

Provider/Resource (SER)

Master File Setup and Support

Guide

Last Updated: June 11, 2025

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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.

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Provider/Resource (SER) Master File Setup and Support Guide

Physicians order medications for admitted patients. Nurses' credentials appear in the notes they sign. Schedulers select providers, devices, and rooms to make appointments for patients. All of these workflows, and more, rely on the build you're about to complete in the Provider/Resource (SER) master file.

The Provider/Resource (SER) master file contains a record for each caregiver, resource, device, and modality at your organization. These records, also known as SER records, contain demographic, scheduling, billing, ordering, admitting, attending, and other information relevant to a provider or resource.

If you're looking for a setup task related to the Provider master file that isn't included in this guide, refer to setup tasks for related features. For example, to set up provider records so that schedulers can make appointments with your providers in Cadence, refer to the [Provider Schedules Setup and Support Guide](#). Here's a list of common provider-related topics found in your online documentation. Depending on your organization's application mix, you might not need to access information in all of these topics.

- [Provider Schedules Setup and Support Guide](#)
- [Resource Administration and Scheduling Setup and Support Guide](#)
- [E-Prescribing Setup and Support Guide](#)
- [Medications Setup and Support Guide](#)
- [Admission Setup and Support Guide](#)
- [Review the Provider Maintenance Report Template \(Epic 2018 and Later\) or the Unverified Providers Report \(Epic 2017 and Earlier\)](#)
- [Tapestry Shared Configuration Setup and Support Guide](#)

Related topics

You might also be interested in the following related information:

- [Provider and Resource \(SER\) Master File Strategy Handbook](#)
- [SER NPI Workbook.xlsxm](#)
- [SER Fields and Owners.xlsx](#)

Across your organization

Nearly all applications have stake in the Provider/Resource (SER) master file. Here are just a few important ways applications use provider records in the system:

- Cadence: Provider records are necessary for scheduling appointments in the system. Front desk users schedule appointments with both providers and resources (such as rooms and machines) using records in this master file.
- Clinical applications such as EpicCare Ambulatory and EpicCare Inpatient: Provider records help determine the actions credentialed clinical users can take in the system. For example, a physician's provider record determines whether she can authorize medications.
- Grand Central: The provider record controls whether the system considers a clinician as an admitting provider.
- Resolute Professional Billing and Resolute Hospital Billing: The Provider Attributes (PAT) record linked to a clinician's provider record determines whether the billing suites consider the clinician a billing or service provider.

Because the Provider master file affects so many applications, Epic recommends identifying an SER coordinator to manage provider records at your organization. For additional information about beginning your implementation of provider records, refer to the [Provider and Resource \(SER\) Master File Strategy Handbook](#).

In the Foundation System

The Foundation System contains many different types of provider records. You can use the Foundation System as a starting point to see which types of caregiver records you might need to create. By looking at these records in the Foundation Hosted environment, you can get an idea of which fields you need to set to configure specific provider record behavior.

How It Works

The Provider/Resource master file stores data over time, which means that you can change certain pieces of information about a provider as time passes. For example, if a certain provider was a Registered Nurse and later became an MD, you can update that provider's record as of the date their licensure changed.

The following items allow tracking of changes over time:

Name	Item
Contact Serial Number	I SER 8
UCI Community Descriptor	I SER 16
Contact Owner	I SER 19
Clinician Title	I SER 26
Contact Comment	I SER 38
Staff-Resource Name	I SER 1021
Provider Type	I SER 1041
Provider Specialty	I SER 1051
Doctor's Credentials	I SER 1061
Licensure	I SER 6001
Home Health Discipline	I SER 27001
Inpatient Provider Licensure	I SER 34851
Inpatient Provider Discipline	I SER 34901

You update this information by creating a new contact for the record. Because you can update the information in provider records as of a certain date, each provider at your organization should have only a single provider record in the system.

Whenever you create a new contact for a provider record, you're verifying that the provider information is correct as of the contact date. For this reason, you should not create contacts for a record unless you're changing items that are tracked over time.

Unlike patient records, provider records cannot be merged in the system, so be sure to create only one for each of your providers.

When working with the Provider master file, you can find some of the scheduling-specific settings in Hyperspace. However, the majority of the clinical-related settings exist in the text interface.

For more information about the fields and screens you'll see when configuring provider records in Chronicles, refer to the [SER Fields and Owners spreadsheet](#).

Provider Setup: Essentials

In this section, we'll cover how to start using provider records in Epic. This includes what you need to do to define licensures and group them by discipline, make providers available in the system, and design provider-related workflows to match our recommendations.

Define Inpatient Licensures

Licensure information is stored in the provider record. Before you can add inpatient licensures to your provider records, you must enter the licensures in use at your facility in the Inpatient Provider Licensure (I SER 34850) category list. Licensures are used to filter tasks on the Inpatient Work List.

Epic does not reserve any values on the Inpatient Provider Licensure category list. You can begin entering licensures at category value 1 without being concerned that a future release might overwrite your licensures.

1. In Hyperspace, go to Category List Maintenance (search: Category List Maintenance) and open the Inpatient Provider Licensure (I SER 34850) category list.
2. Each entry in the category list defines a licensure. Enter a title for each licensure. For example, create a category list value for MD, Registered Nurse, Certified Dietitian, and any other licensures you need for your organization. You can also enter synonyms and an abbreviation at the appropriate prompts.
 - For synonyms: you can add multiple synonyms per category value, or you might choose not to enter any synonyms at all. For example, you might enter MA and Med Asst as synonyms for Medical Assistant.
 - For abbreviations: the first 12 characters of the title appear by default. You can choose to accept the default abbreviation or enter your own abbreviation, up to 12 characters. For example, you might enter RT as the abbreviation for Respiratory Therapist.



If you need to delete a category value, select the value in the table and click Delete. Keep in mind that you should never delete category values that have been in use because it might cause data integrity problems. Instead, you should deactivate values that you no longer want to use but that have already been in use at your organization. To deactivate a category value, select the value in the table and click Deactivate.

Group Inpatient Licensures by Discipline

Records in the Discipline (LDS) master file are used to group licensures. For example, the Nursing discipline might contain the following licensures: Certified Nursing Assistant, Licensed Practical Nurse, and Registered Nurse. A user's discipline appears throughout Hyperspace and is used to assign tasks and control access to the Care Plan activity. A provider's discipline and licensure are recorded on the Inpatient Provider Information screen in the provider record.



You can use import specification LDS,D,2-Stand Alone Import Specification - LDS to import records into the Discipline (LDS) master file. Refer to the [Standard Import Guide](#) for more information about importing records.

To create disciplines:

1. In Clinical Administration, follow the path Procedures, Scheduling > Disciplines (LDS).
2. At the Discipline prompt, enter the name of the discipline you want to create. For example, enter Nursing. The system automatically assigns an available record ID.
3. On the Discipline Enter/Edit screen, enter the following:
 - Display Name (I LDS 7): Enter a display name. This name appears for the discipline throughout Hyperspace. When this field is left blank, the record name is used.
 - Licensures (I LDS 50): Enter the inpatient licensures that compose the discipline in ascending order of responsibility. For example, enter Certified Nursing Assistant, Licensed Practical Nurse, and Registered Nurse for your Nursing discipline. The clinician with the lowest level of responsibility is assigned to this discipline's tasks, unless otherwise specified in the task template record for the task.
 - Notes (I LDS 100): Use this field to leave notes about this discipline or its configuration. This text is not used anywhere else in the system.
 - Allowable Disciplines for Care Plan Documentation (I LDS 1000): Enter inpatient disciplines that should have the same permissions in the Care Plan activity as this discipline. Users with disciplines entered in this field can edit, resolve, and document on the same groups of care plan problems, goals, and interventions as users who have this discipline.
 - Equivalent Home Health disciplines (I LDS 1100): Enter a value from the Home Health Discipline (I SER 27000) category list, such as Home Health Aid or Hospice, that is equivalent to this discipline. This field is used to assign care plan problems, goals, and interventions to a particular discipline when a patient's care plan is transferred between Inpatient and Home Health. If you map more than one discipline to the same home health discipline, each discipline is attached to care plan records brought forward from Home Health to Inpatient.

Choose an ID Generation Method for Provider Records

Each provider record in your system gets assigned an ID number. You can determine the method the system uses to assign these IDs at the system-level.

Because this setup takes place in the Shared Configuration (HDF) master file, you must contact your Epic representative before completing these steps.

You have the following options for generating IDs for provider records in your system:

- Allow users to enter their own IDs and not allow the system to assign IDs to new records. If you choose this method, we recommend that you have strong recommendations about the ID ranges and formatting that users can choose when assigning IDs to provider records.
- Allow users to create IDs or have the system automatically generate IDs.
- Allow only the system to create and assign IDs to provider records.

The Foundation System allows only the system to create and assign IDs to provider records.

Choose How Provider Names Appear

You can configure whether provider names appear throughout your system in first name last name format (like John Doe) or in last name, first name format (like Doe, John). By default, provider names appear in first name last

name format.

To configure how provider names are shown:

1. In Chronicles, open the Shared Configuration (HDF) master file and edit your compiled configuration.
2. Go to the Facility-Wide Extensions & Flags 2 screen.
3. In the Display format of provider name (I HDF 700) field, choose the format you want to use.

Create a Provider Record

When you first go live on Epic or when new clinicians join your organization, you must create provider records. Each caregiver needs to have a provider record in the system. A system user needs a provider record if any of the following apply:

- She has credentials, a specialty, or a discipline that need to appear in the medical record. In other words, she's a professional caregiver at your organization.
- She needs to appear as a patient's primary care provider (PCP) or a member of the patient's care team.
- She authorizes orders.
- Other clinicians can refer patients to her.
- She can be listed as the encounter provider.
- She needs to document against the goal level of care plans.
- She can appear as the referring provider on orders. Even if the provider isn't part of your organization but refers patients to your organization, she still needs a provider record in Epic.
- Schedulers can make appointments for patients with her.

Resources need a provider record if any of the following apply:

- It needs to be scheduled. This applies to any resource, whether person or non-person (room, equipment, modalities, classes). If the resource is scarce enough that not scheduling it might result in lengthy wait times for patients, that resource needs a SER record.
- It needs information about the specific unit of measure used during the documentation of a surgical case. For example, if your organization must document the specific ESU (electrosurgical unit) used during surgery for legal reasons, you must create an SER record for each ESU at your facility. You do not need SER records when the type of resource is sufficient to meet documentation needs.
- Pool records used in OpTime for pool-based conflict checking. If you use resource type-based conflict checking instead (as Epic recommends), SER records get created for the resource (ORT) records you create automatically. For more information, refer to the [Resource Administration and Scheduling Setup and Support Guide](#).

You have two options when creating provider records. You can either build provider records in a build environment then import them to a production environment using Data Courier or a Content Management ticket, or you can manually create the records. Epic recommends building provider records directly in your production environment. Refer to the [Configure Environments to Maintain the SER Master File](#) topic for more information.

Though you can choose to include more information when creating a provider record (either manually or using the import), we recommend that you at least fill out the following fields:

Item	Value	Description	Required?
Provider Name	Enter the name of the provider you're creating, using the format "Lastname, Firstname" for easier record lookup. For example, Seeger, Marty.	The name you enter here appears to schedulers who make appointments with this provider.	Yes
Provider Type	Enter the provider type of the provider. For example, Physician or Nurse.	This information indicates the type of practitioner the provider is.	No
Provider Specialty	Enter the specialty for the provider. For example, Family Practice or Dermatology.	This information indicates the provider's medical specialty.	No
Ref Src Type	Provider	This value indicates that the resource you're creating is a referral source.	Yes
Status	Active	Setting the provider's status as Active makes the record available for scheduling in Cadence.	Yes
Scheduling Type	Person	This value indicates that the provider record should be treated as a provider and not a resource.	Yes
Department	Enter the departments where schedulers can make appointments with the provider.	Schedulers can make appointments with this provider only in the departments listed in this field. If you do not enter any departments, the provider cannot be scheduled.	No
Location override	In the affected provider's addresses, enter the correct location.	Linked locations can be used to filter results in Provider Finder. The system tries to automatically calculate a location for providers, but if the provider	Only if the value in the Calculated location (I SER 21420) field is not the correct location.

Item	Value	Description	Required?
		should be linked to a different location, you can use Location override to link to a designated location instead.	
Discipline	Enter the discipline for each provider record.	Appears throughout Hyperspace and is used to assign tasks and control access to the Care Plan activity.	Recommended for inpatient providers
Licensure	Enter the licensure for each provider record.	Licensures are used to filter tasks on the Inpatient Work List.	Recommended for inpatient providers
Phone	Phone number	The 2017071 SCRIPT standards require that providers that receive NewRx messages have a phone number.	Required to select the provider as a renewal provider (I ORD 7081).

Formatting Information in Your SER Records

Several features, such as [Outside Provider Messaging Setup and Support Guide](#), allow you to share your SER records with other Epic organizations or non-Epic organizations. These features also bring records into your system. To ensure the provider's information appears correctly in the record and to be a good neighbor in the Epic community, make sure to format provider information in your records consistently. Below are Epic's recommended and required formatting for your SER records. While it takes some work to do this formatting or to clean up existing formatting, you'll see that time back in reduced efforts to remove duplicate SER records and saved time in searching for records.

When entering provider information in these records, consider these two guidelines:

- Use discrete fields for information rather than entering multiple pieces of information in a single field.
- Use guidelines from the United States Postal Service (for organizations in the United States).

The following table describes the required and recommended formatting for various items in SER records. The required items are crucial to aide in duplicate matching for providers and addresses so that they're synchronized and maintained appropriately. The recommended items are beneficial for provider identification and aesthetic reasons.

Item	Formatting Information	Required or Recommended?
Name	Don't put the provider's degree in the record name. Use the discrete credentials items instead. This is both for display purposes and to prevent creation of duplicate records because of name mismatches.	Required
Name	Avoid extra punctuation, for example the period in Jr. or J.T.	Recommended
Middle Initial/Name	Include this information in your records. This extra information makes record selection easier.	Strongly Recommended
Address	<p>Don't put the clinic name in the first line of the address. If you want the clinic name to appear next to the provider's name, use the Practice Name field or display the encounter department in letters.</p> <p>Don't create duplicate provider records for multiple addresses. Enter multiple addresses in the record instead. Remember: One Provider, One Record</p>	Required
Address	Don't put the provider's specialty in the address information. Use the Specialty item instead.	Strongly Recommended
Address	<p>Use abbreviations as recommended by the United States Postal Service, such as AVE or ST or STE instead of Avenue or Street Suite.</p> <p>Capitalize address information</p> <p>Avoid extra punctuation, for example the period in STE. or ST.</p>	Recommended
NPI	Enter an NPI for each provider record.	Required

Create a Provider Record Manually

If you need to create a single provider record, it might be more efficient to create one in the system manually. Before you create a provider record, we recommend searching for the provider in the system to ensure that the record you want doesn't already exist.

Considerations

Remember:

- When you create a record in the Provider and Resource (SER) master file, the system automatically creates a parallel record in the Referral Source (REF) master file. These records are linked.
- If a provider/resource shouldn't be available as a referring provider in Referrals or Authorizations/Certifications, you must mark it as a Non Referral Source.
- You should create a provider (physician, nurse, resident) as a Person, whereas you should denote a resource (room, equipment) as a Resource.
- Make sure to use the appropriate naming and numbering conventions when creating records by hand. If your system is configured to automatically assign IDs, you must override this prompt to use the appropriate convention, manually entering the ID you want to use.
- We recommend entering names in the format "Last name, First name" to make record lookup easier. If you enter record names the opposite way, users have to rely on EnROL to find the records.

Follow these steps to create a provider record from scratch:

1. Access the Provider (SER) master file using one of the following paths:
 - In Hyperspace, Epic button > Admin > Schedule Admin > Master File Edit > Provider
 - Cadence Text > Cadence Management > Provider
 - Clinical Administration > Users, Providers > Providers (SER)
 - Grand Central Text > Master File Maintenance > Providers (SER)
 - Resolute Professional Billing Text > Master File Maintenance > Provider
 - Resolute Hospital Billing Text > Master File Maintenance > Provider
2. At the Provider/Resource prompt, enter the provider's full name in the format Last, First M and press ENTER. You are prompted to create a provider/resource.
 - In Hyperspace, use the Create tab to create an SER record.
3. Enter Yes. Enter an ID or press ENTER to let the system create one.
4. Complete the information for your provider on the appropriate screens, and then exit the record.

Import Provider Information

For additional information about using the import spreadsheet, refer to the [Standard Import Guide](#).

If you need an introduction to using imports, you can watch the following e-learning lessons on the UserWeb in the Technical Topics section:

- [TEC600 Using JXPORT](#)
- [TEC602 Chronicles Imports](#)

There are six steps to importing provider information:

- Create a blank import spreadsheet.
- Enter provider information in the spreadsheet.
- Check for duplicates.

- Create a flat file.
- Upload it to the Epic server.
- Scan and import the text file.

The following sections cover these steps. To successfully import provider information, follow the directions in all sections.

Create a Blank Import Spreadsheet

To create a provider import spreadsheet, use the Excel Import Spreadsheet Generator, also known as JXPORT. JXPORT is a tool that builds correctly formatted import spreadsheets that you can use to move data into Chronicles:

1. In Chronicles, open the Provider/Resource (SER) master file.
2. Follow the path Enter Data > Import/Export Provider/Resources > Create Import Spreadsheet.
3. At the Import/Export prompt, enter template SER,1000-Template - Provider.
4. At the Export file prompt, enter a file path where you want to store the blank spreadsheet. This must be a location on your Epic server. Work with your network administrators to select an appropriate location on your server if you do not already have one.

Your blank import spreadsheet will be saved to the file location you entered in step 4.

Enter Provider Information in the Spreadsheet

Considerations for Importing Multiple Response Items and Related Groups

A provider address consists of multiple data elements, such as street address, city, state, phone, and fax. So Chronicles can keep track of which street address, city, and fax number go together, all of the address items are part of the same related group. You need to take special care when entering related group data into the import spreadsheet. Because a provider might practice at more than one location, each provider record might contain more than one address.

- Multiple response items allow for more than one value for the same item in Chronicles. You can store multiple values in a single cell in the import spreadsheet. Use Alt+Enter to create a new line within a cell. For a multiple response related group, all the values on the same line go together.
- Enter an asterisk (*) for the Address Unique ID item (I SER 21000) to create a new address for a provider. To update an existing address, enter its address unique ID in this field. The easiest way to ensure you correctly specify the Address Unique ID is to export the record. Note that importing an address multiple times using an asterisk for the Address Unique ID item will create duplicate address lines. For example, if you import a new address into an SER record and see an error for an unrelated item, fixing that issue and then reimporting with the same spreadsheet creates duplicate address lines.

Considerations for Contact Dates

We recommend using a contact date for your initial provider import that is at least one year before the start of your implementation. This approach helps ensure that the provider records are available during testing when you use test data in areas such as claims.

1. After you've created your spreadsheet, enter all the necessary information about each provider. You can use the [Provider and Resource \(SER\) Master File Strategy Handbook](#) and the provider-type specific

spreadsheets you get from your Epic representative to determine which fields you must set to create certain types of providers (such as authorizing providers or residents). If a blueprint exists with the values that a provider needs, you can enter the blueprint's ID in field 33-Apply Blueprint to apply that blueprint upon import. Refer to the [Create a Provider Blueprint](#) topic for more information about blueprints.

2. Sort your spreadsheet so you can easily locate any duplicate provider entries, and delete any duplicative rows. Because Epic currently doesn't support merging provider records, it's important that you eliminate all duplicate records before adding them to the system to avoid manual clean up later.

