversion Interface Index

If the facility has recently been through a conversion to STAR Patient Accounting, some of the accounts triggered may be inhouse at the time of the conversion. If the parameter to process these accounts separately is set on Page 3 of the Facility Parameters screen, these accounts are written to the Inhouse at Conversion Interface Index. They are processed based on the parameters set on Page 3 of the Facility Parameters screen, and an Inhouse Accounts at Conversion interface file is created.

- Date Range Update Interface Index

If the account is triggered due to a date range update process, the account is written to the date range update interface index. These accounts are processed as a separate interface file.

- Series Account Interface Index

If the Special Series Processing parameter on Page 2 of the Facility Parameter screen is set to Yes, then series accounts, when triggered, will go to the Series account index. Refer to the Special Series Processing parameter for more information on how the accounts are processed. They are processed in a separate file.

Steps 3 through 6 occur during midnight processing.

3. Process the file. Processing the interface file entails gathering the data necessary for the interface file and placing it into the Horizon Performance Manager database input table format. The Horizon Performance Manager database input table format can be found in the Horizon Performance Manager documentation. Refer to Horizon Performance Manager Data Descriptions for information about the location of the data in STAR. The interface runs every night during midnight processing based on the parameters chosen and creates a working interface file for every index available.

For example, if there are accounts in the standard interface index, the AR/BD Add interface index and the Converted Accounts interface index, then three working interface files are created. Every night a working file is created and merged with the previous night's file so that the most current data is transferred to Horizon Performance Manager. In order to efficiently process the interface nightly, inhouse accounts and nondischarged outpatients are not processed. These accounts are only processed the night that the Horizon Performance Manager interface optional batch job is run.

4. Generate the HPM Processing report (FARPDS5). After the file is processed, the HPM Processing report is generated. Refer to the Reports section for a description of this report. If the Horizon Performance Manager interface batch job is set to run, go to step 5. If it is not set to run, go to step 6.
5. Process the optional batch job. The Horizon Performance Manager interface optional batch job provides different functions depending on the transfer method chosen. The transfer method refers to the STAR method that is used to transfer the STAR interface file to Horizon Performance Manager. Refer to the Parameters Setup section for more information on this parameter. If the Transfer Method is ASCII, the file is converted to an ASCII file and written to hbo/tmp directory. Once this is done, the file is marked as Transferred. If the Transfer Method is NFS, the file is converted to an ASCII file and then written out to /apg/Pdsdata/xxxx/dwprodxxxx/data/source (where xxxx stands for the Horizon Performance Manager release number) directory on Horizon Performance Manager. After this has been completed, the file is marked as Transferred. If ASCII or NFS transfer does not complete successfully, then the file is marked Transfer Failed/Transfer Manually and is noted on the HPM Processing report. This indicates that the file needs to be transferred manually using the NFS/ASCII Manual Transfer function. Once the file transfer has been completed successfully, that flag changes to Transferred. The optional batch job also causes the audit reports to run. This includes FARPDS and the additional audit reports.
6. Delete any files that have reached its retention days. Retention days are set in the Horizon Performance Manager Facility Parameters Processor (Screen 1) screen. If any files have met the days the file is deleted. If a file has not been transferred, then it is not deleted.

PARAMETERS SETUP

Enterprise Parameters

This parameter screen contains parameters needed for processing the Horizon Performance Manager Interface files.

1. Select Tables from the initial Menu Processor screen.
2. Select Horizon Performance Manager Parameter Maintenance from the Tables Processor screen.
3. Select Enterprise Parameters. After this option is selected, the first screen is displayed.

```
General Hospital Enterprise Parameters Processor
                                Wed Sept 12, 2001 01:00 pm

1 Enterprise Code
  HBO

2 Last Edit by                3 Edit Date
  New, Nancy                  09/12/01 11:46

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

Field Explanations

1. ENTERPRISE CODE (32-A-R)

This field must contain the enterprise code to be used by Horizon Performance Manager. After you enter this code, the following prompt is displayed:

Enter your Enterprise Code--

Enter the Enterprise Code that will be used in the HPM Enterprise Header to group the data for an enterprise.

Facility Parameters

This screen contains parameters needed for processing the Horizon Performance Manager Interface file.

1. Select Tables from the initial Menu Processor screen.

2. Select Horizon Performance Manager Parameter Maintenance from the Tables Processor screen.
3. Select Facility Parameters. After this option is selected, the first screen is displayed. These parameter screens are facility-specific.

General Hospital Facility Parameters Processor			
Thu May 01,2007 11:15 am			
1 Active?	2 # Accounts	3 Transfer Method	4 File Retention
No			
5 Start Date	6 Transfer Newborn Accts with No Charges	7 GUI MPI Delete	
8 Transfer Other Accts with No Charges?	9 Source System Code		
	Unit Number		
10 Excluded Patient Types	11 Update Optional Encounter Keys		
12 Transfer DRG	13 MR Number		
14 Uncombine Mother/Newborn Charges?	15 Uncombine other account's charges?		
16 Uncombine DPW account's charges?			
17 Next Edit Date	18 Last Edit by	19 Edit Date	

Field Explanations (Screen 1 of 4)

1. ACTIVE? (1-A-R)

This field will determine if the Horizon Performance Manager interface is active at this facility. After you enter this option, the following prompt is displayed:

Is the HPM interface active for this facility (Y/N) [N]-- |

If you enter **Y** for Yes, the Horizon Performance Manager interface will become active and accounts will begin to be written to the Horizon Performance Manager interface index. Today's date will display in the field. After you respond Yes, the following prompt will display:

Do you want to copy the Trendstar interface index to HPM (Y/N)[Y] –

Enter **Y** to copy the current TRENDSTAR[®] interface index to the Horizon Performance Manager interface index. This will include any accounts which have been triggered in the Trendstar interface but have not been processed. This can be helpful if the facility is converting from TRENDSTAR to Horizon Performance Manager. From this point on, the Horizon Performance Manager interface index will be updated based upon the trigger events defined in the Trigger Event Parameter Screen. Once the TRENDSTAR interface is no longer needed, it is important to turn off the TRENDSTAR processing. Field one on the TRENDSTAR General/CCA Parameter Screen can be used to inactivate the TRENDSTAR interface.

If you do not have TRENDSTAR or do not want to copy the TRENDSTAR interface index, respond **No** to this prompt. After you enter this option, the following prompt is displayed:

Enter beginning admit date to run payment/adjustment/refund backload –

Enter the admit date of accounts to run the payment/adjustment/refund backload. The payment/adjustment/refund backload is run to store information about payments, adjustments, and refunds that get sent to Horizon Performance Manager.

2. # ACCOUNTS (5-N-R)

This field indicates how many discharged accounts can be in the interface file before the file is transferred to Horizon Performance Manager. If the Transfer Method parameter is ASCII, McKesson recommends that this field be used to control the size of the file. When the interface file is being processed nightly, this parameter is checked to see if the interface file has reached the limit. Once the file size reaches the number of accounts limit, no more discharged accounts are processed. If the transfer method is NFS, the file is then transferred to Horizon Performance Manager. If the transfer method is ASCII, the file is written to the hbo/tmp directory.

On the HPM Processing report (FARPDS5) a message appears that the maximum number of accounts has been reached. The number of accounts limit is applicable for each different file. For example, if the number of accounts limit is 5000, then if any of the different types of files (for example, AR/BD Add Accounts, standard file, date range update file) reach this limit, then processing stops for that file. After you enter this option, the following prompt is displayed:

Enter new maximum number of accounts to transmit [ALL] --

Enter **All** to specify all accounts are transmitted. The default is All. You can enter a number that specifies the number of discharged accounts that the interface file will contain.

The following is an example of the interface process where the maximum number of accounts was reached.

In the following scenario, the Horizon Performance Manager Optional Batch Job is scheduled to run every Saturday. Inhouse and nondischarged outpatient accounts are being transferred to Horizon Performance Manager. The maximum number of accounts parameter is set to 4000. The transfer method is NFS.

Day Accts in Index	Dischg Accts in Index	Nondischg	Existing Dischg Accts Processed	New Dischg Accts Processed	Nondischg Accts Processed	Total Accts In file
Sun	700	250	0	700	0	700
Mon	1000	255	200	800	0	1500
Tues	900	230	325	575	0	2075
Wed	1500	250	300	1200	0	3275
Thurs	2000	220	150	1850	0	4000
Fri	1700	235	0	1700	0	1700
Sat	1225	245	100	1125	245	3070

The following provides more detail for the above table.

Sunday - No existing discharged accounts are processed since a new file is being created. No nondischarged accounts are processed since the accounts are only processed the day that the Horizon Performance Manager optional batch job is run.

Monday - Existing discharged accounts refer to those accounts that already exist in the interface file from Sunday night; however, the accounts were triggered again on Monday, so the accounts need to be processed again in order to get the most up-to-date information.

Thursday - There are 1850 new discharged accounts that need to be added to the interface file. The file already had 3275 accounts in it. If you were to add the additional 1850 accounts to that file, then the interface file would contain 5125 accounts which is 1125 accounts over our 4000 account maximum. Therefore only the first 725 accounts were processed and added to the interface file. The remaining 1125 accounts remain in the interface index and are processed Friday night. In addition, since the interface has reached the maximum accounts, the file needs to be transferred to Horizon Performance Manager.

Friday - A new interface file is created tonight since Thursday night the file went to Horizon Performance Manager. No nondischarged accounts are processed.

Saturday - The Horizon Performance Manager optional batch job is set to run on Saturday. Therefore, even though we have not reached our maximum number of accounts and the file was just transferred on Thursday, it is processed again on Saturday. At this time, nondischarged accounts are processed and the file is transferred to Horizon Performance Manager.

3. TRANSFER METHOD (1-A-R)

This field is used to determine how the Horizon Performance Manager files will be transferred from STAR to Horizon Performance Manager. After you enter this option, the following prompt is displayed:

Enter transfer method (A)SCII or (N)FS –

If you enter **A**, the Horizon Performance Manager files are written to the hbo/tmp directory. If you enter **N**, the files are written to Horizon Performance Manager. The following are the standard file names for the Horizon Performance Manager files:

NOTE: The facility code is taken from the HPM Facility Parameter, Screen 4, the HPM Entity Code field.

- Standard HPM Encounter File - Pdsptmbr_<create date>_<facility code>_<ID#>.fdr
- AR/BD Add Accounts Encounter File - Pdsptmbr_add_<create date>_<facility code>_<ID#>.fdr
- Converted Accounts Encounter File - Pdsptmbr_con_<create date>_<facility code>_<ID#>.fdr
- Inhouse Accounts at Conversion Encounter File - Pdsptmbr_inh_<create date>_<facility code>_<ID#>.fdr
- Series Accounts Encounter File - Pdsptmbr_ser_<create date>_<facility code>_<ID#>.fdr
- Date Range Update Encounter File - Pdsptmbr_dru_<create date>_<facility code>_<ID#>.fdr
- Common File - Pdscommn_<facility code>_<ID#>.fdr
- Patient/Member File Codes - Pdsptmbr_codes_<facility code>_<ID#>.fdr
- Practitioner File - Pdsptmbr_pract_<facility code>_<ID#>.fdr
- Cost Accounting File - Pdscosta_<facility code>_<ID#>.fdr

The create date is in the MMDD format. The facility code is the first 5 characters of the HPM Entity Code. The default for the HPM Entity Code is the STAR Facility Code. If the file is created in an ID other than ID1, the ID number will be appended to the end of the file name. For example, if a standard Horizon Performance Manager Encounter file is created on November 3rd for facility A in ID 2, the file name would be: Pdsptmbr_1103_a_2.fdr.

If you have set the Transfer Method parameter to ASCII (A) on the HPM Interface Facility parameters, please follow the steps below to ensure that STAR is able to identify which version of Horizon Performance Manager is installed.

1. If it does not already exist, create a text file named "pdsver" on the directory, "/pds".
2. This file should contain a single line that indicates which version of Horizon Performance Manager is installed.

For example, if Horizon Performance Manager 14.0 is installed, the pdsver file should contain a single line as follows: 1400

For interface enhancements (STIs) that are dependent upon a certain HPM version being installed, the pdsver file is read by the STAR to Horizon Performance Manager interface to determine what data should be written to the Horizon Performance Manager source file.

Consider as an example the case where an interface enhancement adds fields to an Horizon Performance Manager record that Horizon Performance Manager version 14.0 will recognize, but Horizon Performance Manager version 11.0 will not. If the pdsver file contains 1100, the new fields will not be written. If the pdsver file contains 1400, the new fields will be written.

Important Notes:

1. The pdsver file on the STAR Unix directory "/pds" must be kept synchronized with the Horizon Performance Manager release that is installed in order to ensure proper behavior. This is a manual step that should be performed immediately after a new Horizon Performance Manager release is installed. If the pdsver file is not synchronized with the Horizon Performance Manager release that is installed, Data Integrator runs on Horizon Performance Manager could fail, records could be rejected, or new fields could be empty.
2. If at some future point, you choose to utilize the NFS Transfer Method instead of the ASCII Transfer Method, you must ensure that the UNIX server for Horizon Performance Manager is mounted, and that the /pds/pdsver file in UNIX on the STAR system is removed. If this file is not removed and the Horizon Performance Manager UNIX server not mounted, the NFS Transfer Method will read /pds/pdsver in UNIX on the STAR system which could result in inappropriate output in the Horizon Performance Manager source file.

The NFS option is available for UNIX environments only. This option uses the Network File Server (NFS) module of TCP/IP to transfer the file from STAR Patient Accounting to Horizon Performance Manager. The transferred file is written to the /apg/HPMdata/xxxx/dwprodxxxx/data/source (where xxxx stands for the Horizon Performance Manager release number) directory on Horizon Performance Manager immediately after the file is created as part of the file creation process. The HPMver file on Horizon Performance Manager contains the Horizon Performance Manager release number which is used to determine the directory path. If the HPMver file is not found, release 0600 is used. The file name follows the same naming conventions as noted for the ASCII transfer option. In order to use the NFS option, implementation must be done on both the STAR and Horizon Performance Manager systems. If the file appears in the directory on Horizon Performance Manager with TEMP appended to the file name, the file is not complete. This could be due to the TCP/IP NFS connection being broken or that the file creation is still in progress. If the transfer of the file was aborted then the NFS/Ascii manual transfer can be used to retransmit the file to Horizon Performance Manager.

In order to implement the NFS option for the STAR to Horizon Performance Manager interface there are several items that must be setup in UNIX. The following steps should be performed by your UNIX System Administrator on the local UNIX host system to Remote Mount a Directory on the Horizon Performance Manager system.

1. Create a directory named Pds under the root file system and assign it owner and group access of hbo with read/write permission for all.

```
cd /
mkdir Pds
chmod 777 Pds
chown hbo Pds
chgrp hbo Pds
```

2. Ensure that the Horizon Performance Manager system has an entry in the /etc/hosts file if running dgux or aix. If you are running hpux, the entry should be in the /etc/checklist file.
3. Add an NFS file system for mounting the /Pds directory. This can be accomplished through the sysadm if you are running dgux, sam if you are running hpux, or smit if you are running aix. When adding the file system for mounting, keep the following in mind:

```
/HPM          local directory mount point
/apg/PDSdata  remote directory being mounted
read-write    mode for the NFS file system
soft          soft mount returns an error if the remote server does notrespond
foreground    mode to attempt to mount
yes           mount the directory on system restart
```

An example of the dgux/etc/fstab entry is as follows:

```
Pdshost:/apg/HPMdata nfs rw,soft,intr,fg x 0
```

- where
- Pdshost represents the [remote hostname] listed above.
 - /apg/Pdsdata is the remote directory being mounted.
 - /Pds is the local directory.
 - nfs is the mount type.
 - rw represents read-write access.
 - soft designates a soft mount. The system returns an error if the remote server does not respond. This is particularly useful as it allows jobs to fail rather than keep retrying if the connection is broken.
 - intr allows process interrupt in the foreground.
 - fg retries failed mount attempts in the foreground.
 - x & 0 are dg-specific parameters that represent backup pass number information. In the case the backup is

being told to ignore the file system which is appropriate since the backup should be done on the remote server.

4 Mount the file system.

mount -a

4. FILE RETENTION (2-N-R)

This field controls the number of days that a transferred file remains available to be transferred again. Once the file exceeds the number of days specified in this field, the file is deleted from the system and is no longer available to be transferred to Horizon Performance Manager. The file then needs to be recreated using the Date Range Update function. After you enter this option, the following prompt is displayed:

Enter new number of days to retain transferred interface file [7]---

Enter the number of days to retain the transferred interface file. The maximum number of days is 99. The default value is 7 days. The interface file needs to be retained until the Horizon Performance Manager database has been updated and audited. Since the file sizes are large a short retention period is recommended. A file that has not been transferred is not deleted. The counting of retention days begins after a file is processed.

When using the ASCII option, STAR Patient Accounting does not know when the file gets to Horizon Performance Manager since the transfer is initiated from Horizon Performance Manager. Therefore, STAR Patient Accounting considers a file to be transferred when it is written to the hbo/tmp directory.

5. START DATE (6-N-R)

This field contains the starting admit date to begin processing accounts. Any accounts that have had some activity that makes them eligible to transfer to Horizon Performance Manager but have an admit date before the entered start date are not transferred. These accounts are listed on the HPM Audit Report with a reason code of *Ineligible Start Date*. After you enter this option, the following prompt is displayed:

Enter the admit date to begin transferring [earliest] --

Enter **earliest** for the earliest date or the date in the format of MM/DD/YY. The default is earliest which means that all accounts are transferred to Horizon Performance Manager regardless of their admit date.

6. TRANSFER NEWBORN ACCTS WITH NO CHARGES (1-A-R)

This field allows you to control whether or not newborn accounts that have no charges are transferred to Horizon Performance Manager. If the account has charges and credits that net out to zero, the account does have charges and is transferred. This only refers to accounts that have not had any charges placed on them. If the newborn was admitted using the Special Newborn Admission function on STAR Patient Care, then the account has no charges against it. This function automatically places all the

newborn's charges on the mother's account. After you enter this option, the following prompt is displayed:

Transfer newborn accounts which have no charges (Y/N) [Y] --

Enter **Y** for Yes to indicate that newborn accounts are transferred to Horizon Performance Manager even if these accounts have no charges. The default is Yes. Enter **N** for No to indicate that newborn accounts that have no charges are not transferred to Horizon Performance Manager. These accounts appear on the HPM Audit report with a reason code of No Charges.

7. GUI MPI DELETE (1-A-R)

This field is used to define whether GUI MPI deletions are allowed when an account is sent through the Horizon Performance Manager interface. When this field is accessed, the following prompt is displayed:

Allow GUI MPI Deletes when account sent through interface (Y/N)[Y]? --

You can enter (**Y**) Yes to allow the deletes or (**N**) not to allow the deletes.

8. TRANSFER OTHER ACCTS WITH NO CHARGES (1-A-R)

This field allows you to control whether or not accounts (other than newborns) with no charges are transferred to Horizon Performance Manager. After you enter this option, the following prompt is displayed:

Transfer (A)ll, (S)ome or (N)one of the non-newborn accounts without charges [N] --

Enter **A** for All to transfer all accounts (that are not newborns) with no charges to Horizon Performance Manager. Enter **N** for None to not transfer non-newborn accounts that have no charges to Horizon Performance Manager. These accounts appear on the HPM Audit report with a reason code of No Charges.

Enter **S** for Some if you want to select non-newborn accounts with no charges by patient type to transfer to Horizon Performance Manager. When an S is entered, the patient type table is displayed, and you can select the patient type for the accounts with no charges to transfer to Horizon Performance Manager.

9. SOURCE SYSTEM CODE (TABLE LOOKUP - R)

This field will determine the code used as the Source System Code in Horizon Performance Manager. The following table will display:

- (1) Unit Number
- (2) Unit Number without facility
- (3) Corporate Number
- (4) Social Security Number

(5) Account Number

(6) Account Number without facility

The table entry chosen will determine what will be used as the Source System Code.

For data integrity in HPM, the Source System is only sent if the Source System Code exists.

ENCHDR, RESPHDR, ENCNTR and ENCBIRTH (the numbers next to the records below are the field numbers related to source system code).

The source system code for these records: ENCHDR-10, RESPHDR-7, ENCNTR-43, ENCBIRTH-9, INSURHDR-7 and ENCPAYOR-13 is determined by how the parameter for source system code is set in this parameter. For INSURHDR Fields 6 and 7 aren't sent in the interface so these will always be blank for source system and source system code. Also fields 12 and 13 in the ENCPAYOR record aren't sent in the interface so these will always be blank for source system and source system code. Note if the account meets criteria for the suppression logic for the RESPHDR record then you won't see the fields for source system code and source system because the record is suppressed.

Note for ENCHDR we are using the corporate number of a person if source system code value should be the social security number and it is blank or suppressed.

The source system code for the following records isn't populated according to the value in the facility parameters for source system code. The source system code for these records is a physician. If the source system code is blank then the source system will not be sent. For example, if there is no referring physician in ENCNTR field 27, then ENCNTR field 26 would be null.

Record	Source System field#	Source System Code field #
PRAHDR	6	7
ENCHDR	17	18
ENCNTR	10	11
	26	27
ENCBIRTH	15	16
ENCPRAC	6	7
ENCPRXPR	9	10
ENCSI	11	12

ENCSSIPRA 6

7

10. EXCLUDED PATIENT TYPES (TABLE LOOKUP-O)

This field enables you to select the patient types that will not be included in the Horizon Performance Manager interface. When this field is selected, the system displays a list of available patient types for you to choose from. Contract Accounts, Internal Preadmit Accounts, and any Preadmission where the patient is not assigned an account number are not included in the interface. Unless otherwise specified, all patient types are included.

11. UPDATE OPTIONAL ENCOUNTER KEYS (1-N-R)

This field will determine if the Update Indicator for Optional Encounter Keys will be set to 1 or 0. The optional encounter keys include fields 30 -35 of the Encounter Record. These fields include Facility Code, Medical Record Number, Patient Account Number, Discharge date and time, Patient Accounting Patient Type and User Defined Code. After you enter this option, the following prompt is displayed:

Update Optional Encounter Keys (Y/N)[Y] –

If you respond **Y** for Yes, a 1 will be placed in field 36 of the Encounter Header Record. A 1 indicates that the Horizon Performance Manager Interface will update the data in the data base with the values in this record. If you respond **N** for No, a 0 will be placed in field 36 of the Encounter Record. A 0 indicates that Horizon Performance Manager will ignore the data and will not update the data base.

12. TRANSFER DRG (1-A-R)

This field indicates if the DRG and MDC from STAR are transferred with the account information to Horizon Performance Manager. After you enter this option, the following prompt is displayed:

Do you want to transfer STAR DRG (Y/N) [Y]--

Enter **Y** for Yes to indicate that the DRG and MDC from STAR are transferred with the account information to Horizon Performance Manager. The default is Yes. Enter **N** for No to indicate that the STAR and MDC from STAR are not transferred with the account information to Horizon Performance Manager, and DRG grouping occurs on Horizon Performance Manager.

This parameter only controls the DRG sent in the Encounter Record.

13. MR NUMBER (1-A-R)

This field allows you to choose whether you want the facility indicator to be included on the medical record number. Normally the medical record number includes the facility. After you enter this option, the following prompt is displayed:

Include facility indicator on Medical Record Number (Y/N) [Y] --

Enter **Y** for Yes to indicate that the facility indicator is included on the medical record number. If you enter yes, the facility indicator precedes the Medical Record Number in the Encounter Header record. The default is Yes. Enter **N** for No to indicate that the facility indicator is not included on the medical record number.

14 UNCOMBINE MOTHER/NEWBORN CHARGES? (1-A-R)

This field allows mother and newborn charges that have been combined either through Special Newborn Admission function or the Combine Bill function to be placed on the original account they were charged to. After you enter this option, the following prompt is displayed:

Should mother and newborn charges be uncombined (Y/N) [N] --

If **Y** for Yes is entered, the charges, UB Revenue Codes and billing HCPCS codes, for mom and baby are placed on the original account for the Horizon Performance Manager interface only. This does not affect any bill or claim.

It is important to be aware that all payments appear on the mother's account. Therefore, if charges are being uncombined, the payments do not correspond to the charges on the Horizon Performance Manager accounts.

If **N** for No is entered, the charges for mom and baby are not placed on the original account.

15. UNCOMBINE OTHER ACCOUNT'S CHARGES (1-A-R)

This field allows accounts (except newborns) that have been combined through the Combine Bill function to be placed on the original account they were charged to. After you enter this option, the following prompt is displayed:

Uncombine charges for (A)ll, (S)ome, or (N)one of the non-newborn accounts [N] --

If you enter **A** for All, the charges, UB Revenue Codes and billing HCPCS codes, for non-newborn accounts are uncombined so that the charges are transferred to the Horizon Performance Manager Interface with the account they were originally charged to for the Horizon Performance Manager interface only. This does not affect any bill or claim.

It is important to be aware that all payments appear on the combined to account. Therefore, if charges are being uncombined, the payments do not correspond to the charges on the Horizon Performance Manager accounts.

If you enter **N** for None, the charges for accounts (except newborns) that have been combined through the Combine Bill function are sent to the Horizon Performance Manager Interface as they appear on STAR.

If you enter **S** for Some, the patient type table is displayed. Select the patient types for non-newborn accounts that you want to uncombine.

16. UNCOMBINE DPW ACCOUNT'S CHARGES? (1-A-R)

This field enables you to uncombine charges that were transferred using the DRG Payment Window (DPW) function.

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

Uncombine DPW charges for (A)ll, (S)ome, or (N)one of the accounts [N]-- |

If you enter **A** for All, the system uncombines all accounts in the Horizon Performance Manager interface file for which charges were transferred using the DPW function. Charges appear on the accounts to which they were originally charged.

If you enter **S** for Some, the system displays the Patient Types table. You can choose to uncombine charges for certain patient types only.

If you enter **N** for None or press ENTER, the system sends the charges for accounts that have been transferred using the DPW function to Horizon Performance Manager the way the charges appear in the STAR system.

17. NEXT EDIT DATE (6-N-R)

The Parameter screen can only be edited the day after the Horizon Performance Manager optional batch job is run except for the Transfer Method and File Retention fields. Since the interface processes and is merged nightly, parameters cannot be changed until the file is completed and a new one is being started. This occurs the day after the optional batch job is run. Transfer Method and File Retention fields can be edited at any time.

When you accept this screen, the second screen for this function is displayed:

General Hospital Facility Parameters Processor		
Sun Jun 10, 2007 10:26 am		
1 Refunds with Payments	2 Payor Authorization #1	3 Payor Authorization #2
->		
4 Payor Authorization #3	5 Payor Authorization #4	6 R&B Minutes
7 Autopsy Code	8 Contract/Plan ID Format	9 Exp Payment COB1
10 Exp Payment COB2-9	11 Special Series Processing	12 Addt'l Audit Reports
13 Height Units	14 Weight Units	15 Department
16 HCPCS/UB Rev Code	17 12 Digit Acct No.	18 HPM 8.0 or Higher
19 Last Edit by	20 Edit Date	

Field Explanations (Screen 2 of 4)

1. REFUNDS WITH PAYMENTS (1-A-R)

This field allows you to send refunds in the payment fields as a negative payment. The following prompt will display:

Include refunds with (S)ummarized payments, (D)etail payments, (N)either, or (B)oth [B]--

If you respond **S** for summarized payments, then refunds will be added to the Actual Payment field in the Encounter Payor record as negative payments. If you respond **D** for Detail payments, then refunds will be included in the Encounter Payor Actual Payment record as a negative payment. If you respond **N** for Neither refunds will not be included as payments. If you respond **B** for both, then refunds will be included in both the Encounter Payor and the Encounter Payor Actual Payment records as negative payments. The default is Both.

2. PAYOR AUTHORIZATION #1 (Table Lookup - O)

This field allows you to choose which authorization number to send to Horizon Performance Manager in the Authorization 1 Code field of the Encounter Payor record. You can choose only one authorization choice from the table. You can choose from the following fields from the patient's insurance plan demographics screen:

Insurance Verified Name

Insurance Verified Date

Insurance Verified By

Second Opinion

Second Opinion Status

Insurance Notified Date

Approval Name

Approval Number

Approval Date

Approved LOS

No. Approved Visits

Approved Visits Until

3. PAYOR AUTHORIZATION #2 (Table Lookup-O)

This field allows the user to choose which authorization number to send to Horizon Performance Manager in the Authorization 2 Code field of the Encounter Payor record. You can choose from the following fields from the patient's insurance plan demographics screen:

Insurance Verified Name

Insurance Verified Date

Insurance Verified By

Second Opinion

Second Opinion Status

Insurance Notified Date

Approval Name

Approval Number

Approval Date

Approved LOS

No. Approved Visits

Approved Visits Until

You can only choose one authorization choice from the table.

4. PAYOR AUTHORIZATION #3 (Table Lookup-O)

This field allows you to choose which authorization number to send to Horizon Performance Manager in the Authorization 3 Code field of the Encounter Payor record. You can choose from the following fields from the patient's insurance plan demographics screen:

Insurance Verified Name

Insurance Verified Date

Insurance Verified By

Second Opinion

Second Opinion Status

Insurance Notified Date

Approval Name

Approval Number

Approval Date

Approved LOS

No. Approved Visits

Approved Visits Until

You can choose only one authorization choice from the table.

5. PAYOR AUTHORIZATION #4 (Table Lookup-O)

This field allows you to choose which authorization number to send to Horizon Performance Manager in the Authorization 4 Code field of the Encounter Payor record. You can choose from the following fields from the patient's insurance plan demographics screen:

Insurance Verified Name

Insurance Verified Date

Insurance Verified By

Second Opinion

Second Opinion Status

Insurance Notified Date

Approval Name

Approval Number

Approval Date

Approved LOS

No. Approved Visits

Approved Visits Until

You can choose one authorization choice from the table.

6. R&B MINUTES (1-A-R)

This field gives you the choice of sending the Room and Bed Minutes for Timed bed charges in the Unit field of the Encounter Service Item record. After you choose this option, the following prompt is displayed:

Do you want to send R&B minutes (Y/N) [N] –

If you enter **Y** for Yes, if there are R&B minutes available for the charge, that amount will be sent in the units field of the Encounter Service Item record. If no R&B minutes are available for the charge, then the charge quantity will be sent. If you choose to send R&B minutes, you should be aware that the volume amount in the Horizon Performance Manager Cost Accounting file will not reflect the R&B minutes. Timed bed charges convert to a one in the quantity field of the charge in Patient Accounting. The volume in the Cost Accounting file comes from the STAR Revenue statistics file that only stores the Patient Accounting charge quantity.

If you respond **N** for No, the Patient Accounting charge quantity will be sent in the units field of the Encounter Service Item record.

The default for this field is No.

7. AUTOPSY CODE (TABLE LOOKUP-O)

This field allows you to choose the death classification codes that indicate that an autopsy has been performed. If the death classification codes chosen appear on the patient's medical record abstract, the Horizon Performance Manager interface file indicates that an autopsy had been performed.

8. CONTRACT/PLAN ID FORMAT (1-A-R)

This field enables you to format the Contract code and health plan code. The contract code and health plan codes are the insurance carrier/plan codes. This will control the format of the contract code and the health plan code.

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

Suppress insurance carrier/plan code leading zeros (Y/N) [N] --

Enter **Y** to exclude leading zeros if the insurance carrier code is less than three digits. If Y is entered, leading zeros on the insurance carrier/plan code are dropped when the insurance carrier/plan code is placed in the contract code and health plan code fields. For example, if the insurance carrier code is 1 and the plan code is 30, the contract code is 1030.

Enter **N** to include leading zeros if the insurance carrier code is less than three digits. If N is entered, leading zeros on the insurance carrier/plan code are included when the insurance carrier/plan code is placed in the contract/health plan code field. The default is No. For example, if the insurance carrier code is 1 and the plan code is 30, the contract/health plan code is 001030.

9. EXP PAYMENT COB1 (1-A-R)

This field determines what will be sent to Horizon Performance Manager in the Expected Payment field of the Encounter Payor record for COB1. The following prompt will display:

Use PCON/STAR (R)eimbursement, (P)roration or (N)either for Expected Payment COB1 [N] –

If you enter **R** for reimbursement, if there is an expected payment amount for COB1 which was calculated using Pathways Contract Management or STAR Reimbursement module, that value will be sent as the Expected Payment for COB1. If you choose **P** for proration, then Estimated Liability from the Balance Summary screen will be the value sent as the Expected Payment for COB1. If **N** is chosen for Neither, then the Expected Payment for COB1 will be null.

10. EXP PAYMENT COB2-9 (1-A-R)

This field will determine what will be sent to Horizon Performance Manager in the Expected Payment field of the Encounter Payor record for COB2 -9. The following prompt will display:

Send Expected Payment for COB2 - 9 (Y/N)[N]—

If you choose **Y** for Yes then the Estimated Liability for COB2 -9 from the Balance Summary screen will be sent as the Expected Payment for COB2-9. If **N** for No is chosen then the Expected Payment for COB will be null.

11. SPECIAL SERIES PROCESSING (1-A-R)

This field controls how the outpatient series accounts are processed. After you enter this option, the following prompt is displayed:

Process outpatient cycle bills as separate accounts (Y/N) [N] --

If you select **N** for No, the outpatient series accounts are processed the same as other accounts. Whenever the nondischarged series accounts are triggered, all charges are transferred. Therefore, these accounts need to be merged on Horizon Performance Manager so that charges are not overstated. The default is No.

If you select **Y** for Yes, the admit date is the bill from date of the account. Series accounts will not go to Horizon Performance Manager until the account has had its first cycle bill. When the account gets retriggered, the most current bill from date will be used as the admit date. For example, the account gets admitted 7/1 and gets a cycle bill on 8/2. The cycle bill triggers the account to go to Horizon Performance Manager; therefore the account will go to Horizon Performance Manager with an admit date of 7/1 (which is the bill from date). Suppose there is a change to the account on 8/5 that triggers the account again. The account will go to Horizon Performance Manager with an admit date of 7/1. The account gets another cycle bill on 9/1 with a bill from date of 8/1. This time the account will go to Horizon Performance Manager with an admit date of 8/1. If the account gets triggered again before the next cycle bill, it will again have an admit date of 8/1.

If two cycle bills have the same bill from date, the information will be combined. This includes charges, payments, adjustments, refunds and correct account balances will be calculated.

Insurance payments and adjustments are sent with the appropriate account. The claim that the payment and/or adjustment is for is tied to a bill and consequently to a bill from date (HPM admit date).

Since we do not know the claim/bill associated with a patient payment, adjustment or refund, these transactions will be sent with the account with the most current bill from (admit) date. For example, a series account goes to Horizon Performance Manager on 11/10 with an admit date of 10/1. A patient payment is received on 10/20. That payment will be sent with the account that had an admit date of 10/1. The same account goes to Horizon Performance Manager again on 12/10 with an admit date of 11/1. The patient payment received on 10/20 will not be sent with this account. The Horizon Performance Manager interface process keeps track of which account (or bill sequence) that the patient payments, adjustments and refunds are sent with. If that account is sent again, we will know the correct transactions to go along with it.

A separate series account encounter file will be created.

When this parameter is set to Yes, a Series Processing Trigger Event Parameter screen is created. Some default triggers are set. The following is an example of the Default Trigger Event Parameters screen.

General Hospital Trigger Events Processor	
Wed Sept 12, 2001 01:00 pm	
Patient Type: Series Processing	
1 Trigger Event	Transfer Charges
Transfer to Bad Debt	No
Abstract Flagged as Complete	No
Cycle Bill	Yes
Final Bill	Yes
Late Bill	Yes
Adjustment Bill	Yes
Payment/Adjustment	No
Update ICD-9-CM Diagnosis Information	No
Update ICD-9-CM Procedure Information	No
Update DRG Information	No
Refund	No
Enter field number or '/' starting field number--	

Other trigger events can be added to this list. Charges can only be sent with the following trigger events: cycle bill, final bill, late bill, adjustment bill, or late charges.

This is to ensure that a specific charge item does not get sent to Horizon Performance Manager more than once. Sending a charge to Horizon Performance Manager more than once might cause charges to be duplicated on Horizon Performance Manager. If you had a patient type exception for a series patient type and then changed the series processing flag to Yes, it is possible that the Transfer Charges flag would be changed to No if the trigger was not on of the list of charge triggers listed above.

This process causes a separate interface file containing only series accounts to be created. The name of the file is Pdsptmbr_ser_<createdate>_<facility code>.fdr. For example a file created on September 12 for facility A would be called Pdsptmbr_ser_0912_a.fdr. If the file is created in an ID other than ID 1, the file name is Pdsambr_ser_<create date>_<facilitycode> <id#>.fdr.

12. ADDITIONAL AUDIT REPORTS (TABLE LOOKUP-O)

When this field is selected, a table is displayed to allow you to choose which additional audit reports you want generated when the Horizon Performance Manager optional batch job is run. Selections are:

Cases and Charges by Month/Fiscal Period

Cases and Charges by Health Plan

Totals by Record Type

Cases and Charge by Patient Type

One or all of these can be selected. The HPM Audit report (FARPD5) is generated automatically when the optional batch job is run.

14. HEIGHT UNIT (TABLE LOOKUP-R)

This field will be used to determine the type of unit to use when sending height information in the Checkin Height field of the Encounter record. The following table will display:

Feet

Inches

Centimeters

You can only choose one; this field will be numeric with 2 decimal places.

14. WEIGHT UNIT (TABLE LOOKUP-R)

This field will be used to determine the type of unit to use when sending weight information for in the Checkin Weight and Discharge Weight fields of the Encounter Record. The following table will display:

pounds

ounces

kilograms

grams

You can choose only one; this field is numeric with up to 3 decimal places.

15. DEPARTMENT (TABLE LOOKUP-O)

This field will allow you to choose what data to send as the Department code in the Encounter Service Item Header record. When this field is accessed the following table displays:

Department

Alternate Bill Summary Code 1

Alternate Bill Summary Code 2

Alternate Bill Summary Code 3

Department with facility code prefix

Department with facility code suffix

GL Department Number

The choices on this table are described below.

Department

If you choose Department, then the Revenue Department code will be sent as the Department code in the Encounter Service Item Header record and as the Department code in the Common File.

Alternate Bill Summary Code 1**Alternate Bill Summary Code 2****Alternate Bill Summary Code 3**

If one of the Alternate Bill Summary Codes is chosen, then the value in the Alternate Bill Summary code field of the FIM for that charge will be used as the Department. The values in the Alternate Summary Code table will be used as the Department codes in the Common File.

Department with facility code prefix**Department with facility code suffix**

If Department with facility code prefix or suffix is chosen, then the facility code where the charge originated will be appended to the department code as the prefix or suffix. This option may be useful if Cross Facility Combined Billing is used at this facility. For example, if account 12345 in facility A is combined to 6789 in facility B, then the charges from A12345 will end up on the account B6789. Charge 67501111 from facility A was combined to account B6789. When B6789 gets transferred to Horizon Performance Manager, charge 67501111 will be tied to that account (if you decide not to uncombine charges). If Department with facility code prefix is chosen, then the

department will be A6750. If Department with facility code suffix is chosen, then the department will be 6750A. In the common file the departments for all facilities will be listed with the appropriate facility as the prefix/suffix.

GL Department Number

If the GL Department Number is chosen, the GL Mapping Tables will determine the GL department number for every charge. This may slow up the interface processing since the GL mapping for every charge will have to be checked. The GL Department Number will be used as the Department Codes in the Common File.

If nothing is chosen, then department code should be used.

The Cost Accounting Volume and Price Files will be able to use only department code, department with facility code prefix and department with facility code suffix. If one of the Alternate Bill Summary Codes or the GL Department Number is chosen, the department code will be used in the cost accounting files.

16. HCPCS/UB REV CODE (1-A-R)

This field will determine if the HCPCS code and the UB Revenue Code will be pulled from the FIM or whether claim parameters will be used to determine the codes. The following prompt will display:

Use HCPCS codes and UB Rev Codes from the (F)IM or (C)alculate using claim parameters [F] –

If you choose **F** for FIM, the HCPCS code and the UB Revenue Code will be pulled from the Patient Accounting charge record. The default for this field is F.

If you choose **C** for calculate, the Horizon Performance Manager Interface calculates the codes in the following manner.

- If the COB1 claim is not UB or MediCal, then the HCPCS and UB revenue code from the charge record will be used. The codes in the charge record are derived from the FIM. You can see these codes in Patient Accounting by looking at the Detail Billing Information in the Account Inquiry function.
- If the COB1 claim is a UB, then identify the charge control parameter used for COB1. If the COB1 claim is MediCal, then the MediCal claim logic (see below) will be used to determine the HCPCS and UB revenue code.
- If a Payer HCPCS Cross Reference Table is being used with this charge control parameter, the table determines if a different HCPCS code should be sent to Horizon Performance Manager. If not, then the HCPCS code from the charge record (FIM) will be sent to Horizon Performance Manager. If a Payer HCPCS Cross Reference Table is being used, the table will be used to determine if a different HCPCS code should be sent to Horizon Performance Manager.

- If there are any UBRevenue code modifications tied to the charge control parameter, then this table is used to determine if a different UB revenue code should be sent to Horizon Performance Manager. If not, the UB revenue code from the charge record (FIM) will be sent to Horizon Performance Manager.
- If the COB1 claim is MediCal and if the HCPCS/UB Rev code parameter is set to C, then the HCPCS and UB revenue code are calculated as follows:
 - If the patient has a MediCal inpatient claim for their primary insurance, then the alternate bill summary code 1 will be loaded in the UB revenue code field of the Encounter Service Item record. The MediCal Inpatient Charge Control Parameter does allow for a mapping of the alternate bill summary code 1 to a different code. The Horizon Performance Manager interface looks at the Inpatient charge control parameter applicable to the patient in order to determine if the alternate bill summary code 1 needs to be changed to a different code. If applicable, the new summary code will be sent.
 - If the patient has a MediCal outpatient claim for their primary insurance, then the alternate bill summary code 3 will be loaded in the UB revenue code field of the Encounter Service Item record.
 - If the charge does not have the appropriate alternate bill summary code then nothing will be loaded in the UB revenue code field.
 - If the patient has a MediCal outpatient claim for their primary insurance, then load the Alternate Code for the charge in the HCPCS field of the Encounter Service Item Record.
 - The outpatient MediCal charge control parameter does allow for the use of a HCPCS Summarization Master. If the Panel Charge field on the outpatient MediCal charge control parameter is set to Yes, then the HCPCS Summarization Master will be used. This will cause the HCPCS codes to be summarized and it will create a different code to load on the claim. The summarized code will then be used as the HCPCS code for all the charges that were summarized.
 - If the patient has a MediCal inpatient claim for the primary insurance, the Horizon Performance Manager interface sends the Alternate Code for the charge in the HCPCS field of the Encounter Service Item Record.

17. 12 DIGIT ACCT NO. (1-A-O)

This field defines the format of the patient account number that is sent to Horizon Performance Manager. When this field is accessed, the following prompt is displayed:

Do you want to send a 12-digit account number (Y/N) [N] --

If you answer **N** for No (the default), the current format of the Patient Account Number is unchanged. If you answer **Y** for Yes, the format of the account number is changed to 12 digits with leading zeros.

18. HPM 8.0 OR HIGHER (1-A-O)

This field is used to determine whether you are using Horizon Performance Manager Release 8.0 or higher. When this field is accessed, the following prompt is displayed:

Are you using HPM release 8.0 or higher (Y/N)--

You can enter **Y** (Yes) if you are using release 8.0 or higher or **N** (No) if you are using an earlier release.

19. LAST EDIT BY

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

20. EDIT DATE

This field contains the date this table was last edited.

When you accept this screen, the third screen for this function is displayed.

General Hospital Facility Parameters Processor		
Sun Jun 10, 2007 10:26 am		
1 AR/BD Add Accounts	2 Summarized Payments	3 Detail Pay/Adj
->		
4 Adj Transaction Code to Exclude		
5 Converted Accounts	6 Summ Payments	7 Detail Pay/Adj
8 Inhouse Accounts at Conversion	9 Live Date	10 Summarized Payments
11 Detail Payments	12 Charge Detail	
13 Transaction Codes to Exclude	14 SIM Department to Exclude	
15 Last Edit by	16 Edit Date	

Field Explanations (Screen 3 of 4)

1. AR/BD ADD ACCOUNTS (1-A-R)

This field determines whether or not AR and Bad Debt Add accounts are included in the Horizon Performance Manager Interface. If you enter No (the default), then fields 2 -5 should have no responses in them and cannot be edited. If you respond Yes, then any data available for AR/BD Add accounts will be sent to Horizon Performance Manager. Payments, adjustments and refunds will be sent based upon how the parameters for fields 2-5 are responded to. If a certain piece of data is not available for the AR/BD Add Account the field in the Horizon Performance Manager interface file will be null and it will not overwrite any existing data in Horizon Performance Manager.

After you enter this option, the following prompt displays:

Include AR/BD Added Accounts (Y/N) [N] –

If you enter **N** for No, no AR or Bad Debt Add accounts will be transferred in the interface. These accounts will appear on the HPM Exception report with a reason code of AR/BD Add Accounts. The default is No.

If you enter **Y** for Yes, when AR and BD Add accounts become eligible for transfer to Horizon Performance Manager, these accounts will go to the AR/BD Add accounts index. Every night when the interface is processed the interface will check the AR/BD Add Accounts index to see if anything exists. If accounts are there, a separate interface file for only the AR/BD Add accounts will be processed. The file name for these accounts is Pdsptmbr_add_<create date>_<facility code>.fdr. If the file is created out of an ID other than ID1, the file name is Pdsptmbr_add_<createdate>_<facility code><ID#>.fdr.

2. SUMMARIZED PAYMENTS (1-A-R)

This field identifies whether the summarized payment in the Actual Payment field of the Encounter Payor record is sent for the AR/BD Add accounts. After you enter this option, the following prompt is displayed:

Include summarized payment amounts (Y/N) [N] --

If you enter **N** for No, Exclude is displayed in this field and summarized payments are not sent in the interface. The default is No. If you enter **Y** for Yes, the following prompt is displayed:

Should STAR summarized payments (R)eplace or (A)dd to summarized payments in HPM [R] –

If you enter **A** for Add, Include/Add is displayed in this field. Only the payments that have not been sent to Horizon Performance Manager are included in the summarized payments amount. Once a payment is sent to Horizon Performance Manager, it is not sent again. In addition, field 37 in Encounter Header is set to 1. This indicates to the database update program in Horizon Performance Manager that the values in the summarized fields should be added to existing data. This should only be used if historical payments are not entered on the AR/BD added accounts. If you enter **R** for Replace, Include/Replace is displayed in this field. If the parameter is include/replace, the summarized payments are sent to Horizon Performance Manager with all the payments currently in STAR. If payments made before the accounts were added back into AR/BD were entered using the AR/BD Add screen or entered using the Inhouse Conversion/AR Add Historical Activity screen, then these payments are included in the summarized payments sent to Horizon Performance Manager. In addition field 37 in the Encounter Header is set to 0.

3. DETAIL PAY/ADJS (1-A-R)

This field determines whether or not the detail payments are sent for AR/BD Add accounts. After you enter this option, the following prompt is displayed:

Include detail payment/adjs amounts (Y/N) [N] –

If you enter **N** for No, the detail payments in the Encounter Payer Actual payment record is not sent for AR/BD Add accounts. Exclude is displayed in the field. The default is No. If you enter **Y** for Yes, the following prompt is displayed:

Should STAR detail payments/adjs (R)eplace or (A)dd in HPM [A] –

If you enter **R** for Replace, Include/Replace is displayed in the field. If this parameter is Include/Replace, the Encounter Payor Actual Payment record is sent to Horizon Performance Manager with all the payments and adjustments currently in STAR. Only the payments and adjustments made after the accounts that were added back into AR or Bad Debt are sent to Horizon Performance Manager and these payments and adjustments replace whatever payments/adjustments had been previously sent to Horizon Performance Manager. In addition, the Payor Actual Payment add/replace flag of the Encounter Header record will be set as 2. McKesson recommends that you do not use the Include/Replace option because it overwrites any payments/adjustments that were made before the accounts was added back into AR or Bad Debt.

If you enter **A** for Add, Include/Add is displayed in this field. If the parameter is Include/Add, only the payments/adjustments that have not been sent to Horizon Performance Manager yet are included in the Encounter Payor Actual Payment records. In addition, the Payor Actual Payment add/replace flag of the Encounter Header record will be set as 1. McKesson recommends that you use the Include/Add option.

4. ADJ TRANSACTION CODE TO EXCLUDE (TABLE LOOKUP-O)

When this field is accessed, the Adjustment Transaction Code table is displayed. You are prompted to enter the transaction codes to exclude. Whatever codes are selected are not included in the adjustments that the interface sends to Horizon Performance Manager. In most cases, the Transaction Codes to exclude would be the balance forward adjustments that are entered in order to balance the account. Since the detail payments, adjustments, and charges may have already been sent to Horizon Performance Manager, these balance forward adjustments may not be necessary and may cause the accounts not to balance on Horizon Performance Manager. If the accounts had not been sent to Horizon Performance Manager before they were added back into AR or Bad Debt, then the balance forward amounts should not be excluded.

5. CONVERTED ACCOUNTS (1-A-R)

This field determines whether or not converted accounts are included with Horizon Performance Manager. After you enter this option, the following prompt is displayed:

Include Converted Accounts (Y/N) [N] --

If you enter **N** for No, no converted accounts are transferred in the interface. The default is No. Fields 7 - 9 cannot be edited and no responses should display in those fields.

If you enter **Y** for Yes, when converted accounts become eligible for transfer to Horizon Performance Manager, these accounts go to a separate index for these accounts. Every night when the interface is processed, the interface checks the converted accounts index to see if anything exists. If accounts are there, a separate interface file for only the Converted accounts is processed. If Yes is entered in this field, you are able to enter the remaining fields on this screen.

The name of the file generated is Pdsptmbr_con_<createdate>_<facilitycode>.fdr. If the file is being created out of an ID other than ID 1, then the file name is Pdsptmbr_con__<createdate>_<facility code> <ID#>.fdr.

6. SUMM PAYMENTS (1-A-R)

This field identifies whether the summarized payment in the Actual Payment field of the Encounter Payor record is sent for the Converted accounts. After you enter this option, the following prompt is displayed:

Include summarized payment amounts (Y/N) [N] --

If you enter **N** for No, Exclude is displayed in this field and summarized payments are not sent in the interface. The default is No. If you enter **Y** for Yes, the following prompt is displayed:

Should STAR summarized payments (R)eplace or (A)dd to summarized payments in HPM [R] –

If you enter **A** for Add, Include/Add is displayed in this field. Only the payments that have not been sent to Horizon Performance Manager are included in the summarized payments amounts. Once a payment is sent to Horizon Performance Manager, it is not sent again. In addition, the Summarized Payment Add/Replace Flag field in Encounter Header is set to 1. This indicates to the database update program in Horizon Performance Manager that the values in the summarized fields should be added to existing data. This should only be used if historical payments are not entered on the converted accounts. If you enter **R** for Replace, Include/Replace is displayed in this field. If the parameter is include/replace, the summarized payments are sent to Horizon Performance Manager with all the payments currently in STAR. The Summarized Payment Add/Replace Flag field in the Encounter Header record will be set to 0.

7. DETAIL PAY/ADJS (1-A-R)

This field determines whether or not the detail payments are sent for converted accounts. After you enter this option, the following prompt is displayed:

Include detail payment/adjs amounts (Y/N) [N] –

If you enter **N** for No, the detail payments in the Encounter Payer Actual payment record are not sent for converted accounts. Exclude is displayed in the field. The default is No. If you enter **Y** for Yes, the following prompt is displayed:

Should STAR detail payments/adjs (R)eplace or (A)dd in HPM [A] –

If you enter **R** for Replace, Include/Replace is displayed in the field. If this parameter is Include/Replace, the Encounter Payor Actual Payment record is sent to Horizon Performance Manager with all the payments and adjustments currently in STAR. Only the payments and adjustments made after the accounts that were added back into AR or Bad Debt are sent to Horizon Performance Manager and these payments and adjustments replace whatever payments/adjustments had been previously sent to Horizon Performance Manager. Field 21 of the Encounter Header record will be set to 2. McKesson recommends that you do not use the Include/Replace option because it overwrites any payments/adjustments that were made before the accounts was added back into AR or Bad Debt.

If you enter **A** for Add, Include/Add is displayed in this field. If the parameter is Include/Add, only the payments/adjustments that have not been sent to Horizon Performance Manager yet are included in the Encounter Payor Actual Payment records. The Payor Actual Payment Add/Replace Flag field of the Encounter Header record will be set to 1. McKesson recommends that you use the Include/Add option.

8. INHOUSE ACCOUNTS AT CONVERSION (1-A-R)

This field determines whether inhouse accounts at the time of the conversion are sent in a separate interface file. If you respond No to this field, then fields 9 - 14 cannot be edited and no responses should display in those fields.

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

Should accounts which are inhouse at time of conversion be processed separately (Y/N) [Y] --

If you enter **Y** for Yes, then based on the Live Date field, these accounts are processed as a separate interface file based on the remaining parameters on this screen. The accounts go to a separate index when they become eligible to go to Horizon Performance Manager. The accounts are processed nightly and are in a separate interface file.

All record types are transferred for the account. However, the remaining parameters on this screen determine how that data is sent.

The standard file name is Pdsptmbr_inh_<create date>_<facility code>.fdr. If the file created is an ID other than ID1 (Live ID), then the file name is Pdsptmbr_inh_<create date>_<facility code> <id#>.fdr.

If you enter **N** for No, inhouse accounts at the time of conversion are processed the same as the other accounts and are in the standard interface file.

9. LIVE DATE (6-N-R)

This field identifies the accounts that are inhouse at the time of the conversion. After you enter this option, the following prompt is displayed:

Enter STAR Patient Accounting Live Date --

Enter the date in the format of MM/DD/YY. All accounts admitted before the date and discharged on or after the date are considered inhouse accounts at the time of the conversion.

10. SUMMARIZED PAYMENTS (1-A-R)

This field identifies whether the summarized payment in the Actual Payment field of the Encounter Payor record are sent for the accounts that are inhouse at conversion. After you enter this option, the following prompt is displayed:

Include summarized payment amounts (Y/N) [N] --

If you enter **N** for No, Exclude is displayed in this field and summarized payments are not sent in the interface. The default is No. If you enter **Y** for Yes, the following prompt is displayed:

Should STAR summarized payments (R)eplace or (A)dd to summarized payments in HPM [R] --

If you enter **A** for Add, Include/Add is displayed in this field. Only the payments that have not been sent to Horizon Performance Manager are included in the summarized payments amounts. Once a payment is sent to Horizon Performance Manager, it is not sent again. In addition, the Summarized Payment Add/Replace Flag field in Encounter Header is set to 1. This indicates to the database update program in the Horizon Performance Manager Interface that the values in the summarized fields should be added to existing data. This should only be used if historical payments are not entered on the Inhouse Conversion/AR Add Historical Activity screen. If you enter **R** for Replace, Include/Replace is displayed in this field. If the parameter is include/replace, the summarized payments are sent to Horizon Performance Manager with all the payments currently in STAR. If payments made before the live data was entered using the Inhouse Conversion/AR Add Historical Activity screen, then these payments are included in the summarized payments sent to Horizon Performance Manager. In addition the Summarized Payment Add/Replace Flag in the Encounter Header is set to 0.

11. DETAIL PAYMENTS (1-A-R)

This field determines whether or not the detail payments are sent for inhouse accounts at conversion. After you enter this option, the following prompt is displayed:

Include detail payment amounts (Y/N) [N] --

If you enter **N** for No, the detail payments in the Encounter Payer Actual payment record are not sent for AR/BD Add accounts. Exclude is displayed in the field. The default is No. If you enter **Y** for Yes, the following prompt is displayed:

Should STAR detail payments/adjs (R)eplace or (A)dd in HPM [A] –

If you enter **R** for Replace, Include/Replace is displayed in the field. If this parameter is Include/Replace, the Encounter Payor Actual Payment record is sent to Horizon Performance Manager with all the payments and adjustments currently in STAR. Only the payments and adjustments made after the accounts that were entered in STAR are sent to Horizon Performance Manager and these payments and adjustments replace whatever payments/adjustments had been previously sent to Horizon Performance Manager. The Payor Actual Payment Add/Replace Flag field of the Encounter Header record will be set to 2. McKesson recommends that you do not use the Include/Replace option because it overwrites any payments/adjustments that were made before the accounts were entered in STAR.

If you enter **A** for Add, Include/Add is displayed in this field. If the parameter is Include/Add, only the payments/adjustments that have not been sent to Horizon Performance Manager yet are included in the Encounter Payor Actual Payment records. Field 21 of the Encounter Header record will be set to 1. McKesson recommends that you use the Include/Add option.

12. CHARGE DETAIL (1-A-R)

This field determines if charges are replaced or added to existing charges in the Horizon Performance Manager database. After you enter this option, the following prompt is displayed:

Should STAR charges (R)eplace or (A)dd to existing charges in HPM [A] --

If **A** for Add is entered, Add is displayed in the field. If Add is selected, only charges that have not been previously sent to Horizon Performance Manager are transferred and the Service item type charge add/replace flag in the Encounter Header Record will be set to a 1. This indicates to the Horizon Performance Manager database update program that charges should be accumulated. The interface keeps track of charges that have already been sent to Horizon Performance Manager and does not send the charges again.

If **R** for Replace is entered, Replace is displayed in the field. Since charges from the former Patient Accounting system do not get entered into STAR, in most cases you want to add the STAR charges to the charges that currently exist in the Horizon Performance Manager database. If you replace the charges, the charges that currently exist in STAR overwrite any charges that currently exist in the Horizon Performance Manager database. In addition, the Service Item Type Charge Add/Replace Flag field in the Encounter Header Record will be set to a 2 to indicate to the Horizon Performance Manager database update program that the charges should replace what currently exists in the Horizon Performance Manager database being updated.

13. TRANSACTION CODE TO EXCLUDE (TABLE LOOKUP-O)

When this field is accessed, the adjustment transaction code table is displayed. You are prompted to enter the transaction type and then the transaction codes. The adjustment transaction codes excluded are displayed. Whatever codes are selected are not included in the adjustment amounts that the interface sends to Horizon Performance Manager. In most cases, the Transaction Codes to exclude would be the balance forward adjustments that are entered in order to balance the account. Since the detail payments, adjustments, and charges have already been sent to Horizon Performance Manager from the former Patient Accounting system, these balance forward adjustments are not necessary and cause the accounts not to balance on Horizon Performance Manager. If the accounts were not sent to Horizon Performance Manager before they were entered into STAR, then the balance forward amounts should not be excluded.

14. SIM DEPARTMENT TO EXCLUDE (TABLE LOOKUP-O)

One method used for inhouse accounts at the time of conversion is to set up one SIM department containing one SIM/FIM item per department. These SIM/FIM items contain the charges entered for that department before the account was entered on STAR. If this method was used, then in most cases you do not want these charges to pass to Horizon Performance Manager again because these charges already exist in Horizon Performance Manager from the old Patient Accounting system. When this field is accessed, the SIM department table is displayed, and you are able to select the department that contains the charges from the previous system. Therefore, when the account is transferred to Horizon Performance Manager, charges from this department are not transferred.

When you accept this screen, the fourth screen for this function is displayed.

