

TEST CHANGES IN HAC

The following new tests have been made orderable in HAC:

- 7794/CMD Compliance Monitor Drug Screen
7795/PCL Pain Clinic Limited Drug Screen

Before ordering an MSO, please always use the HAC "Search" function to make sure that the test is not orderable.

Please refer to your AML Collection Manual, or our online Collection Manual at www.allina.com/medicallaboratories for specimen collection, processing and transport requirements.

The following tests have been made non orderable in HAC:

- 322/AQU Amino Acid Quant, Urine



FORMS AND PROCEDURES UPDATED

Several of our HAC User Training & Resource Manual procedures and forms have been updated. Copies of each have been included with this newsletter, and a summary of the changes is included here:

Table of Contents – updated to reflect new revision dates

Brief Instructions – information for adding on tests updated to match full procedure

Adding a New Patient to the Database – instructions revised removing direction to fax requisition to HAC Support staff

User Request Form – Email/fax of completed form information updated

Change Request Form – Form updated to include spot for physician NPI numbers to be documented.

Please review the revised documents and if you have any questions or if any of your other procedures does not match the dates indicated on the updated Table of Contents (July 2007), please contact your AML Account Representative for assistance.

If you have any questions regarding any of this information, please contact your Allina Medical Laboratories Account Representative:

Lisa Johnson	612-262-5068
Shelly Madson	763-236-4850
Mary Jo Theis	651-241-8347
Kay Zemlicka	612-262-5067
Judy Ziegeweid	763-236-6805

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McKESSON HORIZON AMBULATORY CARE (HAC)

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MCKESSON HORIZON AMBULATORY CARE (HAC) Brief Instructions

1. Click on **HAC Icon/Shortcut** or double click on the **IE Icon** and enter the url *horizon.allina.com*.
2. Enter your **User ID** and **Password**
3. Click on **Login**, or press *Enter*.
4. Click on **Patient Selector**, click on **Clear** Button, enter **Patient's SSN#** in the patient ID box, and then click on **Search** or press *Enter*.
5. Click on **" + Orders "**
6. Click on **Lab**
7. Check tests to be ordered and **Enter ICD-9 codes if patient is Medicare/Medicaid**
8. Click on **Submit**.
9. Enter **Clinician** and indicate **Bill To** preference
10. Click **COMPLETE** button.

To enter next patient Click Patient Selector, then Clear

TO CREATE A MANIFEST:

1. Click **Patient Selector**
2. Click **" + Orders "**
3. Click **Processes**
4. Click on **Undispatched Manifest**.
5. Click **New** button
6. Click **Dispatch**, and the Manifest will automatically print

*****Place the Manifest in the courier bag along with the specimens**

END OF DAY REPORT (Order Set Summary):

1. Click **Orders**
2. Click **Processes**
3. Click **Order Log**
4. Verify Current Date and Back 1 day
5. Click on **Submit**
6. When the report is generated, Click on the blue **Patient** (hyper-link) to put alphabetize, or on the blue **Clinician** to group them by ordering physician.
7. Click on the **Print Icon**.

ADDING ON TESTS (More detailed instructions are available as a separate resource)

1. Click on **Patient Selector**
2. Enter patients **SSN** in the Patient ID box and click **Search** or press *Enter*.
3. Click on **" + Orders "**
4. Click on **Processes**
5. Click on **Order Log**
6. Click on **Accn#** (blue test order number displayed in the left-hand column) of the order to which you desire to add tests.
7. Click on the **Add On** button at the bottom of the screen.
8. Select the test(s) you wish to add, and supply any additional Dx codes.
9. Click on **Complete**
10. If Patient Sample hasn't been manifested, replace original requisition form with the new one that contains the add-on test(s).
11. If the specimen is already at AML, highlight the added test(s), place the requisition in a specimen bag, and forward to AML with your courier. If the specimen is 6 days old, you must also call AML Customer Service, and fax the Add-On Requisition to 612-863-4067.

TO REPRINT A REQUISITION FORM:

1. Click **Patient Selector** and enter patients SSN#.
2. Click on “+ **Orders**”
3. Click **Processes**
4. Click **Order Log**
5. Click on the radio dial button to the left of **Current patient** and set the appropriate **Time Period**
6. Click **Submit**
7. Click on the **blue order number** located in the left-hand column of for the order that you wish to reprint.
8. Click on **Requisition Form**
9. Click on **Print Forms**

TEST NOT LISTED:

1. Click **Search** (*Enter only the first three letters of the test click enter*)
2. **Misc. #994** – Located on Routine Tab – Must type in test ordered on the summary screen.