Create a Text File and Upload It to the Epic Server

After your import spreadsheet is final, use it to create a text file that you can upload to the appropriate Epic server. Follow the steps in the [Prepare a Flat File for Import](#) topic to install the Epic Export Macro and create a text file to import.

If you're applying blueprints with your import and want the blueprints to overwrite existing values that conflict with the blueprint, open your text file and enter "##BLUEPRINTOVERRIDE=1" on the first line.

Import Provider Records Your Own Way with an Override Import Specification

Override import specifications allow you to change the behavior of the import process or modify the information you import to Chronicles. With an override import specification, you can customize an import specification (usually Epic-released) with settings specific to your organization. When working with override import specifications, you need to change only those settings that you want to update. The override inherits all other settings from the template you base it on. The settings you don't override continue to behave like they do in the original template, and these unaltered settings even inherit Epic's later updates.



If you're thinking of using an override import specification, ask your Epic representative whether it's the best option to meet your needs. They can also help you review and test your build.

We recommend that you use an override import specification only if:

- Your organization uses custom SER items that you want to include in your imports.
- Your organization wants to include standard SER items in your imports that aren't in the standard SER,1000 import specification.
- You're implementing Epic for the first time. Before you're live, you can use an override import specification customized to not create new contacts each time you run the import. New contacts are typically not needed before you're live. In the Foundation System, this is accomplished with override import specification SER,1000-SER Modify Last Contact.

For more information about how to set up your own Override Import Specification, refer to the [Edit an Import Specification](#) topic.

Scan and Import the File

After you've uploaded your text file to the Epic server, you can check it for errors and import the providers using import specification SER,1000-Template-Provider or a custom override of that import specification.

You should know that scanning does not run all pre- and post-processing extension records and therefore doesn't catch all possible errors, so you might still identify errors during import that the scan didn't identify. However, performing the scan can help you quickly eliminate some import errors.

Complete the steps in the [Scan the Flat File Before Import](#) topic and then [Import Your File Using Text](#).

The Foundation System uses an override import specification so that imports update the most recent contact for a provider record, rather than creating a new contact. If you use the standard import specification, a new contact gets created for provider records each time you perform an import.

Import Provider Attributes

The Provider Attributes (PAT) master file houses information about whether providers in your SER master file are eligible to be service providers or billing providers. This additional information is linked to the provider's SER record and can change over time. You can help ensure that billing proceeds as expected with the necessary data by maintaining the Provider Attributes master file through manual updates or an import spreadsheet. You must configure service and billing provider attributes whether you use Resolute Professional Billing, Resolute Hospital Billing, or an outgoing charge interface.

If you have a small number of provider attribute updates to make, we recommend you do so manually.

You can create and edit effective dates in text on the Provider Effective Dates and Attributes screen in the associated SER record. Press F6 to edit a contact or press F7 to create a contact. When you edit or create a contact, you are leaving the SER record and going to the PAT record.

EPIC USER INITIAL DEPARTMENT	DELBLD/ACW Provider Master File	Date: 7/16/2024 Time: 1:37 PM
Staff/Resource: CONNELL, MEGAN - 800320		
Provider Effective Dates and Attributes		
<u>Service provider effective dates active contacts:</u>		
1. 06/25/2024 to - Yes		
<u>Billing provider effective dates active contacts:</u>		
1. 06/25/2024 to - Yes		
 <hr/> [F6-Jump to Contact, F7-Select/New Contact]		

Starting in August 2024, provider attributes can be defined and edited in Hyperspace using the Provider Attributes Editor. Like the effective dates, this information is also saved in a linked PAT record. Note that this does not apply to Billing and Service Provider permissions. Those items are editable via Text or an SER import.

This is the effective contact since 6/14/2024

Contact Status
ACTIVE [0]

Contact Comment

Attributes Assignment Grid

Use the below grid to specify the criteria a transaction must meet to get stamped with corresponding attributes. When a transaction matches the criteria in multiple rows, this order of specificity will be used: Bill Area, Place of Service, Department, Location, Service Area (from

Category Attributes	Free Text Attributes	Both	Bill Area	Place of Service	Department	Location	Service Area	Provider Suffix	Category Attr 1	Category Attr 2	Category Attr 3	Free Text Attr 1	Free Text Attr 2	Free Text Attr 3
1							WI PRAIRIE BL...					WI PB		
2							WI HARBOR BL...					WI HB		
3														

Buttons: Insert (F4) | Delete (Shift+F4) | Move Up | Move Down

If you have a large number of updates to make, you can update PAT records with the standard SER,1000 import specification (you need to export a blank template of SER,1000 to include SER fields that get imported as PAT items). For additional information about this import, refer to the [Import Provider Information](#) topic. Starting in May 2025, you can use SER import spec SER,1020 to export the PAT master file.

Because each PAT record is linked to a SER record, you can use a provider import spreadsheet. You can set up a spreadsheet to meet either of the following two goals:

- Add PAT information to a new SER record when importing it for the first time.
- Add PAT information to existing SER records. When importing PAT data using an import spreadsheet, data in the spreadsheet overwrites any previously populated data on the PAT record.

The field numbers for the provider attribute related items are not the actual SER or PAT items where the data is imported, which differs from most other master files. The following table shows which field IDs in the SER import specification correspond to which PAT items to assist you in identifying which PAT items you are populating in the spreadsheet. These fields have associated programming to take the imported values and store the data in the appropriate item in the PAT record.

SER,1000 Field ID and Name	PAT Item and Name
1920-sp info dt from	20-Service Provider - Effective From Date
1921-sp info isspp?	90-Service Provider - Service Provider?
1922-sp info exc sa	101-Service Provider - Service Area
1923-sp info exc loc	102-Service Provider - Location
1924-sp info exc dep	103-Service Provider - Department
1925-sp info exc pos	104-Service Provider - Place of Service
1926-sp cont active	32-Service Provider - Contact Active
1927-sp pat comment	33-Service Provider - Contact Comment
1930-bp date from	20-Billing Provider - Effective From Date

SER,1000 Field ID and Name	PAT Item and Name
1931-bp info isbp?	201-Billing Provider - Billing Provider?
1932-bp bill under	202-Billing Provider - Bill Under
1933-bp info exc sa	301-Billing Provider - Service Area
1934-bp info exc loc	302-Billing Provider - Location
1935-bp info exc dep	303-Billing Provider - Department
1936-bp info exc pos	304-Billing Provider - Place of Service
1937-bp info ex ptyp	305-Billing Provider - POS Type
1938-bp info exc pyr	307-Billing Provider - Payor
1939-bp info exc fc	306-Billing Provider - Financial Class
1940-bp info exc bu	308-Billing Provider - Exception Bill Under
1941-bp info exc bill sys	309-Billing Provider - Billing System
1942-bp cont active	32-Billing Provider - Contact Active
1943-bp pat comment	33-Billing Provider - Contact Comment
1950-prov date from	20-Provider Attribute - Effective From Date
1951-p attr sa	401-Provider Attribute - Service Area
1952-p attr loc	402-Provider Attribute - Location
1953-p attr dep	403-Provider Attribute - Department
1954-p attr pos	404-Provider Attribute - Place of Service
1955-p attr suff	405-Provider Attribute - Provider Suffix
1956-p attr attr1	406-Provider Attribute - Attribute 1
1957-p attr attr2	407-Provider Attribute - Attribute 2
1958-p attr attr3	408-Provider Attribute - Attribute 3
1959-p attr cont active	32-Provider Attribute - Contact Active
1960-p attr pat comment	33-Provider Attribute - Contact Comment
1961-p attr ft attr1 (Starting in August 2024)	409-Provider Attribute – Free Text Attribute 1
1962-p attr ft attr2 (Starting in August 2024)	410-Provider Attribute – Free Text Attribute 2
1963-p attr ft attr3 (Starting in August 2024)	411-Provider Attribute – Free Text Attribute 3
1964-p attr ba (Starting in August 2024)	412-Provider Attribute – Bill Area

When you update PAT items in your spreadsheet, information about which contact the import should update is required. You can create or update a service provider, billing provider, and provider attribute contact from the same import spreadsheet row. Use fields 1920-1927 for the service provider information, 1930-1943 for the billing provider information, and fields 1951-1960 for the provider attribute information.

Import fields 1920, 1930, and 1950 are the effective from dates for service providers, billing providers, and provider attributes. They all correspond to the Contact Date (I PAT 20) item.

The contact type is stored in the Contact Type (I PAT 31) item. The contact type is set automatically based on whether you set field 1920 (contact type 1-Service Provider Attributes in PAT item 31), 1930 (contact type 2-Billing Provider Attributes in PAT item 31), or 1950 (contact type 3-Provider Attributes in PAT item 31). Because any given contact is for just one type, if you want to specify attributes for a service provider, billing provider, and provider attributes, the system creates three contacts. These contacts could be all on the same day or could be on different days depending on the effective from date you want to set for the contact. For example, if you want to update Billing Provider (I PAT 201) and only enter data in field 1931, the import does not change any data because field 1930 was not included to provide context about which contact to update.

The following fields cannot contain entries on the same line. For example, you must either enter the restriction as a service area, location, or department, but not more than one of the restriction types:

- 1922-1924 (service provider service area, location, and department)
- 1933-1935 (billing provider service area, location, and department)
- 1936-1937 (billing provider place of service and POS type)
- 1938-1939 (billing provider payer and financial class)
- 1951-1953, 1964 (provider attribute service area, location, department, and bill area)

To enter restrictions referencing multiple levels of the facility structure, payer/financial class or place of service/POS type combinations, use forward-slash delimiters to enter those restrictions on different lines in the PAT restrictions table. In the following example, service area 1 is the restriction on line 1, and fields 1923 and 1924 do not list a restriction in the first forward-slash delimited piece. For the second forward-slash delimited piece, service area and department are empty, but the location listed is 10. For the third forward-slash delimited piece, service area and location are empty, but the department listed is 1126. This will result in three lines imported into the service provider attribute contact. Line 1 will be restricted to service area 1, line 2 restricted to location 10, and line 3 restricted to department 1126.

149	150	151
1922	1923	1924
sp info exc sa	sp info exc loc	sp info exc dep
		sp exc
<input type="button" value="▼"/>	<input type="button" value="▼"/>	<input type="button" value="▼"/>
1//	/10/	//1126

Create a Provider Blueprint

Provider Blueprints allow you to quickly apply predetermined sets of values to provider records either from Hyperspace or as part of an import. Creating a blueprint works similarly to importing provider information, which involves filling out a spreadsheet with which values the blueprint should apply to which items. After you've imported the blueprint, it's available to use for assigning values to a provider in that role. For example, if your organization has updated which settings an outpatient physician should have, users can select the affected providers from a report and apply a blueprint with updated values to all of their records in a matter of clicks.

The screenshot shows the 'AMBULATORY PHYSICIAN TEMPLATE' configuration screen. A modal window titled 'Applying to 11 providers' lists ten providers: ALPERS, BILL [802053], JOHN CARTER [532], EVANS,PAUL [854003], GALLAGHER, JESSICA [850494], HENRIKSEN,NOAH L [114804], KRUEGER, NICK [850491], KNUDTSON,AMANDA [800389], LIN,HENRY JHANG [5355003], O'CONNOR,HEATHER [19256], ROBINSON,SARAH [162], and STEVENS, JANICE [850495]. The 'Basic Information' section includes fields for Clinician title, Status, Provider type, Supervising provider?, and Searchable in Provider Finder?. The 'Departments' section lists Ambulatory. The 'Results Routing' section shows Results recipient type: Both Outpatient and Inpatient [1] and Receive clinical update messages directly: No [0]. At the bottom are 'Apply' and 'Cancel' buttons.

To begin using Provider Blueprints, you must create a blueprint for a given role. Before creating any blueprints, consider which roles have many consistent settings and also require a lot of maintenance, whether from frequent updates or from frequent hires for that role. Blueprints for these roles are the most effective in reducing provider maintenance work at your organization because they can repeatedly be used in place of more time-consuming setup options. For organizations first adopting Provider Blueprints, we recommend starting with only a few blueprints. Assigning a blueprint to automatically apply to provider records created through Provider on the Fly is a simple way to pilot this feature without too much initial investment. Refer to the [Configure a Provider on the Fly Blueprint](#) topic for instructions to enable this specific use case.

Epic recommends creating one blueprint per role instead of creating generalized blueprints meant to be combined because we expect specific blueprints to be simpler to maintain. For example, if you want to create a blueprint to use for pediatric surgeons, create a blueprint with all of the values a pediatric surgeon should have instead of creating blueprints for a general internal provider, a pediatrician, and a surgeon that when used together give all of the values a pediatric surgeon should have.

In the Foundation System

The Foundation System includes provider blueprints for all of the provider types included in the SER Blueprints Workbook, including inpatient, outpatient, and specialty provider types. Your Epic representative provides you with the most up-to-date copy of the SER Blueprints Workbook early in the build phase.

In the Foundation System, providers created using Provider on the Fly use blueprint B10024-Referring Physician, which is specified in the Provider on the Fly Blueprint (I HDF 3074) field in the Shared Configuration master file. For more information on using blueprints for providers created with Provider on the Fly, refer to the [Configure a Provider on the Fly Blueprint](#) topic.

The Foundation System includes a blueprint that can update values that often need to be changed when a provider leaves your organization. You can log in to the Foundation Hosted Environment and review blueprint B10089-Departing Provider for an example of a blueprint meant for provider offboarding. For more information about offboarding providers, refer to the [Manage Providers Who Leave Your Organization](#) topic.

Oftentimes, departing providers end up practicing elsewhere. In these scenarios, we recommend setting up their SER as an external referral provider using the B10024-Referring Physician blueprint. When a provider is no longer practicing, we recommend using the B10089-Departing Provider blueprint to signify they are inactive.

For more information on applying blueprints, see the [Apply a Blueprint](#) topic.

Familiarize yourself with how blueprints work. Then, to create a blueprint, you design and import a spreadsheet.

Understand How Blueprint Values Are Applied

Understanding when a blueprint's values can be applied should guide your decision-making as you design a blueprint. Review the following conditions and scenarios before designing your first blueprint:

- Certain items can't be set with a blueprint. For example, Staff/Resource Name (I SER .2) can't be set with a blueprint because we don't expect any need for an identical value for this item to be applied quickly to many providers. Review the [SER Fields and Owners](#) document to see which items are enabled for blueprints.
- When you apply a blueprint, the system attempts to set every item included in the import spreadsheet used to create that blueprint and only those items. By default, items with existing values in a provider record aren't overwritten by the values in the blueprint.
 - Users can't pick and choose which of the items from the blueprint they want to apply. For example, if a user wants to apply only 80% of the items from the blueprint to a set of providers, she must apply the blueprint as is and edit the records afterwards. When evaluating which items to include in a blueprint, include only items with values that you expect to be kept in the majority of cases.
 - If you complete the optional setup in the [Enable Blueprints to Overwrite Values](#) topic, users can select whether a blueprint overwrites or skips existing values, but the same choice applies to all existing values for a provider record. For example, if a user applies a blueprint to a record that has existing values for three of the items included in the blueprint, she can choose to overwrite those three values, in which case all of the blueprint's values are applied to the record, or she can choose to skip those three values, in which case all of the blueprint's values except the values for those three items are applied to the record. The user can't choose to overwrite two of the existing values but skip the remaining one, but in this case she could overwrite all three values and then manually enter the original value for the item she wanted to skip. If you expect an item to regularly have an existing value, you might want to omit it from the blueprint so that a user doesn't need to regularly

overwrite all existing values to apply it.

- With overwriting enabled, you can include an item with a null value in a blueprint to clear existing settings from the respective item. For example, if anesthesiologists at your organization should never have any e-prescribing privileges, you can include Service Level (I SER 8401) in your blueprint with a null value so any service levels are cleared from the record when a user applies the anesthesiologist blueprint.
- Even with overwriting enabled, a blueprint never overwrites existing values for items that aren't included in the blueprint.
- You can purposely omit null values from a blueprint so that the provider's existing settings for that item are maintained. For example, if a provider's communication options aren't limited by their role at your organization, you might want to omit Preferred Communication Method (I SER 8350) when you create your blueprint so that if a provider already has a preferred communication method listed, a user won't have to go back and re-add the preferred communication method after applying the blueprint.

Refer to the table below for a sample of the process of creating and applying a blueprint. If a user applies the blueprint without overwriting values, the Allowed Services and Hospitalist? items are set on the provider record. The Provider Type and Service Level items are not set because the provider record already has existing values for them. If the user applies the blueprint with overwriting values, the Allowed Services, Provider Type, E-prescribing Provider, Service Level, and Hospitalist? items are set on the provider record. Values for the Is a Place and Language items aren't applied in either scenario because they aren't included in the blueprint.

Item	Blueprint	Provider Record	Provider Record Without Overwrite	Provider Record with Overwrite
Allowed Services (I SER 801)	Surgery, Internal Medicine		Surgery, Internal Medicine	Surgery, Internal Medicine
Is a Place (I SER 1036)				
Provider Type (I SER 1041)	Anesthesiologist	Outpatient Physician	Outpatient Physician	Anesthesiologist
Language (I SER 1350)		English, French	English, French	English, French
E-prescribing Provider (I SER 8400)	No	Yes	Yes	No
Service Level (I SER 8401)	<null>	New Order, Refill Request/Response, Cancel Order/Request	New Order, Refill Request/Response, Cancel Order/Request	
Hospitalist? (I SER 34910)	Yes		Yes	Yes

Note the null value included in the blueprint for the Service Level item. In the scenario where the blueprint is applied with overwrite, both the Is a Place and Service Level items end up with null values but for different reasons:

- Is a Place is null because it was null on the provider record and the blueprint didn't try to set any value for it.
- Service Level is null because that's the value that the blueprint applied to the provider record.

Design a Blueprint SER Record

Blueprints are powerful tools that can change many values across many records with only a few clicks. Accordingly, you should carefully design your blueprints so that you can get the most out of this tool by applying only the values you know are correct for a role.

Create your designs in a spreadsheet. To set up a spreadsheet to use for blueprint SER records:

1. Obtain an import spreadsheet using one of the following methods. For additional information about using the import spreadsheet, refer to the [Standard Import Guide](#).
 - Create a blank import spreadsheet from Chronicles in the SER master file using import specification SER,1000.
 - Use the Excel Import Spreadsheet Generator, also known as JXPORT with import specification SER,1000.

- Use the shared provider settings spreadsheets that your Epic representative provided at your initial install if you've maintained them.
2. In your spreadsheet, enter the values you want to include in the blueprint.
 - You must set the Type of Staff/Resource (I SER 30) item to 4-Blueprint. This indicates that the provider record is a blueprint and not an actual provider.
 - If you're entering values for a multiple response item, use Alt+Enter to create a new line within a cell.
 - For a multiple response related group, all the values on the same line go together.
 3. Create a text file that you can upload to the appropriate Epic server. Follow the steps in the [Prepare a Flat File for Import](#) topic to install the Epic Export Macro and create a text file to import.

Import a Blueprint

After you've uploaded your text file to the Epic server, check it for errors and import the blueprint using import specification SER,1000-Template-Provider.

Complete the steps in the [Scan the Flat File Before Import](#) topic and then those in the [Import Your File Using Text](#) topic.

Scanning does not run all pre- and post-processing extension records and therefore doesn't catch all possible errors, so you might still identify errors during import that the scan didn't identify. However, performing the scan can help you quickly eliminate some import errors.