```

                                General Hospital Facility Parameters Processor
                                Mon Apr 23, 2012 05:27 pm

1 Payor Format          2 Contract Format          3 Health Plan Format
Carrier                Carrier                Carrier
4 Master Enterprise ID  5 Data File Name          6 Point of Service Format
HNE Number            Include Date            Revenue Center
7 Default Payor Code   8 Default Plan Code
123                   -
9 Source System        10 HPM Entity Code
STAR                  A
11 HPM Facility Code   12 Use Post Date for Transactions

Suppress SSN if All Digits Match  13 <=1Yr at Admission  14 >1Yr at Admission
                                   1,2                      3,4
15 Practitioner Enterprise Code  16 Suppress Resp Party/Insured Person
NPI                             Responsible Party
17 Last Edit by                 18 Edit Date
Moon, Bob                       04/18/12 12:38pm

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

```

Field Explanations (Screen 4 of 4)

1. PAYOR FORMAT (1-A-R)

This parameter defines whether the insurance carrier or insurance carrier/plan information should be sent in the interface file. This information is used in the PAYOR (data element 2), PLAN (data element 3), CONTRACT (data element 6), and ENCPAYH (data element 2) records.

NOTE: The Contract/Plan ID Format field (on the second screen of this function) is used to define whether leading zeros are included/excluded in the information sent in the interface file.

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

Select the Payor Format (C)arrier or Carrier/(P)lan [C]--

You can enter **C** for Carrier or **P** for Carrier/Plan. The default is Carrier (C).

2. CONTRACT FORMAT (1-A-R)

The parameter defines whether the insurance carrier or insurance carrier/plan information should be sent in the interface file. This information is used in the CONTRACT (data element 3) and the ENCPAYOR (data element 4) records.

NOTE: The Contract/Plan ID Format field (on the second screen of this function) is used to define whether leading zeros are included/excluded in the information sent in the interface file.

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

Select the Contract Format (C)arrier or Carrier/(P)lan [C]--

You can enter **C** for Carrier or **P** for Carrier/Plan. The default is Carrier (C).

3. HEALTH PLAN FORMAT (1-A-R)

The parameter defines whether the insurance carrier or insurance carrier/plan information should be sent in the interface file. This information is used in the PLAN (data element 2) and CONTRACT (data element 4) records.

NOTE: The Contract/Plan ID Format field (on the second screen of this function) is used to define whether leading zeros are included/excluded in the information sent in the interface file.

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

Select the Health Plan Format (C)arrier or Carrier/(P)lan [C]--

You can enter **C** for Carrier or **P** for Carrier/Plan. The default is Carrier (C).

4. MASTER ENTERPRISE ID (1-A-R)

This parameter controls the type of information used to populate the patient type data interface files. When this field is accessed, the following prompt is displayed:

Select the Master Enterprise ID Number (C)orporate, (H)NE, (M)edical Record, or (B)lank [H]--

You can enter **C** for Master Enterprise ID Number Corporate, **H** for HNE number, **M** for Medical Records, or **B** for blank information. The records types which are affected are ENCHDR, RESPHDR, ENCINTR, ENCBIRTH, and ENCPAYOR. The ENCPAYOR record for information applicable to insurances pulls information only if the insured information is the patient or guarantor information.

5. DATA FILE NAME (1-A-R)

This field is used to indicate whether to include or exclude the MMDD date information in the patient data file name. This does not apply to the Common Files (Pdscommn_'facility code _ ID #'.fdr, Pdsptmbr_Pract_' 'facility code _ ID #'.fdr, and Pdsptmbr_codes_' 'facility code _ ID #'.fdr). This applies to the file types of dbi, con, add, inh, dru, and ser. This naming convention parameter applies regardless of whether the files are generated from Midnight Processing or through the Manual ASCII/NFS Transfer menu option. When this field is accessed, the following prompt is displayed:

Include Date in Data File Name? (Y/N) [Y]--

You can enter **Y** to include the date or **N** to exclude the date.

6. POINT OF SERVICE FORMAT (1-A-R)

This field is used to define the format for the data sent from STAR Patient Accounting to the Point of Service collections in Admissions. When this field is accessed, the following prompt is displayed:

Select the POS Format (D)ept, (P)Fac_Dept, (S)Dept_Fac, (R)ev Ctr, (N)o Dept (D/

7. DEFAULT PAYOR CODE (6-A-R)

This field is used to determine the Payor Code to be used for accounts that have no insurance plan assigned to them. This code will also be used as the Payor Code to identify patient payments in the Encounter Payor Actual Payment Record and as the Payor Code in the Encounter Payor Record to identify the patient as the payor. This Payor Code will be included in the Common File. After you enter this option, the following prompt is displayed:

Enter default payor code ---

There is no default and this field is required. If a payor code is entered which already exists, the following prompt will display:

Insurance plan already exists. Do you want to continue (Y/N) [N] –

If you enter **N**, you will be brought back to the field to reenter another payor code. If **Y** is entered, the payor code in that field will remain.

8. DEFAULT PLAN CODE (10-A-R)

This field is used to determine the Health Plan Code and Contract Code to be used for accounts that have no insurance plan assigned to them. This code will also be used as the Health Plan/Contract Code to identify the patient as the payor in the Encounter Payor Record. This code will be included in the Health Plan Record and the Contract Code Record mapped to the Default Payor Code identified in field 14. After you enter this option, the following prompt is displayed:

Enter default health plan/ contract code ---

There is no default and this field is required. If a plan code is entered which already exists, then the following prompt will display:

Insurance plan already exists. Do you want to continue (Y/N) [N] –

If **N** is entered you will be brought back to the field to reenter another plan code. If **Y** is entered, the plan code in that field will remain.

9. SOURCE SYSTEM (10-A-R)

This field allows you to enter a user-defined source system code for this facility. When this field is accessed, the following prompt is displayed:

Enter Source System [STAR]--

Enter the code for this facility that will be used as the Horizon Performance Manager source code.

10. HPM ENTITY CODE (32-A-R)

This field allows you to enter a user-defined entity code for this facility. The STAR facility is the same as the HPM entity. After you enter this option, the following prompt is displayed:

Enter HPM entity code [A]--

Enter the code for this facility that will be used as the Horizon Performance Manager entity code. The default for this field is the STAR facility code. The first 5 characters of this code are used as the facility code in the standard file name.

11. HPM FACILITY CODE (32-A-R)

This field allows you to enter a user-defined facility code for this facility. The STAR facility is the same as the HPM entity. The information is used in the ENCHDR record (data element 30) and the ENCBIRTH record (data element 25).

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

Enter HPM facility code [A]--

Enter the code for this facility that will be used as the Horizon Performance Manager facility code.

12. USE POST DATE FOR TRANSACTIONS (1-A-O)

This field defines whether the post date/time rather than the transaction date/time is used for detail activity records formatted in ENCPAYA records. When this field is accessed, the following prompt is displayed:

Do you want to use the post date/time rather than the transaction date/time for activity? (Y/N) [N]

You can enter **Y** (Yes) to use the post date/time or **N** (No) to use the transaction date/time.

SUPPRESS SSN IF ALL DIGITS MATCH**13. <=1YR AT ADMISSION (19-N-O)**

This parameter is used to suppress sending a social security number for patients less than 1 year of age if all digits of the social security number are the same.

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

Enter list of digits where no SSN is sent if all SSN digits are equal (<=1Yr)--

For example if the facility uses all 9s as a default social security number, then you would key in 9's for the social security number. Note that any digits from 0-9 may be entered, so there is no limit as to how many default digits may be keyed. With this example, if a newborn baby or baby under 1 year of age has 999999999 as a social security number, then the following records will contain a blank for the value of Social Security Number:

Piece 5 of ENCHDR (SSN for patient)

Piece 4 of ENCBIRTH (SSN for the mother for a newborn admission registration)

Piece 2 of RESPHDR (SSN for guarantor)

Piece 38 of ENCNTR (SSN for guarantor)

Piece 2 of INSURHDR (SSN for the insured and guarantor)

Piece 8 of ENCPAYOR (SSN for the insured and guarantor)

14. >1YR AT ADMISSION (19-N-O)

This parameter is used to suppress sending a social security number for patients more than 1 year of age if all digits of the social security number are the same.

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

Enter list of digits where no SSN is sent if all SSN digits are equal (<=1Yr)--

For example if the facility uses all 9s as a default social security number, then you would key in all 9's for the social security number. Note that any digits from 0-9 may be entered, so there is no limit as to how many default digits may be keyed. With this example, if a person over 1 year old at admission with 999999999 as a social security number, all of the records that are sent with social security number will be blank or null for SSN.

15. PRACTITIONER ENTERPRISE CODE (TABLE LOOKUP)

When this field is accessed, the Codes for Practitioner Enterprise Code is displayed. You can select either the Physician Code Number or the NPI in the interface. The value selected is sent in the interface in the following fields:

- PRAHDR~ 11 Practitioner Enterprise Code
- ENCHDR~39 Practitioner of Record Enterprise Code
- ENCNTR~87 Checkin Practitioner Enterprise Code

- ENCINTR~88 Referring Practitioner Enterprise Code
- ENCPXPR~14 Clinical Procedure Practitioner Enterprise Code
- ENCSI~48 Ordering Practitioner Enterprise Code
- ENCSIPRA~11 Service Item Practitioner Enterprise Code
- ENCPRAC~11 Other Encounter Practitioner Enterprise Code
- ENCBIRTH~31 Mother's Practitioner of Record Enterprise Code

```
General Hospital Facility Parameters Processor
                               Mon Apr 23, 2012 05:38 pm

Page:01                      Codes for Practitioner Enterprise Code
( 1) Physician Code Number
( 2) NPI

Enter choice--
```

16. SUPPRESS RESP PARTY/INSURED PERSON (1-A-O)

This parameter allows you to suppress sending Responsible Party records and/or Insured Person records. If you want to suppress Responsible Party records (RESPHDR), then ENCINTR fields 38-44 would also be suppressed and not populated. If you want to suppress Insured Person information then INSHDR and ENCPAYOR fields 8-14 would be suppressed and not populated.

When the new parameter is selected, the following prompt is displayed:

Suppress (R)esponsible Party, (I)nsured Person, or (B)oth Sets of Information--

Entry options are:

R (Responsible Party)

I (Insured Person)

B (Both sets of information)

- If you select to suppress the responsible party information then:
 - RESPHDR is not sent in the interface
 - Fields 38-44 in the ENCNTR are not sent in the interface
- If you select to suppress the insured person information then:
 - INSURHDR is not sent in the interface
 - Fields 8-14 in the ENCPAYOR are not sent in the interface
- If you select B for Both, all of the above apply.

NOTE: If Responsible Party is selected to be suppressed and Insured Person is missing required data, auto suppression logic is used for the Insured Person. Also if Insured Person is suppressed and Responsible party is missing required data, auto suppression logic is used for the Responsible Party.

17. LAST EDIT BY (DISPLAY ONLY)

This field displays the last person changing a field on this page.

18. EDIT DATE (DISPLAY ONLY)

This field displays the last date time stamp of when a field was updated on this screen.

User Defined Attributes

You can choose an unlimited number of user-defined elements to be passed to Horizon Performance Manager.

1. Select Tables from the initial Menu Processor screen.
2. Select Horizon Performance Manager Parameters from the Tables Processor screen.
3. Select User Defined Attributes
4. Select Encounter User Defined Attributes. After this option is selected, the following screen is displayed:

