Hospital Accounts Setup and Support Guide

Last Updated: November 1, 2024

Your Responsibilities for Safe Use

This documentation will help guide you through the available software configuration options so you can decide the right configuration for your organization. Of course, safe and compliant use of the software in any configuration requires you and your users to use good judgment and perform certain responsibilities, including each of the following: enter and read information accurately and completely; be responsible for configuration decisions; ensure compliance with laws and regulations relevant for your organization; confirm the accuracy of critically important medical information (e.g., allergies, medications, results), just as you would with paper records; actively report suspected errors in the software to both Epic and affected personnel; thoroughly test the software to ensure it's accurate before using it; and use the software only according to standards of good medical practice. You also are responsible for training your personnel and other users to perform these responsibilities. Not performing any of these responsibilities may compromise patient safety or your compliance with applicable requirements.

Table of Contents

Hospital Accounts Setup and Support Guide

Hospital accounts provide a way for your organization to store financial and billing information for each patient. Preparing your system to assign hospital accounts appropriately to different types of patient encounters helps ensure accurate and efficient billing.

For front-end staff who collect a lot of patient information each time they register a patient, selecting a hospital account or creating a new one can slow down their work. The Hospital Account Advisor helps them assign the appropriate hospital account based on a patient's upcoming care. Taking the guesswork out of hospital account assignment helps registrars work quickly and accurately, and, later, saves billing staff time by providing the information that they need.

Across your organization

Registrars or other staff who register patients create hospital accounts at scheduling, pre-registration, or check-in so that the hospital account can store charges as soon as patient care begins. In the Emergency and Labor and Delivery departments, where patients often need urgent care, you can set up the system to automatically create a hospital account when a patient arrives. Because a registrar doesn't have to manually create a hospital account, patient care can begin immediately and the hospital account can store accurate charges.

Later, billing staff apply charges and collect reimbursement based on hospital accounts. In Epic, hospital account information is stored in the HAR master file. For more information about using hospital accounts as a part of your billing workflows or about maintaining the HAR master file, refer to the Hospital Account Maintenance Setup and Support Guide.

In the Foundation System

Hospital accounts are fully configured in the Foundation System. The Foundation System setup minimizes the amount of time and effort registrars must spend assigning an accurate hospital account to an encounter or creating a new one.

Log in to the Foundation Hosted environment to explore the hospital accounts setup. The ADT Administrator (ADTADM) and the Cadence Administrator (ESADM) users have the security necessary to see and edit hospital account settings.

How It Works

Hospital accounts play a central role in Epic's revenue cycle. A hospital account stores complete data about a patient's guarantor, coverages, and patient class for a certain encounter. It also tracks charges for services and resources that a patient uses during that encounter. Assigning a hospital account to each encounter helps ensure that billing and reimbursement processes work effectively.

Your staff can link hospital accounts to recurring or non-recurring encounters. Recurring hospital accounts let charges from recurring visits start to age, but your organization still collects payment frequently enough to keep account balances at a manageable level. When you use recurring hospital accounts, the system assigns a single parent hospital account to the entire set of encounters. Then, child hospital accounts apply to smaller groups of encounters within the whole set. Later, billing staff use the child hospital account numbers to distinguish charges that should be billed together. For example, using a recurring hospital account would prevent your organization from needing to bill a radiation therapy patient after each visit. Instead, staff could collect payment at regular

intervals for sets of visits grouped by child hospital accounts.

Sometimes, the same hospital account should be applied to multiple encounters, such as a patient who has multiple appointments in various departments on one day. The Hospital Account Advisor indicates to registrars and other front-end staff whether they should create a new hospital account or assign an existing hospital account. The Hospital Account Advisor uses a number of criteria to determine if an existing hospital account applies to a new encounter, but it cannot use payer information. Therefore, if you want to consider payer information to determine which hospital account applies to an encounter, don't turn on auto-assignment. If you want to use payer information as criteria in hospital account assignment, you should also instruct your staff to look at the relevant payers for each encounter to determine if the Hospital Account Advisor's recommendation is appropriate.

Hospital Accounts Setup: Essentials

In this section, we'll cover everything that you need to do to start using hospital accounts. This includes what you need to do to prepare your facility to use hospital accounts, how you can set up the Hospital Account Advisor at your organization, and how to configure hospital accounts to match our recommendations.

Set Up Hospital Accounts

Before using hospital accounts at your organization, you need to consider how your organization bills different types of encounters and set up your system to reflect those practices. Whether an encounter qualifies for a recurring or a non-recurring hospital account depends on the patient class, so you must associate each patient class with either recurring or non-recurring accounts. Also determine which users will create hospital accounts and in which departments each encounter should automatically link to a new hospital account.

Epic recommends that you configure most of these settings at the service area level. For departments that require alternative setup, you can specify settings at the revenue location or department level and they will override any more general settings you create.

Define Hospital Account Type Based on Patient Class

To determine whether a hospital account should be non-recurring or recurring, the system looks to the patient class associated with an encounter. You must specify whether each patient class should trigger a recurring or a non-recurring hospital account at the service area level.

In scenarios where you need to change a hospital account from a non-recurring to a recurring patient class, or the other way around, users with sufficient security have the option to do so. When the user makes a change to a patient class that will affect the hospital account, the user has the option to:

- Create a new hospital account to use with the new patient class.
- Choose a different hospital account that is appropriate for the patient class.
- Cancel the patient class change and continue to use the current hospital account with its original patient class.

> **Prerequisites**
>
> Before beginning this task, you should have patient classes that apply to the different types of patient encounters at your organization. To create patient classes, edit category list EPT 10110-ADT: Patient Class. For more information on working with category lists, refer to the Modify a Category List's Values topic in your online documentation.

1. Go to Epic button > Admin > Registration/ADT Admin > System Definitions. Open your service area.
2. Access the Pt Class/Advisor form.
3. In the Recurring Patient Classes (I EAF 62520) field, list the patient classes that should trigger the creation of recurring hospital accounts.
4. In the Non-Recurring Patient Classes (I EAF 62530) field, list the patient classes that should trigger the creation of non-recurring hospital accounts.
5. If your organization doesn't want users to be able to change the recurring status of a hospital account, enter the following extensions in the Patient class filter PPs (I EAF 62550) field:
   - 16530-Reg Patient Class Filter Open

- 16540-Reg Pt Class Filter Incl All Recurring

Allow Staff to Create and Assign Hospital Accounts

You should assign users Prelude security points to create and edit hospital accounts based on which staff currently enter demographic and billing information.

1. Open the Registration Security activity:
   - Search: Registration Security
   - Path: Epic button > Admin > Registration/ADT Admin > Registration Security
2. Enter the name of the security class that you'd like to modify.
3. Go to the Security Points form.
4. Add or remove the following Prelude security points as appropriate:
   - 11-May Not Create Non-Recur Hospital Accounts
   - 12-May Not Create New Recurring Series
   - 72-May Not Override Hospital Account Filing Order
   - 73-May Not Override Hospital Account MSPQ Filing Order Determination
   - 303-May Use View/Reserve Downtime ID
   - 601-May Show (and Assign) All Available Accounts on Hospital Accts Form
   - 602-May Not Change Assigned Hospital Accounts
   - 708-May View Additional HAR Info in View Only Registration

Automate Hospital Account Creation and Assignment

Speed up registration by automatically creating and assigning hospital accounts in different scenarios.

Automatically Create Hospital Accounts for Emergency and Labor and Delivery Patients

Avoiding steps during registration and check-in can help patients receive immediate care. You can set up your system to automatically create and assign hospital accounts in the Labor and Delivery and Emergency departments so that patients can receive care faster. Assigning new accounts in these situations is almost always appropriate since the encounters would not qualify for a recurring hospital account.

1. Open your service area settings in ADT Text.
2. Go to the ADT Service Area Settings for ED/L&D screen.
3. If you want to automatically create a Hospital Account for patients in the Emergency Department, enter Yes in the Auto-create hospital account in ED? field.
4. In the Account type for auto-create in ED (I EAF 70007) field, enter the primary guarantor account type that should be used to automatically create HARs. The default is Personal/Family. When automatically creating HARs, the system first looks for an existing account of this type before creating a new account.
5. Starting in May 2019, in the Additional account type for auto-create in ED (I EAF 70008) field, enter additional account types that the system should search for. The system will first search for the type specified in the Account type for auto-create in ED field. If an account of that type isn't found, it will search for account types listed in this field, in order. If an account of a type listed in this field is found, it is assigned to the HAR. If not, a new guarantor account of the type specified in the Account type for auto-create in ED field is created and assigned.
6. In the Default patient class in ED field, enter the patient class the system automatically associates with

Emergency contacts when creating a hospital account. This is required for automatic hospital account creation since the system relies on patient class to determine what type of hospital account to create.

- In the Foundation System, Emergency is the default patient class in the Emergency Department.

7. If you want to automatically create a Hospital Account for patients in Labor and Delivery, enter Yes in the In L&D field.

8. In the Account type for auto-create in L&D (I EAF 70597) field, enter the primary guarantor account type that should be used to automatically create HARs. The default is Personal/Family. When automatically creating HARs, the system first looks for an existing account of this type before creating a new account.

9. Starting in May 2019, in the Additional account type for auto-create in L&D (I EAF 70601) field, enter additional account types that the system should search for. The system will first search for the type specified in the Account type for auto-create in L&D field. If an account of that type isn't found, it will search for account types listed in this field, in order. If an account of a type listed in this field is found, it is assigned to the HAR. If not, a new guarantor account of the type specified in the Account type for auto-create in L&D field is created and assigned.

10. In the Default patient class row, enter the patient class the system automatically associates with Labor and Delivery patients in the In L&D field.

- In the Foundation System, Outpatient is the default patient class in the Labor and Delivery department.

Automatically Create and Assign Hospital Accounts When Scheduling Appointments

To get hospital accounts assigned to visits as early as possible, you can configure the system to automatically create and assign hospital accounts at scheduling.

Prerequisites
To automatically create and assign hospital accounts when scheduling appointments, your department needs to be set up to automatically create and assign hospital accounts during check-in. See the Automatically Create and Assign Hospital Accounts During Check-In topic for instructions on how to set that up.

Create After Schedule Extension That Automatically Creates and Assigns Hospital Accounts

Configure a rule to determine when a hospital account should be auto-created or assigned at scheduling.

1. In Hyperspace, go to Epic button > Tools > Rule Editor Tools > Rule Editor and create a Patient-context rule.

2. Configure the rule to identify the appointments for which the system should attempt to create or assign a hospital account. For example, you might create a rule that evaluates the patient's appointment department if you're automatically creating hospital accounts in some departments but not others.

- In the Foundation System in May 2024 and prior, we use rule 690635-ES Assign or Create Hospital Account at Scheduling that identifies inpatient visits for patients that are currently admitted with either no expected discharge date or with an appointment date that is before their expected admission date. To see this build, log in to the Foundation System as your Cadence administrator (esadm/epic), and open the Rule Editor (search: Rule Editor) activity.

- In the Foundation System starting in August 2024 we use a rule that always returns true because the feature described in the Reassign Hospital Accounts at Discharge, and Check-In topic ensures that the right hospital account will get assigned later even if it's not known at the time of scheduling.

Then, create a copy of extension 16832-Reg Auto HAR Assignment After Scheduling:

1. In text, open the Extensions (LPP) master file and make a copy of extension 16832.
2. Set the Patient Rule parameter to the rule you created:

Add your copy of extension 16832 to Cadence System Definitions.

1. Go to Epic button > Admin > Schedule Admin > Cadence System Definitions.
2. Select the Custom Extensions/EOD > Appointment Entry form. In August 2018 and earlier, select the Extensions/PP > Appt Entry Ext form.
3. In the After Schedule (I SDF 20006) field, add your copy of extension 16832.

Create After Schedule Extension That Automatically Sets the Patient Class by an Item Default

Before extension 16832 can assign a hospital account, the patient must have a patient class for the visit. The extension determines the patient class based on the value in line 1 of the ADT Allowed Patient Classes (I DEP 7040 or I EAF 70104) item. However, if you need to use a different patient class, you can use the Auto-Patient Class table described in the Automatically Assign Patient Classes Through the Auto-Patient Class Assignment Table topic starting in August 2024.

In May 2024 and earlier, you can use an item default to determine the appropriate patient class to use.

First, create the item default.

1. Go to Item Default Editor (search: Item Default Editor).
2. Create an item default for the encounter patient class (I EPT 10110) at the appropriate level.
3. Choose the appropriate item profile activity.
   - Because the extension you create in the next step applies all item defaults for the activity, we recommend creating a new activity to avoid inadvertently applying item defaults.
   - Name the activity something like "After Schedule Extension" so that people know where it is used.

Then, create an extension that runs this item default.

- Starting in November 2022:
  a. In text, open the Extensions (LPP) master file and create a new extension.
  b. Set the Type (I LPP 30) as ES After Schedule.
  c. Enter 310977-Reg Cadence After Scheduling Item Default in the Code Template (I LPP 1000) field. On the parameters screen, set the following parameters:
     - Item Default Activity. Enter the activity where the item default settings are defined.
     - HOVs Only? By default, the extension runs for appointments in all departments. Enter Yes to limit the extension to only appointments in hospital outpatient departments.
  d. Enter this extension in the After Schedule (I SDF 20006) field before your auto-HAR extension.
- In May 2022 and earlier:
  a. In text, open the Extensions (LPP) master file and create a new extension.
  b. Set the Type (I LPP 30) as ES After Contact Create.
  c. Enter the following code in the Code (I LPP 100) field: DfltEPT^PSUDFLTPT(ID,DAT,<activity ID>) where <activity ID> is the activity where the item default settings are defined.
  d. Enter this extension in the After Contact Create (I SDF 20008) field.

If you configure your system to automatically create or assign HARs, consider implementing similar build to automatically create guarantor accounts for adult patients. Refer to the Automatically Create or Match a Guarantor Account When Registering a Patient topic for more information.

> **Considerations**
>
> If you automatically create and combine hospital accounts for nuclear medicine billing, make sure your workflow action extensions don't close them early. If you have an extension similar to Foundation System extension 1087691501-HB Close Recurring Series Nuc Med in your workflow actions table under Account Created, move that extension to Account Status Change so that your accounts are closed when they should be.