After you've completed the steps in the topics above, verify that the blueprint is available in Hyperspace with your intended settings. To do so:

1. In Hyperspace, open your Report Library (search: Library) and create a new report from the Provider Maintenance report template. Set the Type of staff/resource criterion to return only 4-Blueprint, and then run the report.
2. Select the blueprint from among the search results. The Blueprint Summary appears in the bottom pane. If the bottom pane doesn't appear, click the arrow along the bottom of the activity.
3. Review the values listed in the Blueprint Summary and verify that they match what you intended.
4. If you want to verify which items the blueprint attempts to set when applied, check the blueprint's ID from the report results, and then open it in Record Viewer (search: Record Viewer) using the following specifications:
 - INI: SER
 - Record ID: [your blueprint ID]
 - Contact: 1
 - Item range: 3810:3810



Why item 3810? When you import a blueprint, Blueprint Items (I SER 3810) stores information about all the items included in that blueprint. For example, you can look at this item to see whether you imported a null value for a specific item or just didn't include that item in the blueprint.

Export a Blueprint

Starting in May 2025

Blueprint records can be exported using the SER,1010 export specification. Once exported, they can be edited for new or existing items and then imported using the SER,1000 import specification to apply those changes to the environment. When exporting blueprint records, you can find errors in the Errors tab which explain how to fix the SER record so that you can import it. For more information on creating an export spreadsheet, refer to the [Use Export to Generate an Import Spreadsheet](#) topic.

Update a Blueprint

When you update a blueprint, the values you added appear in their respective items in the blueprint record and the values in the Blueprint Items (I SER 3810) field are updated to reflect your changes. For future reference, values you removed remain in their respective items in the blueprint record. Because items are not set by a blueprint unless they're included in the Blueprint Items field on that blueprint, applying the updated blueprint applies values for the added and existing items, and doesn't apply values for removed items. By keeping the values in removed items, you can see how the blueprint applied them in the past in case you need to audit a change.

To update a blueprint, follow the steps in the Design a Blueprint and Import a Blueprint sections above. You need to list all of the items that you want the blueprint to set, not just the items you want to update, as well as your blueprint's ID in the ID (I SER .1) field. For example, if your original blueprint includes 40 items with values, and you want to update only two of those items, you should still include all 40 items in the import instead of only the two that you're updating. By including all items, you update the two items with new values and preserve the remaining 38 values, instead of updating the two values and removing the remaining 38 values. The easiest way to make sure that your updated blueprint imports contain all the items and values that your existing blueprints do is to [export](#) the blueprint you want to update, edit that export file, and then re-import it instead of starting from a blank spreadsheet.

Note that updating a blueprint does not automatically update any provider records to which that blueprint was previously applied. If it's appropriate to update those provider records with the updated blueprint's values, you must reapply the blueprint to all of them. Refer to the [Apply a Blueprint](#) topic for instructions.

Apply a Blueprint

You can use blueprints to quickly apply a predetermined set of values to a provider or providers instead of running imports or manually updating item values. Before you apply a blueprint, your organization must have created its own blueprints by following the instructions in the [Create a Provider Blueprint](#) topic. You should also familiarize yourself with the logic used for setting item values when a blueprint is applied so that you can pick the right blueprint for your needs. Refer to the Understand How Blueprint Values Are Applied section in the same topic for a summary of this logic.

Apply a Blueprint to a Single Provider

Applying a blueprint to a single provider can be useful if a provider at your organization is moving to a different area. To apply a blueprint to a single provider:

1. In Hyperspace, create or open a provider in the Provider Editor (search: Provider).
2. In the toolbar at the top of the activity, click Apply Blueprint. The Provider Blueprints window opens.
3. Search for the appropriate blueprint in the field at the top of the window. After you select one, the Blueprint Summary appears, which shows the values that the selected blueprint applies.
4. Review the values in the Blueprint Summary and determine whether they're right for your provider. To see a full list of values, click the Show detailed view link in the upper right of the summary. You might have to expand some of the sections to see which values are configured in each.

- After you've determined that the values are appropriate for that provider, click Apply and review your results.
 - If the blueprint has been successfully applied, click Close.
 - If there are existing values on the provider record that conflict with the values the blueprint is trying to apply, the Results Summary appears with a list of the value conflicts. In this scenario, you can:
 - Click Continue. The blueprint applies its values that don't have conflicts and skips those that do.
 - Select the Overwrite existing data in destination records check box and click Continue. The blueprint applies all of its values to the provider, overwriting any existing values that conflict with them. This option is available only if you've completed the setup in the [Enable Blueprints to Overwrite Values](#) topic.
 - Click Jump to Error Report to further investigate why the blueprint couldn't be fully applied. No values on the provider record are set.
 - If there are errors that prevent the blueprint from being applied, the Results Summary appears with a list of these errors. Click Jump to Error Report to further investigate why the blueprint couldn't be applied.

Apply a Blueprint to Multiple Providers

Applying a blueprint to multiple providers can be useful if you're onboarding multiple providers who are starting in the same role. You can apply a blueprint with an import by referring to the instructions in the [Import Provider information](#) topic and entering the blueprint in field 33-Applied Blueprint (I SER 3800). To apply a blueprint to multiple providers without using an import:

- In Hyperspace, run a report created from the Provider Maintenance template. Create a new report from this template if you don't already have one. Your report should contain providers to which you want to apply a blueprint.
- In the report, select the providers to which you want to apply a blueprint and then click Apply Blueprint. The Provider Blueprints window opens.
- Use the tooltip below the search field to verify you've selected the intended number of providers. To double-check which providers are included in that count, click the information icon next to the tooltip to see a list of selected providers. Note that this list isn't available if you've selected over 100 provider records.
- Search for the appropriate blueprint in the field at the top of the window. After you select one, the Blueprint Summary appears, which shows the values that the selected blueprint applies.
- Review the values in the Blueprint Summary and determine whether they're right for your provider. To see a full list of values, click the Show detailed view link in the upper right of the summary. You might have to expand some of the sections to see which values are configured in each.
- After you've determined that the values are appropriate for the selected providers, click Apply and review your results:
 - Providers in the green Successful group have had all of the blueprint's values successfully applied to them.
 - Providers in the yellow Warnings group can have some of the blueprint's values applied to them, but there are also existing values on those records that conflict with the blueprint's values. For these providers, you can:
 - Click Continue. The blueprint applies its values that don't have conflicts and skips those that do.

- Select the Overwrite existing data in destination records check box and click Continue. The blueprint applies all of its values to the provider, overwriting any existing values that conflict with them. This option is available only if you've completed the setup in the [Enable Blueprints to Overwrite Values](#) topic.
- Click Jump to Error Report to further investigate why the blueprint couldn't be fully applied. No values on the provider record are set.
- Providers in the red Skipped group can't have the blueprint's values applied to them. You can click Jump to Error Report to further investigate why the blueprint couldn't be applied.

Enable Blueprints to Overwrite Values

You can give users the option when applying a blueprint to overwrite existing values on the provider record that conflict with values the blueprint is trying to apply. By default, the system prevents users from overwriting values with a blueprint so that intentionally set values aren't accidentally deleted. However, there might be times when it is appropriate for a user to remove existing values that conflict with those a blueprint has, and doing so through blueprint application is much quicker than manually updating the same values. For example, if a provider is switching to a different role within your organization, you can overwrite their current specialty, department, and so on with the values appropriate for their new role. If overwriting isn't enabled, the blueprint can't change these values.

To enable users to overwrite values with a blueprint:

1. In Chronicles, open the Shared Configuration (HDF) master file and edit record 1-Compiled Configuration.
2. Go to the Provider-related Setup screen.
3. In the Allow Blueprint Overwrite (I HDF 3075) field, enter Yes.

Configure a Provider on the Fly Blueprint

If most or all of the providers that users at your organization create with [Provider on the Fly](#) have some of the same values, assigning a blueprint to automatically apply these values to providers created with Provider on the Fly can save users time. To configure such a blueprint:

1. Create a blueprint with appropriate values for providers created with Provider on the Fly. Refer to the [Create a Provider Blueprint](#) topic for additional instructions.
2. In Chronicles, open the Shared Configuration (HDF) master file and edit your compiled configuration.
3. Go to the Provider-related Setup screen.
4. In the Provider on the Fly Blueprint (I HDF 3074) field, enter the blueprint you created in step 1.
 - a. In the Foundation System, blueprint B10024-Referring Physician is specified in this field.

Note that this configuration doesn't apply to the External Directory.

Add a Blueprint to Provider Records Created from AP Claims Workqueues

 Starting in November 2023

If most or all of the providers that users at your organization create on the fly from AP Claims Workqueues have some of the same values, assigning a blueprint to automatically apply these values to providers created from AP Claims Workqueues can save users time. Refer to the [Create Providers, Vendors, and Places of Service on the Fly](#) topic for more information about creating provider records from AP Claims Workqueues. To apply a blueprint to provider records created from AP Claims Workqueues:

1. Create a blueprint with appropriate values for providers created from AP Claims Workqueues. Refer to the [Create a Provider Blueprint](#) topic for additional instructions.
2. In Chronicles, open the Shared Configuration (HDF) master file and edit your compiled configuration.
3. Go to the Provider-Related Setup screen.
4. In the Tapestry Provider on the Fly Blueprint (I HDF 3079) field, enter the blueprint you created in step 1.

Configure an External Directory Blueprint

If most or all of the provider records that users at your organization create from the external directory have some of the same values, assigning a blueprint to automatically apply these values to provider records created from the external directory can save users time. To configure such a blueprint:

1. Create a blueprint with appropriate values for providers created from the external directory. Refer to the [Create a Provider Blueprint](#) topic for additional instructions. Epic recommends setting the following items in your blueprint:
 - Internal or External (I SER 190): External
 - Deficiency Tracking? (I SER 561): No
 - Provider Type (I SER 1041): Physician
 - Encounter Supervising Provider? (I SER 1082): Yes
 - Orders Authorizing Provider? (I SER 8220): Yes
 - Searchable in Provider Finder? (I SER 26005): Yes
 - Inpatient Ordering Provider? (I SER 34920): No
 - Outpatient Ordering Provider? (I SER 34921): Yes
2. In Clinical Administration, select Management Options > Complete Configuration (HDF) and open your compiled configuration.
3. Go to the Provider-Related Setup screen.
4. In the External Directory Blueprint (I HDF 3076) field, enter the blueprint you created in step 1.

Create and Apply Login Provider Blueprints

 Starting in August 2025

 May 25 by SU E11401915, E11401916, and E11401917

Your provider might hold multiple roles, such as a Certified Registered Nurse Practitioner (CRNP) who also works a couple days a week as a Registered Nurse (RN). Login provider blueprints allow providers to log in as their role for the day, automatically applying the correct blueprint instead of requiring an administrator to manually apply a blueprint each time a provider needs to switch roles. This saves time for both providers and administrators, reducing delays and allowing providers to focus on their work.

Login provider blueprints and provider blueprints cannot be used interchangeably. For example, a login provider blueprint cannot be applied in the Provider Edit activity and provider blueprints cannot be applied at login. When attached to a linked template, login provider blueprints can apply these items to the provider (SER) record linked to a user record:

- I SER 26-Clinician Title OT
- I SER 1041-Provider Type OT

- I SER 1061-Doctor's Credentials OT
- I SER 6001-Licensure OT
- I SER 34851-Inpatient Provider Licensure OT
- I SER 34901-Inpatient Provider Discipline OT

If you are interested in turning on this feature, contact your Epic representative and mention SLG 9763703. You might be a good candidate if:

- You maintain provider SER records in Production instead of POC, which is the Epic recommendation.
- You have providers with multiple roles.
- You do not currently use Job Categories (EJCs) for users.

Create a Resource Record

You create SER records to represent the rooms, devices, and other schedulable resources in your organization. As with provider records, we recommend that you import your resource records into Epic. This method helps you efficiently handle the number of records during your initial import and provides you with a sustainable maintenance process.

Use an import spreadsheet to import resources into Epic. For instructions on the import process, refer to the [Create a Provider Record](#) section of this guide.

To create a basic resource record, you must fill out the following fields:

Item	Import Field	Value	Description	Required Field?
Provider Name	2	Enter the name of the resource you're creating. For example, EMC CT.	The name you enter here appears to schedulers who make appointments with this resource.	Yes
Provider Type	1040	Resource	Entering this information lets the system know this record represents a resource (as opposed to a provider or nurse).	No
Ref Source Type	45	Non Referral Source	This value indicates that the resource you're creating isn't a referral source.	Yes
Status	35	Active	Setting the resource record's status as Active makes it available for scheduling in Cadence.	Yes
Type of resource	30	Resource	This value indicates that the provider record should be treated as a resource and not a provider.	Yes
Departments	40	Enter the departments where schedulers can make appointments with the resource.	Schedulers can make appointments with this resource only in the departments listed in this field. If you do not enter any departments, the resource cannot be scheduled.	No

Determine Who Can Access the Provider Editor Activity

Depending on your Epic version and how you set up your security classes, you have different options for how you determine which users can access the Provider Editor and which forms they can view or edit.

- Starting in November 2024, you can use Provider Maintenance security classes, which let you assign security points to view or edit specific forms within the Provider Editor. Provider Maintenance security classes can be applied in the Default Provider Maintenance Security Class (I EMP 19400) field in the Provider Maintenance form of User Security by users with Admin security point 400-User Security - Provider Maintenance. For users without a Provider Maintenance security class, the system allows access

based on application-specific security points used in earlier versions. For information about assigning Provider Maintenance security classes, refer to the [Give Staff Access to Only Specific Forms in the Provider Editor](#) topic.

- In August 2024 and earlier versions, various forms in the Provider Editor are available based on application-specific security points. For information about restricting access to the Provider Editor with application-specific security, refer to the [Restrict Access to the Edit Provider Activity](#) topic.

Give Staff Access to Only Specific Forms in the Provider Editor

 Starting in November 2024

! When you're assigning security to users who didn't previously have a Provider Maintenance security class, it's important to ensure you fully account for your users' workflows so you don't inadvertently remove access that staff need when you assign their Provider Maintenance security classes. Your provider maintenance and security teams should work together to review users' workflows and current security as you determine how to assign security classes. Contact your Epic representative and mention SLG 9993718 to have them run a search to find users that are accessing Provider Editor today.

Staff in various roles across your organization use the Provider Editor, but most of them need to use only specific forms in the activity, and some might need to view but not edit the forms they use. With Provider Maintenance security classes, you can give staff access only to the forms they need for their workflows, and you can control whether a user can edit or only view a section of the Provider Editor. Doing this helps ensure staff don't inadvertently interact with the wrong forms, prevents them from seeing information they don't need, and reduces clutter so they can more easily find the information they're looking for.

For example, Sky is a home health supervisor who uses the Department and Blocks forms for maintaining provider schedules. They also need to see information in other forms, such as Demographics and Languages. If they didn't have a Provider Maintenance security class, they could see and edit these forms and others that aren't related to their role. Because they have a Provider Maintenance security class with the relevant security points, when they open Provider Maintenance, they see only the forms that are relevant to their workflows, and they can edit only the Department and Blocks forms.

The system respects the application-specific security points for a user without a Provider Maintenance security class. Staff with a Provider Maintenance security class must have security points for each form they need for their workflows. If a user has a Provider Maintenance security class, application-specific security points might still be needed for other activities.

The following forms can also be opened as standalone activities. These standalone activities require the same security as the corresponding forms within the Provider Editor:

- Provider Enrollment table, as described in the [Give Users Security to Update Provider Enrollment](#) topic.
- Tapestry Provider Editor

Your provider maintenance and security teams should work together to assign Provider Maintenance security classes to users based on which forms of the Provider Editor activity they need to access. Use the Security Class Editor activity in Hyperdrive to create, copy and modify Provider Maintenance security classes as needed.

- Review your workflows and user security to determine which users to assign Provider Maintenance security classes to and which security points to include for each security class.

- To get started, you can review users in the Foundation System and their attached linkable templates that have Provider Maintenance security classes. To find them, search for user (EMP) records that meet all of the following conditions:
 - They have a Type (I EMP 75) value of 2-Linkable Template.
 - Their Default Provider Maintenance Security Class (I EMP 19400) field is not blank and is set to any value other than 19411-Provider Maintenance No Access Security.
- Create and assign security classes. You can use the following Epic-released security classes as a starting point:
 - 6501-Provider Maintenance HIM Analyst Security
 - 10002-Provider Maintenance OpTime Decentralized Mode Security
 - 19410-Provider Maintenance Administrator
 - 19413-Provider Maintenance View Only Security
 - 19414-Provider Maintenance Clinic Manager Security
 - 19415-Provider Maintenance Patient Access Administrator Security
 - 19416-Provider Maintenance Ancillary Clinical Security
 - 19417-Provider Maintenance Procedure Administrator Security
 - 19418-Provider Maintenance Marketing Manager Security
 - 19419-Provider Maintenance Referrals Administrator Security
 - 19420-Provider Maintenance Home Health Security
 - 42027-Provider Maintenance Tapestry View Only Security
 - 42034-Provider Maintenance Tapestry Administrator Security
 - 32003-Provider Maintenance MyChart Security

If a user should not have access to the Provider Editor, assign them security class 19411-Provider Maintenance No Access Security to prevent them from accessing the activity. If you don't assign them a Provider Maintenance security class, the system continues to respect the application security.

Restrict Access to the Edit Provider Activity

August 2024 and Earlier

If you maintain SER in production, the Cadence Edit Provider activity is available to users who have Chronicles security for the SER master file. To restrict access to the Edit Provider activity for users such as template managers who should not be allowed to edit provider records, change those users' Chronicles security for the SER master file on the Chronicles form in the User Security activity. Enter SER in the INI column and enter the security class that controls the user's access to that master file in the Security Class column. To give users no access to the SER master file, enter SER in the INI column and leave the Security Class column blank. Making this security change does not affect users' access to Provider on the Fly, which is controlled by Shared security points.

In the example below, a user has view-only access for the SER master file but has administrator access without delete database for all other master files.

Chronicles Security

Default Security Class

CHRONICLES PROJECT TEAM ANALYST [2591490001] 

Security class overrides by master file

INI	Security Class
1 SER	CHRONICLES VIEW ONLY [100013]
2	

Allow Users to Create and Edit Provider Records on the Fly

To reduce the impact on your SER coordinator and keep your Provider (SER) master file current, Epic recommends that you use the Provider on the Fly feature. This feature allows schedulers and other users to create a record on the spot for providers who aren't yet represented in the system.

For example, a patient might come in with a referral from an external provider with whom your organization hasn't interacted in the past. The registrar can enter the provider information using Provider on the Fly, and then a manager can follow up with the provider later to enter the provider's information in the Provider master file. Then, the next time a patient has a referral from that provider, they are available for selection in the system.

Prerequisites

Before using the Provider on the Fly feature, Epic recommends that you set up provider duplicate checking in the system. Because end users can create provider records after you enable this feature, it's best to have the system run duplicate checks on these new records to make sure users aren't creating copies of existing records.

Refer to the [Find Duplicate Provider Records](#) topic for more information.

Considerations

You can use Provider on the Fly separately from the external provider directory, which is part of the Outside Provider Messaging feature. Both of these features automatically create provider (SER) records and you use reports built from the [Provider Maintenance report template](#) to manage these new records, but you can use each feature separately.

To set up the Provider on the Fly feature to match Epic's recommendations:

- [Determine how the system generates IDs for provider records](#) created with Provider on the Fly.
- Give users security to use the feature.
- Create an item profile to control the behavior of the items on the Provider Edit window. Epic recommends that you require National Provider Identifier (NPI) and fax numbers for providers to reduce errors and prevent duplicate records. Otherwise, you might make another field required or read-only for users creating or updating provider records in Hyperspace.