```

General Hospital Encounter User Defined Attributes Processor

                                Wed Sept 12, 2001 01:00 pm

1 User Defined Attribute      Setup Routine      Table
  Print Routine              HPM Field Name
SEVERITY LEVEL               FIRST UM REVIEW
                             First Severity
MR COMPLETE FLAG
                             Med Rec Complete
UM READMIT INDICATOR
                             UM Readmit
TRANSFER STATION             TRANSFER STATION 1
                             1st Transfer Station
TRANSFER TIME IN             TRANSFER STATION 1
                             1st Transfer Time
MR SPECIAL STUDY 1st Special Study AnswerNEWBORN STUDY
SPECIAL STUDY TABLE CODE    Newborn Study Question
F1Prev Page F2Next Page F3 Insert F4 Delete F6 Reset F7 Exit ?

```

Field Explanations

USER DEFINED ATTRIBUTE (TABLE LOOKUP-O)

This field allows you to choose the STAR data you want to send as a Horizon Performance Manager Encounter User Defined Attribute (UDA). Entering a “-” will list all available STAR data elements which are available to send to Horizon Performance Manager. Financial Class is automatically entered on the Encounter User Defined Attributes screen since there is no standard data element that will identify the financial class of the patient.

A list of user-defined attributes is provided in Appendix A of this book.

Setup Routines - When necessary, the system asks you to select a setup routine. The selection of a Setup Routine is necessary only if the element allows more than one choice. For example, if Insurance Amount of Payment is selected, the system asks you to choose the type of insurance (Insurance COB 1, COB 2, COB 3, or COB 4). You can set up multiple UDAs if multiple insurance payment information is desired, or you can restrict the information passed to only the primary (first) insurance.

Table - Some UDAs may have multiple choices based on a STAR table. In these instances, a table is displayed, and at least one choice is required.

Print Routines - This field is required only if the data can be reported in multiple formats. For example, if discharge date is selected, the system asks you to select from the multiple print formats available. The following are the recommended print routines for Horizon Performance Manager Encounter UDAs:

Type of UDA	Recommended Print Routine
Money	MONEY (NO\$, LEAD SIGN, 2 DEC)
Date	DATE (YYYYMMDD)

Type of UDA	Recommended Print Routine
Date/Time	DATE (YYYYMMDDHHMMSS)-COLONS
TIME	TIME (HHMM) WITH COLON

HPM Field Name — This field is the name that will appear in the field identifier field of the Encounter User Defined Attributes record. If nothing is entered in this field, the STAR User Defined Attribute name will be used from the User Defined Attribute field on this screen. The name entered in the HPM Interface field name must match the name set up in Horizon Performance Manager. In addition, Horizon Performance Manager cannot accept field names with any special characters, such as / and). Only numeric and alpha characters can be accepted.

After you accept this screen, the system displays the following message:

GENERATING HPM USER DEFINED FIELD PROGRAM

Service Item User Defined Attributes

1. Select Tables from the initial Menu Processor screen.
2. Select Horizon Performance Manager Parameters from the Tables Processor screen.
3. Select User Defined Attributes
4. Select Service Item User Defined Attributes. After this option is selected, the following screen is displayed:

General Hospital Service Item User Defined Attributes Processor	
Wed Oct 13, 2001 10:17 am	
1 User Defined Attribute	HPM Field Name
Baby Charge Indicator	Baby Charge
Type of Service	Type of Service
Charge To/From Account	Reference Field
UB Revenue Code	FIM UB Code
HCPCS Code	FIM HCPCS Code
F1Prev Page F2Next Page F3 Insert F4 Delete F6 Reset F7 Exit ?	

1. USER DEFINED ATTRIBUTE (TABLE LOOKUP-O)

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

ABN

ABN Override

Alternate Bill Item Code

Alternate Bill Summary Code 1

Alternate Bill Summary Code 2

Alternate Bill Summary Code 3

Alternate Bill Summ Code 1 Des

Alternate Bill Summ Code 2 Des

Alternate Bill Summ Code 3 Des

Baby Charge Indicator

Bill Sequence Number

Charge Location

Charge To/From Account

Charge Sequence

Charge Type

Combined Bill Indicator

Department

Department with facility code prefix

Department with facility code suffix

Detail Revenue Center

GL Department Number

HCPCS Code

Late Charge Indicator

Med Nec Dup HCPCS

Med Nec Dup HCPCS Override

Metric Quantity

Order #

Ordering Location (CRT Name)

Ordering ID

Out of Province Service Code

Proration Summary Code

R & B Minutes

Relative Value

Revenue Department Code

Revenue Dept Description

Source of Charge

STAR Facility Code

Take Home Drug

Type of Service

Type of Unit

UB Revenue Code

You can choose as many Service Item User Defined Attributes as desired. A description of Service Item UDAs is provided in Appendix A of this book. This information is used in the creation of the ENCSIUDF interface records.

HPM FIELD NAME (32 –A-O)

The name entered in this field will be used as the Field Identifier for the Service Item UDA. If nothing is entered in this field then the Service Item UDA name will be used. The HPM field name entered must match the name set up in Horizon Performance Manager. In addition, Horizon Performance Manager cannot accept field names with any special characters, such as / and). Only numeric and alpha characters can be accepted.

Trigger Events

This parameter screen contains the trigger events used to determine when accounts are sent to Horizon Performance Manager.

1. Select Tables from the initial Menu Processor screen.

2. Select Horizon Performance Manager Parameters from the Tables Processor screen.
3. Select Trigger Events. After this option is selected, the following screen is displayed. This screen displays the parameters for inpatient accounts.

General Hospital Trigger Events Processor	
Wed Sept 12, 2001 01:00 pm	
Patient Type: Inpatients	
1 Inhouse Accounts	
Discharge	
2 Trigger Event	Transfer Charges
Patient Admission	No
Abstract Flagged as Complete	No
Patient Discharge/Disposition	No
DPW Addition/Change/Deletion	Yes
Final Bill	Yes
Late Bill	Yes
Adjustment Bill	Yes
Payment/Adjustment	No
Update Insurance Information	No
Update Addl Demographic Information	No
Update Addl Episode Information	No
Update Abstract General Information	No
Enter field number or '/' starting field number--	

1. INHOUSE ACCOUNTS? (1-A-R)

This field determines whether or not in-house accounts should be processed. After you enter this option, the following prompt is displayed:

Should inhouse accounts be processed in the interface (Y/N)[N] --

If you enter **Y** for Yes, Yes is displayed in the field. When inhouse accounts are triggered to go to the interface, they are written to the standard interface index. If the accounts are being included, then they are processed when the Horizon Performance Manager interface optional batch job runs. Therefore, if the maximum number of accounts is reached before the optional batch job is scheduled to be run, inhouse accounts are not in the file.

If you enter **N** for No, or press ENTER, the following prompt is displayed:

Transfer accounts based on (D)ischarge or (F)inal Bill (D/F) [D] --

If you enter **D**, Discharge is displayed in the Inhouse Accounts field. This indicates that an account triggered to go to Horizon Performance Manager transfers as long as the account is discharged. If you enter **F**, an account that is triggered to go to Horizon Performance Manager transfers only if the account has been final billed. If the account has been discharged but not final billed, it is excluded from the interface. The account is displayed on the Exclusion Detail portion of the HPM Audit Report with an exclusion reason of *Account Not Final Billed*.

2. TRIGGER EVENT (TABLE LOOKUP-R)

This field determines which trigger events are used to send accounts to the interface index and whether charges should be transferred. The same triggers send accounts to the standard Horizon Performance Manager Interface index as well as the AR/BD Add index, the Converted Accounts index, and the Inhouse Accounts at Conversion index.

After this field is entered, the following table look-up for trigger events is displayed:

NOTE: If you choose not to transfer charges for a specific trigger event, the following records will not be sent for that account: Encounter Service Item Header, Encounter Service Item, Encounter Service Item Reason, Encounter Service Item Practitioner, Encounter Service Item User Defined Attributes.

Once the trigger event is selected, you must decide whether you want charges to transfer for the account. The trigger event determines whether the account goes to the interface index, and the Transfer Charges field determines whether charges are included for the account. If multiple trigger events occurred for a single account, charges are transferred if any of the triggers were set up to transfer charges. All charges for the account are transferred. Trigger events become effective as the events are added. There is no way to use a trigger to backload accounts into Horizon Performance Manager.

If you set up all the triggers as No for Transfer Charges and you attempt to accept this screen, the following message is displayed:

Charges will not be transferred to HPM Modify Transfer Charges Field.

Each trigger event is described below.

Abstract Flagged as Complete

When a change is made to Medical Records, the Abstract Completion Flag is reset, and it requires you to complete the abstract again. When the abstract is completed, this triggers the account to go to Horizon Performance Manager.

Adjustment Bill

When an adjustment bill is produced for a patient, the account is transferred to Horizon Performance Manager.

Archive

When an account is flagged for archive, it is also triggered to go to Horizon Performance Manager. If this trigger is used, it is important that the interface is processed before purge is run. If purge is run before the interface be processed, the data is not available for Horizon Performance Manager. This would be the last chance to get the most current data on an account before the account is purged. If you use the Bad Debt Charge Deletion function, then detailed charges may not be available at archive. In this case, no charge records are sent to Horizon Performance Manager.

Balance Transfer

When a balance transfer is done on an account, the account is triggered to go to Horizon Performance Manager.

Charge Revision

When a revision is made to a charge or credit, the account is transferred to Horizon Performance Manager.

Charge/Credit

When an account has a charge or credit posted, the account is transferred to Horizon Performance Manager.

Combine Bill

When two accounts are chosen to be combine billed, this triggers both accounts to be sent to Horizon Performance Manager.

Cycle Bill

When a cycle bill is produced for a patient, the account is transferred to Horizon Performance Manager. If you choose to transfer charges, all charges on the account are transferred. Therefore, charges should be set up to be replaced on Horizon Performance Manager.

The cycle bill trigger only is effective if you are transferring inhouse accounts or nondischarged outpatient accounts.

DPW Addition/Change/Deletion

If there is a DPW addition, change, or deletion, then the accounts specified in that DPW are transferred to Horizon Performance Manager.

Final Bill

When a final bill is produced for a patient, the account is transferred to Horizon Performance Manager.

Late Bill

When a late bill is produced for a patient, the account is transferred to Horizon Performance Manager.

Late Charge

When a late charge is posted on an account, the account is transferred to Horizon Performance Manager.

Merge Patient

If a patient is merged, this triggers the account to be transferred to Horizon Performance Manager.

OPPS

If OPPS data is changed on an account, the account is transferred to Horizon Performance Manager.

Patient Admission

If this trigger event is chosen, when the patient is admitted, the account is triggered to Horizon Performance Manager. This should only be chosen if you request to send inhouse accounts. If you are not sending inhouse accounts, the patient does not trigger at admission. If Transfer Charges is Yes and if any charges were posted to the account before the interface is processed, these charges are transferred. If Transfer Charges is No, then charges are not transferred for this reason type.

If an admission is cancelled and the account has not been processed, then the account is removed from the interface index. It is possible that the admission is cancelled after the account is processed and already sent to Horizon Performance Manager. In this case the account needs to be manually deleted from the Horizon Performance Manager database.

Patient Discharge/Disposition

If this trigger event is chosen, when the patient is discharged or dispositioned, the account is triggered to Horizon Performance Manager. If you are not including inhouse accounts, this would be the first possible time that the account could be transferred to Horizon Performance Manager.

Patient Registration

When an outpatient account is registered, this triggers the account to be transferred to Horizon Performance Manager. If non-discharged outpatients are not being included, the account is not triggered.

Payment/Adjustment

When a payment or an adjustment is posted to an account, the account is triggered to be transferred to Horizon Performance Manager.

Refund

When a refund is posted to an account, the account is triggered to be transferred to Horizon Performance Manager.

Transfer Visits

If a patient visit is transferred, this triggers the account to be transferred to Horizon Performance Manager.

Transfer to Bad Debt

When an account transfers to bad debt, it is also triggered to be sent to Horizon Performance Manager.

Update Abstract General Information

This data can be found in the Episode Information screens of the Medical Record Abstract. When any of the following data elements are changed, this triggers the account to be sent to Horizon Performance Manager.

Transfer Medical Service
Severity of Illness

Discharge Disposition
Discharge Doctor
Abstractor's Initials
Abstract Complete Date
Readmit Indicator
Incident Code
Incident Date
Abstract Remarks
Abstract Delete Indicator
Abstract Retain Indicator
Admit Referral Source Type
Time Physician Informed
Time Physician Arrived
Time Patient Seen by Physician
Triage Code Used in E/R Abstract
Case Category Code for E/R Abstract
Visit Type Code for Outpatients
NY/NJ Z Code
Abstract Overflow Indicator
Second Chart Number
SubService
ICD-9-CM Coder
Pre-Admit Indicator
HMRI Postcode
HMRI Health Card Province
HMRI Health Card Number
Form 3808
Delivering Physician

Update Abstract Newborn/Death

These data elements can be found on the Maternity Newborn and Death Classification screen in the Medical Record Abstract. When any of the following data elements are changed, this triggers the account to be sent to Horizon Performance Manager.

Newborn Indicator
Stillborn Indicator
Newborn's Weight
Birth Type
Birth Status
Gestation Period in Weeks
C-Section Indicator
Death Classification Codes
APGAR Codes for Newborns
Last Menstruation Date
Birth Resuscitation Method
Mother Gravidity
Mother's Parity
Head Circumference

Baby's Length
Jaundice Indicator
Examination of Hips
Feeding Type Indicator
Mother Previous Blood Transfusion
Follow Up Care Indicator
Delivery Place Change Reason
Suicide Indicator
Rubella Status
VDRL Result
Previous Neo Deaths
Previous Abortions
Previous C-Sections
Previous Live Births
Previous Still Births
Presence of Fetus
Mother's Delivery Place
Mother's Labor Onset Method
Presence of Fetus
Mother's Delivery Method
Mother Delivery Date/Time
Mother Delivery Person Status
Mother Length of 1st Labor Stage
Mother L/D Anesthesia
Mother Post L/D Anesthesia
Time of Death
Cause of Death
Pronouncing Physician
Certifying Physician
Funeral Home
Organ Donor
Miscellaneous Notes
Suicide Indicator

Update Addl Demographic Information

These data elements can be found on the Patient Page and the Miscellaneous Page of MPI/Admission Information. When any of the following data elements are changed, this triggers the account to be sent to Horizon Performance Manager.

Address Line 2
Patient Nationality
Patient Census Track
Patient Class Code
Father's Name
Maiden Name
Spouse's Name
2nd Address Line
2nd Address Line 2

2nd City
2nd State
2nd ZIP Code
2nd County Code
2nd Telephone Number
2nd Resident Since
Patient's County Code
Church Notify
Discount Percentage
Chronically Sick/Disabled
Patient's Country of Residence
Veteran Indicator
Last Medical Record Number
Primary Care Physician
Driver's License Number
Birthplace
Resident Since
Patient Allergies
Staff Alert
Birth Registry Serial Number
Legal Alien Number
Alternate Address Indicator
Contract Classification
Residence Type
Patient Plan District
Living Will
Health Card Expiration Date
Health Card Province
Tumor Registry Number

Update Addl Episode Information

These data elements can be found on the Episode Information pages of the Medical Records Abstract. When any of the following data elements are changed, this triggers the account to be sent to Horizon Performance Manager.

DRG Discharge Status
Final DRG Number
Financial Class Code
Admitting Medical Service
DRG Transfer Indicator
Consultant/Resource Speciality
Type of Unit Code
Date Ready for Discharge
Social Services Flag
Main Service
Most Responsible Physician
Charge to/from Number
Charge to flag
Coder ID#

Update Consultation Information

These data elements can be found on the Consultations screen of the Medical Record Abstract. When any of the following data elements are changed, this triggers the account to be sent to Horizon Performance Manager.

- Consulting Physician Code
- Consulting Date
- Consulting Physician Specialty
- Consulting Physician Type

Update DRG Information

These data elements can be found on the DRG Assignment screen on the Medical Records Abstract. When any of the following data elements are changed, this triggers the account to be sent to Horizon Performance Manager.

- DRG Payor
- DRG Table Number
- Admit DRG Number
- Provisional DRG Number
- Final DRG Number
- Major Diagnosis Category
- Average Length of Stay
- Reimbursement Amount
- High Stay Trim Point
- DRG Complication or Comorbidity
- DRG Major Operative Procedure
- DRG High Stay Outlier Indicator
- DRG Cost Outlier Indicator
- Final Indicator
- Final DRG Assignment Date
- Operating Outlier Payment
- Capital Outlier Payment
- Operating Reimbursement
- Capital Reimbursement

The following data elements are from the Code 3 interface.

- Other Payor Code
- Outlier Threshold
- DRG Weight
- Day Outlier Threshold
- Total IME
- Total DSH
- Deductible Amount
- Short Stay Threshold
- Federal Blended Rate
- Patient Status Flag
- MDC Description
- Patient Status Description

Average Length of Stay
Total Direct Medical Education
DRG Description
Base Rate Peer Group
Complexity Value
Complexity Value - CMG

The following data elements are from the Code 3 interface when multiple groupers are used.

Other Payor Code
DRG Description
Outlier Threshold
DRG Weight
Day Outlier Threshold
Total IME
Total DSH
Deductible Amount
Short Stay Threshold
Federal Blended Rate
Patient Status Flag
Geometric Length of Stay
Total Capital
Total Outlier
Operating Reimbursement
Reimbursement
DRG
MDC
MDC Description
Patient Status Description
Average Length of Stay
Total Direct Medical Education
Base Rate Peer Group

Update Demographic Information

These data elements are from the Patient Page and Miscellaneous Page of MPI/ Admission Information. When any of the following data elements are changed, this triggers the account to be sent to Horizon Performance Manager.

Medical Record Number(s)
Patient's Name
Patient's Birthdate
Patient's Sex
Patient's Social Security Number
Race Code
Denomination Code
Church Code
Address

City
Patient's State
ZIP Code
Patient's Phone Number
Patient's Marital Status
Mother's Name
Corporate Number
Patient Name Entitle/Suffix
Patients Primary Language Code
Phone Extension
Alternate Name Indicator
Diabetic Indicator
Family Member Prefix
Expired Date
Enterprise ID
Additional Demographic

Update Guarantor Information

These data elements are from the Guarantor Information Page, Patient page for the Guarantor, and Miscellaneous page for the Guarantor from the MPI/Admission information. When any of the following data elements are changed, this triggers the accounts to be sent to Horizon Performance Manager

Guarantor's Reason Code
Guarantor's Relation Description
Guarantor's Number

The following data elements are for the guarantor, not the patient.

Medical Record Number(s)
Patient's Name
Patient's Birthdate
Patient's Sex
Patient's Social Security Number
Race Code
Denomination Code
Church Code
Address
City
Patient's State
ZIP Code
Patient's Phone Number
Patient's Marital Status
Mother's Name
Corporate Number
Patient Name Entitle/Suffix
Patients Primary Language Code
Phone Extension

Alternate Name Indicator
Diabetic Indicator
Family Member Prefix
Expired Date
Enterprise ID
Additional Demographic

Update ICD-9-CM Diagnosis Information

These data elements can be found on the Diagnosis screen of the Medical Records Abstract. When any of the following data elements are changed, this triggers the account to be sent to Horizon Performance Manager.

Admitting Diagnosis Code
Principal Diagnosis Code
Secondary Diagnosis Code
Confidential Diagnosis Code
Tumor Indicator Prefix
Admitting Diagnosis Prefix
Admitting Diagnosis Type
Admitting Diagnosis Suffix
Admitting Diagnosis Onset Date
Principal Diagnosis Prefix
Principal Diagnosis Type
Principal Diagnosis Suffix
Principal Diagnosis Onset Date
Secondary Diagnosis Prefix
Secondary Diagnosis Type
Secondary Diagnosis Suffix
Secondary Diagnosis Onset Date

Update ICD-9-CM Procedure Information

These data elements can be found in the Procedures and Procedures Details screen of the Medical Record Abstract screen. When any of the following data elements are changed, this triggers the account to be sent to Horizon Performance Manager.

Principal Procedure Code
Secondary Procedure Code
Procedure Date
Primary Surgeon
Anesthesia Type
Tissue Code
ASA-PS Class
Episode Number
Anesthesia Start Date/Time
Anesthesia End Date/Time
Anesthetist
Anesthetist Speciality
Suffix

Other Institution

Update Insurance Information

These data elements can be found on the Insurance Plan Demographics screens in the MPI/Admissions Information. When any of the following data elements are changed, this triggers the account to be sent to Horizon Performance Manager.

- Insurance (Carrier) Code
- Insurance (Carrier) Name
- Named Insured
- Policy Number
- Group Number
- Financial Class Code
- Relation Code Patient to Insured
- Insured's Sex
- Group Name
- Birthdate
- Insurance Type Code
- Blue Shield Coverage
- CHAMPUS Branch
- CHAMPUS Status
- CHAMPUS Pay Grade
- CHAMPUS Dependent Indicator
- Special Coverage Type
- Mail to Name/Contact Name
- Verification Required Indicator
- Pre-Notification Flag
- Approval Name
- Approval Number
- Approval Date
- Claim Number
- Insurance Notified Date
- Insurance Verified Name
- Insurance Verified Date
- Approved Length of Stay
- Second Opinion
- Insured's Occupation
- Employer Code (Insured)
- Employer Name (Insured)
- Medicare Questionnaire Information
- Coordination of Benefits Flag
- Insurance Address
- Insurance Address Line 2
- Insurance City
- Insurance State
- Insurance Zip
- Insured's Social Security Number
- Employment Status Code

Notice of Admission Code
County
Temporary Card Indicator
Expiration Date of Temporary Card
Social Assistance
Certificate Number
Insured ID Number
Occurrence Date
Division Number
Blue Shield Plan Number
Purchaser Code
Contract Type
Purchaser Type
Provider Number
Serial Code
Review Agency
Review Agency Phone
Review Agency Contact
Review Agency Reference Number
Return to Province Date
Date Left Home Province
Date of Arrival to Province
Out of Province Reason Code
HealthCard Policy Number
Number of Minors in Household
Deposit Information
Number of Adults in Household
Review Agency
Review Agency Phone Extension
Review Agency Fax Number
Reviewed by Name
Second Opinion Status
Contact Company Name
Verify Fax Number
Intended Payment Source
Patient Zip/Post Code
Patient City
Patient County
Patient Address
Patient Address 2
Patient State
Effective from Date
Effective to Date
Third Party Liability Number
Approval Phone Number
Approval Phone Extension
Medicaid HMO number
Weekly Income

Approval Fax Number
Approved Number of Visits
Health Card Version Number
Health Card Expiration Date
Exempt Co-Payment Recipients
Verify Phone Number
Verify Phone Extension
Verify By Employee Name
Approved Until Date

Update Medical Information

The data elements can be found on the Medical Page of the MPI/Admission information and on the Medical Page of Revise Patient screens in Patient Care. When any of the following data elements are changed, this triggers the account to be sent to Horizon Performance Manager.

Station
Room Number
Bed
Patient Type
Working Diagnosis/Complaint
Medical Service Code
Attending Physician
Discharge Date/Time
Discharge Condition
Height
Weight
Smoker
Publicity
Condition Code
Isolation Code
Level of Care
Admitting Diagnosis/Complaint
Accommodation Code
Oxygen Therapy Code
Precautions Codes
IV Therapy Code
Pregnant Indicator
Contract Classification Codes
Bed Reservations
Intent to Discharge Date/Time
Serum Creatinine
Creatinine Clearance
Onset Date/Time
Patient's Ideal Body Weight
Patient's Body Surface Area
Admitting Diagnosis/Complaint
Organ Donor

Off Service Code
Telephone Indicator
Clergy Request Field Code
Clergy Request Date
Expected LOS-Wait List
Home Leave Return Date
LOA Authorization
LOA Types
Admission Reason
Charge to/from Number
Charge to Flag
Admission/Registration Date/Time
Inpatient/Outpatient Status
Charge Allowed Until Date
Series-Treatment End Date
Series-Worklist Indicator
Series Account Training
Non Zero Account Balance
Expected Patient Type
ABN Plan
Primary Care Physician
DPW Indicator
Clergy Notification
CMP Date
ADs Verified Date

Update Medical Records HCPCS

These data elements can be found on the HCPCS Procedures screen in the Outpatient Medical Record Abstract. When any of the following data elements are changed, this triggers the account to be sent to Horizon Performance Manager.

CPT Code
UB Code
Group Number
Episode Date/Time
Surgeon
Speciality Code
Modifier Code
Tissue Code
Anesthesia Code
Anesthesia Start
Anesthesia End
ASA-PS Class
Other Institution

Update Misc. Visit Information

These data elements can be found on the Miscellaneous Page of the MPI/Admission Information. When any of the following data elements are changed, this triggers the account to be sent to Horizon Performance Manager.

- Admitting Physician
- Referring Physician
- Expected Arrival Date
- Valuables Indicator
- Arrived By
- Bed Preference
- Accident Related Visit
- Power of Attorney Indicator
- Accident Date/Time
- Previous Visit Date
- Outpatient Location
- Admission Type Code
- Admission Source Code
- Referred By
- Place of Accident
- Nature of Accident
- Accident Type
- Referring Hospital Name
- Valuables Disposition
- Road Traffic Accident Indicator
- Transferred From
- Transferred To
- ER Physician
- ROI Consent
- Admit/Register Initials
- Preadmit by Initials
- Babies Birth Indicator
- Babies Account Numbers
- Previous Visit Indicator
- Previous Name
- Arrival Date/Time
- Preadmit Table Code
- Information Given By
- Brought In By
- Courtesy Discharge
- Reporting Location Code
- Case Number
- Nature of Inquiry
- OHSPD Override Values

Update Patient Employer

These data elements can be found on the Patient's Employer screen of the MPI/ Admission Information. When any of the following data elements are changed, this triggers the account to be sent to Horizon Performance Manager.

- Occupation
- Employer Code
- Employer Name
- Address
- City
- State
- ZIP Code
- Phone Number
- Phone Extension
- Address 2
- Employment Status Code
- Employee ID Number
- Employed Since
- Country
- Occupation Code
- Retirement Date

Update Previous Name

These data elements can be found on the Other Names Page of the MPI/Admissions Information. When any of the following data elements are changed, this triggers the account to be sent to Horizon Performance Manager.

- Other Names

Update Special Studies Information

These data elements can be found on the Special Studies Page of the Medical Records Abstract. When any of the following data elements are changed, this triggers the account to be sent to Horizon Performance Manager.

- Special Study Code
- Special Study Data

Update UB Data

These data elements can be found on the UB pages of the MPI/Admission Information and in the Utilization Management Module. When any of the following data elements are changed, this triggers the account to be sent to Horizon Performance Manager.

- Occurrence Codes/Dates
- Occurrence Span/Dates
- Condition Codes
- Special Program (UB) Code
- UR Days (ICF, SNF, Denied, Grace, LOA)
- UR Approved Stay From - Thru Date

- Approval Indicator
- Total Avoidable Days
- Total Covered Days
- Notice Date
- Reinstate Date
- Residential Level of Care Days
- Alternate Level of Care Days
- Value Codes and Amounts
- Occurrence Span Dates
- CoPay Exception Code

Update User Defined MPI Fields

These data elements can be found on the User Defined Field Page of the MPI/ Admission Information. When any of the following data elements are changed, this triggers the account to be sent to Horizon Performance Manager.

- MPI User Defined Field Date

Update User Defined Visit Fields

These data elements can be found on the User Defined Field Page of the Visit Level MPI/Admission Information. When any of the following data elements are changed, this triggers the account to be sent to Horizon Performance Manager.

- Visit User Defined Field Data

Update Utilization Review Information

These data elements can be found in the Utilization Management Module. When any of the following data elements are changed, this triggers the account to be sent to Horizon Performance Manager.

- Focus Status
- UR ID Code
- Total Number of Reviews
- Admitting Diagnosis/Complaint
- Admission Source
- URO Status Code #1
- URO Authorization 1
- URO Authorization #1
- URO Approval Code
- Total Certified Days
- URO Status #2
- URO Authorization #2
- Last Review Number and Plan
- Surgical Procedure
- Surgery Date
- Scheduled Surgery Duration
- OPCS-4 Code
- Review Number

Review Date
 Reviewer's Initials
 Next Review Date
 UR Review Type
 Days Certified
 Number of Days for Next Review
 Non-Acute Days/Types/Dates

Once the Inpatient Trigger Events screen is completed, the Outpatient Trigger Events screen is displayed.

General Hospital Trigger Events Processor	
Wed Sept 12, 2001 01:00 pm	
Patient Type: Outpatients	
1 Non-discharged Accounts?	
Yes	
3 Trigger Event	Transfer Charges
Patient Admission	No
Abstract Flagged as Complete	No
Patient Discharge/Disposition	No
DPW Addition/Change/Deletion	Yes
Cycle Bill	Yes
Final Bill	Yes
Late Bill	Yes
Adjustment Bill	Yes
Payment/Adjustment	No
Update Abstract General Information	No
Enter field number or '/' starting field number--	

1. NON-DISCHARGED ACCOUNTS? (1-A-R)

This field determines whether or not outpatient accounts that have not been discharged should be processed. After you enter this option, the following prompt is displayed:

Should outpatient accounts not discharged be processed in the interface (Y/N)[N] --

If you enter **Y** for Yes, Yes is displayed in the field. When nondischarged accounts are triggered to go to the interface, they are written to the standard interface index. If the accounts are being included, then they are processed like any other account.

If you enter **N** for No, or press ENTER, the following prompt is displayed:

Transfer accounts based on (D)ischarge or (F)inal Bill (D/F) [D] --

If you enter **D**, Discharge is displayed in the Non-discharged Accounts field. This indicates that an account triggered to go to Horizon Performance Manager transfers as long as the account is discharged. If you enter **F**, an account that is triggered to go to Horizon Performance Manager transfers only if the account has been final billed. If the account has been discharged but not final billed, it is excluded from the interface. The account is displayed on the Exclusion Detail portion of the HPM Audit Report with an exclusion reason of *Account Not Final Billed*.

3. TRIGGER EVENT (TABLE LOOKUP-R)

Refer to the trigger events field explanation for the Inpatients Trigger events screen for a definition of all of the trigger events. If you choose to transfer charges for a specific Trigger Event, then all Horizon Performance Manager records (as defined in Appendix A) will be sent. If you choose not to Transfer Charges for a specific Trigger Event, the following records will not be sent for that account:

Encounter Service Item Header

Encounter Service Item

Encounter Service Item Reason

Encounter Service Item Practitioner

Encounter Service Item User Defined Attributes

After the outpatient screen is accepted, the Series Trigger Event Screen will display if the Special Series Processing parameter is set to Yes. If the parameter is set to No, the Patient Type Exception Screen will display.

General Hospital Trigger Events Processor	
Wed Sept 12, 2001 01:00 pm	
Patient Type: Series Processing	
1 Trigger Event	Transfer Charges
Changes to Ins/FC	No
Transfer to Bad Debt	No
Abstract Flagged as Complete	No
Cycle Bill	Yes
Final Bill	Yes
Late Bill	Yes
Adjustment Bill	Yes
Payment/Adjustment	No
Update ICD-9-CM Diagnosis Information	No
Update ICD-9-CM Procedure Information	No
Update DRG Information	No
Enter field number or '/' starting field number--	

The following examples show you how to set up the Trigger Event screen and how this affects accounts being transferred to Horizon Performance Manager.

Scenario 1

This scenario can be used if you plan to transfer accounts to Horizon Performance Manager weekly. At that time, you want to see all inpatient accounts that have been discharged up to that point. In addition, you want accounts transferred to Horizon

Performance Manager whenever any kind of financial activity occurs on this account (charge, credit, payment, adjustment, refund, balance transfer). You also want the account transferred when some key data elements change and just before the account is purged. For outpatient accounts, you are interested in seeing outpatient accounts based on the same trigger as inpatients, except for series accounts. You are interested in seeing the accounts before they are discharged whenever there is activity on the account.

Inpatients:

Include Inhouse Accounts - No/Discharged	
Trigger Events	Transfer Charges?
Patient Discharge	Yes
Charge/Credit	Yes
Payment/Adjustment	No
Refund	No
Balance Transfer	No
Update Insurance Information	No
Update Medical Information	No
Update Miscellaneous Visit Information	No
Update Additional Demographic Information	No
Update Demographic Information	No
Update Abstract Consultations Information	No
Update Abstract Newborn/Death Class	No
Update Medical Record HCPCS	No
Update Abstract General Information	No
Update Additional Episode Information	No
Update ICD-9-CM Diagnosis Information	No
Update ICD-9-CM Procedure Information	No
Update DRG Information	No
Merge Patient	Yes
Transfer Visit	Yes
Archive	Yes

Outpatients:

Include Non-discharged Accounts - No/Discharged	
Trigger Events	Transfer Charges?
Patient Discharge/Disposition	Yes
Charge/Credit	Yes
Payment/Adjustment	No
Refund	No
Balance Transfer	No
Update Insurance Information	No
Update Medical Information	No
Update Miscellaneous visit Information	No
Update Additional Demographic Information	No
Update Demographic Information	No
Update Abstract consultations Information	No
Update Abstract newborn/Death Class	No
Update Medical Record HCPCS	No
Update Abstract General Information	No
Update Additional Episode Information	No
Update ICD-9-CM Diagnosis Information	No
Update ICD-9-CM Procedure Information	No
Update DRG Information	No
Merge Patient	Yes
Transfer Visit	Yes
Archive	Yes

Patient Type Exceptions SER:

Include Non-discharged Accounts - Yes	
Trigger Events	Transfer Charges?
Patient Registration	Yes
Patient Discharge/Disposition	Yes
Charge/Credit	Yes
Payment/Adjustment	No
Refund	No
Balance Transfer	No
Update Insurance Information	No
Update Medical Information	No
Update Miscellaneous Visit Information	No
Update Additional Demographic Information	No
Update Demographic Information	No
Update Abstract Consultations Information	No
Update Abstract Newborn/Death Class	No
Update Medical Record HCPCS	No
Update Abstract General Information	No
Update Additional Episode Information	No
Update ICD-9-CM Diagnosis Information	No
Update ICD-9-CM Procedure Information	No
Update DRG Information	No
Merge Patient	Yes
Transfer Visit	Yes
Archive	Yes

Scenario 2

This scenario can be used if you plan to transfer accounts to Horizon Performance Manager nightly and want to include inhouse accounts. You also want outpatients that have not been discharged. In addition, you want accounts to get transferred at a billing event and only at several key events.

Inpatients:

Include Inhouse Accounts - Yes	
Trigger Events	Transfer Charges?
Patient Admission	Yes
Charge/Credit	Yes
Patient Discharge/Disposition	Yes
Cycle Bill	Yes
Final Bill	Yes
Late Bill	Yes
Adjustment Bill	Yes
Update DRG Information	No
Update ICD-9-CM Diagnosis Information	No
Update ICD-9-CM Procedure Information	No
Update Insurance Information	No
Medical Record Abstract Flagged as Complete	No
Archive	Yes

Outpatients

Include non-discharged accounts - Yes	
Trigger Events	Transfer Charges?
Patient Registration	Yes
Charge/Credit	Yes
Patient Discharge	Yes
Cycle Bill	Yes
Final Bill	Yes
Late Bill	Yes
Adjustment Bill	Yes
Update DRG Information	No
Update ICD-9-CM Diagnosis Information	No
Update ICD-9-CM Procedure Information	No
Update Insurance Information	No
Medical Record Abstract Flagged as Complete	No
Archive	Yes

There are no patient type exceptions.

Practitioner and Code Listing Parameters

This parameter screen is used to determine the practitioner and code information which will be sent to Horizon Performance Manager when the Horizon Performance Manager Optional Batch Job is run.

1. Select Tables from the initial Menu Processor screen.
2. Select Horizon Performance Manager Parameters from the Tables Processor screen.
3. Select Practitioner and Code Listing Parameters. After this option is selected, the following screen is displayed.

General Hospital Practitioner and Code Listing Parameters Processor		
Wed Sept 12, 2001 01:00 pm		
1 Process Common Files	2 Records to Process	3 Inactive Codes
Yes	All	Yes
4 Process Patient/Member Codes	5 Records to Process	6 Inactive Codes
Yes	Some	Yes
7 Process Practitioner Records	8 Records to Process	9 Inactive Codes
No		

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

1. PROCESS COMMON FILE (1-A-R)

This field is used to determine if the Common File will be processed when the Horizon Performance Manager Optional Batch Job is run. The following prompt will display:

Do you want to process Common File records(Y/N)[Y] –

If you respond Y for Yes, when the Horizon Performance Manager Optional Batch Job is processed, the records listed in field 2 will be processed and a Common File will be created. If you respond No, the Common File records will not be processed and you will not have access to field 2. The records in the Common File that are not facility split will be included with all facilities. For example, the Financial Class record in the Common File will be included in the Common Files for facilities A, B and C.

The default is Yes.

2. RECORDS TO PROCESS (1-A-O)

This field is used to determine what records in the Common File will be processed. The following prompt will be displayed:

Do you want (A)ll or (S)ome Common File records to be processed [A] –

If you choose **A** for All, then all Common File records listed below will be processed and a Common File will be created. If you choose **S** for Some, the following table will display :

Financial Class

Entity

Department

Payor

Charge Code

You can choose one or all of the table choices. This field is optional. If nothing is entered in this field and field 1 is set to Yes, then all records will be processed. If specific records are chosen then they will be processed during the Horizon Performance Manager Optional Batch Job and a Common file will be created. An enterprise header will be the first record of the Common File (see Appendix A).

3. INACTIVE CODES (1-A-R)

When this field is accessed the following prompt is displayed:

Include inactive codes (Y/N) [Y] –

If you enter **Y** for yes then codes which are filed as deleted will be included in the Common File. If the code has been deleted, it will not be included. If you enter **N**, then only active codes will be included.

4. PROCESS PATIENT/MEMBER CODES (1-A-R)

This field is used to determine if the Patient/Member codes will be processed when this screen is accepted. The following prompt will display:

Do you want to process Patient/Member codes (Y/N)[Y] –

The default is Yes and the field is required.

5. RECORDS TO PROCESS (1-A-O)

This field is used to determine what codes in the Patient/Member file will be processed during the Horizon Performance Manager Optional Batch Job. The following prompt will be displayed:

Do you want (A)ll or (S)ome Patient/Member codes to be processed [A] –

If you choose **A** for All, then all Patient/Member records listed below will be processed during the Horizon Performance Manager Optional Batch Job and a Patient/Member file will be created. If you choose **S** for Some then the following table will display :

Health Plan

Contract

Employer

Religion

You can choose one or all of the table choices. This field is optional. If nothing is entered in this field and field 3 is set to Yes, then all records will be processed. The records chosen will be processed during the Horizon Performance Manager Optional Batch Job and a Practitioner file will be created. An enterprise header will be the first record of the Patient/Member file (see Appendix A).

6. INACTIVE CODES (1-A-R)

When this field is accessed the following prompt is displayed:

Include inactive codes (Y/N) [Y] –

If you enter **Y** for yes then codes which are filed as deleted will be included in the Patient/Member file. If the code has been deleted, it will not be included. If you enter **N**, only active codes will be included.

7. PROCESS PRACTITIONER RECORDS (1-A-R)

This field is used to determine if the Practitioner Records in the Patient/Member file will be processed when the Horizon Performance Manager Optional Batch Job is processed. The following prompt will display:

Do you want to process Practitioner records(Y/N)[Y] –

If you respond **Y** for Yes, when the Horizon Performance Manager Optional Batch Job is run, the records listed in field 8 will be processed and a Patient/Member File will be created. If you respond **No**, then the Patient/Member practitioner records will not be processed during the Horizon Performance Manager Optional Batch Job and you will not have access to field 8.

The default is Yes and the field is required.

8. RECORDS TO PROCESS (1-A-O)

This field is used to determine which practitioner records in the Patient/Member file will be processed. The following prompt will be displayed:

Do you want (A)ll or (S)ome Patient/Member Practitioner records to be processed [A] –

If you choose **A** for All, then all Patient/Member Practitioner records listed below will be processed and a Patient/Member file will be created. If you choose **S** for Some, a table with the following options is displayed:

Practitioner Role

Practitioner Specialty

Practitioner Privilege

Practitioner

You can choose one or all of the table choices. If you choose Practitioner, then the following records will be processed:

Practitioner Header

Person-Practitioner

Practitioner

Entity-Specific Practitioner Code

Practitioner Entity Privilege

Practitioner Certification

Person/Practitioner Home Address

Person/Practitioner Mailing Address

This field is optional. If nothing is entered in this field and field 7 is set to Yes, then all records will be processed. The records chosen will be processed and a Patient/Member file will be created. An enterprise header will be the first record of the Patient/Member file (see Appendix A).

9. INACTIVE CODES (1-A-R)

When this field is accessed the following prompt is displayed:

Include inactive codes (Y/N) [Y] –

If you enter **Y** for yes then codes which are filed as deleted will be included in the Practitioner File. If the code has been deleted, it will not be included. If you enter **N**, then only active codes will be included.

INTERFACE FUNCTIONS

The Horizon Performance Manager Interface functions are used to create other files used by Horizon Performance Manager and contain other miscellaneous interface functions.

1. Select Financial System Management from the initial Menu Processor screen.
2. Select Interface Functions from the Financial System Management Input Options screen.
3. Select Horizon Performance Manager Interface from the Interface Functions Input Options screen. A menu with the following options is displayed:
 1. Practitioner and Code Listing
 2. Cost Accounting Volume/Price File
 3. Account Update
 4. Date Range Update
 5. NFS/ASCII Manual Transfer
 6. Inhouse Conversion/AR Add Historical Activity
 7. HPM Interface File Deletion
 8. Detail Payment/Adjustment/Refund Backload

Each option is described below.

Practitioner and Code Listing

This function creates the Common file and the practitioner and code records in the Patient/Member File. The files are created real time immediately after the screen is accepted. There is a Practitioner and Code Listing Parameter screen which allows you to set up certain files and records to be processed as part of the Horizon Performance Manager Optional Batch Job.

1. Select Financial System Management from the initial Menu Processor screen.
2. Select Interface Functions from the Financial System Management Input Options screen.
3. Select Horizon Performance Manager Interface from the Interface Functions Input Options screen.
4. Select Practitioner and Code Listing

After you choose the facility, the following screen is displayed:

General Hospital Practitioner and Code Listing Processor		
Wed Sept 12, 2001 01:00 pm		
1 Process Common Files	2 Records to Process	3 Inactive Codes
Yes	All	Yes
4 Process Patient/Member Codes	5 Records to Process	6 Inactive Codes
Yes	Some	Yes
7 Process Practitioner Records	8 Records to Process	9 Inactive Codes
No		
Enter field number or '/' starting field number--		

1. PROCESS COMMON FILE (1-A-R)

This field is used to determine if the Common File will be processed when this screen is accepted. The following prompt will display:

Do you want to process Common File records(Y/N)[Y] –

If you respond **Y** for Yes, when the screen is accepted, the records listed in field 2 will be processed and a Common File will be created. If you respond **N** for No, the Common File records will not be processed and you will not have access to field 2.

The default is Yes and the field is required.

2. RECORDS TO PROCESS (1-A-O)

This field is used to determine what records in the Common File will be processed. The following prompt will be displayed:

Do you want (A)ll or (S)ome Common File records to be processed [A] –

If you choose **A** for All, all Common File records listed below will be processed and a Common File will be created. If you choose **S** for Some, the following table will display:

Financial Class

Entity

Department

Payor

Charge Code

You can choose one or all of the table choices. This field is optional. If nothing is entered in this field and field 1 is set to Yes, then all records will be processed. If specific records are chosen they will be processed and a Common file will be created. An enterprise header must be the first record of the Common File (see Appendix A).

3. PROCESS PATIENT/MEMBER CODES (1-A-R)

This field is used to determine if the Patient/Member codes will be processed when this screen is accepted. The following prompt will display:

Do you want to process Patient/Member codes (Y/N)[Y] –

If you respond Yes, then when the screen is accepted, the records listed in field 4 will be processed and a Practitioner File will be created. If you respond No, then the Patient/Member codes will not be processed and you will not have access to field 4.

The default is Yes and the field is required.

4. RECORDS TO PROCESS (1-A-O)

This field is used to determine what codes in the Patient/Member file will be processed. The following prompt will be displayed:

Do you want (A)ll or (S)ome Patient/Member codes to be processed [A] –

If you choose A for All, then all Patient/Member records listed below will be processed and a Patient/Member file will be created. If you choose S for Some then the following table will display :

Health Plan

Contract

Employer

Religion

You can choose one or all of the table choices. This field is optional. If nothing is entered in this field and field 3 is set to Yes, then all records will be processed. The records chosen will be processed and a Patient/Member file will be created. An enterprise header must be the first record of the Patient/Member file (see Appendix A).

5. PROCESS PRACTITIONER RECORDS (1-A-R)

This field is used to determine if the Practitioner Records in the Patient/Member file will be processed when this screen is accepted. The following prompt will display:

Do you want to process Practitioner records(Y/N)[Y] –

If you respond Yes, then when the screen is accepted, the records listed in field 6 will be processed and a Patient/Member File will be created. If you respond No, then the

Patient/Member practitioner records will not be processed and you will not have access to field 6.

The default is Yes and the field is required.

6. RECORDS TO PROCESS (1-A-O)

This field is used to determine which practitioner records in the Patient/Member file will be processed. The following prompt will be displayed:

Do you want (A)ll or (S)ome Patient/Member Practitioner records to be processed [A] –

If you choose A for All, then all Patient/Member Practitioner records listed below will be processed and a Patient/Member file will be created. If you choose S for Some then the following table will display :

Practitioner Role

Practitioner Specialty

Practitioner Privilege

Practitioner

You can choose one or all of the table choices. If you choose Practitioner, then the following records will be processed:

- Practitioner Header
- Person-Practitioner
- Practitioner
- Entity-Specific Practitioner Code
- Practitioner Entity Privilege
- Practitioner Certification
- Person/Practitioner Home Address

This field is optional. If nothing is entered in this field and field 5 is set to Yes, then all records will be processed. The records chosen will be processed and a Patient/Member file will be created. An enterprise header must be the first record of the Patient/Member file (see Appendix A).

Once the screen is accepted, the following prompt will display:

Do you want to process the files now(Y/N) [Y] –

If you respond Yes, then the Common and Patient/Member files will be created based upon the responses to the above fields. If you respond No, then the files will not be processed at this time.

Refer to Appendix A for information on the format of the files and the data required for them.

A maximum of three files will be created with this function. Refer to the Standard File Names section for information on file names. All files will have an Enterprise Header as the first record.

Cost Accounting Volume/Price File

This function will allow for the creation of the Cost Accounting File. To create the Cost Accounting File, select the following options:

1. Select Financial System Management from the initial Menu Processor screen.
2. Select Interface Functions from the Financial System Management Input Options screen.
3. Select Horizon Performance Manager Interface from the Interface Functions Input Options screen.
4. Select Cost Accounting Volume/Price File.

When this function is accessed the following prompt displays:

Do you want to create a Service Item Volume Record (Y/N) [Y] –

If you respond Yes, then the following displays:

Enter fiscal year, '-' for list or '=' for current year-- |

Once the year is entered the Service Item Volume Record is created.

The following prompt is displayed:

Do you want to create a Service Item Price Record (Y/N) [Y] –

If you respond Yes, then the Service Item Price Record is created. If you respond No, then the Horizon Performance Manager menu displays.

Account Update

The account update function enables you to resend any account in the Horizon Performance Manager interface. This function does not result in a new bill or claim and has no effect on billing or claim data.

To access the Account Update option to resend an updated account in the Horizon Performance Manager interface, select the following options:

1. Select Financial System Management from the initial Menu Processor screen.
2. Select Interface Functions from the Financial System Management Input Options screen.
3. Select Horizon Performance Manager Interface from the Interface Functions Input Options screen.
4. Select Account Update.

The system prompts you to select a facility if you are a multi-facility user. Once you select a facility, the system prompts you to identify the account that you want to resend. Once you identify the account you want to resend, the system displays the following prompt:

Do you want to send charges for this account (Y/N) [Y] --

Enter **Y** for Yes, or press ENTER to send charges for this account. Enter **N** for No not to send the charges for this account.

If the Series Processing field on the Facility Parameter Screen is set to Yes, a list of available bill from dates is displayed. You can choose the bill from dates to send. The account is written to the Series Interface index and is processed as part of that file. If you choose a converted account or an AR/BD Add account and the parameters to send these types of accounts are set to Yes, then these accounts are sent to the Converted Account index or the AR/BD Add account index, depending on the type of account. If you choose an account that was inhouse at the time of conversion and the parameter to send these accounts as a separate file is set to Yes, these accounts are put into the Inhouse at Conversion index to be processed.

The account is then written to the standard interface index and is processed during that night's midnight processing.

Date Range Update

The date range update function enables you to resend accounts to Horizon Performance Manager based on a specified date range.

Based on the Dates to Scan and Date Range to Transfer, accounts are written to a separate date range update index. This index is processed during midnight processing and produces its own interface file. If the Transfer Method is ASCII or NFS, the standard file name is Pdsptmbr_dru_<create date>_<facility>.fdr. If the file is created in any ID other than ID1, the file name is Pdsptmbr_dru_<create date>_<facility><id#>.fdr. If charges are to be transferred, all the charges associated

with the account are transferred so that the flag on Horizon Performance Manager can be set to replace charges.

The Date Range Update interface file is transferred after it is processed.

If the date range update processing hits the number of accounts limit, then processing stops and the file is transferred. The next night the remainder of the accounts from the date range update is processed.

To process the Date Range File, select the following options:

1. Select Financial System Management from the initial Menu Processor screen.
2. Select Interface Functions from the Financial System Management Input Options screen.
3. Select Horizon Performance Manager Interface from the Interface Functions Input Options screen.
4. Select Date Range Update.

When this function is accessed the following screen displays after you select a facility:

General Hospital Date Range Update Processor	
Wed Sept 12, 2001 01:00 pm	
Clinical Cost Acct/Resource Util/Contract Pay Adv Input Options	
1 Date Range to Transfer	2 Transfer Charge Records?
05/14/95 thru 05/24/95	Yes
3 I/P Patient Types	
All	
4 O/P Patient Types	
All	
5 Dates to Scan	
Discharge Date	
6 AR/BD Add Accounts	7 Converted Accounts
Exclude	Exclude

Field Explanations

1. DATE RANGE TO TRANSFER (6-N-R)

This field determines the first and last dates for which accounts should be present. When you access this field the system displays the following prompt:

Enter transfer date [Earliest] --

Enter the earliest date for which accounts should be resent, or press Enter to accept the default. The system then displays the following:

Enter transfer date [DEFAULT] --

Enter the last date for which accounts should be resent, or press Enter to accept the default. Default is today's date.

2. TRANSFER CHARGE RECORDS (1-A-R)

This field determines whether the system should transfer charge records to Horizon Performance Manager for the selected accounts. Enter **Y**, or press Enter to accept the Y default to transfer charge records.

3. I/P PATIENT TYPES (TABLE LOOKUP-R)

This field allows you to select certain inpatient patient types to include in the date range update. After you enter this option, the following prompt is displayed:

Include all I/P patient types (Y/N) [Y] --

If **Y** for Yes is entered, the date range update processes for all inpatient patient types. All is displayed in this field. The default is Yes. If **N** for No is entered, all inpatient patient types are displayed, and you can select the patient types to be included in the date range update. If you do not select any patient type, then no inpatients are placed into the index.

4. O/P PATIENT TYPES (TABLE LOOKUP-R)

This field allows you to select certain outpatient patient types to include in the date range update. After you enter this option, the following prompt is displayed:

Include all O/P patient types (Y/N) [Y] --

If **Y** for Yes is selected, the date range update processes for all outpatient patient types. All display in the field. If **N** for No is selected, all outpatient patient types are displayed, and you can select the patient types to be included in the date range update. If you do not select any patient type, then no outpatients are placed into the index.

5. DATES TO SCAN (TABLE LOOKUP-R)

This field determines which dates the date range update function should look at to determine if the accounts should be written to the date range update index. The following dates are included:

Admit Date
Discharge Date
Bill Date
Transfer to Bad Debt
Payment/Adjustment Date

You can select any or all of the above dates. At least one date must be chosen in order to process the date range update. By selecting all of the dates, the date range update could be used to simulate an interface run, depending on the triggers selected on the Trigger Events Parameter screen.

NOTE: If the Special Series Processing Parameter on the Facility Parameter screen is set to Yes and Admit Date is chosen as a Date to Scan, then the date range update function will use the bill from date as the admit date to decide if the account meets the criteria for the date range update.

6. AR/BD ADD ACCOUNTS (1-A-R)

This field determines if AR/BD Add accounts should be included in the Date Range Update. After you enter this option, the following prompt is displayed:

Include AR/BD Add Accounts in Date Range Update (Y/N)[N] --

If **Y** for Yes is entered, Include is displayed in the field. If AR/BD Add Accounts are included in the Date Range Update and if any AR/BD Add accounts meet the Date Range Update criteria, the accounts are written to the date range update index. The accounts are processed based on the AR/BD Add parameters. If any of the parameters are set to add data instead of replace, STAR Patient Accounting resends all of the payments, adjustments, and refunds to Horizon Performance Manager. The flag in the Encounter Record is set to add data. It may be necessary to make some changes to these accounts on Horizon Performance Manager to be sure that information is accumulated correctly. You want to be sure that the payments, adjustments, and refunds being sent in the interface file do not already exist in Horizon Performance Manager.

If **N** for No is entered, Exclude is displayed in this field. AR/BD Add accounts that meet the Date Range Update criteria are not written to the date range update index.

7. CONVERTED ACCOUNTS (1-A-R)

This field determines if Converted Accounts should be included in the Date Range Update. After you enter this option, the following prompt is displayed:

Include Converted Accounts in Date Range Update (Y/N)[N] --

If **Y** for Yes is entered, Include is displayed in this field. If Converted Accounts are included in the Date Range Update, and if any Converted Accounts meets the Date Range Update criteria they are written to the date range update index. The accounts are processed based on the Converted parameters. If any of the parameters are set to add data instead of replace, STAR Patient Accounting resends all of the payments, adjustments, and refunds to Horizon Performance Manager. The flag in the Encounter Header record is set to add data. It may be necessary to make some changes to these accounts on Horizon Performance Manager to be sure that information is accumulated correctly. You want to be sure that the payments, adjustments, and refunds being sent in the interface file do not already exist in Horizon Performance Manager.

If **N** for No is entered, Exclude is displayed in the field. Converted Accounts that meet the Date Range Update criteria are not written to the date range update index.

Once all the fields are completed, you are prompted to accept the screen. Once the screen is accepted the following is displayed:

Process Date Range Update (Y/N) [N] --

If you respond **N** for No, the date range update does not process, but the field settings remain the same. If you respond **Y** for Yes, the date range update begins processing.

NFS/ASCII Manual Transfer

The NFS/ASCII Manual Transfer interface provides a manual transfer of files. The manual transfer option should be used if the file transfer failed during the file creation process.

To transfer the files, select the following options:

1. Select Financial System Management from the initial Menu Processor screen.
2. Select Interface Functions from the Financial System Management Input Options screen.
3. Select Horizon Performance Manager Interface from the Interface Functions Input Options screen.
4. Select NFS/ASCII Manual Transfer.

When this function is accessed the following screen displays after you select a facility:

General Hospital NFS/ASCII Manual Transfer Processor		
		Wed Sept 12, 2001 01:00 pm
NFS/ASCII Manual Transfer Input Options		
	Option No.	Option

TRANSFER	1	Encounter File
	2	Common File
	3	Patient/Member Codes File
	4	Practitioner File
	5	Cost Accounting File
Enter option number--		

The following files can be selected:

- Encounter File
- Common File
- Patient/Member Codes File
- Practitioner File
- Cost Accounting File

After you select the type of file to transfer, all of the files available for transfer are listed. Only the files that have not been deleted due to exceeding the number of retention

days or have not been deleted by using the interface file deletion are listed. Select the files you wish to transfer. McKesson recommends that if you select a file from the middle of the list, then all subsequent files should also be selected. The same account may be in subsequent files with more up to date information. If you select a file from the middle of the list without subsequent ones, the following message is displayed:

Subsequent files may have more current account information. Please review transfer choice.

After you select the files to transfer, the following prompt is displayed:

Retransmit file built on XX/XX/XX XXXX (Y/N) [N] --

The Xs within this message indicate the date and time the file was built. Enter **Y** to retransmit the file built on the date and time specified within the prompt. After the Y is entered, the message *Manual Transfer in Progress and Creating or Processing XXXX file* is displayed on your screen. The XXXX indicates the name of the file. If the file creation is still in progress, the message *Error: XXXX File is being accessed. Try again later* is displayed on your screen. The XXXX indicates the name of the file. If the transfer method on the Facilities Parameter screen is set to ASCII, the files are transferred to the hbo/tmp directory. If the transfer method is set to NFS, the file is transferred to the appropriate directory on Horizon Performance Manager.

Enter **N** if you do not want to retransmit the file.

If there is no file available for retransmission, the message *Error: No File to Retransmit for Facility X* is displayed on the screen.

If the transfer method is NFS and a file is selected to retransmit, but the NFS connection is not available, the message *Error: Unable to Open Requested File* is displayed on the console. The standard files names in this directory include the following.

NOTE: The facility code is taken from the HPM Facility Parameter, Screen 4, the HPM Entity Code field.

- Standard HPM Encounter File - Pdsptmbr_<create date>_<facility code>_<ID#>.fdr
- AR/BD Add Accounts Encounter File - Pdsptmbr_add_<create date>_<facility code>_<ID#>.fdr
- Converted Accounts Encounter File - Pdsptmbr_con_<create date>_<facility code>_<ID#>.fdr
- Inhouse Accounts at Conversion Encounter File - Pdsptmbr_inh_<create date>_<facility code>_<ID#>.fdr

- Series Accounts Encounter File - Pdsptmbr_ser_<create date>_<facility code>_<ID#>.fdr
- Date Range Update Encounter File - Pdsptmbr_dru_<create date>_<facility code>_<ID#>.fdr
- Common File - HPMcommn_<facility code>_<ID#>.fdr
- Patient/Member File Codes - HPMptmbr_codes_<facility code>_<ID#>.fdr
- Practitioner File - HPMptmbr_pract_<facility code>_<ID#>.fdr
- Cost Accounting File - HPMcosta<facility code>.fdr

If the file is created in an ID other than ID1 (Live ID), then the ID number is part of the file name. For example, if you are creating a Horizon Performance Manager Interface file in ID2 (Test ID), for facility A on May 1 then the file name would be HPMptmbr_0501_a_2.fdr. This would prevent files from being overwritten if they were being created from your Test and Live ID on the same day.

The create date is in the format of MMDD and is the date that the file was created. If the transfer method is NFS and the transmission of the file is incomplete, these files appear in the appropriate directory with TEMP appended to the file name.

Refer to Facilities Parameters in this chapter for information on the NFS and ASCII Transfer function.

Inhouse Conversion/AR Add Historical Activity

The Inhouse Conversion/AR Add Historical Activity screen allows you to enter the payments, adjustments, and refunds that occurred before the account was entered into STAR or added into AR or Bad Debt. This allows complete payment, adjustment, and refund data to be sent to UDFs for these accounts.

1. Select Financial System Management from the initial Menu Processor screen.
2. Select Interface Functions from the Financial System Management Input Options screen.
3. Select Horizon Performance Manager Interface from the Interface Functions Input Options screen.
4. Select Inhouse Conversion/AR Add Historical Activity

The following screen is displayed:

General Hospital Inhouse at Conversion Historical Activity			
Wed Sept 12, 2001 01:00 pm			
1 Payments COB1 \$1000.00	2 Payments COB2	3 Payments COB3	4 Payments COB4
5 Payments COB5	6 Payments COB6	7 Payments COB7	8 Payments COB8
9 Payments COB9	10 Patient Payments	11 Adj COB1	12 Adj COB2
13 Adj COB3	14 Adj COB4	15 Adj COB5	16 Adj COB6
17 Adj COB7	18 Adj COB8	19 Adj COB9	20 Patient Adj
21 Refunds COB1	22 Refunds COB2	23 Refund COB3	24 Refunds COB4
25 Refunds COB5	26 Refunds COB6	27 Refunds COB7	28 Refunds COB8
29 Refunds COB9	30 Patient Refunds		

1-9. PAYMENTS COB1-9 (9-N-O)

The amount entered in this field is used to calculate the Actual Payment field in the Encounter Payor record and for Payment UDAs. After you enter this option, the following prompt displays:

Enter total payments for COBN—

Enter the total payments for COBN (where N indicates 1 - 9) which occurred before the accounts were entered into STAR or added into AR or Bad Debt.

10. PATIENT PAYMENTS (9-N-O)

The amount entered in this field is used to calculate the Actual Payment field in the Encounter Payor record and payment UDAs. After you enter this option, the following prompt displays:

Enter total payments for Patient —

Enter the total payments for the patient which occurred before the accounts were entered into STAR or added into AR or Bad Debt.

11 - 19. ADJ COB1-9 (9-N-O)

The total adjustments for COBN (where N indicates 1 - 9) should be entered in this field. This value will be used for adjustment UDAs. After you enter this option, the following prompt displays:

Enter total adjustments for COBN--

Enter the total adjustments for COB1 which occurred before the accounts were entered into STAR or added into AR or Bad Debt.

20. PATIENT ADJ (9-N-O)

The total adjustments for the patient should be entered in this field. This value will be used for adjustment UDAs. After you enter this option, the following prompt displays:

Enter total adjustments for patient--

Enter the total adjustments for patient which occurred before the accounts were entered into STAR or added into AR or Bad Debt.

21-29. REFUNDS COB1-9 (9-N-O)

The total refunds for COBN (where N indicates 1 - 9) should be entered in this field. This value will be used for Refund UDAs and for the Actual Payment field in the Encounter Payor record if parameter to send refunds with payments is set to Yes. After you enter this option, the following prompt displays:

Enter total refunds for COBN—

Enter the total refunds for COBN which occurred before the accounts were entered into STAR or added into AR or Bad Debt.

30. PATIENT REFUNDS (9-N-O)

The total refunds for the patient should be entered in this field. This value will be used for Refund UDAs and for the Actual Payment field in the Encounter Payor record if parameter to send refunds with payments is set to Yes. After you enter this option, the following prompt displays:

Enter total refunds for patient —

Enter the total refunds for patient which occurred before the accounts were entered into STAR or added into AR or Bad Debt.

HPM Interface File Deletion

This function allows you to delete historical interface files that have not met their maximum retention days. When this function is accessed, a table displaying the available interface files is displayed. The type of file and creation date is displayed. You can select one or all of the files displayed in the table. Once the files are chosen the following prompt is displayed for each file selected:

Delete (file type) (date) [N] --

Enter **N** to not delete the file. The default is No. In order to delete the file you must respond Yes. All historical files are eligible for deletion. If you select a file that has not been transferred, the following message is displayed:

(File type) (date) has not been transferred. Do you want to delete [N] --

Enter **Y** for Yes for the file to be deleted.

Detail Payment/Adjustment/Refund Backload

The Detail Payment/Adjustment/Refund Backload is used to store information about payments, adjustments, and refunds that are sent to Horizon Performance Manager. The backload can be run in two ways:

- 1 If you activate the interface (answer Yes to the Active field on the Facility Parameters screen), you are prompted to run the backload. For more information, see [“Facility Parameters” on page 1-7](#)
- 2 The backload is a separate function that is accessed as follows:
 1. Select Financial System Management from the initial Menu Processor screen.
 2. Select Interface Functions from the Financial System Management Input Options screen.
 3. Select Horizon Performance Manager Interface from the Interface Functions Input Options screen.
 4. Select Detail Payment/Adjustment/Refund Backload.

The backload function can be processed only the day after the Horizon Performance Manager optional batch job is run. This date is the same as the Next Edit Date, which is displayed on the Facility Parameters Screen. If this function is accessed on a day other than the Next Edit Date, the following message is displayed:

May not run backload until next edit date (MM/DD/YY). Press NL to continue--

If this function is accessed on the Next Edit Date, you are prompted to choose a facility. The following prompt is displayed:

Enter starting admit date for payment/adjustment/refund backload --

Enter a date in the format MM/DD/YY. All accounts that have admit dates equal to or greater than the date entered have their payments, adjustments, and refunds added to the Horizon Performance Manager payment/adjustment file so that if that account is triggered to go to Horizon Performance Manager, the detail payment, adjustment, and refund data is available.

After the date is entered, the following prompt is displayed:

Process accounts admitted on or after MM/DD/YY? [N]

Enter **N** for No if you do not want the backload to run. Enter **Y** for Yes if you do want the backload to start running. The backload may take several hours to run. Therefore,

in order not to interfere with midnight processing, you may want to begin this process in the morning. If the Backload is still running when the Horizon Performance Manager interface begins processing, the interface does not process. If the Horizon Performance Manager backload function is accessed while the Horizon Performance Manager interface is processing, the following message is displayed:

Interface currently running. Press NL to continue --

Remove Accounts Selected for HPM Date Range Update

This function is used to remove account requests made for a Date Range Update for HPM. This prevents these accounts from being formatted for HPM.

This function is used when a request is made to select accounts to be sent to TRENDSTAR using the Date Range Update function on the HPM Interface Input menu. This function removes the selected accounts for which the HPM information has not been formatted.

When the function is selected, and HPM is not defined for the facility, the following error message is displayed, where x is the facility:

HPM Interface is not defined for Facility x

If account information is being formatted for the Date Range Update, the account selection list cannot be removed, and the following message is displayed:

HPM interface is in use for Date Range Update. Please try later!

If no accounts have been selected for the Date Range Update, the following message is displayed:

No accounts selected for Date Range Update for HPM

If none of the preceding criteria are true, the following confirmation message appears:

Are you sure that you want to remove accounts selected for HPM Date Range Update? (Y/N) [N]--

A response of Y is required to start the background job which removes accounts from the Date Range Update index. This means that the requests to format information for HPM have been removed. If Y is keyed to start the background job, then the following message appears:

Background job started for Facility x

The removal of accounts from the Date Range Update index is not journaled. If the system is restored before another full backup is done, this process may need to be repeated.

The execution of this tool appears in the Log of PA Customer Tools Run. For information, see the *General Information Volume* of the *STAR Financials Patient Accounting Reference Guide*.

REPORTS

HPM Processing Report - FARPDS5

DESCRIPTION/PURPOSE

This report lists the interface files processed during the last midnight processing run and gives the status of the files.

GENERATING AND PRINTING THIS REPORT

The HPM Processing Report is created every night during midnight processing. The report gives the status of what has occurred since the last processing report was generated.

The report is sorted by Standard, AR/BD Add, Converted, Inhouse at Conversion, Date Range Update, and Series. The secondary sort is creation date.

The following is an example of a HPM Processing Report.

Figure 1.1 FARPDS5 - HPM Processing Report

Date: 03/27/01 Time: 06:04A		General Hospital HPM Processing Report				Page : 1 Report: FARCCA4A
File Type	Creation Date	Discharged Accts Processed	Non-Discharged Accts Processed	Accts Reprocessed	Accts in File	Status
Standard	03/26/96	3	16		19	Processed
Standard	03/20/96	18	56	8	74	Transferred
Standard	03/22/96	11	55	3	66	Transferred
Standard	03/24/96	5			5	Max # of accts/Transferred
AR/BD Add	03/20/96	2			2	Transferred
AR/BD Add	03/22/96	2		4	2	Transferred
AR/BD Add	03/24/96	1		2	1	Transferred
AR/BD Add	03/26/96	2			2	Transferred
Converted	03/20/96	1			1	Transferred
Converted	03/26/96	1			1	Transferred
Date Range Update	03/26/96	24			24	Processed
Date Range Update	03/19/96	21			21	Deleted
Date Range Update	03/20/96	6			6	Transferred
Date Range Update	03/23/96	9			9	Transferred
Date Range Update	03/24/96	5			5	Transferred
Date Range Update	03/25/96	5			5	Transferred
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.

FILE TYPE

This field lists the file description of all the files that had some kind of activity on them during midnight processing. The valid file types are Standard, AR/BD Add, Converted, Inhouse at Conversion, Date Range Update, and Series.

CREATION DATE

This field contains the date that the file was created. If this file was processed during last night's midnight processing and has been merged with an existing file, then the creation date is the midnight processing date.

DISCHARGED ACCTS PROCESSED

This field lists the number of discharged accounts processed. This can be used to audit the nightly interface run to be sure that the processing occurred. This number does not include nondischarged accounts processed.

NONDISCHARGED ACCTS PROCESSED

This field contains the nondischarged accounts processed. Nondischarged accounts are only processed when the Horizon Performance Manager optional batch job runs.

ACCOUNTS REPROCESSED

This field contains the accounts that were reprocessed. These accounts already exist in the interface file, however, a trigger event occurred that would place them into the interface index again. Once the accounts are reprocessed they are merged into the interface file created the previous night.

ACCTS IN FILE

This field is the number of accounts currently in that file. It differs from the accounts processed since the same accounts may be processed more than one night for the same file.

STATUS

This field contains information concerning the status of the file. The following statuses are included:

Transferred - This indicates that the file has been transferred since the previous night's midnight processing. The file may have been processed and transferred successfully via the ASCII or NFS transfer methods or transferred using the ASCII/NFS Manual Transfer method.

Transfer Failed/Transfer Manually - This message indicates that the transfer failed during midnight processing. You need to use the ASCII/NFS Manual Transfer function to transfer the file. After the file has been transferred, the file shows on the next day's report as Transferred.

Max # Accounts/Transferred - This indicates that the maximum number of accounts for the file had been reached and was automatically transferred via ASCII/NFS transfer methods.

Max # Accounts/Transfer Failed - This indicates that the maximum number of accounts for the file has been reached and an attempt was made to transfer it via the ASCII or NFS methods. However, the transfer failed and you must transfer the file using the ASCII/NFS Manual Transfer functions. Once the file is transferred, it appears on the next day's report as Transferred.

Deleted - This indicates that the file has been deleted because the retention days have been reached or because the file was deleted using the HPM Interface File Deletion function.

Processed - This indicates that the file has been processed and the number of accounts indicates the number of accounts processed during the last midnight processing run.

HPM Audit Report - FARPDS

DESCRIPTION/PURPOSE

The HPM Audit Report lists all accounts transferred to the Horizon Performance Manager system through the Horizon Performance Manager interface. For each account listed, the report contains the account number, patient name, admit date, health plan, patient type, Detail Payments, Summarized Payments, reason for transfer to Horizon Performance Manager, and the quantity and amount of charges.

The system produces this report when the optional batch job is run. The report is created for each file produced during the Horizon Performance Manager optional batch job (for example, standard file, AR/BD Add file, and date range update file).

GENERATING AND PRINTING THIS REPORT

This report is generated during batch processing whenever the Horizon Performance Manager Interface optional batch job is run. The report is sorted by fiscal year. A different report is produced for each type of file processed. For example, during the optional batch job a standard file, a converted file, and an AR/BD add file is created. There are three FARPDS reports processed, one for each type of file.

The following contains examples of the HPM Audit Report.

Figure 1.2 FARPDS - HPM Audit Report

Date: 11/08/99		Model Hospital A						Page : 1	
Time: 13:40		HPM Audit Report - Detail						Report: FARPDSA	
		Date Range: 07/06/99 - 11/08/99							
		Standard File - 11/08/99							
Fiscal Year 1999									
Account #	Patient Name	Admit Date	Health Plan	P/T	Detail Payments	Summarized Payments	Reason	--- Charge Qty	--- Amount
9715000001	OPPY,MOTHER	09/28/99	500100	I/P	\$0.00	\$0.00	Final Bill	0855	\$36,500.00
9717300001	TEST,PAT	09/28/99	200150	I/P	\$550.00	\$550.00	Abstract General I		
9720500001	TESTING,PAT	09/28/99	200500	I/P	\$0.00	\$0.00	Abstract General I		
9805100002	SAM,IBTOOB	11/08/99	500320	OPO	\$0.00	\$0.00	Cycle Bill	0611	
9805100004	SAM,INBTOOB	11/08/99	400700	OPO	\$0.00	\$0.00	Cycle Bill	0611	
9805100008	SAM,OTOOB	11/08/99	100300	OPO	\$0.00	\$0.00	Cycle Bill	0611	
9805100012	SAM,OBCHCA	11/08/99	999999	OPO	\$110.55	\$110.55	Cycle Bill	0612	\$110.55
9813800001	WHITE,CLIFF	11/08/99	999999	OPR	\$0.00	\$0.00	Cycle Bill	0524	\$130,970.00
Total for Fiscal Year 1999									
Facility Total Accounts Processed								0008	
Total Summarized Payments								\$660.55	
Total Charge Quantity								4672	
Total Charge Amount								\$303,699.50	
Total Detail Payments								660.55	
Total Adjustments								\$-15.00	

Each page of 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.

The first page of the report contains information about each account sent in the interface:

ACCOUNT #

This field displays the account number for the account being transferred to Horizon Performance Manager.

PATIENT NAME

This field displays the name of the patient for this account.

ADMIT DATE

This field contains the date the patient was admitted.

HEALTH PLAN

This field displays the primary health plan code for the encounter. This will be the same as the Insurance Carrier/Plan code for COB1.

P/T

This field displays the patient type for this account (such as I/P for inpatient or O/P for outpatient).

DETAIL PAYMENTS

The total of payments being sent in the Encounter Payor Actual Payments Record for the account.

SUMMARIZED PAYMENTS

This field contains the total payments from the Actual Payment field in the Encounter Payor Record for all payors.. This includes Refunds if the parameters to include refunds with payments is set to Yes on the Facility Parameters screen.

REASON

This field displays the reason this account was selected to be sent to Horizon Performance Manager. The reason code displayed on the report is the trigger event that caused the account to be transferred to Horizon Performance Manager. If there are multiple trigger events for the account, only one is displayed as the reason code.

CHARGE QTY

This field displays the number of charges sent to Horizon Performance Manager for this account. Charges are only sent to Horizon Performance Manager if on the Trigger Event Parameter screen, the trigger event was set up to transfer charges.

CHARGE AMOUNT

This field displays the amount for charges sent to Horizon Performance Manager for this account.

The following subtotal fields are sorted by fiscal year:

FACILITY TOTAL ACCOUNTS PROCESSED

This field displays the total number of accounts sent to Horizon Performance Manager during this transfer.

TOTAL SUMMARIZED PAYMENTS

This field displays the total summarized payments sent to Horizon Performance Manager during this transfer.

TOTAL CHARGE QUANTITY

This field displays the total number of charges sent to Horizon Performance Manager during this transfer.