PATIENT IS NOT IN COMPUTER:

1. Click **NEW PATIENT** and enter: patient’s Name (Last, First and MI) and SSN
2. Enter patient’s birthday (DD/MM/YYYY)
3. Click **Submit**
4. Click on **Patient Selector**
5. Click on **Search** and select patient
6. Complete the order attach a patient label or face sheet containing demographic and insurance information to the requisition prior to transport to AML

ENTERING CYTOLOGY/HISTOLOGY ORDERS:

1. Click on **Patient Selector**, enter patients’ SSN#
2. Click **Search** or press *Enter*
3. Click on **+Orders**
4. Click on **Lab**
5. Click on **Cytology** or **Histology Tab**
6. Fill out form in sequence

LOOKING UP REPORTS:

1. Click on **Patient Selector**, enter patients SSN# and click **Search** or press *Enter*
2. Click on **+Results**
3. Click on **Lookup**
4. Click on **Patient**
5. Click on **Blue hyperlink** (in middle) Pathology reports are listed
6. Click on **Title Content** - Clinical Reports are listed.
7. Click **Print** if a hard copy is desired. *These reports are NOT chartable.*

ADDITIONAL HINTS:

1. Yellow box means more information is needed or, a Dx or an ABN form is needed.
2. Blue box or hyper-link means more information is available for you.
3. Dates must be entered as MM/DD/YYYY
4. To order test by number, you must put a comma or a space in between tests.
Example: (123,489,333 or 123 489 333)
5. * Means it needs Dx (pertains to Medicare or 3rd party billing)
6. “**Active**” means that a manifest has not been dispatched yet



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MCKESSON HORIZON AMBULATORY CARE (HAC) Adding a New Patient to the Database

Step:	Action:
1.	Log into McKesson / Horizon Ambulatory Care (HAC) at horizon.allina.com
2.	Click on <i>Patient Selector</i>
3.	First search by Patient ID Type
	a. Make sure that Patient ID appears in the Patient ID Type Box
	b. Enter the patient's SSN in the Patient ID Box
	c. Press "Enter", or click on the "Search" button
	d. Verify the patient information (name, SSN and DOB) and click on the radio dial button to the left of the correct patient.
4.	If your patient is not located during the search, then click on the "Clear" button and search by Patient Name
	a. Enter the patient's First and Last names in the appropriate fields
	b. Enter the patient's date of birth (mm/dd/yyyy) in the Birthdate field
	c. Press "Enter", or click on the "search" button
	d. Verify the patient information (name, SSN and DOB) and click on the radio dial button to the left of the correct patient.
5.	If neither search locates the correct patient, you will need to add the patient to the database
	a. Click on "New Patient" in the left hand Nav Bar
	b. Enter the patient's name (Last, First and MI)
	c. Enter the patient's SSN
	d. Enter the patient's DOB (mm/dd/yyyy)
	e. Click on the "Submit" button
6.	Click on patient selector
7.	Enter the patient's name (last and first) and DOB
8.	Click on "Search" or press "Enter"
9.	Complete the patient order
10.	Attach a patient label with demographics and insurance information or a face sheet containing this same information to the requisition before sending to AML.

McKesson/HAC
User
Request Form



**** - indicates required fields**
Please print clearly or type all entries

****Applicant's Name** _____ **Date:** _____

****Office/facility location(s) you are associated with:** _____

Phone number where you can be contacted: _____

Work email address: _____

****Please check one of the following roles:**

- Physician
 Nurse-Practitioner
 Lab Technician
 Other: _____

Please check the type of request:

- New Account
 Renewal
 Deletion: Effective Date: _____

****Primary Use (Please check all that apply):**

- I will be using McKesson to order tests for AML
 I will be using McKesson to inquire only on lab tests from AML

Agreement: I understand that I am responsible for any computing activity carried out using this account. I am aware that this is an open system with access to any patient within the Allina Laboratories computer system. I am aware that applicable laws prohibit the disclosure of patient information without the patient's consent.

****Applicant's Signature:** _____ **Date:** _____

Please Email this completed form to HACChangeMgmt@allina.com or fax to Horizon Support at 612-262-4105.

MCKESSON HORIZON AMBULATORY CARE
Change Request Form



Clinic: _____

Contact Name: _____

Phone Number: _____

- Please **add** the following physician(s) to the HAC Physician listing for our clinic, and to our manual requisitions:

NOTE: If the physician's full name (Last, First) is not supplied, the change addition can not be completed

Name (Last, First MI)**	UPIN #:	MN License #:	NPI #:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Please **delete** the following physician(s) from the HAC Physician listing for our clinic, and from our manual requisitions:

NOTE: If the physician's full name (Last, First) is not supplied, the deletion request can not be completed

Name (Last, First MI)**	UPIN #:	MN License #:	NPI #:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Please make the following **other changes** to our HAC system (i.e. address change, phone number change, tests to add or delete from your Routine Tab etc.)

Please fax this completed form to your Allina Medical Laboratories Account Representative at the fax number indicated below:

Johnson, Lisa R.	612-262-5068	Zemlicka, Kay	612-262-5973
Madson, Shelly	763-236-4850	Ziegeweid, Judy	763-236-6805
Theis, Mary Jo	651-241-5213		

You may also request an electronic copy of this document, which can be completed and emailed back to your AML Account Representative.

AML Use Only:

- HAC _____ Requisitions _____ Access Dr List _____