- Consider adding a blueprint that automatically sets consistent values for provider records created through Provider on the Fly. We configured the Foundation System to use blueprint B10024-Referring Physician when users create Provider on the Fly records.
- Remind SER maintenance staff to mark provider records as Verified after they've fully built the record in Chronicles. When a SER maintenance staff member marks a provider record as Verified, she's indicating that the information in the record is accurate as of the current date.
- Show users whether a provider has been verified when they're deciding which provider record to select. Displaying this information helps users choose the most up-to-date provider record if they have a choice between two similar options.

At a minimum, you must give users security for the Provider on the Fly feature to use it.

Give Users Security to Use Provider on the Fly

1. In Security Class Editor (search: Security Class Editor), open the Shared security classification used by staff members who should have access to create and edit provider records on the fly.
2. Add one or more of the following security points to the list of allowed security points for the security classification:
 - 1-Create new provider on the fly. Allows users to create new provider records on the fly.
 - 2-Edit provider on the fly. Allows user to edit all provider information on the fly.
 - 3-Limited edit provider on the fly. Allows users to edit only comments and fields in the "Effective as of" section for providers on the fly.
 - 4-View provider on the fly. Allows users to view provider information on the fly.
 - 206-Edit Provider Procedure Privileges on the Fly. Allows users to edit provider procedure privileges on the fly. Users must also have Shared security point 1-Create new provider on the fly, 2-Edit provider on the fly, or 3-Limited edit provider on the fly as a prerequisite.
 - 211-Edit Provider Medication Privileges on the Fly. Allows users to edit provider medication authorizing privileges and DEA number on the fly. Users must also have Shared security point 1-Create new provider on the fly, 2-Edit provider on the fly, or 3-Limited edit provider on the fly as a prerequisite.
3. Accept out to save your changes.

To give users full access to the Provider on the Fly feature as recommended, you must give them security points 1, 2, and 4.

Access to the Edit NPI button is controlled by the user's Identity MPI security for the Provider (SER) master file. For additional information about MPI security, refer to the [Epic Security Point Dictionary.xlsx](#).

Access to individual Provider on the Fly items can be controlled by the item profiles. For additional information about item profiles, refer to the [Managing Item Profiles](#) topic.

Make Users Search for a Provider Before Creating One

To minimize the potential for creating duplicate providers, you can configure the system to force end users to search for a provider record before they can create one.

1. In Chronicles, open your Shared configuration (HDF) record.
2. On the Facility-Wide Extensions & Flags screen, enter 0-No in the Allow new provider without find? field. This action disables the New button until users search for a provider record.
Note that you can also leave this field blank and the system behaves as if you entered 0-No.

3. Press SHIFT + F7 to exit the record.

Create an Item Profile for Provider Edit Window

1. In Hyperspace, open the Item Profile Editor (search: Item Profile Editor).
2. In the Activity field, enter 514-Provider Edit and click Search to check for any existing item profiles that apply to the Provider Edit window.
The Foundation System uses item profile 188-EAN: Name History to make the provider name history appear as read-only.
3. In the INI field, enter SER.
The system stores all of the information on the Provider Edit window in the Provider (SER) master file.
4. Specify the item or group of items (called a mnemonic) that you want to profile. For example, you might want to set a profile for the NPI field.
5. In the Rule field, you can specify a rule that determines when the item profile is used.
6. In the Value field, enter how the item or mnemonic you selected appears to the user.
Epic recommends using 2-Recommended rather than 1-Required for items that you want users to fill out.
By recommending rather than requiring items, you encourage users to enter the information you want without preventing them from completing their workflow.
7. Specify the level of the facility structure at which you want to use the item profile.
Options include:
 - Facility
 - Service Area
 - Location
 - Department
 - Security Class
8. Click Add New.

Configure Starting Values for Providers Created with Provider on the Fly

If most or all of the providers that users at your organization create with Provider on the Fly have some of the same values, assigning a blueprint to automatically apply these values to providers created with Provider on the Fly can save users time. Refer to the [Configure a Provider on the Fly Blueprint](#) topic for instructions.

Check for Duplicate Providers Created in Provider on the Fly Using a Comparison Configuration

Provider on the Fly can be used to create new provider records or locate existing provider records. A user might click Provider on the Fly to look up a provider and fail to find the provider they are searching for. They can then click New to create a new provider record without leaving the current activity. You can configure the system to use a comparison configuration to perform a duplicate check when a user clicks New.

If you want to increase the likelihood of finding duplicates, you can also require users to fill in additional fields in the Provider on the Fly window. For more information on making these fields required, refer to the [Item Defaults and Profiles](#) topic.

The following steps explain how to use the standard comparison configuration, 71-Provider Comparison Configuration, to identify duplicate providers. The Foundation System uses this configuration to meet the needs of most organizations, but if you need to design your own comparison configuration record with custom criteria for duplicate checking because of a particular requirement at your organization, refer to the [Customize Provider](#)

[Duplicate Checking](#) topic.

1. In Hyperspace, open Default Comparison Settings (search: Default Comparison Settings).
2. In the Configuration Type column, add a line for 9-Provider.
3. In the Default IDC record column on the same row, enter 71-Provider Comparison Configuration.
4. Click Accept to save your changes.

Scope Out Unverified Providers with the Provider Maintenance Report Template

The provider records that the system creates when generating outgoing provider messages and that users create in Provider on the Fly are unverified at first. You need to work through all the unverified providers to verify those that are legitimate, update the ones that are incomplete or flawed so they can be verified, and soft-delete the ones that are duplicates or otherwise inappropriate to adopt in your system. You can use reports built from the [Provider Maintenance report template](#) report for this task.

Set Reminders to Mark Provider Records as Verified

When your organization uses the Provider on the Fly feature, Epic recommends that you verify provider records after they've been created or edited by end users. You can help SER maintenance staff remember to verify the provider records they work with by prompting them to verify the record before exiting.

Note that SER maintenance staff only receive these reminders when editing provider records in the text interface.

1. In Chronicles, open the Shared Configuration (HDF) master file and go to Enter Data > Create/Edit Configuration.
2. Open shared configuration 1.
3. On the Facility-Wide Extensions & Flags screen, enter Yes in the Verification for provider record? field.
4. Press SHIFT+F7 to exit the configuration and save your changes.

Show Users Whether a Provider Record Is Verified

By showing users which provider records have been verified by SER maintenance staff, you guide users toward the most accurate information. Epic includes a Verified? column on all standardly released Provider Selection windows so that clinicians and other users in the system can see which records have been validated by your SER team.

If you have custom configurations for your Provider Selection windows, we recommend that you add the Verified? column (which references the Verified (I SER 6) item).

Create Providers with Orders Authorizing Privileges from Imaging Workflows

To grant orders authorizing privileges to providers created on the fly in Ancillary Orders or Verify Orders, complete the following steps:

1. In Chronicles, open shared configuration record 1.
2. On the Provider-related setup screen, enter 1-Imaging Ancillary Order Entry in the Provider on the Fly order workflows field.

Create Providers with Orders Authorizing Privileges from the Providers Form

Perform these steps to allow transcriptionists to create orders-authorizing providers from the Providers form while transcribing orders.

1. In Clinical Administration, go to Management Options > Complete Configuration (HDF) and open your system-wide configuration.

2. Go to the Provider-related Setup screen.
3. In the Provider on the Fly order workflows (I HDF 3060) field, enter Orders Provider Form - Procedure Authorizing. If you also want users to be able to create providers when ordering medications, also enter Orders Provider Form- Medication Authorizing.

Create Providers with Orders Authorizing Privileges from Requisition Entry

To give lab users access to create orders authorizing providers from Requisition Entry, complete these steps:

1. In Clinical Administration, go to Management Options > Complete Configuration (HDF) and open your compiled configuration.
2. Go to the Provider-related Setup screen.
3. In the Provider on the Fly order workflows (I HDF 3060) field, enter Requisition Entry.

Prepare Records for Use with Outgoing Provider Messaging

If you are using external provider directories in the [Outside Provider Messaging Setup and Support Guide](#) feature, there are a few tasks you can do to ensure that your records work effectively in the new feature.

Choose an ID Generation Method for Provider Records

Refer to the [Choose an ID Generation Method for Provider Records](#) topic for details on setting ID generation.

Automatically Generate IDs for New Providers

Refer to the [Automatically Generate IDs for New Providers](#) topic for details on automatic MPI ID generation.

Scope Out Unverified Providers with the Provider Maintenance Report

The provider records that the system creates when generating outgoing provider messages and that users create in Provider on the Fly are unverified at first. It is best practice to review all unverified providers to verify those that are legitimate, update the ones that are incomplete or flawed so they can be verified, and soft-delete the ones that are duplicates or otherwise inappropriate to adopt in your system. The [Provider Maintenance](#) report is the optimal worklist for this task.

The Provider Maintenance report's default summary report includes print group [63402-RW SER Duplicate Results](#), which uses comparison configuration 76-Povider Comparison Configuration (Include Soft Deleted) to check for duplicate providers starting in May 2022 and comparison configuration 71-Provider Comparison Configuration in earlier versions. If this configuration does not meet your organization's needs for duplicate provider checking, you can also customize how the print group evaluates duplicates. To do so, begin by following the instructions in the [Design a Custom Search for Provider Duplicates](#) topic. Then, you need to create a custom report summary that includes a copy of print group 63402 customized to use your comparison configuration:

1. In Chronicles, access the Print Group (LPG) master file and duplicate print group 63402.
2. In your new print group, on the Parameters screen, enter your custom comparison configuration that you created above in the Duplicate Configuration Record parameter.
3. Access the Reports (LRP) master file and open or create your copy of report 63400-AC SER Provider Maintenance Info.
4. In your report, on the fifth Report Definition screen, replace print group 63402 in the Report Print Groups (Rich Text) columns with the print group you created in step 1.
5. In Hyperspace, access the Report Settings window for Reporting Workbench report template 19045-

Provider Maintenance.

6. On the Display tab, enter your report from step 3 in the Detailed View field.

If you use Data Courier or Content Management with the Provider and Resources (SER) master file, you need to take additional steps to use Data Courier with the Provider Maintenance report. Refer to the [Set Up Data Courier to Support Maintaining Providers in the Production Environment](#) topic for more information.

Find Duplicate Provider Records

To make provider selection easier for users, it's important to eliminate duplicate provider records from your system. Each provider that your organization works with should have only one provider record in the system. This makes choosing the right provider easier for users and saves space in the database.

Before you import any provider records, we recommend that you perform a duplicate checking pass on the spreadsheet you use. This step helps ensure that your imports don't introduce duplicate records into the system. After your import, you can follow the steps in this section to complete more duplicate checking in the system. Refer to the [Build Strategies](#) section of the Provider and Resource (SER) Master File Strategy Handbook for more help with preventing duplicates during your import.

If your organization uses the Provider on the Fly feature or allows users to create provider records in Hyperspace, we recommend configuring duplicate checking within Epic as well using reports built from the [Provider Maintenance report template](#) and [Duplicate Providers report](#).

The system requires two pieces of build to accurately search for duplicates:

- You need a batch job in your reporting or shadow environment to determine which records to compare using the comparison configuration record.
- You need to run the Duplicate Providers report to see the results of the batch job.

These tasks assume you are using the default comparison configuration, 71-Provider Comparison Configuration, to identify duplicate providers. These records look at information such as office phone, fax, and address, specialty, credentials, and practice name. If you want to design your own duplicate checking, refer to the [Customize Provider Duplicate Checking](#) topic.

Set Up a Duplicate Checking Batch Job

You must complete the following setup in your reporting or shadow environment to have the system periodically check for duplicates automatically:

- Create a batch job.
- Create a batch.
- Create a batch run.

Refer to the [Batch Scheduler Setup: Essentials](#) topic for step-by-step instructions.

When creating your batch job, use the standard batch template [7200-Generic Duplicate Record Search](#) and modify it for use with the Provider/Resource (SER) master file. You must set the following mnemonics to indicate your search applies to only provider records:

Mnemonic	Value
Duration	0 This indicates the number of minutes to run the search. Enter 0 to run the search until complete.
Config Type	9 This indicates that you want to use a comparison configuration of the type 9-Providers.
Configuration	ID of your comparison configuration record For example, enter 71 to use the recommended provider comparison configuration. To include soft deleted records, you can also use 76.
Records	R This indicates that you want to search through all the records in the master file

Run the Duplicate Providers Report

Starting in Epic 2018, we recommend using a report built from the [19045-Provider Maintenance](#) template in Reporting Workbench to do all of your provider maintenance. To create a report that returns a list of potential duplicate providers, select the Duplicate batch job result criterion.

Configure Environments to Maintain the SER Master File

There are two methods for maintaining your provider (SER) records in Epic:

- Maintain SER records directly in the production (PRD) environment.
- Build SER records in a build (POC) environment and send them to Production using Data Courier or a Content Management ticket.

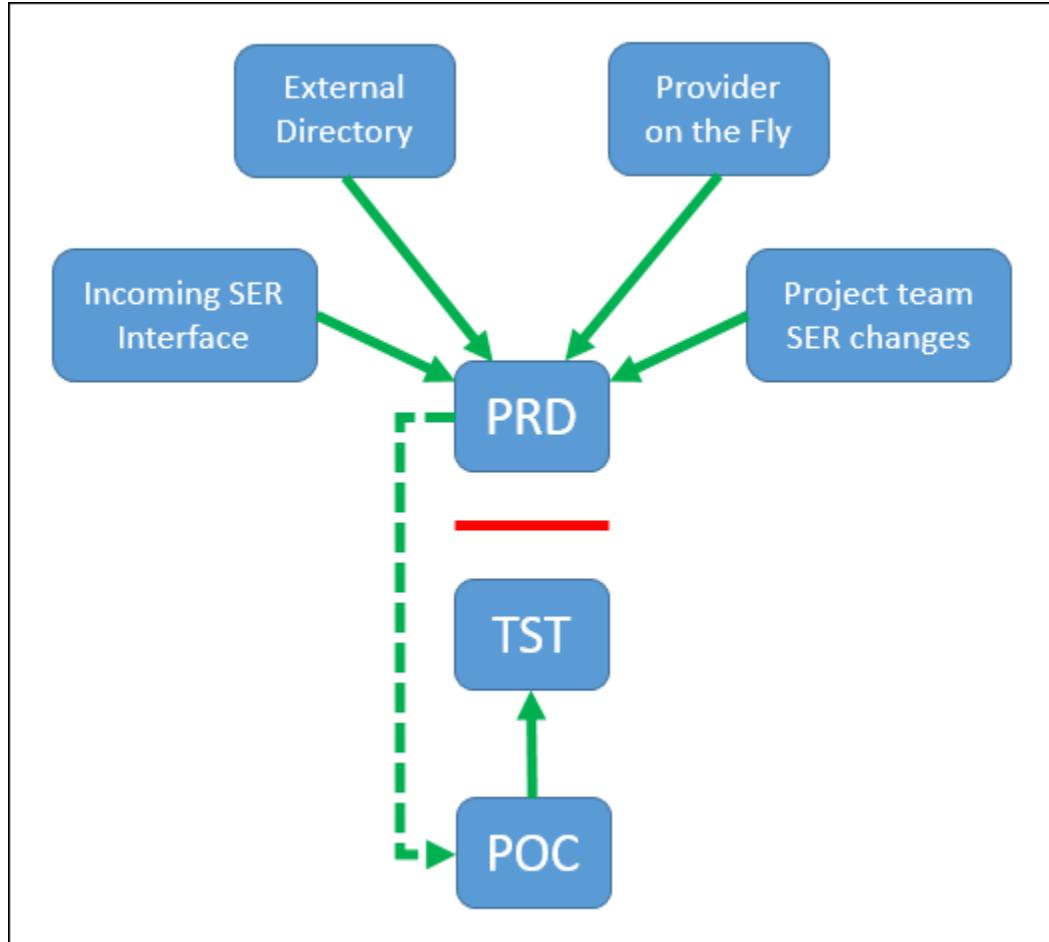
For provider SER records, Epic recommends the first method of maintaining records in the production environment. With numerous sources for provider maintenance input, maintaining the SER master file in production allows end users, the SER project team, and automated systems to make changes to the same records so that you don't have to reconcile different versions of the same provider records. Maintaining records in your production environment also means changes to provider records take effect immediately, saving your organization time and resources by not having to file the changes across environments for them to take effect. Finally, some items must be maintained in a production environment, such as Direct Address Mixed Case (I SER 21161) and other Care Everywhere items.

For non-provider SER records, such as blueprints and resources, Epic recommends the second method of maintaining records in a build (POC) environment and sending to production (PRD) as needed.

We recommend that your organization's Data Courier, provider maintenance, and Security teams are all involved in deciding which method to use. The Data Courier team should own the process of setting up either method.

To use our recommendations for handling provider maintenance in your production environment:

- Enable changes to be made directly to SER data in your production environment.
- Prevent build environments from filing SER data to your production environment. You can configure your system to allow Provider Blueprints to be sent to production environments from build environments while still preventing actual provider data from being changed by build environments.
- Enable the [Provider Maintenance Report](#) to file provider build to a build environment.



If you choose the second method of maintaining the SER master file in build environments and using Data Courier to file that build to production, which is the method you might be more familiar with due to using it for most other master files, complete the Data Courier setup for SER as you would for those other master files by locking down SER in PRD and allowing sending from a build environment and filing into PRD.

If you plan to maintain provider SER records in PRD but need to maintain resource SER records in POC, contact your Epic representative and mention parent SLG 4663627 to implement additional guardrails for this approach.

For more information about SER maintenance recommendations, refer to the [Choosing an Environment Maintenance Strategy](#) topic.

Update Production Settings So That Changes Can Occur Directly in Production

When you choose to maintain SER in production, all items in the SER, PAT, and PIN master files must not be item protected so that changes can occur directly in production. This is done by configuring Data Courier item protection settings in production. For more information about setting up item protection, refer to the [Configure Data Courier Item Protection Settings](#) topic. Apply the steps in that topic to the SER master file to complete this task.

Prevent Provider Master File Changes from Filing to Production

To protect the SER master file from unwanted changes from other environments when in a production maintenance model, you must update your SER Data Courier settings so that Data Courier cannot file changes to the SER master file in a production environment. Work with your Data Courier team to complete the following setup:



The Before file INI-level programming point uses the override EGC paradigm. In this paradigm, the system first looks to the local EGC record. If there is no value in the local EGC, the system uses the value in the community EGC record. If there is no value in the community EGC, the system uses the value in EGC 1.

1. In Text, From the Epic Applications Menu, select Data Courier > Edit Configuration (EGC) > Select your configuration > Programming Points. If your organization uses EMFI, select the Programming Points option under the Shared Configuration heading, not the Data Courier Configuration heading.
2. Access the INI-Level Programming Points screen.
3. In the Incoming Programming Points column, locate the master files that need to be updated. You need to update the Provider Attributes (PAT) master file, the Provider Identification Number (PIN) master file, and the SER master file.
4. Access the PAT master file settings by pressing F6 when your cursor is in that master file's row.
5. In the Before file field, enter `d iniabort^CSMUTAGS()` so that this particular master file can't be filed to production by EMFI or Data Courier. This extension record has two optional parameters:
 - app. Determines whether you're using EMFI, Data Courier, or both. Enter "EMFI", "DC", or leave blank if you're using both. If "DC" is entered here, then Data Courier changes are not filed to production.
 - logerr. No errors are logged by default, which is our recommended configuration. Enter 1 to allow EMFI and Data Courier to log error 182044-Filing Prevented by Configuration when Data Courier or EMFI does not file a master file or item because of this extension.
6. Repeat steps 4 and 5 for the PIN master file.
7. Repeat steps 4 and 5 again for the SER master file. To allow [Provider Blueprints](#) to be filed to production using Data Courier while preventing other SER records from being filed, enter `d serBeforeFile^HUPROVPP()` in the Before file field instead of `d iniabort^CSMUTAGS()`. This extension has 3 optional parameters:
 - logErr. Determines whether to log an error.
 - allowResources. Enter 0 or leave blank if Resource records should not be Data Couriered. Enter 1 if Resource records should be sent using Data Courier. Resource records are defined by Type of Staff/Resource -Type (I SER 30). We recommend enabling this parameter which will allow you to maintain resources in your build environment and people SERs in your production environment. In either case, blueprint SER records will be maintained in POC.
 - app. Determines whether you're using EMFI or Data Courier. Enter "EMFI", "DC", or leave blank.