TOTAL CHARGE AMOUNT

This field displays the total dollar amount of charges sent to Horizon Performance Manager during this transfer.

TOTAL DETAIL PAYMENTS

This field displays the total detail payments sent to Horizon Performance Manager during this transfer.

TOTAL ADJUSTMENTS

This field displays the total adjustments sent to Horizon Performance Manager during this transfer.

The second part of the report displays summary information for each reason accounts were sent over the interface. This is sorted by fiscal year. This report displays:

REASON CODE

This field displays the reason the account(s) were sent to Horizon Performance Manager during this transfer.

ACCOUNTS PROCESSED

This field displays the number of accounts that were sent to Horizon Performance Manager during this transfer for this reason.

CHARGE QTY

This field displays the number of charges sent to Horizon Performance Manager for this reason.

CHARGE AMOUNT

This field displays the amount for charges sent to Horizon Performance Manager for this reason.

The third part of the report displays the exception report, which lists all accounts that the system could not send to Horizon Performance Manager. This report contains the exclusion reason and inclusion reason.

HPM Exception Report - Detail

ACCOUNT #

This field displays the account number for the account being transferred to Horizon Performance Manager.

ADMIT DATE

This field contains the date the patient was admitted.

EXCLUSION REASON

This field displays the reason that the accounts did not get to Horizon Performance Manager.

The following exclusion reason codes can be displayed on the third part of this report:

- No Charges - Account did not transfer due to no charges appearing on the account.
- Inhouse - Account did not transfer due to it being inhouse and the parameter on the Trigger Event Parameter screen was set to not process inhouse accounts.
- Nondischarged - Account did not transfer due to the outpatient account not being discharged. On the Trigger Event Parameter screen, the Nondischarged Account field was set to not process nondischarged accounts.
- Internal Number Error - Account did not transfer due to an internal database error on the account.
- Invalid Location - Account did not transfer due to an account location of HS (historized on Patient Accounting).
- Excluded Patient Type - Account did not transfer due to patient type exclusions.
- Converted Acct - Account did not transfer due to Converted Account exclusion.
- AR/BD Added - Account did not transfer due to AR/BD Added exclusion.
- Ineligible Start Date - The discharge date of the account was earlier than the start date on the Facility Parameters screen.

- Not Final Billed —The account did not transfer because the account was not final billed. The parameter on the Trigger Event Parameter screen was set to not transfer to Horizon Performance Manager until accounts are final billed.

The fourth part of the report displays summary information for the Exception Report. This is sorted by fiscal year. This report displays the following:

FACILITY TOTAL ACCOUNTS PROCESSED

This field displays the total number of accounts sent to Horizon Performance Manager during this transfer.

Figure 1.3 FARPDS - HPM Exception Report (Detail)

Date: 11/08/99 Time: 13:40		Model Hospital A HPM Exception Report - Detail Date Range: 07/06/99 - 11/08/99 Standard File - 11/08/99		Page : 1 Report:
Fiscal Year 1999				
Account #	Admit Date	Exclusion Reason	Inclusion Reason	
9733900001	09/28/99	No Charges	Abstract General Information	
9907000003	11/08/99	Inhouse	Insurance Information	
9907100006	11/08/99	Inhouse	Insurance Information	
9926500001	11/08/99	Inhouse	Adjustment Bill	
9927400002	11/08/99	Inhouse	Addl Demographic Information	
9929300001	10/27/99	No Charges	Final Bill	
9929300002	10/27/99	No Charges	Final Bill	
9930800002	11/08/99	Inhouse	Patient Admission	
Total for Fiscal Year 1999				
Facility Total Accounts Processed				0008
Facility Total Accounts Processed				0008

Cases and Charges by Patient Type - FARPDS3

DESCRIPTION/PURPOSE

The Cases and Charges lists by fiscal year, the number of cases and the amount of charges by month or by fiscal period.

GENERATING AND PRINTING THIS REPORT

This report is generated for inpatients and outpatients. A total page is also generated.

Figure 1.4 FARPDS3 - Cases and Charges by Patient Type

Date: 12/09/99		General Hospital A				Rep	
Time: 0:39		Cases and Charges by Patient Type					
		Standard File - 12/08/99					
Patient Type	-----FY1996-----		-----FY1997-----		-----FY1998-----		-----
	Cases	Charges	Cases	Charges	Cases	Charges	Ca
I/P							00002
ER							00004
O/P							00005
OBS							00011
Total							00022
End of Report							

PATIENT TYPE

This column will list the STAR Patient Types which are included in the Encounter File processed.

CASES AND CHARGES

This column will list the number of cases and charges by fiscal year for the associated Patient Type.

Cases and Charges By Month/Fiscal Period Report - FARPDS1

DESCRIPTION/PURPOSE

The Cases and Charges by Month/Fiscal Period Report lists by fiscal year, the number of cases and the amount of charges by month or by fiscal period.

GENERATING AND PRINTING THIS REPORT

This report is generated for inpatients and outpatients. A total page is also generated. The report is generated for the standard, date range update, AR/BD Add, Converted and Inhouse at Conversion file types. The file type appears in the header of the report. This report is generated when the Horizon Performance Manager Interface optional batch job is run and if it was requested in the Additional Audit Report parameter on the Facility Parameter Processor screen.

The following is an example of the Cases and Charges By Month/Fiscal Period Report.

Figure 1.5 FARPDS1 - Cases and Charges By Month/Fiscal Period Report

Date: 03/07/96 Time: 10:47A		Model Hospital A Cases and Charges by Month/Fiscal Period Standard File - Inpatient				Page : 1 Report: FARPDS1	
Mon/FP	-----FY93-----		-----FY94-----		-----FY95-----		-----FY96-----
	Cases	Charges	Cases	Charges	Cases	Charges	Cases Charges
Period 1							00001 \$195.0
Period 4							00002 \$11,879.0
Period 5							00007 \$11,756.0
Period 6							00022 \$53,570.2
Total Inpatients							00032 \$77,401.2
Date: 03/07/01 Time: 10:47A		General Hospital A Cases and Charges by Month/Fiscal Period Standard File - Outpatient				Page : 2 Report: FARPDS1	
Mon/FP	-----FY93-----		-----FY94-----		-----FY95-----		-----FY96-----
	Cases	Charges	Cases	Charges	Cases	Charges	Cases Charges
Period 2							00001 \$160.0
Period 4							00001 \$254.0
Period 5							00017 \$10,170.2
Total Outpatients							00019 \$10,584.2
Date: 03/07/01 Time: 10:47A		General Hospital A Cases and Charges by Month/Fiscal Period Standard File - Total				Page : 3 Report: FARPDS1	
Mon/FP	-----FY93-----		-----FY94-----		-----FY95-----		-----FY96-----
	Cases	Charges	Cases	Charges	Cases	Charges	Cases Charges
Period 1							00001 \$195.0
Period 2							00001 \$160.0
Period 4							00003 \$12,133.2
Period 5							00024 \$21,927.0
Period 6							00022 \$53,570.2
Facility Total							00051 \$87,985.4
End of Report							

Each page of 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. The file type of standard, date range update, AR/BD Add, Converted Inhouse at Conversion, or Series appears in the header of the report.

MONTH/FISCAL PERIOD

This column has the month or fiscal period displayed.

The last row is totaled for the report. Accounts fall into a month or fiscal period based on their discharge date.

CASES/CHARGES

The remaining columns contain the cases and charges by fiscal year. The column titles are the fiscal years being reported.

Cases and Charges By Health Plan Report - FARPDS2

DESCRIPTION/PURPOSE

The Cases and Charges by Insurance Health Plan Report lists by fiscal year the number of cases and the amount of charges by health plan. The health plan is the same as Insurance Carrier/Plan Code for COB1.

GENERATING AND PRINTING THIS REPORT

The report is generated when the Horizon Performance Manager interface optional batch job is run and if it was requested in the Additional Audit Report parameter on the Facility Parameter screen. The report is generated for the types of files processed during the optional batch job run.

The following is an example of the Cases and Charges by Health Plan Report.

Figure 1.6 FARPDS2 - Cases and Charges By Health Plan Report

Date: 03/07/01		General Hospital A				Page : 1		
Time: 10:47A		Cases and Charges by Insurance Plan/Financial Class				Report: FARP		
		Standard File						
Ins Plan	-----FY93-----		-----FY94-----		-----FY95-----		-----FY96-----	
	Cases	Charges	Cases	Charges	Cases	Charges	Cases	Charges

000000							00033	\$59,630
100100							00001	\$254
400100							00003	\$16,644
500100							00005	\$160
500500							00006	\$9,570
500999							00001	\$0
901901							00002	\$1,726
Total							00051	\$87,985
End of Report								

Each page of 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. The file type of standard, date range update, AR/BD Added, Converted and Inhouse at Conversion appears in the header of the report.

HEALTH PLAN

This column contains the Health Plan. The health plan is the same as the Insurance Carrier/Plan Code for COB1.

CASES/CHARGES

The remaining columns contain the cases and charges by fiscal year. The column titles should be the fiscal years being reported.

Totals By Record Type Report - FARPDS4

DESCRIPTION/PURPOSE

The Totals by Record Type Report contains the number of records for each record type in the interface files created.

GENERATING AND PRINTING THIS REPORT

This report is generated when the Horizon Performance Manager optional batch job is run. The report is generated for the types of files processed during the optional batch job and if it was requested in the Additional Audit Report Parameter on the Facility Parameter screen.

The following is an example of the Totals by Record Type Report.

Figure 1.7 FARPDS4 - Totals By Record Type Report

Date: 03/07/01 Time: 10:47A		General Hospital A Totals by Record Type Standard File	Page : 1 Report: FARPDS4
Record Type	Number of Records		
ENCHDR	00051		
PERSON	00001		
RESPHDR	00051		
ENCNTR	00007		
ENCBIRTH	00051		
ENCPRAC	00009		
ENCCHAMP	00050		
ENCOTHER	00001		
ENCREAS	00051		
ENPX	00098		
ENCPXPR	00031		
ENCPAYH	00051		
INSURHDR	00051		
ENCPAYOR	00051		
ENCPAYA	00051		
ENCPAYE	00051		
ENCUBVAL	00051		
ENCUBOCC	00010		
ENCUBCON	00267		
ENCUD	00051		
ENSIHDR	00051		
ENCSI	00102		
ENSIREA	00002		
ENCSIUDF	00017		
HOMEADDR			
Total	000001207	End of Report	

Each page of 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. The file type of standard, date range update, AR/BD Added, Converted Inhouse at Conversion, and Series appears in the header of the report.

RECORD TYPE

This column lists the record types in the interface file. The last line provides a Total.

NUMBER OF RECORDS

This column contains the number of records for that record type. The last line contains the total number of records.

Appendix A - Horizon Performance Manager Data Descriptions

INTRODUCTION.....	A-3
USER-DEFINED FIELDS.....	A-5
SERVICE ITEM USER DEFINED ATTRIBUTES.....	A-368
ABN.....	A-368
ABN Override	A-368
Alternate Bill Item Code.....	A-368
Alternate Bill Summ Code 1 DES.....	A-368
Alternate Bill Summ Code 2 DES.....	A-369
Alternate Bill Summ Code 3 DES.....	A-369
Alternate Bill Summ Code 1	A-369
Alternate Bill Summ Code 2	A-369
Alternate Bill Summ Code 3	A-370
Bill Sequence Number.....	A-370
Baby Charge Indicator.....	A-370
Charge Location.....	A-370
Charge To/From Account	A-371
Charge Sequence	A-371
Charge Type.....	A-371
Combined Bill Indicator	A-371
Dept with STAR Facility Code Prefix.....	A-372
Department.....	A-372
Department with Facility Code Suffix	A-372
Detail Revenue Center	A-372
GL Department Number	A-373
HCPCS Code	A-373
Late Charge Indicator.....	A-373
Med Nec Dup HCPCS.....	A-373
Med Nec Dup HCPCS Override	A-374
Metric Quantity	A-374
Out of Province Service Code	A-374
Order #	A-374
Ordering Location (CRT Name)	A-375
Ordering ID.....	A-375
Proration Summary Code.....	A-375
R&B Minutes	A-375
Relative Value	A-376
Revenue Department Code.....	A-376
Source of Charge	A-376
STAR Facility Code	A-376
Take Home Drug.....	A-377
Type of Service	A-377

Type of Unit	A-377
UB Revenue Code	A-377
DATA ELEMENTS	A-378
Interface File Attributes	A-378
FILE LAYOUTS	A-381
Common File	A-381
Patient/Member File	A-382
Cost Accounting File	A-411

INTRODUCTION

This appendix contains a list of available user-defined attributes and standard data elements used in the Horizon Performance Manager Interface function in Patient Accounting.

User-defined attributes (UDAs) allow each facility to select additional items to be reported in the interface from STAR Financials to Horizon Performance Manager.

STAR Financials provides multiple setup routines (when applicable) to enable you to select which data to transmit in the interface. For example, Insurance Amount of Payments can be reported for each account for Insurance 1, 2, 3, and/or 4. If you want to send payment information for each insurance, set up a user-defined attribute for Insurance COB 1,2,3, and 4. If you only wish to track Insurance Payments for the patient's primary insurance, set up a user-defined attribute for Insurance Amount of Payments for INS COB 1.

In some instances, a STAR table is displayed for a particular UDA. In most cases, one table choice is required in order to determine the data to send to Horizon Performance Manager. For example, the UDA Blood Units and Pints Used, can have many different values, depending on the Blood Group chosen. When this UDA is selected, the Blood Group table is displayed in the Table field. The Blood Units and Pints Used for the blood group chosen is sent to Horizon Performance Manager.

The system provides multiple print routines to control the format of the data transmitted in the interface. For example, Patient Birthdate can be sent in many different formats based on your preference and/or Horizon Performance Manager recommendations. Date fields should be entered using the YYYYMMDD print routine. Date/Time fields should use the print routine Date (YYYYMMDDHHMMSS)-Colons. Time fields should use TIME (HHMM) with COLON.

A variety of print routines are offered for money fields. Since money fields are stored without commas or dollar signs on STAR Financials, these print routines are offered to accommodate differing print requirements for patient bills, UB82's, 1500's, etc. If you are sending a money field as a user-defined attribute to Horizon Performance Manager, use the print routines MONEY (NO \$, LEAD SIGN, 2 DEC). in order to format the information correctly in the interface.

Standard Print is indicated as a print routine for several user-defined fields. This print option is used in billing and claims, and should not be selected for the Horizon Performance Manager interface where *Do Not Use* is indicated.

There may be additional print routines available for a UDA which are not listed in the documentation. If the print routine is not listed, it means that the routine was not created for use with Horizon Performance Manager interface. Therefore, do not choose it as a print routine for your UDA.

In some cases it may not be necessary to choose a print routine. If you wish data to be sent to Horizon Performance Manager in the same format as it is stored in STAR, a print routine is not necessary.

If there is a McKesson-recommended format it is indicated by an asterisk (*).

USER-DEFINED FIELDS

The following list of user-defined fields includes the following information for each field:

- Name

The name of the user-defined field is displayed.

- Description

This field displays the text description of the UDF.

- PBE Field

The PBE field gives the associated Pre-bill Edit field. That controls how edits are declared and organized in PBE for billing requirements and claim edits. Claim edits include edits from STAR claim edits, OPPS, EAPG, and EC 2000 CA. If an internal element has set-up routines, then a PBE field is associated with each pairing of internal element and set-up routine. If an internal element does not have set-up routines, a PBE field is associated with the element.

- Database Location

This line contains the location of the field in the STAR database. A location exists if the element is tied to a field in the database. The global name is displayed along with the node name, piece number, and description. This information helps STAR Support answer questions about the internal element.

- Field Type

This field displays the format of the UDF. This can be one of the following:

- Alpha
- Date
- Money
- Numeric
- Time
- Alphanumeric

- Table Used

This field contains the name of the STAR table used to collect the item.

- Modules

This line contains the names of the modules selected for the internal element. Multiple responses are possible. If there is more than one response, they can be displayed in either column. The possible descriptions for modules are as follows:

Contract Statement Messages

Patient Bill Messages

PA Refund Check Messages

Detail Statement Messages

Trendstar/HPM Interface

Insurance Letter Messages

Collection Letter Messages

Memo Follow Up Letter Messages

Billing Requirements

Sort Elements for Paper Output

Telephone Messages

Claims

1500 Claims

Detail Statement Memo Messages

Any internal element can be used for a Claim Load and Edit Parameter. *Claims* does not need to appear as a Module.

- STIs

This field displays the STIs (STAR Tracking Items) under which the internal element was created or updated.

- Sample Data

This field may contain a sample of the data.

- Setup Routines

This section contains the list of set-up routines for the internal element. The two columns of data for set-up routines are labeled Setup Routines and Corresponding PBE Field. The PBE Field determines how an edit message appears on the PBE Worklist when a data problem is identified by PBE due to a Billing Requirement or a Claim Load and Edit Parameter using that internal element and set-up routine.

When an internal element has set-up routines, the PBE Field is associated with the pairing created by the internal element and set-up routine.

- Print Routines

This section contains the list of available print routines for the internal element. Both columns are used for the list. The list appears unless the Field Type is Date, Money, or Time. The list is not displayed when the field type is Date, Money, or Time because the number of choices can be large.

- Source Screen(s)

This field displays the name(s) of the screen(s) where the UDF information can be found. This list may not include all screens where this data is displayed. If no product is indicated, the screens are found in the STAR Patient Care system, many of which can be viewed and revised in STAR Financials.

For example:

Admission Processor/Medical Screen - this indicates that this field is located in the Admission Processor in the STAR Patient Care system.

MPI/Visit Information/Medical Detail - this indicates that this field is located on the Medical Detail screen in the Visit Information section of the MPI in the STAR Patient Care system.

NOTE: The report for internal elements, FINTELM, is produced exactly as shown below.

Date: 04/24/12

STAR Development System

Page : 1

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

Accident Date/Time

Accident Date/Time provides Accident Date.

PBE Field

|216-Accident Date/time

Database Location

|A-VP (14) DATETH

Field Type	Time
Table Used	
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Adm Medical Information, and Accident Information. Accident Date and Accident Time appear as separate fields on the screen.

ACCIDENT HOUR

ACCIDENT HOUR provides Accident Date. The display and print routines convert the information to an hour in the desired format.

PBE Field	216-Accident Date/time
Database Location	A-VP (14) DATETH
Field Type	Time
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Adm Medical Information, Accident Information, Accident Date field.

Accident Type

ACCIDENT TYPE loads Accident Type from Accident Information.

PBE Field	243-Accident Type
Database Location	A-VQ (8) PACACTYP
Field Type	Alphanumeric
Table Used	Accident Type

Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field

<Page Break>

Date: 04/24/12

STAR Development System

Page : 2

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

Accident Type

Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Adm Medical Information, and Accident Information.

ACCOUNT BALANCE

ACCOUNT BALANCE loads the current balance for the account maintained by the system.

PBE Field	489-Account Balance
Database Location	FA-FAP (33) F_AECB
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account. The account balance is in the header line under the field labeled "Balance".

Account Location

ACCOUNT LOCATION identifies the account's status in Patient Accounting. The values which can be loaded are as follows:

PA Account not final billed. In-house and discharged accounts.

AR Account final billed.
 BD Account final billed and sent to a collection agency (internal or external).
 ARC Account archived but not purged.
 ARR Zero Balance Account retired from AR
 BDR Zero Balance Account retired from BD

PBE Field	461-Account Location
Database Location	FA-FAA (5) F_AEALOC
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10561
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account. The account balance is in the header line under the field labeled "Loc".

<Page Break>

Date: 04/24/12	STAR Development System	Page : 3
Time: 02:28pm	Internal Element Documentation	Report: FINTELM

ACCOUNT NUMBER

ACCOUNT NUMBER loads the number identifying the patient visit and the alpha facility indicator. Varied display and print routines can vary the format of the item including exclusion of the leading facility indicator.

PBE Field	177-Account Number
Database Location	A-MP (13) EXTACCT
Field Type	Alphanumeric
Table Used	
Modules	PA Refund Check Messages
Trendstar/HPM Interface	Collection Letter Messages
Billing Requirements	Sort Elements for Paper Output
Claims	
STIs	
Sample Data	A123456789
Set-Up Routines	Corresponding PBE Field
Print Routines	

ACCOUNT NUMBER (HOSP FORMAT) (D)	STANDARD PRINT (NO FORMATTING)
BLANK	ACCOUNT NUMBER (10 DIGITS)
ACCOUNT NUMBER (NO FACILITY)	ACCOUNT # (FAC_LAST 9 DIGITS)
ACCOUNT NUMBER-NO FAC IF PRES	

Source Screens

Financials, Account Management, Account Inquiry, Select Account. The account number is in the header line under the field labeled "Account".

Account Sub Location

The account sub location was added with STI F9211. The potential sub locations include the following:

INSR	Insurance verification not completed for COB 1
FCRV	Financial Counseling
ND	Not Discharge (COB1 Verified)
DNFB	Discharge not final billed
ACCF	Active STAR collections
PCA#	Pre-collect agency 1-9
RFBD	Reinstated from BD
BDP	Bad Debt Prelisted
BDI	Bad Debt Internal Collections
BDE	Bad Debt External Collections

PBE Field	
Database Location	FA-FAA (62) F_AESLOC
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10677
Sample Data	ACCF
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

The account sub location appears in the header line after the location. One way to see this would be to select the account in Account Inquiry.

<Page Break>

Date: 04/24/12	STAR Development System	Page : 4
Time: 02:28pm	Internal Element Documentation	Report: FINTELM

ACTUAL LIABILITY

ACTUAL LIABILITY loads the liability for an insurance plan estimated by

proration. The number is supplied for the insurance plan selected in the Set-Up Routine and this is the total for the latest run of proration.

PBE Field	
Database Location	FB-FBT (13) F_BTLIAB
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1234.56
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	742-Insurance Liability
UB CARRIER 2	742-Insurance Liability
UB CARRIER 3	742-Insurance Liability
INSURANCE COB 4	742-Insurance Liability
INSURANCE COB 3	742-Insurance Liability
INSURANCE COB 2	742-Insurance Liability
INSURANCE COB 1	742-Insurance Liability
CARRIER OF REQUEST FOR CLAIM	742-Insurance Liability
INSURANCE COB FROM CLAIM	742-Insurance Liability
INSURANCE PRIMARY TO MEDICARE	742-Insurance Liability
INSURANCE COB 5	742-Insurance Liability
INSURANCE COB 6	742-Insurance Liability
INSURANCE COB 7	742-Insurance Liability
INSURANCE COB 8	742-Insurance Liability
INSURANCE COB 9	742-Insurance Liability
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, press ENTER, Financial Information, Balance Summary, Est Liab field.

ACUTE CERTIFIED DAYS

Calculated from information gathered during the Utilization Review process. Non acute day information from ICF (intermediate care facility), LOA (leave of absence) and denied days are subtracted from the patient's total length of stay. If the patient is not discharged, then the current date is used as the discharge date. There is no adjustment for one-day stay visits.

PBE Field	31-Acute Certified Days
Database Location	A-BP (5) URDAYS
Field Type	Alphanumeric
Table Used	

Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press

<Page Break>

Date: 04/24/12

STAR Development System

Page : 5

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

ACUTE CERTIFIED DAYS

ENTER, Medical Information, and UM UB Data.

ADMISSION HOUR

ADMISSION HOUR loads the date/time that the patient was admitted to the facility. Varied display and print routines provide the hour of admission.

PBE Field	191-Admission Date/Time
Database Location	A-MP (8) DATETH
Field Type	Time
Table Used	
Modules	Billing Requirements
Claims	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press

ENTER, Medical Information, Location Information.

ADMISSION SOURCE CODE (ALPHA/NUM)

ADMISSION SOURCE CODE (ALPHA/NUM) loads the NUBC Code for the Admission Source for the account from the Admission Sources table. If no NUBC Code exists for the Admission Source for the account, then the Admission Source indicated for the account loads.

The Field Type for ADMISSION SOURCE CODE (ALPHA/NUM) is alphanumeric meaning the field is not restricted to a numeric value.

PBE Field	230-Admission Source Code
Database Location	A-VP (24) ADMSRC
Field Type	Alphanumeric
Table Used	Admission Sources
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	LEADING ZERO FILL
BLANK	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, Medical Page, and Admission Source field.

Admission Source Code

ADMISSION SOURCE CODE loads the NUBC Code for the Admission Source for the account from the Admission Sources table. If no NUBC Code exists for the Admission Source for the account, then the Admission Source indicated for <Page Break>

Date: 04/24/12	STAR Development System	Page : 6
Time: 02:28pm	Internal Element Documentation	Report: FINTELM

Admission Source Code

the account loads.

The Field Type for ADMISSION SOURCE is numeric.

PBE Field	230-Admission Source Code
Database Location	A-VP (24) ADMSRC
Field Type	Numeric
Table Used	Admission Sources
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	1

Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	LEADING ZERO FILL
BLANK	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, and Medical Page.

Admission Type Code

ADMISSION TYPE CODE loads the Admission Type for the account.

PBE Field	229-Admission Type Code
Database Location	A-VP (23) ADMTYPE
Field Type	Numeric
Table Used	Admission Types
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	2
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	LEADING ZERO FILL
BLANK	MA 310 ADMISSION CLASS

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, Medical Page, Admission Type field.

ADMIT/REG DATE & TIME

ADMIT/REG DATE & TIME loads the date/time that the patient was admitted to the facility. Varied display and print routines provide different formats for the data.

PBE Field	191-Admission Date/Time
Database Location	A-MP (8) DATETH
Field Type	Date
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 7

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

ADMIT/REG DATE & TIME

Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Location Information.

Admitting Medical Service

The Admission Service assigned in the Medical Records Abstract. This is the type of service selected at the time of admission/registration.

PBE Field	41-Admitting Medical Service
Database Location	A-DK (8) ADMSERV
Field Type	Alphanumeric
Table Used	Hospital Services
Modules	Trendstar/HPM Interface
STIs	
Sample Data	MED
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Episode Information-1. The field is labeled Admit Service.

ADMITTING NURSING STATION

The first nursing station assigned to a patient. This can be for an admission or a bedded outpatient.

PBE Field	224-Admitting Nursing Station
Database Location	A-SC (1) STATIONA
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	

Sample Data	15
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Location Information. The list is sorted from latest to earliest. The nurse station provided will be from the last entry in the list with a Location.

ADVANCED DIRECTIVES

Identifies whether the patient has a living will, power of attorney, or a DNR (do not resuscitate) order. The code indicating this is selected from the Advanced Directives table.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 8

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

ADVANCED DIRECTIVES

PBE Field	194-Advanced Directives
Database Location	A-MQ (13) ADSVDATE
Field Type	Alphanumeric
Table Used	Advanced Directives
Modules	Trendstar/HPM Interface
STIs	
Sample Data	DNR
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, and Medical Page. The field is titled Ads.

AGE IN DAYS

The age is calculated as the difference between the date of birth and the admission date. If the date of birth is blank, then the admission date is used. If the number of days is less than 731, then the number of days is provided. Otherwise, the field is blank.

PBE Field	51-Patient Birthdate
Database Location	A-DP (3) BIRTHDAY
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	365
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

ALLERGY

One of ten allergies is supplied per the allergy selected in the Set-Up Routine.

PBE Field	
Database Location	A-ALLG
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
ALLERGY 1	800-Allergy
ALLERGY 2	800-Allergy
ALLERGY 3	800-Allergy
ALLERGY 4	800-Allergy

<Page Break>

Date: 04/24/12

Time: 02:28pm

STAR Development System
Internal Element Documentation

Page : 9

Report: FINTELM

ALLERGY

ALLERGY 5	800-Allergy
ALLERGY 6	800-Allergy
ALLERGY 7	800-Allergy
ALLERGY 8	800-Allergy
ALLERGY 9	800-Allergy

ALLERGY 10	800-Allergy
------------	-------------

Print Routines	
----------------	--

ALLERGY DESCRIPTION (D)	BLANK
-------------------------	-------

Source Screens

Financials, Account Management, Account Inquiry, Medical Information, Adm Medical Information, and Medical Page. The field is labeled Allergies.

AMOUNT OF PYMTS-ACCOUNT

Sum of all payments for the account meaning insurance payments are included.

PBE Field	503-Account Payment Total
-----------	---------------------------

Database Location	FA-FAP (23) F_AEPAY
-------------------	---------------------

Field Type	Money
------------	-------

Table Used	
------------	--

Modules	Patient Bill Messages
---------	-----------------------

Detail Statement Messages	Trendstar/HPM Interface
---------------------------	-------------------------

Collection Letter Messages	Memo Follow Up Letter Messages
----------------------------	--------------------------------

Claims	
--------	--

STIs	
------	--

Sample Data	123456.78
-------------	-----------

Set-Up Routines	Corresponding PBE Field
-----------------	-------------------------

Print Routines	
----------------	--

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. The field is labeled Total Payments on the Snap Shot Screen.

AMOUNT OF PYMTS-PATIENT

Sum of Patient Payments for the account. This does not include Insurance Payments.

PBE Field	499-Patient Payment Total
-----------	---------------------------

Database Location	FA-FAP (1) F_AEPAY
-------------------	--------------------

Field Type	Money
------------	-------

Table Used	
------------	--

Modules	Patient Bill Messages
---------	-----------------------

Detail Statement Messages	Trendstar/HPM Interface
---------------------------	-------------------------

Collection Letter Messages	Memo Follow Up Letter Messages
----------------------------	--------------------------------

Claims	
--------	--

STIs	
------	--

Sample Data	123456.78
-------------	-----------

Set-Up Routines	Corresponding PBE Field
-----------------	-------------------------

Print Routines

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. The field is labeled Pt Payments on the Snap Shot Screen.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 10

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

ANESTHESIA CODE (HCPCS)

Anesthesia code for HCPCS procedure selected in the Set-Up Routine. The Set-Up Routines are procedures 1 thru 5.

PBE Field	
Database Location	A-HP
Field Type	Alphanumeric
Table Used	Anesthesia Codes
Modules	Trendstar/HPM Interface
STIs	
Sample Data	A
Set-Up Routines	Corresponding PBE Field
PROCEDURE CODE 1	802-Anesthesia Code for MR HCPCS Pr
PROCEDURE CODE 2	802-Anesthesia Code for MR HCPCS Pr
PROCEDURE CODE 3	802-Anesthesia Code for MR HCPCS Pr
PROCEDURE CODE 4	802-Anesthesia Code for MR HCPCS Pr
PROCEDURE CODE 5	802-Anesthesia Code for MR HCPCS Pr
Print Routines	
BLANK	ANESTHESIA CODE DESCRIPTION

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, HCPCS Procedures, and Select HCPCS to View. The field is titled Anesth Code.

ANESTHESIA START TIME (HCPCS)

Anesthesia start time for HCPCS procedure selected in the Set-Up Routine. The Set-Up Routines are procedures 1 thru 5.

PBE Field	
Database Location	A-HP
Field Type	Time
Table Used	

Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
PROCEDURE CODE 1	804-Anesthesia Start Time MR HCPCS
PROCEDURE CODE 2	804-Anesthesia Start Time MR HCPCS
PROCEDURE CODE 3	804-Anesthesia Start Time MR HCPCS
PROCEDURE CODE 4	804-Anesthesia Start Time MR HCPCS
PROCEDURE CODE 5	804-Anesthesia Start Time MR HCPCS
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, HCPCS Procedures, and Select HCPCS to view. The field is titled Anesth Start Time.

ANESTHESIA STOP TIME (HCPCS)

Anesthesia stop time for HCPCS procedure selected in the Set-Up Routine. The Set-Up Routines are procedures 1 thru 5.

PBE Field			
<Page Break>			
Date: 04/24/12	STAR Development System	Page : 11	
Time: 02:28pm	Internal Element Documentation	Report: FINTELM	

ANESTHESIA STOP TIME (HCPCS)

Database Location	A-HP
Field Type	Time
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
PROCEDURE CODE 1	806-Anesthesia Stop Time MR HCPCS P
PROCEDURE CODE 2	806-Anesthesia Stop Time MR HCPCS P
PROCEDURE CODE 3	806-Anesthesia Stop Time MR HCPCS P
PROCEDURE CODE 4	806-Anesthesia Stop Time MR HCPCS P
PROCEDURE CODE 5	806-Anesthesia Stop Time MR HCPCS P
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press

ENTER, Medical Information, HCPCS Procedures, and Select HCPCS to view.
The field is titled Anesth End Time.

AP REIMBURSEMENT PAYOR

Description for the AP-DRG Reimbursement Payor. The AP Reimbursement Payor is determined from the financial class for the account per Medical Records and the DRG Payors table.

PBE Field	702-AP Reimbursement Payor
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	A
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, and Key DR at the Snap Shot Screen for DRG Information. This will provide information on how the DRGs were determined. This may not match the information provided in this Internal Element determined from the current values in tables.

APGAR codes for newborns

Rating system for newborns based on a visual evaluation at birth (one minute) and again after a few (1-5) minutes as indicated in the Set-Up Routine.

PBE Field	
Database Location	A-GK (9) APGARCDS
Field Type	Alphanumeric
Table Used	APGAR codes for newborn table
Modules	Trendstar/HPM Interface
STIs	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 12

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

APGAR codes for newborns

Sample Data	
Set-Up Routines	Corresponding PBE Field
APGAR 1	94-Apgar Score, One Minute
APGAR 5	95-APGAR Score, 5 Minutes
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Patient Processing, Medical Records, Abstracting and DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Maternity/Newborn Information.

APR-DRG CODE

An APR DRG can be assigned and stored in Medical Records without reimbursement information. This grouper preceded the present APR DRG grouper which has associated reimbursement information. This is the DRG when the grouper is used which does not provide reimbursement information.

PBE Field	684-APR-DRG Code
Database Location	A-KKAPR (17) C3DRG
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. If the APR DRG Grouper was used where reimbursement information was not assigned, the following prompt appears. If the response is R, then APR DRG information appears on the next screen.

View Primary DRG information (P) or APR-DRG information (R) [P]--

APR-DRG DESCRIPTION

An APR DRG can be assigned and stored in Medical Records without reimbursement information. This grouper preceded the present APR DRG grouper which has associated reimbursement information. This is the DRG

when the grouper is used which does not provide reimbursement information.

PBE Field	685-APR-DRG Description
Database Location	A-KKAPR (2) C3DRGDES
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field

<Page Break>

Date: 04/24/12

STAR Development System

Page : 13

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

APR-DRG DESCRIPTION

Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK
	Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. If the APR DRG Grouper was used where reimbursement information was not assigned, the following prompt appears. If the response is R, then APR DRG information appears on the next screen.

View Primary DRG information (P) or APR-DRG information (R) [P]--

APR-DRG RISK OF MORTALITY

An APR DRG can be assigned and stored in Medical Records without reimbursement information. This grouper preceded the present APR DRG grouper which has associated reimbursement information. This is the DRG Risk of Mortality assigned when the DRG was assigned using the grouper which does not provide reimbursement information.

PBE Field	688-APR-DRG Risk of Mortality
Database Location	A-KKAPR (34) PTROM
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	

Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. If the APR DRG Grouper was used where reimbursement information was not assigned, the following prompt appears. If the response is R, then APR DRG information appears on the next screen.

View Primary DRG information (P) or APR-DRG information (R) [P]--

APR-DRG SEVERITY OF ILLNESS

An APR DRG can be assigned and stored in Medical Records without reimbursement information. This grouper preceded the present APR DRG grouper which has associated reimbursement information. This is the DRG Severity of Illness assigned when the DRG was assigned using the grouper which does not provide reimbursement information.

PBE Field	687-APR-DRG Severity of Illness
Database Location	A-KKAPR (33) PTSOI
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field

<Page Break>

Date: 04/24/12

STAR Development System

Page : 14

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

APR-DRG SEVERITY OF ILLNESS

Print Routines

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. If the APR DRG Grouper was used where reimbursement information was not assigned, the following prompt appears. If the response is R, then APR DRG information appears on the next screen.

View Primary DRG information (P) or APR-DRG information (R) [P]--

APR-DRG WEIGHT

An APR DRG can be assigned and stored in Medical Records without reimbursement information. This grouper preceded the present APR DRG grouper which has associated reimbursement information. This is the DRG Weight assigned when the DRG was assigned using the grouper which does not provide reimbursement information.

PBE Field	686-APR-DRG Weight
Database Location	A-KKAPR (4) C3DRGWT
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. If the APR DRG Grouper was used where reimbursement information was not assigned, the following prompt appears. If the response is R, then APR DRG information appears on the next screen.

View Primary DRG information (P) or APR-DRG information (R) [P]--

ARRIVAL MODE

Code from Arrival Modes table indicated how patient was transported to facility.

PBE Field	233-Arrival Mode
Database Location	A-VP (8) ARRIVEBY
Field Type	Alphanumeric
Table Used	Arrival Modes
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, and Medical Page.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 15

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

ASC GROUP CODE

ASC Group code for one of the first 5 HCPCS codes selected in the Set-Up Routine.

PBE Field	
Database Location	A-HP
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
PROCEDURE CODE 1	807-ASC Group for MR HCPCS Proc
PROCEDURE CODE 2	807-ASC Group for MR HCPCS Proc
PROCEDURE CODE 3	807-ASC Group for MR HCPCS Proc
PROCEDURE CODE 4	807-ASC Group for MR HCPCS Proc
PROCEDURE CODE 5	807-ASC Group for MR HCPCS Proc
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and HCPCS Procedures. The field is labeled ASC Group.

ATTENDING PHYSICIAN GROUP 1

The Group 1 code from the Physician/NSCG table for the patient's attending physician.

PBE Field	716-Physician Group 1, Attending
Database Location	A-MP (12) PHYS
Field Type	Alphanumeric
Table Used	Physician table
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field

Print Routines |
BLANK | GROUP NAME

Source Screens

To determine the Attending Physician in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, and Physicians Page.

To view Group 1 in the Physician/NSCG table in Patient Processing use Tables, Physician/NSCG, Select Physician, and Physician Parameters. The field is labeled Group 1.

AVOIDABLE DAY TYPE CODE

The type of avoidable days for the avoidable days instance selected in the Set-Up Routine.

PBE Field |
<Page Break>

Date: 04/24/12

STAR Development System

Page : 16

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

AVOIDABLE DAY TYPE CODE

Database Location	A-UC (9) AVDTYPE
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
FIRST AVOIDABLE DAYS	227-Avoidable Day Type Code
SECOND AVOIDABLE DAYS	227-Avoidable Day Type Code
THIRD AVOIDABLE DAYS	227-Avoidable Day Type Code
FOURTH AVOIDABLE DAYS	227-Avoidable Day Type Code
FIFTH AVOIDABLE DAYS	227-Avoidable Day Type Code
SIXTH AVOIDABLE DAYS	227-Avoidable Day Type Code
SEVENTH AVOIDABLE DAYS	227-Avoidable Day Type Code
EIGHTH AVOIDABLE DAYS	227-Avoidable Day Type Code
NINTH AVOIDABLE DAYS	227-Avoidable Day Type Code
TENTH AVOIDABLE DAYS	227-Avoidable Day Type Code
Print Routines	

Source Screens

Patient Processing, Medical Records, Utilization Management Functions, Utilization Management Functions, Review, Select Account, and UB Non-covered Days Summary.

BAD DEBT TRANSFER AMT

Amount of money that is transferred to bad debt.

PBE Field	
Database Location	FF-FFD1 (3) F_AECATB
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123.45
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, and Press ENTER. Field label is BD Transfer Amount.

BAD DEBT TRANSFER DATE

Date the account transferred to bad debt.

PBE Field	
Database Location	FF-FFD1 (2) F_AECATD
Field Type	Date
Table Used	
Modules	Detail Statement Messages
Trendstar/HPM Interface	Collection Letter Messages
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field

<Page Break>

Date: 04/24/12

STAR Development System

Page : 17

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

BAD DEBT TRANSFER DATE

Print Routines

Source Screens

Financials, Account Management, Account Inquiry, Select Account, and Press ENTER. Field label is BD Date.

BILL COVERED DAYS-18X REV CODE

A value is returned if the patient indicator in Patient Accounting defines an inpatient. For charges selected for the bill, the number of days with charges using a revenue code of 18n where n is a number is calculated. This number is subtracted from the number of days covered by the insurance plan determined from proration to provide the value for this Internal Element.

PBE Field	809-Bill Covered Days-18x Rev Code
Database Location	FB-FBT-17, FA-FAA-20, FC-FCP
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	3
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	RIGHT JUSTIFY / BLANK W ZERO

Source Screens

To view coverage information for an insurance plan in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance Plan, and Basic Coverage. The fields are Days Before Coverage Begins and Days Coverage is Active.

To view detailed charge information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, Billing Information, and key D (detail(D)) or S (pro summaries(S)) to access options for selecting individual charges. The lookup list for pro summaries groups charges by UB Revenue Code.

BILL NON-COVERED DAYS+18X REV CODE

This is the sum of non-covered days per proration plus the number of days with charges with a UB Revenue Code of 018 or 018N. This item is provided only if the Patient Accounting Indicator is I for Inpatient.

PBE Field	621-Bill Non-covered Days+18x Rev Code
Database Location	

Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	3
Set-Up Routines	Corresponding PBE Field

<Page Break>

Date: 04/24/12

STAR Development System

Page : 18

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

BILL NON-COVERED DAYS+18X REV CODE

Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK WHEN ZERO-LEADING 0 FILL
RIGHT JUSTIFY / BLANK W ZERO	

Source Screens

The number of non-covered days per proration is not displayed in the system. Detail charges can be viewed in Financials using Account Management, Account Inquiry, Select Account, Key B at the Snap Shot Screen for Billing Information, and key S for pro summaries(S). After selecting the list of charges to be viewed, a summarized list of charges appears collated by UB Code and ProSumm Code.

BILL TOTAL COINSURANCE AMT

For the insurance selected in the Set-Up Routine, the coinsurance calculated by proration at the time of billing is provided. If cycle bills exist, then money from previous cycle bills is subtracted so the amount is for this bill only.

PBE Field	
Database Location	FB-FBT (10) F_BTCCOIN
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	511-Bill Total Coinsurance Amount

UB CARRIER 2	511-Bill Total Coinsurance Amount
UB CARRIER 3	511-Bill Total Coinsurance Amount
INSURANCE COB 4	511-Bill Total Coinsurance Amount
INSURANCE COB 3	511-Bill Total Coinsurance Amount
INSURANCE COB 2	511-Bill Total Coinsurance Amount
INSURANCE COB 1	511-Bill Total Coinsurance Amount
CARRIER OF REQUEST FOR CLAIM	511-Bill Total Coinsurance Amount
INSURANCE COB FROM CLAIM	511-Bill Total Coinsurance Amount
INSURANCE PRIMARY TO MEDICARE	511-Bill Total Coinsurance Amount
INSURANCE COB 5	511-Bill Total Coinsurance Amount
INSURANCE COB 6	511-Bill Total Coinsurance Amount
INSURANCE COB 7	511-Bill Total Coinsurance Amount
INSURANCE COB 8	511-Bill Total Coinsurance Amount
INSURANCE COB 9	511-Bill Total Coinsurance Amount
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary.

BILL TOTAL DEDUCTIBLE AMOUNT

For the insurance selected in the Set-Up Routine, the deductible amount as calculated by proration done at the time of billing. If cycle bills exist,
<Page Break>

Date: 04/24/12

STAR Development System

Page : 19

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

BILL TOTAL DEDUCTIBLE AMOUNT

then money from previous cycle bills is subtracted so the amount is for this bill only.

PBE Field	
Database Location	FB-FBT (3) F_BTDED
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field

UB CARRIER 1	527-Bill Total Deductible Amount
UB CARRIER 2	527-Bill Total Deductible Amount
UB CARRIER 3	527-Bill Total Deductible Amount
INSURANCE COB 4	527-Bill Total Deductible Amount
INSURANCE COB 3	527-Bill Total Deductible Amount
INSURANCE COB 2	527-Bill Total Deductible Amount
INSURANCE COB 1	527-Bill Total Deductible Amount
CARRIER OF REQUEST FOR CLAIM	527-Bill Total Deductible Amount
INSURANCE COB FROM CLAIM	527-Bill Total Deductible Amount
INSURANCE PRIMARY TO MEDICARE	527-Bill Total Deductible Amount
INSURANCE COB 5	527-Bill Total Deductible Amount
INSURANCE COB 6	527-Bill Total Deductible Amount
INSURANCE COB 7	527-Bill Total Deductible Amount
INSURANCE COB 8	527-Bill Total Deductible Amount
INSURANCE COB 9	527-Bill Total Deductible Amount
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary.

BILL TOTAL NON-COVERED DAYS

For the insurance being processed, the number of days not covered by the insurance plan as calculated by proration at the time of billing. If the Internal Element is being used for claims, this would be the insurance for which the claim is loading. If cycle bills exist, then money from previous cycle bills is subtracted so the amount is for this bill only.

PBE Field	
Database Location	FB-FBT (15) F_BTNC DY
Field Type	Numeric
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	3
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	517-Bill Total Non-covered Days
UB CARRIER 2	517-Bill Total Non-covered Days
UB CARRIER 3	517-Bill Total Non-covered Days

<Page Break>

Date: 04/24/12

STAR Development System

Page : 20

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

BILL TOTAL NON-COVERED DAYS

INSURANCE COB 4	517-Bill Total Non-covered Days
INSURANCE COB 3	517-Bill Total Non-covered Days
INSURANCE COB 2	517-Bill Total Non-covered Days
INSURANCE COB 1	517-Bill Total Non-covered Days
CARRIER OF REQUEST FOR CLAIM	517-Bill Total Non-covered Days
INSURANCE COB FROM CLAIM	517-Bill Total Non-covered Days
INSURANCE PRIMARY TO MEDICARE	517-Bill Total Non-covered Days
INSURANCE COB 5	517-Bill Total Non-covered Days
INSURANCE COB 6	517-Bill Total Non-covered Days
INSURANCE COB 7	517-Bill Total Non-covered Days
INSURANCE COB 8	517-Bill Total Non-covered Days
INSURANCE COB 9	517-Bill Total Non-covered Days
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK WHEN ZERO-LEADING 0 FILL
BLANK	RIGHT JUSTIFY / BLANK W ZERO

Source Screens

This number is not displayed in the system.

BILL. GTR. ADDRESS 1

Address1 for the account's guarantor.

PBE Field	821-Guarantor Address 1 (HIPAA)
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	Apartment 1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Information, and Guarantor Page.

BILL. GTR. CITY

City for the account's guarantor.

PBE Field	822-Guarantor City (HIPAA)
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	ATLANTA
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

<Page Break>

Date: 04/24/12

STAR Development System

Page : 21

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

BILL. GTR. CITY

Source Screens

financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Information, and Guarantor Page.

BILL. GTR. INVALID ADDRESS

The guarantor address is considered to be invalid if the Invalid Address Flag exists in the Valid Address Flag Codes table, it is for an address, and Mail To Type in the Valid Address Flag Codes table is No.

PBE Field	179-Guarantor Address 1
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	Apartment 1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Information, and Guarantor Page.

BILL. GTR. STATE

State for the account's guarantor.

PBE Field	823-Guarantor State (HIPAA)
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	GA
Set-Up Routines	Corresponding PBE Field
Print Routines	
STATE ABBREVIATION (XX) (D)	STANDARD PRINT (NO FORMATTING)
STATE NAME	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Information, and Guarantor Page.

BILL. GTR. ZIP CODE

Zip Code for the account's guarantor.

PBE Field	824-Guarantor Zip (HIPAA)
Database Location	
Field Type	Alphanumeric
Table Used	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 22

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

BILL. GTR. ZIP CODE

Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	123456789
Set-Up Routines	Corresponding PBE Field

Print Routines	
ZIP CODE-UNIVERSAL (D)	ZIP CODE 99999-9999
ZIP CODE 99999	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Information, and Guarantor Page.

BIRTHDAY - DAY

The day of the month for the patient's date of birth. If a patient was born 3/5/02, then the day is 5.

PBE Field	51-Patient Birthdate
Database Location	A-DP (3) BIRTHDAY
Field Type	Date
Table Used	
Modules	Billing Requirements
Claims	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

BIRTHDAY - MONTH

The month of the year for the patient's date of birth. If a patient was born 3/5/02, then the month is 3.

PBE Field	51-Patient Birthdate
Database Location	A-DP (3) BIRTHDAY
Field Type	Date
Table Used	
Modules	Billing Requirements
Claims	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press

ENTER, Admission Information, Patient Information, and Patient Page.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 23

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

BIRTHDAY - YEAR

The year for the patient's date of birth.

PBE Field	51-Patient Birthdate
Database Location	A-DP (3) BIRTHDAY
Field Type	Date
Table Used	
Modules	Billing Requirements
Claims	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press
ENTER, Admission Information, Patient Information, and Patient Page.

BLOOD DEDUCTIBLE

If Blood Units Furnished has a number from proration, then the sum of Blood
Units Furnished and Blood Units Replaced per proration is provided.
Otherwise, Deductible Pints from Daily/Blood Deductibles is provided.

PBE Field	
Database Location	FA-FA1 (39) F_QMBLDP
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	458-Blood Deductible from Proration
UB CARRIER 2	458-Blood Deductible from Proration
UB CARRIER 3	458-Blood Deductible from Proration

INSURANCE COB 4	458-Blood Deductible from Proration
INSURANCE COB 3	458-Blood Deductible from Proration
INSURANCE COB 2	458-Blood Deductible from Proration
INSURANCE COB 1	458-Blood Deductible from Proration
CARRIER OF REQUEST FOR CLAIM	458-Blood Deductible from Proration
INSURANCE COB FROM CLAIM	458-Blood Deductible from Proration
INSURANCE PRIMARY TO MEDICARE	458-Blood Deductible from Proration
INSURANCE COB 5	458-Blood Deductible from Proration
INSURANCE COB 6	458-Blood Deductible from Proration
INSURANCE COB 7	458-Blood Deductible from Proration
INSURANCE COB 8	458-Blood Deductible from Proration
INSURANCE COB 9	458-Blood Deductible from Proration
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view Deductible Pints per insurance coverage information use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission <Page Break>

Date: 04/24/12

STAR Development System

Page : 24

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

BLOOD DEDUCTIBLE

Information, Insurance Process, Select plan, and Daily Blood/Deductibles.

Blood Units and Pints used

Quantity in units of blood.

PBE Field	223-Blood Units and Pints Used
Database Location	A-RK (2) BLDUNIT
Field Type	Numeric
Table Used	Blood Groups
Modules	Trendstar/HPM Interface
STIs	
Sample Data	10
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	

Source Screens

Patient Processing, Medical Records, Abstracting & DRG Functions, M/R

Abstracting Inquiry, Select Account, and Blood Groups.

Blood Units Not Replaced

For the insurance selected in the Set-Up Routine, blood units furnished minus blood units replaced when proration was done at the time of billing.

PBE Field	
Database Location	
Field Type	Numeric
Table Used	Admission Processor/Insurance Plan Detail
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	740-Blood Units Not Replaced
UB CARRIER 2	740-Blood Units Not Replaced
UB CARRIER 3	740-Blood Units Not Replaced
INSURANCE COB 4	740-Blood Units Not Replaced
INSURANCE COB 3	740-Blood Units Not Replaced
INSURANCE COB 2	740-Blood Units Not Replaced
INSURANCE COB 1	740-Blood Units Not Replaced
CARRIER OF REQUEST FOR CLAIM	740-Blood Units Not Replaced
INSURANCE COB FROM CLAIM	740-Blood Units Not Replaced
INSURANCE PRIMARY TO MEDICARE	740-Blood Units Not Replaced
INSURANCE COB 5	740-Blood Units Not Replaced
INSURANCE COB 6	740-Blood Units Not Replaced
INSURANCE COB 7	740-Blood Units Not Replaced
INSURANCE COB 8	740-Blood Units Not Replaced
INSURANCE COB 9	740-Blood Units Not Replaced
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

<Page Break>

Date: 04/24/12

STAR Development System

Page : 25

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

Blood Units Not Replaced

This is a calculated number.

CASE CATEGORY

Case Category Code assigned in the Medical Records Abstract.

PBE Field	63-Case Category
Database Location	A-EK (21) CASECATG
Field Type	Alphanumeric
Table Used	Case category table
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
Print Routines	
BLANK	CASE CATEGORY DESCRIPTION

Source Screens

Patient Care, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Episode Information-2.

Case Team Assignments

Case Team assigned to the patient.

PBE Field	39-Case Team Assignments
Database Location	A-CT (1) CASE
Field Type	Alphanumeric
Table Used	Case Team
Modules	Trendstar/HPM Interface
STIs	
Sample Data	LASTNM,FIRSTNM
Set-Up Routines	Corresponding PBE Field
Print Routines	
BLANK	CASE TEAM DESCRIPTION

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Miscellaneous Two Page.

CASE TEAM MANAGER

The Case Team Manager associated with the Case Team Assignment.

PBE Field	715-Case Team Manager
Database Location	A-CT (1) CASE
Field Type	Alphanumeric

Table Used	Case Team Table
Modules	Trendstar/HPM Interface
STIs	
Sample Data	999
Set-Up Routines	Corresponding PBE Field
Print Routines	
BLANK	CASE TEAM MANAGER NAME

Source Screens

<Page Break>

Date: 04/24/12

STAR Development System

Page : 26

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

CASE TEAM MANAGER

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Miscellaneous Two Page.

CERT/SSN/HIC ID NUMBER

For the insurance selected in the Set-Up Routine this number is loaded. The label for the field containing the number varies and following are some of the labels used in character base.

Blue Cross	Sub ID #, Subscriber ID Number, Agreement Number
CHAMPUS	ID Card Number
Commercial	Policy Number
Canada Out of Province	Policy Number
Canada Wrk's Comp	Workers Comp #
HMO	Certificate #
Medicare	Claim Number
Medicaid	Recipient Number, Medicaid Number

PBE Field	
Database Location	A-I1 (5) POLNBR
Field Type	Alphanumeric
Table Used	
Modules	PA Refund Check Messages
Trendstar/HPM Interface	Claims
STIs	F10486
Sample Data	A123456789B123456789
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	126-Insurance Policy/Cert/SSN/HIC N

UB CARRIER 2	126-Insurance Policy/Cert/SSN/HIC N
UB CARRIER 3	126-Insurance Policy/Cert/SSN/HIC N
INSURANCE COB 4	126-Insurance Policy/Cert/SSN/HIC N
INSURANCE COB 3	126-Insurance Policy/Cert/SSN/HIC N
INSURANCE COB 2	126-Insurance Policy/Cert/SSN/HIC N
INSURANCE COB 1	126-Insurance Policy/Cert/SSN/HIC N
1500 CARRIER	126-Insurance Policy/Cert/SSN/HIC N
CARRIER OF REQUEST FOR CLAIM	126-Insurance Policy/Cert/SSN/HIC N
INSURANCE COB FROM CLAIM	126-Insurance Policy/Cert/SSN/HIC N
INSURANCE PRIMARY TO MEDICARE	126-Insurance Policy/Cert/SSN/HIC N
OHIP OTHER INS INFO (CANADA)	126-Insurance Policy/Cert/SSN/HIC N
INSURANCE COB 5	126-Insurance Policy/Cert/SSN/HIC N
INSURANCE COB 6	126-Insurance Policy/Cert/SSN/HIC N
INSURANCE COB 7	126-Insurance Policy/Cert/SSN/HIC N
INSURANCE COB 8	126-Insurance Policy/Cert/SSN/HIC N
INSURANCE COB 9	126-Insurance Policy/Cert/SSN/HIC N
OTHER 1500 INSURANCE	126-Insurance Policy/Cert/SSN/HIC N
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK
MA 319C CERT/SSN/HIC ID NUMBER	MA 310 CERTIFICATE PRINT
MA 319C LINE NUMBER	NO PUNCTUATION
CANADIAN CLAIM NBR, BLOCKED	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press
ENTER, Admission Information, Insurance Process, Select Insurance plan,
<Page Break>

Date: 04/24/12

STAR Development System

Page : 27

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

CERT/SSN/HIC ID NUMBER

Plan Demographics

Claim Number

Claim/Case Number for insurance selected by the Set-Up Routine.

PBE Field	
Database Location	A-I3 (4) CLAIMNUM
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface

STIs	
Sample Data	2299
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	139-Insurance Claim Number
UB CARRIER 2	139-Insurance Claim Number
UB CARRIER 3	139-Insurance Claim Number
INSURANCE COB 4	139-Insurance Claim Number
INSURANCE COB 3	139-Insurance Claim Number
INSURANCE COB 2	139-Insurance Claim Number
INSURANCE COB 1	139-Insurance Claim Number
CARRIER OF REQUEST FOR CLAIM	139-Insurance Claim Number
INSURANCE COB FROM CLAIM	139-Insurance Claim Number
INSURANCE PRIMARY TO MEDICARE	139-Insurance Claim Number
INSURANCE COB 5	139-Insurance Claim Number
INSURANCE COB 6	139-Insurance Claim Number
INSURANCE COB 7	139-Insurance Claim Number
INSURANCE COB 8	139-Insurance Claim Number
INSURANCE COB 9	139-Insurance Claim Number
Print Routines	
BLANK	CANADIAN CLAIM NBR, BLOCKED

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics. Press ENTER to proceed to screen with information.

CMG WEIGHT

Canadian CMG Weight

PBE Field	711-CMG Weight
Database Location	A-KK1 (4) C3DRGWT
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	123.45
Set-Up Routines	Corresponding PBE Field
Print Routines	
NO PUNCTUATION (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key <Page Break>

Date: 04/24/12

STAR Development System

Page : 28

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

CMG WEIGHT

DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

Collection Agency Code

The code for the collection agency responsible for recovering bad debt for the account.

PBE Field	
Database Location	FF-FFD1 (1) F_AACODE
Field Type	Alphanumeric
Table Used	Collection Agency Code
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Account Follow-Up.

Collection Agency Transfer Date

Date of transfer to collection agency.

PBE Field	
Database Location	FF-FFD1 (12) F_CATD
Field Type	Date
Table Used	
Modules	Detail Statement Messages
Trendstar/HPM Interface	Collection Letter Messages
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press

ENTER, Financial Information, and Account Follow-Up.

COMBINED BILL ACCOUNT NUMBER

For a charge to account, the charge from account number is selected per the selection in the Set-Up Routine. Up to one of five charge from account numbers can be supplied.

For a charge from account, the charge to account number is provided when the Set-Up Routine is Combine Bill 1.

Otherwise, the field is blank.

PBE Field	
Database Location	A-MP-6, A-MP-7, and A-FAC
Field Type	Numeric
Table Used	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 29

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

COMBINED BILL ACCOUNT NUMBER

Modules	Trendstar/HPM Interface
STIs	
Sample Data	09420000001
Set-Up Routines	Corresponding PBE Field
COMBINE BILL 1	714-Combined Bill Account Number
COMBINE BILL 2	714-Combined Bill Account Number
COMBINE BILL 3	714-Combined Bill Account Number
COMBINE BILL 4	714-Combined Bill Account Number
COMBINE BILL 5	714-Combined Bill Account Number
Print Routines	

Source Screens

Financials, Billing and Claims, Patient Billing, Combine Bills, and Select Account. If you select a charge to account, then the first screen lists all charge from accounts. If you select a charge from account, then the first screen lists the charge from and charge to account. Press ENTER in response to the following prompt to see a list of all charge from accounts for the charge to account.

Press NL for Combine Bill Status screen.

COMBINED BILL FLAG

The value returned for the Combined Bill Flag is determined by the setup routine.

If the Setup Routine is COMBINE BILL 1, then the following values are returned:

0 indicates a charge from account

1 indicates a charge to account

2 indicates a charge to account with a mother/baby link

If the Setup routine is other than COMBINE BILL 1, the account is a charge to account, and a charge from account exists for the Set-Up Routine indicated, then the following values are returned. (For example, if the Set-Up Routine is COMBINE BILL 3, then the routine would look for a third charge line from account.)

1 indicates a charge to account and 2 a charge to with a mother/baby link

PBE Field	
Database Location	A-MP (7) CTOFLAG
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
COMBINE BILL 1	189-Combined Bill Flag
COMBINE BILL 2	189-Combined Bill Flag
COMBINE BILL 3	189-Combined Bill Flag
COMBINE BILL 4	189-Combined Bill Flag
COMBINE BILL 5	189-Combined Bill Flag
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Billing and Claims, Patient Billing, Combine Bills, and Select
<Page Break>

Date: 04/24/12

STAR Development System

Page : 30

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

COMBINED BILL FLAG

Account.

COMPLEXITY VALUE

The Canadian CMG complexity value for the first DRG.

PBE Field	159-Complexity Value
Database Location	A-KK1 (24) C3CRS
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. If a second DRG exists, then a response of Y to the following prompt causes information for it to appear.

View Secondary DRG Information? (Y/N)--

CONDITION CODE 10

Tenth UB condition code. This can be for a condition code keyed or a condition code auto loading per the Provider Master.

PBE Field	24-UB Condition Code
Database Location	A-BP (3) CONDCODE
Field Type	Alphanumeric
Table Used	UB Condition Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	18
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the condition code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Condition Codes.

To view the condition codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select

a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Condition Codes to Auto Load from the lookup list provided.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 31

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

CONDITION CODE 11

Eleventh UB condition code. This can be for a condition code keyed or a condition code auto loading per the Provider Master.

PBE Field	24-UB Condition Code
Database Location	A-BP (3) CONDCODE
Field Type	Alphanumeric
Table Used	UB Condition Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	18
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the condition code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Condition Codes.

To view the condition codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Condition Codes to Auto Load from the lookup list provided.

CONDITION CODE 1

First UB condition code. This can be for a condition code keyed or a condition code auto loading per the Provider Master.

PBE Field	24-UB Condition Code
Database Location	A-BP (3) CONDCODE

Field Type	Alphanumeric
Table Used	UB Condition Codes
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	01
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the condition code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Condition Codes.

To view the condition codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Condition Codes to Auto Load from the lookup list provided.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 32

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

CONDITION CODE 2

Second UB condition code. This can be for a condition code keyed or a condition code auto loading per the Provider Master.

PBE Field	24-UB Condition Code
Database Location	A-BP (3) CONDCODE
Field Type	Alphanumeric
Table Used	UB Condition Codes
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	02
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the condition code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Condition Codes.

To view the condition codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Condition Codes to Auto Load from the lookup list provided.

CONDITION CODE 3

Third UB condition code. This can be for a condition code keyed or a condition code auto loading per the Provider Master.

PBE Field	24-UB Condition Code
Database Location	A-BP (3) CONDCODE
Field Type	Alphanumeric
Table Used	UB Condition Codes
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	18
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the condition code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Condition Codes.

To view the condition codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Condition Codes to Auto Load from the lookup list provided.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 33

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

CONDITION CODE 4

Fourth UB condition code. This can be for a condition code keyed or a condition code auto loading per the Provider Master.

PBE Field	24-UB Condition Code
Database Location	A-BP (3) CONDCODE
Field Type	Alphanumeric
Table Used	UB Condition Codes
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	18
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the condition code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Condition Codes.

To view the condition codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Condition Codes to Auto Load from the lookup list provided.

CONDITION CODE 5

Fifth UB condition code. This can be for a condition code keyed or a condition code auto loading per the Provider Master.

PBE Field	24-UB Condition Code
Database Location	A-BP (3) CONDCODE
Field Type	Alphanumeric
Table Used	UB Condition Codes
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	18
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the condition code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Condition Codes.

To view the condition codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Condition Codes to Auto Load from the lookup list provided.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 34

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

CONDITION CODE 6

Sixth UB condition code. This can be for a condition code keyed or a condition code auto loading per the Provider Master.

PBE Field	24-UB Condition Code
Database Location	A-BP (3) CONDCODE
Field Type	Alphanumeric
Table Used	UB Condition Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	18
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the condition code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Condition Codes.

To view the condition codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Condition Codes to Auto Load from the lookup list provided.

CONDITION CODE 7

Seventh UB condition code. This can be for a condition code keyed or a condition code auto loading per the Provider Master.

PBE Field	24-UB Condition Code
Database Location	A-BP (3) CONDCODE
Field Type	Alphanumeric
Table Used	UB Condition Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	18
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the condition code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Condition Codes.

To view the condition codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Condition Codes to Auto Load from the lookup list provided.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 35

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

CONDITION CODE 8

Eighth UB condition code. This can be for a condition code keyed or a condition code auto loading per the Provider Master.

PBE Field	24-UB Condition Code
Database Location	A-BP (3) CONDCODE
Field Type	Alphanumeric
Table Used	UB Condition Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims

STIs	
Sample Data	18
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the condition code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Condition Codes.

To view the condition codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Condition Codes to Auto Load from the lookup list provided.

CONDITION CODE 9

Ninth UB condition code. This can be for a condition keyed or a condition code auto loading per the Provider Master.

PBE Field	24-UB Condition Code
Database Location	A-BP (3) CONDCODE
Field Type	Alphanumeric
Table Used	UB Condition Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	18
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the condition code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Condition Codes.

To view the condition codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Condition Codes to Auto Load from the lookup list provided.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 36

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

CONSULTANT DATE

Date for the consultation listed in the Medical Record Abstract selected in the Set-Up Routine.

PBE Field	
Database Location	A-FK (1) PHYSC
Field Type	Date
Table Used	Physicians Table
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
CONSULTING PHYS (1)	87-Physician, Consulting Date
CONSULTING PHYS (2)	87-Physician, Consulting Date
CONSULTING PHYS (3)	87-Physician, Consulting Date
CONSULTING PHYS (4)	87-Physician, Consulting Date
CONSULTING PHYS (5)	87-Physician, Consulting Date
CONSULTING PHYS (6)	87-Physician, Consulting Date
CONSULTING PHYS (7)	87-Physician, Consulting Date
CONSULTING PHYS (8)	87-Physician, Consulting Date
CONSULTING PHYS (9)	87-Physician, Consulting Date
CONSULTING PHYS (10)	87-Physician, Consulting Date
Print Routines	

Source Screens

Patient Processing, Medical Records, Abstracting and DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Consultations.

CONSULTANT TYPE

Physician Type for the consultation listed in the Medical Record Abstract selected in the Set-Up Routine.

PBE Field	
Database Location	A-FK
Field Type	Alphanumeric
Table Used	Physicians Type
Modules	Trendstar/HPM Interface

STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
CONSULTING PHYS (1)	713-Consultant Type
CONSULTING PHYS (2)	713-Consultant Type
CONSULTING PHYS (3)	713-Consultant Type
CONSULTING PHYS (4)	713-Consultant Type
CONSULTING PHYS (5)	713-Consultant Type
CONSULTING PHYS (6)	713-Consultant Type
CONSULTING PHYS (7)	713-Consultant Type
CONSULTING PHYS (8)	713-Consultant Type
CONSULTING PHYS (9)	713-Consultant Type
CONSULTING PHYS (10)	713-Consultant Type
Print Routines	
BLANK	CONSULTANT TYPE DESCRIPTION

Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment

<Page Break>

Date: 04/24/12

STAR Development System

Page : 37

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

CONSULTANT TYPE

Functions, M/R Abstracting, Select Account, and Consultations.

CONSULTING PHYSICIAN

Physician code number for consulting physician selected by the Set-Up Routine. If a free text consulting physician exists, then the Override Phy Code maintained in Demographics/Defaults under Maintain Facility Information is used.

PBE Field	
Database Location	A-FK (1) PHYSC
Field Type	Numeric
Table Used	Physicians Table
Modules	Trendstar/HPM Interface
STIs	
Sample Data	33300
Set-Up Routines	Corresponding PBE Field
CONSULTING PHYS (1)	85-Physician, Consulting

CONSULTING PHYS (2)	85-Physician, Consulting
CONSULTING PHYS (3)	85-Physician, Consulting
CONSULTING PHYS (4)	85-Physician, Consulting
CONSULTING PHYS (5)	85-Physician, Consulting
CONSULTING PHYS (6)	85-Physician, Consulting
CONSULTING PHYS (7)	85-Physician, Consulting
CONSULTING PHYS (8)	85-Physician, Consulting
CONSULTING PHYS (9)	85-Physician, Consulting
CONSULTING PHYS (10)	85-Physician, Consulting

Print Routines

STANDARD PRINT (NO FORMATTING) (D) |BLANK

Source Screens

Patient Processing, Medical Records, Abstracting and DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Consultations.

To determine the Override Phy Code in Financials select Financial System Management, Maintain Facility Information, and Demographics/Defaults.

Press ENTER to proceed to the second screen.

Corporate number

The number assigned to the patient for the corporation. This number is the same in all facilities for the corporation.

PBE Field	49-Corporate number
Database Location	A-DP (25) CORPNBR
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

<Page Break>

Date: 04/24/12

STAR Development System

Page : 38

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

Corporate number

Source Screens

Financials, Account Management, and MPI Inquiry. Corporate number appears

in the name look-up for this function.

Financials, Account Management, and Account Inquiry. Corporate number appears in the name look-up for this function.

COVERED DAYS FOR BILL

For the insurance being processed, the number of days covered by the insurance plan as calculated by proration at the time of billing. If the Internal Element is being used for claims, this would be the insurance for which the claim is loading. If cycle bills exist, then covered days from previous cycle bills is subtracted so the covered days is for this bill only.

PBE Field	
Database Location	FB-FBT (17) F_BTCVDY
Field Type	Numeric
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	519-Covered Days For Bill
UB CARRIER 2	519-Covered Days For Bill
UB CARRIER 3	519-Covered Days For Bill
INSURANCE COB 4	519-Covered Days For Bill
INSURANCE COB 3	519-Covered Days For Bill
INSURANCE COB 2	519-Covered Days For Bill
INSURANCE COB 1	519-Covered Days For Bill
CARRIER OF REQUEST FOR CLAIM	519-Covered Days For Bill
INSURANCE COB FROM CLAIM	519-Covered Days For Bill
INSURANCE PRIMARY TO MEDICARE	519-Covered Days For Bill
INSURANCE COB 5	519-Covered Days For Bill
INSURANCE COB 6	519-Covered Days For Bill
INSURANCE COB 7	519-Covered Days For Bill
INSURANCE COB 8	519-Covered Days For Bill
INSURANCE COB 9	519-Covered Days For Bill
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK
RIGHT JUSTIFY / BLANK W ZERO	

Source Screens

This number is not displayed in the system.

DATE/TIME PATIENT SEEN

Time seen by physician recorded in outpatient dispositioning or in the ER medical record abstract.

PBE Field	61-Date/Time Patient Seen	
<Page Break>		
Date: 04/24/12	STAR Development System	Page : 39
Time: 02:28pm	Internal Element Documentation	Report: FINTELM

DATE/TIME PATIENT SEEN

Database Location	A-EK (18) PATSEEN
Field Type	Time
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstracting, Select Account, Episode Information 2 OR Financials, Account Management, MPI Inquiry, Select patient, Visit Information, Select Account, Disposition Information

DEATH CLASS CONCATENATED

All death classification codes concatenated into one string. If the death classification codes are 1 and 2, this field would be 12.

PBE Field	811-Death Classification Code
Database Location	A-GK1 (1) DTHCLSS
Field Type	Alphanumeric
Table Used	Death Classifications
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment
Functions, M/R Abstracting, Select Account, Death Classification

DEATH CLASSIFICATION CODE

Death classification code selected in the Set-Up Routine.

PBE Field	
Database Location	A-GK1 (1) DTHCLSS
Field Type	Alphanumeric
Table Used	Death Classification
Modules	Trendstar/HPM Interface
STIs	
Sample Data	01
Set-Up Routines	Corresponding PBE Field
DEATH CLASSIFICATION 1	811-Death Classification Code
DEATH CLASSIFICATION 2	811-Death Classification Code
DEATH CLASSIFICATION 3	811-Death Classification Code
DEATH CLASSIFICATION 4	811-Death Classification Code
DEATH CLASSIFICATION 5	811-Death Classification Code
DEATH CLASSIFICATION 6	811-Death Classification Code
DEATH CLASSIFICATION 7	811-Death Classification Code
DEATH CLASSIFICATION 8	811-Death Classification Code

<Page Break>

Date: 04/24/12

STAR Development System

Page : 40

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

DEATH CLASSIFICATION CODE

DEATH CLASSIFICATION 9	811-Death Classification Code
DEATH CLASSIFICATION 10	811-Death Classification Code
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment
Functions, M/R Abstracting, Select Account, Death Classification

DELIVERY DATE AND TIME

The delivery date and time is supplied. If there are multiple births, this is the delivery date and time for the first baby.

PBE Field	651-Delivery Date and Time
Database Location	A-FKX (1)
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Patient Processing, Medical Records CRT, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account for a Mother, and Maternity/Newborn Information.

DENIED DAYS

The number of non-acute days categorized as UB denied days.

PBE Field	28-Denied Days
Database Location	A-BP (5) URDAYS
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
BLANK	ZERO IF BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and UM UB Data.

DISCHARGE DATE

The discharge date is provided when it is present. If the claim type is X (UB) or R (Medi-Cal UB) and the Statement Through Date (Field 2 in Locator 6) precedes the discharge date, then the field is blank. Pre-bill claims are loaded using the run date as the discharge date when no discharge date exists. If a pre-bill claim loads using this Internal Element and the account is not discharged, then the value for this field would equal the

<Page Break>

Date: 04/24/12

STAR Development System

Page : 41

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

DISCHARGE DATE

run date.

PBE Field	178-Discharge Date/Time
Database Location	A-MP (14) DATETH
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

On Financials, the discharge date appears in the account header appearing at the top of most screens providing account information.

Discharge Doctor

Physician code for the discharging physician. This is the discharging physician assigned in the Medical Records abstract.

PBE Field	71-Physician, Discharge
Database Location	A-EK (4) DISPHYS
Field Type	Numeric
Table Used	Physicians Table
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstracting Inquiry, Select Account, and Episode Information-1.

Discharge Hour

The discharge hour is provided when it is present. If the claim type is X (UB) or R (Medi-Cal UB) and the Statement Through Date (Field 2 in Locator

6) precedes the discharge date, then the field is blank. Pre-bill claims are loaded using the run date and time as the discharge date and time when no discharge date/time exists. If a pre-bill claim loads using this Internal Element and the account is not discharged, then the value for this field would equal the run time.

PBE Field	178-Discharge Date/Time
Database Location	A-MP (14) DATETH
Field Type	Time
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 42

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

Discharge Hour

Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, MPI Inquiry, select a patient causing the MASTER menu to appear, Visit Information, select an account, Medical Detail, Medical Information.

DISCHARGE STATUS/DISP

The patient's condition upon discharge or outpatient dispositioning. These codes are mapped to UB discharge status codes.

PBE Field	181-Discharge Status/Disposition
Database Location	A-MP (15) DISTYPE
Field Type	Alphanumeric
Table Used	Discharge Status/Disposition
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstracting, Select Account, and Episode Information 1.

DOCTOR ADDRESS LINE 1

First address line for the doctor selected in the Set-Up Routine.

PBE Field	
Database Location	D-PC (11) ADDR12
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	123 PEACHTREE STREET
Set-Up Routines	Corresponding PBE Field
PHYSICIAN, ATTENDING	377-Phy Address 1, Attending
PHYSICIAN, PRIMARY PROCEDURE	378-Phy Address 1, Primary Procedur
PHYSICIAN, ADMITTING	379-Phy Address 1, Admitting
PHYSICIAN, REFERRING	380-Phy Address 1, Referring
1500 PHYSICIAN (SUPPLIER)	381-Phy Address 1, 1500 Phy (Supp)
1500 PHYSICIAN (GROUP)	382-Phy Address 1, 1500 Phy (Grp)
PHYSICIAN, PRIMARY CARE	383-Phy Address 1, Primary Care
PHYSICIAN, ER	384-Phy Address 1, ER
PHYSICIAN, SHARED CARE	385-Phy Address 1, Shared Care
PHYSICIAN,REFER (NOT ATTEND)	5380-Phy Address 1, Referring-Not A
PHYSICIAN,FIRST MR HCPCS	6331-Doctor Address Line 1, MR HCPC
PHYSICIAN,CHARGING(1500S ONLY)	1102-Phy Address 1, Charging Physic
Print Routines	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 43

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

DOCTOR ADDRESS LINE 1

STANDARD PRINT (NO FORMATTING) |BLANK

Source Screens

Patient Processing, Tables, Physician/NSCG Table Maintenance, Physician/NSCG, Select facility if requested, Key P to prompt for "Enter department(D) or physician/NSCG(P) maintenance [P]--", Answer prompt for

"Include Inactive Physician/NSCG Records?(Y/N) [N]--", Answer prompt for
 "Enter (S)taff physician, (N)SCG, or (B)oth? [S]--", Select physician,
 Office Information, select PRIMARY office code.

The doctor is determined from the Set-Up Routine.

DOCTOR ADDRESS LINE 2

Second address line for the doctor selected in the Set-Up Routine.

PBE Field	
Database Location	D-PC (11) ADDR12
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	SUITE 1
Set-Up Routines	Corresponding PBE Field
PHYSICIAN, ATTENDING	386-Phy Address 2, Attending
PHYSICIAN, PRIMARY PROCEDURE	387-Phy Address 2, Primary Procedur
PHYSICIAN, ADMITTING	388-Phy Address 2, Admitting
PHYSICIAN, REFERRING	389-Phy Address 2, Referring
1500 PHYSICIAN (SUPPLIER)	390-Phy Address 2, 1500 Phy (Supp)
1500 PHYSICIAN (GROUP)	391-Phy Address 2, 1500 Phy (Grp)
PHYSICIAN, PRIMARY CARE	392-Phy Address 2, Primary Care
PHYSICIAN, ER	393-Phy Address 2, ER
PHYSICIAN, SHARED CARE	394-Phy Address 2, Shared Care