Automatically Create and Assign Hospital Accounts During Check-In

Since staff in outpatient departments, such as radiology, might not frequently work with hospital accounts, creating and assigning hospital accounts can be inefficient or confusing. You can specify certain departments or situations in which the system automatically creates a hospital account for an encounter to help users in these departments at check-in.

This section includes steps for automatically creating and assigning hospital accounts for appointments at check-in. Epic recommends using both automatic creation and automatic assignment, but there might be situations in which you want to automatically create hospital accounts without automatically assigning them. If you want your staff to manually review each hospital account before it is assigned, do not enable the auto-assignment feature.

> **Prerequisites**
>
> For the system to automatically create a hospital account, it must know which patient class to use. To determine this, it looks to the first patient class listed as an allowed patient class in the encounter department's settings, which are specified in Grand Central Text in the Unit/Department Settings menu. Or, starting in August 2024, it uses the Auto-Patient Class Assignment table described in the Automatically Assign Patient Classes Through the Auto-Patient Class Assignment Table topic.
>
> Alternatively, you can use an item default applied at scheduling to set the patient class based on a patient rule. The Automatically Create and Assign Hospital Accounts When Scheduling Appointments topic has instructions for how to configure this.

> **Considerations**
>
> If a patient doesn't have a guarantor account when the system automatically creates a hospital account, it automatically creates a guarantor account with the patient as the guarantor. You should deactivate guarantor accounts created for underage patients to avoid associating charges with minors. You can set up automatic deactivation at the service area level by following the steps in the Deactivate Guarantor Accounts Auto-Created During Hospital Account Creation topic.

1. In Hyperspace, go to Epic button > Admin > Master File Edit > Department. Select the department where you want to automatically create and assign new hospital accounts for patient encounters.
2. Select the Accounts > Hospital Accounts form. In the Auto-assign hospital account? (I DEP 21260) field, enter Yes.
3. In the Auto-assignment comparison record (I DEP 21261) field, enter the comparison configuration record the system should use to determine which hospital account it should assign to the encounter at check-in.

Refer to the Record Comparison Setup and Support Guide if you want to create a new comparison configuration record.

4. In the Auto-create hospital account? (I DEP 21270) field, enter Yes or Yes, Always.

5. If you entered Yes above, you must enter a comparison configuration record in the Auto-creation comparison records (I DEP 21262) field. If the threshold is met for this record, a hospital account will not be created. Refer to the Record Comparison Setup and Support Guide if you want to create a new comparison configuration record.

6. In the Account type for auto-create field (I DEP 21272), enter the primary guarantor account type that should be used to automatically create HARs. The default is Personal/Family. When automatically creating HARs, the system first looks for an existing account of this type before creating a new account. Note that starting in May 2024, if the Guarantor Assignment Table is used, that table takes precedence over this setting. Refer to the Use the Guarantor Assignment Table to Simplify Automatic Assignment topic for more information.

7. In the Additional account type for auto-create field (I DEP 21273), enter additional account types that the system should search for. The system will first search for the type specified in the Account type for auto-create field. If an account of that type isn't found, it will search for account types listed in this field, in order. If an account of a type listed in this field is found, it is assigned to the HAR. If not, a new guarantor account of the type specified in the Account type for auto-create field is created and assigned.

8. Click Accept.

Automatically Create Hospital Accounts for Preadmissions, Admissions, and Hospital Outpatient Visits

You can save front desk staff time by setting up a hospital account (HAR) to be automatically created when a patient is preadmitted, admitted, or arrived for a hospital outpatient visit so that the front desk staff don't have to manually create the HAR. Note that, because the HAR is created through the New Contact Questionnaire, you also need to have the New Contact Questionnaire configured for the hospital encounter where you want to automatically create HARs. Refer to the Modify the New Contact Questionnaire to Help Admission Staff Find Duplicate Encounters topic for more information.

To automatically create a HAR for preadmissions, admissions, and hospital outpatient visits:

1. In Grand Central Text, open your service area, location, or department.

2. To automatically create a hospital account for patients when preadmission is created:

    a. Go to the New Preadmission Questionnaire Items screen.

    b. Enter Yes in the Auto-create HAR? (I EAF 74525) field or the Auto-create HAR? (I DEP 74525) field.

3. To automatically create a hospital account for patients when admission is created:

    a. Go to the New Admission Questionnaire Items screen.

    b. Enter Yes in the Auto-create HAR? (I EAF 74525) field or the Auto-create HAR? (I DEP 74525) field.

4. To automatically create a hospital account for patients when HOV is created:

    a. Go to the New HOV Questionnaire Items screen.

    b. Enter Yes in the Auto-create HAR? (I EAF 74525) field or the Auto-create HAR? (I DEP 74525) field.

> ℹ️ Be aware that I EAF 74525 is a temporary item that files to I EAF 74526 and that I DEP 74525 is a temporary item that files to I DEP 74526. When using Data Courier, 74526 is the item that needs to be moved.

Set Up the Hospital Account Advisor

You can set up the Hospital Account Advisor to recommend hospital accounts to staff when they register patients. The Hospital Account Advisor compares a patient's encounters to see if an appropriate hospital account exists that should hold the new charges, or if a registrar should create a new one. When you set up the Hospital Account Advisor, you designate what characteristics are most important for the Hospital Account Advisor to use to determine if encounters should share a hospital account.

Depending on your organization's variety of departments and patient volume, you should prepare your Hospital Account Advisor to make recommendations in many different scenarios. Consider, for example, if only one hospital account or multiple hospital accounts should apply to the charges for an admitted patient who is discharged on Monday and has a follow-up visit later in the week, or for a discharged patient who is readmitted later in the same day.

Epic recommends creating new hospital accounts in both of these situations, but you can set up your system to assign existing hospital accounts when you think it's appropriate. This section provides general instructions for configuring your Hospital Account Advisor's recommendations. Because of the many possible scenarios, you should work with your Epic representative to complete this setup.

If your organization needs to create or assign hospital accounts using different Comparison Configuration (IDC) records in certain scenarios that can't be configured using the facility structure hierarchy, contact your Epic representative and mention SLG 7416563. Your Epic representative needs to create a custom extension that can be configured for different workflows.

Recommend Non-Recurring Hospital Accounts with the Hospital Account Advisor

Start by creating a comparison configuration record. You must enter a pass, which determines which of a patient's existing hospital accounts the system checks to see if they're appropriate for a new encounter. The Hospital Account Advisor shows staff recommended accounts, and it shows how closely an existing account matches the new encounter using a percentage. The comparison configuration record you create determines how strongly the Hospital Account Advisor recommends a potentially matching account.

This comparison configuration record functions as a shell record for all non-recurring hospital account comparisons. Later, you can add criteria to this shell comparison record to prepare for more specific situations. Log in to the Foundation Hosted environment to see examples of comparison configuration records.

> **Considerations**
>
> Comparison configuration records, stored in the Comparison Configuration (IDC) master file, determine how closely two given records match. When used in the Hospital Account Advisor, they use properties that you specify, such as provider or date of service, to compare two encounters. In your comparison configuration record, you associate each property that you're using for comparison with a weight. This weight defines the number of points assigned if the two encounters match on that property. If the sum of the weights of all the matching properties exceeds the low threshold you specify, the system recommends assigning the same hospital account to both encounters. For more information on working with comparison configuration records, refer to the Record Comparison Setup and Support Guide.

1. In Hyperspace, access Comparison Configuration:
   - Search: Comparison Configuration

- Path: Epic button > Admin > Record Comparison > Comparison Configuration
2. On the Create tab, enter a Name and ID for your comparison configuration record. Give your record a name indicating that it compares non-recurring accounts so you can easily identify it later. Starting in May 2024, in the record type (I IDC 30) field, enter Hospital Accounts.
3. In February 2024 and prior versions, enter Hospital Accounts in the Type (I IDC 30) field after the activity opens.
4. In the Pass Extensions (I IDC 60) field, enter the passes you want your comparison configuration record to use. In February 2024 and prior versions, this field is labeled Passes. Choose from the following passes:
   - 16560-Non-Recur Open HAR Pass. The Foundation System comparison configuration record uses this pass.
   - 16561-Non-Recur Open/DNB HAR Pass
   - 16575-Non-Recur Open HAR Primary Encounter Pass
   - 16576-Non-Recur Open/DNB HAR Primary Encounter Pass
   - 16579-Non-Recur New HAR Pass
   - 16585-Current Admission HAR Pass Ignore Guar Type. This pass ignores differences in guarantor account type when determining whether to assign a hospital account for patients with a status of Admitted or ED Waiting.
5. In the Low threshold (I IDC 50) field, enter the minimum weight that a hospital account should have for the Hospital Account Advisor to recommend it for a new encounter.
6. In the High threshold (I IDC 52) field, enter the minimum weight that a hospital account should have for the Hospital Account Advisor to recommend it as a 100% match for an encounter.
7. In February 2024 and prior versions, go to the Pass Property Weights form.
8. In the Error threshold (I IDC 16001) field, enter the minimum weight that a hospital account should have for the Hospital Account Advisor to require that registrars link the account with a new encounter.
9. Use the Encounter Settings fields to restrict the visit dates to search for.
   - Days before current encounter (I IDC 16002) field. The system searches for patient encounters with a visit date that is a maximum of this many days before the current encounter. If nothing is set, only encounters from the same day are considered.
   - Override days before for confirmed admission (I IDC 16004) field. If the current encounter is for a future visit, the system includes confirmed admissions entered a maximum of this many days before the visit date of the current encounter. If nothing is set, the Days before current encounter (I IDC 16002) field is used.
   - Days after current encounter (I IDC 16003) field. The system searches for patient encounters with a visit date that is a maximum of this many days after the current encounter. If nothing is set, only encounters from the same day are considered.

This comparison configuration record now has everything it needs except specific comparison logic. To configure that, jump to the Specify How the Hospital Account Advisor Makes Recommendations topic.

Recommend Recurring Hospital Accounts with the Hospital Account Advisor

To use the Hospital Account Advisor to recommend hospital accounts for recurring encounters, start by creating a comparison configuration record. The record determines which of a patient's encounters the Hospital Account

Advisor looks at to find an appropriate hospital account for a new encounter, and it controls how strongly the Hospital Account Advisor recommends a potentially matching account.

Like the comparison configuration record you create for non-recurring hospital account comparisons, this comparison configuration record functions as a shell record, but it looks to recurring hospital accounts. Later, you can add criteria to this shell comparison record to prepare for more specific situations. For more information on preparing your Hospital Account Advisor for complex scenarios, see the Specify How the Hospital Account Advisor Makes Recommendations topic in this guide.

> **Considerations**
>
> Comparison configuration records, stored in the Comparison Configuration (IDC) master file, determine how closely two given records match. When used in the Hospital Account Advisor, they use properties that you specify, such as provider or date of service, to compare two encounters. In your comparison configuration record, you associate each property that you're using for comparison with a weight. This weight defines the number of points assigned if the two encounters match on that property. If the sum of the weights of all the matching properties exceeds the low threshold you specify, the system recommends assigning the same hospital account to both encounters. For more information on working with comparison configuration records, refer to the Record Comparison Setup and Support Guide.

1. In Hyperspace, access Comparison Configuration:
   a. Search: Comparison Configuration
   b. Path: Epic button > Admin > Record Comparison > Comparison Configuration

2. On the Create tab, enter a Name and ID for your comparison configuration record. Give your record a name indicating that it compares recurring hospital accounts so that you can identify it easily later. Starting in May 2024, in the record type (I IDC 30) field, enter Hospital Accounts.

3. In February 2024 and prior versions, enter Hospital Accounts in the Type (I IDC 30) field after the activity opens.

4. In the Passes (I IDC 60) field, enter the passes you want your comparison configuration to use. The pass you choose determines which of a patient's existing hospital accounts the system checks to see if they're appropriate for a new encounter. Choose from the following passes:
   ○ 16562-Recurring HAR Pass. The Foundation System uses this pass.
   ○ 16563-Recurring HAR Primary Encounter Pass.
   ○ 16580-Recurring New HAR Pass.

5. In the Low threshold (I IDC 50) field, enter the minimum weight that a hospital account should have for the Hospital Account Advisor to recommend it for a new encounter.

6. In the High threshold (I IDC 52) field, enter the minimum weight that a hospital account should have for the Hospital Account Advisor to recommend it as a 100% match for an encounter.

7. In February 2024 and prior versions, go to the Pass Property Weights form.

8. In the Error threshold (I IDC 16001) field, enter the minimum weight that a hospital account should have for the Hospital Account Advisor to require that users link the account with a new encounter.

9. Use the Encounter Settings fields to restrict the visit dates to search for.
   ○ Days before the current encounter (I IDC 16002) field. The systems searches for patient encounters with a visit date that is a maximum of this many days before the current encounter. If nothing is set, only encounters from the same day are considered.

- Override days before for confirmed admission (I IDC 16004) field. If the current encounter is for a future visit, the system includes confirmed admissions entered a maximum of this many days before the visit date of the current encounter. If nothing is set, the Days before the current encounter (I IDC 16002) is used.
- Days after the current encounter (I IDC 16003) field. The system searches for patient encounters with a visit date that is a maximum of this many days after the current encounter. If nothing is set, only encounters from the same day are considered.

This comparison configuration record now has everything it needs except specific comparison logic. To configure that, jump to the Specify How the Hospital Account Advisor Makes Recommendations topic.

Specify How the Hospital Account Advisor Makes Recommendations

After you've created the shell comparison configuration records for recurring and non-recurring hospital account comparisons, you can set up those records to address more specific situations at your organization. These settings determine what criteria the Hospital Account Advisor uses to decide which existing hospital accounts it recommends for a patient's new encounter.

Most organizations can use just two configuration records to set up most of their hospital account recommendations. By carefully setting up groups and comparison properties within the shell records you created, you can prepare your Hospital Account Advisor to make appropriate recommendations in many scenarios. In the Foundation System, there is one comparison configuration record for the whole facility, IDC 3100012-Reg Hospital Account Advisor Facility Level. To see this build, log in to the Foundation System as your Cadence administrator (esadm/epic), and open the Comparison Configuration (search: Comparison Configuration) activity.