Blueprints are maintained in your build environment when you set up `serBeforeFile`. We recommend using `d serBeforeFile^HUPROVPP("1")`. This will allow you to maintain SER people per I SER 30 in PRD and Blueprints and Resources in POC/build environment.

Enable the Provider Maintenance Report to File Providers to Build

You might want to file SER build done in a production environment to a build environment for testing purposes. For example, if you want to test a new feature using actual provider records at your organization instead of placeholder records, you can do so in a build environment. This ensures that providers' workflows aren't affected

while you determine how you want to configure the feature.

Alternatively, your organization can create placeholder provider records in a build environment for testing purposes, in which case you don't need to complete this task.

To enable the Provider Maintenance Report to file providers to build, refer to the instructions in the [Set Up Data Courier to Support Maintaining Providers in the Production Environment](#) topic.

Provider Setup: Bells & Whistles

In this section, we'll show you more configuration options for the Provider (SER) master file. These options are not currently built in the Foundation System, but they might be appropriate alternatives to the Foundation System build or useful in specific scenarios. They also allow for further configuration of provider-related functionality.

Restrict Consult Orders to Providers Who Can Practice at That Location

You can help increase the efficiency of consult workflows at your organization by making sure that inpatient consult orders are placed only for providers who consult at the location or service area where the patient is admitted.

1. In Clinical Administration, go to Users, Providers > Providers.
2. Open the provider record of a provider that you want to be available for inpatient consult orders and access the Inpatient Provider Information screen.
3. In the Allowed Locations field, enter every revenue location or service area where that provider should be available as a consulting provider.
4. Repeat steps 2-3 for all consulting providers.
5. In Hyperspace, open Referrals System Definitions and go to the Order Entry > Ref to Settings form.
6. Select the Use patient location based filtering for IP consult orders (I POS 1207) check box. Verify that the Use referred to filtering for inpatient consult orders (I POS 1206) check box is also selected.

Restrict Consult Orders to Providers within a Certain Specialty

You can help increase the efficiency of consult workflows at your organization by filtering provider options on consult orders so that only providers from a specific specialty are shown.

Prerequisites

Ordering providers must have Referrals security point 15-Select Out of Network Referred-To Providers.

Enable Referred-to Restrictions in System Definitions

1. In Hyperspace, open Referrals System Definitions. Navigate to the Order Entry > Ref to Settings form.
2. Set the fields as follows:
 - a. Provider & provider specialty (I POS 1201): Yes
 - b. Show override check box? (I POS 1205): Yes
3. Check the box labeled Use referred to filtering for inpatient consult orders (I POS 1206).
4. Click Accept to save your settings and exit.

Assign Specialties to your Consulting Providers

In each consulting provider's provider (SER) record, set the specialty for which they consult.

1. In Clinical Administration, go to Users, Providers > Providers.

2. Open the provider record of a provider that you want to be available for inpatient consult orders.
3. In the Specialties (I SER 1051) field, enter the provider's specialty.

Assign Specialties to Consult Orderables

In each consult order's procedure (EAP) record, set the specialty associated with the order. This must be set for orderable procedures.

1. In Clinical Administration, go to Procedures, Scheduling > Procedures.
2. Open the procedure record of a consult orderable.
3. Page down to the Referral Defaults screen. In the Provider Specialty (I EAP 10090) field, enter the specialty associated with the order.

Optional: Include Provider Specialty in the Order Composer Configuration

You can add Referral To Provider Specialty as a display item in your order composer configuration associated with a consult procedure or procedure category.

1. In Clinical Administration, go to Procedures, Scheduling > Order Composer Config (OCC).
2. Open the record of an order composer configuration associated with a consult procedure or procedure category.
3. Page down to the Procedure Items screen. List Referral To Provider Specialty as a display item.

Automatically Generate IDs for New Providers

Save time for analysts who manage provider records by having your system create and enter ID information for them. You can specify a list of ID Type (IIT) records that your system generates and adds to SER records as they're created.

To use this feature, determine which ID types your system should automatically add to provider records.

To enable your system to automatically generate IDs for new providers:

1. In Clinical Administration, go to Management Options > Complete Configuration (HDF) and open your compiled configuration record.
2. Go to the Provider-related Setup screen.
3. In the SER ID types to auto-generate (I HDF 3072) field, enter the ID types that you decided to use.

Manage Providers Not in Epic Without Using Provider on the Fly

Epic recommends that you:

- Allow users access to the Provider on the Fly feature so they can create records on the spot for providers who aren't yet in the system.
- Configure reports built from the [Provider Maintenance report template](#) for SER maintenance staff to update and manage newly created provider records.

However, your organization might choose an alternative method of managing these new records if you are hesitant to allow users to create provider records directly.

There are two alternative ways of handling providers not in the system when you choose not to use the Provider on the Fly feature. Your organization can also choose to use a combination of these approaches for different areas

of your organization. The following table outlines these options. Details for setting up each option are included in this section.

Option	Description	Setup
Collect free-text provider information and use a generic provider placeholder record	<p>Allows users to specify a generic provider record when the actual provider doesn't yet have a record in the system. Contacts that have a generic referring provider fall onto a Provider Not in Epic patient workqueue for SER maintenance staff to review.</p> <p>Your organization might consider this option if you're not comfortable giving end users the ability to create provider records directly in the system.</p>	<ul style="list-style-type: none"> • Create a generic provider record • Collect free-text referring and ordering provider information • Create rules to identify contacts that use a generic referring/ordering provider, lack a referring/ordering provider, or include free-text provider information. • Create a provider not in Epic workqueue
Triage provider record requests using In Basket	<p>Allows users to send an In Basket message to your SER maintenance staff when they identify that a provider record needs to be created.</p> <p>We recommend that your organization consider this option only if your users have used tools similar to In Basket in the past and you feel that this option makes the most sense given this experience.</p>	<ul style="list-style-type: none"> • Create a custom message type definition for provider record requests • Create a pool for SER maintenance staff • Create a provider record request message type definition • Create a provider request SmartText

Use a Generic Record to Manage Providers Not Yet in the System

Because your operational staff changes over time and your organization sends and receives referrals from other organizations, one of your users will eventually encounter a situation where she needs to select a provider who doesn't have a record in the system.

One way to deal with this situation is to create a generic provider record and update process. Consider the following scenario to see how the pieces of this process work together:

- During her check in workflow, a front desk scheduler needs to document that a patient was referred to your organization by Dr. Beehler. However, Dr. Beehler doesn't have a provider record in the system.
- After searching for Dr. Beehler's name in the referring provider field, the scheduler selects E9999999-

Provider Not in System as the referring provider.

- So that the SER maintenance team knows which provider record she needed, the scheduler enters free text referring provider information on the Referring Provider Info form that appears during check in, pre-registration, and registration workflows. Then, she continues her workflow.
- Later, a member of the SER maintenance team opens the Provider Not in Epic workqueue and sees the information the scheduler entered.
- The SER team member reviews the free-text information the scheduler collected, verifies against personnel files or with an outside organization, and creates a record for Dr. Beehler.

To use a generic provider record for managing providers who don't have a record in the system, there are four steps to complete:

- Create a generic provider record. When end users can't find the correct provider in the system, they can select the generic record and continue with their workflows.
- Create a custom registration form or an advantage activity record to present schedulers with a place to enter free-text ordering and referring provider information during the check in workflow. The information that schedulers enter here helps SER maintenance staff do research later to determine which provider records they need to create.
- Create rules to determine which contacts (such as appointments and encounters) have a generic provider listed and therefore need follow up from the SER maintenance team.
- Create a workqueue where the SER maintenance team can easily see all of the contacts that need follow up because an end user entered a generic provider instead of a real provider's record.

Create a Generic Provider Record

Create a provider record called "Generic, Provider" by importing provider information or creating a provider record manually in Chronicles. Set the Is Generic? (I SER 13) item to Yes.

If you use the Foundation System, you can use E9999999-Provider Not in System.

When creating a generic provider record, here are some tips to keep in mind:

- Add synonyms to the provider record so users can easily find this option if they need it. For example, you might include a synonym of "Other" or "Unknown."
- Give the generic provider only the security necessary to make the record useful. For example, you should allow schedulers to use the generic provider as a referring physician, attending physician, and PCP. However, you should not give the generic provider the ability to authorize medications or procedures.
- If you use Cosmos, also perform the build steps in the [Restrict Certain Care Team Members from Being Sent to Cosmos](#) section of the Cosmos Setup and Support Guide. These steps help filter out generic provider records from the Cosmos data-set.

Collect Free-Text Referring and Ordering Provider Information During Registration

By giving front desk staff the opportunity to enter free-text information about referring and ordering providers, you save SER maintenance staff research time. Just like when users select a generic provider for an encounter, encounters with free-text referring or ordering provider information route to a workqueue for manual follow up.

If your organization uses access navigators for registration workflows, ask your Epic representative about adding the correct sections to your workflow or reference the [Epic-Released Navigator Sections](#) topic to find the navigator section that best suits your needs.

If your organization uses forms for registration, follow the instructions below to add the relevant forms to your

workflow:

1. In Hyperspace, go to Epic button > Admin > Registration/ADT Admin > Form Editor.
2. Create a new form and enter a descriptive name.
If you're starting from a copy of the Foundation System, you can copy from one of these forms: 100050-Model Reg Alternate Ordering Provider Info and 100051-Model Reg Alternate Referring Provider Info.
3. Choose the subcomponents you want to include on your form and move them to the list of selected subcomponents. You can preview what your form looks like directly from this activity.
4. When you're finished, click Accept.
5. In text, go the Workflow Editor and open the registration workflow to which you want to add your forms (Prelude Text > Administrator's Menu > Hyperspace Admin Menu > Workflows (HFL)).
6. Add your form to the appropriate place in your workflow.
The 2040000005-REG EMC Scheduling Registration workflow in the Foundation System places the form as a subflow under Patient Name.
7. Press SHIFT + F7 to save your changes.

Collect Free-Text Referring and Ordering Provider Information After Scheduling

If you'd rather have front desk users collect provider information without using registration, you can create a form that contains fields for this information and add it to your scheduling workflows. Encounters with this information filled in automatically route to a workqueue for follow up.

1. [Create an advantage activity record](#) for collecting this information after appointment scheduling
2. In Hyperspace, open Cadence System Definitions or your department record.
 - Select the Advantage Activities 1 form.
3. Enter an advantage activity record name or number in the After full appointment entry field. Your activity appears after scheduling an appointment with full appointment entry.
4. If you want the form for collecting referring and ordering provider information to appear after scheduling an appointment with Quick Appointment, Walk-In, and One Click, enter your advantage activity record in the After quick appointment field.

Create Rules to Identify Contacts Needing Follow Up

To identify contacts that require follow up from SER maintenance staff, you must create rule records. If you intend to use the generic provider record used in the Foundation System, you can skip this setup and copy workqueue 411-Provider Maintenance.

1. In Hyperspace, follow the path Epic button > Tools > Rule Editor Tools > Rule Editor.
2. [Create several rules](#) to identify when contacts lack a referring or ordering provider record.
The Foundation System uses the following rules for workqueue 411-Provider Maintenance.

Error Rules				Expand All
ID	Name	Active	Description	
164201 ↗	REG PT REFERRING PROVIDER MISSING NPI	✓	Finds outpatient encounters where the referring provider does not have an NPI.	▼
168166 ↗	REG REFERRING PROVIDER CREATED ON THE FLY AND DELETED	✓	Rule will catch encounters where the referring provider was created on the fly and has been soft deleted/ inactive...	▼
674948 ↗	REG ORDERING PROVIDER MISSING NPI	✓	Finds encounters where the ordering provider does not have an NPI.	▼
674949 ↗	REG HOME HEALTH REFERRING PROVIDER NOT IN SYSTEM OR NPI NOT PRESENT.	✓	Finds home health encounters where the referring provider is not in system or does not have an NPI.	▼
684738 ↗	REG PT ATTENDING PROVIDER MISSING NPI	✓	Rule to find encounters where the attending provider does not have an NPI.	▼
149884 ↗	REG PT REFERRING IS PROVIDER NOT IN SYSTEM	✓	Rule checks for encounters with a generic referring provider, but populated alternate provider info. Used in WQFs.	▼
106360 ↗	ES UNVERIFIED ORDERING PROVIDERS	✓	This rule pulls all encounters with unverified ordering providers created using Provider on the Fly.	▼
106362 ↗	ES UNVERIFIED REFERRING PROVIDERS	✓	This rule pulls all encounters with unverified referring providers created using Provider on the Fly.	▼
696541 ↗	REG PT CARE TEAM HAS INACTIVE ADDRESS	✓	This rule checks for a member of a patient's care team having an inactive address. Used in WQFs.	▼

Warning Rules				
No rules added.				

Routing Rules				Expand All
ID	Name	Active	Description	
102009 ↗	ADT PT CONTACT IS APPOINTMENT OR HOSPITAL ENCOUNTER	✓	Contact type is either hospital encounter, office visit, or appointment. Used as routing rule for WQs.	▼
686718 ↗	REG PT EXCLUDE TEST PATIENTS-ROUTING RULE	✓	Routing rule that excludes test patients. Used in WQs.	▼
687739 ↗	REG PATIENT CONTACT BEFORE GO-LIVE DATE-ROUTING	✓	Routing rule that excludes patients with contacts before to the Go-live date. Used in WQs. Ensure this rule is upd...	▼

Create a Provider Not in Epic Workqueue

SER maintenance staff need to follow up on encounters, admissions, and other contacts where a user specified a generic provider or entered free-text provider information in place of a record in the Provider master file. You can create a workqueue that catches all of these contacts, so that SER maintenance staff can review them in a single location.

1. In Hyperspace, open the Patient Workqueue Editor.
 - For example, follow the path Epic button > Admin > Registration/ADT Admin > Patient WQ Maintenance.
 - For example, follow the path Billing > Workqueues > Patient workqueues tab > Settings.
2. Create a new patient workqueue.
If you use Foundation System content, you can copy workqueue 411-Provider Maintenance.
3. Click Edit in the Details section to enter general information about the workqueue.
 - In the Type field, enter 2-Back End.
 - Select the Active check box to make the workqueue available in Hyperspace.
 - In the View field, specify a workqueue view to control the appearance of the workqueue and the columns it includes.
 - Click Accept to close the Detail section.
4. Modify the rules used to identify which contacts appear in the workqueue.
 - Click Add in the Rules section to add rules to your workqueue.
If you copied and modified rule records to use, select the Existing tab of the window that appears and enter your rule ID.
 - Select a rule and click Edit to open the Rule Editor within the Patient Workqueue Maintenance activity.
5. Click Compile to combine and apply your changes.

Triage Provider Record Requests Using In Basket

Another option for handling requests for provider records that don't yet exist in the system is to use In Basket. Users can send a message to the staff members who manage the Provider master file that includes all available information about a provider who doesn't have a record yet. SER maintenance staff can then use In Basket to

manage these requests.

1. Create a custom message type for provider record requests. Refer to the [Create or Copy Message Types and Message Type Definitions](#) topic for more information.
2. Create a pool for staff members who manage the Provider master file so that they can use In Basket as a work list to manage provider record requests. Refer to the [Create a Custom Pool](#) topic for more information.
3. [Create a SmartText record](#) that helps users sending provider record requests collect as much information as possible about the provider.

Use wild card text (*** in places where the user enters information so the user can press F2 and move through the information you include in the SmartText.

We recommend including information such as the following:

- Last name
 - First name
 - Middle name
 - Degree
 - Practice
 - Address line 1
 - Address line 2
 - City
 - State
 - ZIP
 - Specialty
 - Office number
 - Fax number
 - E-mail
4. Create a message type definition to control the options that SER workgroup members have for interacting with provider record request messages.
 - Specify the custom message type you created as the message type in this record.
 - On the Send Message form, enter the SmartText you created in the SmartText field. This way, your custom SmartText automatically appears when a user creates a provider record request message.
 - Be sure to include Done Message as a button on the Command Buttons form. Including this option allows SER maintenance staff to mark the provider record request as done from In Basket. Other useful button options include Take Responsibility and Respond to Sender.
 - Refer to the [Create or Copy Message Types and Message Type Definitions](#) topic for more information.
 5. Associate your custom message type, message type definition, and pool in the Epic-wide settings for In Basket. Refer to the [Override Message Type Defaults at the User, Profile, and Security Class Levels](#) topic for more information.

Update Provider Enrollment Information in Hyperspace

With security, users can update eligibility and enrollment information for providers in Hyperspace in the Provider

Editor (search: Provider).

Transitioning maintenance of provider enrollment to Hyperspace can reduce the workload for analysts. With proper security, providers, clinic managers, or credentialing team members can maintain their own provider data in Hyperspace.

Prerequisites

You likely have already set up the following for provider enrollment checking, but verify:

- You've marked the table as active by selecting the Active check box.
- You've included claim edit check 71248-Claims Provider Enrollment Tracking in your claim definition record. This is the claim edit check that uses this table to hold the appropriate claims in claim edit workqueues.
- You don't have item protection configured for SER items 900-911. To update item protections, refer to the [Configure Data Courier Item Protection Settings](#) topic.

Give Users Security to Update Provider Enrollment

Add security point 70000-May Edit Provider Enrollment Table to the Shared security classes of users who should be able to edit the Provider Enrollment Table in Hyperspace. Without the security point, all users can access the table in Hyperspace in view-only mode. Refer to the [Edit an Existing Security Class](#) topic for details.

Users at your organization who have Chronicles security point 14320-Data Entry access the Provider Enrollment Table from the Provider Editor (search: Provider) instead of a separate activity.

If even after adding the activity to your users' menus, you are unable to see it, verify that your users do not have Chronicles write access to the SER master file. (User security > Chronicles).

If your provider enrollment staff don't have access to the Admin menu in Hyperspace, you can add the Provider Enrollment Table activity to the toolbar so staff can access it without needing to go through the menu. The descriptor for the Provider Enrollment table (CLAIMS_ENROLLMENT_TABLE_STANDALONE) is available from menu AC_SM_MASTERFILE_EDIT and can be easily appended to a menu using a menu override. Follow the instructions in the [Add a Button or Menu to an Existing Menu or Toolbar](#) topic.

Add Lines to the Provider Enrollment Table

Entering data in the table works the same way in Hyperspace as in text:

1. You can select only a payer that belongs to the financial class that you have entered on the current line.
2. You can select only a plan that is associated with the payer that you have entered on the current line. If you have specified a financial class without a payer on the current line, you can select only plans associated with payers of the corresponding financial class.
3. If you've entered a location on the current line, you can select only a department that belongs to that location.
4. For effective dates:
 - The Effective From date may be left blank, indicating the enrollment status is effective for all dates up to the effective to date.
 - Similarly, the Effective To date may be left blank, indicating the enrollment status is effective from the Effective From date to all future dates.