PHYSICIAN,REFER (NOT ATTEND)	5389-Phy Address 2, Referring-Not A
PHYSICIAN,FIRST MR HCPCS	6332-Doctor Address Line 2, MR HCPC
PHYSICIAN,CHARGING(1500S ONLY)	1103-Phy Address 2, Charging Physic
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Patient Processing, Tables, Physician/NSCG Table Maintenance,
 Physician/NSCG, Select facility if requested, Key P to prompt for "Enter
 department(D) or physician/NSCG(P) maintenance [P]--", Answer prompt for
 "Include Inactive Physician/NSCG Records?(Y/N) [N]--", Answer prompt for
 "Enter (S)taff physician, (N)SCG, or (B)oth? [S]--", Select physician,
 Office Information, select PRIMARY office code.

The doctor is determined from the Set-Up Routine.

DOCTOR CITY

City for the doctor selected in the Set-Up Routine.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 44

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

DOCTOR CITY

PBE Field	
Database Location	D-PC (12) CITY
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	ALTANTA
Set-Up Routines	Corresponding PBE Field
PHYSICIAN, ATTENDING	395-Phy City, Attending
PHYSICIAN, PRIMARY PROCEDURE	396-Phy City, Primary Procedure
PHYSICIAN, ADMITTING	397-Phy City, Admitting
PHYSICIAN, REFERRING	398-Phy City, Referring
1500 PHYSICIAN (SUPPLIER)	399-Phy City, 1500 Phy (Supp)
1500 PHYSICIAN (GROUP)	400-Phy City, 1500 Phy (Grp)
PHYSICIAN, PRIMARY CARE	401-Phy City, Primary Care
PHYSICIAN, ER	402-Phy City, ER
PHYSICIAN, SHARED CARE	403-Phy City, Shared Care
PHYSICIAN, REFER (NOT ATTEND)	5398-Phy City, Referring-Not Att
PHYSICIAN, FIRST MR HCPCS	6333-Doctor City, MR HCPCS
PHYSICIAN, CHARGING (1500S ONLY)	1104-Phy City, Charging Physician
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Patient Processing, Tables, Physician/NSCG Table Maintenance, Physician/NSCG, Select facility if requested, Key P to prompt for "Enter department(D) or physician/NSCG(P) maintenance [P]--", Answer prompt for "Include Inactive Physician/NSCG Records?(Y/N) [N]--", Answer prompt for "Enter (S)taff physician, (N)SCG, or (B)oth? [S]--", Select physician, Office Information, select PRIMARY office code.

The doctor is determined from the Set-Up Routine.

DOCTOR NAME

For the physician selected in the Set-Up Routine, the name of the doctor from the Physician/NSCG table appears.

PBE Field	
Database Location	D-PC (2) PHYS
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	SMITH,JOHN
Set-Up Routines	Corresponding PBE Field
PHYSICIAN, ATTENDING	432-Phy Name, Attending
PHYSICIAN, PRIMARY PROCEDURE	433-Phy Name, Primary Procedure
PHYSICIAN, ADMITTING	434-Phy Name, Admitting
PHYSICIAN, REFERRING	435-Phy Name, Referring
1500 PHYSICIAN (SUPPLIER)	436-Phy Name, 1500 Phy (Supp)

<Page Break>

Date: 04/24/12

STAR Development System

Page : 45

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

DOCTOR NAME

1500 PHYSICIAN (GROUP)	437-Phy Name, 1500 Phy (Grp)
PHYSICIAN, PRIMARY CARE	438-Phy Name, Primary Care
PHYSICIAN, ER	439-Phy Name, ER
PHYSICIAN, SHARED CARE	440-Phy Name, Shared Care
PHYSICIAN, NS WCB ATTENDING	441-Phy Name, NS WCB Attending
PHYSICIAN, 1443 CHARGING PHY	818-Phy Name, 1443 Charging Phy
PHYSICIAN,REFER (NOT ATTEND)	5435-Phy Name, Referring-Not Att
PHYSICIAN,FIRST MR HCPCS	6329-Doctor Name, MR HCPCS
PHYSICIAN,CHARGING(1500S ONLY)	1100-Phy Name, Charging Physician
Print Routines	
DOCTOR NAME (LAST,FIRST MI) (D)	DOCTOR NAME (FIRST MI LAST)
BLANK	LAST NAME
NAME(LAST FIRST MI) NO PUNCT	1443 DOCTOR NAME
NAME (LAST,FIRST,MI)	DOCTOR NAME(LAST,FIRST,MI)

Source Screens

Patient Processing, Tables, Physician/NSCG Table Maintenance, Physician/NSCG, Select facility if requested, Key P to prompt for "Enter department(D) or physician/NSCG(P) maintenance [P]--", Answer prompt for "Include Inactive Physician/NSCG Records?(Y/N) [N]--", Answer prompt for "Enter (S)taff physician, (N)SCG, or (B)oth? [S]--", Select physician, Physician Parameters.

The doctor is determined from the Set-Up Routine.

DOCTOR PHONE NUMBER

The Office Phone Number for the primary office for the doctor selected in the Set-Up Routine.

PBE Field	
Database Location	D-PC (7) PHONE
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	8005551212
Set-Up Routines	Corresponding PBE Field
PHYSICIAN, ATTENDING	442-Phy Phone Number, Attending
PHYSICIAN, PRIMARY PROCEDURE	443-Phy Phone Number, Primary Procd
PHYSICIAN, ADMITTING	444-Phy Phone Number, Admitting
PHYSICIAN, REFERRING	445-Phy Phone Number, Referring
1500 PHYSICIAN (SUPPLIER)	446-Phy Phone Number, 1500 Phy (Sup
1500 PHYSICIAN (GROUP)	447-Phy Phone Number, 1500 Phy (Grp
PHYSICIAN, PRIMARY CARE	448-Phy Phone Number, Primary Care
PHYSICIAN, ER	449-Phy Phone Number, ER
PHYSICIAN, SHARED CARE	450-Phy Phone Number, Shared Care
PHYSICIAN,REFER (NOT ATTEND)	5445-Phy Phone Number, Referring-No
PHYSICIAN,FIRST MR HCPCS	6334-Doctor Phone Number, MR HCPCS
PHYSICIAN,CHARGING(1500S ONLY)	1101-Phy Phone Number, Charging Phy
Print Routines	
PHONE NUMBER (999) 999-9999 (D)	STANDARD PRINT (NO FORMATTING)
PHONE NUMBER 999-999-9999	BLANK

<Page Break>

Date: 04/24/12

STAR Development System

Page : 46

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

DOCTOR PHONE NUMBER

PHONE (999 9999999)

Source Screens

Patient Processing, Tables, Physician/NSCG Table Maintenance, Physician/NSCG, Select Physician, and Office Information. Select the primary office.

DOCTOR STATE

State for the doctor selected in the Set-Up Routine.

PBE Field

Database Location

Field Type

Table Used

Modules

Trendstar/HPM Interface

STIs

Sample Data

Set-Up Routines

PHYSICIAN, ATTENDING

PHYSICIAN, PRIMARY PROCEDURE

PHYSICIAN, ADMITTING

PHYSICIAN, REFERRING

1500 PHYSICIAN (SUPPLIER)

1500 PHYSICIAN (GROUP)

PHYSICIAN, PRIMARY CARE

PHYSICIAN, ER

PHYSICIAN, SHARED CARE

PHYSICIAN, REFER (NOT ATTEND)

PHYSICIAN, FIRST MR HCPCS

PHYSICIAN, CHARGING (1500S ONLY)

Print Routines

STATE ABBREVIATION (XX) (D)

BLANK

Source Screens

Patient Processing, Tables, Physician/NSCG Table Maintenance, Physician/NSCG, Select facility if requested, Key P to prompt for "Enter department(D) or physician/NSCG(P) maintenance [P]--", Answer prompt for "Include Inactive Physician/NSCG Records?(Y/N) [N]--", Answer prompt for "Enter (S)taff physician, (N)SCG, or (B)oth? [S]--", Select physician, Office Information, select PRIMARY office code.

The doctor is determined from the Set-Up Routine.

DOCTOR UB82 ID NUMBER

UB92 Physician ID number for the doctor selected in the Set-Up Routine.

PBE Field	
Database Location	D-BC (7) IDNO
Field Type	Alphanumeric
Table Used	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 47

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

DOCTOR UB82 ID NUMBER

Modules	Trendstar/HPM Interface
STIs	
Sample Data	1234567890123456789012
Set-Up Routines	Corresponding PBE Field
PHYSICIAN, ATTENDING	308-Phy UB82 ID Number, Attending
PHYSICIAN, PRIMARY PROCEDURE	309-Phy UB82 ID Number, Primary Pro
PHYSICIAN, ADMITTING	310-Phy UB82 ID Number, Admitting
PHYSICIAN, REFERRING	311-Phy UB82 ID Number, Referring
1500 PHYSICIAN (SUPPLIER)	312-Phy UB82 ID Number, 1500 Phy (S
1500 PHYSICIAN (GROUP)	313-Phy UB82 ID Number, 1500 Phy (G
PRINCIPLE PROCEDURE SURGEON	314-Phy UB82 ID Number, Prin Proc S
PHYSICIAN, PRIMARY CARE	315-Phy UB82 ID Number, Primary Car
PHYSICIAN, ER	316-Phy UB82 ID Number, ER
PHYSICIAN, SHARED CARE	317-Phy UB82 ID Number, Shared Care
PHYSICIAN,REFER (NOT ATTEND)	5311-Phy UB82 ID Number, Referring-
PHYSICIAN,CHARGING(1500S ONLY)	1114-Phy UB82 ID Number, Charging P
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Patient Processing, Tables, Physician/NSCG Table Maintenance, Physician/NSCG, Select facility if requested, Key P to prompt for "Enter department(D) or physician/NSCG(P) maintenance [P]--", Answer prompt for "Include Inactive Physician/NSCG Records?(Y/N) [N]--", Answer prompt for "Enter (S)taff physician, (N)SCG, or (B)oth? [S]--", Select physician, Home Address/ID Numbers.

The doctor is determined from the Set-Up Routine.

DOCTOR ZIP CODE

Zip code for the primary office code for the doctor selected in the Set-Up Routine.

PBE Field	
Database Location	D-PC (14) ZIP
Field Type	Alphanumeric
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123456789
Set-Up Routines	Corresponding PBE Field
PHYSICIAN, ATTENDING	413-Phy Zip Code, Attending
PHYSICIAN, PRIMARY PROCEDURE	414-Phy Zip Code, Primary Procedure
PHYSICIAN, ADMITTING	415-Phy Zip Code, Admitting
PHYSICIAN, REFERRING	416-Phy Zip Code, Referring
1500 PHYSICIAN (SUPPLIER)	417-Phy Zip Code, 1500 Phy (Supp)
1500 PHYSICIAN (GROUP)	418-Phy Zip Code, 1500 Phy (Grp)
PHYSICIAN, PRIMARY CARE	419-Phy Zip Code, Primary Care
PHYSICIAN, ER	420-Phy Zip Code, ER
PHYSICIAN, SHARED CARE	421-Phy Zip Code, Shared Care
PHYSICIAN,REFER (NOT ATTEND)	5416-Phy Zip Code, Referring-Not At
PHYSICIAN,FIRST MR HCPCS	6336-Doctor Zip Code, MR HCPCS

<Page Break>

Date: 04/24/12

STAR Development System

Page : 48

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

DOCTOR ZIP CODE

PHYSICIAN,CHARGING(1500S ONLY)	1106-Phy Zip, Charging Physician
Print Routines	
ZIP CODE-UNIVERSAL (D)	STANDARD PRINT (NO FORMATTING)
ZIP CODE 99999-9999	ZIP CODE 99999
BLANK	

Source Screens

Patient Processing, Tables, Physician/NSCG Table Maintenance,
Physician/NSCG, Select facility if requested, Key P to prompt for "Enter"

department(D) or physician/NSCG(P) maintenance [P]--", Answer prompt for "Include Inactive Physician/NSCG Records?(Y/N) [N]--", Answer prompt for "Enter (S)taff physician, (N)SCG, or (B)oth? [S]--", Select physician, Office Information, select PRIMARY office code.

The doctor is determined from the Set-Up Routine.

DOCTOR'S SOCIAL SECURITY NUMBER

Social Security Number for the doctor selected in the Set-Up Routine.

PBE Field	
Database Location	D-AC (6) SSN
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	123456789
Set-Up Routines	Corresponding PBE Field
PHYSICIAN, ATTENDING	260-Phy Social Security Nbr, Attend
PHYSICIAN, PRIMARY PROCEDURE	261-Phy Social Security Nbr, Prim P
PHYSICIAN, ADMITTING	262-Phy Social Security Nbr, Admitt
PHYSICIAN, REFERRING	263-Phy Social Security Nbr, Referr
1500 PHYSICIAN (SUPPLIER)	264-Phy Social Security Nbr, 1500 P
PHYSICIAN, PRIMARY CARE	265-Phy Social Security Nbr, Primar
PHYSICIAN, ER	266-Phy Social Security Nbr, ER
PHYSICIAN, SHARED CARE	267-Phy Social Security Nbr, Shared
PHYSICIAN,REFER (NOT ATTEND)	5263-Phy Social Security Nbr, Ref-N
PHYSICIAN,FIRST MR HCPCS	6309-Phy Social Security Nbr, MR HC
PHYSICIAN,CHARGING(1500S ONLY)	1117-Phy Social Security Nbr, Charg
Print Routines	
SOCIAL SECURITY NUMBER (D)	BLANK
SOCIAL SECURITY # NO DASHES	

Source Screens

Patient Processing, Tables, Physician/NSCG Table Maintenance, Physician/NSCG, Select facility if requested, Key P to prompt for "Enter department(D) or physician/NSCG(P) maintenance [P]--", Answer prompt for "Include Inactive Physician/NSCG Records?(Y/N) [N]--", Answer prompt for "Enter (S)taff physician, (N)SCG, or (B)oth? [S]--", Select physician, Physician Parameters.

The doctor is determined from the Set-Up Routine.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 49

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

DOCTOR'S STATE LICENSE NUMBER

State license number for the doctor selected in the Set-Up Routine.

PBE Field	
Database Location	D-AC (11) NUMBER
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	123456789012
Set-Up Routines	Corresponding PBE Field
PHYSICIAN, ATTENDING	250-Phy State License Number, Atten
PHYSICIAN, PRIMARY PROCEDURE	251-Phy State License Number, Prim
PHYSICIAN, ADMITTING	252-Phy State License Number, Admit
PHYSICIAN, REFERRING	253-Phy State License Number, Refer
1500 PHYSICIAN (SUPPLIER)	254-Phy State License Number, 1500
1500 PHYSICIAN (GROUP)	255-Phy State License Number, 1500
PRINCIPLE PROCEDURE SURGEON	256-Phy State License Number, Prin
PHYSICIAN, PRIMARY CARE	257-Phy State License Number, Prima
PHYSICIAN, ER	258-Phy State License Number, ER
PHYSICIAN, SHARED CARE	259-Phy State License Number, Share
PHYSICIAN,REFER (NOT ATTEND)	5253-Phy State License Nbr, Referri
PHYSICIAN,FIRST MR HCPCS	6310-Phy State License Nbr, MR HCPC
PHYSICIAN,CHARGING(1500S ONLY)	1118-Phy State License Number, Char
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Patient Processing, Tables, Physician/NSCG Table Maintenance, Physician/NSCG, Select facility if requested, Key P to prompt for "Enter department(D) or physician/NSCG(P) maintenance [P]--", Answer prompt for "Include Inactive Physician/NSCG Records?(Y/N) [N]--", Answer prompt for "Enter (S)taff physician, (N)SCG, or (B)oth? [S]--", Select physician, Home Address/ID Numbers.

The doctor is determined from the Set-Up Routine.

Employee ID Number

Insured's employee ID number for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-N1 (14) EMPID
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	234212
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	199-Insured's Employee ID Number
UB CARRIER 2	199-Insured's Employee ID Number
UB CARRIER 3	199-Insured's Employee ID Number
INSURANCE COB 4	199-Insured's Employee ID Number

<Page Break>

Date: 04/24/12

STAR Development System

Page : 50

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

Employee ID Number

INSURANCE COB 3	199-Insured's Employee ID Number
INSURANCE COB 2	199-Insured's Employee ID Number
INSURANCE COB 1	199-Insured's Employee ID Number
CARRIER OF REQUEST FOR CLAIM	199-Insured's Employee ID Number
INSURANCE COB FROM CLAIM	199-Insured's Employee ID Number
INSURANCE PRIMARY TO MEDICARE	199-Insured's Employee ID Number
INSURANCE COB 5	199-Insured's Employee ID Number
INSURANCE COB 6	199-Insured's Employee ID Number
INSURANCE COB 7	199-Insured's Employee ID Number
INSURANCE COB 8	199-Insured's Employee ID Number
INSURANCE COB 9	199-Insured's Employee ID Number

Print Routines

STANDARD PRINT (NO FORMATTING) (D) |BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, Plan Demographics, Press ENTER as needed to proceed to the screen containing Employee ID.

Employment Information Data

Code for Employment Information Data. This code describes the person for whom employment information was collected for the insurance selected in the Set-Up Routine. This is collected for UB reporting.

PBE Field	
Database Location	A-N1 (12) EID
Field Type	Alphanumeric
Table Used	Employment Information Data
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	R
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	195-Insured's Employment Informatio
UB CARRIER 2	195-Insured's Employment Informatio
UB CARRIER 3	195-Insured's Employment Informatio
INSURANCE COB 4	195-Insured's Employment Informatio
INSURANCE COB 3	195-Insured's Employment Informatio
INSURANCE COB 2	195-Insured's Employment Informatio
INSURANCE COB 1	195-Insured's Employment Informatio
CARRIER OF REQUEST FOR CLAIM	195-Insured's Employment Informatio
INSURANCE COB FROM CLAIM	195-Insured's Employment Informatio
INSURANCE PRIMARY TO MEDICARE	195-Insured's Employment Informatio
INSURANCE COB 5	195-Insured's Employment Informatio
INSURANCE COB 6	195-Insured's Employment Informatio
INSURANCE COB 7	195-Insured's Employment Informatio
INSURANCE COB 8	195-Insured's Employment Informatio
INSURANCE COB 9	195-Insured's Employment Informatio
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press

<Page Break>

Date: 04/24/12

STAR Development System

Page : 51

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

Employment Information Data

ENTER, Admission Information, Insurance Process, Select Insurance, Plan Demographics, Press ENTER as needed to proceed to the screen containing Employment Info.

ER Physician (Code or Name)

The physician identified as the ER physician on the Admission screens.

PBE Field	231-Physician, ER
Database Location	A-VP (28) PHYS
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123456
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Page, Physicians Page

EXPECTED REIMBURSEMENT

For the insurance selected in the Set-Up Routine, the expected reimbursement for the account calculated for the most recent bill. This can be the sum of the expected reimbursements for multiple claims when PCON, OPPS, or EAPG is being used to estimate the reimbursement.

PBE Field	
Database Location	FB-FBT1 (5) F_ACRAMT
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12345
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	509-Expected Reimbursement
UB CARRIER 2	509-Expected Reimbursement
UB CARRIER 3	509-Expected Reimbursement
INSURANCE COB 4	509-Expected Reimbursement
INSURANCE COB 3	509-Expected Reimbursement
INSURANCE COB 2	509-Expected Reimbursement
INSURANCE COB 1	509-Expected Reimbursement
CARRIER OF REQUEST FOR CLAIM	509-Expected Reimbursement
INSURANCE COB FROM CLAIM	509-Expected Reimbursement
INSURANCE PRIMARY TO MEDICARE	509-Expected Reimbursement

INSURANCE COB 5	509-Expected Reimbursement
INSURANCE COB 6	509-Expected Reimbursement
INSURANCE COB 7	509-Expected Reimbursement
INSURANCE COB 8	509-Expected Reimbursement
INSURANCE COB 9	509-Expected Reimbursement
Print Routines	
<Page Break>	

Date: 04/24/12

STAR Development System

Page : 52

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

EXPECTED REIMBURSEMENT

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. The Expected Reimbursement appears on the Billing Reimbursement screen. The opportunity to view it is provided when appropriate.

FACILITY CODE

The intended use of this Internal Element is Trendstar/HPM.

If the Set-Up Routine is 112 (Facility Code (Numeric)), then a numerical value is provided for the facility of the account. This is the order of the facility code in the list of facility codes for the institution.

If the Set-Up Routine is 113 (Facility Code (Alpha)), then the one-character alpha code for the facility is provided.

PBE Field	
Database Location	None
Field Type	Alphanumeric
Table Used	The first facility listed is 1, the second is 2, etc.
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
FACILITY CODE (NUMERIC)	
FACILITY CODE (ALPHA)	
Print Routines	

Source Screens

The facility for an account is the first character of the patient account number which appears in the account header for most screens in Patient

Accounting.

Final Bill Date

The date on which the account was final billed.

PBE Field	459-Final Bill Date
Database Location	FA-FAA (3) F_AEFBD
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, Billing Information

FINANCIAL CLASS DESCRIPTION

Description from the Financial Class table for Financial Class for the account stored in Patient Accounting. Initially the Financial Class

<Page Break>

Date: 04/24/12

STAR Development System

Page : 53

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

FINANCIAL CLASS DESCRIPTION

matches the Financial Class recorded during Admitting by default from the primary insurance or by user selection from the Financial Class table. The Financial Class stored in Patient Accounting can be altered in Patient Accounting processes such as cash posting, Balance Transfer and Claim Disposition, and Insurance Time Out.

PBE Field	457-Financial Class
Database Location	V-JV (2) FINDESC
Field Type	Alphanumeric
Table Used	Financial Classes
Modules	Claims
Trendstar/HPM Interface	

STIs	
Sample Data	Fin class desc
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

The Patient Accounting Financial Class appears in the header line for the account in most Patient Accounting screens.

The Financial Class table can be accessed in Financials using Tables, Table Maintenance, and Financial Classes.

Financial Class

Financial Class for the account stored in Patient Accounting. Initially this matches the Financial Class recorded during Admitting by default from the primary insurance or by user selection from the Financial Class table. The Financial Class stored in Patient Accounting can be altered in Patient Accounting processes such as cash posting, Balance Transfer and Claim Disposition, and Insurance Time Out.

PBE Field	457-Financial Class
Database Location	FA-FAA (21) F_AEFCLS
Field Type	Alphanumeric
Table Used	Financial Classes
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	AB
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

The Patient Accounting Financial Class appears in the header line for the account in most Patient Accounting screens.

Gestation Period in Weeks

The length of time from conception to birth.

PBE Field	93-Gestation Period in Weeks
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<Page Break>

Date: 04/24/12

STAR Development System

Page : 54

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

Gestation Period in Weeks

Database Location	A-GK (6) GESPERD
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	36
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Patient Processing, Medical Records, Abstracting and DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Maternity/Newborn Information.

GSE ADMIT NURSE STATION

For inpatients it is the first nurse station where the patient has been for more than two hours. For outpatients it is the first visit location. If there is no visit location, it will be the patient type.

PBE Field	792-GSE Admit Nurse Station
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1E
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Location Information.

GUARANTOR ADDRESS 1

Address line 1 for the guarantor.

PBE Field	179-Guarantor Address 1
-----------	-------------------------

Database Location	A-DP (9) ADDR
Field Type	Alphanumeric
Table Used	
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	Apartment 1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press
ENTER, Admission Information, Guarantor Information, Guarantor Page
<Page Break>

Date: 04/24/12

STAR Development System

Page : 55

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

GUARANTOR ADDRESS 2

Address line 2 for the guarantor.

PBE Field	453-Guarantor Address 2
Database Location	A-AL (1) ADDR2
Field Type	Alphanumeric
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123 MAIN STREET
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press
ENTER, Admission Information, Guarantor Information, Guarantor Page

GUARANTOR CITY

City for the guarantor.

PBE Field	466-Guarantor City
Database Location	A-DP (10) CITY
Field Type	Alphanumeric
Table Used	
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	ATLANTA
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Information, Guarantor Page

GUARANTOR EMPLOYER CODE

Code assigned to the guarantor's employer. If the guarantor's employer was entered using free text, then this field will be blank.

PBE Field	196-Guarantor Employer Code
Database Location	A-UP (2) EMPCODE
Field Type	Alphanumeric
Table Used	Employers
Modules	Trendstar/HPM Interface
STIs	
Sample Data	00535
Set-Up Routines	Corresponding PBE Field
Print Routines	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 56

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

GUARANTOR EMPLOYER CODE

STANDARD PRINT (NO FORMATTING)	BLANK
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Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press Enter, Admission Information, Guarantor Information, Guarantor Page

GUARANTOR EMPLOYER NAME

Employer/School for the guarantor. If the Employer/School was selected from the Employers table, then the description existing in the table at the time of selection is used. If a free form response was used to indicate Employer/School, then it is supplied.

PBE Field	198-Guarantor Employer Name
Database Location	A-UP (3) EMPLOYER
Field Type	Alphanumeric
Table Used	Employers
Modules	Trendstar/HPM Interface
STIs	
Sample Data	AT&T
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Employer Page

GUARANTOR EMPLOYERS ADDRESS 2

Line 2 of address for guarantor's employer.

PBE Field	188-Guarantor Employer's Address 2
Database Location	A-UP (11) ADDR2
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Employer Page

GUARANTOR EMPLOYERS ADDRESS

Line 1 of address for guarantor's employer.

PBE Field	200-Guarantor Employer's Address	
Database Location	A-UP (4) ADDR	
Field Type	Alphanumeric	
<Page Break>		
Date: 04/24/12	STAR Development System	Page : 57
Time: 02:28pm	Internal Element Documentation	Report: FINTELM

GUARANTOR EMPLOYERS ADDRESS

Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Employer Page

GUARANTOR EMPLOYERS CITY

The city of the guarantor's employer.

PBE Field	202-Guarantor Employer's City
Database Location	A-UP (5) CITY
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Employer Page

GUARANTOR EMPLOYERS STATE

The state of the guarantor's employer.

PBE Field	204-Guarantor Employer's State
Database Location	A-UP (6) STATE
Field Type	Alphanumeric
Table Used	State Abbreviations
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Employer Page

<Page Break>

Date: 04/24/12

STAR Development System

Page : 58

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

GUARANTOR EMPLOYERS ZIP CODE

The zip code of the guarantor's employer.

PBE Field	206-Guarantor Employer's Zip Code
Database Location	A-UP (7) ZIP
Field Type	Alphanumeric
Table Used	Zip Codes
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
ZIP CODE-UNIVERSAL (D)	ZIP CODE 99999-9999
ZIP CODE 99999	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Employer Page

GUARANTOR EMPLOYMENT STATUS

Employment Status of the guarantor (e.g., Full time, Part time, etc.).
The code for Employment Status is the table titled Employment Status Codes.

PBE Field	190-Guarantor Employment Status
Database Location	A-UP (13) EMPSTAT
Field Type	Alphanumeric
Table Used	Employment Status Codes
Modules	Trendstar/HPM Interface
STIs	
Sample Data	6
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press
ENTER, Admission Information, Guarantor Employer Page

GUARANTOR MEDICAL REC NUMBER

Medical record number for the patient's guarantor.

PBE Field	86-Guarantor Medical Record Number
Database Location	A-GP (3) GUARNO
Field Type	Alphanumeric
Table Used	Unit Number preceded by alpha facility indicator
Modules	Trendstar/HPM Interface
STIs	
Sample Data	0-99999
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	MEDICAL RECORD # (HOSP FORMAT)

<Page Break>

Date: 04/24/12

STAR Development System

Page : 59

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

GUARANTOR MEDICAL REC NUMBER

BLANK	MEDICAL RECORD #, NO FACILITY
MEDICAL RCD # FOR PDS (GUAR)	

Source Screens

The Medical Record Number appears in the name lookup for varied Patient Accounting processors. The label is Unit#. If the guarantor has a visit, then the Medical Record Number appears in the header line when that visit is accessed for a Patient Accounting function.

GUARANTOR NAME

Name of the guarantor.

PBE Field	469-Guarantor Name
Database Location	A-DP (2) NAME
Field Type	Alphanumeric
Table Used	
Modules	Billing Requirements
Claims	Trendstar/HPM Interface
STIs	
Sample Data	PATIENT,JOHN;Q
Set-Up Routines	Corresponding PBE Field
Print Routines	
NAME (LAST,FIRST MI) (D)	NAME (FIRST MI LAST)
BLANK	LAST NAME
FIRST NAME	NAME(LAST FIRST MI) NO PUNCT
NAME (LAST,FIRST,MI)	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Information, Guarantor Page

GUARANTOR OCCUPATION

The occupation of the patient's guarantor. If the occupation is selected from the Occupation Codes table, then the description existing at that time is used. If a free form response is used, then that is supplied.

PBE Field	182-Guarantor Occupation
Database Location	A-UP (1) OCCUPAT
Field Type	Alphanumeric
Table Used	Occupation Codes
Modules	Trendstar/HPM Interface
STIs	
Sample Data	ACTOR
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press
ENTER, Admission Information, Guarantor Employer Page

<Page Break>

Date: 04/24/12

STAR Development System

Page : 60

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

GUARANTOR PHONE

Guarantor phone number.

PBE Field	471-Guarantor Phone Number
Database Location	A-DP (13) PHONE
Field Type	Alphanumeric
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	1234567
Set-Up Routines	Corresponding PBE Field
Print Routines	
PHONE NUMBER (999) 999-9999 (D)	PHONE NUMBER 999-999-9999
PHONE NUMBER 999-9999	PHONE # WITHOUT PUNCTUATION
BLANK	PHONE (999 999-9999)
PHONE (999 9999999)	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press
ENTER, Admission Information, Guarantor Information, Guarantor Page

GUARANTOR SOCIAL SECURITY NUMBER

Employee ID for the guarantor.

PBE Field	192-Guarantor Social Security Number
Database Location	A-UP (14) EMPID
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	
STIs	
Sample Data	999-999-7865
Set-Up Routines	Corresponding PBE Field

Print Routines	
SOCIAL SECURITY NUMBER	NO PUNCTUATION IN SS#
BLANK	SOCIAL SECURITY # NO DASHES

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Guarantor Employer Page.

GUARANTOR STATE

The state in which the guarantor resides.

PBE Field	472-Guarantor State
Database Location	A-DP (11) STATE
Field Type	Alphanumeric
Table Used	
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	GA

<Page Break>

Date: 04/24/12

STAR Development System

Page : 61

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

GUARANTOR STATE

Set-Up Routines	Corresponding PBE Field
Print Routines	
STATE ABBREVIATION (XX) (D)	STANDARD PRINT (NO FORMATTING)
STATE NAME	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Information, Guarantor Page

GUARANTOR ZIP CODE

The zip code in which the guarantor resides.

PBE Field	474-Guarantor Zip Code
Database Location	A-DP (12) ZIP
Field Type	Alphanumeric
Table Used	Zip Codes

Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	123456789
Set-Up Routines	Corresponding PBE Field
Print Routines	
ZIP CODE-UNIVERSAL (D)	ZIP CODE 99999-9999
ZIP CODE 99999	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Guarantor Information, Guarantor Page

H/T CLAIM DISPOSITION

For the insurance selected in the Set-Up Routine, the Claim Disposition is supplied for the claim with the most recent claim load date.

PBE Field	
Database Location	FB-FBL (3) F_AARCD
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	M
Set-Up Routines	Corresponding PBE Field
INSURANCE COB 4	
INSURANCE COB 3	
INSURANCE COB 2	
INSURANCE COB 1	
INSURANCE COB 5	
INSURANCE COB 6	
INSURANCE COB 7	
INSURANCE COB 8	
INSURANCE COB 9	
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

<Page Break>

Date: 04/24/12

STAR Development System

Page : 62

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T CLAIM DISPOSITION

Financials, Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, and Carrier Status Information.

H/T CLAIM SUBMISSION DATE

For the insurance selected in the Set-Up Routine, the most recent claim load date is supplied.

PBE Field	
Database Location	FB-FBL (12) F_BCMDTE
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	
Set-Up Routines	Corresponding PBE Field
INSURANCE COB 4	507-Claim Submission Date
INSURANCE COB 3	507-Claim Submission Date
INSURANCE COB 2	507-Claim Submission Date
INSURANCE COB 1	507-Claim Submission Date
INSURANCE COB 5	507-Claim Submission Date
INSURANCE COB 6	507-Claim Submission Date
INSURANCE COB 7	507-Claim Submission Date
INSURANCE COB 8	507-Claim Submission Date
INSURANCE COB 9	507-Claim Submission Date
Print Routines	

Source Screens

Financials, Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, and Carrier Status Information.

H/T ETHNICITY

Patient ethnicity.

PBE Field	
Database Location	A-DP (48) ETHCODE
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Informaiton, Patient Informaition, and Patient Page.

H/T I10 ADMITTING DRG NUMBER

The ICD10 DRG assigned per the ICD10 admitting diagnosis. It is provided only if the abstract is marked complete.

PBE Field

|

<Page Break>

Date: 04/24/12

STAR Development System

Page : 63

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I10 ADMITTING DRG NUMBER

Database Location

|A-KKT (3) ADMDRGNO

Field Type

|Numeric

Table Used

|

Modules

|Trendstar/HPM Interface

STIs

|F10864

Sample Data

|123

Set-Up Routines

|Corresponding PBE Field

Print Routines

|

STANDARD PRINT (NO FORMATTING) (D) |BLANK

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 CAPITAL OUTLIER REIM

The Capital Outlier Reimbursement for the first ICD10 DRG.

PBE Field

|

Database Location

|A-KKT (29) CAPOUTLI

Field Type

|Money

Table Used

|

Modules

|Trendstar/HPM Interface

STIs

|F10864

Sample Data

|100

Set-Up Routines

|Corresponding PBE Field

Print Routines

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 CAPITAL REIMBURSEMENT

The Capital Reimbursement for the first ICD10 DRG.

PBE Field

Database Location

Field Type

Table Used

Modules

STIs

Sample Data

Set-Up Routines

Print Routines

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 64

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I10 DRG (DRG PYR)

Final ICD10 DRG. The DRG payors for the first and second ICD10 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. As soon as a match is found, the ICD10 DRG is supplied per the ICD10 DRG information for that account and payor.

PBE Field

Database Location

Field Type

Table Used

Modules

STIs

Sample Data

Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs from the account.

H/T I10 DRG (FIRST)

First Final ICD10 DRG assigned to the account.

PBE Field	
Database Location	A-KKT (5) FINALDRG
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 DRG (OTH PYR)

Final ICD10 DRG. The DRG payors for the first and second ICD10 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. As soon as a match is found, the ICD10 DRG is supplied per the ICD10 DRG information for that account and payor.

PBE Field	
Database Location	A-KKT-5 A-KKT2-17
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864

<Page Break>

Date: 04/24/12

STAR Development System

Page : 65

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I10 DRG (OTH PYR)

Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 DRG CST OTL PR(DRG PYR)

Yes/No Indicator for ICD10 DRG Cost Outlier. The DRG payor for the first ICD10 DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. If a match is found, the ICD10 DRG Cost Outlier Indicator is supplied for the first ICD10 DRG information for that account and payor.

PBE Field	
Database Location	A-KKT (15) DRGCSTOL
Field Type	Yes/No Flag
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 DRG CST OTL PR(FIRST)

Yes/No Indicator for ICD10 DRG Cost Outlier. This is for the first ICD10 DRG.

PBE Field	
Database Location	A-KKT (15) DRGCSTOL
Field Type	Yes/No Flag
Table Used	

Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 66

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I10 DRG CST OTL PR(OTH PYR)

Yes/No Indicator for ICD10 DRG Cost Outlier. The DRG payor for the first ICD10 DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. If a match is found, the ICD10 DRG Cost Outlier Indicator is supplied per the ICD10 DRG information for this account and payor.

PBE Field	
Database Location	A-KKT (15) DRGCSTOL
Field Type	Yes/No Flag
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 DRG DESC (DRG PYR)

DRG Description. The DRG payors for the first and second ICD10 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. As soon as a match is found, the ICD10 DRG

Description is supplied per the ICD10 DRG information for that account and payor.

PBE Field	
Database Location	A-KKT-5 A-KKT-2 A-KKT1-2 A-KKT-1 A-KKT2-2
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	LUNG TRANSPLANT
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 DRG DESC (FIRST)

ICD10 DRG Description for first ICD10 DRG assigned to the account.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface

<Page Break>

Date: 04/24/12

STAR Development System

Page : 67

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I10 DRG DESC (FIRST)

STIs	F10864
Sample Data	LUNG TRANSPLANT
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 DRG DESC (OTH PYR)

DRG Description. The DRG payors for the first and second ICD10 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. As soon as a match is found, the ICD10 DRG Description is supplied per the ICD10 DRG information for that account and payor.

PBE Field	
Database Location	A-KKT-5 A-KKT-2 A-KKT1-2 A-KKT-1 A-KKT-5 A-KKT2-2
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	LUNG TRANSPLANT
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 DRG IND (DRG PYR)

One of four DRG Indicators is provided for the ICD10 DRG. These are C (Classic), M (MS DRG), T (Tricare/CHAMPUS), and O (Other including APR DRG). The DRG payors for the first and second ICD10 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. As soon as a match is found, the ICD10 DRG is supplied per the ICD10 DRG information for that account and payor.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	M
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key

<Page Break>

Date: 04/24/12

STAR Development System

Page : 68

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I10 DRG IND (DRG PYR)

DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 DRG IND (FIRST)

One of four DRG Indicators for the ICD10 DRG is provided. These are C (Classic), M (MS DRG), T (Tricare/Champus), and O (Other including APR DRG). The DRG Indicator for the first ICD10 DRG assigned to the account is provided.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	M
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 DRG IND (OTH PYR)

One of four DRG Indicators is provided for the ICD10 DRG. These are C (Classic), M (MS DRG), T (Tricare/CHAMPUS), and O (Other including APR DRG). The DRG payors for the first and second ICD10 DRGs are compared with the DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. As soon as a match is found, the DRG Indicator for the ICD10 DRG is provided.

PBE Field	
Database Location	

Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	M
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 DRG NUMBER

Final ICD10 DRG. The DRG payors for the first and second ICD10 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UPD (HPM). The selections in this table are from the table titled DRG

<Page Break>

Date: 04/24/12

STAR Development System

Page : 69

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I10 DRG NUMBER

Selection Table maintained in Patient Accounting. As soon as a match is found, the ICD10 DRG is supplied per the ICD10 DRG information for that account and payor.

PBE Field	
Database Location	A-KKT-5 A-KKT2-17
Field Type	Numeric
Table Used	DRG Payor
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	077
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 DRG REIM AMOUNT

DRG Reimbursement Amount for the primary ICD10 DRG is provided.

PBE Field	
Database Location	
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 DRG TABLE NUMBER

For the primary ICD10 DRG, the DRG Rate Table number applicable to the patient's payor and discharge date. The DRG Rate Table contains the reimbursement amount, the standard LOS, and the stay and cost outlier trim points. This field is provided for the first ICD10 DRG. The DRG Rate Table number exists for accounts grouped in Star.

PBE Field	
Database Location	A-KKT (2) DRGTBLNO
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	01
Set-Up Routines	Corresponding PBE Field
Print Routines	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 70

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I10 DRG TABLE NUMBER

STANDARD PRINT (NO FORMATTING)	BLANK
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Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 DRG VERSION (FIRST)

DRG Version for First Final ICD10 DRG assigned to the account.

PBE Field	
Database Location	A-KKT (34) DRGVERSN
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 DRG WEIGHT (DRG PYR)

DRG Weight for ICD10 DRG. The DRG payor for the first ICD10 DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. If a match is found, the ICD10 DRG Weight is supplied per the ICD10 DRG information for that account and payor.

PBE Field	
Database Location	A-KKT1-4 Rate Master A-KKT2-4
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	123.45
Set-Up Routines	Corresponding PBE Field
Print Routines	
DRG WEIGHT WITH NO DECIMAL (D)	BLANK
DRG WEIGHT WITH DECIMAL	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the

selection table of existing DRGs for the account.

H/T I10 DRG WEIGHT (FIRST)

DRG Weight for the first ICD10 DRG.

PBE Field |

<Page Break>

Date: 04/24/12

STAR Development System

Page : 71

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I10 DRG WEIGHT (FIRST)

Database Location | A-KKT1-4 or DRG Rate Master

Field Type | Numeric

Table Used |

Modules | Trendstar/HPM Interface

STIs | F10864

Sample Data | 123.45

Set-Up Routines | Corresponding PBE Field

Print Routines |

DRG WEIGHT WITH NO DECIMAL (D) | BLANK

DRG WEIGHT WITH DECIMAL |

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 DRG WEIGHT (OTH PYR)

ICD10 DRG Weight. The DRG payor for the first ICD10 DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection table maintained in Patient Accounting. If a match is found, the ICD10 DRG Cost Outlier Indicator is supplied per the ICD10 DRG information for that account and payor.

PBE Field |

Database Location | A-KKT1-4 DRG Rate Master A-KKT2-4

Field Type | Numeric

Table Used |

Modules | Trendstar/HPM Interface

STIs	F10864
Sample Data	123.45
Set-Up Routines	Corresponding PBE Field
Print Routines	
DRG WEIGHT WITH NO DECIMAL (D)	BLANK
DRG WEIGHT WITH DECIMAL	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 DRG/DESC (DRG PYR)

DRG and DRG Description. The DRG payors for the first and second ICD10 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. As soon as a match is found, the ICD10 DRG and DRG Description are supplied per the ICD10 DRG information for that account and payor.

PBE Field	
Database Location	A-KKT-5, A-KKT2-17, A-KKT1-2, A-KKT-1, A-KKT-2
Field Type	Alphanumeric
Table Used	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 72

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I10 DRG/DESC (DRG PYR)

Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	123 DESCRIPTION
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 DRG/DESC (FIRST)

DRG and DRG Description for first ICD10 DRG assigned to the account.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	123 DESCRIPTION
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 DRG/DESC (OTH PYR)

DRG and DRG Description. The DRG payors for the first and second ICD10 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. As soon as a match is found, the ICD10 DRG and DRG Description are supplied per the ICD10 DRG information for the account and payor.

PBE Field	
Database Location	A-KKT-5, A-KKT2-17, A-KKT-2, A-KKT1-2, A-KKT-1, A-KKT-2
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	123 DESCRIPTION
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 73

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I10 FINAL DRG ASSGN DATE

The final DRG was marked as the final DRG on this date. This is the date retained for ICD10 DRGs.

PBE Field	
Database Location	A-KKT (21) FNLDRGDT
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 FINAL DRG

The ICD10 Final DRG is provided when the DRG is marked as final.

PBE Field	
Database Location	A-KKT (5) FINALDRG
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 HAC PROC REQ (HCFA DRG)

HAC Processing Required. The HAC Processing Required flag is returned for the first ICD10 DRG if one of the following identifies it as a HCFA ICD10 DRG. The criteria are reviewed for the ICD10 DRG.

- DRG was assigned by the Star grouper

- No Other Payor Code exists but Medicare Payor? is Yes in the DRG Payors table or the Other Payor Code in that table is 00
- Other Payor Code exists and it is recorded as a Medicare DRG or Classic DRG in Other Payor Code for DRG Mapping

Otherwise the HAC Processing Required flag is returned for the second ICD10 DRG if either of the two preceding criteria are true for the second ICD10 DRG.

PBE Field	
Database Location	A-KKT-37 A-KKT2-37
Field Type	Alphanumeric
Table Used	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 74

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I10 HAC PROC REQ (HCFA DRG)

Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 HAC STATUS (HCFA DRG)

HAC Status. The HAC Status is returned for the first ICD10 DRG if one of the following identifies it as a HCFA DRG:

- DRG was assigned by the Star grouper
- No Other Payor Code exists but Medicare Payor? is Yes in the DRG Payors table or the Other Payor Code in that table is 00
- Other Payor Code exists and it is recorded as a Medicare DRG or Classic DRG in Other Payor Code for DRG Mapping

Otherwise HAC Status is returned for the second ICD10 DRG if either of the two preceding criteria are true for the second ICD10 DRG.

The values must be 0-4. If the DRG Version is not greater than 260 and the DRG is not marked as processed by M23943 or after, then the values are translated as follows to use new values: 0-0, 1-0, 2-1, 3-1, 4-2.

PBE Field	
Database Location	A-KKT-36 A-KKT2-36
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 INITIAL DRG REIMB AMOUNT

DRG Reimbursement Amount for the Primary Initial ICD10 DRG. This is the reimbursement for the ICD10 DRG determined before HAC processing occurs.

PBE Field	
Database Location	A-KKT (38) REIMBINT
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field
Print Routines	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 75

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I10 INITIAL DRG REIMB AMOUNT

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 INITIAL DRG

The ICD10 DRG determined before HAC processing occurs.

PBE Field	
Database Location	A-KKT (39) INITDRG
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 MDC (DRG PYR)

MDC for ICD10 DRG. The DRG payors for the first and second DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG payors table maintained in Medical Records. As soon as a match is found, the MDC for the ICD10 DRG is supplied per the ICD10 DRG information for that account and payor.

PBE Field	
Database Location	
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	24
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 MDC (FIRST)

MDC for the first ICD10 DRG assigned to the account.

PBE Field	
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Database Location

Field Type

| Numeric

<Page Break>

Date: 04/24/12

STAR Development System

Page : 76

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I10 MDC (FIRST)

Table Used

Modules

| Trendstar/HPM Interface

STIs

| F10864

Sample Data

| 24

Set-Up Routines

| Corresponding PBE Field

Print Routines

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 MDC (OTH PYR)

ICD10 MDC. The DRG payors for the first and second ICD10 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. As soon as a match is found, the MDC is supplied per the DRG information for that account and payor.

PBE Field

Database Location

Field Type

| Numeric

Table Used

Modules

| Trendstar/HPM Interface

STIs

| F10864

Sample Data

| 24

Set-Up Routines

| Corresponding PBE Field

Print Routines

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 MDC DESC (DRG PYR)

ICD10 MDC Description. The DRG payors for the first and second ICD10 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. As soon as a match is found, the ICD10 MDC Description is supplied per the ICD10 DRG information for that account and payor.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key
<Page Break>

Date: 04/24/12

STAR Development System

Page : 77

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I10 MDC DESC (DRG PYR)

DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 MDC DESC (FIRST)

MDC Description for the first ICD10 DRG assigned to the account.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 MDC DESC (OTH PYR)

ICD10 MDC Description. The DRG payors for the first and second ICD10 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. As soon as a match is found, the MDC Description is supplied per the ICD10 DRG information for that account and payor

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 MDC FOR THE ASSIGNED DRG

Major Diagnostic Category (MDC) number for the first ICD10 DRG.

PBE Field	
Database Location	A-KKT (6) MDCNO
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface

<Page Break>

Date: 04/24/12

STAR Development System

Page : 78

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I10 MDC FOR THE ASSIGNED DRG

STIs	F10864
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 MDC/DESC (DRG PYR)

ICD10 MDC and MDC Description. The DRG payors for the first and second ICD10 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. As soon as a match is found, the MDC and MDC Description are supplied per the ICD10 DRG information for that account and payor.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 MDC/DESC (FIRST)

MDC and MDC Description for the first ICD10 DRG assigned to the account.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	

Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 79

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I10 MDC/DESC (OTH PYR)

ICD10 MDC and MDC Description. The DRG payors for the first and second ICD10 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. As soon as a match is found, the ICD10 MDC and MDC Description are supplied per the ICD10 DRG information for the account and payor.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 OPERATING OUTLIER REIM

The Operating Outlier Reimbursement for the primary ICD10 DRG.

PBE Field	
Database Location	A-KKT (28) OPOUTLI
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface

STIs	F10864
Sample Data	100
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 OPERATING REIMBURSEMENT

The Operating Reimbursement for the first ICD10 DRG.

PBE Field	
Database Location	A-KKT (30) OPREIM
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	100
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

<Page Break>

Date: 04/24/12

STAR Development System

Page : 80

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I10 OPERATING REIMBURSEMENT

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 OUTL DESC PRI (DRG PYR)

Outlier Description. If the ICD10 primary DRG High Stay Outlier Indicator is Yes, then HIGH STAY OUTLIER appears. If the ICD10 primary DRG Cost Outlier Indicator is Yes, then COST OUTLIER appears. Otherwise, the patient status description returned by the grouper for the ICD10 primary DRG appears.

The DRG payor for the primary ICD10 DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections

in this table are from the DRG Payors table maintained in Medical Records. If a match is found, the Outlier Description is supplied from the primary ICD10 DRG information for that account and payor.

PBE Field	
Database Location	A-KKT-14, A-KKT-15, A-KKT1-20
Field Type	Alphanumeric
Table Used	DRG Payor
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	COST OUTLIER
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 OUTL DESC PRI (FIRST)

ICD10 Outlier Description. If the DRG High Stay Outlier Indicator for the ICD10 primary DRG is Yes, then HIGH STAY OUTLIER appears. If the DRG Cost Outlier Indicator for the ICD10 primary DRG is Yes, then COST OUTLIER appears. Otherwise, the patient status description returned by the grouper appears.

The Outlier Description appears for the first ICD10 DRG assigned to the account.

PBE Field	
Database Location	A-KKT-14, A-KKT-15, A-KKT1-20
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	COST OUTLIER
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the

<Page Break>

Date: 04/24/12

STAR Development System

Page : 81

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I10 OUTL DESC PRI (FIRST)

selection table of existing DRGs for the account.

H/T I10 OUTL DESC PRI (OTH PYR)

ICD10 Outlier Description. If the DRG High Stay Outlier Indicator for the primary ICD10 DRG is Yes, then HIGH STAY OUTLIER appears. If the DRG Cost Outlier Indicator for the primary ICD10 DRG is Yes, then COST OUTLIER appears. Otherwise, the patient status description returned by the grouper for the primary ICD10 DRG appears.

The DRG payor for the first ICD10 DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. If a match is found, the Outlier Description is supplied per the primary ICD10 DRG information for that account and payor.

PBE Field	
Database Location	A-KKT-14, A-KKT-15, A-KKT1-20
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	COST OUTLIER
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 OUTLIER PRI (DRG PYR)

Outlier (Patient Status Flag). The DRG payor for the first ICD10 DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. If a match is found, the Outlier is supplied per the ICD10 primary DRG information for that account and payor.

PBE Field	
Database Location	A-KKT1 (11) C3STN
Field Type	Alpha

Table Used	DPY
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	D
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 82

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I10 OUTLIER PRI (FIRST)

Outlier (Patient Status Flag) for the first ICD10 DRG assigned to the account.

PBE Field	
Database Location	A-KKT1 (11) C3STN
Field Type	Alpha
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	D
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 OUTLIER PRI (OTH PYR)

ICD10 Outlier (Patient Status Flag). The DRG payor for the first ICD10 DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. If a match is found, the Outlier is supplied per the ICD10 DRG information for that account and payor.

PBE Field	
Database Location	A-KKT1 (11) C3STN
Field Type	Alpha
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	D
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 PROVISIONAL DRG NUMBER

The ICD10 DRG that is used before a Final ICD10 DRG is assigned. This is the ICD10 Provisional DRG assigned in the first of two possible sets of ICD10 DRG information.

PBE Field	
Database Location	A-KKT (4) PRODRGNO
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 83

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I10 PROVISIONAL DRG NUMBER

Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 STAY OUTL PRI (DRG PYR)

Yes/No Indicator for ICD10 DRG Stay Outlier. The DRG payor for the first ICD10 DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. If a match is found, the ICD10 DRG Cost Outlier Indicator is supplied per the ICD10 DRG information for that account and payor.

PBE Field	
Database Location	A-KKT (14) DRGSTAOL
Field Type	Yes/No Flag
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 STAY OUTL PRI (FIRST)

Yes/No Indicator for DRG Stay Outlier. This is for the first ICD10 DRG.

PBE Field	
Database Location	A-KKT (14) DRGSTAOL
Field Type	Yes/No Flag
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 STAY OUTL PRI (OTH PYR)

Yes/No Indicator for ICD10 DRG Stay Outlier. The DRG payor for the first ICD10 DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table

<Page Break>

Date: 04/24/12

STAR Development System

Page : 84

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I10 STAY OUTL PRI (OTH PYR)

titled DRG Selection Table maintained in Patient Accounting. If a match is found, the DRG Stay Outlier Indicator is supplied per the ICD10 DRG information for that account and payor.

PBE Field	
Database Location	A-KKT (14) DRGSTAOL
Field Type	Yes/No Flag
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 TOTAL CAPITAL REIMBURSEMENT

ICD10 Total Capital Reimbursement is provided for the first or second ICD10 DRG if the Other Payor Code matches the Other Payor Code selected in the Set-Up Routine. The choices are as follows:

Other Payor Code	Description from Set-up Routine
00	Medicare DRG
01	New Jersey DRG
02	AP DRG
03	CHAMPUS DRG

The Other Payor Code is used by non-Star groupers to determine the type of DRG to be assigned.

PBE Field	
Database Location	A-KKT-31 or A-KKT2-13
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface

STIs	F10864
Sample Data	12000
Set-Up Routines	Corresponding PBE Field
MEDICARE DRG	
NEW JERSEY DRG	
AP DRG	
CHAMPUS DRG	
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 TOTAL DSH

ICD10 Total DSH (Disproportionate Share Adjustment Payment) is provided for the first or second ICD10 DRG if the Other Payor Code matches the Other

<Page Break>

Date: 04/24/12

STAR Development System

Page : 85

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I10 TOTAL DSH

Payor Code selected in the Set-Up Routine. The choices are as follows:

Other Payor Code	Description from Set-Up Routine
00	Medicare DRG
01	New Jersey DRG
02	AP DRG
03	CHAMPUS DRG

The Other Payor Code is used by non-Star groupers to determine the type of DRG to be assigned.

PBE Field	
Database Location	A-KKT1-7 or A-KKT2-7
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	15000
Set-Up Routines	Corresponding PBE Field
MEDICARE DRG	
NEW JERSEY DRG	

AP DRG
 CHAMPUS DRG
 Print Routines

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 TOTAL IME

ICD10 Total IME (Indirect Medical Education Adjustment Payment) is provided for the first or second ICD10 DRG if the other Payor Code matches the Other Payor Code selected in the Set-Up Routine. The choices are as follows:

Other Payor Code	Description from Set-Up Routine
00	Medicare DRG
01	New Jersey DRG
02	AP DRG
03	CHAMPUS DRG

The Other Payor Code is used by non-Star groupers to determine the type of DRG to be assigned.

PBE Field	
Database Location	A-KKT1-6 or A-KKT2-6
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	10000
Set-Up Routines	Corresponding PBE Field
MEDICARE DRG	
NEW JERSEY DRG	
AP DRG	
CHAMPUS DRG	
Print Routines	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 86

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I10 TOTAL IME

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key

DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 TOTAL OUTLIER REIMBURSEMENT

If the Other Payor Code for the ICD10 DRG matches the code selected in the Set-Up Routine, then Total Outlier for the ICD10 DRG is supplied. This means the ICD10 DRG was not assigned in Star.

PBE Field	
Database Location	
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	132156
Set-Up Routines	Corresponding PBE Field
MEDICARE DRG	
NEW JERSEY DRG	
AP DRG	
CHAMPUS DRG	
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I10 TOTAL REIMBURSEMENT AMT

The intended use of this Internal Element is Trendstar/HPM. For the Other Payor Code selected in the Set-Up Routine, the Total Reimbursement Amount returned by the grouper for an ICD10 DRG is supplied. This number can be supplied for the first or second ICD10 DRG. The Set-Up routines look for specific values for the Other Payor Code and these are as follows:

Medicare DRG	00
New Jersey DRG	01
AP DRG	02
CHAMPUS DRG	03

PBE Field	
Database Location	A-KKT-8 A-KKT2-16
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface

STIs	F10864
Sample Data	120000
Set-Up Routines	Corresponding PBE Field
MEDICARE DRG	
NEW JERSEY DRG	
AP DRG	
CHAMPUS DRG	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 87

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I10 TOTAL REIMBURSEMENT AMT

Print Routines

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 ADMITTING DRG NUMBER

The ICD9 DRG assigned per the ICD9 admitting diagnosis. It is provided only if the abstract is marked complete.

PBE Field	166-Admitting DRG Number
Database Location	A-KK (3) ADMDRGNO
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 CAPITAL OUTLIER REIM

The Capital Outlier Reimbursement for the first ICD9 DRG.

PBE Field	165-Capital Outlier Reimbursement
Database Location	A-KK (29) CAPOUTLI
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	100
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 CAPITAL REIMBURSEMENT

The Capital Reimbursement for the first ICD9 DRG.

PBE Field	168-Capital Reimbursement
Database Location	A-KK (31) CAPRIEM
Field Type	Money

<Page Break>

Date: 04/24/12

STAR Development System

Page : 88

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I9 CAPITAL REIMBURSEMENT

Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	100
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 DRG (DRG PYR)

Final ICD9 DRG. The DRG payors for the first and second ICD9 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. As soon as a match is found, the ICD9 DRG is supplied per the ICD9 DRG information for that account and payor.

PBE Field	810-DRG (CCA/RUA/PDS)
Database Location	A-KK-5 A-KK2-17
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs from the account.

H/T I9 DRG (FIRST)

First Final ICD9 DRG assigned to the account.

PBE Field	810-DRG (CCA/RUA/PDS)
Database Location	A-KK (5) FINALDRG
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 89

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I9 DRG (OTH PYR)

Final ICD9 DRG. The DRG payors for the first and second ICD9 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. As soon as a match is found, the ICD9 DRG is supplied per the ICD9 DRG information for that account and payor.

PBE Field	810-DRG (CCA/RUA/PDS)
Database Location	A-KK-5 A-KK2-17
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 DRG CST OTL PR(DRG PYR)

Yes/No Indicator for ICD9 DRG Cost Outlier. The DRG payor for the first ICD9 DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. If a match is found, the ICD9 DRG Cost Outlier Indicator is supplied for the first ICD9 DRG information for that account and payor.

PBE Field	161-DRG Cost Outlier Indicator
Database Location	A-KK (15) DRGCSTOL
Field Type	Yes/No Flag
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the

selection table of existing DRGs for the account.

H/T I9 DRG CST OTL PR(FIRST)

Yes/No Indicator for ICD9 DRG Cost Outlier. This is for the first ICD9 DRG.

PBE Field	161-DRG Cost Outlier Indicator
Database Location	A-KK (15) DRGCSTOL
Field Type	Yes/No Flag
Table Used	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 90

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I9 DRG CST OTL PR(FIRST)

Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 DRG CST OTL PR(OTH PYR)

Yes/No Indicator for ICD9 DRG Cost Outlier. The DRG payor for the first ICD9 DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. If a match is found, the ICD9 DRG Cost Outlier Indicator is supplied per the ICD9 DRG information for this account and payor.

PBE Field	161-DRG Cost Outlier Indicator
Database Location	A-KK (15) DRGCSTOL
Field Type	Yes/No Flag
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864

Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 DRG DESC (DRG PYR)

DRG Description. The DRG payors for the first and second ICD9 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. As soon as a match is found, the ICD9 DRG Description is supplied per the ICD9 DRG information for that account and payor.

PBE Field	810-DRG (CCA/RUA/PDS)
Database Location	A-KK-5 A-KK-2 A-KK1-2 A-KK-1 A-KK2-2
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	LUNG TRANSPLANT
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key
<Page Break>

Date: 04/24/12

STAR Development System

Page : 91

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I9 DRG DESC (DRG PYR)

DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 DRG DESC (FIRST)

ICD9 DRG Description for first ICD9 DRG assigned to the account.

PBE Field	810-DRG (CCA/RUA/PDS)
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Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	LUNG TRANSPLANT
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 DRG DESC (OTH PYR)

DRG Description. The DRG payors for the first and second ICD9 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. As soon as a match is found, the ICD9 DRG Description is supplied per the ICD9 DRG information for that account and payor.

PBE Field	
Database Location	A-KK-5 A-KK-2 A-KK1-2 A-KK-1 A-KK-5 A-KK2-2
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	LUNG TRANSPLANT
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 DRG IND (DRG PYR)

One of four DRG Indicators is provided for the ICD9 DRG. These are C (Classic), M (MS DRG), T (Tricare/CHAMPUS), and O (Other including APR DRG). The DRG payors for the first and second ICD9 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. As soon as a match is found, the ICD9 DRG is supplied per

the ICD9 DRG information for that account and payor.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 92

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I9 DRG IND (DRG PYR)

PBE Field	839-DRG Information (CCA/RUA/PDS)
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	M
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 DRG IND (FIRST)

One of four DRG Indicators for the ICD9 DRG is provided. These are C (Classic), M (MS DRG), T (Tricare/CHAMPUS), and O (Other including APR DRG). The DRG Indicator for the first ICD9 DRG assigned to the account is provided.

PBE Field	839-DRG Information (CCA/RUA/PDS)
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	M
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 DRG IND (OTH PYR)

One of four DRG Indicators is provided for the ICD9 DRG. These are C (Classic), M (MS DRG), T (Tricare/CHAMPUS), and O (Other including APR DRG). The DRG payors for the first and second ICD9 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. As soon as a match is found, the DRG Indicator for the ICD9 DRG is provided.

PBE Field	839-DRG Information (CCA/RUA/PDS)
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	M

<Page Break>

Date: 04/24/12

STAR Development System

Page : 93

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I9 DRG IND (OTH PYR)

Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selecton table of existing DRGs for the account.

H/T I9 DRG NUMBER

Final ICD9 DRG. The DRG payors for the first and second ICD9 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. As soon as a match is found, the ICD9 DRG is supplied per the ICD9 DRG information for that account and payor.

PBE Field	810-DRG (CCA/RUA/PDS)
Database Location	A-KK-5 A-KK2-17

Field Type	Numeric
Table Used	DRG Payor
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	077
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 DRG REIM AMOUNT

DRG Reimbursement Amount for primary ICD9 DRG.

PBE Field	
Database Location	
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 DRG TABLE NUMBER

For the primary ICD9 DRG, the DRG Rate Table number applicable to the patient's payor and discharge date. The DRG Rate Table contains the reimbursement amount, the standard LOS, and the stay and cost outlier trim

<Page Break>

Date: 04/24/12

STAR Development System

Page : 94

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I9 DRG TABLE NUMBER

points. This field is provided for the first ICD9 DRG. The DRG Rate Table

number exists for accounts grouped in Star.

PBE Field	162-DRG Table Number
Database Location	A-KK (2) DRGTBLNO
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	01
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 DRG VERSION (FIRST)

DRG Version for First Final ICD9 DRG assigned to the account.

PBE Field	
Database Location	A-KK (34) DRGVERSN
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 DRG WEIGHT (DRG PYR)

DRG Weight for ICD9 DRG. The DRG payor for the first ICD9 DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. If a match is found, the ICD9 DRG Weight is supplied per the ICD9 DRG information for that account and payor.

PBE Field	719-DRG Weight
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Database Location	A-KK1-4 Rate Master A-KK2-4
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	123.45
Set-Up Routines	Corresponding PBE Field
Print Routines	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 95

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I9 DRG WEIGHT (DRG PYR)

DRG WEIGHT WITH NO DECIMAL (D) |BLANK

DRG WEIGHT WITH DECIMAL |

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 DRG WEIGHT (FIRST)

DRG Weight for the first ICD9 DRG.

PBE Field	719-DRG Weight
Database Location	A-KK1-4 or DRG Rate Master
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	123.45
Set-Up Routines	Corresponding PBE Field
Print Routines	

DRG WEIGHT WITH NO DECIMAL (D) |BLANK

DRG WEIGHT WITH DECIMAL |

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 DRG WEIGHT (OTH PYR)

ICD9 DRG Weight. The DRG payor for the first ICD9 DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection table maintained in Patient Accounting. If a match is found, the ICD9 DRG Cost Outlier Indicator is supplied per the ICD9 DRG information for that account and payor.

PBE Field	719-DRG Weight
Database Location	A-KK1-4 DRG Rate Master A-KK2-4
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	123.45
Set-Up Routines	Corresponding PBE Field
Print Routines	
DRG WEIGHT WITH NO DECIMAL (D)	BLANK
DRG WEIGHT WITH DECIMAL	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 96

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I9 DRG/DESC (DRG PYR)

DRG and DRG Description. The DRG payors for the first and second ICD9 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. As soon as a match is found, the ICD9 DRG and DRG Description are supplied per the ICD9 DRG information for that account and payor.

PBE Field	810-DRG (CCA/RUA/PDS)
Database Location	A-KK-5, A-KK2-17, A-KK1-2, A-KK-1, A-KK-2
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864

Sample Data	123 DESCRIPTION
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 DRG/DESC (FIRST)

DRG and DRG Description for first ICD9 DRG assigned to the account.

PBE Field	810-DRG (CCA/RUA/PDS)
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	123 DESCRIPTION
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 DRG/DESC (OTH PYR)

ICD9 DRG and DRG Description. The DRG payors for the first and second ICD9 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. As soon as a match is found, the ICD9 DRG and DRG Description are supplied per the ICD9 DRG information for the account and payor.

PBE Field	810-DRG (CCA/RUA/PDS)
Database Location	A-KK-5, A-KK2-17, A-KK-2, A-KK1-2, A-KK-1, A-KK-2
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface

<Page Break>

Date: 04/24/12

STAR Development System

Page : 97

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I9 DRG/DESC (OTH PYR)

STIs	F10864
Sample Data	123 DESCRIPTION
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 FINAL DRG ASSGN DATE

The final DRG was marked as the final DRG on this date. This is the date retained for ICD9 DRGs.

PBE Field	163-Final DRG Assignment Date
Database Location	A-KK (21) FNLDRGDT
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 FINAL DRG

The ICD9 Final DRG is provided when the DRG is marked as final.

PBE Field	
Database Location	A-KK (5) FINALDRG
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	123

Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 HAC PROC REQ (HCFA DRG)

HAC Processing Required. The HAC Processing Required flag is returned for the first ICD9 DRG if one of the following identifies it as a HCFA ICD9 DRG. The criteria are reviewed for the ICD9 DRG.

- DRG was assigned by the Star grouper
- No Other Payor Code exists but Medicare Payor? is Yes in the DRG Payors

<Page Break>

Date: 04/24/12

STAR Development System

Page : 98

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I9 HAC PROC REQ (HCFA DRG)

table or the Other Payor Code in that table is 00

- Other Payor Code exists and it is recorded as a Medicare DRG or Classic DRG in Other Payor Code for DRG Mapping

Otherwise the HAC Processing Required flag is returned for the second ICD9 DRG if either of the two preceding criteria are true for the second ICD9 DRG.

PBE Field	
Database Location	A-KK-37 A-KK2-37
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 HAC STATUS (HCFA DRG)

HAC Status. The HAC Status is returned for the first ICD9 DRG if one of the following identifies it as a HCFA DRG:

- DRG was assigned by the Star grouper
- No Other Payor Code exists but Medicare Payor? is Yes in the DRG Payors table or the Other Payor Code in that table is 00
- Other Payor Code exists and it is recorded as a Medicare DRG or Classic DRG in Other Payor Code for DRG Mapping

Otherwise HAC Status is returned for the second ICD9 DRG if either of the two preceding criteria are true for the second ICD9 DRG.

The values must be 0-4. If the DRG Version is not greater than 260 and the DRG is not marked as processed by M23943 or after, then the values are translated as follows to use new values: 0-0, 1-0, 2-1, 3-1, 4-2.

PBE Field	
Database Location	A-KK-36 A-KK2-36
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 99

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I9 INITIAL DRG REIM AMOUNT

DRG Reimbursement Amount for the Primary Initial ICD9 DRG. This is the reimbursement for the ICD9 DRG determined before HAC processing occurs.

PBE Field	
Database Location	
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	

Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 INITIAL DRG

The ICD9 DRG determined before HAC processing occurs.

PBE Field	
Database Location	A-KK (39) INITDRG
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10964
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 MDC (DRG PYR)

MDC for ICD9 DRG. The DRG payors for the first and second DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG payors table maintained in Medical Records. As soon as a match is found, the MDC for the ICD9 DRG is supplied per the ICD9 DRG information for that account and payor.

PBE Field	834-MDC (CCA/RUA/PDS)
Database Location	
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	24
Set-Up Routines	Corresponding PBE Field
Print Routines	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 100

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I9 MDC (DRG PYR)

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 MDC (FIRST)

MDC for first ICD9 DRG assigned to the account.

PBE Field	834-MDC (CCA/RUA/PDS)
Database Location	
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	24
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 MDC (OTH PYR)

ICD9 MDC. The DRG payors for the first and second ICD9 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. As soon as a match is found, the MDC is supplied per the DRG information for that account and payor.

PBE Field	834-MDC (CCA/RUA/PDS)
Database Location	
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface

STIs	F10864
Sample Data	24
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 MDC DESC (DRG PYR)

ICD9 MDC Description. The DRG payors for the first and second ICD9 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. As soon as a match is found, the ICD9 MDC Description is supplied per the ICD9 DRG information for that account and payor.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 101

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I9 MDC DESC (DRG PYR)

PBE Field	834-MDC (CCA/RUA/PDS)
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 MDC DESC (FIRST)

MDC Description for the first ICD9 DRG assigned to the account.

PBE Field	834-MDC (CCA/RUA/PDS)
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 MDC DESC (OTH PYR)

ICD9 MDC Description. The DRG payors for the first and second ICD9 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. As soon as a match is found, the MDC Description is supplied per the ICD9 DRG information for that account and payor.

PBE Field	834-MDC (CCA/RUA/PDS)
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key
<Page Break>

Date: 04/24/12

STAR Development System

Page : 102

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I9 MDC DESC (OTH PYR)

DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 MDC FOR THE ASSIGNED DRG

Major Diagnostic Category (MDC) number for the first ICD9 DRG.

PBE Field	171-Major Diagnosis Category for Assgn DRG
Database Location	A-KK (6) MDCNO
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 MDC/DESC (DRG PYR)

ICD9 MDC and MDC Description. The DRG payors for the first and second ICD9 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. As soon as a match is found, the MDC and MDC Description are supplied per the ICD9 DRG information for that account and payor.

PBE Field	834-MDC (CCA/RUA/PDS)
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 MDC/DESC (FIRST)

MDC and MDC Description for the first ICD9 DRG assigned to the account.

PBE Field	834-MDC (CCA/RUA/PDS)
Database Location	
Field Type	Alphanumeric
Table Used	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 103

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I9 MDC/DESC (FIRST)

Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 MDC/DESC (OTH PYR)

ICD9 MDC and MDC Description. The DRG payors for the first and second ICD9 DRGs are compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. As soon as a match is found, the ICD9 MDC and MDC Description are supplied per the ICD9 DRG information for that account and payor.

PBE Field	834-MDC (CCA/RUA/PDS)
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 OPERATING OUTLIER REIM

The Operating Outlier Reimbursement for the primary ICD9 DRG.

PBE Field	164-Operating Outlier Reimbursement
Database Location	A-KK (28) OPOUTLI
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	100
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 104

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I9 OPERATING REIMBURSEMENT

The Operating Reimbursement for the first ICD9 DRG.

PBE Field	167-Operating Reimbursment
Database Location	A-KK (30) OPREIM
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	100
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 OUTL DESC PRI (DRG PYR)

Outlier Description. If the ICD9 primary DRG High Stay Outlier Indicator is Yes, then HIGH STAY OUTLIER appears. If the ICD9 primary DRG Cost Outlier Indicator is Yes, then COST OUTLIER appears. Otherwise, the patient status description returned by the grouper for the ICD9 primary DRG appears.

The DRG payor for the primary ICD9 DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. If a match is found, the Outlier Description is supplied from the primary ICD9 DRG information for that account and payor.

PBE Field	709-Outlier Code/Description
Database Location	A-KK-14, A-KK-15, A-KK1-20
Field Type	Alphanumeric
Table Used	DRG Payor
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	COST OUTLIER
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 OUTL DESC PRI (FIRST)

ICD9 Outlier Description. If the DRG High Stay Outlier Indicator for the ICD9 primary DRG is Yes, then HIGH STAY OUTLIER appears. If the DRG Cost Outlier Indicator for the ICD9 primary DRG is Yes, then COST OUTLIER appears. Otherwise, the patient status description returned by the grouper appears.

The Outlier Description appears for the first ICD9 DRG assigned to the account.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 105

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I9 OUTL DESC PRI (FIRST)

PBE Field	709-Outlier Code/Description
Database Location	A-KK-14, A-KK-15, A-KK1-20
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	COST OUTLIER
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 OUTL DESC PRI (OTH PYR)

ICD9 Outlier Description. If the DRG High Stay Outlier Indicator for the primary ICD9 DRG is Yes, then HIGH STAY OUTLIER appears. If the DRG Cost Outlier Indicator for the primary ICD9 DRG is Yes, then COST OUTLIER appears. Otherwise, the patient status description returned by the grouper for the primary ICD9 DRG appears.

The DRG payor for the first ICD9 DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. If a match is found, the Outlier Description is supplied per the primary ICD9 DRG information for that account and payor.

PBE Field	709-Outlier Code/Description
Database Location	A-KK-14, A-KK-15, A-KK1-20
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	COST OUTLIER
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 OUTLIER PRI (DRG PYR)

Outlier (Patient Status Flag). The DRG payor for the first ICD9 DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. If a match is found, the Outlier is supplied per the ICD9 primary DRG information for that account and payor.

PBE Field	709-Outlier Code/Description
Database Location	A-KK1 (11) C3STN
Field Type	Alpha

<Page Break>

Date: 04/24/12

STAR Development System

Page : 106

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I9 OUTLIER PRI (DRG PYR)

Table Used	DRG Payor
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	D
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 OUTLIER PRI (FIRST)

Outlier (Patient Status Flag) for the first ICD9 DRG assigned to the account.

PBE Field	709-Outlier Code/Description
Database Location	A-KK1 (11) C3STN
Field Type	Alpha
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	D
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 OUTLIER PRI (OTH PYR)

ICD9 Outlier (Patient Status Flag). The DRG payor for the first ICD9 DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. If a match is found, the Outlier is supplied per the ICD9 DRG information for that account and payor.

PBE Field	709-Outlier Code/Description
Database Location	A-KK1 (11) C3STN
Field Type	Alpha
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	D
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 107

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I9 PROVISIONAL DRG NUMBER

The ICD9 DRG that is used before a Final ICD9 DRG is assigned. This is the ICD9 Provisional DRG assigned in the first of two possible sets of ICD9 DRG information.

PBE Field	169-Provisional DRG Number
Database Location	A-KK (4) PRODRGNO
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864

Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 STAY OUTL PRI (DRG PYR)

Yes/No Indicator for ICD9 DRG Stay Outlier. The DRG payor for the first ICD9 DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the DRG Payors table maintained in Medical Records. If a match is found, the ICD9 DRG Cost Outlier Indicator is supplied per the ICD9 DRG information for that account and payor.

PBE Field	708-Stay Outlier
Database Location	A-KK (14) DRGSTAOL
Field Type	Yes/No Flag
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 STAY OUTL PRI (FIRST)

Yes/No Indicator for DRG Stay Outlier. This is for the first ICD9 DRG.

PBE Field	708-Stay Outlier
Database Location	A-KK (14) DRGSTAOL
Field Type	Yes/No Flag
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
<Page Break>	

Date: 04/24/12

STAR Development System

Page : 108

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I9 STAY OUTL PRI (FIRST)

Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 STAY OUTL PRI (OTH PYR)

Yes/No Indicator for ICD9 DRG Stay Outlier. The DRG payor for the first ICD9 DRG is compared with DRG payors selected under Table for the UDF (Trendstar) or UDA (HPM). The selections in this table are from the table titled DRG Selection Table maintained in Patient Accounting. If a match is found, the DRG Stay Outlier Indicator is supplied per the ICD9 DRG information for that account and payor.

PBE Field	708-Stay Outlier
Database Location	A-KK (14) DRGSTAOL
Field Type	Yes/No Flag
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 TOTAL CAPITAL REIMBURSEMENT

ICD9 Total Capital Reimbursement is provided for the first or second ICD9 DRG if the Other Payor Code matches the Other Payor Code selected in the Set-Up Routine. The choices are as follows:

Other Payor Code	Description from Set-Up Routine
------------------	---------------------------------

00	Medicare DRG
01	New Jersey DRG
02	AP DRG
03	CHAMPUS DRG

The Other Payor Code is used by non-Star groupers to determine the type of DRG to be assigned.

PBE Field	
Database Location	A-KK-31 or A-KK2-13
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	12000
Set-Up Routines	Corresponding PBE Field
MEDICARE DRG	808-Total Capital Reimbursement

<Page Break>

Date: 04/24/12

STAR Development System

Page : 109

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I9 TOTAL CAPITAL REIMBURSEMENT

NEW JERSEY DRG	808-Total Capital Reimbursement
AP DRG	808-Total Capital Reimbursement
CHAMPUS DRG	808-Total Capital Reimbursement
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 TOTAL DSH

ICD9 Total DSH (Disproportionate Share Adjustment Payment) is provided for the first or second ICD9 DRG if the Other Payor Code matches the Other Payor Code selected in the Set-Up Routine. The choices are as follows:

Other Payor Code	Description from Set-Up Routine
00	Medicare DRG
01	New Jersey DRG
02	AP DRG
03	CHAMPUS DRG

The Other Payor Code is used by non-Star groupers to determine the type of

DRG to be assigned.

PBE Field	
Database Location	A-KK1-7 or A-KK2-7
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	15000
Set-Up Routines	Corresponding PBE Field
MEDICARE DRG	703-Total DSH
NEW JERSEY DRG	703-Total DSH
AP DRG	703-Total DSH
CHAMPUS DRG	703-Total DSH
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 TOTAL IME

ICD9 Total IME (Indirect Medical Education Adjustment Payment) is provided for the first or second ICD9 DRG if the Other Payor Code matches the Other Payor Code selected in the Set-Up Routine. The choices are as follows:

Other Payor Code	Description from Set-Up Routine
00	Medicare DRG
01	New Jersey DRG
02	AP DRG
03	CHAMPUS DRG

The Other Payor Code is used by non-Star groupers to determine the type of DRG to be assigned.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 110

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I9 TOTAL IME

PBE Field	
Database Location	A-KK1-6 or A-KK2-6
Field Type	Money

Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	10000
Set-Up Routines	Corresponding PBE Field
MEDICARE DRG	704-Total IME
NEW JERSEY DRG	704-Total IME
AP DRG	704-Total IME
CHAMPUS DRG	704-Total IME