Some departments, however, might need their own comparison configuration records. To specify that a department should use a different comparison configuration record than others in the same service area:

1. In Prelude Text, go to Master Files > Department.
2. Go to the Hospital Account Related Settings screen.
3. In the Hospital Account Comparison Records field, specify which comparison configuration records the Hospital Account Advisor should use in each department.

Then, specify the comparison logic for your comparison configuration records by opening the Comparison Configuration activity in Hyperspace (search: Comparison Configuration).

1. In the Property Groups (I IDC 2000) grid, enter categories of information you want the Hospital Account Advisor to consider when it recommends hospital accounts to users. In February 2024 and prior versions, this grid is labeled Grouper Definitions.
   - This free-text field helps organize your comparison configuration record. You mark the properties used in the comparison configuration record with one of the groups, and if the record finds a match between a new and an existing encounter, it doesn't look at any other properties associated with the same grouper definition.
   - Log in to the Foundation Hosted environment to see what grouper definitions the model comparison configuration records use. Some examples include Same Patient Class, Same Department, and Same Date of Service.
2. In the Grouped Properties and Weights table, enter the comparison property (I IDC 2020) and associated weight (I IDC 2030) in the grouped properties and weights table.
   a. Starting in May 2024, each property is listed under the Property Group's name. Add a property to a group by selecting the group in the Property Groups table and clicking the down arrow button.

b. In February 2024 and prior versions, for each row with a property, specify the Property Group by entering the group number in the Group (I IDC 2010) column.

3. In the Property column of the group table, enter the comparison property the Hospital Account Advisor should consider.

   - In addition to released properties, you can create custom comparison properties. For more information on creating a new comparison property record, see the Define How the System Searches for Comparison Records topic.

4. Click Accept.

For more information about working with comparison configuration records, refer to the Determine How to Search for Similar Records topic.

Enable Hospital Account Advisor to Evaluate Two Encounters with Two Patient Rules
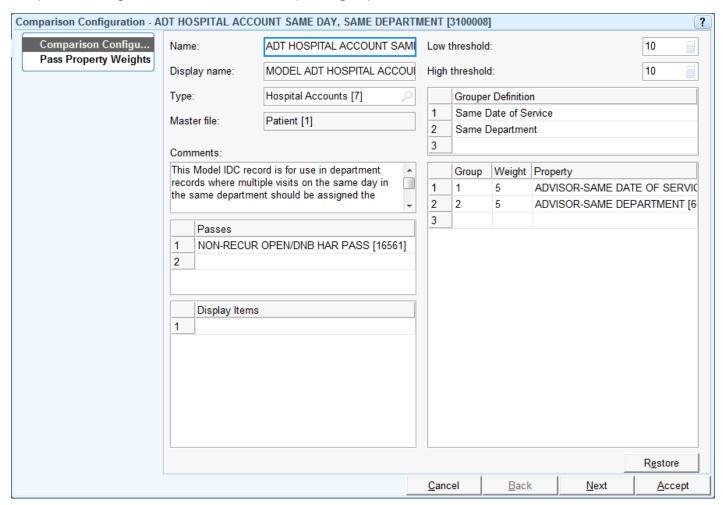**Starting in August 2023**

The Hospital Account Advisor can use two different criteria to evaluate the current encounter and a comparison encounter and determine if it will assign an existing hospital account to the comparison encounter. To do this, build a comparison property with a specific extension and add it to your comparison configuration.

1. In Hyperspace, open the Comparison Property activity (search: Comparison Property).

2. Click the Create tab and give the property a name.

3. In the Type field, enter 3-Extension Item.

4. Select the Patient (EPT) master file.

5. In the Programming point (I IDP 140) field, enter extension 23169-Reg Auto HAR IDP Rules for Both Encounters.

6. In the Parameter field, enter your five parameters separated by carets.

   - Parameter 1: Logic to use for evaluation of rules: 1: AND, 2: OR, 3: XOR.

   - Parameter 2: Patient rule ID to use for current encounter.

   - Parameter 3: Set this parameter to 1 if the current encounter should not pass its rule and still assign its HAR to the comparison encounter. Set to 0 if the current encounter should pass the rule to assign the HAR.

   - Parameter 4: Patient rule ID to use for comparison encounter.

   - Parameter 5: Set this parameter to 1 if the comparison encounter should not pass its rule to get the current encounter's HAR. Set to 0 if the comparison encounter should pass the rule to get the current encounter's HAR.
     For example, 1^112068^0^112067^0 would evaluate that both encounters must pass their respective rules to assign the current encounter's hospital account to the new encounter.

7. Add this new property to your comparison configuration. See the Specify How the Hospital Account Advisor Makes Recommendations topic for detailed instructions.

Recommend Appropriate Hospital Accounts in Specialty Departments or Locations

You can set up most hospital account recommendations using just two comparison configuration records, but some departments might need their own comparison configuration records. In the Foundation System, these departments include departments that organizations frequently bill separately, such as Rehabilitation and Psychiatry units.

You can specify different comparison configuration records that the Hospital Account Advisor should use in certain revenue locations or departments. For these locations or departments, you should create separate comparison configuration records using the instructions above. Then, follow these steps to assign a specific comparison configuration record to the corresponding department or location.

Considerations

If your organization includes departments that are always billed separately, you should create a specific comparison configuration record for each of those departments. If the department uses recurring hospital accounts, the comparison configuration record should include pass 16580-Recurring New HAR Pass. If the department uses non-recurring hospital accounts, the comparison configuration record should include pass 16579-Non-Recur New HAR Pass.

After creating this comparison configuration record, follow the steps below to specify that the department should use the record.

Follow these instructions to specify a comparison configuration record that the Hospital Account Advisor should use in a specific department or revenue location. The comparison configuration record you specify at the service area level applies to all locations and departments that you do not designate with a distinct comparison

confirmation record.

Specify a Comparison Configuration Record at the Revenue Location Level

Follow these steps to specify a different comparison configuration record at the revenue location level.

1. In Prelude text, go to Serv Area/Location Sys Defs Edit.

2. Select Location Sys Defs Edit and enter your location.

3. Select GUI Location Options.

4. Page down to the Hospital Account Related Settings screen.

5. In the Hospital Account Comparison Records field, enter the name of the comparison configuration record that the Hospital Account Advisor should use in this revenue location.

Specify a Comparison Configuration Record at the Department Level

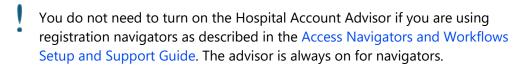Follow these steps to specify a different comparison configuration record at the department level.

1. In Prelude text, go to Master Files > Department/Unit Entry and select your department.

2. Page down to the Hospital Account Related Settings screen.

3. In the Hospital Account Comparison Records field, enter the name of the comparison configuration record that the Hospital Account Advisor should use in this department.

Require Patient Information Before Recommending a Hospital Account

The Hospital Account Advisor can recommend an appropriate hospital account based on information that users enter about the encounter. If you want to require users to enter certain information before running the Hospital Account Advisor, you can create a confirmation record to check that users entered all the necessary information.

1. Create a confirmation record with rules and required items that you deem necessary for the Hospital Account Advisor to make an accurate hospital account recommendation. For more information about creating confirmation records, refer to the Define the Fields Users Must Complete During Workflows topic in your online documentation.

2. Open the system definitions for your service area by going to Epic button > Admin > Registration/ADT Admin > System Definitions.

3. Go to the Pt Class/Advisor form.

4. Enter the ID of your confirmation record in the Pre-selection confirmation record field.

Turn on the Hospital Account Advisor

> ❗ You do not need to turn on the Hospital Account Advisor if you are using registration navigators as described in the Access Navigators and Workflows Setup and Support Guide. The advisor is always on for navigators.

Before your staff can use the Hospital Account Advisor, you must turn it on. Epic recommends turning on the Hospital Account Advisor at the service area level. When you turn on the Hospital Account Advisor, you specify the comparison configuration records it uses to recommend hospital accounts. Be sure you have completed the steps outlined in the Recommend Non-Recurring Hospital Accounts with the Hospital Account Advisor topic of this guide.

Go to Epic button > Admin > Registration/ADT Admin > System Definitions and select your service area.
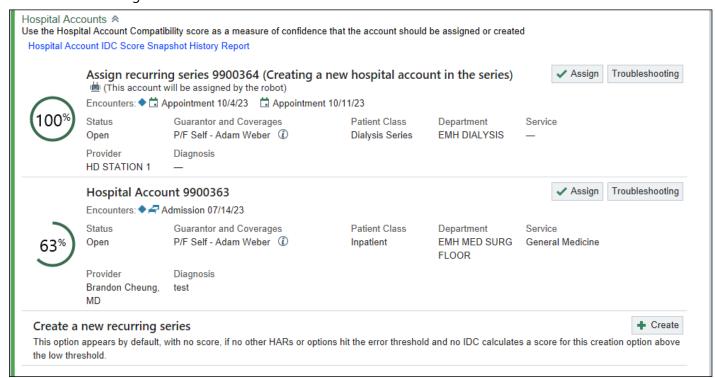
1. Go to the Pt Class/Advisor form.

2. In the Use Hospital Account Advisor? field, enter Yes.

3. In the Hospital account comparison records field, enter the comparison configuration records that you created earlier.

Troubleshoot Hospital Account Advisor Issues

The Hospital Account Troubleshooting mode helps you test account selection in the Hospital Account Advisor activity, which is useful when building new logic into the advisor and when investigating why account selection works the way it does.
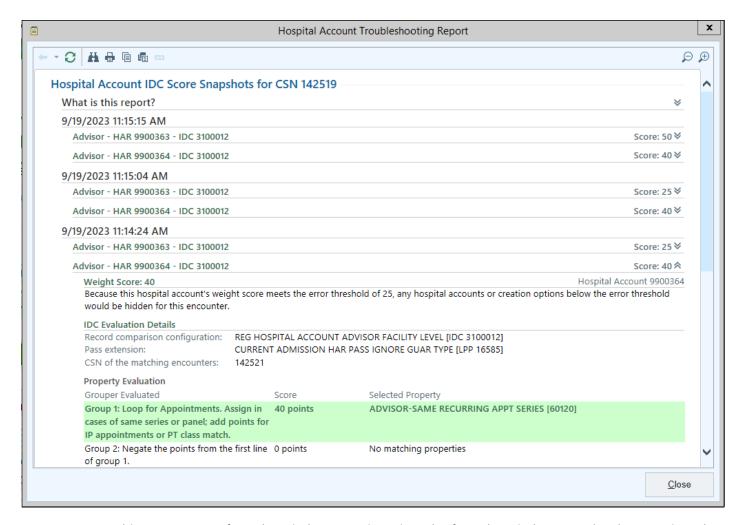
When the troubleshooting mode is enabled, there are several additional pieces of information that appear in the Encounter Guarantor and Coverages section when assigning a hospital account:

- A link to the Hospital Account IDC Score Snapshot History Report that shows a summary of all the hospital accounts evaluated for this encounter.

- Buttons to open a Troubleshooting report for each individual hospital account evaluated by the Advisor.

- If applicable, hospital accounts that were evaluated but would not be shown to registrars because they don't meet the low threshold. These hospital accounts are not assignable and are shown only to help with troubleshooting.
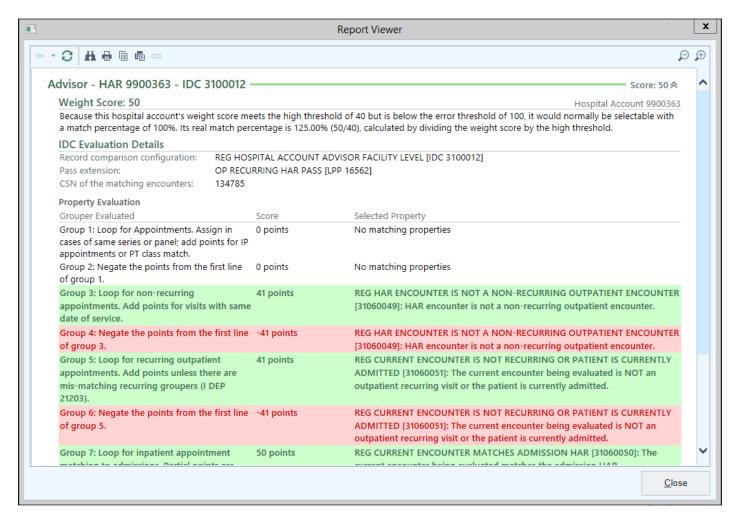

The Encounter Guarantor and Coverages section with Hospital Account Troubleshooting mode turned on

In the Hospital Account IDC Score Snapshot History Report (below), you can see details about how an encounter was evaluated for any workflow involving automatic hospital account creation or assignment.

Hospital Account Troubleshooting Report

Hospital Account IDC Score Snapshots for CSN 142519

What is this report? ⤫

9/19/2023 11:15:15 AM

Advisor - HAR 9900363 - IDC 3100012 — Score: 50 ⤫
Advisor - HAR 9900364 - IDC 3100012 — Score: 40 ⤫

9/19/2023 11:15:04 AM

Advisor - HAR 9900363 - IDC 3100012 — Score: 25 ⤫
Advisor - HAR 9900364 - IDC 3100012 — Score: 40 ⤫

9/19/2023 11:14:24 AM

Advisor - HAR 9900363 - IDC 3100012 — Score: 25 ⤫
Advisor - HAR 9900364 - IDC 3100012 — Score: 40 ⤤

Weight Score: 40 — Hospital Account 9900364
Because this hospital account's weight score meets the error threshold of 25, any hospital accounts or creation options below the error threshold would be hidden for this encounter.

IDC Evaluation Details

Record comparison configuration:	REG HOSPITAL ACCOUNT ADVISOR FACILITY LEVEL [IDC 3100012]
Pass extension:	CURRENT ADMISSION HAR PASS IGNORE GUAR TYPE [LPP 16585]
CSN of the matching encounters:	142521

Property Evaluation

Grouper Evaluated	Score	Selected Property
Group 1: Loop for Appointments. Assign in cases of same series or panel; add points for IP appointments or PT class match.	40 points	ADVISOR-SAME RECURRING APPT SERIES [60120]
Group 2: Negate the points from the first line of group 1.	0 points	No matching properties

Close

You can access this report even after a hospital account is assigned. After a hospital account has been assigned, the report appears in the Account Actions dropdown menu in the Encounter Guarantor and Coverages section.