- The Effective From and Effective To fields may both be left blank, indicating the enrollment status is effective for all time.
- The order of rows does not matter. The system selects the most specific line given the criteria of the claim.
 - The order of specificity (from most to least specific) is POS > Department > Location > Plan > Payer > Financial class. If a claim meets the search criteria, the rule is evaluated and if the rule evaluates to true, the system checks for service date criteria and returns the Enrolled? status based on that criteria.
 - You cannot enter duplicate criteria in the table. You cannot have two lines with the same criteria but a different Enrolled? status for overlapping dates.
 - If the claim qualifies for multiple lines, the system picks the line with the most specific criteria. Consider an XYZ Payer with 3 plans - XYZ Plan A, XYZ Plan B, and XYZ Plan C. If a provider is not eligible for any plan except Plan C, you should configure the table as shown below. In this example, a claim for Plan A or Plan B will be sent to a workqueue:

Enrolled?	Effective From	Effective To	Payer	Plan
No	T-30		XYZ Payer	
Yes	T-30			XYZ Plan C

Prevent Inaccurate Provider Names in Provider on the Fly

You can restrict the provider name formatting to last name, first name when users create provider records with provider on the fly. Restricting this format can reduce errors and save maintenance time for the project team.

Considerations
<p>In the unlikely situation that you use provider on the fly to create records for modalities and other resources, using this name format restriction might make creating records for these resources more difficult.</p> <p>Consider whether you use provider on the fly to create records for resources when deciding whether to implement this change.</p>

Setting up this change requires access to your shared configuration record in Chronicles. If you don't have this access, contact your Epic representative, who can help you make this change.

- In Chronicles, edit your shared configuration record in the Window Manager (HDF) master file.
- Access the Facility-Wide Extensions & Flags screen.
- In the Addl name format in GUI prov edit field, enter the following code, except for the period:
\$\$chkProvName^HUGPROV.

Share Updated Provider Information with Other Organizations and Systems

If your organization uses third-party systems that also maintain provider information, you might want to configure outgoing and incoming interfaces so that both systems receive the newest information when a user changes a provider record.

For instructions about configuring incoming and outgoing provider interfaces, work with your interface team to review the Incoming Provider Information Interface Reference Guide. Contact your Epic representative for

assistance.

Customize Provider Duplicate Checking

You can easily customize the logic the system uses when determining if two provider records might be duplicates of each other. By designing custom comparison configurations and (optionally) custom comparison properties, you can:

- Have the system assign different weights to matching information.
- Evaluate duplicates based on a specific item in the Provider/Resource (SER) master file.

Use your custom comparison configuration in the batch job that you run to find duplicate provider records. For more information, refer to the [Find Duplicate Provider Records](#) topic.

Design a Custom Search for Provider Duplicates

You need a comparison configuration to control how the system weights individual pieces of matching information for provider records. For example, if two provider records have the exact same DEA identifier, it's much more likely that the records are duplicates than if the providers just share the same specialty. The comparison configuration allows you to make the system sensitive to these differences.

If you decide not to use either of the standard comparison configurations, 71-Provider Comparison Configuration or, starting in May 2022, 76-Provider Comparison Configuration (Include Soft-Deleted), you can create your own. Comparison configuration 76 functions identically to default comparison configuration 71 except 76 does not assign a weight to soft-deleted records so that they can be included as potential duplicates when other weighted parameters match. If you need to change the weights of the other parameters or limit which parameters are weighted in the first place, you need to create a custom comparison configuration to do so.

Create a Comparison Configuration Record

Refer to the [Create or Edit a Comparison Configuration](#) topic to create or update a comparison configuration record. Your comparison configuration must:

- Have a type of 9-Providers. This setting indicates that the configuration can be used when evaluating provider records.
- Include at least one search pass. The Foundation System's comparison configuration uses three search passes: 25160-Name Pass-SNDX, 25161-Full Name Alias As Name Pass, and 25162-Name As Full Name Alias Pass.
- Specify a low threshold. This threshold ultimately determines whether the system considers two provider records as duplicates of each other. The system adds the weights from each property
- Have free-text property groups. These groups bundle the comparison configuration properties you enter for evaluation purposes.

For example, you might include two different comparison properties that both deal with the provider's DEA number. If the number matches exactly, you should assign a higher weight than if it's off by one number. The group allows you assign the higher of these two weights to a pair of provider records when they match on one or both properties.

- Have comparison properties mapped to the property groups you create and a weight the system assigns when provider records match based on the property.

The Foundation System uses Epic released comparison configuration 71-Provider Search Configuration.

Configure Search Pass Behavior for Your Comparison Configuration

1. In Hyperspace, go to Epic button > Admin > Record Comparison > Comparison Configuration. Open your comparison configuration record.
2. Starting in May 2024, use the Standard Properties section to assign weight to a pair of providers during the search passes the system makes. The Foundation System uses a search pass that assigns a high weight value to exact name matches, expecting provider records with identical names to be duplicates of each other. In February 2024 and prior versions, go to the Pass Property Weights form of your comparison configuration record. For more detail on setting property weights, refer to the [Create or Edit a Custom Comparison Configuration](#) topic.

General Settings (Configuration Type: Providers)

Record name: PROVIDER COMPARISON CONFIGURATION Low threshold: 20 High threshold:

Display name: Provider Duplicate Check

Comments

Properties

Standard Properties

Property	Weight
Name Properties	
Exact Name	30
Exact Name Without Middle Initial	25
First Name Sounds Like	10
Last Name Sounds Like	10
First And Last Name Sounds Like	20
Exact First Name Alias	10
Exact Last Name And Exact First Name Alias	20
Both Names Unknown	0
Either Name Unknown	0
Full Name Alias Properties	
Exact Full Name Alias	25
Exact Full Name Alias Without Middle Initial	20
Full Name Alias First And Last Name Sounds Like	15
Full Name Alias Exact First Name Alias	20
Birth Date Properties	
Exact Birth Date	10
Birth Date Fuzzy	6
Fuzzy Percentage	2.5
Birth Date Month And Day Match	2
Birth Date Month And Year Match	2
Birth Date Day And Year Match	2
Birth Date Month And Day Switched	2
Birth Date One Digit Difference	2
Birth Date Single Switched Neighbors	2
Both Birth Dates Unknown	0
Either Birth Date Unknown	0
Sex Properties	
Exact Sex	5
Both Sexes Unknown	1
Either Sex Unknown	2

3. Click Accept to save your comparison configuration.

Evaluate Potential Duplicates Based on Custom Criteria

If the standard comparison configuration properties don't work for you, you can create a custom property to use during duplicate checking.

1. In Hyperspace, go to Epic button > Admin > Record Comparison > Comparison Property and create a new record.
2. Select a type for your property:
 - Extension. Uses an extension record to evaluate two provider records to see if they're duplicates.
 - Record Item. Uses information stored in a particular item to determine whether two records are duplicates.
3. In the Master file field, enter 8-Provider.
4. Complete the remaining fields for your comparison property.

- If you're creating an extension type property, enter the extension record to use in the Programming point field. If your extension record takes parameters, specify those in the Parameter field.
 - If you're creating a record item type property, enter the item to use.
5. In the Operator field, choose the circumstances under which your property evaluates to true. For example, if you're creating a property to compare the practice names of two providers and you want to know when they match, enter Equal here.
6. Click Accept.

Custom Duplicate Checker Property 1000029 - SER IDENTICAL PRACTICE NAME

Basic Information	
Name:	SER IDENTICAL PRACTICE NAME
Type:	Record Item
Master file:	Provider
Item Information	
Item:	PRACTICE NAME [1245]
Networked INI:	
Networked Item:	
Operator:	Equal
Parameter:	

Change a Generic Provider to a Specific Provider Automatically

If your organization schedules appointments with a generic provider that's changed to a real clinician on the day of the appointment, you can automate that switch.

We designed this option specifically for clinics where a single user performs check-in, clinical, and billing workflows, and where there's likely to be only a single provider or a small number of providers working on a given day. For example, a clinic housed within a commercial pharmacy would be a good candidate for this feature. However, other organizations that convert generic providers to specific providers on the day of the appointment can also take advantage of the new options.

You can configure the automatic switch to happen at one or both of the following points:

- When a patient checks in. With this option, the user who checks a patient in becomes the encounter provider. If multiple generic providers are linked to the appointment, only the provider with the highest ranking in the Provider Priority Rank Order field on the Encounter Conversion - 2 screen of EMR System Definitions is replaced.
- When an encounter is closed. With this option, the level-of-service (LOS) authorizing provider becomes the encounter provider. If multiple providers are linked to the encounter, only the highest ranked provider is replaced. Note that, with this option, the encounter provider might be changed without the user's

knowledge. Consider carefully whether this option is appropriate for your organization, as it is recommended only for organizations where the LOS authorizing provider is guaranteed to be the same as the encounter provider.

If you want users to manually change the Encounter Provider from generic to specific, refer to the [Prompt Users to Change the Encounter Provider from Generic to Specific](#) topic.

Identify Provider Records That Should Be Considered Generic

Begin by identifying provider records that should be considered generic and replaced with specific providers when an appointment is checked in:

1. In Clinical Administration, open the provider record for a generic provider.
2. On the Provider Information screen, enter Yes in the Is Generic? (I SER 13) field.
3. Repeat steps 1 and 2 for each provider record that should be marked generic.

If you have a large number of provider records to mark as generic, you could use import specification SER,1000-Template-Provider to avoid repeating these steps manually. Refer to the [Import Provider Information](#) topic for more information.

Switch from a Generic to a Specific Provider at Check In

To switch from a generic to a specific provider at check in, complete the following steps:

1. If you want to change the released behavior of extension 147-MR Change Generic Provider to User, duplicate extension 147 in Chronicles and modify its parameters. If you want to use the extension as released, skip to step 4. Extension 147 has the following configurable parameters:
 - 4-Provider Type Filter. Determines which types of providers are included in or excluded from the automatic change. As released, this parameter is blank, and the change applies to all provider types. If you want to limit the set of generic providers the change applies to, enter a list of provider types from the category list in the Provider Type (I SER 1040) item.
 - 5-Filter Method. Determines whether provider types listed in the fourth parameter are included in or excluded from the automatic change. As released, this parameter is set to 1-Include, and generic providers of the listed provider types are changed. Set this parameter to 0-Exclude to prevent generic providers of the listed types from being changed.
2. Open the Action List (HAL) master file and duplicate new action list 147-MR Change Generic Provider to User.
3. In your copy of the action list, enter your copy of extension 147 in the Actions column.
4. Open your confirmation record:
 - Starting in February 2024: In Hyperspace, open the Confirmation Editor activity and open the workflow confirmation record you use for patient check in or registration. You can find this record in Prelude Text > Facility System Defs Edit > Verification Confirmation Record Defaults > Patient verification field.
 - November 2023 and earlier: In Prelude text, follow the path Hyperspace Admin Menu > Confirmation Records (HCF) and open the workflow confirmation record you use for patient check in or registration. You can find this record in Prelude Text > Facility System Defs Edit > Verification Confirmation Record Defaults > Patient verification field.
5. Add an action list to the confirmation record:
 - Starting in February 2024: Go to the Actions tab and enter action list 147 or the copy you created in

step 2 in the Actions on Success column.

- November 2023 and earlier: In the Actions to Perform column, enter action list 147 or the copy you created in step 2.

Make the LOS Authorizing Provider the Encounter Provider

To make the LOS authorizing provider the encounter provider at close of encounter, even if the encounter provider is not generic, complete the following steps:

1. In Clinical Administration, open the profile record you want to modify and select Encounter, Episode.
2. On the Close Encounter Extensions screen, enter extension 149-MR Change Provider to LOS Auth Provider to the Extensions Executed When Non-Hospital Encounters Are Closed field.

Prompt Users to Change the Encounter Provider from Generic to Specific

If you schedule visits with generic providers but don't want specific providers to be added automatically, there are two options to prompt users to add specific providers manually:

- Prevent users from opening an encounter until they add a specific provider.
- Prompt users to add themselves as the encounter provider during an encounter.

In the first option, users cannot open an encounter with a generic provider until a specific provider is added to the encounter. In the second option, users can dismiss the prompt and open the encounter with the generic provider.

If you use a workflow in which the Encounter Provider also checks the patient in, or you can wait until an encounter is signed to assign an Encounter Provider, consider using the automatic process described in the [Change a Generic Provider to a Specific Provider Automatically](#) topic.

Require Users to Add a Specific Provider Before Opening an Encounter

If your organization requires that generic providers be changed to specific providers, you can make sure users don't forget this step by preventing them from opening an encounter until they add a specific provider. With this feature enabled, the Change Provider activity opens when a user attempts to open an encounter with a generic provider from the Schedule. To set this up, complete the following steps:

1. In Clinical Administration, go to Management Options > Profiles and open a profile.
2. Navigate to the Schedule Provider Changes screen. In the Require real provider to open appointment? (I LPR 1006) field, enter Yes.



If you have the Leave generic provider on appointment? (I LPR 8116) field set to Yes, users can still continue to the appointment as long as one provider on the encounter is a real provider.

Allow Users to Change the Encounter Provider During an Encounter

⌚ Starting in May 2023

Users can assign themselves to be the Encounter Provider with one click in the Assign Provider section. This section appears only when a generic provider is currently assigned to the encounter, and it collapses to save space as soon as a provider assigns the encounter to a non-generic provider. Section 4-SEC_CHANGE PROVIDER appears in Epic-released workspaces for Pre-Charting (23771-MR_PRE-CHART_LEFT_PANE_TASKBAR), Rooming

(22150-TOPIC_FAM_ROOMING), and Plan (22171-TOPIC_FAM_PLAN_LEFT_PANE_TASKBAR) but you can add it to additional or custom navigators. To add the section:

1. In Clinical Administration, open the navigator topic you want to edit (Navigators > Navigators (LVN)).
2. On the Topic Setup screen, add section 4-SEC_CHANGEPROVIDER as the first section.

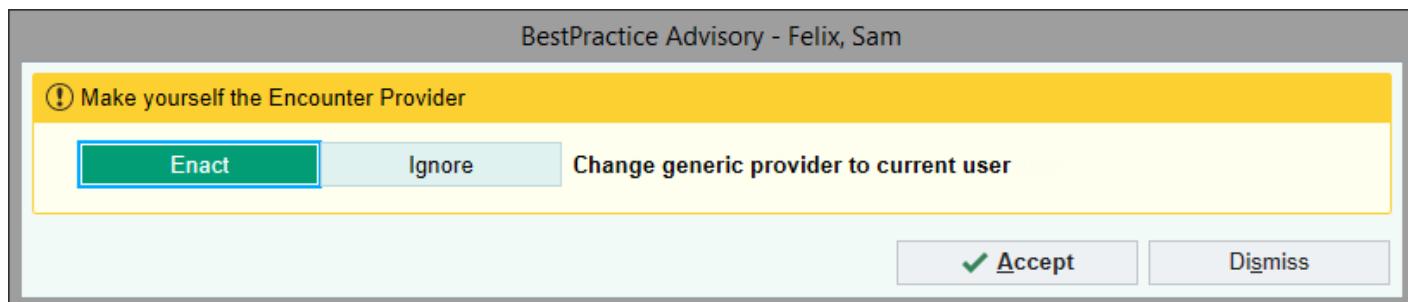
Prompt Users to Make Themselves the Encounter Provider During an Encounter

⌚ February 2023 and earlier



If you are using the May 2023 or later version, we recommend you stop using OurPractice Advisories to change the provider of an encounter and use the Assign Provider section instead because doing so saves users a click and allows them to assign providers other than themselves. Retiring OurPractice Advisories for administrative tasks like changing providers can also reduce alert fatigue. For more information, refer to the [Prompt Users to Change the Encounter Provider from Generic to Specific](#) topic.

You can set up an OurPractice Advisory that prompts users to make themselves the encounter provider by accepting a reminder. If a user accepts the advisory, the system makes her the encounter provider automatically. If she dismisses the advisory, she can continue with the encounter and the generic provider remains on the encounter. If she wants to change the provider later, she can do so manually by accessing the Change Encounter Provider/Department activity.



First, create a rule to identify whether the encounter is scheduled with a generic provider.

1. In Hyperspace, create a rule (search: Rule Editor) with a Context of OurPractice Advisory Locator.
2. Select property 603-Type (Patient > Patient Encounter Providers > Type > Number).



This property looks at the value in a provider's Provider Type (I SER 1040) field. If you don't use Provider Type to identify providers as generic, you need to select a different property that looks at the relevant item for your organization and configure the value in step 3 accordingly. For example, if you use the Is Generic? (I SER 13) field to identify generic providers, you should use property 19258-Is Generic (Patient > Patient Encounter Providers > Type > Number) instead of property 603.

1. Enter the following values to configure the property:
 - Operator: =
 - Value: 0-Resource
 - If you use a different value, such as a custom category list value of Generic Provider, in the

Provider Type (I SER 1040) field, enter that value instead of 0.

Next, create an OurPractice Advisory that uses the rule you created and an extension that changes the Encounter Provider. When building the advisory, note the following key steps:

1. In the criteria record, on the Other Criteria form, in the Include generic rule field, enter the rule you created.
2. In the Base record, in the Follow-up Actions form, enter extension 12525-Change Generic Provider to Current User into the Extension field. Under Frequency, enter Manually Once.

For more information about building OurPractice Advisories, refer to the [Build an OurPractice Advisory](#) topic.

Correctly Capitalize a Provider's Name in Hyperspace

By default, a provider's name in Hyperspace comes from the Provider (SER) master file. Although this master file doesn't store capitalization, the system can handle some common capitalization patterns, such as "de Rosa" or "McDaniels." However, the system doesn't properly capitalize other names, such as "van Slyke," which appears as "Van Slyke." To address this, you can configure the system to display the name stored in the user record, which can store any capitalization pattern.

Epic recommends turning this option on only for providers whose names aren't displayed correctly in Hyperspace. Some provider lookup fields always use the name in the provider record, even if you configure the provider record to use the user record name. Because the User (EMP) master file and Provider (SER) master file are frequently maintained and updated separately, turning this option on for all providers might lead to mismatched names appearing in the system, which can make it difficult for users, particularly schedulers, who need to look up providers.

To make this setting available at the provider level, you first need to configure your shared configuration record to respect the provider-level setting.

1. In Clinical Administration, follow the path Management Options > Complete Configuration (HDF) and open your shared configuration record.
2. Go to the Facility-Wide Extensions & Flags 2 screen.
3. Enter 2-Use SER, but allow SER override in the Use EMP for provider name display? (I HDF 710) field.
4. Close the shared configuration record.

Before you turn on this setting for a particular provider, make sure the names in the provider and user record match. Then, edit the provider record:

1. In Clinical Administration, follow the path Users, Providers > Providers (SER) and open the provider record you want to update.
2. Enter Use EMP in the Name Display (I SER 1025) field.
3. Close the provider record.

Hide a Provider's Photo in Hyperspace and Patient-Facing Applications

If a clinician requests not to show their photo to patients or to other clinicians and staff, you can hide their photo

everywhere that provider photos appear. Provider photos appear to patients in MyChart, MyChart Bedside, the Epic Monitor, and Welcome, and they might also appear in AVS, depending on how it's configured. Provider photos appear to other clinicians at your organization and at other organizations using Epic in many workflows, including Storyboard, the Care Teams activity, Secure Chat, and In Basket messages. Note that we recommend showing provider photos for all clinicians as a policy, but you can use this option to hide them for certain clinicians if you need to.

As a reminder, clinicians can take a provider photo from the My Profile activity in Haiku, Canto, or Rover, and you can specify provider photos manually or through imports with the SER,1000 import specification. Provider photos are specified in either the Photo (I SER 6002) item or the Photograph's URL (I SER 32050) item. Photos from both of these items are hidden if you complete the steps in this topic.

You can choose to hide a clinician's photo in patient-facing workflows, in clinician- and staff-facing workflows, or in both. If a clinician's photo is hidden, they can still see and update their own photo in the My Profile activity in Haiku, Canto, and Rover, and they still see their own photo in the About Me activity in Hyperspace.