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 TOTAL OUTLIER REIMBURSEMENT

If the Other Payor Code for the ICD9 DRG matches the code selected in the Set-Up Routine, then Total Outlier for the ICD9 DRG is supplied. This means the ICD9 DRG was not assigned in Star.

PBE Field	
Database Location	
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	132156
Set-Up Routines	Corresponding PBE Field
MEDICARE DRG	630-Total Outlier Reimbursement
NEW JERSEY DRG	630-Total Outlier Reimbursement
AP DRG	630-Total Outlier Reimbursement
CHAMPUS DRG	630-Total Outlier Reimbursement
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T I9 TOTAL REIMBURSEMENT AMT

The intended use of this Internal Element is Trendstar/HPM. For the Other Payor Code selected in the Set-Up Routine, the Total Reimbursement Amount returned by the grouper for an ICD9 DRG is supplied. This number can be

supplied for the first or second ICD9 DRG. The Set-Up routines look for specific values for the Other Payor Code and these are as follows:

Medicare DRG	00
New Jersey DRG	01
AP DRG	02

<Page Break>

Date: 04/24/12

STAR Development System

Page : 111

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T I9 TOTAL REIMBURSEMENT AMT

CHAMPUS DRG	03
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PBE Field	
Database Location	A-KK-8 A-KK2-16
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	120000
Set-Up Routines	Corresponding PBE Field
MEDICARE DRG	718-Total Reimbursement Amount
NEW JERSEY DRG	718-Total Reimbursement Amount
AP DRG	718-Total Reimbursement Amount
CHAMPUS DRG	718-Total Reimbursement Amount
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. Pick the DRG information to be viewed from the selection table of existing DRGs for the account.

H/T ICD CODING SYSTEM

Billing ICD indicator. If the USA ICD10 Eff Date for the facility is blank or the account's admission date precedes it, then 9 is provided. Otherwise, 0 for ICD10 is provided unless an override to the value exists per the Final Billing Parameter for the account, the primary insurance plan, the primary insurance carrier, or the financial class.

PBE Field	
Database Location	
Field Type	Alphanumeric

Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

The USA ICD10 Eff Date can be determined in Patient Processing on the Admission and General Parameters screen found on Hospital Facility Options on the menu for Facility Options & Parameters.

The ICD-10 Effective Date for a billing parameter is found on the second screen for Billing Parameters found on menu PA/AR Parameter Maintenance.

The Final Billing Parameter for an account is found on the Billing screen in Account Inquiry.

The primary insurance carrier, primary insurance plan, and financial class for an account can be found on the first screen for Insurance Process found on the Admission Information menu in Patient Processing.

The tables for Insurance Carrier, Insurance Plan, and Financial Class contain the ICD-10 Eff Date if an override to the facility date exists.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 112

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD10 ADM DIAG CODE (MR/ADM)

Admitting diagnosis from Medical Records if present. Otherwise, admitting diagnosis from Patient Processing. This is the ICD10 diagnosis only.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-1 or A-MQ-28
Field Type	Alphanumeric
Table Used	See print routines
Modules	Trendstar/HPM Interface
STIs	
Sample Data	D72829
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK
ICD10 DIAGNOSIS CODE	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press

ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the admitting diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu and Admitting/Principal Diagnosis. View ICD10 Diagnosis Information.

H/T ICD10 ADM DIAG DESCRIPTION

Admitting diagnosis from Medical Records if present. Otherwise, admitting diagnosis from Patient Processing. The description for the ICD10 diagnosis code is provided if it exists in the ICD-10-CM table.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-1 or A-MQ-28
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	ADMITTING DESCRIPTION
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the admitting diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu and Admitting/Principal Diagnosis. View ICD10 Diagnosis Information.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 113

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD10 ADMITTING DIAGNOSIS CODE

Admitting diagnosis from Medical Records if present. Otherwise, admitting diagnosis from Patient Processing. This is the ICD10 diagnosis only.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-1 or A-MQ-28
Field Type	Alphanumeric
Table Used	See print routines
Modules	Trendstar/HPM Interface
STIs	
Sample Data	D72829
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK
ICD10 DIAGNOSIS CODE	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the admitting diagnosis selected in Patient Processing select Adm Medical Information from the Medical Informaiton menu and Admitting/Principal Diagnosis. View ICD10 Diagnosis Information.

H/T ICD10 ANESTHESIA CODE

Anesthesia code for an ICD10 procedure recorded in Medical Records. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT
Field Type	Alphanumeric
Table Used	Anesthesia Codes
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
PROCEDURE CODE 1	
PROCEDURE CODE 2	
PROCEDURE CODE 3	
PROCEDURE CODE 4	
PROCEDURE CODE 5	
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information. View ICD10 Procedure Information.

H/T ICD10 ANESTHESIA START TIME

Anesthesia start time for an ICD10 procedure recorded in Medical Records.
The intended uses of this Internal Element are Trendstar and HPM.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 114

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD10 ANESTHESIA START TIME

PBE Field	
Database Location	A-JKT
Field Type	Time
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
PROCEDURE CODE 1	
PROCEDURE CODE 2	
PROCEDURE CODE 3	
PROCEDURE CODE 4	
PROCEDURE CODE 5	
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information. View ICD10 Procedure Information.

H/T ICD10 ANESTHESIA STOP TIME

Anesthesia stop time for an ICD10 procedure recorded in Medical Records.
The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-JKT
Field Type	Time
Table Used	
Modules	Trendstar/HPM Interface
STIs	

Sample Data	
Set-Up Routines	Corresponding PBE Field
PROCEDURE CODE 1	
PROCEDURE CODE 2	
PROCEDURE CODE 3	
PROCEDURE CODE 4	
PROCEDURE CODE 5	
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information. View ICD10 Procedure Information.

H/T ICD10 EXT CAUSE INJ 1 (MR/ADM)

The secondary ICD10 diagnosis codes are evaluated to determine the first code designated as an external cause of injury code because the code begins with V, W, X, or Y. If a primary or secondary ICD10 diagnosis code exists in Medical Records, then Medical Records ICD10 secondary diagnosis codes are examined. Otherwise, the secondary diagnoses entered in Patient Processing are examined.

The intended uses of this Internal Element are Trendstar and HPM.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 115

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD10 EXT CAUSE INJ 1 (MR/ADM)

PBE Field	
Database Location	A-HKT-3 SDQ
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK
ICD10 DIAGNOSIS CODE	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press

ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the secondary diagnoses selected in Patient Processing select Adm Medical Information from the Medical Information menu and ICD-10 Secondary Diagnosis.

H/T ICD10 EXT CAUSE INJ 1

The secondary ICD10 Medical Records diagnosis codes are evaluated to determine the first code designated as an external cause of injury code because the code begins with V, W, X, or Y.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-3
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK
ICD10 DIAGNOSIS CODE	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

H/T ICD10 EXT CAUSE INJ 2 (MR/ADM)

The secondary ICD10 diagnosis codes are evaluated to determine the second code designated as an external cause of injury code because the code begins with V, W, X, or Y. If a primary or secondary ICD10 diagnosis code exists in Medical Records, then Medical Records ICD10 secondary diagnosis codes are examined. Otherwise, the secondary diagnoses entered in Patient Processing are examined.

The intended uses of this Internal Element are Trendstar and HPM.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 116

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD10 EXT CAUSE INJ 2 (MR/ADM)

PBE Field	
Database Location	A-HKT-3 A-SDQ
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK
ICD10 DIAGNOSIS CODE	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the secondary diagnoses selected in Patient Processing select Adm Medical Information from the Medical Information menu and ICD-10 Secondary Diagnosis.

H/T ICD10 EXT CAUSE INJ 2

The secondary ICD10 Medical Records diagnosis codes are evaluated to determine the second code designated as an external cause of injury code because the code begins with V, W, X, or Y.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-3
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK
ICD10 DIAGNOSIS CODE	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press

ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

H/T ICD10 EXT CAUSE INJ 3 (MR/ADM)

The secondary ICD10 diagnosis codes are evaluated to determine the third code designated as an external cause of injury code because the code begins with V, X, X, or Y. If a primary or secondary ICD10 diagnosis code exists in Medical Records, then Medical Records ICD10 secondary diagnosis codes are examined. Otherwise, the secondary diagnoses entered in Patient Processing are examined.

The intended uses of this Internal Element are Trendstar and HPM.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 117

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD10 EXT CAUSE INJ 3 (MR/ADM)

PBE Field	
Database Location	A-HKT-3 A-SDQ
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK
ICD10 DIAGNOSIS CODE	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the secondary diagnoses selected in Patient Processing select Adm Medical Information from the Medical Information menu and ICD-10 Secondary Diagnosis.

H/T ICD10 EXT CAUSE INJ 3

The secondary ICD10 Medical Records diagnosis codes are evaluated to

determine the third code designated as an external cause of injury code because the code begins with V, W, X, or Y.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-3
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK
ICD10 DIAGNOSIS CODE	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

H/T ICD10 OTHER DIAG DESCRIPTION 1

The ICD10 description for the first secondary ICD10 diagnosis from Medical Records is supplied. If the code exists in the Medical Records data but not in the ICD-10-CM table, then the field will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-3

<Page Break>

Date: 04/24/12

STAR Development System

Page : 118

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD10 OTHER DIAG DESCRIPTION 1

Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	

STANDARD PRINT (NO FORMATTING) | BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

H/T ICD10 OTHER DIAG DESCRIPTION 2

The ICD10 description for the second secondary ICD10 diagnosis from Medical Records is supplied. If the code exists in the Medical Records data but not in the ICD-10-CM table, then the field will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-3
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

H/T ICD10 OTHER DIAG DESCRIPTION 3

The ICD10 description for the third secondary ICD10 diagnosis from Medical Records is supplied. If the code exists in the Medical Records data but not in the ICD-10-CM table, then the field will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-3
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	

STANDARD PRINT (NO FORMATTING) | BLANK
Source Screens

<Page Break>

Date: 04/24/12

STAR Development System

Page : 119

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD10 OTHER DIAG DESCRIPTION 3

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

H/T ICD10 OTHER DIAG DESCRIPTION 4

The ICD10 description for the fourth secondary ICD10 diagnosis from Medical Records is supplied. If the code exists in the Medical records data but not in the ICD-10-CM table, then the field will be blank.
The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-3
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

H/T ICD10 OTHER DX DESC 1 (MR/ADM)

The ICD10 description for the first secondary ICD10 diagnosis is supplied. If a primary or secondary ICD10 diagnosis code exists in Medical Records, then the first Medical Records ICD10 secondary diagnosis code is used. Otherwise, the first Patient Processing ICD10 secondary diagnosis code is used. If the code used does not exist in the ICD-10-CM table, then the field will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-3 A-SDQ
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the secondary diagnoses selected in Patient Processing select Adm Medical Information from the Medical Information menu and ICD-10 Secondary
<Page Break>

Date: 04/24/12

STAR Development System

Page : 120

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD10 OTHER DX DESC 1 (MR/ADM)

Diagnosis.

H/T ICD10 OTHER DX DESC 2 (MR/ADM)

The ICD10 description for the second secondary ICD10 diagnosis is supplied. If a primary or secondary ICD10 diagnosis code exists in Medical Records, then the second Medical Records ICD10 secondary diagnosis code is used. Otherwise, the second Patient Processing ICD10 secondary diagnosis code is used. If the code used does not exist in the ICD-10-CM table, then the field will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-3 A-SDQ
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface

STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the secondary diagnoses selected in Patient Processing select Adm Medical Information from the Medical Information menu and ICD-10 Secondary Diagnosis.

H/T ICD10 OTHER DX DESC 3 (MR/ADM)

The ICD10 description for the third secondary ICD10 diagnosis is supplied. If a primary or secondary ICD10 diagnosis code exists in Medical Records, then the third Medical Records ICD10 secondary diagnosis code is used. Otherwise, the third Patient Processing ICD10 secondary diagnosis code is used. If the code used does not exist in the ICD-10-CM table, then the field will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-3 A-SDQ
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press

<Page Break>

Date: 04/24/12

STAR Development System

Page : 121

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD10 OTHER DX DESC 3 (MR/ADM)

ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the secondary diagnoses selected in Patient Processing select Adm Medical Information from the Medical Informaiton menu and ICD-10 Secondary Diagnosis.

H/T ICD10 OTHER DX DESC 4 (MR/ADM)

The ICD10 description for the fourth secondary ICD10 diagnosis is supplied. If a primary or secondary ICD10 diagnosis code exists in Medical Records, then the fourth Medical Records ICD10 secondary diagnosis code is used. Otherwise, the fourth Patient Processing ICD10 secondary diagnosis code is used. If the code used does not exist in the ICD-10-CM table, then the field will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-3 A-SDQ
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the secondary diagnoses selected in Patient Processing select Adm Medical Information from the Medical Information menu and ICD-10 Secondary Diagnosis.

H/T ICD10 OTHER PROCEDURE 1 DATE

Procedure date for the second ICD10 procedure recorded in Medical Records. This is the first ICD10 procedure following the primary ICD10 procedure recorded in Medical Records.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
-----------	--

Database Location	A-JKT
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

<Page Break>

Date: 04/24/12

STAR Development System

Page : 122

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD10 OTHER PROCEDURE 1 DATE

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information. View ICD10 Procedure Information.

H/T ICD10 OTHER PROCEDURE 2 DATE

Procedure date for the third ICD10 procedure recorded in Medical Records. This is the second ICD10 procedure following the primary ICD10 procedure recorded in Medical Records.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-JKT
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information. View ICD10 Procedure Information.

H/T ICD10 PRIN (MR/ADM) OR WORK DX

If a primary or secondary ICD10 diagnosis code exists in Medical Records, then the primary Medical Records ICD10 diagnosis is used. Otherwise, if a primary ICD10 diagnosis exists in Patient Processing it is used. Otherwise, if an ICD10 working diagnosis exists and the code does not begin with V, W, X, or Y, then it is used. For the selected code to be used, it must be a valid code in the ICD-10-CM table maintained in Medical Records. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	D72829
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK
ICD10 DIAGNOSIS CODE	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the primary or working diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu followed <Page Break>

Date: 04/24/12	STAR Development System	Page : 123
Time: 02:28pm	Internal Element Documentation	Report: FINTELM

H/T ICD10 PRIN (MR/ADM) OR WORK DX

by Reason for Visit Diagnoses. View ICD10 Diagnosis Information.

H/T ICD10 PRIN DIAG DESC (MR/ADM)

The ICD10 description for the primary ICD10 diagnosis is supplied. If a primary or secondary ICD10 diagnosis code exists in Medical Records, then the Medical Records ICD10 primary diagnosis code is used. Otherwise, the Patient Processing ICD10 primary diagnosis is used. If the code does not exist in the ICD-10-CM table, then the field will be blank. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HKT-2 A-MQ-29
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

To view the admitting diagnosis entered in admission data from Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, Admitting/Principal Diagnosis. If ICD9 and ICD10 information exists, then you can navigate to see information for either type of diagnosis.

To view the admitting diagnosis from the Medical Records abstract from Financials, Select Account Management, Account Inquiry, Select Account, Key DX at the Snap Shot Screen. If ICD9 and ICD10 information exists, you can navigate to see information for either type of diagnosis.

H/T ICD10 PRIN OR WORK DIAG DESC

The ICD10 description for the Medical Records ICD10 primary diagnosis is supplied. If no Medical Records ICD10 primary diagnosis exists, then the ICD10 description for the Patient Processing ICD10 working diagnosis is supplied. If the code used does not exist in the ICD-10-CM table, then the field will be blank

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

<Page Break>

Date: 04/24/12

STAR Development System

Page : 124

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD10 PRIN OR WORK DIAG DESC

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the working diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu followed by Reason for Visit Diagnoses. View ICD10 Diagnosis Information.

H/T ICD10 PRIN OR WORKING DX CODE

If a Medical Records ICD10 primary diagnosis code exists, then it is used. Otherwise, if an ICD10 working diagnosis exists and the code does not begin with V, W, X, or Y, then it is used. For the selected code to be used, it must be a valid code in the ICD-10-CM table maintained in Medical Records. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	D72829
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK
ICD10 DIAGNOSIS CODE	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

To see the working diagnosis selected in Patient Processing select the Adm Medical Information from the Medical Information menu followed by Reason for Visit Diagnoses. View ICD10 Diagnosis Information.

H/T ICD10 PRIN PHYSICIAN PROC 3

Performing physician for the third ICD10 procedure recorded in Medical Records. This is the second ICD10 procedure following the primary ICD10 procedure recorded in Medical Records.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-JKT
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	2345
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

<Page Break>

Date: 04/24/12

STAR Development System

Page : 125

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD10 PRIN PHYSICIAN PROC 3

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information. View ICD10 Procedure Information.

H/T ICD10 PRIN PROC DESCRIPTION

Description for the primary (first) ICD10 procedure recorded in Medical Records. If the primary ICD10 procedure code does not appear in the ICD-10-PCS table, then the field will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-IKT (2) SECPROPT
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	OPERATION
Set-Up Routines	Corresponding PBE Field

Print Routines |
STANDARD PRINT (NO FORMATTING) (D) |BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information. View ICD10 Procedure Information.

H/T ICD10 PRIN(MR/ADM) OR WRK DX DS

If a primary or secondary ICD10 diagnosis code exists in Medical Records, then the primary Medical Records ICD10 diagnosis is used. Otherwise, if a primary ICD10 diagnosis exists in Patient Processing it is used. Otherwise, if an ICD10 working diagnosis exists in Patient Processing it is used. The description for the selected code from the ICD-10-CM table is provided. If the selected code does not exist in the ICD-10-CM table, then the field is blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD10 Diagnosis Information.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 126

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD10 PRIN(MR/ADM) OR WRK DX DS

To see the primary or working diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu followed by Reason for Visit Diagnoses. View ICD10 Diagnosis Information.

H/T ICD10 PRINCIPAL DIAGNOSIS DESC

The description for the Medical Records ICD10 principal diagnosis is provided. If the code for the Medical Records ICD10 principal diagnosis does not appear in the ICD-10-CM table, then the field is blank. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

H/T ICD10 PRINCIPAL PROCEDURE DATE

Procedure date for the first ICD10 procedure recorded in Medical Records. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-JKT
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information. View ICD10 Procedure Information.

H/T ICD10 SURGERY SCHEDULED CODE

The ICD10 Code for Surgery Scheduled, which is collected in Patient Processing, is provided. The ICD10 procedure code must exist in the Star ICD Procedure table.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field

|

<Page Break>

Date: 04/24/12

STAR Development System

Page : 127

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD10 SURGERY SCHEDULED CODE

Database Location

|A-MK (18) SURSCH

Field Type

|Alphanumeric

Table Used

|

Modules

|Trendstar/HPM Interface

STIs

|

Sample Data

|123456

Set-Up Routines

|Corresponding PBE Field

Print Routines

|

STANDARD PRINT (NO FORMATTING) (D) |

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, and Medical Page.

H/T ICD10 WORKING DIAGNOSIS CODE

ICD10 working diagnosis code indicated in Patient Processing if the code is valid per the ICD-10-CM table.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field

|

Database Location

|A-MP (64) DIAGC10

Field Type

|Alphanumeric

Table Used

|

Modules

|Trendstar/HPM Interface

STIs

|

Sample Data

|123456

Set-Up Routines

|Corresponding PBE Field

Print Routines

|

STANDARD PRINT (NO FORMATTING)

|BLANK

ICD10 DIAGNOSIS CODE

|

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, and Reason for Visit Diagnoses. View ICD10 Diagnosis Information.

H/T ICD9 ADM DIAG CODE (MR/ADM)

Admitting diagnosis from Medical Records if present. Otherwise, admitting diagnosis from Patient Processing. This is the ICD9 diagnosis only. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-1 or A-MQ-10
Field Type	Alphanumeric
Table Used	See print routines
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12345
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	1500 DIAGNOSIS CODE
ICD DIAGNOSIS CODE	BLANK
1500 DIAGNOSIS PRINT	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 128

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD9 ADM DIAG CODE (MR/ADM)

Source Screens

To view the admitting diagnosis entered in admission data from Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, Admitting/Principal Diagnosis. If ICD9 and ICD10 information exists, then you can navigate to see information for either type of diagnosis.

To view the admitting diagnosis from the Medical Records abstract from Financials, Select Account Management, Account Inquiry, Select Account, Key DX at the Snap Shot Screen. If ICD9 and ICD10 information exists, you can navigate to see information for either type of diagnosis.

H/T ICD9 ADMITTING DIAG AND PREFIX

Admitting diagnosis from Medical Records if present. Otherwise, admitting diagnosis from Patient Processing. This is the ICD9 diagnosis only. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-1 or A-MQ-10
Field Type	Alphanumeric
Table Used	See print routines
Modules	Trendstar/HPM Interface
STIs	
Sample Data	78650
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	ICD DIAGNOSIS CODE
BLANK	1500 DIAGNOSIS PRINT

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

To see the admitting diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu and Admitting/Principal Diagnosis. View ICD9 Diagnosis Information.

H/T ICD9 ADMITTING DIAG DESCRIPTION

Admitting diagnosis from Medical Records if present. Otherwise, admitting diagnosis from Patient Processing. The description for the ICD9 diagnosis code is provided if it exists in the ICD-9-CA table. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-1 or A-MQ-10
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	ADMITTING DESCRIPTION
Set-Up Routines	Corresponding PBE Field

<Page Break>

Date: 04/24/12

STAR Development System

Page : 129

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD9 ADMITTING DIAG DESCRIPTION

Print Routines	
BLANK	DIAGNOSIS DESCRIPTION (CA)

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

To see the admitting diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu and Admitting/Principal Diagnosis. View ICD9 Diagnosis Information.

H/T ICD9 ANESTHESIA CODE

Anesthesia code for an ICD9 procedure recorded in Medical Records. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-JK
Field Type	Alphanumeric
Table Used	Anesthesia Codes
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
PROCEDURE CODE 1	
PROCEDURE CODE 2	
PROCEDURE CODE 3	
PROCEDURE CODE 4	
PROCEDURE CODE 5	
Print Routines	
BLANK	ANESTHESIA CODE DESCRIPTION

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information. View ICD9 Procedure Information.

H/T ICD9 ANESTHESIA START TIME

Anesthesia start time for an ICD9 procedure recorded in Medical Records. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-JK
Field Type	Time
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
PROCEDURE CODE 1	
PROCEDURE CODE 2	
PROCEDURE CODE 3	
PROCEDURE CODE 4	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 130

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD9 ANESTHESIA START TIME

PROCEDURE CODE 5

Print Routines

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information, View ICD9 Procedure Information.

H/T ICD9 ANESTHESIA STOP TIME

Anesthesia stop time for an ICD9 procedure recorded in Medical Records.
The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-JK
Field Type	Time
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
PROCEDURE CODE 1	
PROCEDURE CODE 2	
PROCEDURE CODE 3	

PROCEDURE CODE 4
 PROCEDURE CODE 5
 Print Routines

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information. View ICD9 Procedure Information.

H/T ICD9 ECODE DIAG CODE 1

The secondary ICD9 Medical Records diagnosis codes are evaluated to determine the first code designated as an ECode because the code begins with E.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	1500 DIAGNOSIS CODE
ICD DIAGNOSIS CODE	DIAGNOSIS PRINT
1443 DIAGNOSIS	1500 DIAGNOSIS PRINT

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9
 <Page Break>

Date: 04/24/12

STAR Development System

Page : 131

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD9 ECODE DIAG CODE 1

Diagnosis Information.

H/T ICD9 ECODE DIAG CODE 2

The secondary ICD9 Medical Records diagnosis codes are evaluated to determine the second code designated as an ECode because the code begins

with E.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	1500 DIAGNOSIS CODE
ICD DIAGNOSIS CODE	DIAGNOSIS PRINT
1443 DIAGNOSIS	1500 DIAGNOSIS PRINT

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

H/T ICD9 ECODE DIAG CODE 3

The secondary ICD9 Medical Records diagnosis codes are evaluated to determine the third code designated as an ECode because the code begins with E.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	1500 DIAGNOSIS CODE
ICD DIAGNOSIS CODE	DIAGNOSIS PRINT
1443 DIAGNOSIS	1500 DIAGNOSIS PRINT

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 132

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD9 ECODE DX 1 (MR/ADM)

The secondary ICD9 diagnosis codes are evaluated to determine the first code designated as an ECode because the code begins with E. If a primary or secondary ICD9 diagnosis code exists in Medical Records, then Medical Records ICD9 secondary diagnosis codes are examined. Otherwise, the secondary diagnoses entered in Patient Processing are examined. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3 A-SDX
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	1500 DIAGNOSIS CODE
ICD DIAGNOSIS CODE	DIAGNOSIS PRINT
1443 DIAGNOSIS	1500 DIAGNOSIS PRINT

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

To see the secondary diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu and ICD-9 Secondary Diagnosis.

H/T ICD9 ECODE DX 2 (MR/ADM)

The secondary ICD9 diagnosis codes are evaluated to determine the second code designated as an ECode because the code begins with E. If a primary or secondary ICD9 diagnosis code exists in Medical Records, then Medical Records ICD9 secondary diagnosis codes are examined. Otherwise, the secondary diagnoses entered in Patient Processing are examined. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3 A-SDX
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	1500 DIAGNOSIS CODE
ICD DIAGNOSIS CODE	DIAGNOSIS PRINT
1443 DIAGNOSIS	1500 DIAGNOSIS PRINT

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 133

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD9 ECODE DX 2 (MR/ADM)

To see the secondary diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu and ICD-9 Secondary Diagnosis.

H/T ICD9 ECODE DX 3 (MR/ADM)

The secondary ICD9 diagnosis codes are evaluated to determine the third code designated as an ECode because the code begins with E. If a primary or secondary ICD9 diagnosis code exists in Medical Records, then Medical Records ICD9 secondary diagnosis codes are examined. Otherwise, the secondary diagnoses entered in Patient Processing are examined. The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3 A-SDX
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	

Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	1500 DIAGNOSIS CODE
ICD DIAGNOSIS CODE	DIAGNOSIS PRINT
1443 DIAGNOSIS	1500 DIAGNOSIS PRINT

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

To see the secondary diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu and ICD-9 Secondary Diagnosis.

H/T ICD9 OTHER DIAG DESCRIPTION 1

The ICD9 description for the first secondary ICD9 diagnosis from Medical Records is supplied. If the code exists in the Medical Records data but not in the ICD-9-CM table, then the field will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

<Page Break>

Date: 04/24/12

STAR Development System

Page : 134

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD9 OTHER DIAG DESCRIPTION 1

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

H/T ICD9 OTHER DIAG DESCRIPTION 2

The ICD9 description for the second secondary ICD9 diagnosis from Medical Records is supplied. If the code exists in the Medical Records data but not in the ICD-9-CM table, then the field will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

H/T ICD9 OTHER DIAG DESCRIPTION 3

The ICD9 description for the third secondary ICD9 diagnosis from Medical Records is supplied. If the code exists in the Medical Records data but not in the ICD-9-CM table, then the field will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

H/T ICD9 OTHER DIAG DESCRIPTION 4

The ICD9 description for the fourth secondary ICD9 diagnosis from Medical Records is supplied. If the code exists in the Medical Records data but not in the ICD-9-CM table, then the field will be blank.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 135

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD9 OTHER DIAG DESCRIPTION 4

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

H/T ICD9 OTHER DX DESC 1 (MR/ADM)

The ICD9 description for the first secondary ICD9 diagnosis is supplied. If a primary or secondary ICD9 diagnosis code exists in Medical Records, then the first Medical Records ICD9 secondary diagnosis code is used. Otherwise, the first Patient Processing ICD9 secondary diagnosis code is used. If the code used does not exist in the ICD-9-CM table, then the field will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3 A-SDX
Field Type	Alphanumeric

Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

To see the secondary diagnoses selected in Patient Processing select Adm Medical Information from the Medical Information menu and ICD-9 Secondary Diagnosis.

H/T ICD9 OTHER DX DESC 2 (MR/ADM)

The ICD9 description for the second secondary ICD9 diagnosis is supplied. If a primary or secondary ICD9 diagnosis code exists in Medical Records, then the second Medical Records ICD9 secondary diagnosis code is used. Otherwise, the second Patient Processing ICD9 secondary diagnosis code is used. If the code does not exist in the ICD-9-CM table, then the field
<Page Break>

Date: 04/24/12

STAR Development System

Page : 136

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD9 OTHER DX DESC 2 (MR/ADM)

will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3 A-SDX
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

To see the secondary diagnoses selected in Patient Processing select Adm Medical Information from the Medical Information menu and ICD-9 Secondary Diagnosis.

H/T ICD9 OTHER DX DESC 3 (MR/ADM)

The ICD9 description for the third secondary ICD9 diagnosis is supplied. If a primary or secondary ICD9 diagnosis code exists in Medical Records, then the third Medical Records ICD9 secondary diagnosis code is used. Otherwise, the third Patient Processing ICD9 secondary diagnosis code is used. If the code used does not exist in the ICD-9-CM table, then the field will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3 A-SDX
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

To see the secondary diagnoses selected in Patient Processing select Adm Medical Information from the Medical Information menu and ICD-9 Secondary Diagnosis.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 137

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD9 OTHER DX DESC 4 (MR/ADM)

The ICD9 description for the fourth secondary ICD9 diagnosis is supplied. If a primary or secondary ICD9 diagnosis code exists in Medical Records, then the fourth Medical Records ICD9 secondary diagnosis code is used. Otherwise, the fourth Patient Processing ICD9 secondary diagnosis code is used. If the code used does not exist in the ICD-9-CM table, then the field will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-HK-3 A-SDX
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

To see the secondary diagnoses selected in Patient Processing select Adm Medical Information from the Medical information menu and ICD-9 Secondary Diagnosis.

H/T ICD9 OTHER PROCEDURE 1 DATE

Procedure date for the second ICD9 procedure recorded in Medical Records. This is the first ICD9 procedure following the primary ICD9 procedure recorded in Medical Records.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-JK
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information. View ICD9 Procedure Information.

H/T ICD9 OTHER PROCEDURE 2 DATE

Procedure date for the third ICD9 procedure recorded in Medical Records. This is the second ICD9 procedure following the primary ICD9 procedure recorded in Medical Records.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 138

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD9 OTHER PROCEDURE 2 DATE

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-JK
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information. View ICD9 Procedure Information.

H/T ICD9 PRIN (MR/ADM) OR WORK DX

If a primary or secondary ICD9 diagnosis code exists in Medical Records, then the primary Medical Records ICD9 diagnosis is used. Otherwise, if a primary ICD9 diagnosis exists in Patient Processing it is used. Otherwise, if an ICD9 working diagnosis exists and the code does not begin with E, S, or V, then it is used. For the selected code to be used it must be a valid code in the ICD-9-CM table maintained in Medical Records.

PBE Field

|

Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	E8000
Set-Up Routines	Corresponding PBE Field
Print Routines	
1500 DIAGNOSIS CODE (D)	STANDARD PRINT (NO FORMATTING)
ICD DIAGNOSIS CODE	BLANK
1500 DIAGNOSIS PRINT	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

To see the primary or working diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu followed by Reason for Visit Diagnoses. View ICD9 Diagnosis Information.

H/T ICD9 PRIN DIAG DESC (MR/ADM)

The ICD9 description for the primary ICD9 diagnosis is supplied. If a primary or secondary ICD9 diagnosis code exists in Medical Records, then the Medical Records ICD9 primary diagnosis code is used. Otherwise, the Patient Processing ICD9 primary diagnosis is used. If the code does not exist in the ICD-9-CM table, then the field will be blank.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 139

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD9 PRIN DIAG DESC (MR/ADM)

PBE Field	
Database Location	A-HK-2 A-MQ-26
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field

Print Routines |
STANDARD PRINT (NO FORMATTING) (D) |BLANK

Source Screens

To view the admitting diagnosis entered in admission data from Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, Admitting/Principal Diagnosis. If ICD9 and ICD10 information exists, then you can navigate to see information for either type of diagnosis.

To view the admitting diagnosis from the Medical Records abstract from Financials, Select Account Management, Account Inquiry, Select Account, Key DX at the Snap Shot Screen. If ICD9 and ICD10 information exists, you can navigate to see information for either type of diagnosis.

H/T ICD9 PRIN OR WORKING DIAG DESC

The ICD9 description for the Medical Records ICD9 primary diagnosis is supplied. If no Medical Records ICD9 primary diagnosis exists, then the ICD9 description for the Patient Processing ICD9 working diagnosis is supplied. If the code used does not exist in the ICD-9-CM table, then the field will be blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field |
Database Location |
Field Type |Alphanumeric
Table Used |
Modules |Trendstar/HPM Interface
STIs |
Sample Data |SICK
Set-Up Routines |Corresponding PBE Field
Print Routines |
STANDARD PRINT (NO FORMATTING) (D) |BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

To see the working diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu followed by Reason for Visit Diagnoses. View ICD9 Diagnosis Information.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 140

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD9 PRIN OR WORKING DX CODE

If a Medical Records ICD9 primary diagnosis code exists, then it is used. Otherwise, if an ICD9 working diagnosis exists which is numeric or which begins with the letter E, S, or V and the remainder of the code is numeric then it is used. For the selected code to be used, it must be a valid code in the ICD-9-CM table maintained in Medical Records.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	E8000
Set-Up Routines	Corresponding PBE Field
Print Routines	
1500 DIAGNOSIS CODE (D)	STANDARD PRINT (NO FORMATTING)
ICD DIAGNOSIS CODE	BLANK
1500 DIAGNOSIS PRINT	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

To see the working diagnosis selected in Patient Processing select the Adm Medical Information from the Medical Information menu followed by Reason for Visit Diagnoses. View ICD9 Diagnosis Information.

H/T ICD9 PRIN PHYSICIAN PROC 3

Performing physician for the third ICD9 procedure recorded in Medical Records. This is the second ICD9 procedure following the primary ICD9 procedure recorded in Medical Records.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface

STIs	
Sample Data	2345
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Accounts, Press ENTER, Medical Information, and Procedure Information. View ICD9 Procedure Information.

H/T ICD9 PRIN(MR/ADM) OR WRK DX DS

If a primary or secondary ICD9 diagnosis code exists in Medical Records, then the primary Medical Records ICD9 diagnosis is used. Otherwise, if a
<Page Break>

Date: 04/24/12	STAR Development System	Page : 141
Time: 02:28pm	Internal Element Documentation	Report: FINTELM

H/T ICD9 PRIN(MR/ADM) OR WRK DX DS

primary ICD9 diagnosis exists in Patient Processing it is used. Otherwise, if an ICD9 working diagnosis exists in Patient Processing it is used. The description for the selected code from the ICD-9-CM table is provided. If the selected code does not exist in the ICD-9-CM table, then the field is blank.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press |ENTER, Medical Information, and MR Diagnosis Information. View ICD9 Diagnosis Information.

To see the primary or working diagnosis selected in Patient Processing select Adm Medical Information from the Medical Information menu followed by Reason for Visit Diagnoses. View ICD9 Diagnosis Information.

H/T ICD9 PRINCIPAL DIAG DESCRIPTION

The description for the Medical Records ICD9 Principal Diagnosis is provided from the ICD9 table. If the code for the Medical Records IC9 Principal Diagnosis does not appear in the ICD9 table, then the field is blank.

PBE Field	
Database Location	A-HK (2) PRIDIAGP
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SICK
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, and Key DX at the Snap Shot Screen. If ICD9 and ICD10 information exists, you can navigate to see information for either type of diagnosis.

H/T ICD9 PRINCIPAL PROCEDURE DATE

Procedure date for the first ICD9 procedure recorded in Medical Records. The intended uses of this Internal Element are Trendstar and HPM.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 142

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD9 PRINCIPAL PROCEDURE DATE

PBE Field	
Database Location	A-JK
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface

STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Procedure Information. View ICD9 Procedure Information.

H/T ICD9 PRINCIPAL PROCEDURE DESC

Description for the primary (first) ICD9 procedure recorded in Medical Records. If the primary ICD9 procedure code does not appear in the ICD-9-CM table, then the field will be blank.

PBE Field	
Database Location	A-IK (2) SECPROCP
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	OPERATION
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, and Key PX at the Snap Shot Screen. If ICD9 and ICD10 information exists, you can navigate to see information for either type of procedure.

H/T ICD9 SURGERY SCHEDULED CODE

The ICD9 Code for Surgery Scheduled, which is collected in Patient Processing, is provided. The ICD9 procedure code must exist in the Star ICD Procedure table.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-MK (5) SURSCH
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12345

Set-Up Routines	Corresponding PBE Field
-----------------	-------------------------

Print Routines	
----------------	--

STANDARD PRINT (NO FORMATTING) (D)	ICD PROCEDURE CODE
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<Page Break>

Date: 04/24/12

STAR Development System

Page : 143

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T ICD9 SURGERY SCHEDULED CODE

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, and Medical Page.

H/T ICD9 WORKING DIAGNOSIS CODE

ICD9 working diagnosis code indicated in Patient Processing if the code is valid per the ICD-9-CM table.

The intended uses of this Internal Element are Trendstar and HPM.

PBE Field	
Database Location	A-MP (10) DIAGC
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12345
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	1500 DIAGNOSIS CODE
ICD DIAGNOSIS CODE	BLANK
1500 DIAGNOSIS PRINT	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, and Reason for Visit Diagnoses. View ICD9 Diagnosis Information.

H/T INSURANCE ADJ AMOUNT

Sum of adjustment amounts for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	FA-FAB (4) F_AEADJA

Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	659-Insurance Adjustment Amount
UB CARRIER 2	659-Insurance Adjustment Amount
UB CARRIER 3	659-Insurance Adjustment Amount
INSURANCE COB 4	659-Insurance Adjustment Amount
INSURANCE COB 3	659-Insurance Adjustment Amount
INSURANCE COB 2	659-Insurance Adjustment Amount
INSURANCE COB 1	659-Insurance Adjustment Amount
CARRIER OF REQUEST FOR CLAIM	659-Insurance Adjustment Amount
INSURANCE COB FROM CLAIM	659-Insurance Adjustment Amount
INSURANCE PRIMARY TO MEDICARE	659-Insurance Adjustment Amount
INSURANCE COB 5	659-Insurance Adjustment Amount
INSURANCE COB 6	659-Insurance Adjustment Amount
INSURANCE COB 7	659-Insurance Adjustment Amount
INSURANCE COB 8	659-Insurance Adjustment Amount

<Page Break>

Date: 04/24/12

STAR Development System

Page : 144

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T INSURANCE ADJ AMOUNT

INSURANCE COB 9	659-Insurance Adjustment Amount
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, Insurance Status, and Select Insurance.

H/T INSURANCE AMT OF PAYMEN

Sum of payment amounts for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface

STIs	F10864
Sample Data	123
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	744-Insurance Payment
UB CARRIER 2	744-Insurance Payment
UB CARRIER 3	744-Insurance Payment
INSURANCE COB 4	744-Insurance Payment
INSURANCE COB 3	744-Insurance Payment
INSURANCE COB 2	744-Insurance Payment
INSURANCE COB 1	744-Insurance Payment
CARRIER OF REQUEST FOR CLAIM	744-Insurance Payment
INSURANCE COB FROM CLAIM	744-Insurance Payment
INSURANCE PRIMARY TO MEDICARE	744-Insurance Payment
INSURANCE COB 5	744-Insurance Payment
INSURANCE COB 6	744-Insurance Payment
INSURANCE COB 7	744-Insurance Payment
INSURANCE COB 8	744-Insurance Payment
INSURANCE COB 9	744-Insurance Payment
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, Insurance Status, and Select Insurance.

H/T INSURANCE AMT OF REFUNDS

Sum of refund amounts for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	FA-FAB (7) F_AEREF
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10964
Sample Data	123
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	
UB CARRIER 2	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 145

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T INSURANCE AMT OF REFUNDS

UB CARRIER 3	
INSURANCE COB 4	
INSURANCE COB 3	
INSURANCE COB 2	
INSURANCE COB 1	
INSURANCE COB FROM CLAIM	
INSURANCE COB 5	
INSURANCE COB 6	
INSURANCE COB 7	
INSURANCE COB 8	
INSURANCE COB 9	
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, Insurance Status, and Select Insurance.

H/T TOTAL CHARGES

Total charges on the account. This is the sum of billed and unbilled charges.

PBE Field	
Database Location	FA-FAP-21 and FA-FAP-22
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	123456789
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. On the Snap Shot Screen the field is titled Total Charges.

H/T WEIGHT

As selected in the Set-Up Routine, Newborn Weight from Medical Records Abstract or Other Weight from nursing information.

PBE Field	
Database Location	A-GK-3 or A-MP-22
Field Type	Alphanumeric

Table Used	
Modules	Trendstar/HPM Interface
STIs	F10864
Sample Data	
Set-Up Routines	Corresponding PBE Field
WEIGHT (NEWBORN)	92-Weight - Newborn
WEIGHT (OTHER)	183-Weight
Print Routines	
WEIGHT	WEIGHT - NEWBORN/ POUNDS,OZ
BLANK	WEIGHT IN POUNDS

<Page Break>

Date: 04/24/12

STAR Development System

Page : 146

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

H/T WEIGHT

WEIGHT IN KILOGRAMS	NEWBORN WEIGHT IN POUNDS
NEWBORN WEIGHT IN GRAMS	WEIGHT(NEWBORN,LBS/OZ,NUMERIC)
WEIGHT (NEWBORN GRAMS NUMERIC)	WEIGHT (OTHER,LBS,NUMERIC)
WEIGHT (KILOGRAMS TO GRAMS)	WEIGHT NEWBORN/GRAMS(999999)
WEIGHT NEWBORN/GRAMS(99999)	WEIGHT IN KILOGRAMS - NUMERIC
WEIGHT (NEWBORN, LBS IN DEC)	

Source Screens

To view Newborn Weight from Medical Records abstract in Patient Processing from a Medical Records CRT use Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Maternity/Newborn Information.

To view Patient Weight from Medical Records abstract in Patient Processing from a Medical Records CRT use Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Patient Information. The field is labeled Admission Weight.

HIPAA PATIENT REL TO INSURED

The Relation to Insured is translated as follows for the insurance selected in the Set-Up Routine:

- For a UB04 claim, HIPAA UB04 Relationship Code is used.
- If the Bill Thru Date for the claim's bill is 10/13/2003 or before, UB92 Relationship Code is used.
- Otherwise, HIPAA UB92 Relationship Code is used unless the values is 32 or 33. If the value is 32 or 33, then Sex for Insured must be present. 32 is supplied if Sex for Insured is Female and 33 is supplied if Sex for

Insured is Male.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	Insured Relation
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	01
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	794-HIPAA Patient Rel to Insured
UB CARRIER 2	794-HIPAA Patient Rel to Insured
UB CARRIER 3	794-HIPAA Patient Rel to Insured
INSURANCE COB 4	794-HIPAA Patient Rel to Insured
INSURANCE COB 3	794-HIPAA Patient Rel to Insured
INSURANCE COB 2	794-HIPAA Patient Rel to Insured
INSURANCE COB 1	794-HIPAA Patient Rel to Insured
1500 CARRIER	794-HIPAA Patient Rel to Insured
CARRIER OF REQUEST FOR CLAIM	794-HIPAA Patient Rel to Insured
INSURANCE COB FROM CLAIM	794-HIPAA Patient Rel to Insured
INSURANCE PRIMARY TO MEDICARE	794-HIPAA Patient Rel to Insured
INSURANCE COB 5	794-HIPAA Patient Rel to Insured
INSURANCE COB 6	794-HIPAA Patient Rel to Insured
INSURANCE COB 7	794-HIPAA Patient Rel to Insured
INSURANCE COB 8	794-HIPAA Patient Rel to Insured
INSURANCE COB 9	794-HIPAA Patient Rel to Insured

<Page Break>

Date: 04/24/12

STAR Development System

Page : 147

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

HIPAA PATIENT REL TO INSURED

Print Routines	
ZERO/BLANK FILL (D)	STANDARD PRINT (NO FORMATTING)
LEADING ZERO FILL	BLANK WHEN ZERO
1500 PAT RELATION TO INSURED	BLANK WHEN ZERO-LEADING 0 FILL
BLANK	CANADIAN UNIVERSAL CLAIM

Source Screens

To determine Relation to Insured and Sex in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics.

To review the translation codes for Insured Relation in Financials use Tables, Table Maintenance, Insured Relation, and Select Insured Relation Code.

HNE NUMBER

Enterprise ID Number

PBE Field	52-HNE Number
Database Location	A-DP (33) EPN
Field Type	Alphanumeric
Table Used	HNE123456789
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12345
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

This number is not displayed in a Star character base screen.

I/P REHAB CMG CODE

The I/P Rehab CMG code is characters 2 and 3 of the HIPPS (Health Insurance PPS)/Case Mix Group code which appears as a HCPCS code on the UB claim. The HIPPS/Case Mix Group code is determined from HCPCS codes for charges with UB revenue codes 24, 024, and 0024. The HCPCS code with a UB revenue code of 24, 024, or 0024 is used if the combined charge total for all charges with the HCPCS and UB revenue code is greater than zero and is the greatest charge total for HIPPS codes.

PBE Field	730-I/P Rehab CMG Code
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. At the Snap Shot Screen key B for Billing Information. Key S for pro

<Page Break>

Date: 04/24/12

STAR Development System

Page : 148

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

I/P REHAB CMG CODE

summaries(s) and select the desired look-up list. Examine charges with a UB revenue code of 24, 024, or 0024.

I/P REHAB HIPPS CODE

The I/P Rehab HIPPS Code is the HIPPS (Health Insurance PPS)/Case Mix Group code which appears as a HCPCS code on the UB claim. The HIPPS/Case Mix Group code is determined from HCPCS codes for charges with UB revenue codes 24, 024, and 0024. The HCPCS code with a UB revenue code of 24, 024, or 0024 is used if the combined charge total for all charges with the HCPCS and UB revenue code is greater than zero and is the greatest charge total for HIPPS codes.

PBE Field	731-I/P Rehab HIPPS Code
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. At the Snap Shot Screen key B for Billing Information. Key S for pro summaries(s) and select the desired look-up list. Examine charges with a UB revenue code of 24, 024, or 0024.

I/P REHAB RIC CODE

The I/P Rehab RIC code is characters 4 and 5 of the HIPPS (Health Insurance PPS)/Case Mix Group code which appears as a HCPCS code on the UB claim. The HIPPS/Case Mix Group code is determined from HCPCS codes for charges with UB revenue codes 24, 024, and 0024. The HCPCS code with a UB revenue code of 24, 024, or 0024 is used if the combined charge total for all charges with the HCPCS and UB revenue codes is greater than zero

and is the greatest charge total for HIPPS codes.

PBE Field	732-I/P Rehab RIC Code
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. At the Snap Shot Screen key B for Billing Information. Key S for pro summaries(s) and select the desired look-up list. Examine charges with a UB revenue code of 24, 024, or 0024.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 149

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

ICD CODER

Initials of person who coded the Medical Records abstract.

PBE Field	65-ICD Coder
Database Location	A-EK (23) CODER
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, Episode Information-2.

ICF DAYS

The number of days categorized by Utilization Management review to be UB intermediate care facility days.

PBE Field	26-ICF Days
Database Location	A-BP (5) URDAYS
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
BLANK	ZERO IF BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and UM UB Data.

INSURANCE ADDRESS LINE 1

Mail To Address Line 1 for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-I2 (2) ADDR
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	132-Insurance Address Line 1
UB CARRIER 2	132-Insurance Address Line 1
UB CARRIER 3	132-Insurance Address Line 1
INSURANCE COB 4	132-Insurance Address Line 1
INSURANCE COB 3	132-Insurance Address Line 1
INSURANCE COB 2	132-Insurance Address Line 1

<Page Break>

Date: 04/24/12

STAR Development System

Page : 150

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

INSURANCE ADDRESS LINE 1

INSURANCE COB 1	132-Insurance Address Line 1
CARRIER OF REQUEST FOR CLAIM	132-Insurance Address Line 1
INSURANCE COB FROM CLAIM	132-Insurance Address Line 1

INSURANCE PRIMARY TO MEDICARE	132-Insurance Address Line 1
INSURANCE COB 5	132-Insurance Address Line 1
INSURANCE COB 6	132-Insurance Address Line 1
INSURANCE COB 7	132-Insurance Address Line 1
INSURANCE COB 8	132-Insurance Address Line 1
INSURANCE COB 9	132-Insurance Address Line 1
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics. Press ENTER as needed to proceed to screen containing the information.

INSURANCE ADDRESS LINE 2

Mail To Address Line 2 for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-I2 (3) ADDR2
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	ADDRESS LINE 2
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	140-Insurance Address Line 2
UB CARRIER 2	140-Insurance Address Line 2
UB CARRIER 3	140-Insurance Address Line 2
INSURANCE COB 4	140-Insurance Address Line 2
INSURANCE COB 3	140-Insurance Address Line 2
INSURANCE COB 2	140-Insurance Address Line 2
INSURANCE COB 1	140-Insurance Address Line 2
CARRIER OF REQUEST FOR CLAIM	140-Insurance Address Line 2
INSURANCE COB FROM CLAIM	140-Insurance Address Line 2
INSURANCE PRIMARY TO MEDICARE	140-Insurance Address Line 2
INSURANCE COB 5	140-Insurance Address Line 2
INSURANCE COB 6	140-Insurance Address Line 2
INSURANCE COB 7	140-Insurance Address Line 2
INSURANCE COB 8	140-Insurance Address Line 2
INSURANCE COB 9	140-Insurance Address Line 2
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, Plan Demographics. Press ENTER to proceed to screen containing the information.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 151

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

INSURANCE APPROVED LENGTH OF STAY

Approved Length of Stay for the insurance selected by the Set-Up Routine.

PBE Field	
Database Location	A-I3 (8) APPL0S
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	149-Insurance Approved Length Of St
UB CARRIER 2	149-Insurance Approved Length Of St
UB CARRIER 3	149-Insurance Approved Length Of St
INSURANCE COB 4	149-Insurance Approved Length Of St
INSURANCE COB 3	149-Insurance Approved Length Of St
INSURANCE COB 2	149-Insurance Approved Length Of St
INSURANCE COB 1	149-Insurance Approved Length Of St
1500 CARRIER	149-Insurance Approved Length Of St
CARRIER OF REQUEST FOR CLAIM	149-Insurance Approved Length Of St
INSURANCE COB FROM CLAIM	149-Insurance Approved Length Of St
INSURANCE PRIMARY TO MEDICARE	149-Insurance Approved Length Of St
INSURANCE COB 5	149-Insurance Approved Length Of St
INSURANCE COB 6	149-Insurance Approved Length Of St
INSURANCE COB 7	149-Insurance Approved Length Of St
INSURANCE COB 8	149-Insurance Approved Length Of St
INSURANCE COB 9	149-Insurance Approved Length Of St
OTHER 1500 INSURANCE	149-Insurance Approved Length Of St
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Admission Information, Insurance Process, and Select Insurance. Press ENTER until a

screen appears with a field labeled Appr LOS. It will be on a screen containing verification/approval information.

INSURANCE CARRIER/PLAN CODE

Combination of the insurance carrier code and the insurance plan code for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-I1 (1) INSNBR
Field Type	Numeric
Table Used	Insurance Plans
Modules	Trendstar/HPM Interface
STIs	
Sample Data	401
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	1520-Insurance Plan Code
UB CARRIER 2	1520-Insurance Plan Code
UB CARRIER 3	1520-Insurance Plan Code
INSURANCE COB 4	1520-Insurance Plan Code
INSURANCE COB 3	1520-Insurance Plan Code

<Page Break>

Date: 04/24/12

STAR Development System

Page : 152

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

INSURANCE CARRIER/PLAN CODE

INSURANCE COB 2	1520-Insurance Plan Code
INSURANCE COB 1	1520-Insurance Plan Code
CARRIER OF REQUEST FOR CLAIM	1520-Insurance Plan Code
INSURANCE COB FROM CLAIM	1520-Insurance Plan Code
INSURANCE PRIMARY TO MEDICARE	1520-Insurance Plan Code
INSURANCE COB 5	1520-Insurance Plan Code
INSURANCE COB 6	1520-Insurance Plan Code
INSURANCE COB 7	1520-Insurance Plan Code
INSURANCE COB 8	1520-Insurance Plan Code
INSURANCE COB 9	1520-Insurance Plan Code
Print Routines	
BLANK	INSURANCE ZERO IF BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process

INSURANCE CARRIER/PLAN NAME

Insurance Carrier/Plan Name for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-I1 (2) INSNAME
Field Type	Alphanumeric
Table Used	
Modules	PA Refund Check Messages
Trendstar/HPM Interface	Claims
STIs	
Sample Data	Insurance Carrier Name
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	120-Insurance Plan Name
UB CARRIER 2	120-Insurance Plan Name
UB CARRIER 3	120-Insurance Plan Name
INSURANCE COB 4	120-Insurance Plan Name
INSURANCE COB 3	120-Insurance Plan Name
INSURANCE COB 2	120-Insurance Plan Name
INSURANCE COB 1	120-Insurance Plan Name
1500 CARRIER	120-Insurance Plan Name
CARRIER OF REQUEST FOR CLAIM	120-Insurance Plan Name
INSURANCE COB FROM CLAIM	120-Insurance Plan Name
INSURANCE PRIMARY TO MEDICARE	120-Insurance Plan Name
OHIP OTHER INS INFO (CANADA)	120-Insurance Plan Name
INSURANCE COB 5	120-Insurance Plan Name
INSURANCE COB 6	120-Insurance Plan Name
INSURANCE COB 7	120-Insurance Plan Name
INSURANCE COB 8	120-Insurance Plan Name
INSURANCE COB 9	120-Insurance Plan Name
OTHER 1500 INSURANCE	120-Insurance Plan Name
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press

<Page Break>

Date: 04/24/12

STAR Development System

Page : 153

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

INSURANCE CARRIER/PLAN NAME

ENTER, Admission Information, Insurance Process

INSURANCE CERTIFIED FLAG [ALL]

This is a billing requirement edit. If an insurance exists on the account and pre-notification is required, then an approval date is expected.

PBE Field	1568-Insurance Approval Date
Database Location	A-I3 (3) APPRDATE
Field Type	Alphanumeric
Table Used	
Modules	Billing Requirements
Trendstar/HPM Interface	
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics. Press ENTER to proceed to screen containing information.

Insurance City

Mail to city for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-I2 (4) CITY
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	ATLANTA
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	144-Insurance City
UB CARRIER 2	144-Insurance City
UB CARRIER 3	144-Insurance City
INSURANCE COB 4	144-Insurance City
INSURANCE COB 3	144-Insurance City
INSURANCE COB 2	144-Insurance City

INSURANCE COB 1	144-Insurance City
CARRIER OF REQUEST FOR CLAIM	144-Insurance City
INSURANCE COB FROM CLAIM	144-Insurance City
INSURANCE PRIMARY TO MEDICARE	144-Insurance City
INSURANCE COB 5	144-Insurance City
INSURANCE COB 6	144-Insurance City
INSURANCE COB 7	144-Insurance City
INSURANCE COB 8	144-Insurance City
INSURANCE COB 9	144-Insurance City
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

<Page Break>

Date: 04/24/12

STAR Development System

Page : 154

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

Insurance City

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, Plan Demographics. Press ENTER to proceed to screen containing the information.

Insurance Group Name

Insurance Group Name for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-I1 (12) GROUP
Field Type	Alphanumeric
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	INS GROUP NAME
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	117-Insurance Group Name
UB CARRIER 2	117-Insurance Group Name
UB CARRIER 3	117-Insurance Group Name
INSURANCE COB 4	117-Insurance Group Name
INSURANCE COB 3	117-Insurance Group Name
INSURANCE COB 2	117-Insurance Group Name
INSURANCE COB 1	117-Insurance Group Name

1500 CARRIER	117-Insurance Group Name
CARRIER OF REQUEST FOR CLAIM	117-Insurance Group Name
INSURANCE COB FROM CLAIM	117-Insurance Group Name
INSURANCE PRIMARY TO MEDICARE	117-Insurance Group Name
INSURANCE COB 5	117-Insurance Group Name
INSURANCE COB 6	117-Insurance Group Name
INSURANCE COB 7	117-Insurance Group Name
INSURANCE COB 8	117-Insurance Group Name
INSURANCE COB 9	117-Insurance Group Name
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press
ENTER, Admission Information, Insurance Process, Select Insurance, Plan
Demographics

INSURANCE GROUP NUMBER

Insurance Group Number for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-I1 (6) GROUPNBR
Field Type	Alphanumeric
Table Used	
Modules	Claims
PA Refund Check Messages	Trendstar/HPM Interface
STIs	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 155

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

INSURANCE GROUP NUMBER

Sample Data	GR123456789
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	128-Insurance Group Number
UB CARRIER 2	128-Insurance Group Number
UB CARRIER 3	128-Insurance Group Number
INSURANCE COB 4	128-Insurance Group Number
INSURANCE COB 3	128-Insurance Group Number
INSURANCE COB 2	128-Insurance Group Number

INSURANCE COB 1	128-Insurance Group Number
1500 CARRIER	128-Insurance Group Number
CARRIER OF REQUEST FOR CLAIM	128-Insurance Group Number
INSURANCE COB FROM CLAIM	128-Insurance Group Number
INSURANCE PRIMARY TO MEDICARE	128-Insurance Group Number
INSURANCE COB 5	128-Insurance Group Number
INSURANCE COB 6	128-Insurance Group Number
INSURANCE COB 7	128-Insurance Group Number
INSURANCE COB 8	128-Insurance Group Number
INSURANCE COB 9	128-Insurance Group Number
OTHER 1500 INSURANCE	128-Insurance Group Number
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics.

Insurance Last Payment Date

This element should be used for Insurance Letter Messages and Telephone Messages. For the insurance being processed, it provides the date of the most recent payment.

PBE Field	
Database Location	FA-FAB (2) F_AELPAY
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
Insurance Letter Messages	Telephone Messages
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	470-Insurance Last Payment Date
UB CARRIER 2	470-Insurance Last Payment Date
UB CARRIER 3	470-Insurance Last Payment Date
INSURANCE COB 4	470-Insurance Last Payment Date
INSURANCE COB 3	470-Insurance Last Payment Date
INSURANCE COB 2	470-Insurance Last Payment Date
INSURANCE COB 1	467-Last Payment Date for Insurance
CARRIER OF REQUEST FOR CLAIM	470-Insurance Last Payment Date
INSURANCE COB FROM CLAIM	470-Insurance Last Payment Date
INSURANCE PRIMARY TO MEDICARE	470-Insurance Last Payment Date
INSURANCE COB 5	470-Insurance Last Payment Date

INSURANCE COB 6 | 470-Insurance Last Payment Date

<Page Break>

Date: 04/24/12

STAR Development System

Page : 156

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

Insurance Last Payment Date

INSURANCE COB 7 | 470-Insurance Last Payment Date

INSURANCE COB 8 | 470-Insurance Last Payment Date

INSURANCE COB 9 | 470-Insurance Last Payment Date

Print Routines |

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press
ENTER, Financial Information, Insurance Status, and Select Insurance.

INSURANCE PHONE

Phone Number for insurance selected in the Set-Up Routine.

PBE Field |

Database Location | A-I2 (7) PHONE

Field Type | Alphanumeric

Table Used |

Modules | Trendstar/HPM Interface

STIs |

Sample Data |

Set-Up Routines | Corresponding PBE Field

UB CARRIER 1 | 154-Insurance Phone Number

UB CARRIER 2 | 154-Insurance Phone Number

UB CARRIER 3 | 154-Insurance Phone Number

INSURANCE COB 4 | 154-Insurance Phone Number

INSURANCE COB 3 | 154-Insurance Phone Number

INSURANCE COB 2 | 154-Insurance Phone Number

INSURANCE COB 1 | 154-Insurance Phone Number

CARRIER OF REQUEST FOR CLAIM | 154-Insurance Phone Number

INSURANCE COB FROM CLAIM | 154-Insurance Phone Number

INSURANCE PRIMARY TO MEDICARE | 154-Insurance Phone Number

INSURANCE COB 5 | 154-Insurance Phone Number

INSURANCE COB 6 | 154-Insurance Phone Number

INSURANCE COB 7 | 154-Insurance Phone Number

INSURANCE COB 8 | 154-Insurance Phone Number

INSURANCE COB 9	154-Insurance Phone Number
Print Routines	
PHONE NUMBER (999) 999-9999 (D)	BLANK
PHONE (999 9999999)	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, Plan Demographics

Insurance State

Mail to state for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-I2 (5) STATE
Field Type	Alphanumeric
Table Used	State Abbreviations
Modules	Trendstar/HPM Interface

<Page Break>

Date: 04/24/12

Time: 02:28pm

STAR Development System
Internal Element Documentation

Page : 157

Report: FINTELM

Insurance State

Claims	
STIs	
Sample Data	GA
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	150-Insurance State
UB CARRIER 2	150-Insurance State
UB CARRIER 3	150-Insurance State
INSURANCE COB 4	150-Insurance State
INSURANCE COB 3	150-Insurance State
INSURANCE COB 2	150-Insurance State
INSURANCE COB 1	150-Insurance State
CARRIER OF REQUEST FOR CLAIM	150-Insurance State
INSURANCE COB FROM CLAIM	150-Insurance State
INSURANCE PRIMARY TO MEDICARE	150-Insurance State
INSURANCE COB 5	150-Insurance State
INSURANCE COB 6	150-Insurance State
INSURANCE COB 7	150-Insurance State
INSURANCE COB 8	150-Insurance State

INSURANCE COB 9	150-Insurance State
Print Routines	
STATE ABBREVIATION (XX) (D)	STANDARD PRINT (NO FORMATTING)
STATE NAME	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, Plan Demographics. Press ENTER to proceed to screen containing the information.

Insurance User Defined Field data

User defined field for an account for the insurance selected in the Set-Up routine. This is a UDF for the visit and insurance. An entry from the table titled Insurance UDF Definition determines the UDF provided.

PBE Field	
Database Location	A-IUDD (1) IUDD
Field Type	Alphanumeric
Table Used	Insurance UDF Definition
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
INSURANCE COB 4	141-Insurance User Defined Field (P
INSURANCE COB 3	141-Insurance User Defined Field (P
INSURANCE COB 2	141-Insurance User Defined Field (P
INSURANCE COB 1	141-Insurance User Defined Field (P
INSURANCE COB 5	141-Insurance User Defined Field (P
INSURANCE COB 6	141-Insurance User Defined Field (P
INSURANCE COB 7	141-Insurance User Defined Field (P
INSURANCE COB 8	141-Insurance User Defined Field (P
INSURANCE COB 9	141-Insurance User Defined Field (P
Print Routines	
MONEY IMP DEC (999999999)	UDF DATE (YYYYMMDD)
UDF DATE (YYMMDD)	UDF IMPLIED DECIMAL (999999)

<Page Break>

Date: 04/24/12

STAR Development System

Page : 158

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

Insurance User Defined Field data

UDF TIME (HOSP FORMAT)	UDF DATE TIME (HOSP FORMAT)
------------------------	-----------------------------

UDF TABLE DESCRIPTION	YES/NO (CONVERT 1/Y,0/N)
INS UDF MONEY INC 0 (99999999)	INS UDF MONEY ROUNDED INC ZERO

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics. Press ENTER until the screen containing User Defined Fields appears at the end.

Insurance Zip Code

Mail to zip code for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-I2 (6) ZIP
Field Type	Alphanumeric
Table Used	Zip Codes
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123456789
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	152-Insurance Zip Code
UB CARRIER 2	152-Insurance Zip Code
UB CARRIER 3	152-Insurance Zip Code
INSURANCE COB 4	152-Insurance Zip Code
INSURANCE COB 3	152-Insurance Zip Code
INSURANCE COB 2	152-Insurance Zip Code
INSURANCE COB 1	152-Insurance Zip Code
CARRIER OF REQUEST FOR CLAIM	152-Insurance Zip Code
INSURANCE COB FROM CLAIM	152-Insurance Zip Code
INSURANCE PRIMARY TO MEDICARE	152-Insurance Zip Code
INSURANCE COB 5	152-Insurance Zip Code
INSURANCE COB 6	152-Insurance Zip Code
INSURANCE COB 7	152-Insurance Zip Code
INSURANCE COB 8	152-Insurance Zip Code
INSURANCE COB 9	152-Insurance Zip Code
Print Routines	
ZIP CODE-UNIVERSAL (D)	ZIP CODE 99999-9999
ZIP CODE 99999	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, Plan Demographics. Press ENTER to proceed to screen containing the information.

INSURED EMPLOYER CODE

Code from Employers table used to select insured's employer for insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-N1 (2) EMPCODE
Field Type	Alphanumeric

<Page Break>

Date: 04/24/12

STAR Development System

Page : 159

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

INSURED EMPLOYER CODE

Table Used	Employers
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1234
Set-Up Routines	Corresponding PBE Field
INSURANCE COB 4	201-Insured's Employer Code
INSURANCE COB 3	201-Insured's Employer Code
INSURANCE COB 2	201-Insured's Employer Code
INSURANCE COB 1	201-Insured's Employer Code
INSURANCE COB 5	201-Insured's Employer Code
INSURANCE COB 6	201-Insured's Employer Code
INSURANCE COB 7	201-Insured's Employer Code
INSURANCE COB 8	201-Insured's Employer Code
INSURANCE COB 9	201-Insured's Employer Code
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, Plan Demographics. Press ENTER to proceed to screen containing the information.

INSURED'S EMPLOYER ADDRESS

For insurance selected in Set-Up Routine, Address Line 1 for the insured's employer is supplied.

PBE Field	
Database Location	A-N1 (4) ADDR

Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	207 JACKSON STREET
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	205-Insured's Employer Address 1
UB CARRIER 2	205-Insured's Employer Address 1
UB CARRIER 3	205-Insured's Employer Address 1
INSURANCE COB 4	205-Insured's Employer Address 1
INSURANCE COB 3	205-Insured's Employer Address 1
INSURANCE COB 2	205-Insured's Employer Address 1
INSURANCE COB 1	205-Insured's Employer Address 1
CARRIER OF REQUEST FOR CLAIM	205-Insured's Employer Address 1
INSURANCE COB FROM CLAIM	205-Insured's Employer Address 1
INSURANCE PRIMARY TO MEDICARE	205-Insured's Employer Address 1
INSURANCE COB 5	205-Insured's Employer Address 1
INSURANCE COB 6	205-Insured's Employer Address 1
INSURANCE COB 7	205-Insured's Employer Address 1
INSURANCE COB 8	205-Insured's Employer Address 1
INSURANCE COB 9	205-Insured's Employer Address 1
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

<Page Break>

Date: 04/24/12

STAR Development System

Page : 160

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

INSURED'S EMPLOYER ADDRESS

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics. Press ENTER as needed to proceed to page containing the information.

INSURED'S EMPLOYER CITY

For insurance selected in Set-Up Routine, City for the insured's employer is supplied.

PBE Field

|

Database Location	A-N1 (5) CITY
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	ATLANTA
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	207-Insured's Employer City
UB CARRIER 2	207-Insured's Employer City
UB CARRIER 3	207-Insured's Employer City
INSURANCE COB 4	207-Insured's Employer City
INSURANCE COB 3	207-Insured's Employer City
INSURANCE COB 2	207-Insured's Employer City
INSURANCE COB 1	207-Insured's Employer City
CARRIER OF REQUEST FOR CLAIM	207-Insured's Employer City
INSURANCE COB FROM CLAIM	207-Insured's Employer City
INSURANCE PRIMARY TO MEDICARE	207-Insured's Employer City
INSURANCE COB 5	207-Insured's Employer City
INSURANCE COB 6	207-Insured's Employer City
INSURANCE COB 7	207-Insured's Employer City
INSURANCE COB 8	207-Insured's Employer City
INSURANCE COB 9	207-Insured's Employer City
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics. Press ENTER as needed to proceed to page containing the information.

INSURED'S EMPLOYER LOCATION

For the insurance selected in the Set-Up Routine, Address Line 1, City, State, and Zip are provided for the insured's employer. A comma separates each field. The maximum length of the field is 34 and Address Line 1 is shortened as needed so the total length is not greater than 34.

PBE Field	
Database Location	A-N1
Field Type	Alphanumeric
Table Used	
<Page Break>	

Date: 04/24/12

STAR Development System

Page : 161

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

INSURED'S EMPLOYER LOCATION

Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123 STREET ATLANTA GA 30030
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	207-Insured's Employer City
UB CARRIER 2	207-Insured's Employer City
UB CARRIER 3	207-Insured's Employer City
INSURANCE COB 4	207-Insured's Employer City
INSURANCE COB 3	207-Insured's Employer City
INSURANCE COB 2	207-Insured's Employer City
INSURANCE COB 1	207-Insured's Employer City
CARRIER OF REQUEST FOR CLAIM	207-Insured's Employer City
INSURANCE COB FROM CLAIM	207-Insured's Employer City
INSURANCE PRIMARY TO MEDICARE	207-Insured's Employer City
INSURANCE COB 5	207-Insured's Employer City
INSURANCE COB 6	207-Insured's Employer City
INSURANCE COB 7	207-Insured's Employer City
INSURANCE COB 8	207-Insured's Employer City
INSURANCE COB 9	207-Insured's Employer City
Print Routines	
STANDARD PRINT (NO FORMATTING)	INSURED'S EMPLOYER LOCATION
BLANK	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics. Press ENTER as needed to proceed to page containing the information.

INSURED'S EMPLOYER NAME

For insurance selected in Set-Up Routine, Employer is supplied. If the employer was selected from the Employers table, the description for Employer existing at the time of selection is used.

PBE Field	
Database Location	A-N1 (3) EMPLOYER
Field Type	Alphanumeric

Table Used	MPI/Visit Information/Insurance Screen
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	EMPLOYER NAME
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	203-Insured's Employer Name
UB CARRIER 2	203-Insured's Employer Name
UB CARRIER 3	203-Insured's Employer Name
INSURANCE COB 4	203-Insured's Employer Name
INSURANCE COB 3	203-Insured's Employer Name
INSURANCE COB 2	203-Insured's Employer Name
INSURANCE COB 1	203-Insured's Employer Name
1500 CARRIER	203-Insured's Employer Name
CARRIER OF REQUEST FOR CLAIM	203-Insured's Employer Name

<Page Break>

Date: 04/24/12

STAR Development System

Page : 162

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

INSURED'S EMPLOYER NAME

INSURANCE COB FROM CLAIM	203-Insured's Employer Name
INSURANCE PRIMARY TO MEDICARE	203-Insured's Employer Name
INSURANCE COB 5	203-Insured's Employer Name
INSURANCE COB 6	203-Insured's Employer Name
INSURANCE COB 7	203-Insured's Employer Name
INSURANCE COB 8	203-Insured's Employer Name
INSURANCE COB 9	203-Insured's Employer Name
OTHER 1500 INSURANCE	203-Insured's Employer Name
Print Routines	
EMPLOYER NAME (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics. Press ENTER as needed to proceed to page containing the information.

INSURED'S EMPLOYER STATE

For insurance selected in Set-Up Routine, State for the insured's employer is supplied.

PBE Field	
Database Location	A-N1 (6) STATE
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	GA
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	209-Insured's Employer State
UB CARRIER 2	209-Insured's Employer State
UB CARRIER 3	209-Insured's Employer State
INSURANCE COB 4	209-Insured's Employer State
INSURANCE COB 3	209-Insured's Employer State
INSURANCE COB 2	209-Insured's Employer State
INSURANCE COB 1	209-Insured's Employer State
CARRIER OF REQUEST FOR CLAIM	209-Insured's Employer State
INSURANCE COB FROM CLAIM	209-Insured's Employer State
INSURANCE PRIMARY TO MEDICARE	209-Insured's Employer State
INSURANCE COB 5	209-Insured's Employer State
INSURANCE COB 6	209-Insured's Employer State
INSURANCE COB 7	209-Insured's Employer State
INSURANCE COB 8	209-Insured's Employer State
INSURANCE COB 9	209-Insured's Employer State
Print Routines	
STATE ABBREVIATION (XX) (D)	STANDARD PRINT (NO FORMATTING)
STATE NAME	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics. Press ENTER as needed to proceed to page containing the information.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 163

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

INSURED'S EMPLOYER ZIP CODE

For insurance selected in Set-Up Routine, Zip Code for the insured's employer is supplied.

PBE Field	
-----------	--

Database Location	A-N1 (7) ZIP
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	123456789
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	211-Insured's Employer Zip Code
UB CARRIER 2	211-Insured's Employer Zip Code
UB CARRIER 3	211-Insured's Employer Zip Code
INSURANCE COB 4	211-Insured's Employer Zip Code
INSURANCE COB 3	211-Insured's Employer Zip Code
INSURANCE COB 2	211-Insured's Employer Zip Code
INSURANCE COB 1	211-Insured's Employer Zip Code
CARRIER OF REQUEST FOR CLAIM	211-Insured's Employer Zip Code
INSURANCE COB FROM CLAIM	211-Insured's Employer Zip Code
INSURANCE PRIMARY TO MEDICARE	211-Insured's Employer Zip Code
INSURANCE COB 5	211-Insured's Employer Zip Code
INSURANCE COB 6	211-Insured's Employer Zip Code
INSURANCE COB 7	211-Insured's Employer Zip Code
INSURANCE COB 8	211-Insured's Employer Zip Code
INSURANCE COB 9	211-Insured's Employer Zip Code
Print Routines	
ZIP CODE-UNIVERSAL (D)	ZIP CODE 99999-9999
ZIP CODE 99999	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics. Press ENTER as needed to proceed to page containing the information.

INSURED'S EMPLOYMENT STATUS

For insurance selected in Set-Up Routine, employment status for the insured's employer is supplied. This is the code from the Employment Status Codes table.

PBE Field	
Database Location	A-N1 (13) EMPSTAT
Field Type	Numeric
Table Used	Employment Status Code
Modules	Trendstar/HPM Interface
Claims	

STIs		
Sample Data		1
Set-Up Routines		Corresponding PBE Field
UB CARRIER 1		197-Insured's Employment Status
UB CARRIER 2		197-Insured's Employment Status
<Page Break>		
Date: 04/24/12	STAR Development System	Page : 164
Time: 02:28pm	Internal Element Documentation	Report: FINTELM

INSURED'S EMPLOYMENT STATUS

UB CARRIER 3		197-Insured's Employment Status
INSURANCE COB 4		197-Insured's Employment Status
INSURANCE COB 3		197-Insured's Employment Status
INSURANCE COB 2		197-Insured's Employment Status
INSURANCE COB 1		197-Insured's Employment Status
1500 CARRIER		197-Insured's Employment Status
CARRIER OF REQUEST FOR CLAIM		197-Insured's Employment Status
INSURANCE COB FROM CLAIM		197-Insured's Employment Status
INSURANCE PRIMARY TO MEDICARE		197-Insured's Employment Status
INSURANCE COB 5		197-Insured's Employment Status
INSURANCE COB 6		197-Insured's Employment Status
INSURANCE COB 7		197-Insured's Employment Status
INSURANCE COB 8		197-Insured's Employment Status
INSURANCE COB 9		197-Insured's Employment Status
Print Routines		
LEADING ZERO FILL (D)		STANDARD PRINT (NO FORMATTING)
BLANK WHEN ZERO		BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics. Press ENTER as needed to proceed to page containing the information.

INSURED'S NAME WITH ENTITLE

For the insurance selected in the Set-Up Routine, the name of the insured is supplied. The entitle appears after the last name if it exists.

PBE Field		
Database Location		
Field Type		Alphanumeric

Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	DANIELS JR,DALE;D
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	122-Insured's Name
UB CARRIER 2	122-Insured's Name
UB CARRIER 3	122-Insured's Name
INSURANCE COB 4	122-Insured's Name
INSURANCE COB 3	122-Insured's Name
INSURANCE COB 2	122-Insured's Name
INSURANCE COB 1	122-Insured's Name
1500 CARRIER	122-Insured's Name
CARRIER OF REQUEST FOR CLAIM	122-Insured's Name
INSURANCE COB FROM CLAIM	122-Insured's Name
INSURANCE PRIMARY TO MEDICARE	122-Insured's Name
INSURANCE COB 5	122-Insured's Name
INSURANCE COB 6	122-Insured's Name
INSURANCE COB 7	122-Insured's Name
INSURANCE COB 8	122-Insured's Name
INSURANCE COB 9	122-Insured's Name

<Page Break>

Date: 04/24/12

STAR Development System

Page : 165

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

INSURED'S NAME WITH ENTITLE

OTHER 1500 INSURANCE	122-Insured's Name
Print Routines	
NAME (LAST,FIRST MI) (D)	STANDARD PRINT (NO FORMATTING)
NAME (FIRST MI LAST)	BLANK
LAST NAME	FIRST NAME
NAME(LAST FIRST MI) NO PUNCT	NAME (LAST NAME, FIRST INTITIA
NAME(LAST ENT,FIRST MI)	NAME VERIFICATION (FLL)
NAME (MA 319 CLAIM FORM)	NAME (FIRST INITIAL LAST)
NAME (LAST,FIRST,MI)	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics.

INSURED'S NAME

For the insurance selected in the Set-Up Routine, the name of the insured is supplied.

PBE Field	
Database Location	A-I1 (3) NAMEI
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	DANIELS,DALE;D
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	122-Insured's Name
UB CARRIER 2	122-Insured's Name
UB CARRIER 3	122-Insured's Name
INSURANCE COB 4	122-Insured's Name
INSURANCE COB 3	122-Insured's Name
INSURANCE COB 2	122-Insured's Name
INSURANCE COB 1	122-Insured's Name
1500 CARRIER	122-Insured's Name
CARRIER OF REQUEST FOR CLAIM	122-Insured's Name
INSURANCE COB FROM CLAIM	122-Insured's Name
INSURANCE PRIMARY TO MEDICARE	122-Insured's Name
INSURANCE COB 5	122-Insured's Name
INSURANCE COB 6	122-Insured's Name
INSURANCE COB 7	122-Insured's Name
INSURANCE COB 8	122-Insured's Name
INSURANCE COB 9	122-Insured's Name
OTHER 1500 INSURANCE	122-Insured's Name
Print Routines	
NAME (LAST,FIRST MI) (D)	NAME (FIRST MI LAST)
BLANK	LAST NAME
FIRST NAME	NAME(LAST FIRST MI) NO PUNCT
NAME (LAST,FIRST,MI)	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan
<Page Break>

Date: 04/24/12

STAR Development System

Page : 166

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

INSURED'S NAME

Demographics.

INSURED'S SEX

For insurance selected in Set-Up Routine, Sex for the insured is supplied.

PBE Field	
Database Location	A-I1 (11) SEX
Field Type	Alphanumeric
Table Used	M or F
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	M
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	116-Insured's Sex
UB CARRIER 2	116-Insured's Sex
UB CARRIER 3	116-Insured's Sex
INSURANCE COB 4	116-Insured's Sex
INSURANCE COB 3	116-Insured's Sex
INSURANCE COB 2	116-Insured's Sex
INSURANCE COB 1	116-Insured's Sex