The troubleshooting report for an individual hospital account looks like this:

The troubleshooting reports contain the following information:

- Weight Score, and a description of what that means.
- IDC Evaluation Details, which describes the logic the system used to calculate the weight score. It highlights the groups that add (green) or subtract (red) points from the evaluation score.
- Help text describing how groups, weights, and thresholds work.

Users with appropriate security can enable the mode by opening Hospital Account Troubleshooting (Search:Hospital Account Troubleshooting).

Add one of the following security points to the security classes of users who should be allowed access to the troubleshooting mode:

- Prelude security point 950-May Access Hyperspace Troubleshooting Tools
- Grand Central security point 5000-May Access Hyperspace Troubleshooting Tools

Then log in as a user who uses a security class that you added the security point to.

Register a patient and go to assign a hospital account. Click the HAR Snapshot Report link for the hospital accounts that appear in the advisor activity. The Hospital Account Details window shows the information described above.

Test and Troubleshoot Automatic Hospital Account Creation and Assignment

Additionally, you can use Hospital Account Troubleshooting mode to test and troubleshoot automatic hospital account creation and assignment. Here's how:

1. You enable the mode.

2. You take an action in a workflow that causes the system to evaluate an encounter using a duplicate check (IDC) record. For example, you can:

   ○ Open the Hospital Account Advisor in registration.

   ○ Perform a workflow in an Epic application (for example, in Beaker, Cadence, Radiant, or Welcome) that involves automatic hospital account creation or assignment.

3. Access Registration and go to the Encounter Guarantor and Coverages section.

4. Click the Account Actions button and open the HAR Troubleshooting Report.

5. The report that opens is the Hospital Account IDC Score Snapshot History Report that you can access from the Hospital Account Advisor.

View Details About Hospital Account Assignment and Creation in the Registration History Report

Another way to troubleshoot hospital account assignment and creation is through the Registration History Report. When a hospital account is created or assigned, a registration history event is created that gives useful information about the assignment. This tool is available for manual hospital account assignment starting in November 2021 and for automatic hospital account assignment starting in November 2022. It works only for navigator-based registration.

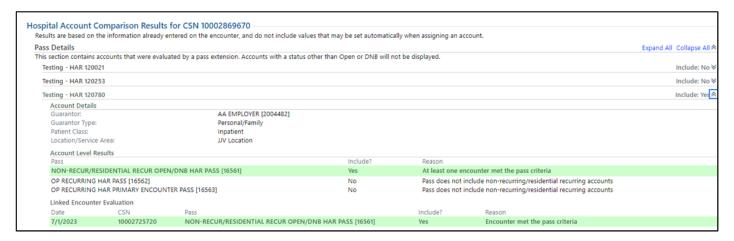*Registration History Report showing a hospital account assignment event*

View Hospital Account Recommendations in the Hospital Account Comparison Tester
⊙ Starting in August 2023

You can troubleshoot hospital account assignment and creation in the Hospital Account Comparison Tester. This utility runs any comparison record against a patient encounter to recommend a hospital account. This allows you to choose which comparison record you run more quickly and easily. You can access the tester by attaching REG_ITM_HAR_COMPARISON_TEST as an item to EDUSERTOOLBAR in the Role Editor. Starting in May 2024, the tester is also available as the Testing tab in the Comparison Configuration activity for Hospital Account comparison configurations. To use the tester:

1. Enter an IDC record to evaluate a patient encounter.

2. Choose a patient and encounter.

3. You can optionally filter by user if you want to see what the results would be for a user with different

security.

The Tester shows each hospital account it evaluated and whether the hospital accounts satisfy the passes in the comparison record. It also shows the encounter that the hospital account is linked to and whether that encounter satisfies the passes in the comparison record.

Generate Register Numbers for Public Hospitals Act Requirements for Ontario

🌎 This topic applies only to organizations in Ontario, Canada that submit information to the Canadian Institute for Health Information (CIHI).

You must be licensed for Identity, Bridges, either Grand Central or Cadence, and either Health Information Management or Hospital Billing to implement this feature.

To comply with Ontario Regulation 965 of the Public Hospitals Act (PHA), abstracts for CIHI must include a specific register number based on information related to a patient's encounter. To ensure that your system can generate this register number in compliance with PHA regulations, you must complete the following tasks. Because some of these steps involve configuration owned by other applications, work with the project teams for the specified applications to complete these tasks:

- Identity: Create new Identity ID types for inpatient (IP), emergency department (ED), and outpatient patient encounters.

- Bridges: Create translation tables that map patient classes and service areas to external identifiers and update interfaces to send register numbers to your abstracting system.

- Grand Central and Cadence: Set up extensions that generate the appropriate register numbers when encounters are created, such as at the time of check-in or admission, or updated in a way that requires a new number, such as transfers.

- Health Information Management: Show register numbers in reports, workspace headers, and the Doc Review activity so users can keep track of accounts by register number.

The system generates register numbers using the following pieces of information:

- Location Identifier, which is based on a hospital's service area.

- Patient Class Identifier, which must be set in the Patient Class (I EPT 10110) item for the system to generate

a number.

- Contact Identifier, which is generated based on the total number of patients seen at the current location in the current fiscal year. Each new patient increases the value by one.

- Year, which is based on the current fiscal year.

- Institution number, which can optionally be included as a prefix.

The order of these pieces, number of digits used for each piece, and values that appear depend on how you configure the translation tables and extensions that generate these values. Consider the following example for the sixteenth patient seen at Epic Health Clinic in fiscal year 2017. The system generates a register number of 2100001617 for this encounter.

- The first digit represents the location ID. The interface team mapped Epic Health Clinic to an external location ID of 2-EH.

- The second digit represents the patient class identifier. The patient was admitted for an inpatient encounter, and the interface team mapped inpatient encounters to a value of 1-Inpatient.

- The next six digits are the patient's contact identifier. This patient is the sixteenth patient and the Cadence and Grand Central teams configured register numbers to use six digits for the contact identifier, so the system uses the value 000016.

- The final two digits are the last two digits of the fiscal year in which the encounter took place. The patient was seen in fiscal year 2017, so the final digits are 17.

Create Identity ID Types for Encounters

First, your Identity team creates new ID types that support generating register numbers and sending those numbers to your abstracting system.

Complete the following steps three times: once for an IP ID type, once for an ED ID type, and once for an outpatient ID type. The steps below describe the essential fields for setting up the ID types. For information about the fields not described in these steps, refer to the Create ID Types topic for detailed instructions on creating Identity ID types.

1. In Hyperspace, open Identity ID Types (search: ID Types) and create a new record with a unique name.

2. Configure the fields as follows:

    ○ For the Abbreviation (I IIT 15) field, enter a unique abbreviation.

    ○ For the Used by INI (I IIT 27) field, enter EPT.

    ○ For the Context (I IIT 25) field, enter Unique Visit ID.

    ○ For the Generation method (I IIT 30), select System generated.

        ▪ In May 2022 and earlier, the field name is Method.

    ○ For the Generation format (I IIT 40), select Function generated.

        ▪ In May 2022 and earlier, the field name is Generation method.

    ○ For the Generation extension (I IIT 55), select 38851-HIM ID Generation – Canada Register Number.

    ○ For the Verification format (I IIT 70), select Numeric.

    ○ For Use temporary IDs? (I IIT 1000), select No.

3. Click Accept to save the ID.

4. Tell the following teams the IDs of your new ID types:

- The Bridges team so they can configure your interface to send the register number instead of the internal Epic ID.
- The Cadence team so they can set up an after-check-in extension that generates the register number at the time of check in.
- The Grand Central team so they can set up confirmation records that generate the register number for admissions, transfers, and other events.
- The Health Information Management team so they can configure coding and billing workspaces to show register numbers.

Map Internal Values and Send Register Numbers to Your Abstracting System

Communications with your third-party abstracting system are driven by HL7 ADT events, so your Bridges team can configure an ADT interface to send information to your abstracting system. Review which type of interface you use to send information to your abstracting system and complete the following setup steps accordingly.

Prerequisites
Before the Bridges team can configure your interface to send register numbers, your Identity team must create ID types for IP, ED, and outpatient encounters, as described in the Create Identity ID Types for Encounters topic. Your Identity team can tell you the ID types to use.

To generate the appropriate location ID and facility ID, you must configure translation tables that map from these values in Epic to the values used for register numbers. Then, configure your interface to send these numbers in interface messages.

Map Epic Locations and Patient Classes to External Identifiers

Complete the table setup that corresponds to your Epic version. Then, contact your Cadence and Grand Central teams so they can configure the system to generate register numbers based on your table mapping. The Cadence and Grand Central configuration must match to correctly generate register numbers.

Map Record IDs to External IDs

Starting in February 2020, create a general table to map the record IDs for your locations in Epic to the appropriate values for register IDs.

1. In Hyperspace, create an outgoing general table (search: Tables). Use table specification 410008-Canada External Location Table.
2. Set the internal values to the location (EAF) record ID for each parent location at your organization.
3. Set the corresponding external values based on the external numeric identifier you need to use.

In November 2019 and earlier versions, create a translation table to map the record IDs for your locations in Epic to the appropriate values for register IDs.

1. In Hyperspace, create an outgoing translation table (Epic button > Admin > Interface Admin > Tables).
2. Set the internal values to either numeric or string. Because you can't map service area IDs to a translation table, you must manually enter the ID for each service area.
3. Set the corresponding external values based on the external numeric identifier you need to use.

Map Patient Classes to Register Number Values

After mapping the record IDs for your locations to the appropriate values for register IDs, create a translation

table to map patient class values in Epic to the appropriate values for register numbers. For example, if you have patient classes for dialysis outpatient series, cardiac rehabilitation outpatient series, and standard outpatient encounters, you can map each of those classes to the same outpatient identifier for register numbers.

1. In Hyperspace, create an outgoing translation table (Epic button > Admin > Interface Admin > Tables).

2. Set the internal values to category IDs for the Patient Class (I EPT 10110) item.

3. Set the corresponding external values based on the external numeric identifier you need to use.

Send Register Numbers Instead of Internal Epic IDs

First, create a copy of extension 38854-CA Template - HIM EDI Reg Num Account ID:

1. In Chronicles, open the Extension (LPP) master file.

2. Duplicate extension 38854 and set the following parameters to the values your Identity team created in the Create Identity ID Types for Encounters topic:

   ○ Reg Num Type. Press F6 and list the following three records in the Value column in the following order:

      ▪ Your IP ID type

      ▪ Your outpatient ID type

      ▪ Your ED ID type

   ○ Only Current? This parameter is available in Epic 2017 with special update E8311721.

      ▪ Enter 0-No to return all register numbers associated with the patient encounter. This is the default value.

      ▪ Enter 1-Yes to use only the current register number for the patient encounter when more than one register number exists.

Then, update your interface to use your extension:

1. Open the interface specification (search: Interface Specification) for the outgoing interface you use to send information to your abstracting system.

2. Add profile variable VISIT_ID_LOOKUP (2485) and set it to CODE.

3. Add profile variable VISIT_ITEM_CODE (4044) and set it to your copy of extension 38854.

Starting in November 2022 and May 2022 with special update E10212000, you can prevent messages from being sent for patients who do not yet have a patient class Identity ID assigned to them, to comply with Canadian Institute for Health Information (CIHI) requirements. If you use this option, you can choose to allow messages to send without a register number for certain events. To ensure register numbers are included in messages, you need to complete the following build:

1. In Hyperspace, create a general table (search: Tables) based on table specification 139-Base Pat Class to Identity ID.

2. Map the patient classes to the values your Identity team created in the Create Identity ID Types for Encounters topic.

3. Determine which events should be excluded from the requirement to have a patient class Identity ID assigned to the patient before sending the message. Open Interface Reference Guide Viewer (search: Interface Reference Guide Viewer) and open reference guide 421486-Outgoing Patient Administration - Registration and ADT Interface Reference Guide (AIK 2) for a description of events. Use the following quick jump code to open this topic: Q421294#AID^421299J.

4. Open the interface specification (search: Interface Specification) for the outgoing interface you use to send information to your abstracting system.

5. Add profile variable RESEQ_PAT_CLASS_TO_ID_TBL (6396) and set it to the table you created in step 1.

6. Add profile variable RESEQ_PAT_CLASS_TO_ID_EXCLUDED_EVENTS (6397) and set it a comma delimited list of excluded events you identified in step 3.

Send Institution Numbers as a Prefix on Register Numbers

If your abstracting system requires your organization to send institution numbers, you can configure the system to add a prefix containing the institution number to the register number you send in communications with your abstracting system.

You can set a single-response, category value-based item in the Patient (EPT) master file that can be mapped to a corresponding external institution number. For example, if your patient classes correspond to institution numbers, you can map category values of the ADT: Patient Class (I EPT 10110) item to external institution number values for use in this prefix.

1. In Hyperspace, create an outgoing translation table (Epic button > Admin > Interface Admin > Tables).

2. Set the internal values to category values for the patient record item of your choice.

3. Set the corresponding institution numbers as the external values.

Next, you need to set the fifth, tenth, and eleventh parameters of extensions 38850-CA Template - HIM AL - Register Number Generation and 38853-CA Template - HIM Cadence Check-in - Register Number Generation to accommodate the prefix. Refer to the Create Register Number Generation Extensions topic for instructions.

Stamp Charges with Register Numbers to Be Extracted to Clarity

🌎 This topic applies only to organizations in Canada.

To simplify case costing reporting, stamp charges on a hospital account with their associated register number and extract them to Clarity. This allows you to base most of your case costing extracts on charge records, rather than using a variety of different records.

First, use a general table to map the ID types for IP, ED, and outpatient encounters that you created in the Create Identity ID Types for Encounters topic to account base classes:

1. Create a new general table to map ID types to base classes. Follow the steps in the General Tables topic. Enter a table specification of 410006-REG_NUM_IIT_TABLE_MAPPING.

2. Click Add. In the Editing New Row window, enter your account base classes and corresponding register number ID types in the Keys and Data fields.

3. Enter your table in the system mnemonic for register number mapping.

    a. In Chronicles, open your Shared Configuration (HDF 1) record and go to the Customer Specific Install Mnemonics screen.

    b. In the Mnemonic (I HDF 2105) column, enter system profile variable REG_NUM_IIT_TABLE (23510).

    c. In the corresponding row of the Value (I HDF 2115) column, enter your general table.