1. In Chronicles, access the Provider (SER) master file and select Enter Data > Edit Contact.
2. Open the most recent contact of the provider's record.
3. In the Hide (I SER 6003) field, which is below the Photo field on the first Provider Information screen in Chronicles, enter one of the following values:
 - 1-Hide in provider-facing context
 - 2-Hide in patient-facing context
 - 3-Hide in patient and provider-facing context

Create a User Template for an SER Administrator



We expect this task to take an analyst a few hours to complete. The build complexity is low.

Epic's Foundation System includes a streamlined SER Administrator user template for credentialing staff. If your organization has designated project team members responsible for maintaining providers and resources, you would benefit from incorporating this SER administrator into your system.

The user is configured so that key activities used for SER build and maintenance are easily accessible. This user allows for centralized control of a highly integrated area and streamlines workflows that might otherwise involve several areas or users. The SER administrator can access all the information she needs without unnecessary Cadence administrator security.

To incorporate this into your system, you need to create three new security classes, a user role, and a user template.

Create a Hyperspace/Shared Security Class

1. In Clinical Administration, go to Security Management > Shared Security Class.
2. Create a new security class for your SER administrator. The Foundation System uses security class 1173902- Shared SER Administrator.
3. Give your user the necessary security points. In the Foundation System, the SER administrator has the following security points:
 - 1-Create new provider on the fly

- 2-Edit provider on the fly
- 3-Limited edit provider on the fly
- 4-View provider on the fly
- 5-Remove PCP Enabled
- 8-Sensitive Information Warning
- 10-Change PCP Module
- 20-SQL Report Viewer Run without Edit
- 28-Edit Provider Admitting Privileges
- 51-Provider Finder
- 52-Phone Book
- 73-Reporting Workbench
- 77-Edit Provider Attending Privileges
- 96-Cannot change patient status to deceased
- 102-Media Manager Access
- 201-Patient Care Team
- 20078-May Access Today's Patients Report
- 24107-May View Patient Station Encounters
- 24108-May View Patient Station Episodes
- 24109-May View Patient Station Hospital Accounts
- 24110-May View Patient Station Orders
- 22010-Web Suite - Security Class Edit
- 206-Edit Provider Privileges on the Fly

Create a Prelude Security Class

1. In Hyperspace, create a new security class for your SER administrator. The Foundation System uses security class 117000004-REG SER STAFF.
 - Search: Registration Security
 - Path: Epic button > Admin > Registration/ADT Admin > Registration Security
2. On the Security Points form, give your user the necessary security points. In the Foundation System, the SER administrator has the following security points:
 - 1-May Not Create New Guarantor Accounts
 - 6-May Not Edit Registration Facility Profile
 - 11-May Not Create Non-Recur Hospital Accounts
 - 12-May Not Create New Recurring Series
 - 19-May Not Edit Benefit Bucket Accumulator
 - 20-May Not Modify Patient's Service Area
 - 24-May View Patients Across Service Areas
 - 26-May Not Edit Service Areas

- 30-May Not Create New Employers
- 40-May Not Delete Coverage
- 45-May Not Edit Coverage Level Term Date for MC Coverages
- 47-May Not Inactivate Guarantor Account Notes
- 60-May See Appointments in Confidential Departments
- 70-May Not Override PB Visit Filing Order
- 71-May Not Override PB Visit MSPQ Filing Order Determination
- 72-May Not Override Hospital Account Filing Order
- 73-May Not Override Hospital Account MSPQ Filing Order Determination
- 91-May Not Edit Coverage with Restricted Payor/Plan
- 104-May Not Add Coverage Directly to Patient (GUI Only)
- 106-May Not Activate/Inactivate Guarantor Account for All Patients
- 107-May Not Activate/Inactivate Guarantor Account for Single Patient
- 108-May Not Delete Guarantor Account from Patient
- 109-May Not Add Existing Guarantor Account to Patient
- 112-May Not Change Patient Notices
- 130-May Not Create Coverage Using Wizards
- 140-May Not Delete Managed Care Coverage
- 141-May Not Edit Managed Care Coverage Effective Date
- 143-May Not Add Coverage Members From Non-Managed Care Forms
- 144-May Not Edit Coverage Members From Non-Managed Care Forms
- 145-May Not Edit Coverage Members From Managed Care Forms
- 146-May Not Delete Coverage Members From Managed Care Forms
- 401-May Use Registration
- 500-May Use Combined Reg Report
- 602-May Not Change Assigned Hospital Account
- 701-May Access Patient Workqueue
- 703-May Remove Patient from Patient Workqueue
- 705-May Customize Columns of Patient Workqueue
- 709-May Not View FPL Data
- 710-May Not Add FPL Data

3. On the Toolbar Button Security form, assign your user menu options. In the Foundation System, this user has the following menu options:

- 15007-REG_ITM_WSTB_HARNOTE PAD
- 15036-REG_ITM_WQ_FOR_PAT
- 15405-REG_ITM_WSTB_PRINTFACE
- 15407-REG_ITM_WSTB_AUDITTRAIL

- 15408-REG_ITM_WSTB CLAIMS
- 15412-REG_ITM_WSTB_MSPINFO
- 15425-REG_ITM_WSTB_PCPCHANGE
- 15426-REG_ITM_WSTB_APPTDESK
- 15427-REG_ITM_PRINTIFS
- 15776-REG_ITM_WSTB_EPT_FYI
- 24552-ADT_ITM_WSTB_AUTHCERT

Create a Hospital Billing Security Class

1. In Hospital Billing Administration, go to Security Menu > Enter/Edit Security Class.
2. Create a new security class for your SER Administrator. The Foundation System uses security class 117000005 - HB SER Staff.
3. Give your user the necessary security points. In the Foundation System, this user has the following security points:
 - 14-MAY Access Account Maintenance
 - 15-MAY Access Patient Inquiry
 - 16-MAY Access Guarantor Inquiry
 - 18-MAY Access Workqueue List
 - 30-MAY View Tx Info in Acct Summary
 - 64-MAY Access Claim Edit WQ
 - 107-MAY Access Registration
 - 111-MAY View Tx Inquiry
 - 113-MAY View Claim Info
 - 118-MAY Access Reports
 - 119-MAY Access Acct Contact
 - 152-MAY View Patient Contact
 - 167-MAY View Scanned Images

Create an SER User Role

1. In Hyperspace, open the Role Editor.
 - Search: Role Editor
 - Path: Epic button > Admin > Access Management > Role Editor
2. Click Create to create a new user role. The Foundation System uses user role 1173902-SER Administrator.
3. Enter timeout and home workspace information, and fill out the Activities table.
4. In the Menu Information table, enter the toolbars and menus you want this user to have.

Create a Dashboard

SER administrators can use the Provider Admin Dashboard in the Foundation System to access reports, links, and activities related to setting up and maintaining provider records in Epic. To build this dashboard for your SER Administrator, complete the following steps:

1. In Hyperspace, open the Dashboard Editor (search: Dashboard Editor).

2. On the Create tab, enter a name and Display title for your dashboard, then click Accept. The Foundation System uses dashboard 1171002501 - SER Provider Credentialing Homepage.
3. Enter basic information, including a display title, description, and owning application.
4. On the Layout form, enter Two Columns in the Layout field.
5. In line one of the Regions table, enter Reports and Workqueues in the Name field and 50% in the Width field.
6. In line two of the Regions table, enter Links in the Name field and 50% in the Width field.
7. On the content form, enter the components you would like to appear on this dashboard. The Foundation System dashboard includes the following components:
 - [16010-Registration Workqueue Volume Trends](#)
 - [3303352005-WM RW: Recently Run Reports - Report Listing](#)
 - [1050000089-RIS Data Courier Only](#)
 - [11710010401-SER Online Tools](#)
 - [11710000067-ES Build Other Maintenance Tools](#)
 - [11710000066-ES Online Tools](#)
8. On the Content form, set component settings as desired. The Foundation System allows users to update their user settings for their list of available components or collapse the list.
9. On the parameters form, set the dashboard's parameters. The Foundation System sets the following:
 - Time Interval: Weeks
 - Number of Intervals: 5
 - Show Details: Yes
 - Patient Workqueues: Unverified Providers to Update [817], Provider Maintenance [411], and Encounters with Unverified Providers [620]
10. On the Access form, grant access to the user role you created in the [Create an SER User Role](#) topic along with any other roles applicable for your organization.

Create a User Template

1. In Hyperspace, open User Security:
 - Search: User Security
 - Path: Epic button > Admin > Access Management > User Security
2. Click Create template record and create a new template. The Foundation System uses user template T1173902-SER Administrator Template.
3. On the Basic Information form, enter Active in the Status field. In the Display title field, enter a title such as SER Admin.
4. If desired, enter a description on the Note form and template owners on the Groupers form.
5. On the Hyperspace/Shared Security form, in the Security class field, enter the security class you created in the [Create a Hyperspace/Shared Security Class](#) topic above.
6. On the In Basket form, enter a security class in the Security class field. The Foundation System uses security class 2100000003-Non-Clinical User.
7. On the User Roles form, enter the user role you created in the [Create an SER User Role](#) topic in the Default

user roles table.

8. On the Chronicles form, in the Chronicles security class overrides by master file table, enter the security class overrides by master file for SER, EMP and E2R. The Foundation System uses security class 2591490001-Chronicles Project Team Analyst for SER, EMP, and E2R.
9. On the Identity form, enter the default class in the Default security class field. The Foundation System uses security class 10019100-Identity General User.
10. On the Record Viewer form, enter the appropriate security class in the Security class field. The Foundation System uses security class 100390 - Record Viewer-Exclude EPT.
11. Go to Cogito > Radar Form, and enter the following:
 - Security class: The Foundation System uses security class 3303352001-Radar End User.
 - Dashboard: Enter the Default dashboard you created in the Create a Dashboard topic above.
12. On the Cogito > Reporting Workbench form, enter a default security class in the Default security class field. The Foundation System uses 71050-RW Point and Click User with Edit.
13. On the Care Everywhere form, enter a default security class in the Default security class field. The Foundation System uses 72000-Care Everywhere Admin.
14. On the OpTime form, enter a default system security class in the System security class field. The Foundation System uses 1070080000-OR SYS Administrator.
15. On the Cadence form, enter Yes in both of the following fields:
 - Authorized for Hyperspace?
 - Authorized in all service areas?
16. On the Grand Central form, in the Security class overrides by service area table, enter the service areas where you want the user to be authorized, and the security class you want the user to have in each service area.
17. On the Prelude form, in the Security class overrides by service area table, enter the facility and service areas where you want the user to be authorized, and the security class you want the user to have in each service area.
18. On the HIM form, enter Administrator in the Report setting security field and select the Grant access to HIM Administrator menu check box.
19. On the Hospital Billing form, in the Security class overrides by facility and service area table, enter the facility and service areas where you want the user to be authorized, and the security class you created in the [Create a Hospital Billing Security Class](#) topic above.
20. On the Tapestry form, enter a security class in the Security class field. The Foundation System uses security class 18001-MC Admin.

Show Specific Info in Provider Lookup Results

Your organization might want Hyperspace to show specific information during patient or provider selection. To support this ability, Epic can assist you in configuring a flashback routine. Configurable flashback routines let you customize the Provider Lookup activity to show the data in a specific item, show constants, or show the results of a function. This routine can also control the default sorting method that occurs when Hyperspace displays the results.

For example, you might want to show:

- ID Type. If patients seen at your organization have different MRN types that look similar or have

overlapping number ranges, checking the type of ID in the patient search results can help a user confirm that she's selecting the right record.

- Multiple Birth and KND. Multiple birth and known non-duplicate (KND) information can indicate that a user needs to be extra judicious in selecting the right record.

You can also show networked items in a flashback window, which means that you can include items from one master file in a lookup window for another master file. For example, you might want to show provider specialties (stored in I SER 1051; I SER 1050 in May 2020 and earlier) in a user (EMP) lookup window.

If you are interested in configuring the flashback, contact your Epic representative and mention parent SLG 1069053.

Assign Provider IDs Based on CID

To set this up, you need to create an ID type. The steps below describe the essential fields for setting up the ID type for assigning provider IDs. 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.

If your organization maintains provider IDs based on the Community ID (CID) of the associated provider record, use extension 25072-ID Generation from CID to automatically generate provider IDs.

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 field (I IIT 15), enter a unique abbreviation.
 - For the Used by INI field (I IIT 27), enter SER.
 - 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 field, enter 25072-ID Generation from CID.
3. Click Accept to save the ID.

You can add a prefix or postfix to provider IDs generated based on the CID. To do so, follow the instructions in the [Duplicate and Modify an Extension](#) topic to copy extension 25072. Enter a prefix or postfix in the corresponding parameter of your copy. Then, use your copy of extension 25072 as the generation extension for your provider ID type.

Keep PECOS Enrollment Information Up to Date in Physician Records

You can use a batch process to look up Provider Enrollment, Chain and Ownership System (PECOS) enrollment information for your physicians and update that information in the provider record. PECOS information includes enrollment in the following service types:

- Home Health Agency
- Medicare Part B
- Durable Medical Equipment

- Personal Mobility Device
- Hospice (Starting in May 2024, February 2024 with SU E10800020, November 2023 with SU E10703728, August 2023 with SU E10608338, May 2023 with SU E10514533, and February 2023 with SU E10417236.)

You use Batch Scheduler template [27030-PECOS Enrollment](#) to create the batch job. You need only one batch job, which updates enrollment for all service types.

In the provider record, the PECOS Enrollment History screen shows the dates on which changed enrollment information was imported and lists all the service types for which the provider is currently enrolled.

PECOS Enrollment History		
Enrolled?	Effective Date	Service Type
1. No	12/24/20	Medicare Part B
2. No	12/24/20	Durable Medical Equipment
3. Yes	12/24/20	Home Health Agency
4. No	12/24/20	Personal Mobility Device
5. No	12/24/20	Hospice

Current PECOS Status	
Currently enrolled:	1. Personal Mobility Device 2. Home Health Agency 3. Durable Medical Equipment 4. Medicare Part B

For claims, you can use this information in claim edit rules, for example to check whether a physician is enrolled for Medicare Part B before sending claims that are covered by Medicare Part B. Refer to the [Check PECOS Enrollment](#) topic for more information.

In Dorothy and Comfort, you can use this information during Intake to validate that the attending is enrolled in PECOS for the Home Health Agency service type, using the PECOS Provider Enrollment feature. Refer to the [Enabled Features Screen](#) topic for more information. In Dorothy, you can also review PECOS information in POC Review. Refer to the [PECOS](#) topic for general information about using PECOS enrollment data in Dorothy and Comfort.

Use Location-Specific Provider IDs

 Starting in February 2025



This topic applies only to organizations in Australia.

Considerations

To use this feature, you will need to purchase an additional license, which will be available to most organizations starting in May 2025. Contact your Epic representative to determine whether this feature fully supports your organization's workflows and mention SLG 9901178.

Australian regulations require that providers have separate IDs to represent the separate locations in which they practice. These location-specific provider IDs are used for claims, billing, and routing clinical information.

To support this requirement, we've added the build infrastructure that allows you to configure multiple IDs for a single provider record. Previously, in November 2024 and earlier, organizations in Australia needed to create separate provider records to represent the same provider across different locations. Now, the following ID types

are supported:

- Medicare Provider ID. This is the ID used for Medicare claims and billing. It is often tied to a single location.
- Routing ID. This is the ID used for routing patient information, including results, letters, and discharge summaries, to patients' general practitioners (GPs) or GP practices through third-party information brokers.

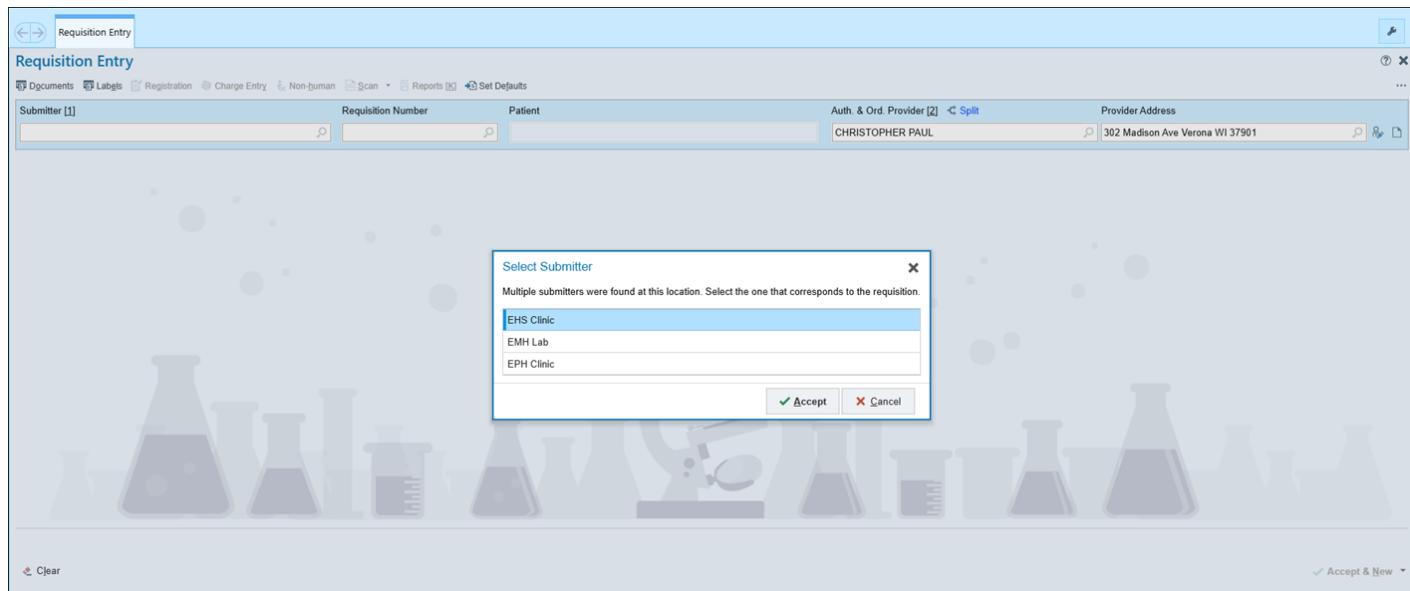
Note that the initial build tasks required to set up this feature require coordinating work across multiple areas. Each build task that follows indicates the expected area of ownership.

After you complete the following build tasks, when users enter an order and search for a provider, they can select from all of that provider's available addresses and their associated location-specific IDs in Provider Finder. If they know a location-specific ID and need to find the associated provider, they can also do a reverse lookup to find the provider with that ID by entering L.[ID] to search by ID in Provider Finder.

The screenshot shows the 'Provider Finder' interface. At the top, there are two input fields: 'L.88486523' and 'Near City, State, ZIP, or Keyword'. To the right of these are buttons for '20 mi' (with a dropdown arrow) and 'Search'. Below the search bar is a 'Filter by' sidebar with sections for 'Favorite' (checkbox), 'My favorites' (checkbox), 'Provider Specialty' (checkbox), 'Department Specialty' (checkbox), and 'Language' (checkbox). The main results area displays a single provider entry for 'Dr. Christopher Paul' with a 'Cardiology' specialty. The entry includes the provider's name, specialty, address ('21 Ramsey St, Erinsburgh VIC 3001 Australia'), Medicare ID ('AU: 88486523'), and a small circular icon with 'DC' and 'R'. A 'Sort by: Relevance' dropdown is located at the top right of the results area. A 'Cancel' button is visible at the bottom right of the results panel.

Enter a lower-case or upper-case L, followed by a period and an ID, to look up a provider by location-specific ID.