1500 CARRIER	116-Insured's Sex
CARRIER OF REQUEST FOR CLAIM	116-Insured's Sex
INSURANCE COB FROM CLAIM	116-Insured's Sex
INSURANCE PRIMARY TO MEDICARE	116-Insured's Sex
INSURANCE COB 5	116-Insured's Sex
INSURANCE COB 6	116-Insured's Sex
INSURANCE COB 7	116-Insured's Sex
INSURANCE COB 8	116-Insured's Sex
INSURANCE COB 9	116-Insured's Sex
OTHER 1500 INSURANCE	116-Insured's Sex
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	1500 PATIENT SEX
1500 (CLM FORM 2360) PAT SEX	BLANK
SEX - M,F PLACE "X" IN BOX	SEX PRINT "X" IN BOXES

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics.

LANGUAGE CODE

The code used to identify the primary language of the patient.

PBE Field	50-Patient Language Code/Description	
Database Location	A-DP (27) LANGUAGE	
Field Type	Alphanumeric	
Table Used	Languages	
Modules	Trendstar/HPM Interface	
STIs		
<Page Break>		
Date: 04/24/12	STAR Development System	Page : 167
Time: 02:28pm	Internal Element Documentation	Report: FINTELM

LANGUAGE CODE

Sample Data	E
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select patient, Press ENTER, Admission Information, Patient Information, Patient Page.

LANGUAGE DESCRIPTION

The description for the primary language of the patient. The current description from the Languages table for the code is supplied.

PBE Field	50-Patient Language Code/Description
Database Location	
Field Type	Alphanumeric
Table Used	Languages
Modules	Trendstar/HPM Interface
STIs	
Sample Data	ENGLISH
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select patient, Press ENTER, Admission Information, Patient Information, Patient Page.

Last Adjustment Date

For the insurance selected in the Set-Up Routine, the transaction posting date for the last insurance adjustment posted to the account for the insurance is provided.

PBE Field	
Database Location	FA-FAB (5) F_AELADF
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	490-Last Adjustment Date
UB CARRIER 2	490-Last Adjustment Date
UB CARRIER 3	490-Last Adjustment Date
INSURANCE COB 4	490-Last Adjustment Date
INSURANCE COB 3	490-Last Adjustment Date
INSURANCE COB 2	490-Last Adjustment Date
INSURANCE COB 1	490-Last Adjustment Date
CARRIER OF REQUEST FOR CLAIM	490-Last Adjustment Date
INSURANCE COB FROM CLAIM	490-Last Adjustment Date
INSURANCE PRIMARY TO MEDICARE	490-Last Adjustment Date
INSURANCE COB 5	490-Last Adjustment Date
INSURANCE COB 6	490-Last Adjustment Date

<Page Break>

Date: 04/24/12

STAR Development System

Page : 168

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

Last Adjustment Date

INSURANCE COB 7	490-Last Adjustment Date
INSURANCE COB 8	490-Last Adjustment Date
INSURANCE COB 9	490-Last Adjustment Date
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, Insurance Status, and Select Insurance.

LAST SERVICE DATE

The latest service date for all charges posted to an account. The determination of the date does not include logic looking at offsetting charges and credits.

PBE Field	762-Last Charge Date
Database Location	
Field Type	Date
Table Used	
Modules	Claims
Patient Bill Messages	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, Billing Information, and Select D to review charges by service date.

Level of Care

Acuity levels that can be assigned to patients when acuity is determined by levels of care.

PBE Field	186-Level of Care
Database Location	A-MP (29) LEVCARE
Field Type	Alphanumeric
Table Used	Level of Care
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Patient Processing, Nursing Station, Revise Patient, and Medical Page.

LOA DAYS

The number of days categorized by Utilization Management as LOA

nonrecovered days.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 169

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

LOA DAYS

PBE Field	30-LOA Days
Database Location	A-BP (5) URDAYS
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
Print Routines	
BLANK	ZERO IF BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and UM UB Data.

LOCATION

Location(s) selected from the Department Locations table.

PBE Field	228-Outpatient Locations
Database Location	A-VP (21) OPLOC
Field Type	Alphanumeric
Table Used	Department Locations
Modules	Trendstar/HPM Interface
STIs	
Sample Data	LAB
Set-Up Routines	Corresponding PBE Field
Print Routines	
BLANK	MEDICAL PAGE LOCATION

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, and Medical Page.

LOG ID 1

First log identifier code for insurance selected in the Set-Up Routine.
The selection of the log identifier code is per the sorted values for log identifiers for the insurance.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	Log ID
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
INSURANCE COB 4	601-Insurance Log
INSURANCE COB 3	601-Insurance Log
INSURANCE COB 2	601-Insurance Log
INSURANCE COB 1	601-Insurance Log
INSURANCE COB 5	601-Insurance Log
INSURANCE COB 6	601-Insurance Log

<Page Break>

Date: 04/24/12

STAR Development System

Page : 170

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

LOG ID 1

INSURANCE COB 7	601-Insurance Log
INSURANCE COB 8	601-Insurance Log
INSURANCE COB 9	601-Insurance Log
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Admission Information, Insurance Process, Select plan, Exceptions/Reimbursement/Logs, Third Party Logs.

LOG ID 2

Second log identifier code for insurance selected in the Set-Up Routine.
The selection of the log identifier code is per the sorted values for log identifiers for the insurance.

PBE Field	
Database Location	

Field Type	Alphanumeric
Table Used	Log ID
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
INSURANCE COB 4	601-Insurance Log
INSURANCE COB 3	601-Insurance Log
INSURANCE COB 2	601-Insurance Log
INSURANCE COB 1	601-Insurance Log
INSURANCE COB 5	601-Insurance Log
INSURANCE COB 6	601-Insurance Log
INSURANCE COB 7	601-Insurance Log
INSURANCE COB 8	601-Insurance Log
INSURANCE COB 9	601-Insurance Log
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Admission Information, Insurance Process, Select plan, Exceptions/Reimbursement/Logs, Third Party Logs.

LOG ID 3

Third log identifier code for insurance selected in the Set-Up Routine. The selection of the log identifier code is per the sorted values for log identifiers for the insurance.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	Log ID
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12

<Page Break>

Date: 04/24/12

STAR Development System

Page : 171

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

LOG ID 3

Set-Up Routines	Corresponding PBE Field
-----------------	-------------------------

INSURANCE COB 4	601-Insurance Log
INSURANCE COB 3	601-Insurance Log
INSURANCE COB 2	601-Insurance Log
INSURANCE COB 1	601-Insurance Log
INSURANCE COB 5	601-Insurance Log
INSURANCE COB 6	601-Insurance Log
INSURANCE COB 7	601-Insurance Log
INSURANCE COB 8	601-Insurance Log
INSURANCE COB 9	601-Insurance Log
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Admission Information, Insurance Process, Select plan, Exceptions/Reimbursement/Logs, Third Party Logs.

LOG ID 4

Fourth log identifier code for insurance selected in the Set-Up Routine. The selection of the log identifier code is per the sorted values for log identifiers for the insurance.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	Log ID
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
INSURANCE COB 4	601-Insurance Log
INSURANCE COB 3	601-Insurance Log
INSURANCE COB 2	601-Insurance Log
INSURANCE COB 1	601-Insurance Log
INSURANCE COB 5	601-Insurance Log
INSURANCE COB 6	601-Insurance Log
INSURANCE COB 7	601-Insurance Log
INSURANCE COB 8	601-Insurance Log
INSURANCE COB 9	601-Insurance Log
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Admission Information, Insurance Process, Select plan, Exceptions/Reimbursement/Logs,

Third Party Logs.

LOG ID 5

Fifth log identifier code for insurance selected in the Set-Up Routine.
The selection of the log identifier code is per the sorted values for log identifiers for the insurance.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 172

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

LOG ID 5

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	Log ID
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
INSURANCE COB 4	601-Insurance Log
INSURANCE COB 3	601-Insurance Log
INSURANCE COB 2	601-Insurance Log
INSURANCE COB 1	601-Insurance Log
INSURANCE COB 5	601-Insurance Log
INSURANCE COB 6	601-Insurance Log
INSURANCE COB 7	601-Insurance Log
INSURANCE COB 8	601-Insurance Log
INSURANCE COB 9	601-Insurance Log
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Admission Information, Insurance Process, Select plan, Exceptions/Reimbursement/Logs, Third Party Logs.

MAJOR TRANSFER OF CASE

Determines whether the attending physician is the same as the admitting physician. 1 is returned if the physicians are different. 0 is returned

if the physicians are the same.

PBE Field	645-Major Transfer of Case
Database Location	
Field Type	Numeric
Table Used	Physician table?
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, MPI Inquiry, Select Account, Press ENTER,
Medical Information, Physicians Information Page

MEDICAL RECORD NUMBER

The Medical Record Number at the facility for the visit.

PBE Field	47-Medical Record Number
Database Location	A-DP (1) MRNBR
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface

<Page Break>

Date: 04/24/12

STAR Development System

Page : 173

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

MEDICAL RECORD NUMBER

Billing Requirements	Claims
STIs	
Sample Data	A1234567890
Set-Up Routines	Corresponding PBE Field
Print Routines	
MEDICAL RECORD # (HOSP FORMAT) (D)	STANDARD PRINT (NO FORMATTING)
MEDICAL RECORD #, NO FACILITY	

Source Screens

Financials, Account Management, and MPI Inquiry. Select the patient. The
Medical Record Number appears in the header line for the patient.

Medical Service Code

The code that categorizes the type of service the patient receives in a hospital.

If medical service has changed during the patient's stay, this code will be the code matching the last service rendered.

PBE Field	176-Medical Service (Admitting)
Database Location	A-MP (11) SERVCODE
Field Type	Alphanumeric
Table Used	Hospital Services
Modules	Trendstar/HPM Interface
STIs	
Sample Data	MED
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission, Adm Medical Information, and Medical Page.

MOTHER'S GRAVIDA

The number of Total Births entered on the Maternity Screen in Medical Records Abstracting.

PBE Field	90-Mother's Gravid
Database Location	A-GK (13) GRAVID
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	

Source Screens

Patient Processing, Medical Records, M/R Abstract Inquiry, Select Account, and Maternity/Newborn Information.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 174

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

MOTHER'S PARITY

The number of Viable Births and Non-Viable Births entered on the Maternity Screen in Medical Records Abstracting.

PBE Field	91-Mother's Parity
Database Location	A-GK (14) PARITY
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	

Source Screens

Patient Processing, Medical Records, M/R Abstract Inquiry, Select Account, and Maternity/Newborn Information.

MOTHERS ACCOUNT NUMBER

The mother's account number for newborn accounts.

PBE Field	614-Mother's Account Number
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
ACCOUNT NUMBER (HOSP FORMAT) (D)	STANDARD PRINT (NO FORMATTING)
BLANK	ACCOUNT NUMBER (10 DIGITS)

Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Maternity/Newborn Information.

MOTHERS ATTENDING PHYSICIAN

The mother's attending physician code or name is provided for newborn accounts when Newborn Admission was used to register the infant.

PBE Field	615-Mother's Attending Physician
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12345
Set-Up Routines	Corresponding PBE Field
Print Routines	
BLANK	CCA DOCTOR NAME (LAST,FIRST MI
CCA DOC NAME (FIRST MI LAST)	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 175

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

MOTHERS ATTENDING PHYSICIAN

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Medical Information, and Physicians Page. The mother's account should be viewed.

MOTHERS NAME

The name of the mother of the newborn child when Newborn Admission was used to register the infant.

PBE Field	616-Mother's Name
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
NAME (LAST,FIRST MI) (D)	NAME (FIRST MI LAST)
LAST NAME	NAME(LAST FIRST MI) NO PUNCT
NAME (LAST,FIRST,MI)	

Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Maternity/Newborn

Information.

MOTHERS SOCIAL SECURITY NUMBER

The mother's social security number for newborn accounts when Newborn Admission was used to register the infant.

PBE Field	617-Mother's Social Security Number
Database Location	
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123456789
Set-Up Routines	Corresponding PBE Field
Print Routines	
SOCIAL SECURITY NUMBER	NO PUNCTUATION IN SS#
BLANK	SOCIAL SECURITY # NO DASHES

Source Screens

To determine the account number for the mother use Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Maternity/Newborn Information.

To determine the social security number for the mother use Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Patient Information.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 176

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

MOTHERS UNIT NUMBER

The mother's unit number for newborn accounts when Newborn Admission was used to register the infant.

PBE Field	618-Mother's Unit Number
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	

Set-Up Routines	Corresponding PBE Field
Print Routines	
CCA UNIT NUMBER (D)	

Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Maternity/Newborn Information.

MPI MASTER LEVEL UDF

User defined field for MPI master information. This is a UDF for the person and is not visit specific. An entry from the table titled UDF Definition (MPI) determines the UDF provided.

PBE Field	210-MPI Master Level UDF
Database Location	A-US1 (1) USRMPI
Field Type	Alphanumeric
Table Used	UDF Definitions and Tables
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	
UDF DATE (YYYYMMDD)	UDF DATE (YYMMDD)
UDF IMPLIED DECIMAL (999999)	UDF TIME (HOSP FORMAT)
UDF DATE TIME (HOSP FORMAT)	UDF TABLE DESCRIPTION
YES/NO (CONVERT Y/1,N/0)	

Source Screens

Financials, Account Management, MPI Inquiry, Select Person, and User Defined Fields. (User Defined Fields is selected from the Master menu.)

MPI VISIT FINANCIAL CLASS

The financial class for the primary insurance. This is the financial class for the account per Patient Processing.

PBE Field	130-Financial Class from Primary Insurance
Database Location	A-I1 (7) FINCLASS
Field Type	Alphanumeric
Table Used	UDF Definition
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
<Page Break>	

Date: 04/24/12

STAR Development System

Page : 177

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

MPI VISIT FINANCIAL CLASS

Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Insurance Process. The FC for the primary insurance appears in the column labeled FC.

MPI VISIT LEVEL UDF

User defined field for MPI visit information. This is a UDF for the visit. An entry from the table titled UDF Definition(Visit) determines the UDF provided.

PBE Field	212-MPI Visit Level UDF
Database Location	A-US2 (1) USRACT
Field Type	Alphanumeric
Table Used	UDF Definitions and Tables
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
UDF DATE (YYYYMMDD)	UDF DATE (YYMMDD)
UDF IMPLIED DECIMAL (999999)	UDF TIME (HOSP FORMAT)
UDF DATE TIME (HOSP FORMAT)	UDF TABLE DESCRIPTION
YES/NO (CONVERT Y/1,N/0)	

Source Screens

Financials, Account Management, MPI Inquiry, Select Person, Visit Information, Select Visit, and User Defined Fields. (User Defined Fields is selected from the Visit menu.)

MR COMPLETE FLAG

1 is provided if an Abstract Complete Date exists. Otherwise, 0 is provided. The print and display routines may format this information differently.

PBE Field	72-Abstract Complete Date
Database Location	
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Patient Information. The field is labeled Abstract Complete.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 178

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

MR SPECIAL STUDY

Response to special study question in Medical Records Abstract as selected in the Set-Up Routine.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	MR Special Study
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
1ST SPECIAL STUDY ANSWER	620-MR Special Study
2ND SPECIAL STUDY ANSWER	620-MR Special Study
3RD SPECIAL STUDY ANSWER	620-MR Special Study
4TH SPECIAL STUDY ANSWER	620-MR Special Study
5TH SPECIAL STUDY ANSWER	620-MR Special Study
6TH SPECIAL STUDY ANSWER	620-MR Special Study
7TH SPECIAL STUDY ANSWER	620-MR Special Study
8TH SPECIAL STUDY ANSWER	620-MR Special Study
9TH SPECIAL STUDY ANSWER	620-MR Special Study
10TH SPECIAL STUDY ANSWER	620-MR Special Study
11TH SPECIAL STUDY ANSWER	620-MR Special Study
12TH SPECIAL STUDY ANSWER	620-MR Special Study

13TH SPECIAL STUDY ANSWER	620-MR Special Study
14TH SPECIAL STUDY ANSWER	620-MR Special Study
Print Routines	
DATE (HOSPITAL FORMAT)	BLANK
SPECIAL STUDY DATE (YYMMDD)	MONEY IMP DEC (999999999)
SPECIAL STUDY TIME (HOSPITAL F	SPECIAL STUDIES DATE/TIME
SPECIAL STUDIES TABLE CODE	SPECIAL STUDIES TABLE DESCRIPT
SPEC STUDY DATE (YYYYMMDD)	SPECIAL STUDY DATE/TM (COLONS)
SPECIAL STUDY TIME WITH COLON	

Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Special Study, and Select Account. If Special Study information exists, then a table lookup is provided. If an item is selected, then the previously keyed response appears.

NEWBORN EXCESS DAYS

The number of days the newborn stays in the hospital after the mother is discharged. Newborn discharge date minus mother's discharge date.

PBE Field	
Database Location	
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

<Page Break>

Date: 04/24/12

STAR Development System

Page : 179

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

NEWBORN EXCESS DAYS

The patient's discharge date is available in the header information for most Patient Accounting screens.

NUMBER OF AVOIDABLE DAYS BY CODE

The number of avoidable days specified by avoidable day code identified in the Set-Up Routine.

PBE Field	225-Number Of Avoidable Days
Database Location	
Field Type	Numeric
Table Used	UM Avoidable Day types
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
Print Routines	
BLANK	ZERO IF BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and UM UB Data.

NUMBER OF AVOIDABLE DAYS

Number of days listed for the type of avoidable days selected in the Set-Up Routine.

PBE Field	
Database Location	A-UC (5) NNBDAYS
Field Type	Numeric
Table Used	Non covered days
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
FIRST AVOIDABLE DAYS	225-Number Of Avoidable Days
SECOND AVOIDABLE DAYS	225-Number Of Avoidable Days
THIRD AVOIDABLE DAYS	225-Number Of Avoidable Days
FOURTH AVOIDABLE DAYS	225-Number Of Avoidable Days
FIFTH AVOIDABLE DAYS	225-Number Of Avoidable Days
SIXTH AVOIDABLE DAYS	225-Number Of Avoidable Days
SEVENTH AVOIDABLE DAYS	225-Number Of Avoidable Days
EIGHTH AVOIDABLE DAYS	225-Number Of Avoidable Days
NINTH AVOIDABLE DAYS	225-Number Of Avoidable Days
TENTH AVOIDABLE DAYS	225-Number Of Avoidable Days
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Patient Processing, Medical Records, Utilization Management Functions,

Utilization Management Functions, Review, Select Account, and UB
Non-covered Days Summary.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 180

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

NUMBER OF UM REVIEWS

Number of UM reviews for the patient.

PBE Field	
Database Location	
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	3
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Patient Processing, Medical Records, Utilization Management Functions,
Utilization Management Functions, and View Review.

NY/NJ Z code

NY/NJ Z code is collected for New York and New Jersey. This is the value
in the Medical Records Abstract.

PBE Field	68-NY/NJ Z Code
Database Location	A-EK (34) ZCODE
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	Z0
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Patient Care, Medical Records, Abstracting & DRG Assignment Functions, M/R
Abstract Inquiry, Select Account, and Episode Information-2.

OCCURRENCE CODE 10

The tenth UB Occurrence Code which is a significant event which may affect payor processing. This can be an occurrence code keyed or an occurrence code auto loading per the Provider Master.

PBE Field	22-UB Occurrence Code
Database Location	A-BP (1) OCCCODE
Field Type	Alphanumeric
Table Used	UB Occurrence Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

<Page Break>

Date: 04/24/12

STAR Development System

Page : 181

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OCCURRENCE CODE 10

Source Screens

To view the occurrence codes keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

To view the occurrence codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Occurrence Codes to Auto Load from the lookup list provided.

OCCURRENCE CODE 1

The first UB Occurrence Code which is a significant event which may affect payor processing. This can be an occurrence code keyed or an occurrence code auto loading per the Provider Master.

PBE Field	22-UB Occurrence Code
Database Location	A-BP (1) OCCCODE
Field Type	Alphanumeric
Table Used	UB Occurrence Codes
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	11
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the occurrence codes keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

To view the occurrence codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Occurrence Codes to Auto Load from the lookup list provided.

OCCURRENCE CODE 2

The second UB Occurrence Code which is a significant event which may affect payor processing. This can be an occurrence code keyed or an occurrence code auto loading per the Provider Master.

PBE Field	22-UB Occurrence Code
Database Location	A-BP (1) OCCCODE
Field Type	Alphanumeric
Table Used	UB Occurrence Codes
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 182

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OCCURRENCE CODE 2

Sample Data	;;22
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the occurrence codes keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

To view the occurrence codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Occurrence Codes to Auto Load from the lookup list provided.

OCCURRENCE CODE 3

The third UB Occurrence Code which is a significant event which may affect payor processing. This can be an occurrence code keyed or an occurrence code auto loading per the Provider Master.

PBE Field	22-UB Occurrence Code
Database Location	A-BP (1) OCCCODE
Field Type	Alphanumeric
Table Used	UB Occurrence Codes
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	;;;33
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the occurrence codes keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

To view the occurrence codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Occurrence Codes to Auto Load from the lookup list provided.

OCCURRENCE CODE 4

The fourth UB Occurrence Code which is a significant event which may affect payor processing. This can be an occurrence code keyed or an occurrence code auto loading per the Provider Master.

PBE Field | 22-UB Occurrence Code

Database Location | A-BP (1) OCCCODE

<Page Break>

Date: 04/24/12

STAR Development System

Page : 183

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OCCURRENCE CODE 4

Field Type | Alphanumeric

Table Used | UB Occurrence Codes

Modules | Claims

Billing Requirements | Trendstar/HPM Interface

STIs |

Sample Data | ;;;;;;44

Set-Up Routines | Corresponding PBE Field

Print Routines |

STANDARD PRINT (NO FORMATTING) | LEADING ZERO FILL

BLANK WHEN ZERO | BLANK

Source Screens

To view the occurrence codes keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

To view the occurrence codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Occurrence Codes to Auto Load from the lookup list provided.

OCCURRENCE CODE 5

The fifth UB Occurrence Code which is a significant event which may affect payor processing. This can be an occurrence code keyed or an occurrence code auto loading per the Provider Master.

PBE Field	22-UB Occurrence Code
Database Location	A-BP (1) OCCCODE
Field Type	Alphanumeric
Table Used	UB Occurrence Codes
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	;;;;;;;;;55
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the occurrence codes keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

To view the occurrence codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Occurrence Codes to Auto Load from the lookup list provided.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 184

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OCCURRENCE CODE 6

The sixth UB Occurrence Code which is a significant event which may affect payor processing. This can be an occurrence code keyed or an occurrence code auto loading per the Provider Master.

PBE Field	22-UB Occurrence Code
Database Location	A-BP (1) OCCCODE
Field Type	Alphanumeric
Table Used	UB Occurrence Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the occurrence codes keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

To view the occurrence codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Occurrence Codes to Auto Load from the lookup list provided.

OCCURRENCE CODE 7

The seventh UB Occurrence Code which is a significant event which may affect payor processing. This can be an occurrence code keyed or an occurrence code auto loading per the Provider Master.

PBE Field	22-UB Occurrence Code
Database Location	A-BP (1) OCCCODE
Field Type	Alphanumeric
Table Used	UB Occurrence Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the occurrence codes keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

To view the occurrence codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two
<Page Break>

Date: 04/24/12

STAR Development System

Page : 185

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OCCURRENCE CODE 7

screens, and Select Occurrence Codes to Auto Load from the lookup list provided.

OCCURRENCE CODE 8

The eighth UB Occurrence Code which is a significant event which may affect payor processing. This can be an occurrence code keyed or an occurrence code auto loading per the Provider Master.

PBE Field	22-UB Occurrence Code
Database Location	A-BP (1) OCCCODE
Field Type	Alphanumeric
Table Used	UB Occurrence Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the occurrence codes keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

To view the occurrence codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Occurrence Codes to Auto Load from the lookup list provided.

OCCURRENCE CODE 9

The ninth UB Occurrence Code which is a significant event which may affect payor processing. This can be an occurrence code keyed or an occurrence code auto loading per the Provider Master.

PBE Field	22-UB Occurrence Code
Database Location	A-BP (1) OCCCODE
Field Type	Alphanumeric

Table Used	UB Occurrence Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the occurrence codes keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission

<Page Break>

Date: 04/24/12

STAR Development System

Page : 186

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OCCURRENCE CODE 9

Information, and UB Occurrence Codes.

To view the occurrence codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Occurrence Codes to Auto Load from the lookup list provided.

OCCURRENCE DATE 10

Date for Occurrence Code 11.

PBE Field	23-UB Occurrence Date
Database Location	A-BP (1) OCCCODE
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the occurrence code dates keyed for an account, use Financials,

Account Management, Account Inquiry, Press ENTER, Admission Information, and UB Occurrence Codes.

OCCURRENCE DATE 1

Date for Occurrence Code 1.

PBE Field	23-UB Occurrence Date
Database Location	A-BP (1) OCCCODE
Field Type	Date
Table Used	
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the occurrence code dates keyed for an account, use Financials, Account Management, Account Inquiry, Press ENTER, Admission Information, and UB Occurrence Codes.

OCCURRENCE DATE 2

Date for Occurrence Code 2.

PBE Field	23-UB Occurrence Date
Database Location	A-BP (1) OCCCODE
Field Type	Date

<Page Break>

Date: 04/24/12

STAR Development System

Page : 187

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OCCURRENCE DATE 2

Table Used	
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the occurrence code dates keyed for an account, use Financials, Account Management, Account Inquiry, Press ENTER, Admission Information, and UB Occurrence Codes.

OCCURRENCE DATE 3

Date for Occurrence Code 3.

PBE Field	23-UB Occurrence Date
Database Location	A-BP (1) OCCCODE
Field Type	Date
Table Used	
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the occurrence code dates keyed for an account, use Financials, Account Management, Account Inquiry, Press ENTER, Admission Information, and UB Occurrence Codes.

OCCURRENCE DATE 4

Date for Occurrence Code 4.

PBE Field	23-UB Occurrence Date
Database Location	A-BP (1) OCCCODE
Field Type	Date
Table Used	
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the occurrence code dates keyed for an account, use Financials, Account Management, Account Inquiry, Press ENTER, Admission Information, and UB Occurrence Codes.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 188

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OCCURRENCE DATE 5

Date for Occurrence Code 5.

PBE Field	23-UB Occurrence Date
Database Location	A-BP (1) OCCCODE
Field Type	Date
Table Used	
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the occurrence code dates keyed for an account, use Financials, Account Management, Account Inquiry, Press ENTER, Admission Information, and UB Occurrence Codes.

OCCURRENCE DATE 6

Date for Occurrence Code 6.

PBE Field	23-UB Occurrence Date
Database Location	A-BP (1) OCCCODE
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the occurrence code dates keyed for an account, use Financials, Account Management, Account Inquiry, Press ENTER, Admission Information, and UB Occurrence Codes.

OCCURRENCE DATE 7

Date for Occurrence Code 7.

PBE Field	23-UB Occurrence Date
Database Location	A-BP (1) OCCCODE
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the occurrence code dates keyed for an account, use Financials, Account Management, Account Inquiry, Press ENTER, Admission Information, <Page Break>

Date: 04/24/12

STAR Development System

Page : 189

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OCCURRENCE DATE 7

and UB Occurrence Codes.

OCCURRENCE DATE 8

Date for Occurrence Code 8.

PBE Field	23-UB Occurrence Date
Database Location	A-BP (1) OCCCODE
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the occurrence code dates keyed for an account, use Financials, Account Management, Account Inquiry, Press ENTER, Admission Information, and UB Occurrence Codes.

OCCURRENCE DATE 9

Date for Occurrence Code 9.

PBE Field	23-UB Occurrence Date
Database Location	A-BP (1) OCCCODE
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the occurrence code dates keyed for an account, use Financials, Account Management, Account Inquiry, Press ENTER, Admission Information, and UB Occurrence Codes.

OCCURRENCE SPAN CODE 1

The first UB Occurrence Span Code. This can be an occurrence span code keyed or an occurrence span code loading per the Provider Master.

PBE Field	17-UB Occurrence Span Code
Database Location	A-BP (2) OCCSPAN
Field Type	Alphanumeric
Table Used	UB Occ Span Codes
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	1

<Page Break>

Date: 04/24/12

STAR Development System

Page : 190

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OCCURRENCE SPAN CODE 1

Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the occurrence span codes keyed for an account use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

To view the occurrence span codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Occurrence Span Codes to Auto Load from the lookup list provided.

OCCURRENCE SPAN CODE 2

The second UB Occurrence Span Code. This can be an occurrence span code keyed or an occurrence span code loading per the Provider Master.

PBE Field	17-UB Occurrence Span Code
Database Location	A-BP (13) OCCSPAN
Field Type	Alphanumeric
Table Used	UB Occ Span Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the occurrence span codes keyed for an account use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

To view the occurrence span codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Occurrence Span Codes to Auto Load from the lookup list provided.

OCCURRENCE SPAN CODE 3

The third UB Occurrence Span Code. This can be an occurrence span code keyed or an occurrence span code loading per the Provider Master.

PBE Field	17-UB Occurrence Span Code
Database Location	A-BP-19 and auto loaded
Field Type	Alphanumeric
Table Used	UB Occ Span Codes
Modules	Trendstar/HPM Interface

<Page Break>

Date: 04/24/12

STAR Development System

Page : 191

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OCCURRENCE SPAN CODE 3

Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the occurrence span codes keyed for an account use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

To view the occurrence span codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Occurrence Span Codes to Auto Load from the lookup list provided.

OCCURRENCE SPAN CODE 4

The fourth UB Occurrence Span Code. This can be an occurrence span code keyed or an occurrence span code loading per the Provider Master.

PBE Field	17-UB Occurrence Span Code
Database Location	A-BP-20 and auto loaded
Field Type	Alphanumeric
Table Used	UB Occ Span Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	1

Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the occurrence span codes keyed for an account use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

To view the occurrence span codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a Facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Occurrence Span Codes to Auto Load from the lookup list provided.

OCCURRENCE SPAN FROM DATE 1

From Date for Occurrence Span Code 1.

PBE Field	18-UB Occurrence Span From Date
Database Location	A-BP (2) OCCSPAN
Field Type	Date

<Page Break>

Date: 04/24/12

STAR Development System

Page : 192

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OCCURRENCE SPAN FROM DATE 1

Table Used	
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the occurrence span codes keyed for an account use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

OCCURRENCE SPAN FROM DATE 2

From Date for Occurrence Span Code 2.

PBE Field	18-UB Occurrence Span From Date
Database Location	A-BP (13) OCCSPAN
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the occurrence span codes keyed for an account use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

OCCURRENCE SPAN FROM DATE 3

From Date for Occurrence Span Code 3.

PBE Field	18-UB Occurrence Span From Date
Database Location	A-BP-19 and auto loaded
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the occurrence span codes keyed for an account use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 193

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OCCURRENCE SPAN FROM DATE 4

From Date for Occurrence Span Code 4.

PBE Field	18-UB Occurrence Span From Date
Database Location	A-BP-20 and auto loaded
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the occurrence span codes keyed for an account use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

OCCURRENCE SPAN THRU DATE 1

Thru Date for Occurrence Span Code 1.

PBE Field	19-UB Occurrence Span Thru Date
Database Location	A-BP (2) OCCSPAN
Field Type	Date
Table Used	
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the occurrence span codes keyed for an account use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

OCCURRENCE SPAN THRU DATE 2

Thru Date for Occurrence Span Code 2.

PBE Field	19-UB Occurrence Span Thru Date
Database Location	A-BP (13) OCCSPAN
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface

Billing Requirements		Claims
STIs		
Sample Data		
Set-Up Routines		Corresponding PBE Field
Print Routines		

Source Screens

To view the occurrence span codes keyed for an account use Financials,
 Account Management, Account Inquiry, Select Account, Press ENTER, Admission
 <Page Break>

Date: 04/24/12

STAR Development System

Page : 194

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OCCURRENCE SPAN THRU DATE 2

Information, and UB Occurrence Codes.

OCCURRENCE SPAN THRU DATE 3

Thru Date for Occurrence Span Code 3.

PBE Field		19-UB Occurrence Span Thru Date
Database Location		A-BP-19 and auto loaded
Field Type		Date
Table Used		
Modules		Trendstar/HPM Interface
Billing Requirements		Claims
STIs		
Sample Data		
Set-Up Routines		Corresponding PBE Field
Print Routines		

Source Screens

To view the occurrence span codes keyed for an account use Financials,
 Account Management, Account Inquiry, Select Account, Press ENTER, Admission
 Information, and UB Occurrence Codes.

OCCURRENCE SPAN THRU DATE 4

Thru Date for Occurrence Span Code 4.

PBE Field		19-UB Occurrence Span Thru Date
Database Location		A-BP-20 and auto loaded
Field Type		Date

Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the occurrence span codes keyed for an account use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Occurrence Codes.

OP DISCHARGE DATE/TIME - \$H FORMAT

Disposition Date and Time from Outpatient Disposition.

PBE Field	220-Discharge Date/Time (OP OPD)
Database Location	A-OPD (16) DATETH
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 195

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OP DISCHARGE DATE/TIME - \$H FORMAT

Source Screens

Financials, Account Management, MPI Inquiry, Select Patient, Visit Information, Select Account, and Disposition Information.

OP DISCHARGE DISPOSITION

Discharge Disposition from Outpatient Disposition.

PBE Field	221-Discharge Disposition (OP OPD)
Database Location	A-OPD (17) DISDISP
Field Type	Alphanumeric

Table Used	Discharge Status/Disposition
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, MPI Inquiry, Select Patient, Visit Information, Select Account, and Disposition Information.

OP OUTCOME OF ATTENDANCE

Outcome of Attendance from Outpatient Disposition.

PBE Field	222-Outcome of Attendance (OP OPD)
Database Location	A-OPD (24) OUTATT
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, MPI Inquiry, Select Patient, Visit Information, Select Account, and Disposition Information.

OP REGISTRATION DATE/TIME

Registration Date/Time from Outpatient Disposition.

PBE Field	219-Admission Date/Time (OP Reg from OPD)
Database Location	A-OPD (10) DATETH
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 196

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OP REGISTRATION DATE/TIME

Source Screens

Financials, Account Management, MPI Inquiry, Select Patient, Visit Information, Select Account, and Disposition Information. The fields are labeled OP Admission Date and OP Admission Time.

OPPS BILL TYPE

The UB three-character bill type for the claim used to calculate reimbursement for the account. When more than one claim is used to determine the OPPS reimbursement, this will be the claim bill type from the last claim in the list of claims used to calculate reimbursement. This information is recorded when information from the claim is formatted for the 3M OPPS interface.

PBE Field	
Database Location	FB-FBAPC-20
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information.

OPPS CLAIM SUMMARY CODE

Claim summary code supplied by the 3M OPPS Interface for the claim used to calculate reimbursement for the account. When more than one claim exists on the account, a 98 will appear. This information is supplied by the 3M OPPS interface.

PBE Field	
Database Location	FB-FBAPC-34
Field Type	Alphanumeric

Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	98
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Press ENTER to see Clm Summ Code on the third screen.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 197

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OPPS LINE ITEM DENIAL DISP

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Press ENTER to see Line Item Denial on the third screen.

PBE Field	
Database Location	FB-FBAPC-19
Field Type	Yes/No Flag
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	0
Set-Up Routines	Corresponding PBE Field
Print Routines	
YES/NO (CONVERT 1/Y,0/N) (D)	STANDARD PRINT (NO FORMATTING)

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, Claim Information, Select claim, OPPS Information, Select 0 for OPPS Information

OPPS PRIMARY APC CODE/NAME

The APC code and corresponding description for the payment APC with the highest APC weight. This is from the claim used to calculate reimbursement for the account. When more than one claim exists this will be the payment

APC number for the payment APC with the highest weight across all claims. This information is supplied by the 3M OPPS interface.

PBE Field	
Database Location	FB-FBAPC-8
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	0001-ABC
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Press ENTER to see Primary APC on the third screen.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance |Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. Press ENTER to see Primary APC on the third screen.

OPPS PRIMARY APC SERV IND

The APC service indicator for the payment APC with the highest APC weight. This is from the claim used to calculate reimbursement for the account.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 198

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OPPS PRIMARY APC SERV IND

When more than one claim exists this will be the payment APC number for the payment APC with the highest weight across all claims. This information is supplied by the 3M OPPS interface.

PBE Field	
Database Location	FB-FBAPC-10
Field Type	Alpha
Table Used	

Modules	Trendstar/HPM Interface
STIs	
Sample Data	A
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	

Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Press ENTER to see Primary APC Service Indicator on the third screen.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. Press ENTER to see Primary APC Service Indicator on the third screen.

OPPS PRIMARY APC WEIGHT

The APC weight for the payment APC with the highest APC weight. This is from the claim used to calculate reimbursement for the account. When more than one claim exists this will be the payment APC Weight for the payment APC with the highest weight across all claims. This information is supplied by the 3M OPPS interface.

PBE Field	
Database Location	FB-FBAPC-9
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123.12345
Set-Up Routines	Corresponding PBE Field
Print Routines	
NO PUNCTUATION (D)	STANDARD PRINT (NO FORMATTING)
OPPS APC WEIGHT WITH DECIMAL	

Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Press ENTER to see Primary APC Wgt on the third screen.

To see summary information in Financials use Account Management, Account

Inquiry, Select Account, Press ENTER, Financial Information, and Balance

<Page Break>

Date: 04/24/12

STAR Development System

Page : 199

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OPPS PRIMARY APC WEIGHT

Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. Press ENTER to see Primary APC Wgt on the third screen.

OPPS PRIMARY APC

The payment APC number with the highest APC weight. This is from the claim used to calculate reimbursement for the account. When more than one claim exists this will be the payment APC number for the payment APC with the highest weight across all claims. This information is supplied by the 3M OPPS interface.

PBE Field	
Database Location	FB-FBAPC-6
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	2000
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Press ENTER to see Primary APC on the third screen.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance |Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. Press ENTER to see Primary APC on the third screen.

OPPS TOTAL ABOVE CAP PAYMENT

Above Cap Payment. This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes.

PBE Field	
Database Location	FB-FBAPC-18
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Above Cap Pmt appears on the first screen in this option.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 200

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OPPS TOTAL ABOVE CAP PAYMENT

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. This is for claims used to determine estimated reimbursement for the account. Above Cap Pmt appears on the first screen in this option.

OPPS TOTAL APC PAYMENT

Claim Payment for Service Lines with APC assigned. This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes.

PBE Field	
Database Location	FB-FBAPC-12
Field Type	Money

Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Press ENTER to see Total Clm Pmt for APC on the second screen. The line appears only if APCs were assigned for some of the HCPCS.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. This is for claims used to determine estimated reimbursement for the account. Press ENTER to see Total Clm Pmt for APC on the second screen. The line appears only if APCs were assigned for some of the HCPCS.

OPPS TOTAL COINSURANCE

The OPPS total coinsurance per the claim used to calculate reimbursement for the account. When more than one claim is used to determine the OPPS reimbursement, this number will be the sum of coinsurance from these claims. This number is supplied by the 3M OPPS interface.

PBE Field	
Database Location	FB-FBAPC-2
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00

<Page Break>

Date: 04/24/12

STAR Development System

Page : 201

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OPPS TOTAL COINSURANCE

Set-Up Routines	Corresponding PBE Field
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Print Routines

Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Press ENTER to see Coinsurance on the second screen.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance |Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. Press ENTER to see Coinsurance on the second screen.

OPPS TOTAL CONTRACTUAL ADJ

Contractual Adjustment. This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes.

PBE Field

Database Location

Field Type

Table Used

Modules

STIs

Sample Data

Set-Up Routines

Print Routines

Source Screens

Financials, Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Informaiton, and Select 0 for OPPS Information. Contractual Adj appears on the first screen in this option.

OPPS TOTAL DME PAYMENT

DME Payment which is total payment for Durable Medical Equipment. This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes.

PBE Field

Database Location

Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

<Page Break>

Date: 04/24/12

STAR Development System

Page : 202

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OPPS TOTAL DME PAYMENT

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Press ENTER to see Total Clm Pmt for DME on the second screen. The line appears only if service lines exist with DME HCPCS.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. This is for claims used to determine estimated reimbursement for the account. Press ENTER to see Total Clm Pmt for APC on the second screen. The line appears only if service lines exist with DME HCPCS.

OPPS TOTAL DRUG/BIO PASSTHRU

Drug/Bio Passthru. This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes.

PBE Field	
Database Location	FB-FBAPC-18-4
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00
Set-Up Routines	Corresponding PBE Field

Print Routines

Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. TPass Drugs/Bio appears on the first screen.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. This is for claims used to determine estimated reimbursement for the account. TPass Drugs/Bio appears on the first screen.

OPPS TOTAL EPO PAYMENT

EPO Payment. As of April 2002, this information is no longer returned by the 3M OPPS Interface. This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes.

PBE Field

Database Location

Field Type

<Page Break>

Date: 04/24/12

Time: 02:28pm

STAR Development System

Internal Element Documentation

Page : 203

Report: FINTELM

OPPS TOTAL EPO PAYMENT

Table Used

Modules

STIs

Sample Data

Set-Up Routines

Print Routines

Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Press ENTER to see Total Clm Pmt for EPO on the second screen. The line appears

only if HCPCS on the claim indicated EPO.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. Press ENTER to see Total Clm Pmt for EPO on the second screen. The line appears only if HCPCS on the claim indicated EPO.

OPPS TOTAL INS PAYMENT

Insurance Payment. This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes.

PBE Field	
Database Location	FB-FBAPC-3
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Press ENTER to see Ins Pmt in the Total line on the second screen.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. Press ENTER to see Ins Pmt in the Total line on the second screen.

OPPS TOTAL LAB PAYMENT

Lab Payment which is total payment for lab services. This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 204

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OPPS TOTAL LAB PAYMENT

PBE Field	
Database Location	FB-FBAPC-11
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Press ENTER to see Total Clm Pmt for Lab on the second screen. The line appears only if HCPCS on the claim indicated lab items.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. Press ENTER to see Total Clm Pmt for Lab on the second screen. The line appears only if HCPCS on the claim indicated lab items.

OPPS TOTAL MAMMOGRAPHY PAYMENT

Payment for Screen Mammography. The definition for this number has varied. This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes when the number was being returned.

PBE Field	
Database Location	FB-FBAPC-16
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	

Sample Data	100.00
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Press ENTER to see Total Clm Pmt for NMamm on the second screen. The line appears only if qualifying HCPCS exist on the claim.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. Press ENTER to see Total Clm Pmt for NMamm on the second screen. The line appears

<Page Break>

Date: 04/24/12

STAR Development System

Page : 205

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OPPS TOTAL MAMMOGRAPHY PAYMENT

only if qualifying HCPCS exist on the claim.

OPPS TOTAL MED DEV PASSTHRU

Medical Device Passthru. This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes.

PBE Field	
Database Location	FB-FBAPC-18-3
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select

Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. TPass Med Dev appears on the first screen.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. TPass Med Dev appears on the first screen.

OPPS TOTAL MEDICAL NUTRITION PMT

Medical Nutrition Payment. This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes.

PBE Field	
Database Location	FB-FBAPC-20-26
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Press ENTER to see Total Clm Pmt for MedN on the second screen. The line appears if qualifying HCPCS appear on the claim.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 206

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OPPS TOTAL MEDICAL NUTRITION PMT

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. Press ENTER

to see Total Clm Pmt for MedN on the second screen. The line appears if qualifying HCPCS appear on the claim.

OPPS TOTAL OUTLIER PAYMENT

The OPPS total outlier payment per the claim used to calculate reimbursement for the account. When more than one claim is used to determine the OPPS reimbursement, this number will be the sum of total outlier payments for these claims. This number is supplied by the 3M OPPS interface.

PBE Field	
Database Location	FB-FBAPC-18-2
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, Claim Information, Select claim, OPPS Information, Select 0 for OPPS Information. Look for Cost Outlier Pmt on the first screen.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. Press ENTER to see Cost Outlier Pmt on the first screen.

OPPS TOTAL PATIENT DEDUCTIBLE

Patient Deductible calculated with reimbursement. Star supplies the available money for the patient deductible by providing First Ancillary Coverage Deductible Amount from the Ancillary Coverage screen for each claim or the override amount keyed if the claim was manually queued for 3M processing. This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes.

PBE Field	
Database Location	FB-FBAPC-4

Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00

<Page Break>

Date: 04/24/12

STAR Development System

Page : 207

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OPPS TOTAL PATIENT DEDUCTIBLE

Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Press ENTER until the second screen appears listing Pt Deduct in the Total line.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. This is for claims used to determine estimated reimbursement for the account.

OPPS TOTAL PAYMENT

Total Payment (Insurance Payment + Coinsurance + Patient Deductible). This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes.

PBE Field	
Database Location	FB-FBAPC-1
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	100.00
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Press ENTER to see the total line under the column heading of Total Clm Pmt on the second screen.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. This is for claims used to determine estimated reimbursement for the account. Press ENTER to see the total line under the column heading of Total Clm Pmt on the second screen.

OPPS TOTAL THERAPY PAYMENT

Total Therapy Payment. This number is totaled for OPPS claims for the primary insurance not excluded from the OPPS Reimbursement Calculation. This number is supplied by the 3M OPPS Interface for each claim it processes.

PBE Field

|

<Page Break>

Date: 04/24/12

STAR Development System

Page : 208

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OPPS TOTAL THERAPY PAYMENT

Database Location

|FB-FBAPC-13

Field Type

|Money

Table Used

|

Modules

|Trendstar/HPM Interface

STIs

|

Sample Data

|100.00

Set-Up Routines

|Corresponding PBE Field

Print Routines

|

Source Screens

To see information on one claim in Financials use Billing and Claims, Claims Management, Maintain Claims by Account, Select Account, Select Claim, OPPS/EAPG Information, and Select 0 for OPPS Information. Press ENTER to see Total Clm Pmt for Tx on the second screen. The line appears only if qualifying HCPCS exist on the claim.

To see summary information in Financials use Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary. Answer prompts and press ENTER until the screen for Billing Reimbursement appears. Key S to see summary OPPS information. This is for claims used to determine estimated reimbursement for the account. Press ENTER to see Total Clm Pmt for Tx on the second screen. The line appears only if qualifying HCPCS exist on the claim.

OPPS TOTAL USER ADJ COINS

This field contains a 1 if a user adjustment coinsurance was returned by 3M for any of the claims used to calculate reimbursement for the account.

PBE Field	
Database Location	FB-FBAPC-17-1
Field Type	Yes/No Flag
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
YES/NO (CONVERT 1/Y,0/N) (D)	STANDARD PRINT (NO FORMATTING)

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, Claim Information, Select claim, OPPS Information, Select OC for OPPS Charge Information. Look for User Adjusted Coins for each claim service line.

OSHPD ADMISSION SOURCE SITE

OSHPD admission source site for OSHPD reporting. If OSHPD value is non-blank, use it. Otherwise, the value is determined as follows:

7 if visit type is 4

3 if the outpatient category (UK) for any of the account's patient types is I or W

OSHPD site if referring hospital name was selected from the table

OSHPD admission source conversion code if admission source exists 9

<Page Break>

Date: 04/24/12

STAR Development System

Page : 209

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OSHDP ADMISSION SOURCE SITE

PBE Field	631-OSHDP Admission Source Site
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	AB
Set-Up Routines	Corresponding PBE Field
Print Routines	
OSHDP ADM SRC SITE CODE (D)	OSHDP ADMISSION SOURCE SITE

Source Screens

To view OSHDP Source of Admission Data in Patient Processing use System Management, Special Tools, OSHDP Source of Admission Data, Indicate Type of Care Mapping, Select Account, and Select Service Visit.

OSHDP DISPOSITION

OSHDP disposition for OSHP reporting. The value is determined as follows:

01 if discharge status/condition is DIS or DI

OSHDP discharge status/condition conversion code

PBE Field	632-Discharge Status/Disposition - OSHDP
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	01
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstracting, Select Account, and Episode Information 1.

OSHDP LICENSED UNDER

Licensure of Site for OSHDP reporting. Use override value if available. If not, use calculated value as follows:

1 if visit type is 4

1 if the outpatient category (UK) for any of the account's patient types

is I or W

3 if the OSHPD Admission Source Site is 8 or 9

3 if the OSHPD Admission Source Site 1 and no referring hospital name was selected from the table

1 if the OSHPD Admission Source Site is 2,4,5, or 6 and no referring hospital name was selected from the table

Licensure of site from OSHPD Referring Institution/Facility mapping table if the OSHPD Admission Source Site is 1,2,4,5, or 6 and a referring hospital name was selected from the table

PBE Field | 633-OSHPD Licensed Under

Database Location |

<Page Break>

Date: 04/24/12

STAR Development System

Page : 210

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OSHPD LICENSED UNDER

Field Type | Alphanumeric

Table Used |

Modules | Trendstar/HPM Interface

STIs |

Sample Data | 123

Set-Up Routines | Corresponding PBE Field

Print Routines |

OSHPD LICENSED UNDER CODE (D) | OSHPD LICENSED UNDER DESCRIPTI

Source Screens

To view OSHPD Licensed Under in Patient Processing use System Management, Special Tools, OSHPD Source of Admission Data, Indicate Type of Care Mapping, Select Account, and Select Service Visit.

OSHPD ROUTE

Route of admission value for OSHPD reporting. Use override value if available. If it is not available, then use calculated value as follows.

1 if charges exist using a UB revenue code beginning with 45

2 otherwise

PBE Field | 634-OSHPD Route

Database Location |

Field Type | Alphanumeric

Table Used |

Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
OSHPD ROUTE CODE (D)	OSHPD ROUTE DESCRIPTION

Source Screens

Special tools, OSHPD Source of Admission Data

OTHER NAME

Another name for the patient as identified in the Set-Up Routine.

Previous Name for patient as selected in the Set-Up Routine. The Set-Up Routines for the Internal Element provide three choices.

PBE Field	
Database Location	A-BK (1) PREVNAME
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	LASTNAME,FIRSTNAME
Set-Up Routines	Corresponding PBE Field
MOST RECENT PREVIOUS NAME	14-Patient Other Name
SECOND MOST RECENT PREV NAME	14-Patient Other Name
THIRD MOST RECENT PREV NAME	14-Patient Other Name
Print Routines	
NAME (LAST,FIRST MI) (D)	STANDARD PRINT (NO FORMATTING)
NAME (FIRST MI LAST)	NAME(LAST FIRST MI) NO PUNCT

<Page Break>

Date: 04/24/12

STAR Development System

Page : 211

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

OTHER NAME

NAME (LAST NAME, FIRST INTITIA |NAME (LAST,FIRST,MI)

Source Screens

Financials, Account Management, MPI Inquiry, Select Patient, and Other Names.

PATIENT ADDRESS 1

Patient address line 1.

PBE Field	57-Patient Address 1
Database Location	A-DP (9) ADDR
Field Type	Alphanumeric
Table Used	
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	123 MAIN STREET
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

PATIENT ADDRESS 1&2

The first and second address lines for the patient are combined separated by a space. The resulting field is truncated to 40 characters.

PBE Field	57-Patient Address 1
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	123 MAIN STREET APT 310
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

PATIENT ADDRESS 2

Patient address line 2.

PBE Field	8-Patient Address 2
Database Location	A-AL (1) ADDR2
Field Type	Alphanumeric

Table Used	
Modules	Trendstar/HPM Interface

<Page Break>

Date: 04/24/12

STAR Development System

Page : 212

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

PATIENT ADDRESS 2

Claims	
STIs	
Sample Data	123 MAIN STREET
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

PATIENT BIRTHDATE

The date of birth of the patient.

PBE Field	51-Patient Birthdate
Database Location	A-DP (3) BIRTHDAY
Field Type	Date
Table Used	
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

Patient Census Track

Geographic Code/Census Track for patient.

PBE Field	11-Patient Census Track
Database Location	A-AL (4) CENTRACK

Field Type	Alphanumeric
Table Used	Geographic Codes/Census Tracts
Modules	Trendstar/HPM Interface
STIs	
Sample Data	9
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

PATIENT CITY

The city where the patient lives.

PBE Field	42-Patient City
Database Location	A-DP (10) CITY
Field Type	Alphanumeric

<Page Break>

Date: 04/24/12

STAR Development System

Page : 213

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

PATIENT CITY

Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	ATLANTA
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

PATIENT CLASS CODE

Patient Classification Code used to identify patients of interest such as VIP or Board Member.

PBE Field	12-Patient Class Code/Description
Database Location	A-AL (7) PATCLASS
Field Type	Alphanumeric
Table Used	Classification
Modules	Trendstar/HPM Interface
STIs	
Sample Data	BRD
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Miscellaneous Page.

PATIENT CLASS DESCRIPTION

Description from the Classification table for the Patient Classification Code used to identify patient of interest such as VIP or Board Member.

PBE Field	12-Patient Class Code/Description
Database Location	
Field Type	Alphanumeric
Table Used	Patient Class
Modules	Trendstar/HPM Interface
STIs	
Sample Data	BOARD MEMBER
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Miscellaneous Page.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 214

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

PATIENT COUNTY CODE

Code from the Counties table for the county where the patient resides.

PBE Field	4-Patient County Code
Database Location	A-AK (1) COUNTY

Field Type	Alphanumeric
Table Used	Counties
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

PATIENT EMPLOYER ADDRESS 1

Employer Address Line 1 for the patient's employer.

PBE Field	80-Patient Employer Address 1
Database Location	A-EP (4) ADDR
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123 MAIN STREET
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Patient Employer Page.

PATIENT EMPLOYER ADDRESS 2

Employer Address Line 2 for the patient's employer.

PBE Field	75-Patient Employer Address 2
Database Location	A-EP (11) ADDR2
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	SUITE 1000
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Patient Employer Page.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 215

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

PATIENT EMPLOYER CITY

City for the patient's employer.

PBE Field	81-Patient Employer City
Database Location	A-EP (5) CITY
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	ATLANTA
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Patient Employer Page.

PATIENT EMPLOYER CODE

If the employer was determined from the Employers table, then the code number from that table is loaded.

PBE Field	78-Patient Employer Code
Database Location	A-EP (2) EMPCODE
Field Type	Alphanumeric
Table Used	Employers
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press

ENTER, Admission Information, and Patient Employer Page.

PATIENT EMPLOYER NAME

The name of the patient's employer. If the employer was selected from the Employers table, this will be the description existing when the selection was made. If the selection was not made from the table, this will be the free text description keyed by the user.

PBE Field	79-Patient Employer Name
Database Location	A-EP (3) EMPLOYER
Field Type	Alphanumeric
Table Used	Employers
Modules	Trendstar/HPM Interface
STIs	
Sample Data	MCKESSON
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

<Page Break>

Date: 04/24/12

STAR Development System

Page : 216

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

PATIENT EMPLOYER NAME

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Patient Employer Page.

PATIENT EMPLOYER PHONE NO (DISPLAY)

Phone number for the patient's employer.

PBE Field	84-Patient Employer Phone Number
Database Location	A-EP (8) PHONE
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	919-999-3333
Set-Up Routines	Corresponding PBE Field
Print Routines	

PHONE NUMBER 999-999-9999	PHONE NUMBER 999-9999
PHONE NUMBER (999) 999-9999	PHONE # WITHOUT PUNCTUATION
BLANK	PHONE (999 9999999)

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Patient Employer Page.

PATIENT EMPLOYER STATE

State for the patient's employer.

PBE Field	82-Patient Employer State
Database Location	A-EP (6) STATE
Field Type	Alpha
Table Used	State Abbreviations
Modules	Trendstar/HPM Interface
STIs	
Sample Data	GA
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Patient Employer Page.

PATIENT EMPLOYER ZIP CODE

ZIP Code for the patient's employer.

PBE Field	83-Patient Employer Zip Code
Database Location	A-EP (7) ZIP
Field Type	Alphanumeric
Table Used	Zip Codes
Modules	Trendstar/HPM Interface
STIs	
Sample Data	999998888
Set-Up Routines	Corresponding PBE Field

<Page Break>

Date: 04/24/12

STAR Development System

Page : 217

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

PATIENT EMPLOYER ZIP CODE

Print Routines	
ZIP CODE-UNIVERSAL (D)	ZIP CODE 99999-9999
ZIP CODE 99999	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Patient Employer Page.

PATIENT EMPLOYMENT STATUS

The employment status of the patient. This is a code from the Employment Status Codes table.

PBE Field	76-Patient Employment Status
Database Location	A-EP (13) EMPSTAT
Field Type	Numeric
Table Used	Employment Status Codes
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Patient Employer Page.

PATIENT INDICATOR PER PATIENT PROC

The patient indicator is determined from the current patient type and the Patient Type table. E signifies an ER visit, O signifies an outpatient visit, and I signifies an inpatient visit.

PBE Field	
Database Location	A-MP-5 and Pt Type Table
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	I
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

The patient type appears in the account header for most Patient Accounting screens.

In Patient Processing, the Patient Type table can be viewed by selecting Tables followed by Patient Type.

PATIENT INDICATOR

The patient indicator retained in Patient Accounting is determined from the patient type table whenever the account is initiated in Patient Accounting
<Page Break>

Date: 04/24/12

STAR Development System

Page : 218

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

PATIENT INDICATOR

or whenever the patient type changes. E signifies an ER visit, I signifies an inpatient visit, and O signifies an outpatient visit.

PBE Field	455-Patient Indicator (I/O/E)
Database Location	FA-FAA (20) F_AEFPI
Field Type	Alpha
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	I
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

The patient type appears in the account header in most Patient Accounting screens.

PATIENT INSURANCE ID

Patient Insurance ID can be used in UB04 Locator 8 to load the patient insurance ID when it differs from the Subscriber ID. The Patient ID is captured on the Insurance Demographics screen for Blue Cross, Commercial, CHAMPUS, and Medicaid plans.

PBE Field	
Database Location	A-I2 (46) PATID

Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	828-Patient Insurance ID
UB CARRIER 2	828-Patient Insurance ID
UB CARRIER 3	828-Patient Insurance ID
INSURANCE COB 4	828-Patient Insurance ID
INSURANCE COB 3	828-Patient Insurance ID
INSURANCE COB 2	828-Patient Insurance ID
INSURANCE COB 1	828-Patient Insurance ID
CARRIER OF REQUEST FOR CLAIM	828-Patient Insurance ID
INSURANCE COB FROM CLAIM	828-Patient Insurance ID
INSURANCE PRIMARY TO MEDICARE	828-Patient Insurance ID
INSURANCE COB 5	828-Patient Insurance ID
INSURANCE COB 6	828-Patient Insurance ID
INSURANCE COB 7	828-Patient Insurance ID
INSURANCE COB 8	828-Patient Insurance ID
INSURANCE COB 9	828-Patient Insurance ID
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and <Page Break>

Date: 04/24/12

STAR Development System

Page : 219

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

PATIENT INSURANCE ID

Plan Demographics. The field is labeled Patient ID.

PATIENT MARITAL STATUS

Marital status of the patient.

PBE Field	46-Patient Marital Status
Database Location	A-DP (14) MARSTAT
Field Type	Alphanumeric

Table Used	Marital Status
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	M
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK
MARITAL STATUS "X" IN BOX	1500 MARITAL STATUS VALUES

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

PATIENT NAME

Name of the patient.

PBE Field	48-Patient Name
Database Location	A-DP (2) NAME
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
Insurance Letter Messages	Collection Letter Messages
Billing Requirements	Claims
STIs	
Sample Data	DANIELS,DALE;D
Set-Up Routines	Corresponding PBE Field
Print Routines	
NAME (LAST,FIRST MI) (D)	NAME (FIRST MI LAST)
MA 319C PATIENT NAME	LAST NAME
FIRST NAME	MIDDLE INITIAL
NAME(LAST FIRST MI) NO PUNCT	NAME (LAST NAME, FIRST INTITIA
NAME(LAST ENT,FIRST MI)	NAME VERIFICATION (FLL)
NAME (MA 319 CLAIM FORM)	NAME (FIRST INITIAL LAST)
NAME (LAST,FIRST,MI)	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

Patient Nationality

The nationality of the patient. This is the code from the Nationality table.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 220

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

Patient Nationality

PBE Field	10-Patient Nationality
Database Location	A-AL (3) NATIONAL
Field Type	Alphanumeric
Table Used	Nationality
Modules	Trendstar/HPM Interface
STIs	
Sample Data	USA
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

PATIENT OCCUPATION CODE

If the Occupation Codes table was used to indicate the occupation of the patient, this is the code from that table.

PBE Field	77-Patient Occupation Code
Database Location	A-EP (17) OCCUCODE
Field Type	Alphanumeric
Table Used	Occupation Codes
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Patient Employer Page.

PATIENT OCCUPATION

The description of the patient's occupation. If the Occupation Codes table was used to select the occupation, then the occupation description existing

at the time of selection is used. If a free text response was keyed, then the free text response appears.

PBE Field	74-Patient Occupation
Database Location	A-EP (1) OCCUPAT
Field Type	Alphanumeric
Table Used	Occupation Codes
Modules	Trendstar/HPM Interface
STIs	
Sample Data	ACTOR
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Patient Employer Page.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 221

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

PATIENT PHONE NUMBER

Home telephone number of the patient.

PBE Field	45-Patient Phone Number
Database Location	A-DP (13) PHONE
Field Type	Alphanumeric
Table Used	
Modules	Claims
Billing Requirements	Trendstar/HPM Interface
STIs	
Sample Data	8005551212
Set-Up Routines	Corresponding PBE Field
Print Routines	
PHONE NUMBER (999) 999-9999 (D)	PHONE NUMBER 999-999-9999
PHONE # WITHOUT PUNCTUATION	BLANK
PHONE (999 999-9999)	PHONE (999 9999999)

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

PATIENT RELATION TO INSURED

The UB92 Relationship Code from the Insured Relation Table for the Relation to Insured for the insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-I1 (9) RELCODE
Field Type	Alphanumeric
Table Used	Insured Relation
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	115-Patient Relation to Insured
UB CARRIER 2	115-Patient Relation to Insured
UB CARRIER 3	115-Patient Relation to Insured
INSURANCE COB 4	115-Patient Relation to Insured
INSURANCE COB 3	115-Patient Relation to Insured
INSURANCE COB 2	115-Patient Relation to Insured
INSURANCE COB 1	115-Patient Relation to Insured
1500 CARRIER	115-Patient Relation to Insured
CARRIER OF REQUEST FOR CLAIM	115-Patient Relation to Insured
INSURANCE COB FROM CLAIM	115-Patient Relation to Insured
INSURANCE PRIMARY TO MEDICARE	115-Patient Relation to Insured
INSURANCE COB 5	115-Patient Relation to Insured
INSURANCE COB 6	115-Patient Relation to Insured
INSURANCE COB 7	115-Patient Relation to Insured
INSURANCE COB 8	115-Patient Relation to Insured
INSURANCE COB 9	115-Patient Relation to Insured
Print Routines	
BLANK WHEN ZERO-LEADING 0 FILL (D)	STANDARD PRINT (NO FORMATTING)
LEADING ZERO FILL	BLANK WHEN ZERO
1500 PAT RELATION TO INSURED	BLANK

<Page Break>

Date: 04/24/12

STAR Development System

Page : 222

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

PATIENT RELATION TO INSURED

CANADIAN UNIVERSAL CLAIM

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press

ENTER, Admission Information, Insurance Process, Select Insurance Plan, and Plan Demographics.

To access Insured Relation in Financials use Tables, Table Maintenance, and Insured Relation.

PATIENT RELIGION (DENOMINATION)

The religion (denomination) of the patient.

PBE Field	56-Patient Denomination
Database Location	A-DP (7) DENOM
Field Type	Alphanumeric
Table Used	Denominations
Modules	Trendstar/HPM Interface
STIs	
Sample Data	PRE
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Miscellaneous Page.

PATIENT SOCIAL SECURITY NUMBER

The social security number assigned to the patient. This Internal Element loads the social security number as is meaning it can load with punctuation such as hyphens. Use Patient Soc Sec Num/No Punctuation if the social security number needs to be loaded to a smaller locator.

PBE Field	54-Patient Social Security Number
Database Location	A-DP (5) SSNBR
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
Billing Requirements	
STIs	
Sample Data	123-45-6789
Set-Up Routines	Corresponding PBE Field
Print Routines	
SOCIAL SECURITY NUMBER (D)	STANDARD PRINT (NO FORMATTING)
NO PUNCTUATION IN SS#	BLANK

SOCIAL INSURANCE NO. | SIN (XXX XXX XXX)

SOCIAL SECURITY # NO DASHES |

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 223

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

PATIENT STATE

The state where the patient lives.

PBE Field | 43-Patient State/Province

Database Location | A-DP (11) STATE

Field Type | Alphanumeric

Table Used | State Abbreviations

Modules | Claims

Billing Requirements | Trendstar/HPM Interface

STIs |

Sample Data | GA

Set-Up Routines | Corresponding PBE Field

Print Routines |

STATE ABBREVIATION (XX) (D) | STANDARD PRINT (NO FORMATTING)

STATE NAME | BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

PATIENT TYPE FROM PATIENT PROC

This is the patient type retained in Patient Processing.

PBE Field |

Database Location | A-MP (5) PATTYPE

Field Type | Alphanumeric

Table Used | Patient Type

Modules | Trendstar/HPM Interface

STIs |

Sample Data |

Set-Up Routines | Corresponding PBE Field

Print Routines |

STANDARD PRINT (NO FORMATTING) | BLANK

Source Screens

Patient Type appears in the header screen used with most Patient Accounting screens.

Patient Type

The last patient type for an account. This field is stored in Patient Accounting and is used in varied processes such as census statistics.

PBE Field	452-Patient Type
Database Location	FA-FAA (18) PATTYPE
Field Type	Alphanumeric
Table Used	Patient Type
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

This field is not displayed in Patient Accounting. It should match the <Page Break>

Date: 04/24/12

STAR Development System

Page : 224

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

Patient Type

patient type appearing in the header screen for most Patient Accounting processors.

PATIENT ZIP CODE

The ZIP Code for the patient address.

PBE Field	44-Patient Zip Code
Database Location	A-DP (12) ZIP
Field Type	Alphanumeric
Table Used	Zip Codes
Modules	Trendstar/HPM Interface
Claims	Billing Requirements
STIs	

Sample Data	123456789
Set-Up Routines	Corresponding PBE Field
Print Routines	
ZIP CODE-UNIVERSAL (D)	STANDARD PRINT (NO FORMATTING)
ZIP CODE 99999-9999	ZIP CODE 99999

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information. Patient Information, and Patient Page.

PATIENT'S COUNTRY CODE NOT USA

The Internal Element pulls the Patient's Country Code only if it is NOT US or USA.

PBE Field	875-Patient's Country Code Not USA
Database Location	
Field Type	Alphanumeric
Table Used	Country Codes
Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	AS
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information. Patient Information, and Patient Page.

PATIENT'S COUNTRY CONV CODE NOT USA

If the country for the patient is USA, US, or blank, then the value for this Internal Element is blank. Otherwise, the Conversion Code from the Country/Citizenship Table for the patient's country is provided.

PBE Field	884-Patient's Conv Country Code Not USA
Database Location	
Field Type	Alphanumeric
Table Used	Country Codes
<Page Break>	

Date: 04/24/12

STAR Development System

Page : 225

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

PATIENT'S COUNTRY CONV CODE NOT USA

Modules	Trendstar/HPM Interface
Billing Requirements	Claims
STIs	
Sample Data	AS
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Account Management, Account Inquiry, Select Account, Admission Information, Patient Information, and Patient Page.

Physician Referred To

The physician to which the patient was referred.

PBE Field	214-Physician, Referred To (UM)
Database Location	A-NK (9) REFTODOC
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, MPI Inquiry, Select Patient, Visit Information, Select Account, and Disposition Information.

PRE-COLLECTION FROM ACCOUNT INQUIRY

Internal/External Agency Collections information is provided. The items are agency, process status, status description, and date. If a pre-collect pending maintenance code exists, then the information is provided for that. Otherwise, the information is provided for the pre-collect status code.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface

STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, and Key PC at the Snap Shot Screen for Int/Ext Agency Collections.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 226

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

Precautions Codes

Precaution code selected by the Set-Up Routine. Currently, up to three can be collected in Patient Processing and selected by the Set-Up Routine.

PBE Field	
Database Location	A-MP (31) PRECAUTN
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
PRECAUTION CODE 1	187-Precaution Code
PRECAUTION CODE 2	187-Precaution Code
PRECAUTION CODE 3	187-Precaution Code
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Patient Processing, Nursing CRT, Revise Patient, Select Account, and Medical Page.

PREOP LENGTH OF STAY

If the difference between the principal procedure date from the Medical Record Abstract and the admit date is greater than 0, that difference is provided. This is provided for the ICD9 procedure.

PBE Field	
Database Location	

Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key PX at the Snap Shot Screen to view Procedure Information.

PREVIOUS FACILITY

Previous Facility/Visit Information.

PBE Field	234-Previous Facility/Visit Information
Database Location	A-VQ (14) PRIORADM
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	NORTHSIDE
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

<Page Break>

Date: 04/24/12

STAR Development System

Page : 227

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

PREVIOUS FACILITY

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Miscellaneous Page.

PREVIOUS VISIT INDICATOR

A yes/no indicator identifying whether the patient had a previous visit at the facility.

PBE Field	226-Previous Visit Indicator
Database Location	A-VP (18) IND

Field Type	Numeric
Table Used	Null, 0 = No, 1 = Yes
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Miscellaneous Page.

PRIMARY CARE PHYSICIAN

The Primary Care Physician for the patient.

PBE Field	7-Physician, Primary Care
Database Location	A-AK (7) PHYS
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
CCA DOCTOR NAME (LAST,FIRST MI	CCA DOC NAME (FIRST MI LAST)
PHYSICIAN CODE	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Adm Medical Information, and Physicians Page.

PRIMARY DIAGNOSIS DATE

The date that the final DRG was assigned.

PBE Field	639-Primary Diagnosis Date
Database Location	
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
<Page Break>	

Date: 04/24/12

STAR Development System

Page : 228

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

PRIMARY DIAGNOSIS DATE

Set-Up Routines |Corresponding PBE Field

Print Routines |

Source Screens

Financials, Account Management, Account Inquiry, and Select Account. Key DR at the Snap Shot Screen. The screen for the first DRG will appear. The field is labeled Final Accept Date.

Prorated Patient Liability

The amount of the account balance for which the patient is liable based upon insurance coverage parameters set in the system and the results from the latest proration performed for the account.

PBE Field |501-Prorated Patient Liability

Database Location |FA-FAP (14) F_AEPL

Field Type |Money

Table Used |

Modules |Trendstar/HPM Interface

STIs |

Sample Data |123.00

Set-Up Routines |Corresponding PBE Field

Print Routines |

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary.

PSRO APPROVAL FLAG

This flag indicates the overall status of the patient's Utilization Review activity and is also used for UB reporting.

PBE Field |34-PSRO Approval Flag

Database Location |A-BP (8) APPIND

Field Type |Numeric

Table Used |UR Approval Indicators Table

Modules |Claims

Billing Requirements |Trendstar/HPM Interface

STIs |

Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and UM UB Data. The field is labeled Approval Ind.

PSRO APPROVED STAY FROM

The first day approved during the utilization review process. The date is used for UB reporting.

PBE Field	32-PSRO Approved Stay From
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<Page Break>

Date: 04/24/12

STAR Development System

Page : 229

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

PSRO APPROVED STAY FROM

Database Location	A-BP (6) URSTYDTS
Field Type	Date
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and UM UB Data.

PSRO APPROVED STAY THROUGH

The ending date approved during the utilization review process. The date is used for UB reporting.

PBE Field	33-PSRO Approved Stay Through
Database Location	A-BP (6) URSTYDTS
Field Type	Date

Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and UM UB Data.

PSRO GRACE DAYS

The number of non acute days categorized as UB grace days.

PBE Field	29-PSRO Grace Days
Database Location	A-BP (5) URDAYS
Field Type	Numeric
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	;;;12
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK
ZERO IF BLANK	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and UM UB Data.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 230

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

Publicity (Display, special characters)

Publicity indicator. This is a code from the Publicity Code table.

PBE Field	185-Publicity
Database Location	A-MP (24) PUBLICTY
Field Type	Alphanumeric

Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	*
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, and Medical Page.

RACE

The code from the Race Codes table indicating the race for the patient.

PBE Field	55-Patient Race
Database Location	A-DP (6) RACE
Field Type	Numeric
Table Used	Race Codes
Modules	Claims
Trendstar/HPM Interface	Billing Requirements
STIs	
Sample Data	2
Set-Up Routines	Corresponding PBE Field
Print Routines	
RACE - DESCRIPTION (D)	RACE - CODE
BLANK	RACE-NEW JERSEY (W/A)
RACE-NEW JERSEY (B/O)	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Patient Information, and Patient Page.

Readmit indicator

Selection from Re-Admission Codes Table in the Medical Records Abstract documenting whether the patient has been admitted previously.

PBE Field	73-Readmit Indicator
Database Location	A-EK (7) READMIT
Field Type	Numeric
Table Used	Re-Admission Codes
Modules	Trendstar/HPM Interface
STIs	
Sample Data	

Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

<Page Break>

Date: 04/24/12

STAR Development System

Page : 231