Use system mnemonics to indicate which base class should correspond to each modifier when stamping the register number on the charge:

1. In Chronicles, open your Shared Configuration (HDF 1) record and go to the Customer Specific Install

Mnemonics screen.

2. In the Mnemonic (I HDF 2105) column, enter each of the following system profile variables:

    a. REG_NUM_IP_MOD_OVERRIDE (43001). Changes the base class to Inpatient for the register number associated with the charge.

    b. REG_NUM_OP_MOD_OVERRIDE (43002). Changes the base class to Outpatient for the register number associated with the charge.

    c. REG_NUM_ED_MOD_OVERRIDE (43003). Changes the base class to Emergency for the register number associated with the charge.

3. If you use charge modifiers to indicate that certain charges should have different base classes, in the corresponding row of the Value (I HDF 2115) column, enter the charge modifier that indicates that a charge should have the base class associated with the profile variable. For example, if a charge with modifier A should have a base class of Emergency, enter modifier A as the value for REG_NUM_ED_MOD_OVERRIDE. If you don't use charge modifiers to indicate that certain charges should have different base classes, leave the Value column empty.

Then, add the Charge Register Number module to your Hospital Billing Profile:

1. In Hyperspace, go to your facility's Hospital Billing Profile (search: Hospital Billing Profile).

2. On the Features form under the System Settings node (Miscellaneous form in February 2024 and earlier), in the Hospital Billing features enabled (I HSD 4000) table, enter module 50-Charge Register Number.

The system assigns the appropriate register number by comparing the service time stamped on the charge (I UCL 1303) with the ADT events on the hospital account. Because service times are not automatically stamped on all charges, you need to add router actions to set up this feature.

Add a default action to set the time of service:

1. In Hyperspace, open Rule Editor (search: Rule Editor) and create a Universal Charge Line context rule that looks for a charge with no time of service.

    ○ Property: Universal Charge Line/Time of Service

    ○ Operator: =

    ○ Value: (leave blank)

2. Open the Charge Router Profile (search: Charge Router Profile).On the Charge Handler form, click Edit and add a new task with the following settings:

    a. On the Add New Record window, select Action and enter an Action Type of Single Test.

    b. In the For all charges field, enter In This Charge Session.

    c. In the Rule Used field of the If the following conditions hold table, enter the rule you created for finding charges with no time of service and set the qualifier to Exists/Is True.

    d. In the Do table, enter the following:

Macro	Parameter	For
Get	ID: ID ITEM: Created instant LINE: 1	Every Qualifying Charge
Get Time from Instant	INST: %1	Every Qualifying Charge
Set	ID: ID ITEM: Time of Service LINE: 1 VALUE: %2 DUPLICATE: (leave blank)	Every Qualifying Charge

3. Save and close the Charge Router Profile.

This router action sets the time of service as the instant the charge was created. You might want the time of service to be set before the instant the charge was created in circumstances like exam reads, where the service is provided before the charge. For those scenarios, create similar actions and adjust the macro settings as needed.

If you have charges stamped with a time of service and the Charge Register Number module enabled in the HSD, but charges are not being stamped with register numbers, your Epic representative needs to restart your charge filers. Contact them and reference parent SLG 5018204.

Generate Register Numbers in Grand Central and Cadence Workflows

Your Cadence and Grand Central teams can use extensions to generate register numbers for new check-ins and admissions or for patient class changes that result in a new register number. For example, if a patient arrives at the emergency department and is later transferred to inpatient, the system can generate a new register number for the inpatient encounter.

Configure extensions and complete the setup in this section to generate register numbers for the following events:

- Cadence
  - After check-in
- Grand Central
  - ED arrival
  - Admission
  - Patient class change (including the transfer, leave of absence, and event management workflows)
  - L&D Arrival

Prerequisites
Before the Cadence and Grand Central teams can configure confirmation records to generate register numbers, you need the following pieces of information: • The ID types that the Identity team created as part of the Create Identity ID Types for Encounters topic. • The translation tables that the interface team created as part of the Map Internal Values and Send Register Numbers to Your Abstracting System topic.

Considerations
To make sure the register numbers generated as part of Cadence and Grand Central workflows use a self-consistent numbering convention, you must use the same configuration for the Grand Central action extension and the Cadence after check-in extension.

Create Register Number Generation Extensions

First, configure a copy of one of the following extensions:

- For Grand Central, duplicate extension 38850-CA Template - HIM AL - Register Number Generation
- For Cadence, duplicate extension 38853-CA Template - HIM Cadence Check-in - Register Number Generation

These extensions generate register numbers based on your Identity ID types and your service area and patient class mappings.

1. In Chronicles, open the Extension (LPP) master file.
2. Duplicate extension 38850 or 38853 and configure the following parameters:
   - Reg Num Types. Starting in May 2019 and in February 2019 with special update E8701737, this parameter is deprecated. Use the setup in the Stamp Charges with Register Numbers to Be Extracted to Clarity topic instead.
   - Number Format. Enter the field ordering and padding for each field in the register number. This parameter has two segments:
     - Field Padding. Specify the number of digits used for each field. The system adds leading zeros if a field value has fewer digits than this setting. For example, if the external facility ID is 5 and this setting is set to 2, the register number uses 05. The default value is 2^2^7^4.
     - Field Order. Specify the field order used to construct the register number. The default order is 1-Facility^2-Location^4-Base Register Number^3-Fiscal Year. If you need to send a prefix, you can add optional field 0-Prefix.
   - Facility Table. Enter the translation table that your interface team built to map internal patient class values to an external ID.
   - Location Table. Enter the translation table that your interface team built to map service areas or locations to external location IDs.
   - FY Start Date. Enter the start date of the fiscal year for generating register numbers. If this parameter is blank, the start date is January 1.
   - FY Format. Enter the format for the fiscal year in the register number. Enter 1-Four-digit year to use

four digits. Enter 2-Two-digit year to use two digits. This is the default value.

- Prefix Item. Enter a single-response, category value-based item in the Patient (EPT) master file to be sent as a prefix in the registry number.

- Prefix Table. If you've configured a table to send institution numbers as described in the Send Institution Numbers as a Prefix on Register Numbers topic, enter the translation table you created.

- Location Type. Available starting in February 2020. If you need to generate register numbers at the location level instead of the service area level, enter 2-Location (Revenue/Parent). Note that you must use a general table, not a translation table, to map internal and external IDs to use this parameter. Refer to the Map Epic Locations and Patient Classes to External Identifiers section of the Map Internal Values and Send Register Numbers to Your Abstracting System for details.

Update Cadence Check-In Settings with the Register Number Extension

> ! To make sure your system is self-consistent in generating register numbers, we recommend that you verify your configuration of your copies of extensions 38850 and 38853 before you configure Cadence and Grand Central workflows to use these extensions. These extensions must match for your system to correctly generate register numbers.

1. In Hyperspace, open Cadence System Definitions (search: Cadence System Definitions).
2. Select the Custom Extensions/EOD > Check In/Out form. In August 2018 and earlier, select the Extensions/PP > Check In/Out Ext form.
3. Add your copy of extension 38853 to the list in the After check in (I SDF 20016) field.

Use a Grand Central Action List to Generate Register Numbers

> ! To make sure your system is self-consistent in generating register numbers, we recommend that you verify your configuration of your copies of extensions 38850 and 38853 before you configure Cadence and Grand Central workflows to use these extensions. These extensions must match for your system to correctly generate register numbers.

First, create the action list that uses your copy of extension 38850.

1. In Chronicles, open the Action Lists (HAL) master file.
2. Create an action list. Set the Type of action (I HAL 60) field to GUI Confirmation and set the Released? (I HAL 30) field to 2-Yes.
3. Enter ADT in the Used by Products (I HAL 50) field. In the same row, set the Actions (I HAL 40) field to your copy of extension 38850.

Then, add your action to confirmation records to generate register numbers as a part of existing workflows. Refer to the Define What Occurs After a Successful Confirmation topic for information on how to update existing confirmation records, and determine which confirmation records and workflows you need to update. For example, you might configure copies of the following workflows:

- For a standard admission, update your copy of confirmation record 2005-ADT Admit, which is used by your copy of workflow 2005-Admit.

- For an ED arrival, update your copy of confirmation record 2015-ADT ED Arrival Confirmation, which is

used by your copy of workflow 2025-ED Arrival.

- For labor and delivery arrivals or assessments, update your copy of confirmation record 2222-ADT - L&D Assessment, which is used by your copy of workflow 2551-ADT L&D Assessment 1 W/o Reg or workflow 2070-Labor & Delivery Assessment.

If you don't have custom confirmation records, refer to the Customize Confirmation Records to Suit Your Organization topic for instructions on setting up confirmation records.

Complete Register Number Iterative Testing

The implementation of register numbers for an organization is a complex and integrated effort. You will work closely with Grand Central and Cadence teams to create and implement your register numbers.

Reach out to your Epic team testing lead to make sure the Register Number Iterative Testing is accounted for in the overall testing project plan and complete the testing before Regulatory PRCT begins.

Register Number Iterative Testing involves walking through all possible Patient Movement Scenarios to determine the following:

- Type and Number of Register Numbers
- Number of CSNs
- Number of HARs
- Expected Coding Workqueue
- Interface Message Generation

Work with your Grand Central and Patient Access teams to gather and verify all possible patient movement scenarios from operations to confirm that the correct number of Register Number, CSN, HAR, and interface messages were generated. You can find sample movement scenarios in the Ontario Register Number Testing Workbook to help facilitate conversation and jump start the process.

Show Register Numbers in Doc Review, Account Maintenance, and Chart Review

Your Health Information Management team can include the register number in the Account Maintenance workspace header and in a Doc Review report to make sure coders can easily check the register number for the encounter associated with the current hospital account. You can also configure the number to appear in Chart Review.
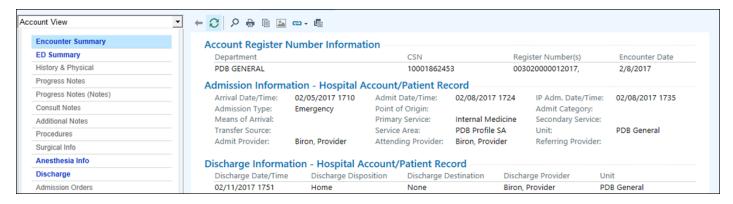
Prerequisites
Before the Health Information Management team can add register numbers to billing and coding workspaces, your Identity team must create ID types for encounters, as described in the Create Identity ID Types for Encounters topic. Your Identity team can tell you the ID types to use.

Show Register Numbers in the Doc Review Activity

First, copy print group 38850-HIM HC CA Register Number Information Template and configure it to use your Identity ID types. Refer to the Duplicate an Existing Print Group topic for specific instructions on working with print groups.

Then, add your print group to the Doc Review activity. You can add your print group to an existing report so coders can see the register number when they review other pieces of information. Refer to the Create Reports

topic for more information on setting up Doc Review.

Add Register Numbers to the Account Maintenance Workspace Header

Starting in May 2019 and in February 2019 with special update E8701737, you don't need to complete this first set of steps because the extension handles this setup automatically. In February 2019 without special update E8701737, follow these steps to duplicate and modify extension 38820-CA Template - HIM PAF - Register Number Display.

1. In Chronicles, open the Extension (LPP) master file.
2. Duplicate extension 38820.
3. In the Reg Num Type parameter, press F6 and list the following three records in the Value column, in order:
   - Your IP ID type
   - Your outpatient ID type
   - Your ED ID type

Then, create a column based on either extension 38820 or your copy:

1. In Hyperspace, open the Column Editor (search: Column Editor) and create a new column.
2. In the Column Definition section, enter the following values:
   - Set the Field type (I PAF 90) field to Extension.
   - Set the Field scope (I PAF 110) field to Displayable Field Only.
   - Set the Master file (I PAF 40) field to HAR.
3. In the Display Extensions section, enter the following values:
   - Set the Text Ext (I PAF 60) field to extension 38820 or your copy.
   - Uncheck the Contact based checkbox (I PAF 470). In February 2023 and earlier, enter No in the "Contact Specific?" field.
4. In the Column Formatting section, set the Data type (I PAF 350) field to Numeric.

Finally, add the report to your Account Maintenance header:

1. If you don't already have one, create a copy of print group 64088-HAR Header: Visit Information. Refer to the Duplicate an Existing Print Group topic for step-by-step instructions.
2. Open your Hospital Billing Profile (search: Hospital Billing Profile).
3. On the Acct Maint Config form, add a header in the Hospital Account Maintenance context to the Workspace Header (LRP) table. If you don't have an existing header to update, create a new header.
4. Click Edit Header Details and add your copy of print group 64088 to the header.

5. In your copy of print group 64088, add your column based on extension 38820.

Add Register Numbers to the Hospital Account Maintenance Storyboard

The Hospital Account Maintenance Storyboard is available starting in February 2019 and is on by default in November 2019. To show register numbers in the Hospital Account Maintenance Storyboard, first follow the steps in the Configure How Content Appears in Revenue Storyboards topic to create an addition record if you don't yet have one. Then, follow the steps in the Add a Column to a Storyboard section of the Add Content to a Storyboard topic to add column 38820-Canada - Register Numbers.

Starting in May 2020, you can configure column 38820 to show only register numbers with a certain base class. You might use this setup to show inpatient, outpatient, and emergency register numbers on separate lines in Storyboard, making it easier for users to identify which type of register number a patient has. Follow these steps:

1. In Hyperspace, open your Hospital Account Maintenance Storyboard for editing.

2. If you haven't already, add column 38820-Canada - Register Numbers to your Account Maintenance Storyboard. If you want to show different types of register numbers on different lines, add this column multiple times. For example, add the column three times to show inpatient, outpatient, and emergency register numbers separately.

3. Update each instance of column 38820 to show a different type of register number:

   a. Click on an instance of column 38820 to configure it from the Storyboard editor.

   b. Click the copy icon next to the Extension (I LPG 1155) field to create a copy of extension 38820-CA - HIM PAF - Register Number Display.

   c. Configure the second parameter of your copy of extension 38820 to show only register numbers of a specified base class.

4. Update the label for each instance of column 38820 to indicate which type of register number appears.

Show Register Numbers in Chart Review

Starting in May 2019 and in February 2019 with special update E8701737, you don't need to complete this first set of steps because the extension handles this setup automatically. In February 2019 without special update E8701737, follow these steps to duplicate and modify extension 38852-CA Template - HIM - Chart Review - Register Numbers.

1. In Chronicles, open the Extension (LPP) master file.

2. Duplicate extension 38852.

3. In the Reg Num Type parameter, press F6 and list the following three records in the Value column, in order:

   ○ Your IP ID type

   ○ Your outpatient ID type

   ○ Your ED ID type

Then, add extension 38852 or your copy to the appropriate tab of Chart Review. For general information about adding information to Chart Review, refer to the Add or Update Columns on a Chart Review Tab topic.

1. In Hyperspace, open the Chart Review Tab Editor (search: Tab Editor) and open the Chart Review tab you want to update. For example, to show register numbers on the Encounters tab, open your copy of Chart Review tab 17000-Chart Review Tab - Encounters. If you don't already have a copy of this tab, create one now.

2. In the Column Settings section, add a column with these settings:

- A name, such as Register Number.
- A width, such as 1200px.
- A Source Extension Record of extension 38852 or your copy.

3. Click Accept to save and close your tab.

4. If you created a new copy of the tab, update any necessary profiles to use the new copy. This configuration is on the Chart Review Tabs screen in profiles.

Allow Users to Search for Accounts by Canada Register Number

🌎 This topic applies only to organizations in Canada.

When a user has a patient's Canada Register Number, she can use a search shortcut to open the hospital account and then jump to the patient's chart as needed, without needing to dig for other patient information. To allow users to type XID.<register number> to open a hospital account, you need to specify the ID types that you use to track patient register numbers in Epic, so that the system knows which ID to search for.

Prerequisites
To enable lookup by register number, your Identity team must create ID types for IP, ED, and outpatient encounters, as described in the Create Identity ID Types for Encounters topic. Your Identity team can tell you the ID types to use.

1. In Hospital Billing text, follow the path Administrator Menu > Service Area Profile > Service Area Settings.

2. Open your facility record.

3. Go to the Visit ID Search Settings screen.

4. In the Primary Visit ID Search ID Type (I EAF 70960), Secondary Visit ID Search ID Type (I EAF 70961), and Tertiary Visit ID Search ID Type (I EAF 70962) fields, enter the ID types for your inpatient, outpatient, and ED register numbers. The order does not matter.

Use a Utility to Update Register Numbers

➡️ **Starting in February 2020**

✪ **November 2019 by SU** E9100141

✪ **August 2019 by SU** E8903872

✪ **May 2019 by SU** E8810205

✪ **February 2019 by SU** E8711351

🌎 This topic applies only to organizations in Canada.

When a patient has an incorrect register number generated, you can use the Register Number Correction Utility to replace the patient's register number and automatically update any charges on the patient's account with the new register number. To run the utility, first contact your Epic representative for help setting up the utility to use the extension you use to generate register numbers. Mention parent SLG 4860139. Then, follow these steps:

1. In Grand Central Administration, go to Utilities > Event Management & Encounter Cleanup > Register Number Correction (in February 2021 and earlier: Tech Support Utilities > Tech Support Cleanup Utilities > Register Number Correction Utility).

2. Choose the appropriate option:

   ○ Generate a register number. Enter a single patient's patient class and CSN.

   ○ Remove a register number. Enter a single patient's CSN.

   ○ Generate register numbers from file. Enter a pipe-delimited (|) text file of patient CSNs, patient class IDs, MRNs, and MRN types. The file should have one CSN, patient class ID, MRN, and MRN type per row. For example, CSN|Patient class ID|MRN|MRN type. The patient class ID value is optional if you enter a file with only CSNs, MRNs, and MRN types (CSN||MRN|MRN type), the utility uses the patient class of the CSN.

   ○ Remove register numbers from file. Enter a text file of patient CSNs and existing register numbers. The file should have one CSN per row and use a pipe delimiter (|) between the CSN and register number.

3. Follow the prompts to finish running the utility.

If you send register numbers to any third parties, use the Clarity extract process to send updated register numbers to those third parties after running the utility. The utility isn't able to update third parties with the patient's new register number. Refer to the Stamp Charges with Register Numbers to Be Extracted to Clarity topic for instructions.

Close Cases from Within Epic
➲ **Starting in August 2019**

🌎 This topic applies only to organizations in Singapore.

Registrars at your organization can specify when a patient case has ended as well as its ending status, which are then communicated to Singapore's national patient accounting system to help determine appropriate billing for the case. Setting up this workflow helps to keep data exchange accurate and efficient across your patient systems. You can add this workflow to any billing activity as well as simulate it in a batch job to potentially save your organization's registrars from having to manually enter every closed patient case.

To set up a workflow to close cases from within Epic, you must add activity 130-Close Case to a billing activity. Refer to the Create or Modify a Billing Activity topic for instructions.

Optionally, set a value for the case end type during batch runs with the new Discharge Disposition mnemonic for batch template 11005-Reg: HAR Nightly Processing. Refer to the Batch Scheduler Setup: Essentials topics for instructions.
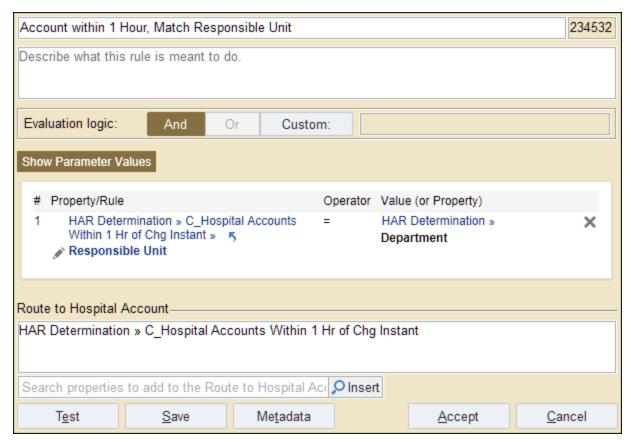
Route Charges to the Correct Hospital Account

🌎 This topic applies only to organizations in Denmark and Finland.

Use rules to route charges onto the correct hospital accounts. You can build a series of rules to compare charges to potential hospital accounts. If the rules find one hospital account that qualifies as the target account, then the system transfers the charges to the correct hospital account automatically. If the rules find multiple hospital

accounts, or cannot find any hospital accounts, that qualify, then the charges move to the error pool and a user must transfer them manually.

First, build a series of rules to compare a hospital account with a charge. For instructions on creating rules, refer to the Create or Edit a Rule topic. These rules must be built in the Hospital Account Determination context. Your organization can decide how to compare hospital accounts and charges. Some examples could include by service dates, responsible departments, and charge instants. Here's an example rule that searches for hospital accounts within one hour of the time of the service where the charge department matches the responsible unit on the hospital account:

A rule such as this one helps ensure that even the time of service is off by a few minutes, the system can still match the charge to a hospital account based on the department performing the procedure. Note that to recreate this rule, you need to create a copy of property 24280-Hospital Accounts from Charge Instant and set the parameter values for Minutes Before and Minutes After to 60. This copied property appears in the image as C_Hospital Accounts Within 1 Hr of Chg Instant.

The following are examples of available properties you can use to determine the correct hospital account for charges:

- Hospital Account with Same Service Date (HFP 5866). Returns the hospital account that includes the date of service for the charge.
- Hospital Accounts from Charge Instant (HFP 24280). Returns all hospital accounts within a range of time specified by the parameters, as well as the service date and time of the charge.
- Responsible Hospital Area (HFP 24251). Returns the ID of the hospital area responsible for a hospital account.
- Contact Type (HFP 2350). Returns the contact type.

After you've created rules, contact your Epic representative to enter the rules into the system. Mention parent SLG 2514041.

Hospital Accounts Setup: Bells & Whistles

In this section, we'll show you more configuration options for hospital accounts. These options also allow for further configuration of the behavior and appearance of hospital accounts.
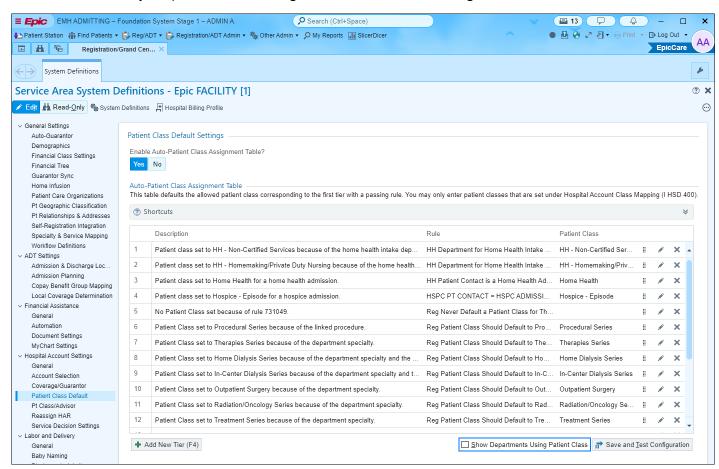
Automatically Assign Patient Classes Through the Auto-Patient Class Assignment Table

⊙ **Starting in August 2024**

Overview

The Patient Class (I EPT 10110) item is used for billing and reporting purposes to classify patient encounters, and it is a very important piece of information for hospital account creation and assignment. Whenever possible, the system should automatically set it before hospital account assignment, because it's often difficult for users to know what the patient class should be when there are multiple options.

You can automatically set patient classes using the Auto-Patient Class Assignment table.

The Auto-Patient Class Assignment table as it is configured in the Foundation System

The Auto-Patient Class Assignment table runs if there is no patient class for the encounter prior to automatic hospital account assignment at check-in or scheduling. It also runs when a user opens the Encounter Guarantor & Coverages section, Hospital Account section, the Destination section, or a copy of any of these in Registration when HB hospital accounts are used. The patient class corresponding to the tier of the first rule that returns true is assigned.

> **Considerations**
>
> Some things to note while considering build:
>
> - The patient class can be blank for a tier; this means that the system will not assign any patient class if the tier is used.
> - The table respects the allowed patient classes for a department or service area. If a patient class isn't allowed, the tier containing it will be skipped.
> - The table can have a blank rule, which means that the patient class for this tier will always be assigned if it's allowed.
> - If there is only one allowed patient class for the department or service area, the table doesn't run and the only allowed patient class is assigned.

If a patient class is assigned by the table, a Registration History event is logged with details about which tier was used to assign it. It can be found by filtering events by Patient or Hospital Account.

You can configure the Auto-Patient Class Assignment table at either the service area or facility level, but the Enable Auto-Patient Class Assignment Table (I EAF 61616) setting and table configuration are inherited independently. For example, at the service area level:

- Setting the Enable Auto-Patient Class Assignment table to Yes enables auto-assignment for the service area. If the table isn't configuration in the service area record, the system uses the facility level table configuration.
- Setting the Enable Auto-Patient Class Assignment table setting to No disables auto-assignment for the service area.
- Leaving the Enable Auto-Patient Class Assignment Table setting blank means that they system looks to that setting in the facility record. If that setting is set to Yes in the facility record and the table is configured in the service area record, that service area table configuration is used. If the setting is set to Yes in the facility record and there is no service-area level table configuration, the system uses table configuration from the facility record.

Configuration

To configure the Auto-Patient Class Assignment table:

1. Open the system definitions for your service area by going to Epic button > Admin > Registration/ADT Admin > System Definitions.
2. Go to the Patient Class Default form.
3. Begin filling out the table. Each row (or tier) of the table can contain the following information:
   - Description (Required) (I EAF 61610) - A description of the situation of when this tier is used. This is useful for troubleshooting problems and is used in the Registration History report.
   - Rule (I EAF 61612)- A patient-level rule that determines if the tier is used. If the rule passes and the patient class is allowed for the encounter, the patient class is assigned. If this column is blank, all encounters use this tier.
   - Patient Class (I EAF 61611) - Patient class to use for the tier. If the patient class is blank, no patient class is assigned for encounters that use this tier even if subsequent tiers pass.
4. When the table is ready for testing, turn on the table by setting the Auto-Patient Class Assignment Table (I

EAF 61616) setting to Yes.

🚀 If your build is similar to the Foundation System, you might benefit from taking a Foundation System Turbocharger package that contains the rules used in the Foundation System Auto-Patient Class Assignment table. This is available to download starting in August 2024 through August 2025. For information about importing this package, refer to the 229943-Rules for Auto Patient Class Table topic.
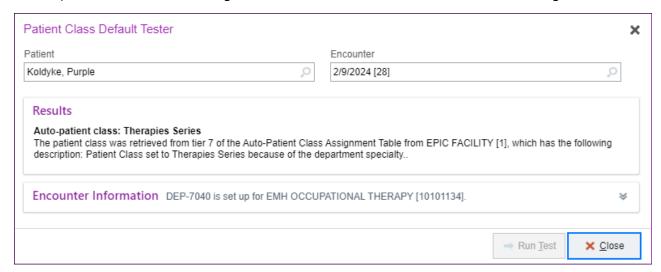
🧙 If you use item default (HDV) records to automatically set the patient class, there is a build wizard to easily convert these item defaults to the Auto-Patient Class assignment table. It converts existing patient class item defaults to tiers in the Auto-Patient Class Assignment table at the facility level by creating rules (CER) that correspond to the item defaults. Some of the migrated item defaults are then deleted, so this Build Wizard is meant to be run only once.

To run the Build Wizard, in Hyperspace, open the Build Wizard (search: Build Wizard) and search for feature 310026-Auto-Patient Class Assignment Table for Auto-HAR (application: Prelude).

Testing

To help test the table, there are two tools on the Patient Class Default form:

- The Show Departments Using Patient Class checkbox - When selected, a pane on the right lets you filter the table by department based on the department's allowed patient classes.

- The Test Configuration button - This opens a test activity where you can enter a patient and contact and see what patient class would be assigned based on the encounter context and table configuration.

The Patient Class Default Tester shows results based on current configuration.

Prevent Admission Hospital Account's Account Class from Overwriting Appointment Patient Class

➲ **Starting in August 2024**

Appointments that occur during admissions are normally related to the admission, so they often need to have the same patient class. Starting in August 2024, the system automatically overwrites the appointment patient class with the admission patient class when they share the same hospital account.