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

Readmit indicator

Patient Care, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Episode Information-2.

Referred To

The facility to which the patient was referred.

PBE Field	213-Referred To (UM)
Database Location	A-NK (3) REFTO
Field Type	Alphanumeric
Table Used	Referring Institution/Facility
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Episode Information-2.

REFERRING HOSPITAL CODE

Referring hospital for the patient. This can be a code from the table titled Referring Institution/Facility or a free text facility.

PBE Field	236-Referring Facility
Database Location	A-VQ (9) PACREFHP
Field Type	Alphanumeric
Table Used	Referring Institution/Facility
Modules	Trendstar/HPM Interface
STIs	

Sample Data	NORTHSIDE
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Miscellaneous Page.

Referring Physician (Code or Name)

The physician referring the patient. This piece contains a code number identifying the physician or a free text physician.

PBE Field	232-Physician, Referring
Database Location	A-VP (5) PHYS
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123

<Page Break>

Date: 04/24/12

STAR Development System

Page : 232

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

Referring Physician (Code or Name)

Set-Up Routines	Corresponding PBE Field
Print Routines	
CCA DOCTOR NAME (LAST,FIRST MI	CCA DOC NAME (FIRST MI LAST)
PHYSICIAN CODE	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, and Physicians Page.

REFUND AMOUNT (ACCOUNT)

Sum of all refunds for the account meaning insurance refunds are included.

PBE Field	488-Refund Amount for Account
Database Location	FA-FAP (29) F_AEREF
Field Type	Money

Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	34500
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary.

REFUND AMOUNT (PATIENT)

Sum of Patient Refunds for the account. This does not include Insurance Refunds.

PBE Field	492-Refund Amount for Patient
Database Location	FA-FAP (7) F_AEREF
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1300
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary.

SEVERITY LEVEL

The Severity Level of the Utilization Management Reviewer for the review selected in the Set-Up Routine.

PBE Field	
Database Location	A-OK (7) NACUTDAY
Field Type	Alphanumeric
Table Used	UM Severity Level
Modules	Trendstar/HPM Interface

<Page Break>

Date: 04/24/12

STAR Development System

Page : 233

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

SEVERITY LEVEL

STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
FIRST UM REVIEW	217-UM Severity Level
SECOND UM REVIEW	217-UM Severity Level
THIRD UM REVIEW	217-UM Severity Level
FOURTH UM REVIEW	217-UM Severity Level
FIFTH UM REVIEW	217-UM Severity Level
LAST UM REVIEW	217-UM Severity Level
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Patient Processing, Medical Records, Utilization Management Functions, Utilization Management Functions, Review, Select Account, Add/Edit Review, and Select Insurance Plan.

SEVERITY OF ILLNESS

A hospital defined code which defines the ranking of the seriousness of the patient's illness.

The first or second Severity of Illness code is provided based on the Set-Up Routine.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	Severity of Illness Table
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
SEVERITY CODE 1	795-Severity of Illness
SEVERITY CODE 2	795-Severity of Illness
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Patient Care, Medical Records, Abstract & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Episode Information-2.

SHARED CARE PHYS

The physician identified as the shared care physician on the admission screens.

PBE Field	180-Physician, Shared Care (UM)
Database Location	A-UK (40) DOCTOR
Field Type	Alphanumeric
Table Used	Physician Table
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123456
Set-Up Routines	Corresponding PBE Field

<Page Break>

Date: 04/24/12

STAR Development System

Page : 234

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

SHARED CARE PHYS

Print Routines	
BLANK	OVERRIDE PHYS NAME

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, and Physicians Page.

Smoker

An indicator identifying the patient as a smoker.

PBE Field	184-Smoker
Database Location	A-MP (23) IND
Field Type	Yes/No Flag
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, Adm Medical Information, and Medical Page.

SNF DAYS

The number of days categorized by Utilization Management review to be skilled nursing facility noncovered days.

PBE Field	27-SNF Days
Database Location	A-BP (5) URDAYS
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
Print Routines	
BLANK	ZERO IF BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and UM UB Data.

Social Security Number

The insured's social security number for the insurance selected in the Set-Up Routine.

PBE Field	
Database Location	A-I2 (11) PACSSNBR
Field Type	Alphanumeric
Table Used	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 235

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

Social Security Number

Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123321222
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	119-Insured Social Security Number
UB CARRIER 2	119-Insured Social Security Number
UB CARRIER 3	119-Insured Social Security Number

INSURANCE COB 4	119-Insured Social Security Number
INSURANCE COB 3	119-Insured Social Security Number
INSURANCE COB 2	119-Insured Social Security Number
INSURANCE COB 1	119-Insured Social Security Number
1500 CARRIER	119-Insured Social Security Number
CARRIER OF REQUEST FOR CLAIM	119-Insured Social Security Number
INSURANCE COB FROM CLAIM	119-Insured Social Security Number
INSURANCE PRIMARY TO MEDICARE	119-Insured Social Security Number
INSURANCE COB 5	119-Insured Social Security Number
INSURANCE COB 6	119-Insured Social Security Number
INSURANCE COB 7	119-Insured Social Security Number
INSURANCE COB 8	119-Insured Social Security Number
INSURANCE COB 9	119-Insured Social Security Number
Print Routines	
SOCIAL SECURITY NUMBER	NO PUNCTUATION IN SS#
BLANK	SOCIAL INSURANCE NO.
SIN (XXX XXX XXX)	SOCIAL SECURITY # NO DASHES

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, Insurance Process, Select Insurance, and Plan Demographics

SPECIAL PROGRAM INDICATOR

Special Program for visit selected on the UB Condition Codes screen.

PBE Field	25-Special Program Indicator
Database Location	A-BP (4) SPECPROG
Field Type	Numeric
Table Used	Special Program Codes
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
Print Routines	
LEADING ZERO FILL (D)	STANDARD PRINT (NO FORMATTING)
BLANK	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UM Condition Codes.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 236

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

Station

The last nursing station on which the patient was located.

PBE Field	658-Nurse Station, Last
Database Location	A-MP (18) STATIONA
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management. Account Inquiry, Select Account, Press ENTER, Medical Information, and Location Information. Look for the last Location for the patient.

Time physician arrived

The Date/Time the physician arrived to treat the patient.

PBE Field	60-Time Physician Arrived
Database Location	A-EK (17) PHYARRV
Field Type	Time
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Patient Care, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Episode Information-2.

Time physician informed

The date/time that the physician was informed about the patient needing treatment.

PBE Field	59-Time Physician Informed
-----------	----------------------------

Database Location	A-EK (16) PHYINF
Field Type	Time
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Patient Care, Medical records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Episode Information-2.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 237

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

TOTAL ACUTE DAYS

Calculated from information gathered during the utilization review process. Total non-acute days (ICF, SNF, GRACE, LOA and denied) are subtracted from the patient's total length of stay.

PBE Field	
Database Location	
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	23
Set-Up Routines	Corresponding PBE Field
Print Routines	
LEADING ZERO FILL (D)	STANDARD PRINT (NO FORMATTING)
BLANK	

Source Screens

Patient Processing, Medical Records, Utilization Management Functions, and UB Non-Covered Days Summary.

TOTAL ADJ AMOUNT - ACCOUNT

Total of all adjustments placed on the account including insurance adjustments.

PBE Field	487-Total Account Adjustment Amount
-----------	-------------------------------------

Database Location	FA-FAP (26) F_AEADJA
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123.45
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary.

TOTAL ADJ AMOUNT - PATIENT

Total of all patient adjustments.

PBE Field	491-Total Adjustment Amount for Patient
Database Location	FA-FAP (4) F_AEADJA
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 238

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

Total Avoidable Days

Number of days categorized as avoidable by Utilization Management.

PBE Field	35-Total Avoidable Days
Database Location	A-BP (9) TOTAVD
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	

Sample Data	12
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and UM UB Data.

TOTAL CO-PAYMENT PER PYMT FOR COB

Total co-payment for all insurance payments posted for COB selected in Set-Up Routine.

PBE Field	
Database Location	FT-FTG (44) F_COPAY
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10677
Sample Data	100.10
Set-Up Routines	Corresponding PBE Field
INSURANCE COB 4	
INSURANCE COB 3	
INSURANCE COB 2	
INSURANCE COB 1	
INSURANCE COB 5	
INSURANCE COB 6	
INSURANCE COB 7	
INSURANCE COB 8	
INSURANCE COB 9	
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account. Key H for Transaction History. Select format for look-up by answering the following prompt:

Search by post dt(P), trans type(T), balance(B) or display all(A) [A]--

Select a payment transaction. Co-payment for a payment appears in the field labeled "Coin/Ded/Co-Pay/Pat Resp".

TOTAL COINSURANCE PER PYMT FOR COB

Total coinsurance for all insurance payments posted for COB selected in Set-Up Routine.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 239

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

TOTAL COINSURANCE PER PYMT FOR COB

PBE Field	
Database Location	FT-FTG (38) F_COIN
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10677
Sample Data	100.10
Set-Up Routines	Corresponding PBE Field
INSURANCE COB 4	
INSURANCE COB 3	
INSURANCE COB 2	
INSURANCE COB 1	
INSURANCE COB 5	
INSURANCE COB 6	
INSURANCE COB 7	
INSURANCE COB 8	
INSURANCE COB 9	
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account. Key H for Transaction History. Select format for look-up by answering the following prompt:

Search by post dt(P), trans type(T), balance(B) or display all(A) [A]--

Select a payment transaction. Coinsurance for a payment appears in the field labeled "Coin/Ded/Co-Pay/Pat Resp".

TOTAL DEDUCTIBLE PER PYMT FOR COB

Total deductible for all insurance payments posted for COB selected in Set-Up Routine.

PBE Field	
Database Location	FT-FTG (39) F_DED

Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10677
Sample Data	100.10
Set-Up Routines	Corresponding PBE Field
INSURANCE COB 4	
INSURANCE COB 3	
INSURANCE COB 2	
INSURANCE COB 1	
INSURANCE COB 5	
INSURANCE COB 6	
INSURANCE COB 7	
INSURANCE COB 8	
INSURANCE COB 9	
Print Routines	

Source Screens

<Page Break>

Date: 04/24/12

STAR Development System

Page : 240

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

TOTAL DEDUCTIBLE PER PYMT FOR COB

Financials, Account Management, Account Inquiry, Select Account. Key H for Transaction History. Select format for look-up by answering the following prompt:

Search by post dt(P), trans type(T), balance(B) or display all(A) [A]--

Select a payment transaction. Deductible for a payment appears in the field labeled "Coin/Ded/Co-Pay/Pat Resp".

TOTAL INSURANCE ADJUSTMENT COB 5-9

Sum of insurance adjustments for COB 5-9.

PBE Field	797-Insurance Adjustment COB 5-9
Database Location	
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface

Claims	
STIs	
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary.

TOTAL INSURANCE PAYMENT COB 5-9

Sum of insurance payments for COB 5-9.

PBE Field	798-Insurance Payment COB 5-9
Database Location	
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Balance Summary.

Total Number of Reviews

Total number of Utilization Management reviews.

PBE Field	173-Total Number of Reviews
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<Page Break>

Date: 04/24/12

STAR Development System

Page : 241

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

Total Number of Reviews

Database Location	A-MK (3) TOTNOREV
Field Type	Alphanumeric

Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Patient Processing, Medical Records, Utilization Management Functions, Utilization Management Functions, Review, Select Account, and Add/Edit Review.

TOTAL PATIENT RESP PER PYMT FOR COB

Total patient responsibility for all insurance payments posted for COB selected in Set-Up Routine.

PBE Field	
Database Location	FT-FTG (45) F_PTRESP
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10677
Sample Data	100.10
Set-Up Routines	Corresponding PBE Field
INSURANCE COB 4	
INSURANCE COB 3	
INSURANCE COB 2	
INSURANCE COB 1	
INSURANCE COB 5	
INSURANCE COB 6	
INSURANCE COB 7	
INSURANCE COB 8	
INSURANCE COB 9	
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account. Key H for Transaction History. Select format for look-up by answering the following prompt:

Search by post dt(P), trans type(T), balance(B) or display all(A) [A]--

Select a payment transaction. Patient Responsibility for a payment appears in the field labeled "Coin/Ded/Co-Pay/Pat Resp".

TRANSFER SERVICE

The transfer medical services for the account as selected in the Set-Up Routine. (International) Currently, there are four choices for the Set-Up Routine.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 242

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

TRANSFER SERVICE

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	Hospital Services Table
Modules	Trendstar/HPM Interface
STIs	
Sample Data	ERS
Set-Up Routines	Corresponding PBE Field
TRANSFER SERVICE 1	646-Transfer Service
TRANSFER SERVICE 2	646-Transfer Service
TRANSFER SERVICE 3	646-Transfer Service
TRANSFER SERVICE 4	646-Transfer Service
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, MPI Inquiry, Select Account, Press ENTER, Visit information, Medical Detail, and Medical Information.

TRANSFER STATION

Transfer station per the selected Set-Up Routine. Currently, there are five choices for the Set-Up Routine.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	Nursing station codes
Modules	Trendstar/HPM Interface
STIs	

Sample Data	1E
Set-Up Routines	Corresponding PBE Field
TRANSFER STATION 1	
TRANSFER STATION 2	
TRANSFER STATION 3	
TRANSFER STATION 4	
TRANSFER STATION 5	
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Location Information.

TRANSFER TIME IN

The Transfer Time In per the selected Set-Up Routine. Currently, there are five choices for the Set-Up Routine.

PBE Field	
Database Location	
Field Type	Time
Table Used	
Modules	Trendstar/HPM Interface

<Page Break>

Date: 04/24/12

STAR Development System

Page : 243

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

TRANSFER TIME IN

STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
TRANSFER STATION 1	
TRANSFER STATION 2	
TRANSFER STATION 3	
TRANSFER STATION 4	
TRANSFER STATION 5	
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Location Information.

TRANSFER TIME OUT

The transfer time out per the selected Set-Up Routine. Currently, there are five choices for the Set-Up Routine.

PBE Field	
Database Location	
Field Type	Time
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
TRANSFER STATION 1	
TRANSFER STATION 2	
TRANSFER STATION 3	
TRANSFER STATION 4	
TRANSFER STATION 5	
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and Location Information.

Transferred From

The facility from which the patient was transferred.

PBE Field	238-Transferred From
Database Location	A-VQ (19) TRANFR
Field Type	Alphanumeric
Table Used	Referring Institution/Facility
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Miscellaneous Page.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 244

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

Transferred To

The facility to which the patient was transferred.

PBE Field	218-Transferred To
Database Location	A-VQ (20) TRANTO
Field Type	Alphanumeric
Table Used	Referring Institution/Facility
Modules	Trendstar/HPM Interface
STIs	
Sample Data	ABC
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Patient Processing, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Episode Information-2.

TREATMENT AUTHORIZATION CODE

A number that is assigned documenting treatment authorization.

PBE Field	38-Treatment Authorization Code
Database Location	A-BQ (9) F_BUBTAC
Field Type	Alphanumeric
Table Used	
Modules	Billing Requirements
Claims	Trendstar/HPM Interface
STIs	
Sample Data	A123456789
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Condition Codes.

Triage code used in E/R Abstract

Triage Code assigned in the Medical Records Abstract.

PBE Field	62-Triage Code used in E/R Abstract
Database Location	A-EK (19) TRIAGE
Field Type	Alphanumeric
Table Used	Triage code table
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
Print Routines	
BLANK	TRIAGE CODE DESCRIPTION

Source Screens

Patient Care, Medical Records, Abstracting & DRG Assignment Functions, M/R Abstract Inquiry, Select Account, and Episode Information-2.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 245

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

TRIAGE DATE/TIME

No data loads for this Internal Element.

PBE Field	67-Triage Date/Time
Database Location	A-EK (28) TIME
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

None.

UB COINSURANCE DAYS

UB Coinsurance Days is calculated using numbers for First Daily Deductible found on the screen titled Daily/Blood Deductibles. If Start After Days is indicated for the First Daily Deductible, then the minimum of the following two numbers is provided:

Days Active

Days Covered by Claim - Start After Days for Second Daily Deductible

This number is provided for the insurance selected in the Set-Up Routine.

PBE Field	
Database Location	
Field Type	Numeric
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
UB CARRIER 1	650-Coinsurance Days
UB CARRIER 2	650-Coinsurance Days
UB CARRIER 3	650-Coinsurance Days
INSURANCE COB 4	650-Coinsurance Days
INSURANCE COB 3	650-Coinsurance Days
INSURANCE COB 2	650-Coinsurance Days
INSURANCE COB 1	650-Coinsurance Days
CARRIER OF REQUEST FOR CLAIM	650-Coinsurance Days
INSURANCE COB FROM CLAIM	650-Coinsurance Days
INSURANCE PRIMARY TO MEDICARE	650-Coinsurance Days
INSURANCE COB 5	650-Coinsurance Days
INSURANCE COB 6	650-Coinsurance Days
INSURANCE COB 7	650-Coinsurance Days
INSURANCE COB 8	650-Coinsurance Days
INSURANCE COB 9	650-Coinsurance Days
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK
RIGHT JUSTIFY / BLANK W ZERO	

Source Screens

<Page Break>

Date: 04/24/12

STAR Development System

Page : 246

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

UB COINSURANCE DAYS

Account Management, Account Inquiry, Select Account, Admission Information, Insurance Process, Select Insurance, and Daily/Blood Deductibles. Start After Days and Days Active under Second Daily Deductible are used to create this item.

UB DISCHARGE STATUS

The UB code associated with the discharge status/disposition. For cycle and cycle adjustment bills, the system looks to the Through Date of the claim in Locator 6. If the Through Date is before the Discharge Date of the account, then the Default Value is used in the Claim Load Edit Parameter (which can be set to 30 for Still Patient). The system uses the Discharge Disposition/Status on the account to pull the associated UB Code in the Discharge Status/Disposition Table in the following cases:

Through Date is on or after the Discharge Date of the account
Bill type is final, adjustment, or late

PBE Field	895-Discharge Status/Disposition, UB
Database Location	A-MP (15) DISTYPE
Field Type	Alphanumeric
Table Used	Discharge Status/Disposition
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, MPI Inquiry, Select Patient, Visit Informaiton, Select Account, Medical Detail, and Medical Information.

UB LIFETIME RESERVE DAYS

UB Lifetime Reserve Days is calculated using numbers for Second Daily Deductible found on the screen titled Daily/Blood Deductibles. If Start After Days is indicated for the Second Daily Deductible, then the minimum of the following two numbers is provided:

Days Active

Days Covered by Claim - Start After Days for Second Daily Deductible

This number is provided for the insurance selected in the Set-Up Routine.

PBE Field	
Database Location	
Field Type	Numeric
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field

UB CARRIER 1	600-Lifetime Reserve Days
UB CARRIER 2	600-Lifetime Reserve Days
UB CARRIER 3	600-Lifetime Reserve Days

<Page Break>

Date: 04/24/12

STAR Development System

Page : 247

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

UB LIFETIME RESERVE DAYS

INSURANCE COB 4	600-Lifetime Reserve Days
INSURANCE COB 3	600-Lifetime Reserve Days
INSURANCE COB 2	600-Lifetime Reserve Days
INSURANCE COB 1	600-Lifetime Reserve Days
CARRIER OF REQUEST FOR CLAIM	600-Lifetime Reserve Days
INSURANCE COB FROM CLAIM	600-Lifetime Reserve Days
INSURANCE PRIMARY TO MEDICARE	600-Lifetime Reserve Days
INSURANCE COB 5	600-Lifetime Reserve Days
INSURANCE COB 6	600-Lifetime Reserve Days
INSURANCE COB 7	600-Lifetime Reserve Days
INSURANCE COB 8	600-Lifetime Reserve Days
INSURANCE COB 9	600-Lifetime Reserve Days
Print Routines	
STANDARD PRINT (NO FORMATTING) (D)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK
RIGHT JUSTIFY / BLANK W ZERO	

Source Screens

Account Management, Account Inquiry, Select Account, Admission Information, Insurance Process, Select Insurance, and Daily/Blood Deductibles. Start After Days and Days Active under Second Daily Deductible are used to create this item.

UM READMIT IND

A 1 or 0 is provided indicating whether a previous discharge qualifies per the readmission criteria in Utilization Management.

PBE Field	174-Readmit Indicator (UM)
Database Location	A-MK (7) REFFRM
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	

Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Patient Processing, Medical Records, Utilization Management Functions, Utilization Management Functions, Review, Select Account, and Miscellaneous Review Information.

UM REVIEWER INITIALS

The initials of the Utilization Management Reviewer for the review selected in the Set-Up Routine.

PBE Field	
Database Location	A-OK (3) REVINIT
Field Type	Alphanumeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	KK

<Page Break>

Date: 04/24/12

STAR Development System

Page : 248

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

UM REVIEWER INITIALS

Set-Up Routines	Corresponding PBE Field
FIRST UM REVIEW	215-UM Reviewer Initials
SECOND UM REVIEW	215-UM Reviewer Initials
THIRD UM REVIEW	215-UM Reviewer Initials
FOURTH UM REVIEW	215-UM Reviewer Initials
FIFTH UM REVIEW	215-UM Reviewer Initials
LAST UM REVIEW	215-UM Reviewer Initials
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Patient Processing, Medical Records, Utilization Management Functions, Utilization Management Functions, Review, Select Account, Add/Edit Review, and Select Insurance Plan.

UM SPECIAL STUDY

The answer to the Utilization Management special study question selected in the Set-Up Routines.

PBE Field	
Database Location	
Field Type	Alphanumeric
Table Used	UM Special Study Table
Modules	Trendstar/HPM Interface
STIs	
Sample Data	123
Set-Up Routines	Corresponding PBE Field
1ST SPECIAL STUDY ANSWER	652-UM Special Study
2ND SPECIAL STUDY ANSWER	652-UM Special Study
3RD SPECIAL STUDY ANSWER	652-UM Special Study
4TH SPECIAL STUDY ANSWER	652-UM Special Study
5TH SPECIAL STUDY ANSWER	652-UM Special Study
6TH SPECIAL STUDY ANSWER	652-UM Special Study
7TH SPECIAL STUDY ANSWER	652-UM Special Study
8TH SPECIAL STUDY ANSWER	652-UM Special Study
9TH SPECIAL STUDY ANSWER	652-UM Special Study
10TH SPECIAL STUDY ANSWER	652-UM Special Study
11TH SPECIAL STUDY ANSWER	652-UM Special Study
12TH SPECIAL STUDY ANSWER	652-UM Special Study
13TH SPECIAL STUDY ANSWER	652-UM Special Study
14TH SPECIAL STUDY ANSWER	652-UM Special Study
15TH SPECIAL STUDY ANSWER	652-UM Special Study
Print Routines	
DATE (HOSPITAL FORMAT)	BLANK
SPECIAL STUDY DATE (YYMMDD)	MONEY IMP DEC (999999999)
SPECIAL STUDY TIME (HOSPITAL F	SPECIAL STUDIES DATE/TIME
SPECIAL STUDIES TABLE CODE	SPECIAL STUDIES TABLE DESCRIPT
SPEC STUDY DATE (YYYYMMDD)	SPECIAL STUDY DATE/TM (COLONS)
SPECIAL STUDY TIME WITH COLON	

Source Screens

Patient Processing, Medical Records, Utilization Management Functions, Utilization Management Functions, Special Studies, Select Account, and Select UM Special Study Code.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 249

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

UM TOTAL COVERED DAYS

This is calculated by subtracting the following day totals from the number of days in the hospital. The admission date is subtracted from the discharge date or current date if the account is not discharged. The minimum value must be 1.

ICF Days
SNF Days
Denied Days
Grace Days
LOA Days

PBE Field	16-UM Total Covered Days
Database Location	A-BP (10) TOTCOV
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Medical Information, and UM UB Data.

UM TOTAL NONCOVERED DAYS

This is calculated by adding the following day totals.

ICF Days
SNF Days
Denied Days
Grace Days
LOA Days

PBE Field	653-UM Total Noncovered Days
Database Location	
Field Type	Numeric
Table Used	
Modules	Trendstar/HPM Interface
STIs	
Sample Data	12
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press

ENTER, Medical Information, and UM UB Data.

VALUE CODE 1 AMOUNT

Dollar amount for the first UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	37-UB Value Code Amount
Database Location	A-BQ (1) F_BUBVCA
Field Type	Money

<Page Break>

Date: 04/24/12

STAR Development System

Page : 250

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

VALUE CODE 1 AMOUNT

Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

VALUE CODE 10 AMOUNT

Dollar amount for the tenth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	37-UB Value Code Amount
Database Location	A-BQ (11) F_BUBVCA
Field Type	Money
Table Used	

Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

VALUE CODE 10

Tenth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	36-UB Value Code
Database Location	A-BQ (11) F_BUBVCA
Field Type	Alphanumeric
Table Used	UB Value Codes
Modules	Trendstar/HPM Interface
Claims	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 251

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

VALUE CODE 10

STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission

Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

VALUE CODE 11 AMOUNT

Dollar amount for the eleventh UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	37-UB Value Code Amount
Database Location	A-BQ (12) F_BUBVCA
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

VALUE CODE 11

Eleventh UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	36-UB Value Code
Database Location	A-BQ (12) F_BUBVCA
Field Type	Alphanumeric
Table Used	UB Value Codes
Modules	Trendstar/HPM Interface
Claims	
STIs	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 252

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

VALUE CODE 11

Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

VALUE CODE 12 AMOUNT

Dollar amount for the twelfth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	37-UB Value Code Amount
Database Location	A-BQ (13) F_BUBVCA
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials,

Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

VALUE CODE 12

Twelfth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	36-UB Value Code
Database Location	A-BQ (13) F_BUBVCA
Field Type	Alphanumeric
Table Used	UB Value Codes
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 253

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

VALUE CODE 12

Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

VALUE CODE 1

First UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	36-UB Value Code
Database Location	A-BQ (1) F_BUBVCA
Field Type	Alphanumeric
Table Used	UB Value Codes
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	11;
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

VALUE CODE 2 AMOUNT

Dollar amount for the second UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	37-UB Value Code Amount
Database Location	A-BQ (2) F_BUBVCA
Field Type	Money
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 254

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

VALUE CODE 2 AMOUNT

Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field

Print Routines

Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

VALUE CODE 2

Second UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	36-UB Value Code
Database Location	A-BQ (2) F_BUBVCA
Field Type	Alphanumeric
Table Used	UB Value Codes
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	22;
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

VALUE CODE 3 AMOUNT

Dollar amount for the third UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	37-UB Value Code Amount
-----------	-------------------------

Database Location	A-BQ (3) F_BUBVCA
Field Type	Money
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123456.78

<Page Break>

Date: 04/24/12

STAR Development System

Page : 255

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

VALUE CODE 3 AMOUNT

Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

VALUE CODE 3

Third UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	36-UB Value Code
Database Location	A-BQ (3) F_BUBVCA
Field Type	Alphanumeric
Table Used	UB Value Codes
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	33;
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

VALUE CODE 4 AMOUNT

Dollar amount for the fourth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	37-UB Value Code Amount
Database Location	A-BQ (4) F_BUBVCA
Field Type	Money
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field

<Page Break>

Date: 04/24/12

STAR Development System

Page : 256

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

VALUE CODE 4 AMOUNT

Print Routines

|

Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

VALUE CODE 4

Fourth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	36-UB Value Code
Database Location	A-BQ (4) F_BUBVCA
Field Type	Alphanumeric
Table Used	UB Value Codes
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	44;
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

VALUE CODE 5 AMOUNT

Dollar amount for the fifth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	37-UB Value Code Amount
Database Location	A-BQ (5) F_BUBVCA
Field Type	Money
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field
Print Routines	

<Page Break>

Date: 04/24/12

STAR Development System

Page : 257

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

VALUE CODE 5 AMOUNT

Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

VALUE CODE 5

Fifth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	36-UB Value Code
Database Location	A-BQ (5) F_BUBVCA
Field Type	Alphanumeric
Table Used	UB Value Codes
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	55;
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

VALUE CODE 6 AMOUNT

Dollar amount for the sixth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	37-UB Value Code Amount
Database Location	A-BQ (6) F_BUBVCA
Field Type	Money
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

<Page Break>

Date: 04/24/12

STAR Development System

Page : 258

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

VALUE CODE 6 AMOUNT

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

VALUE CODE 6

Sixth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	36-UB Value Code
Database Location	A-BQ (6) F_BUBVCA
Field Type	Alphanumeric
Table Used	UB Value Codes
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	66;

Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

VALUE CODE 7 AMOUNT

Dollar amount for the seventh UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	37-UB Value Code Amount
Database Location	A-BQ (7) F_BUBVCA
Field Type	Money
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the value code information keyed for an account, use Financials,

<Page Break>

Date: 04/24/12

STAR Development System

Page : 259

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

VALUE CODE 7 AMOUNT

Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility,

Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

VALUE CODE 7

Seventh UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	36-UB Value Code
Database Location	A-BQ (7) F_BUBVCA
Field Type	Alphanumeric
Table Used	UB Value Codes
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	77;
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

VALUE CODE 8 AMOUNT

Dollar amount for the eighth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	37-UB Value Code Amount
Database Location	A-BQ (8) F_BUBVCA
Field Type	Money
Table Used	
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	123456.78
Set-Up Routines	Corresponding PBE Field

Print Routines

Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission
<Page Break>

Date: 04/24/12

STAR Development System

Page : 260

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

VALUE CODE 8 AMOUNT

Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

VALUE CODE 8

Eighth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	36-UB Value Code
Database Location	A-BQ (8) F_BUBVCA
Field Type	Alphanumeric
Table Used	UB Value Codes
Modules	Claims
Trendstar/HPM Interface	
STIs	
Sample Data	88;
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens,

and Select Value Codes to Auto Load from the lookup list provided.

VALUE CODE 9 AMOUNT

Dollar amount for the ninth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	37-UB Value Code Amount
Database Location	A-BQ (10) F_BUBVCA
Field Type	Money
Table Used	
Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 261

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

VALUE CODE 9 AMOUNT

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

VALUE CODE 9

Ninth UB value code. This can be for a value code keyed or a value code auto loading per the Provider Master.

PBE Field	36-UB Value Code
Database Location	A-BQ (10) F_BUBVCA
Field Type	Alphanumeric
Table Used	UB Value Codes

Modules	Trendstar/HPM Interface
Claims	
STIs	
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	LEADING ZERO FILL
BLANK WHEN ZERO	BLANK

Source Screens

To view the value code information keyed for an account, use Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and UB Value Codes.

To view the value codes auto loading for a Provider Master, use Financials, Tables, PA/AR Master File Maintenance, Provider Master, Select a facility, Select/Key a Provider Code, Press ENTER to bypass the first two screens, and Select Value Codes to Auto Load from the lookup list provided.

Veteran Indicator (Yes/No Flag)

This indicator has a value of Y or N identifying whether the patient is a veteran. If the field has a response of N or is blank, then a value of N loads.

PBE Field	3-Patient Veteran Indicator
Database Location	A-AJ (4) IND
Field Type	Yes/No Flag
Table Used	Y or N
Modules	Trendstar/HPM Interface
STIs	
Sample Data	1
Set-Up Routines	Corresponding PBE Field
Print Routines	
STANDARD PRINT (NO FORMATTING)	BLANK

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Admission Information, and Miscellaneous Page.

<Page Break>

Date: 04/24/12

STAR Development System

Page : 262

Time: 02:28pm

Internal Element Documentation

Report: FINTELM

Zero Balance Date

The date on which the account balance became zero.

PBE Field	
Database Location	FA-FAA (6) F_AEZBD
Field Type	Date
Table Used	
Modules	Trendstar/HPM Interface
STIs	F10677
Sample Data	
Set-Up Routines	Corresponding PBE Field
Print Routines	

Source Screens

Financials, Account Management, Account Inquiry, Select Account, Press ENTER, Financial Information, and Account Follow-Up. The field is labeled Zero Balance.<Page Break>

SERVICE ITEM USER DEFINED ATTRIBUTES

ABN

Database Location		FC-FCB (47) F_ABNFLG	
Description		ABN Flag	
Source Screen(s)		Account Inquiry/Financial Information/Billing Detail	
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		1	N

ABN Override

Database Location		FC-FCB (48) F_ABNCOD	
Description			
Source Screen(s)		Account Inquiry/Financial Information/Billing Detail	
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		30	AN

Alternate Bill Item Code

Database Location		FC-FCB (27) F_CALTBC	
Description			
Source Screen(s)		FIM	
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		10	AN

Alternate Bill Summ Code 1 DES

Database Location			
Description		Alternate Bill Summary Code 1 description.	
Source Screen(s)		FIM	
Table Used / Sample Data		Alternate Summary Code 1 Table	
Setup Routines	Print Routines	Size	Type
		30	AN

Alternate Bill Summ Code 2 DES

Database Location			
Description		Alternate Bill Summary Code 2 description.	
Source Screen(s)		FIM	
Table Used / Sample Data		Alternate Summary Code 2 Table	
Setup Routines	Print Routines	Size	Type
		30	AN

Alternate Bill Summ Code 3 DES

Database Location			
Description		Alternate Bill Summary Code 3 description.	
Source Screen(s)		FIM	
Table Used / Sample Data		Alternate Summary Code 3 Table	
Setup Routines	Print Routines	Size	Type
		30	AN

Alternate Bill Summ Code 1

Database Location		FC-FCB (7) F_ACBS2	
Description			
Source Screen(s)		FIM	
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		4	N

Alternate Bill Summ Code 2

Database Location		FC-FCB (8) F_ACBS3	
Description			
Source Screen(s)		FIM	
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		4	N

Alternate Bill Summ Code 3

Database Location		FC-FCB (9) F_ACBS4	
Description			
Source Screen(s)		FIM	
Table Used / Sample Data		FIM	
Setup Routines	Print Routines	Size	Type
		4	N

Bill Sequence Number

Database Location		FC-FCB (4) F_ACBILD	
Description		Bill Sequence Number for the charge	
Source Screen(s)			
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		3	N

Baby Charge Indicator

Database Location		FC-FCA (25) F_ACBC1	
Description		Indicates if there is charge for baby	
Source Screen(s)		Account Inquiry/Financial Information/Billing Detail	
Table Used / Sample Data		1=Baby charge	
Setup Routines	Print Routines	Size	Type
		1	AN

Charge Location

Database Location		FC-FCA (16) F_ACCLOC	
Description		Available for Central Supply Order	
Source Screen(s)			
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		3	AN

Charge To/From Account

Database Location		FC-FCB (10) F_ACFRTO	
Description			
Source Screen(s)		Account Inquiry/Financial Information/Billing Detail	
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		9	N

Charge Sequence

Database Location		Sequence number in charge record key	
Description		Internal sequence number of charge	
Source Screen(s)			
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		5	N

Charge Type

Database Location		FC-FCA (21) F_ACTYPE	
Description			
Source Screen(s)		Account Inquiry/Financial Information/Billing Detail	
Table Used / Sample Data		0=Hospital, 1=Pro Fee, 2=Panel, 3=Room & Bed, 4=Room/Bed Related	
Setup Routines	Print Routines	Size	Type
		1	N

Combined Bill Indicator

Database Location		FC-FCB (41)	
Description		1= from account, 2= To account, 3= from another facility, 4=to another facility	
Source Screen(s)		Account Inquiry/Financial Information/Billing Detail	
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		1	N

Dept with STAR Facility Code Prefix

Database Location		Calculated	
Description		Revenue Department code with the facility code of the charge as a prefix.	
Source Screen(s)			
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		5	AN

Department

Database Location		FC-FCA (4) F_ACDEPT	
Description		SIM/FIM Department	
Source Screen(s)		FIM	
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		3	AN

Department with Facility Code Suffix

Database Location		Calculated	
Description		Revenue Department with the facility code of the charge as a suffix.	
Source Screen(s)			
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		5	AN

Detail Revenue Center

Database Location		FC-FCA (12) F_ACDREV	
Description		Detail Revenue Center	
Source Screen(s)		FIM	
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		4	N

GL Department Number

Database Location		Calculated	
Description		The GL Department Number that the charge is mapped to.	
Source Screen(s)			
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		4	N

HCPCS Code

Database Location		FC-FCA (26) F_ACHCPC	
Description		HCPCS code from charge record (FIM)	
Source Screen(s)		Account Inquiry/Financial Information/Billing Detail	
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		6	N

Late Charge Indicator

Database Location		Calculated	
Description		Posting date on the charge is after the final bill date	
Source Screen(s)		Account Inquiry/Financial Information/Billing Detail	
Table Used / Sample Data		1=Late Charge	
Setup Routines	Print Routines	Size	Type
		1	N

Med Nec Dup HCPCS

Database Location		FC-FCB (49) F_DUPHFL	
Description		Medically Necessary Duplicate HCPCS flag	
Source Screen(s)		Account Inquiry/Financial Information/Billing Detail	
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		1	N

Med Nec Dup HCPCS Override

Database Location		FC-FCB (50) F_DUPHCD	
Description		Medically Necessary Duplicate HCPCS Override code or free text	
Source Screen(s)		Account Inquiry/Financial Information/Billing Detail	
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		30	AN

Metric Quantity

Database Location		FC-FCB (29) RXQTY	
Description		Metric Quantity for Pharmacy Items	
Source Screen(s)			
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		6	N

Out of Province Service Code

Database Location		FC-FCA (41) F_OPSCCC	
Description			
Source Screen(s)			
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		1	AN

Order

Database Location		FC-FCA (17) F_ACEON	
Description		Order Number	
Source Screen(s)		Account Inquiry/Financial Information/Billing Detail	
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		6	N

Ordering Location (CRT Name)

Database Location		FC-FCA (7) F_ACOLOC	
Description		From CRT	
Source Screen(s)		Account Inquiry/Financial Information/Billing Detail	
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		3	AN

Ordering ID

Database Location		FC-FCA (8) F_ACOID	
Description		Initials of ordering employee	
Source Screen(s)			
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		3	AN

Proration Summary Code

Database Location		FC-FCA (36) F_ABCODE	
Description		Proration Summary Code	
Source Screen(s)		FIM	
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		6	N

R&B Minutes

Database Location		FC-FCA (35) F_ACOQ	
Description		Number of minutes from original quantity in Patient Care	
Source Screen(s)		Account Inquiry/Financial Information/Billing Detail	
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		4	N

Relative Value

Database Location		FC-FCB (13) F_RVLVL	
Description			
Source Screen(s)		FIM	
Table Used / Sample Data		123.45	
Setup Routines	Print Routines	Size	Type
		5	D

Revenue Department Code

Database Location		FC-FCA (11) F_ACDREV	
Description		Revenue Department Code	
Source Screen(s)		FIM	
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		4	N

Source of Charge

Database Location		FC-FCA (16) F_ACSRC	
Description		Source of Charge	
Source Screen(s)			
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		2	AN

STAR Facility Code

Database Location		Calculated	
Description		Facility code for the charge.	
Source Screen(s)			
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		1	A

Take Home Drug

Database Location		FC-FCB (51) F_RXTHDF	
Description		Pharmacy Take Home Drug Flag	
Source Screen(s)		Account Inquiry/Financial Information/Billing Detail	
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		1	N

Type of Service

Database Location		FC-FCB (3) F_ACTOC	
Description			
Source Screen(s)		FIM	
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		2	AN

Type of Unit

Database Location		FC-FCB (17) SUCCODE	
Description		Specialty Unit Field	
Source Screen(s)		Account Inquiry/Financial Information/Billing Detail	
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		2	AN

UB Revenue Code

Database Location		FC-FCA (22) F_ACUB82	
Description		UB Revenue Code from charge record (FIM)	
Source Screen(s)		Account Inquiry/Financial Information/Billing Detail	
Table Used / Sample Data			
Setup Routines	Print Routines	Size	Type
		4	N

DATA ELEMENTS

The following are the file layouts for the Common File and the Patient/Member File. These two files are created by the interface.

The following list describes the attributes of the interface files:

Interface File Attributes

- ASCII delimited file
- Allowable delimiters are Tilde, tab or pipe. If the field is skipped, you still need the delimiter present.
- Common Table Name - HPMcommn.fdr
- Patient/Member Table Name - HPMptmbr.fdr
- You can attach prefixes or suffixes to these file names up to 80 characters long.
- The record types must appear in the order specified in the layout.
- Date format - YYYYMMDD
- Date/Time format - YYYYMMDD HH:MM:SS. If no time is sent the default is 00:00:00.
- Numeric - negative numbers use a leading minus sign.
- Decimal - Include the decimal point in the number 98.6
- Yes/No data - Yes = 1, No = 0
- If the record is not required and there is no data available for the record, then it will not be sent. The following records meet this criteria:
 - Practitioner Entity Privilege - PRACEPRV
 - Practitioner Certification - PRACTCRT
 - Encounter Birth - ENCBIRTH
 - Encounter Champus DRG - ENCCHAMP
 - Encounter Reason - ENCREAS
 - Encounter Clinical Procedure - ENCPX

-
- Encounter Clinical Procedure Practitioner - ENCPXPR
 - Encounter Payor Actual Payment - ENCPAYA
 - Encounter UB Value - ENCUBVAL
 - Encounter UB Occurrence - ENCUBOCC
 - Encounter UB Condition - ENCUBCON
 - Encounter Service Item Reason - ENCSIREA
 - Encounter Service Item Practitioner - ENCSIPRA
 - If the record is not required and there is no data available for a required field in the record, then it will not be sent. The following records meet this criteria:
 - Practitioner Home Address - PRACTHAD
 - If there is no street (field 2) or zip code (field 3) then don't send the record.
 - Practitioner Mailing Address - PRACTMAD
 - If there is no street (field 2) or zip code (field 3) then don't send the record.
 - If the record is required then it should always be sent.
 - Records are automatically suppressed for the Insured Person (INSURHDR) and Responsible Person (RESPHDR) data as follows:
 - If any of the fields in fields 8-11 in ENCPAYOR are blank, then fields 8-14 in ENCPAYOR will be blank (suppressed). The INSURHDR record type will not be sent.
 - If any of the fields in fields 38-41 in ENCNTR are blank, then fields 38-44 in ENCNTR will be blank (suppressed). The RESPHDR record type will not be sent.
 - If fields 38-41 are all present, then populate fields 42-44 in ENCNTR and send RESPHDR.
 - 42 Source System of the Responsible Party
 - 43 Responsible Party Source System Code
 - 44 Responsible Party Master Enterprise Id
 - The auto suppression of the insurance person and responsible person data occurs when accounts meet the criteria and it will occur even if the Suppress Resp Party/
-

Insured Person parameter in Facility Parameters is not defined to suppress data.
This is auto suppression logic.

FILE LAYOUTS

Common File

Field No.	Field Name	Database location/ required value	Comments
Enterprise Header – Required			
1	Record Type	ENTHDR	
2	Enterprise Code	Refer to Enterprise Parameters	
3	Version Number	3.0	
Financial Class			
1	Record Type	FINCLASS	
2	Financial Class Code		Codes from Financial Class Table
3	Financial Class Description		Descriptions from Financial Class Table.
Department			
1	Record Type	DEPT	
2	Entity Code		STAR Facility Code
3	Department Code		Refer to Department Parm on the Facility parameter screen to determine the code to use in this record
4	STAR Facility Code		Not Available
5	Department Name		Description associated with Code used in field 3.
6	FTE Hours per day override		Not Available
Payor			
1	Record Type	PAYOR	
2	Payor Code		Code from Insurance Carrier Table
3	Financial Class Code		Not Available
4	Payor Description		Description from Insurance Carrier Table
5	Group Code		Not Available

Field No.	Field Name	Database location/ required value	Comments
6	Insurance Type		Insurance type from Insurance Carrier Table
7	National Payor Code		Not Available.
8	Filler		Not Available.
9	3M Payor Type		Not Available.
10	PMOD Insurance Company		Not Available.
Charge Code			
1	Record Type	CHARGE	
2	Entity Code	STAR Facility Code	
3	Charge Code		FIM number
4	Charge Name		FIM description

Patient/Member File

Field No.	Field Name	Database location/ Required Value	Comments
Enterprise Header			
1	Record Type	ENTHDR	
2	Enterprise Code		Refer to Enterprise Parameters
3	Version Number	3.0	
Health Plan			
1	Record Type	PLAN	
2	Health Plan Code		Codes from Insurance Plan Table
3	Payor Code		Insurance Carrier associated with Insurance Plan
4	Health Plan Description		Description from Insurance Plan Table

Field No.	Field Name	Database location/ Required Value	Comments
5	Is PCP Required		Not Available
6	PMOD Insurance Company code		Not Available
Contract			
1	Record type	CONTRACT	
2	Entity Code		STAR Facility Code
3	Contract Code		Code from insurance plan
4	Health Plan Code		Code from Insurance Plan table
5	Filler		
6	Payor Code		Insurance carrier associated with the Insurance Plan
7	Contract Description		Description from Insurance Plan table
8	Contract start date		Not Available
9	Contract end date		Not Available
10	Capitated contract indicator		Not Available
11	Amount per member per month		Not Available
12	Copay amount		Not Available
13	PMOD effective date basis		Not Available
14	Cutoff day		Not Available
Employer			
1	Record Type	EMPLOYER	
2	Entity Code		STAR Facility code
3	Employer Code		Code from Employer Table
4	Employer description		Description from Employer Table
Religion			
1	Record type	RELIGION	
2	Entity Code		STAR Facility code
3	Religion Code		Code from Denomination table

Field No.	Field Name	Database location/ Required Value	Comments
4	Religion description		Description from Denomination table
Practitioner Practitioner Role			
1	Record Type	PRACTROL	
2	Entity Code		STAR Facility Code
3	Practitioner Role Code	ORD = Ordering CON = Consulting ADM = Admitting ATT = Attending PRI = Primary Care ER = ER Physician SHA = Shared Care REF = Referring SUR = Surgeon ANE = Anesthetist TEAM = Procedure Team Member PER = Performing DIS = Discharge RESP = Most Responsible	
4	Practitioner Role Description	See above	
Practitioner Specialty			
1	Record Type	PRACTSPC	
2	filler		
3	Practitioner Specialty Code		Use the STAR specialty code from the Physician/Resource Specialty table
4	Practitioner specialty Description		Description from the Physician/Resource Specialty table
Practitioner Privilege			
1	Record Type	PRACTPRV	
2	Entity Code		

Field No.	Field Name	Database location/ Required Value	Comments
3	Practitioner Privilege Code	A,O,N,P,R	
4	Practitioner Privilege Description	A=All Patients O=Outpatients only N=No patients P=Privileges restricted R=Outpatients restricted	
Practitioner Header - Includes a record for the default physician from the Demographic/Default table			
1	Record Type	PRAHDR	
2	National Identification	D-AC-6	social security number
3	Birth Date	D-AC-7	
4	Gender	U	Unknown
5	First Name	D-PC-2	
6	Source system	Source Code	STAR Facility Parameters
7	Source system code	D-PC-1	
8	Master Enterprise ID		Not Available
9	Full Name	D-PC-2	
Person-Practitioner			
1	Record Type	PERSON	
2	filler		
3	filler		
4	filler		
5	filler		
6	filler		
7	filler		
8	filler		
9	Marital Status		Not Available
10	Race		Not Available
11	Religion		Not Available
12	Secure Class		Not Available
13	Employment Status Code		Not Available
14	Employer code		Not Available
15	Medicaid Code		Not Available

Field No.	Field Name	Database location/ Required Value	Comments
16	Medicare code		Not Available
17	Date of death		Not Available
18	Person Deceased Indicator		Not Available
19	Organ donor Indicator		Not Available
20	filler		
21	Middle Name		Physician Middle Name
22	Last name		Physician Last Name
23	Honorific		Not Available
24	Name Suffix		Not Available
25	Previous Name		Not Available
26	Previous first name		Not Available
27	Previous middle name		Not Available
28	Previous last name		Not Available
29	Previous honorific		Not Available
30	Previous name suffix		Not Available
31	Language code		Not Available
32	blood type		Not Available
33	living will indicator		Not Available
34	power of attorney indicator		Not Available
35	living alone indicator		Not Available
36	Nationality		Not Available
Practitioner			
1	Record type	PRACT	
2	filler		
3	National Provider Number		Not Available
4	Universal Physician ID	D-BC-2	
5	Specialty 1 Code	D-PC-4	
6	Specialty 2 Code	D-PC-4	
7	Specialty 3 Code	D-PC-4	
8	Primary Practice Type		Not Available

Field No.	Field Name	Database location/ Required Value	Comments
9	Primary employment type		Not Available
10	Practitioner Type		Not Available
11	Professional Activity code		Not Available
12	AMA Group Code		Not Available
13	Medical education number	A-BC-6	
14	Professional Degrees		Not Available
15	Is Board Certified		Not Available
16	Graduation Date		Not Available
17	AHA Code		Not Available
Entity Specific Practitioner Code			
1	Record type	PRACTMAP	
2	Entity Code		
3	Entity Specific Practitioner Code	D-PC-1	
4	Name	D-PC-2	
5	Staff Status	If D-PC-31 is 1, then put a 7 (nonstaff) in this field. If piece is null, then put a 1 (active) in this field.	
6	Current FTE level		Not Available
Practitioner entity privilege			
1	record type	PRACEPRV	
2	Entity Code		
3	Privilege	D-PC-5	Admitting Status
Practitioner Certification			
1	Record type	PRACTCRT	
2	Board Specialty Code		Not Available
3	Board Subspecialty Code		Not Available
4	Certification Date		Not Available
5	Recertification date		Not Available
Person/Practitioner Home Address			
1	Record Type	HOMEADDR	

Field No.	Field Name	Database location/ Required Value	Comments
2	Street	A-BC-1	Street address 1 and 2 without “,”
3	Postal Code	A-BC-5	zip + 4 or Canadian postal code
4	Postal code base	A-BC-5	5 digit zip - don't send for Canada
5	Postal code suffix	A-BC-5	4 digit suffix - don't include for Canada
6	Country	US - if this is a Canadian hospital, use CA	
7	Block group		Not Available
8	census tract		Not Available
9	region code		Not Available
10	phone area code	D-AC-1	
11	phone number	D-AC-1	
12	Fax area code		Not Available
13	Fax number		Not Available
14	Mail Delivery		Not Available
15	Latitude		Not Available
16	Longitude		Not Available
17	City	A-BC-3	
18	State	A-BC-4	
Person/Practitioner Mailing Address (Primary Office Location)			
1	Record Type	MAILADDR	
2	Street	D-OF-3	Street address 1 and 2 without “,”
3	Postal Code	D-OF-6	zip + 4 or Canadian postal code
4	Postal code base	D-OF-6	5 digit zip - don't send for Canada
5	Postal code suffix	D-OF-6	4 digit suffix - don't include for Canada
6	Country	US - if this is a Canadian hospital, send CA	
7	Block group		Not Available
8	Census tract		Not Available

Field No.	Field Name	Database location/ Required Value	Comments
9	Region code		Not Available
10	Phone area code	D-OF-7	
11	Phone number	D-OF-7	
12	Fax area code	D-OF-8	
13	Fax number	D-OF-8	
14	Mail Delivery		Not Available
15	Latitude		Not Available
16	Longitude		Not Available
17	City	D-OF-4	
18	State	D-OF-5	
ENCOUNTER Encounter header			
1	Record Type	ENCHDR	
2	Entity Code		STAR Facility code
3	Checkin Date/Time	Admit date/time A-MP-8	
4	Patient Type	A-MP-5	
5	Patient national ID	A-DP-5	SSN
6	Patient birth date	A-DP-3	
7	Patient Gender	A-DP-4	M, F, or U (Unknown)
8	Patient First Name	A-DP-2 2 ND Comma piece	
9	Source System of person	Source Code	STAR Facility Parameters If the account is a newborn, this field is not sent.
10	Source system code		Depends upon parameter setting
11	Master enterprise ID	A-DP-33	HNE Number
12	Patient Name	A-DP-2	First MI Last
13	Practitioner of record national ID	D-AC-6 for Attending Physician (A-MP-12)	SSN for Attending physician
14	Practitioner of record birth date	D-AC-7	
15	Practitioner of record gender	U	Unknown
16	Practitioner of record first name	D-PC-2	

Field No.	Field Name	Database location/ Required Value	Comments
17	Source system of this practitioner	Source Code	STAR Facility Parameters
18	Source System Code	A-MP-12	Attending physician code
19	Master Enterprise ID for practitioner		Not Available
20	Filler		
21	Payor Actual Payment add/replace flag	Null	This may change if this encounter file is for converted, AR/BD Add, or inhouse at conversion accounts.
22	Payor expected payment add/replace flag	null	
23	Filler		
24	Service item type charge add/replace flag	null	This may change if this encounter file is for converted, AR/BD Add, inhouse at conversion.
25	Service item type CPT4/HCPSC add/replace flag	null	
26	Service item type acuity add/replace flag	null	
27	Service item type operating room add/replace flag	null	
28	Service item type Nursing Intervention add/replace flag	null	
29	Service item type UB add/replace flag	null	
30	Facility code		Not Available
31	Medical Record number	A-DP-1	
32	Patient Account Number	A-MP-13	
33	Discharge Date and Time	A-MP-14	
34	Patient Accounting Patient Type	A-MP-5	

Field No.	Field Name	Database location/ Required Value	Comments
35	User-defined code		Not Available
36	Update Indicator for optional encounter keys	1	A 1 indicates that fields 30-35 should update the data base.
37	Summarized Payment Add/Replace Flag	null	This may change if this encounter file is for converted, AR/BD Add or inhouse at conversion.
38	Delete Encounter Flag		Will not be using at this time
Person (person)			
1	Record Type	PERSON	
2	Filler		
3	Filler		
4	Filler		
5	Filler		
6	Filler		
7	Filler		
8	Filler		
9	Marital Status	A-DP-14	
10	Race	A-DP-6	
11	Religion	A-DP-7	
12	Secure Class		Not Available
13	Employment Status Code	A-EP-13	
14	Employer Code	A-EP-2 or A-EP-3	
15	Medicaid Code		Not Available
16	Medicare Code		Not Available
17	Date of Death	A-DP-24	
18	Is Person Deceased	A-DP-24	Enter 1, if deceased, otherwise enter 0

Field No.	Field Name	Database location/ Required Value	Comments
19	Organ Donor Indicator		Not Available. This field is table driven in STAR. There is no way to tell whether the table entry indicates a yes to organ donor. The table entry chosen may indicate No.
20	Filler		
21	Middle Name	A-DP-2	
22	Last Name	A-DP-2	
23	Honorific		Not Available. STAR stores the honorific and suffix in same field. This field is sent as the suffix.
24	Name Suffix	A-DP-26	
25	Previous Name	A-BK Most recent previous name	Send full name in this field - first middle last suffix
26	Previous First Name	A-BK	
27	Previous Middle Name	A-BK	
28	Previous Last Name	A-BK	
29	Previous Honorific		Not Available
30	Previous Name Suffix		Not Available
31	Language Code	A-DP-27	
32	Blood Type		Not Available
33	Living Will Indicator		Not Available This field is table driven in STAR. There is no way to tell whether the table entry indicates a yes to organ donor. The table entry chosen may indicate No.
34	Power of Attorney Indicator	A-VP-13	Enter 1 if Yes
35	Living Alone Indicator		Not Available
36	Nationality	A- AL - 3	
Responsible Person Header			
1	Record Type	RESPHDR	

Field No.	Field Name	Database location/ Required Value	Comments
2	National Identification Code	A- DP 5 for guarantor	
3	Birthdate	A- DP 3 for guarantor	
4	Gender	A- DP 4 for guarantor	
5	First name	A- DP 2 for guarantor	
6	Source System of this Person	Source Code	STAR Facility Parameters
7	Source System Code	Based upon parm	
8	Master Enterprise ID	A-DP 33 for guarantor	
Encounter			
1	Record Type	ENCNTR	
2	Medical Service	A-MP-11	
3	Admit Pavilion	Not Available	
4	Checkin Type	A-VP-23	Admission type
5	Checkin Source	A-VP-24	Admission Source
6	Checkin Practitioner National ID	D-AC-6 for Admitting Physician (A-VP-4)	SSN for admitting physician
7	Checkin Practitioner Birth date	D-AC-7	
8	Checkin Practitioner Gender	U	Unknown
9	Checkin Practitioner First Name	D-PC-2	
10	Source system of the Checkin Practitioner	Source Code	STAR Facility Parameters
11	Checkin Practitioner Source System Code	A-VP-4	
12	Checkin Practitioner Master Enterprise ID		Not Available
13	Readmission Indicator	A-MK-7	1 = readmit, otherwise enter 0
14	Prior Discharge Date	A-MP-14	Previous Discharge Date. Prior Visit must have admit date prior to current account.
15	Wait List Days		Not Available

Field No.	Field Name	Database location/ Required Value	Comments
16	Checkin Height	A-GK-16 for newborn A-PHT1 for others	If the newborn weight exists for the account, it is used. Otherwise, the 1 st previous height node is used. Parameter for user to choose type of unit.
17	Checkin Weight	A-GK-3 for newborn A-PWT1 for others	For acct's other than newborns use the 1 st previous weight node. Parameter for user to choose type of unit.
18	Discharge Weight	A-PWT1	Use the last PWT1 node for the discharge weight. Parameter for user to choose type of unit.
19	Discharge status	A-MP-15	UB discharge status code
20	Death Classification	A-GK1-1	Use first one
21	Referral Indicator	A-VQ-9	If a referring facility is present then set this field to 1, if not set to 0.
22	Referring Practitioner National ID	D-AC-6 for referring physician (A-VP-5)	
23	Referring Practitioner Birth Date	D-AC-7	
24	Referring Practitioner Gender		Not Available
25	Referring Practitioner First Name	D-PC-2	
26	Source System of the Referring Practitioner	Source Code	STAR Facility Parameters
27	Referring Practitioner Source System Code	A-VP-5	
28	Referring Practitioner Enterprise ID		Not Available
29	DRG Code	A-KK-5 Medicare only	
30	MDC Code	A-KK-6 Medicare only	
31	DRG Weight	DRG Rate Master	
32	DRG Arithmetic Comparable LOS	DRG Rate Master	

Field No.	Field Name	Database location/ Required Value	Comments
33	DRG Geometric Comparable LOS	DRG Rate Master	
34	HCFA Outlier Code		Not Available
35	Cost Outlier Indicator	A-KK-15	Set to 1 if cost outlier, if not set to 0.
36	LOS Outlier Indicator	A-KK-14	Set to 1 if LOS outlier, if not set to 0.
37	Outlier Days		Not Available
38	Responsible Party national ID	A-DP-5 for Guarantor	
39	Responsible Party Birth Date	A-DP-3 for Guarantor	
40	Responsible Party Gender	A-DP-4 for Guarantor	M, F, or U
41	Responsible Party First Name	A-DP-2 for Guarantor	
42	Source System for Responsible Party	Source Code	STAR Facility Parameters
43	Responsible Party Source System Code		Refer to Source Screen code parameter. Corporate number is the default.
44	Responsible Party Master Enterprise ID	A-DP-33	
45	Bill Classification		Second digit of bill type
46	Bill Frequency		Third digit of bill type
47	Cycle Bill Date		
48	Coinsurance Days	FB-FBT-5	
49	Date of 1st symptom of illness	Occurrence Code 11 Date	
50	Encounter Accident Related Indicator	A-VP-11	1 = accident related otherwise set to 0
51	Benefits Assigned Indicator	FA-FA1-1	1 = yes, otherwise set to 0
52	Out of Network Indicator		Not Available

Field No.	Field Name	Database location/ Required Value	Comments
53	Assignment Accepted Indicator		Not Available
54	Lifetime Reserve Days	FB-FBT-7	
55	Unable to work start date		Not Available
56	Unable to work end date		Not Available
57	Outside Lab charges		Not Available
58	UB Statement Start Time		Not Available
59	UB Statement end date		Not Available
60	On Care Path Indicator		Not Available
61	Care Path Code		Not Available
62	Care Path compliance Code		Not Available
63	Care Path Completion Indicator		Not Available
64	Care Path Activation Date		Not Available
65	Care Path End Date		Not Available
66	Autopsy Performed Indicator		Refer to Autopsy parameter
67	Organ Donor Indicator		Not Available
68	Employment Status	A-EP-13	
69	Employer Code	A-EP-3 or A-EP-2	
70	Marital Status	A-DP-14	
71	Release of Information Indicator		Not Available
72	Religion Code	A-DP-7	Denomination Code
73	CMB Code	A-KK-5	Canada only
74	MCC Code	A-KK-6	Canada only
75	HRG Code		Not Available
76	National Lab Code		Not Available
77	Living Will Indicator		Not Available
78	Power of Attorney Indicator	A-VP-13	1= yes, otherwise 0

Field No.	Field Name	Database location/ Required Value	Comments
79	Living Alone Indicator		Not Available
80	Newborn Indicator		1 = newborn, otherwise set to 0
81	Length of Stay		Discharge Date-admit date. 1 day stays=1. Outpatients=0.
82	Days on Mechanical Ventilation		Data not available
83	UB Bill Type	Calculated	Determine the bill type for the most current bill for COB1.
84	Total CPT4 codes rejected for APC payment		Data not available.
85	Billed Grouper Type	APC HCFA-DRG CHAMPUS-DRG OTHER-DRG	If there is any APC information for the account, then put APC in that field. If there is no APC info then we should see what the primary DRG on the account is.
Encounter Birth			
1	Record Type	ENCBIRTH	
2	Mother Checkin Date/ Time	A-VP-17 and A-MP-8	Mother's admit date
3	Mother Patient Type	A-MP-5	
4	Mother's National ID	A-DP-5	
5	Mother's Birth Date	A-DP-3	
6	Mother's Gender	A-DP-4	
7	Mother's First name	A-DP-2	
8	Source System of the mother	Source Code	STAR Facility Parameters
9	Mother's source system code		Refer to Source System Code parameter
10	Mother's Master Enterprise ID	A-DP-33	HNE Number
11	Mother's Practitioner of Record National ID	D-AC-6 for Attending Physician (A-MP-12)	
12	Practitioner's birth date	D-AC-7	

Field No.	Field Name	Database location/ Required Value	Comments
13	Practitioner's Gender	U	Unknown
14	Practitioner's first name	D-PC-2	
15	Source system of practitioner	Source Code	STAR Facility Parameters
16	Source System Code for Practitioner	A-MP-12	
17	Master Enterprise ID for practitioner		Not Available
18	APGAR 1 Minute Score	A-GK-9 1 st semicolon piece	
19	APGAR 5 minute score	A-GK-9 2 nd semicolon piece	
20	Birth Status Code	A-GK-5	
21	Birth Type Code	A-GK-4	
22	Gestation Period	A-GK-6	No. of weeks
23	C Section Indicator	A-GK-7	1 = yes, 0=no
24	Stillbirth indicator		Not Available
25	Mother's facility code		Not Available
26	Mother's medical record no.	A-DP-1	
27	Mother's Patient Account Number	A-MP-13 and A-VP-17	
28	Mother's Discharge date and time	A-MP-14 and A-VP-17	
29	Mother's patient acctg patient type	A-MP-5	
30	Mother's User defined code		Not Available
Encounter Practitioner			
1	Record type	ENCPRAC	
2	Practitioner National ID	D-AC-6	
3	Practitioner Birth Date	D-AC-7	
4	Practitioner Gender	U	Unknown
5	Practitioner First Name	D-PC-2	
6	Source System of this Practitioner	Source Code	STAR Facility Parameters
7	Source System Code	physician code	

Field No.	Field Name	Database location/ Required Value	Comments
8	Master Enterprise ID for practitioner		Not Available
9	Filler		
10	Practitioner Role	Codes from practitioner role table	
Encounter - Champus DRG			
1	Record type	ENCCHAMP	
2	Champus DRG Code	A-KK-5 for Champus DRG	
3	Champus MDC Code	A-KK-6	
4	Champus Arithmetic LOS	DRG Rate Master	
5	Champus Outlier Code		Not Available
6	Champus DRG Weight	A-KK2-4 or DRG Rate Master	
7	Champus Geometric LOS	A-KK2-12 or DRG Rate Master	
8	Military Status	A- I2 - 15	
Encounter - Other DRG			
1	Record Type	ENCOTHER	
2	Other DRG Code	A-KK 5 or A-KK2 17	Do not use for Medicare or Champus DRGs
3	Other MDC	A-KK 6 or A-KK2 18	Do not use for Medicare or Champus DRGs
4	Other DRG Arithmetic Comparative LOS	DRG Rate Master (if available)	
5	Other DRG Geometric Comparative LOS	DRG Rate Master (if available)	
6	Other DRG Weight	A- KK1 4 or A-KK2 4	Do not use for Medicare or Champus DRGs
Encounter Reason			
1	Record Type	ENCREAS	
2	Reason Classification	DIAGNOSIS	
3	Reason Type	ICD9CM	
4	Reason Code	A-HK	ICD-9-CM code with the decimal (i.e. 398.91)
5	Diagnosis Type	ADMITTING, PRINCIPAL, SECONDARY, WORKING	

Field No.	Field Name	Database location/ Required Value	Comments
6	Coded Sequence	0 = Working or Admitting 1 = Principal 2+ = Secondaries	
7	3M Return Flag		Not Available
8	Allergic Reaction Code		Not Available
Encounter Clinical Procedure			
1	Record Type	ENCPX	
2	Clinical Procedure Coding Method	ICD9CM CPT4	This record is used for both ICD9CM and CPT4/ HCPCS procedures from Medical Records.
3	Clinical Procedure Code	A-IK (procedure codes) A-HP (MR HCPCS)	ICD-9-CM codes with decimal HCPCS code without modifier
4	CPT4 Modifier Code 1	A-HP (MR HCPCS)	
5	CPT4 Modifier Code 2	A-HP (MR HCPCS)	
6	CPT4 Modifier Code 3	A-HP (MR HCPCS)	
7	CPT4 Modifier Code 4	A-HP (MR HCPCS)	
8	Coded Sequence		Sequence of the procedure code
9	3M Return Flag		Not Available
10	ASC Group	A-HP 3 rd semicolon piece	Only available for MR HCPCS
11	Procedure Date/time	MR HCPCS – A-HP 4 th semicolon piece ICD9CM – A-JK 1 st semicolon piece	
12	Scheduled Date/time		Not Available
13	Surgery Indicator	A-HP 5 TH semicolon piece (HCPCS – Surgeon) A-JK 2 nd semicolon piece (ICD9CM – Surgeon)	If there is something present in either field then put a 1 to indicate this is a surgical procedure.
14	Incision Date/time		Not Available
15	Closure date/time		Not Available
16	Operating minutes		Not Available

Field No.	Field Name	Database location/ Required Value	Comments
17	Recovery room minutes		Recovery room end time – Recovery room start time
18	Anesthesia Type	A-HP 9 th semicolon piece (HCPCS) A-JK 3 rd semicolon piece (ICD9CM)	
19	ASA Score		Not Available
20	Anesthesia Minutes	A-HP 10 th semicolon - A-HP 11 th semicolon (HCPCS) A-JK 3 rd semicolon – A-JK 4 th semicolon (ICD9CM)	Anesthesia start – Anesthesia stop times
21	Associated UB revenue code	A-HP 2 nd semicolon piece	Only available for MR HCPCS
Encounter Clinical Procedure Practitioner			
1	Record type	ENCPXPR	
2	Clinical Procedure Coding Method	ICD9CM CPT4	
3	Procedure Code		
4	Coded Sequence		Sequence no of procedure
5	Practitioner National ID	D-AC-6	Procedure physicians (surgeon, anesthetist, procedure team members)
6	Practitioner Birth Date	D-AC-7	
7	Practitioner Gender	U	Unknown
8	Practitioner First Name	D-PC-2	
9	Source System of this Practitioner	Source Code	STAR Facility Parameters
10	Source System Code	Code for physician	
11	Master Enterprise ID for practitioner		Not Available
12	Filler		
13	Practitioner Role	SUR, ANE, TEAM	Code from Practitioner Role table
Encounter Payor Header			

Field No.	Field Name	Database location/ Required Value	Comments
1	Record Type	ENCPAYH	
2	Payor Code		Carrier Code. If there is more than one insurance with the same carrier, a different record is created for each one with a different COB number. The default payor code is included. Any deleted payor which has payment/adjustment activity is included.
3	Coordination of Benefits Sequence		COB number. The default payor code will have the COB number one higher than the highest COB associated with an insurance (not including deleted payors). Deleted payors will have a COB number starting with 100.
Insured Person Header			
1	Record Type	INSURHDR	This record is included only if there is information available for fields 2-5, 6-7 or 8.
2	National Identification Code	A-I2 11	SSN
3	Birth Date	A-I1 15	
4	Gender	A-I1 11	
5	First Name	A-I1 13	
6	Source System of this person	Source Code	STAR Facility Parameters. If the account is a newborn, this field is not sent.
7	Source System Code		Refer to Source System code parameter. If the account is a newborn, this field is not sent.
8	Master Enterprise ID		Data not available
9	Full Name	A-I1 3	
Encounter Payor			

Field No.	Field Name	Database location/ Required Value	Comments
1	Record type	ENCPAYOR	
2	filler		
3	filler		
4	Contract Code	A-I1-1	Insurance carrier/plan code.
5	Health coverage plan code	A-I1-1	Insurance carrier/plan code.
6	Patient Payor Indicator		1= this is a patient or guarantor payor Otherwise set to 0
7	Insured Person's Group ID	A-I1-6	Group Number If this is a patient, then Guarantor information is sent.
8	Insured's national ID	A-I2 - 11	SSN. If the account is a newborn and any data in fields 8-11 are not available, then fields 8-14 are not sent.
9	Insured's Birth date	A-I1 - 15	
10	Insured's Gender	A-I1 - 11	M, F, or U (Unknown)
11	Insured's First Name	A-I1 - 3 2 ND Comma piece	
12	Source System of person	Source Code	If the account is a newborn, this field is not sent.
13	Source System Code		Refer to Source System Code Parameter. If the account is a newborn, this field is not sent.
14	Master Enterprise ID		HNE Number (if available)
15	Insured's ID number	A-I1-5	Policy number
16	Relationship code	A-I1-9	
17	Account Balance	FA-FAB-13 (insurance) FA-FAP-11 (patient account balance)	
18	Account Status		Not Available

Field No.	Field Name	Database location/ Required Value	Comments
19	Actual Payment	FA-FAB-1 (insurance) FA-FAP-1 (patient payment)	Summarized payment for the payor. Refer to Refunds with Payment parameter.
20	Coinsurance Amount	FB-FBT-25 or FB-FBT-10	Pull from remittance or from proration
21	Covered Charges	FB-FBT-1 + FB-FBT-2	Covered ancillary charges and covered room charges from Proration
22	Noncovered Charges		Total charges minus covered charges
23	Covered Days	FB-FBT-17	
24	Noncovered Days	FB-FBT-15	
25	Deductible Amount		Pull from remittance or from proration
26	Bill Submission Date	FB-FBL-12 FA-FAA-3 final bill date for patient	Claim submit date for the most current claim for this payor
27	Document Control Number		Not Available
28	First Payment Date	FB-FAB-2	
29	Last Payment Date	FA-FAB-20 or FA-FAP-2 for patient	
30	Expected Payment	FB-FBT-5 - COB 1 FB-FBT-13 - COB 2-4 FB-FAP-14 - Patient	Refer to Expected Payment parameter
31	Filler		
32	Authorization 1 Code		Refer to Authorization Code parameters
33	Authorization 2 Code		Refer to Authorization Code parameters
34	Authorization 3 Code		Refer to Authorization Code parameters
35	Authorization 4 Code		Refer to Authorization Code parameters

Field No.	Field Name	Database location/ Required Value	Comments
36	Reimbursement Source	STARPRO, STARREI or PCON	System that calculated the expected payment STARPRO=STAR Proration STARREI=STAR Reimbursement PCON=Pathways Contract Management
37	Payment Source Type Code		Not Available
38	National Claim Office Code		Not Available
39	DRG Reimbursement Amount for PMOD Expected Payment	A-KK 8 for Medicare DRG	
40	DRG Outlier Amount for PMOD Expected Payment	A-KK 28 + A-KK 29 for Medicare DRG	
Encounter Payor Actual Payment			
1	record type	ENCPAYA	
2	filler		
3	filler		
4	Transaction Date/time	FPD-FCPA-2	
5	Transaction Type	PAY ADJ	refunds are sent as negative payments
6	Reimbursement Component		Not Available
7	Transaction code	FPD-FCPA-1	
8	Amount	FPD-FCPA-3	
9	Remittance Advice Code	FPD-FCPA-5	
Encounter Payor Expected Payment			
1	Record Type	ENCPAYE	
2	filler		
3	filler		
4	Reimbursement Component	* see notes at end of appendix	

Field No.	Field Name	Database location/ Required Value	Comments
5	Expected Payment	*see notes at end of appendix	
6	Model Payment 1		Not Available
7	Model payment 2		Not Available
8	Model Payment 3		Not Available
9	Model Payment 4		Not Available
Encounter UB Value			
1	record type	ENCUBVAL	
2	UB Value code	A-BQ-1	
3	Value Amount	A-BQ-1	
Encounter UB Occurrence			
1	record type	ENCUBOCC	
2	Occurrence Code	A-BP-1 A-BP-2 A-BP-13	Include span codes
3	Occurrence Start date and time	A-BP-1, A-BP-2 , A-BP-13	Occurrence code dates and Occurrence span from dates
4	Occurrence End date and time	A-BP-2, A-BP-13	Occurrence span thru date
Encounter UB Condition			
1	record type	ENCUBCON	
2	Condition Code	A-BP-3	
Encounter User Defined Attribute			
1	Record type	ENCUD	
2	Field Identifier		Refer to User Defined Attributes parameter
3	UDA Value		Refer to User Defined Attributes parameter
Encounter Service Item			
Encounter Service Item Header			
1	record type	ENCSIHDR	
2	department code		Refer to Department parameter
3	Service Item type	CHARGE	
4	Service Item Code	FC-FCA-3	FIM number

Field No.	Field Name	Database location/ Required Value	Comments
5	Service item date/time	FC-FCA-13	Service date
6	Source system code	Source Code	STAR Facility Parameters
Encounter Service Item			
1	record type	ENCSI	
2	Service Item Class		Not Available
3	Corporate charge code		Not Available
4	Corporate department code		Not Available
5	PCON revenue center		Not Available
6	PCON revenue department		Not Available
7	Ordering Practitioner National ID	D-AC-6	
8	Ordering Practitioner Birth Date	D-AC-7	
9	Ordering Practitioner Gender	U	Unknown
10	Ordering Practitioner First Name	D-PC-2	
11	Source System of this Practitioner	Source Code	STAR Facility Parameters
12	Source System Code	FC-FCA-9	
13	Master Enterprise ID for practitioner		Not Available
14	Point of Service		Not Available
15	Accommodation Code	FC-FCA-23	
16	Charge Amount	FC-FCA-2	
17	Covered Charge Amount	Not Available	
18	Expected Payment	FC-FCA-37	This will only be available if changes are made to PCON interface so that expected payment is stored.
19	Actual Payment		Not Available
20	Adjustment Amount		Not Available
21	Pro Fee Charge Amount		Not Available

Field No.	Field Name	Database location/ Required Value	Comments
22	Pro Fee Expected Payment		Not Available
23	Pro Fee Actual Payment		Not Available
24	Units Accumulated Indicator		Not Available
25	Units	FC-FCA-1 or FC-FCA-35	Refer to R&B minutes parameter
26	Workload Units		Not Available
27	Corporate Units		Not Available
28	Self Care Svc Item Indicator		Not Available
29	Order Date/time	FC-FCB-37	Not available for bed charges
30	Completion Date		Not Available
31	Posted date/time	FC-FCA-14	
32	Service Type	FC-FCB-3	Type of service from FIM
33	Posting Fiscal Period	FC-FCB-12	
34	Coordination of Benefits Indicator		Not Available
35	Early Screening Provided Indicator		Not Available
36	Supply Cost		Not Available
37	Anesthesia minutes		Not Available
38	CPT4 Modifier Code 1		Refer to HCPCS/UB Revenue code parameter
39	CPT4 Modifier Code 2		Refer to HCPCS/UB Revenue code parameter
40	CPT4 Modifier Code 3		Refer to HCPCS/UB Revenue code parameter
41	CPT4 Modifier Code 4		Refer to HCPCS/UB Revenue code parameter
42	Is Family Planning Provided		Not Available
43	Place of Service Code		Not Available

Field No.	Field Name	Database location/ Required Value	Comments
44	Unit type code		Not Available
45	Purchased Service cost		Not Available
46	Associated CPT4/ HCPCS Code		Refer to HCPCS/UB Revenue code parameter
47	Associated UB Revenue Code		Refer to HCPCS/UB Revenue code parameter
Encounter Service Item Reason			
1	Record type	ENC SIREA	
2	Reason Classification	DIAGNOSIS	
3	Reason Type	ICD9CM	
4	Reason Code	FC-FCB-30	ICD9 code with decimal (398.91)
5	1500Form FA0 Sort Code		The sequence of the ICD9CM code from the ENCREAS record
6	Diagnosis Type	ADMITTING, PRINCIPAL, SECONDARY, WORKING	
Encounter Service Item Practitioner			
1	Record type	ENC SIPRA	
2	Practitioner National ID	D-AC-6	Charging/Ordering Physician (FC-FCA-9) Servicing/Performing Physician (FC-FCB-18)
3	Practitioner Birth Date	D-AC-7	
4	Practitioner Gender	U	Unknown
5	Practitioner First Name	D-PC-2	
6	Source System of this Practitioner	Source Code	STAR Facility Parameters
7	Source System Code	FC-FCA-9 FC-FCB-18	
8	Master Enterprise ID for practitioner		Not Available
9	Filler		

Field No.	Field Name	Database location/ Required Value	Comments
10	Practitioner Role	ORD , PER	Codes from practitioner role table
Encounter Service Item User Defined Attributes			
1	Record Type	ENCSIUDF	
2	Field Identifier		Refer to Service Item User Defined Attributes parameter
3	User defined Attribute Value		Refer to Service Item User Defined Attributes parameter
Encounter Home Address			
1	Record type	HOMEADDR	
2	Street	A-DP-9	
3	Postal Code	A-DP-12	
4	Postal code base	A-DP-12	
5	Postal code suffix	A-DP-12	
6	Country	A-AJ-1	
7	Block group		Not Available
8	Census Tract		Not Available
9	Region Code		Not Available
10	Phone Area Code	A-DP-13	
11	Phone number	A-DP-13	
12	Fax area code		Not Available
13	Fax number		Not Available
14	Mail delivery		Not Available
15	Latitude		Not Available
16	Longitude		Not Available
17	City	A-DP-10	
18	State	A-DP-11	

Cost Accounting File

Field No.	Field Name	Source Screen	Database location/ Required Value	Comments
Cost Accounting Header				
1	Record Type		CAHDR	
2	Enterprise Code			Refer to Enterprise Parameters.
3	Entity Code			STAR facility code
4	Version Number		3.0	
Department Service Item Header				
1	Record Type		CADPSIHD	
2	Department Code			Refer to Department parameter
3	Service Item Code			FIM
4	Patient Type Code			Patient Indicator
5	Service Item Type Code		CHARGE	
6	Studied Type Code			Not Available
Department Service Item Price				
1	Record Type		CADPSIR	
2	Period 1 Value			Price from the SIM.
3	Period 2 Value			Not available
4	Period 3 Value			Not Available
.	.			.
.	.			.
.	.			.
13	Period 13 Value			Not available
Service Item Volume				
1	Record Type		CADPSIV1	
2	Period 1 Value			Volume from revenue stats.
3	Period 2 Value			
4	Period 3 Value			
.	.			

Field No.	Field Name	Source Screen	Database location/ Required Value	Comments
.	.			
13	Period 13 Value			Include 12 or 13 depending upon fiscal year definition.

***Encounter Payor Expected Payment Record Notes**

The following Reimbursement Components are included in the Encounter Payor Expected Payment Record. The following are OPPS related and should be sent for COB1 only. If special series processing is on, then the information for the claim that corresponds to the bill sequence is sent. In all other instances the information from the summary node is sent.

Reimb Component (Field 4)	Description	STAR Field (Expected Payment Field 5)
TOHCFA	Total Medicare Payments	Total Insurance Payment FB-FBAPC 3
TOTCP	Total Co-Payments	Total Coinsurance FB-FBAPC 2
TEPO	Total EPO Fee Payments	Total EPO Payment FB-FBAPC 15
TTHRPY	Total Rehab Fee Payments	Total Therapy Payment FB-FBAPC 13
TLAB	Total Lab Fee Payments	Total Lab Payment FB-FBAPC 151
TDME	Total DME Payments	Total DME Payment FB-FBAPC 11
TOUTPAY	APC Outlier Payment	Total Outlier Payment FB-FBAPC 18 ; 2
TCSMP	Total Mammography Payments	Total Mammography Payments FB-FBAPC 16
TCTPDBP	Total Drugs & Bio Pass Through	Total Drug/Bio Passthru FB-FBAPC 16; 4
TCTPMDP	Total Medical Device Pass Through	Total Med Dev Passthru FB-FBAPC 18; 3

Reimb Component (Field 4)	Description	STAR Field (Expected Payment Field 5)
TCAPAY	Total APC Portion	Total APC Payment FB-FBAPC 12
TCPRPAY	Total Patient Responsibility	Total Patient Deductible + Total Coinsurance FB-FBAPC 4 + FB-FBAPC 2

The following are DRG related reimbursement components. The DRG reimbursement components are sent if the account has reimbursement calculated and the reimbursement type is DRG. These are sent for COB 1 only.

Reimb Component (Field 4)	Description	STAR Field (Expected Payment Field 5)
OPINPAY	Operating Inlier Payment	Operating Reimbursement (A-KK 30)
OPOUTPAY	Outlier Operating	Operating Outlier Reimbursement (A-KK 28)
COUTOP	Cost Outlier Operating	No data available
SSOUTPAY	Short Stay Outlier Payment	No data available
TROP	Transfer Operating	No data available
TDSHOPPAY	Inlier/Transfer/Outlier DSH	Total DSH (A-KK1 7)
TIMEOPPAY	Inlier/Transfer/Outlier IME Total IME	(A-KK1 6)
TCAPOUTPAY	Outlier Capital	Capital Outlier Payment (A-KK 29)
TDSHCAPPAY	Inlier/Trans/Outlier DSH Capital	No data available
TIMECAPPAY	Inlier/Trans/Outlier IME Capital	No data available

Index

D

Data Elements A-378
Interface File Attributes A-378

F

File Creation 1-4
File Layouts A-381
Common File A-381
Cost Accounting File A-411
Patient/Member File A-382

H

HPM Interface File Deletion 1-90

I

Interface Functions 1-77
Account Update 1-81
Cost Accounting Volume/Price File 1-81
Date Range Update 1-82
Detail Payment/Adjustment/Refund
Backload 1-91
Inhouse Conversion/AR Add Historical
Activity 1-88
NFS/ASCII Manual Transfer 1-86
Practitioner and Code Listing 1-77

P

Parameter Setup
Trigger Events 1-48
Parameters Setup 1-7
Enterprise parameters 1-7
Facility parameters 1-7
Series Processing Trigger Event
Parameters 1-25
Series Trigger Events 1-68
Service Item User Defined Attributes 1-46
Trigger Events 1-48
User Defined Attributes 1-44
Practitioner and Code Listing Parameters 1-73

R

Remove 1-92
Remove Accounts Selected for HPM Date
Range Updat 1-92
Remove Accounts Selected for HPM Date

Range Update 1-92

Reports 1-94

Cases and Charges By Health Plan
(FARPDS2) 1-108
Cases and Charges By Month/Fiscal
Period (FARPDS1) 1-106
Cases and Charges by Patient Type
(FARPDS3) 1-104
HPM Audit Report (FARPDS) 1-97
HPM Exception Report - Detail 1-101
HPM Processing Report (FARPDS5) 1-94
Totals By Record Type Report (FARPDS4)
1-110

U

User-Defined Fields A-5

■ R e a d e r C o m m e n t F o r m ■

We value your suggestions for improving our documentation. Please use this form to evaluate the Horizon Performance Manager Interface Guide of the STAR Financials Patient Accounting Reference Guide for Release 18.0.

Topic	Poor	Fair	Good	Excellent
Organization of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completeness of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of overview information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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STAR 2000 Documentation Team
McKesson
Mail Stop ATHQ-3302
5995 Windward Parkway
Alpharetta, GA 30005

Fold here