In some cases, though, you might not want this to happen. For example, some organizations use the Inpatient flag (I EPT 35) to determine if the patient class for the appointment should match the patient class of the hospital encounter. So to account for this scenario, you can create a rule that checks that the appointment does not have I EPT 35 set.

So, if you want to prevent the patient class from being overwritten, you can do so with the rule. If the rule returns true, the patient class will not be changed.

1. Determine when the patient class for appointments should be different than an admission on the same hospital account.
2. Create a patient-context rule that captures the situations you identified in step 1. Refer to the Web-Based Rule Editor Setup and Support Guide for more information on creating rules.
3. In Hyperspace, open System Definitions for your service area (Epic > Admin > Reg/ADT Admin > System Definitions).
4. Navigate to the Patient Class Default form.
5. In the Appointment Opt-Out Rule (I EPT 61615) field, enter the rule you created in step 2.

Set Up the Hospital Account Advisor to Work with Third-Party Systems

If your organization uses other systems for billing, you need to keep that in mind as you set up the Hospital Account Advisor.

Show Account IDs Created in Other Systems

Many organizations that use a third-party billing system assign Identity IDs to accounts created in the other system so that Epic software can recognize and work with those accounts. If you use another billing system, you might want users to see the external and the Epic ID for each hospital account. Showing both IDs helps staff understand how different hospital accounts relate to patient encounters and helps staff avoid inaccurately assigning hospital accounts.

Prerequisites
To show external account IDs, you must set up your Hospital Account Advisor to show open, available hospital accounts. Before completing this setup, make sure that your comparison configuration record uses a pass that includes those accounts so that external IDs appear correctly.

Follow these steps to create an ID type to assign to external accounts used by your third-party billing system and set up your Hospital Account Advisor to show these IDs.

1. Refer to the Create the ID Type for External Messages topic in your online documentation for instructions on creating ID types for external accounts. Enter the following information in the appropriate fields:
   - Used by INI: HAR
   - Context: Enterprise
2. Go to Identity Settings (search: Identity Settings).

3. Go to the Master Patient Index Settings form (in August 2019 and prior versions, General Settings form > MPI Table tab).

4. Enter a new line with the following information:

   ○ INI: HAR

   ○ Use Dates?: No

   ○ Default Type: The ID type you created in step 2

5. Click Accept.

6. Go to Epic button > Admin > Registration/ADT Admin > System Definitions and select your service area.

7. Go to the Pt Class/Advisor form. In the Included to Display column of the Advisor Display table, enter Hosp Acct ID [12].

Use Hospital Accounts with Another Billing System

When you use recurring hospital accounts in Epic, the system assigns a parent hospital account to the entire set of encounters. Then, it assigns a child hospital account to smaller groups of encounters within the whole set. Later, billing staff use the child hospital account numbers to distinguish charges that should be billed together.

If you use a third-party billing system, you do not need the system to create child hospital accounts. You should turn off the child hospital accounts.

Follow these steps to prevent the creation of child hospital accounts:

1. Starting in May 2024, open your hospital billing profile (Search: Hospital Billing Profile) and go to the Outpatient Series form under the Recurring Accounts node (Recurring Accounts Configuration form in February 2024 and earlier). In February 2024 and earlier, open your service area's System Definitions profile (search: System Definitions) and go to the Recurring Account Configuration under the Hospital Account Settings node.

2. In the Default cycle type (I HSD 4166) field, enter None - Maintained by other system.

Customize Hospital Account Assignment

This section describes different options to customize the way your hospital accounts are assigned to better fit your needs.

Assign Hospital Accounts at the Location Level

By default, hospital accounts are assigned at the service area level, but you can configure them to be assigned at the location level. You might find this option useful if you want to report on data at the location level.

Considerations
After this field is configured, it cannot be changed. If the setting needs to be changed for testing purposes, contact your Epic representative and mention parent SLG 1021094.

1. In Hyperspace, go to the Hospital Billing Profile and access the ID Assignment form.

   ○ Search: Hospital Billing Profile

   ○ Path: Epic button > Admin > Billing Admin > Hospital Billing Profile

2. In the Required Assignment (I HSD 370) field, enter Location. Note that you can't change this field after it's configured.

Assign Hospital Accounts Across Locations

Hospital accounts are never assigned across service areas, but they can be assigned across locations in the same service area. If you want some locations in a service area to share hospital accounts but not others, you can list locations that are excluded from the group. For example, Location A is a clinic, Location B is a hospital, and Location C is a behavioral health ward in your hospital. You want Locations A and B to able to share hospital accounts, but you don't want Location C sharing hospital accounts with either of the other locations. You can indicate that and take advantage of assigning accounts across locations while still keeping Location C separate.

To assign hospital accounts across locations, you must have them assigned at the location level, as described in the Assign Hospital Accounts at the Location Level topic.

1. In Hyperspace, access your System Definitions and go to the Hospital Account Settings form (Epic button > Admin > Registration/ADT Admin > System Definitions > Hospital Account Settings > General form). In February 2024 and earlier, go to the Hospital Account Settings form.

2. In the Allow assignment of hospital accounts across locations? (I EAF 62610) field, enter 1-Yes.

3. Enter any locations you want to exclude in the Locations to exclude from assignment of hospital accounts across locations (I EAF 62615) field. The locations listed in this setting must align with the locations assigned to HARs. Where parent locations are in use, list the Parent Location. Where parent locations are not in use, list the Revenue Location.

Deactivate Guarantor Accounts Auto-Created During Hospital Account Creation

If a guarantor account needs to be created in order to auto-create a hospital account, the guarantor account can be deactivated immediately. Note that this setting affects all types of hospital account auto-creation.

1. In Hyperspace, access your System Definitions and go to the Coverage/Guarantor form (Epic button > Admin > Registration/ADT Admin > System Definitions > Coverage/Guarantor form).

2. In the Deactivate auto-created guarantors? (I EAF 62455) field, enter the appropriate value.

   - 1-Deactivate Underage. If the patient is underage and the system needs to create a guarantor account, the guarantor account is deactivated immediately. This is the default setting.

   - 2-Deactivate All. All guarantor accounts that are system generated are immediately deactivated.

   - 0-Do Not Deactivate. Guarantor accounts are never deactivated when they are system generated.

Reassign Hospital Accounts at Discharge and at Check-In
➲ Starting in May 2024

To make sure the right hospital account is assigned, the system can reassign the hospital account in the following situations:

1. Future appointments on the admission's hospital account can be automatically reassigned to another hospital account when a user discharges the admission.

2. Appointments can be automatically reassigned to an admission hospital account when a user checks the appointment in.

Reassigning a hospital account is especially useful when auto-assigning hospital accounts at scheduling because a patient's circumstances can change between when an appointment was scheduled and when it was checked in. When a hospital account is reassigned, the system checks to make sure the current hospital account can be

removed from relevant appointments, removes the hospital account, and then re-runs auto-HAR to assign a new one.

> 🧙 Use the Build Wizard in Hyperspace to take advantage of this feature. To get started, open the Build Wizard (search: Build Wizard) and search for feature 319777-Reg Reassign HAR at Discharge and at Check-In (application: Prelude).

To configure these settings manually:

1. In Hyperspace, access your System Definitions and go to the Reassign HAR form (Epic button > Admin > Registration/ADT Admin > System Definitions > Reassign HAR form).

2. In the Reassign Future Appointment HAR at Discharge (I EAF 69020) field, select Yes.

3. In the Appointment Exclusion Rule (I EAF 69021) field, enter a patient-context rule that appointments must pass to avoid hospital account reassignment.

Choosing to reassign hospital accounts at the time of appointment check-in removes the checked-in appointment from the admission hospital account. Automatic hospital account assignment (auto-HAR) then runs on the appointment if it is configured at the service area or department levels. To configure these settings:

1. Go to the Reassign HAR form in System Definitions.

2. In the Reassign Appointment HAR at Check-In (I EAF 69022) field, select Yes.

3. In the Appointment Exclusion Rule (I EAF 69023) field, enter a patient-context rule that appointments must pass to avoid hospital account reassignment.

Assign Hospital Accounts from Past Admissions
⏩ Starting in August 2024

To make sure the right hospital account is assigned if an auto-assign Duplicate Check Configuration (IDC) record failed to find a hospital account to assign, you can configure a rule that appointments must pass for the system to assign a hospital account from a past admission for past appointments. For example, the system checks the rule for a silently scheduled appointment where the patient was already discharged, such as an ECG for a patient admitted in the ED. If the rule is true, the system checks for an overlapping admission with an active hospital account. If a hospital account is found, the hospital account is assigned to the appointment.

To prevent incorrect billing, you can apply stop bill 39 to a past admission hospital account, if it had been configured to do so on System Stop Bill Settings Fields, when a contact is added after the account is billed or after coding/abstracting started.

To configure the rule:

1. In Hyperspace, access your System Definitions and go to the Reassign HAR form (Epic button > Admin > Registration/ADT Admin > System Definitions > Reassign HAR form).

2. In the Rule to Assign Overlapping Admission HAR (I EAF 69030) field, enter the patient-context rule that appointments must pass to assign the admission hospital account to a past appointment.

3. In the patient-context rule, you can access the overlapping admission using the Patient > ADT Ongoing Admission at Encounter Start property.

Keep Recurring Appointments In the Same Hospital Account Series in Sync

To keep recurring appointments in the same hospital account series in sync, you can indicate items that you want to be copied to a new encounter's hospital account when it is added to a recurring series. You can also indicate the items you want added to existing encounters in the recurring series when you make a change to a hospital account in an encounter.

1. In Hyperspace, go to the Recurring Item Copy/Update form.
   a. Starting in May 2024, open your hospital billing profile (search: Hospital Billing Profile).
   b. In February 2024 and earlier, go to Epic button > Admin > Registration/ADT Admin > System Definitions.
2. In the Items to Copy into New Accounts (I HSD 600) field, enter the items you want to copy to the new account from the most recent account of the same recurring series.
3. In the Items to "Update in Open/DNB" (I HSD 610) checkbox, enter the items you want to copy to other open hospital accounts in a series from the account that was most recently accessed in registration.

Assign the Starting Account ID

For a given location or service area, you can select the starting ID created for hospital accounts. For example, if the starting ID is set to 1000, the first HAR created in that location is 1000, followed by 1001, 1002, and so on.

You can also choose the billing context of this ID. For example, if the context is set to HB Only, only HB hospital accounts count upwards from that starting ID. Any PB accounts created in the same location use a different numbering convention. The billing context options are HB Only, PB Only, and Both.

1. In Hyperspace, go to the Hospital Billing Profile and access the ID Assignment form.
   ○ Search: Hospital Billing Profile
   ○ Path: Epic button > Admin > Billing Admin > Hospital Billing Profile
2. For each location, use the table to configure the appropriate Billing System and Starting ID.

Customize Account ID Generation

You can generate hospital account IDs in the format of your choice. This allows you to create IDs with:

- A number prepended or appended to a base ID.
- An ID based on the patient's Medical Record Number.
- An ID generated only for patients with a specific class.

You can also account for separate billing systems in the ID or exclude certain guarantor account types if necessary. This might be useful if you use different hospital account numbering schemes between billing systems, such as Professional Billing and Hospital Billing.

Configuring a custom account ID generation overrides any settings you have in the Account ID Assignment table, as described in the Assign the Starting Account ID topic.

To create IDs in a format like those mentioned or in a different custom format:

1. In Chronicles, access the Extension (LPP) master file and create a copy of extension 16004-Reg HAR ID Customized Generation.
2. On the Parameters screen, configure the parameters as necessary:
   ○ 1-Use MRN? Optional. Enter 1-Yes if you want to base the hospital account ID on the patient's MRN.

This works only if you use numeric MRNs (alphanumeric MRNs do not work). The default value is yes.

- 2-Def. Append Start. Optional. Enter a starting number that should be appended to the end of the hospital account ID. Every time a new hospital account is created, the number is incremented by one if using the patient's MRN as the base number. Otherwise, the same number is appended to each new hospital account. You should enter a value in the third parameter if you are using this parameter. The default starting value is 2000.

- 3-# Append Digits. Optional. Enter the number of digits that should be appended to the end of the hospital account ID. If the length of the number appended is less than this number, zeroes are added in front of the number in the second parameter. This number should not be smaller than the number of digits in the second, fifteenth, sixteenth, or seventeenth parameters. If the number is smaller, the code automatically changes it to the number of digits in the second parameter. The default number of digits is 4.

- 4-Prepend Value. Optional. Enter a number to prepend on all newly generated hospital account IDs. This number cannot begin with zero and it is not incremented. As released, this is turned off.

- 5-Pt. Class Exclusion. Optional. Enter a caret-delimited list of patient class category values surrounded by quotation marks. If a list is entered, only the patients with the specified patient classes have these custom hospital account IDs generated. Other patient classes have hospital account IDs generated using the regular hospital account ID generation logic. As released, this field is left blank, and all patients use the custom hospital account ID generation logic.

- 14-MRN ID Type Override. Optional. Enter the identity ID type to use for MRN lookup if you want to override the normal context-specific Identity ID type used for the MRN. Note that if a patient doesn't have an ID of the type specified, the system uses the Enterprise ID.

- 15-hbAppendStart. Optional. Enter a number to append to the start of each hospital account ID generated for Hospital Billing only. If this parameter is left blank, the system uses the value in the second parameter for Hospital Billing hospital accounts.

- 16-pbAppendStart. Optional. Enter a number to append to the start of each hospital account ID generated for Professional Billing only. If this parameter is left blank, the system uses the value in the second parameter for Professional Billing hospital accounts.

- 17-bothAppendStart. Optional. Enter a number to append to the start of each hospital account ID that is shared by both Hospital Billing and Professional Billing. If this parameter is left blank, the system uses the value in the second parameter for Hospital Billing and Professional Billing hospital accounts.

- 18-Guar Acct Type Excl. Optional. Enter a list of guarantor account types to exclude from being processed by the extension. If the guarantor account uses an account type that you specify in this parameter, the system generates a hospital account ID using the non-MRN-based generation logic. By default, no guarantor account types are excluded from being processed by the extension.

3. In Prelude Text, access the facility system definitions and go to the Facility Level Enterprise Registration Options-1 screen.

4. Enter your copy of extension 16004 in the Hospital Account ID Gen Function (I EAF 64156) field.

Allow Users to Quickly Open Account Activities from Registration Toolbars

You can add buttons to the Encounter Guarantor and Coverages section so that users can quickly open an account

activity while reviewing hospital account information. For example, if registrars frequently need to add an account note to a hospital account, you can create an Account Note button and add it to the toolbar on the Hospital Account History form in Registration.

To add buttons for specific account activities to the hospital account toolbars in Registration for certain user roles, perform the following steps:

1. In Chronicles, create a menu (E2U) record.

2. On the General Information screen, enter the following:

    ○ Menu descriptor: Enter a name for the record.

    ○ Menu type: Item

    ○ Available to Applications: Desktop

3. On the Menu Information screen, enter the title that appears on the button in the Caption and Display Caption fields.

4. On the Item Information screen, enter one of the following activity records in the Activity descriptor field:

    ○ 41004-HB_BILLACT_MODAL_HAR_DIRECT. A button based on this activity record can open any account activity. The user must have Hospital Billing security point 318-May Perform Billing Activities to open the account activity.

    ○ 41017-HB_BILLACT_MODAL_NOTE_OR_BI. A button based on this activity record can open only the Account Note and Billing Indicator account activities. The user does not need security point 318 to open the account activity.

5. On the Run Parameters screen, add the ATM ID parameter and specify an account activity.

6. Add this menu record to menu 15210-REG_MNU_EGCMENU_HARMENU or a copy for all users or just for particular users.

    ○ To add the menu record for all users:

        i. In Chronicles, go to the Menu (E2U) master file and create a copy of menu 15210-REG_MNU_EGCMENU_HARMENU.

        ii. In your copy, set the Overrides Menu Descriptor (I E2U 900) field to REG_MNU_EGCMENU_HARMENU.

        iii. On the Menu Information screen, add the menu record you created in steps 1-5.

    ○ To add the menu record to a user role, refer to the Modify a User's Options on an Existing Menu or Toolbar topic.

Route Charges to the Most Recent Hospital Account for the Current Hospital Account

⮊ **Starting in May 2021**

You can use the Recent Hospital Account properties to find the most recent hospital account in relation to the current hospital account and then route charges to it. To redirect charges directly to the most recent account, you must have the EB Advanced Properties and Columns license, which is included in the standard Hospital Billing and Professional Billing licenses. If you're not sure whether you have this license, contact your Epic representative and mention parent SLG 3550868.

For example, in New York, per the Article 28 guidelines, you need to transfer diagnostic charges from the referred

ambulatory account to an outpatient clinic account. You could route the charges based on the ordering encounter's account, or you could use the Recent Hospital Account properties to identify the outpatient clinic account and route the diagnostic charges to it instead .

You can use a Charge Handler task in the Charge Router to automatically send those charges to the outpatient clinic account. Automatically sending the charges to the correct account prevents denials from New York Medicaid. To transfer the charges to the appropriate hospital account, configure a Single Test action in a task. For full instructions for configuring actions in Charge Handler tasks, refer to the Build Actions in the Charge Handler topic.

Create a Component

Build a component to identify the diagnostic charges that need to be transferred, if one does not already exist.

1. In Hyperspace, create a component (search: Component).
2. Name the component and enter a contact date.
3. In the Record type field, enter Procedures.
4. In the Type of lists field, specify how items should be entered for the component.
5. List the procedures to include in the Inclusions table.
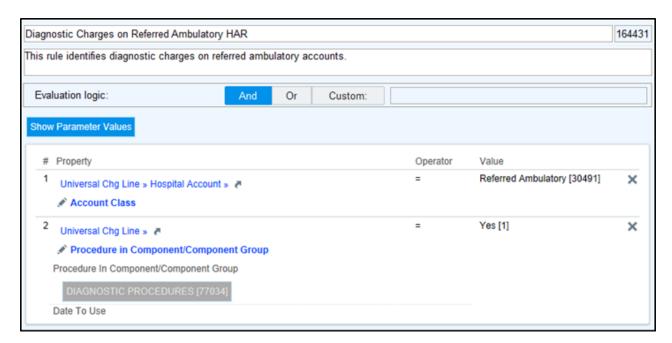6. Click Accept to save the component.

Create the Rules

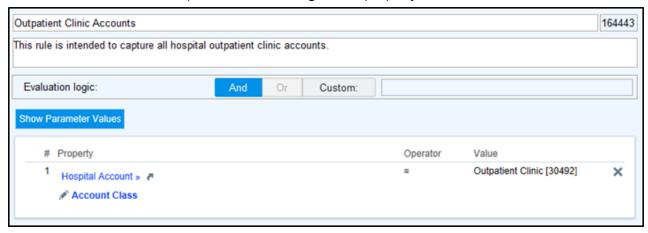Before you configure your task, you need to build three rules:

- A rule to identify diagnostic charges on a referred ambulatory account. This rule uses the component you created.
- A rule to filter outpatient clinic hospital accounts. This rule is used in the Recent Hospital Account property.
- A rule to identify the most recent hospital account.
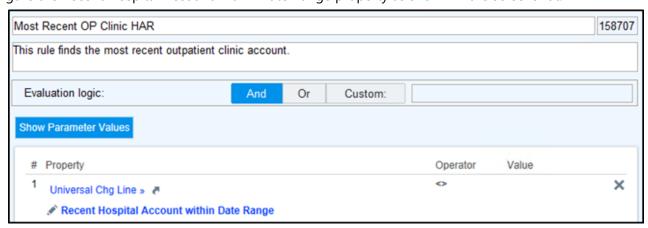
To create your rules:

1. In Hyperspace, go to the Rule Editor (search: Rule Editor).
2. Create a rule with a context of Universal Charge Line.
3. Configure the properties and logic as shown in the screenshot, entering the component you created to catch diagnostic charges in the Procedure in Component/Component Group field.
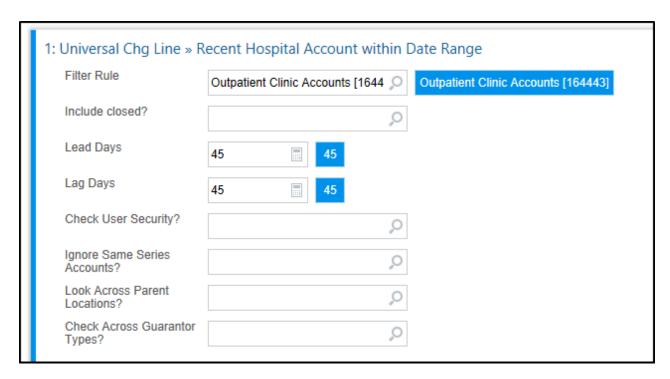
```
Diagnostic Charges on Referred Ambulatory HAR                                    164431
This rule identifies diagnostic charges on referred ambulatory accounts.

Evaluation logic:                    And      Or     Custom:    [                    ]

Show Parameter Values

#   Property                                          Operator    Value
1   Universal Chg Line » Hospital Account » ⤢            =        Referred Ambulatory [30491]   ✕
    ✎ Account Class

2   Universal Chg Line » ⤢                               =        Yes [1]                       ✕
    ✎ Procedure in Component/Component Group
    Procedure In Component/Component Group
    DIAGNOSTIC PROCEDURES [77034]
    Date To Use
```

4. Click Accept.

5. Create a rule with a context of Hospital Account. Configure the property as shown in the screenshot.

```
Outpatient Clinic Accounts                                                       164443
This rule is intended to capture all hospital outpatient clinic accounts.

Evaluation logic:                    And      Or     Custom:    [                    ]

Show Parameter Values

#   Property                                          Operator    Value
1   Hospital Account » ⤢                                =        Outpatient Clinic [30492]     ✕
    ✎ Account Class
```

6. Click Accept.

7. Create a rule with a context of Universal Charge Line.

8. Configure the Recent Hospital Account within Date Range property as shown in the screenshot.

```
Most Recent OP Clinic HAR                                                        158707
This rule finds the most recent outpatient clinic account.

Evaluation logic:                    And      Or     Custom:    [                    ]

Show Parameter Values

#   Property                                          Operator    Value
1   Universal Chg Line » ⤢                              <>                                      ✕
    ✎ Recent Hospital Account within Date Range
```

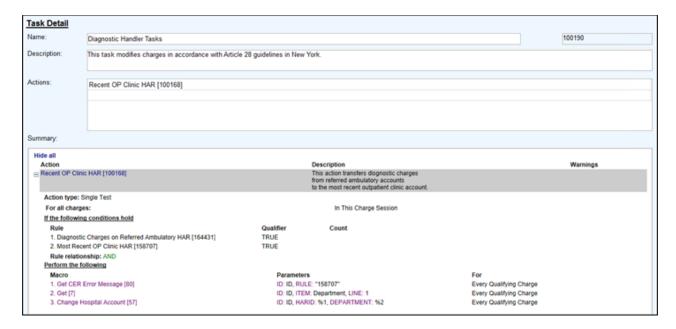9. Enter the filter rule you created in step 5 in the Filter Rule field and fill out the other parameters as needed.

10. Insert the same property in the Error Message as shown below and click Accept.

Configure the Task

Create a task with one action. The action sends the charges to the most recent hospital account.

1. In Hyperspace, open the Charge Router profile where you want to add the task (search: Charge Router Profile).

2. Click Charge Handler and then click Edit so you can edit the list of Charge Handler tasks.

3. Click Add to create a new record.

4. In the Add New Record window, select Task. Enter a name for the task and click Create.

5. If you want the task to be evaluated before other tasks in the list, use the Move up button to move the task up the list.

6. In the Description field, enter a description for the task.

7. With the new task selected, click Add to create the action for the task.

8. In the Add New Record window, select Action. Select 1-Single Test in the Action Type field.

9. Enter a name for the action and click Create.

10. Configure the fields in the task record as shown in the screenshot; the Rule parameter listed for the first macro is the second rule's ID.

Use Hospital Billing Hospital Accounts for Private Pay Billing (U.K.)

🌎 This topic applies only to organizations in the U.K.

You can use Resolute Hospital Billing to bill patients using private pay. This feature requires a license for Resolute Hospital Billing.

1. In Hyperspace, go to Epic button > Admin > Registration/ADT Admin > System Definitions.

2. Go to the Event-Driven Accounts form.

3. Set the Use Spell-level HARs with PAS (I EAF 70976) field to 1-Yes.

4. Complete the setup in the Hospital Account Setup: Essentials section.

Protect Hospital Account Information with Break-the-Glass Checks (Denmark & Finland)

🌎 This topic applies only to organizations in Denmark and Finland.

To better protect sensitive patient and billing information, you can configure Break-the-Glass checks for hospital accounts. We created extension 6559-Check: Use HAR Rule to Evaluate BTG, in which you can specify a Hospital Account-context rule that limits users' access to certain hospital accounts. Then, when a user attempts to access an account in Hospital Account Maintenance and the Break-the-Glass check that uses the extension determines that the user's access might not be appropriate, the Break-the-Glass window appears, prompting the user to clarify why she needs to access the hospital account. If the Break-the-Glass check determines that the hospital account is inappropriate, the hospital account doesn't appear at all in the Account Lookup activity.

This change also applies to other activities in which users can access hospital accounts, such as account workqueues.

First, configure two rules to clarify which hospital accounts are appropriate for users to access and which are inappropriate:

1. In Hyperspace, go to the Rule Editor:
   - Search: Rule Editor
   - Path: Epic button > Tools > Rule Editor Tools > Rule Editor
2. Create a Hospital Account-context rule.
3. Configure the rule to clarify which hospital accounts are appropriate for users to access.
4. Create a second Hospital Account-context rule.
5. Configure the rule to clarify which hospital accounts are inappropriate for users to access.

Apply your rules to Break-the-Glass checks:

1. In Chronicles, access the Extension (LPP) master file and create a copy of extension 6559.
2. Add the first rule you created to parameter 1-Hospital Account Rule.
3. Create a second copy of extension 6559 and add the second rule you create to this extension.
4. In Clinical Administration, go to Security Management > Security Policy Checks (HAC).
5. Create a check for appropriate access to hospital accounts.
6. In the Check extensions to run (I HAC 110) field, enter the first extension you configured.
7. Create a check for inappropriate access to hospital accounts.
8. In the Check extensions to run field, enter the second extension you configured.

For more information about configuring Break-the-Glass checks, refer to the Create Security Policy Checks topic.

Hospital Accounts Support: Common Issues

This section describes some common issues that you might encounter, along with possible solutions for addressing each issue.

Users create duplicate hospital accounts

Solution

You can configure the window to appear when a user creates a record that the system has determined to be a potential duplicate. This window requires that the user enter a reason for creating the duplicate record before proceeding. Refer to the Warn Users About the Creation of Potential Duplicate Patient Records topic for more information on how to configure this window. Run the Identity Events General Report to report on duplicate warning overrides.

Staff don't assign open hospital accounts to visits that occur in the same day.

Sometimes, staff unnecessarily create new hospital accounts for patients that have already had an appointment in the same day. This often occurs because checking out the first appointment discharges the associated hospital account, so staff do not apply new charges to the discharged account later.

Solution

Consider setting up your Hospital Account Advisor to use a pass that includes DNB, or "discharged not billed," in its title. These passes allow the Hospital Account Advisor to look to open hospital accounts as well as hospital accounts that have been discharged, but not yet been billed. If your Hospital Account Advisor uses a DNB pass, front-end staff receive recommendations for potentially appropriate hospital accounts even if the original appointment to which they were linked has been checked out.

A user needs to change the hospital account's guarantor.

Solution

Follow these steps to change the guarantor on a hospital account:

1. Go to the Hospital Account Information form.
2. Click Change Guarantor. The Change Guarantor questionnaire opens.
3. Choose the appropriate guarantor account from the table and click Assign Guarantor.
4. Choose the appropriate coverage for the account. You return to the Hospital Account Information form.
5. If you need to modify filing order of the coverages, do so on the Hospital Account Coverage form.

Hospital Accounts Reporting Index

The following reports and report templates are available for reporting on data related to hospital accounts:

- Reg Verification - Past Week Report (Foundation System report)
- Hospital Account Verification Rate - Past Week (Excluding Today) Report (Foundation System report)
- Reg Verification Report Template