For lab users working in Requisition Entry, the address they select also determines which submitter record is selected. If multiple submitters are available at the selected address, the Select Submitter window appears so that they can select the appropriate submitter record. When the ordering and authorizing provider addresses are linked to different submitters, the submitter is selected based on the authorizing provider's address. For submitters that are also waypoint labs, results are routed to that lab while the original ordering provider information is used for billing.



Because multiple submitters are available at the selected provider address, a user working in Requisition Entry is prompted to select one.

Starting in May 2025, the address that providers select in Order Entry within the Provider Form during order signing also determines which submitter record is selected. Like Requisition Entry, when both the ordering and authorizing provider address fields are populated, only updates to the authorizing provider address field modify the Lab Submitter field or trigger the Select Submitter window.

Providers X

Ordering Information Filter: Nearby

Order mode P
Standard

Ordering provider
PATRICK SMITH 1031 Clear Lake Ave Madison WI 53714

Authorizing Providers

For procedure
PATRICK SMITH

For medication
PATRICK SMITH

Lab Submitter
Submitter

Cosigners

For procedure

For medications

Select Submitter X

Multiple submitters were found at this location. Select the one that corresponds to the requisition.

EMS Clinic

EHS Lab

Grapevine Clinic

Provider Non-provider required

Because multiple submitters are available at the selected provider address, a user working in Order Entry is prompted to select one.

If the submitter is unknown, for example, if that location hasn't sent anything to that lab before and needs to be added), a task is automatically added to the Follow-up Work List, as described in the [Process Requisitions and Walk-in Patients When the Submitter Is Unknown or Undefined](#) topic, so that a client services user can add the required information and create any records needed in your system.

Additional Location Information

RQ14891

Recipient	Type	Provider Address	Linked Facility	Location Provider ID
Grapevine Clinic	Submitter		Darkwood Clinic	
Dr. Gregory Brown	Authorizing Provider	202 Green Castle Rd, Dallas TX 76061	Beachside Clinic	32133111
Dr. Tom Wilson	Ordering Provider	167 Beachside Ln, Verona WI 53593	Darkwood Clinic	

A linked facility not mapped to a location-specific provider ID is highlighted in the Follow Up Work List.

While the following topics assume that administrators will do the bulk of the work of adding location-specific IDs to provider records that are already present in your system, users can also add location-specific provider addresses during [provider-on-the-fly](#) workflows to make ongoing maintenance easier.

Configure Identity ID Types for Location-Specific Provider IDs

This task should be completed by an Identity administrator.

Before you can link IDs to locations, you need to configure the ID types you'll use: Medicare Provider ID and Routing ID. To do so, complete the following steps for each type:

1. In Hyperspace, open Identity ID Types (search: ID Types).
2. From the Launching ID Type Edit window, click Create a New Record and then complete the following fields:
 - For the Name field, enter a name.
 - For the Internal ID field, enter an ID. You can also leave this field blank to automatically generate an ID.
 - For the Copy from field, enter an ID to copy the setup from an existing ID type. Leave the field blank to set up the ID type from scratch.
3. Click Accept to open the ID Type Edit activity.
4. In the ID Type Edit activity under General Settings, edit the ID type name as needed.
5. For the Abbreviation (I IIT 15) field, enter an ID type abbreviation.
6. For the Used by INI (I IIT 27) field, enter SER. This is the Provider master file.
7. For the Context (I IIT 25) field, enter the Context that applies to the ID type:
 - For Medicare Provider ID, enter 21001-Location Specific Provider ID (Exclusive).
 - For Routing ID, enter 21000-Location Specific Provider ID (Shareable).
8. In the Permanent ID Settings section, select User entered in the Generation method (I IIT 30) field.
9. Select Alpha-numeric in the Verification format (I IIT 70) field and enter a numeral in the Verification length (I IIT 80) field. This numeral represents the number of characters that all IDs of this type must have. For example, if you enter 10, all IDs of this type must be 10 characters long.
10. In the Additional Settings section, select Yes for the following fields:

- Use effective dates? (I IIT 400)
 - Allow records to have multiple IDs of this type? (I IIT 95)
 - For Routing ID types, Allow duplicate IDs across records? (I IIT 710)
11. Click Accept to save and close the ID type.

Give Administrators Security to Work with Location-Specific Provider IDs

This task should be completed by a provider/resource administrator. It is necessary only if you've enabled feature license RFL_PROVIDER_MAINTENANCE_SECURITY, without which all administrators with security to edit provider records can also edit location-specific provider IDs. If you're not sure whether you have this license, contact your Epic representative and mention SLG 3550868.

To access the Location-Specific IDs form in Provider Editor, administrators must have at least one of the following Provider Maintenance security points:

- 771-Form Access Admin Location Specific IDs Edit
- 772-Form Access Admin Location Specific IDs View

We've automatically added these security points to the following Epic-released security classes, so you don't need to complete this task if you use these security classes:

- 19410-Provider Maintenance Administrator Security
- 19415-Provider Maintenance Patient Access Administrator Security
- 19416-Provider Maintenance Ancillary Clinical Security
- 19417-Provider Maintenance Procedure Administrator Security
- 42034-Provider Maintenance Tapestry Administrator Security

We've added only security point 772 to the following Epic-released security classes:

- 19413-Provider Maintenance View Only Security
- 42027-Provider Maintenance Tapestry View Only Security

If you use a custom security class, add the relevant security point to grant users with that security class access to edit or view the form.

Add Location-Specific Provider IDs to Provider Records

This task should be completed by a provider/resource administrator.

To help you plan your build efficiently, it's helpful to understand facility structure in the Epic system. You can link a location-specific provider ID to an address in the provider (SER) record, a department record, or a facility record. Just as it does with profile records, the system looks for a provider-specific address at the most specific level first and then moves to more general levels. For location-specific provider IDs, this means that the system uses the following hierarchy to find the right ID to use:

- Provider Address. If there is a location-specific ID of the required type for the workflow linked to an address, that ID is used. Every Medicare Provider ID should be associated with a provider address.
- Department (DEP) record. If a provider record has no address listed but does have a linked department, the system looks for a location-specific ID linked to the department. Note that if a provider record does have a linked address but doesn't have a location-specific provider address associated with it, the system skips this level and instead looks to the facility record to find the location-specific ID to use.

- Facility (EAF) record. If a provider has no address-specific ID, or if it has neither a linked address nor a linked department, the system looks to the facility level to find a location-specific ID.

In practice, this means that you can simplify the build you have to do by configuring routing IDs at the most general level that's applicable. If a provider has a location-specific routing ID that should be used across a whole facility, configure that ID to be linked to the facility. If a provider can't use the same ID across a whole facility but can use it consistently within a single department, configure that ID to be linked to the department.

For more detailed information about facility structure in Epic, refer to the [Facility Structure Management \(FSM\) Strategy Handbook](#).

The following is an example of how this might be configured in practice:

Location-Specific IDs							
	ID Type	ID Value	Departments	Facilities	Provider Addresses	Valid From	Valid To
1	AUS MEDICARE PROVIDER ID [1020]	265145JK		Pats Hospital [4302]	3/1-9 Sackville Street, Collingwood VIC 3066 Australia	11/12/2022	4/3/2023
2	AUS MEDICARE PROVIDER ID [1020]	265145JL		Shuger Clinic [9137]	3/1-9 Sackville Street, Collingwood VIC 3066 Australia	4/4/2023	
3	AUS MEDICARE PROVIDER ID [1020]	265145JA			26514 Woodhead St, VICTORIA, Melbourne 3066, Australia		
4	AUS ROUTING ID [1021]	SRPATCLIN			26514 Woodhead St, VICTORIA, Melbourne 3066, Australia		
5	AUS ROUTING ID [1021]	PATPATHOSPITAL		Pats Hospital [4302]		4/3/2023	
6	AUS ROUTING ID [1021]	LUMECENTRALDEPT	LUME CENTRAL ENDOSCOPY [4300]			2/6/2023	7/22/2023

In this example, a provider record has three separate Medicare Provider IDs configured, each with a specific address. One specific address also has a Routing ID configured, and the provider also has routing IDs configured at the facility and department levels.

The new items for configuring location-specific provider IDs are supported through both manual entry and import specification SER,1000-Template – Provider, so you can populate these IDs with a provider import spreadsheet, as described in the [Import Provider Information](#) topic. They are also supported in provider-on-the fly workflows for ad hoc provider record creation, as described in the [Allow Users to Create and Edit Provider Records on the Fly](#) topic. They will be supported in the provider-on-the-fly workflows for ad hoc provider record editing in a future version. Note that they are available only for provider records that represent a person and not for records that represent a resource such as an imaging modality.

The following instructions describe how to add location-specific provider IDs manually in Hyperspace:

1. Go to Provider Editor (search: Provider) and open a provider record.
2. If the provider doesn't already have an address listed, add one by clicking Edit All Contact Information > Add New Address in the Primary Contact Information section of the Demographics form. The location-specific ID fields are editable only for providers who have an address in their record.
3. Go to the Location-Specific IDs form and click the green plus sign to add a new location-specific ID.
4. In the ID Type (I SER 3900) field, enter the type of ID you want to add (Medicare Provider ID or Routing ID).
5. In the ID Value (I SER 3901) field, enter an ID that matches the length requirement you configured for that type. The value you enter must not already be in use for any other provider records.
6. If the ID should be used for only a specific period of time, or only after or before a certain date, enter values in the Valid From (I SER 3905) and Valid To (I SER 3906) fields to reflect that.
7. Enter a value in one of the following fields to indicate the location level at which this ID should be linked to the provider. Note that a Medicare Provider ID can be linked to only one value for each field, while a Routing ID can be linked to more than one value:
 - Departments (I SER 3902)

- Facilities (I SER 3903)
- Provider Addresses (I SER 3904). Each Medicare Provider ID should be linked to a provider address.

Show Multiple Provider IDs in Provider Finder

This task should be completed by a provider/resource administrator with Shared security point 199-Access Code.

To show multiple locations and their associated IDs for a provider, create one extension for each ID type from each of the released code templates listed below, for a total of four extensions, and then create columns that use those extensions. Add those columns to your Provider Finder configuration. To support this build, we've released the following code templates.

- 161146-Provider Finder Secondary Selection - Provider-EAF Location-Specific Provider ID. Use this template to create an extension and column that show a provider's location-specific IDs associated with a facility (EAF) record. Facilities are shown based on columns and require you to create both an extension and a column that uses it.
- 161147-Provider Finder Secondary Selection - Location-Specific Provider ID. Use this template to create an extension that shows a provider's location-specific IDs associated with an address. Addresses are shown based only on extensions and don't require you to configure associated columns.

To understand how this build works in practice, consider the following example screenshot. In this example, Dr. Daniel Weaver has two location-specific IDs associated with each of the addresses 4283 Big Sky Ct. and 1300 Winton St., and he also has two location-specific IDs associated with the facility CAS Service Area:

Provider Finder

Search by name Near City, State, ZIP, or Keyword 20 mi

Filter by Showing results. Filtered by: Favorite [\(i\)](#) Sort by: Relevance

- Favorite
- My favorites
- Language
- + Add
- Care Team
- On care team
- Department
- + Add
- Location
- + Add
- Clinical Interest
- + Add
- Center
- + Add
- Keyword
- + Add
- Geographic Area
- + Add
- Specialty
- + Add
- Subspecialty

Out Of Network

 	Dr. Riley Gurlik	900 Dewey St MADISON WI 53704 1231 Columbus Rd MADISON WI 53704 AUS Medicare ID: 12345789 AUS Routing ID: 23423424 SJN Hospital AUS Medicare ID: 23424244 AUS Routing ID: 98674523
 	Dr. Lauren Smith	268 Wild Cherry Lane VICTOR NY 14564 No Location
 	Dr. Daniel Weaver	4283 Big Sky Ct Verona WI 53704 AUS Medicare ID: 23234049 AUS Routing ID: 9660 1300 Winton St MADISON WI 53704 AUS Medicare ID: 23948024 AUS Routing ID: 23409283 CAS Service Area AUS Medicare ID: 65415646 AUS Routing ID: 342424244

Show more (1)

To show all of those in Provider Finder, an administrator has created the following records:

- An extension using template 161147 to show the IID type AUS Medicare ID for an address
- An extension using template 161147 to show the IID type AUS Routing ID for an address
- An extension using template 161146, and an associated column, to show the IID type AUS Medicare ID for a facility
- An extension using template 161146, and an associated column, to show the IID type AUS Routing ID for a facility

To create your two extensions for showing location-specific provider IDs by location:

1. In Hyperspace, open the Extension activity and click Create a New Record.
2. Enter the ID you want to use in the Internal ID field, or leave that field blank to have the system automatically assign an ID for you, and click Accept.
3. Enter information in the following fields:
 - a. Extension Type (I LPP 30): 275-Provider Selection - Secondary Selection Data
 - b. Code Template (I LPP 1000): 161147-Provider Finder Secondary Selection - Location-Specific

Provider ID

4. Set the Loc-specific SER ID Types parameter to the Identity ID type you want the column to show.
5. Click Accept to save and close your new extension.
6. Repeat steps 1-5 to create a second extension using the same code template to show the other Identity ID type you created in the [Configure Identity ID Types for Location-Specific Provider IDs](#) topic.

To create your two extensions for showing location-specific provider IDs by address:

1. In Hyperspace, open the Extension activity and click Create a New Record.
2. Enter the ID you want to use in the Internal ID field or leave that field blank to have the system automatically assign an ID for you and click Accept.
3. Enter information in the following fields:
 - a. Extension Type (I LPP 30): 10002-AS Reports PAF Extension
 - b. Code Template (I LPP 1000): 161146-Provider Finder Secondary Selection - Provider-EAF Location-Specific Provider ID
 - c. Database (I LPP 300): EAF (Facility/Profile)
4. Set the Loc-specific SER ID Types parameter to the Identity ID type you want the column to show.
5. Click Accept to save and close your new extension.
6. Repeat steps 1-5 to create a second extension using the same code template to show the other Identity ID type you created in the [Configure Identity ID Types for Location-Specific Provider IDs](#) topic.

After you've created the extensions based on template 161146, create the associated columns:

1. In Hyperspace, open the Column Editor.
2. Select the Create New Column tab and create a new column. Give it a name that reflects what it is intended to show.
3. Enter information in the following fields:
 - a. Field Type (I PAF 90): Extension
 - b. Master file (I PAF 40): EAF-Facility Profile
 - c. Field scope (I PAF 110): Displayable Field Only
 - d. Text ext (I PAF 60): The extension this column should use
 - e. Data type (I PAF 350): 1-String

Now that you've created your columns, add them to your Provider Finder configuration:

1. In Hyperspace, open the Provider Finder Configuration activity.
2. Select an existing configuration you want to update, or click the Create tab and choose a configuration to copy.
3. In the Secondary Selection Display: Address section, enter your preferred labels in the Label (I HST 20129) field and the extensions you created based on template 161147 in the Display (I HST 20130) field.
4. In the Secondary Selection Display: Location section, enter your preferred labels in the Label (I HST 20145) field and the two columns you created using extensions based on code template 161146 in the Display (I HST 20146) field.
5. Click Accept.

6. If you created a new configuration in step 2, open Provider Finder System Definitions.
7. In the Configuration Overrides table, enter the context you want to update in the Context (I HDF 3240) field and your new configuration in the Configuration (I HDF 3241) field.

Enable Guardrails to Keep Your Location-Specific Provider IDs in Order

This task should be completed by a provider/resource or Beaker administrator.

The technical underpinnings required to support location-specific provider IDs require that you maintain specific relationships between various records in your system. These relationships can be complicated to keep track of manually, so if you are using this feature, you should take advantage of available build guardrails to make sure that:

- Addresses that represent external locations in provider records can be linked only to place of service definition (POS)-type facility structure (EAF) records.
- A submitter record is automatically selected when a user selects an address linked to the submitter's place of service. Note that in some cases a small number of available submitter records might appear if there is more than one submitter associated with that address, but the amount of manual selection required is greatly reduced.

First, make sure that all providers you want these build guardrails to apply to are configured so that one of the following is true in their provider records:

- The Access to EHR (I SER 21185) field is set to Yes on any active addresses that have associated location-specific IDs, such that the provider record is considered internal.
- A place of service is listed in the Location override (I SER 21300) or Calculated location (I SER 21420) field. When you activate the build guardrails, only place-of-service-type facility records can be linked in these fields.

Ensure that any values in the Submitters (I SER 51360) and Associated Submitter Routing Address ID (I SER 51361) items on your SER records are removed before enabling the Beaker ELF. The provider, place of service, and submitter linkages replace the associated submitters table, which are hidden once the ELF is enabled.

Next, enable the build guardrails:

1. In Clinical Administration, go to Management Options > Complete Configuration (HDF) and open your compiled configuration record.
2. Go to the Provider-related Setup screen.
3. Enter Yes in the External address lines use only POS EAF (I HDF 3059) field.

Link All Existing Submitter Records to a Place of Service

This task should be completed by a Beaker administrator.

For submitter records to be automatically linked to a location-specific provider ID, you must link each submitter record to a facility structure (EAF) record. Note the following requirements, which are in place to help make sure your build maintains the link structure required for location-specific provider IDs to work as designed:

- If a department has a value in the Place of Service (I DEP 3600) field, which is typically configured only for community organizations using EpicCare Link, only submitters that have the same value listed in the Place of service (I SMT 200) field can be listed in the Submitter Link (I DEP 51100) field for that department.
- If a submitter is listed in the Submitter Link (I DEP 51100) field for a department, the Place of service (I SMT 200) field in the submitter record becomes read-only. This means that if you want to change the place of

service for a submitter, you must first unlink it from department records.

When you're ready to link submitter records to a place of service, first evaluate your facility structure build to make sure that all the place of service records you need to link exist in your system. If there are any that are missing, follow the steps in the [Create a Location](#) topic to create a location record for each place of service you need to link to a submitter.

To associate a place of service with a submitter record:

1. In Hyperspace, open a submitter record.
2. Click Edit Record.
3. On the General Setup form, enter the place of service in the Place of service (I SMT 200) field.

Identify Submitters as Waypoints

This task should be completed by a Beaker administrator.

Waypoint submitters are external labs that pass a specimen to a performing lab that is internal to your organization. If you use location-specific provider IDs, you must identify these submitters as waypoints in the system so that the location-specific provider IDs from the original ordering organization are used in compliance with billing requirements and aren't associated with the waypoint submitter, and so that results are routed to the intended recipient even if a specimen has been routed through a waypoint.

1. In Hyperspace, go to the Submitter record editor and create a new record.
2. Go to the General Setup form.
3. In the Structural Information section, set the Waypoint submitter (I SMT 285) field to 1-Yes.

Note that this field can't be changed after it is set.

Add Location-Specific ID Follow Ups to Your Follow Up Work List

This task should be completed by a Beaker administrator.

Lab users can use the Follow Up Work List to track various kinds of follow-up tasks, including following up when an order has an unknown provider or submitter. This workflow and the general setup that supports it are described in the [Process Requisitions and Walk-in Patients When the Submitter Is Unknown or Undefined](#) topic.

If you use location-specific provider IDs, you need to also account for orders that have a provider and submitter but that don't have a corresponding location-specific provider ID. Lab users should follow up in this case to either select a different provider-submitter pair that do have the required ID associated or to add location-specific IDs to provider records that should have them.

To show these tasks in your Follow Up Work List, complete the following steps:

1. In Clinical Administration, access the Print Group (LPG) master file and duplicate print group [76274-Lab - Additional Location Information](#).
2. In your duplicate print group, set the second parameter, IIT ID, to an Identity ID type you created in the [Configure Identity ID Types for Location-Specific Provider IDs](#) topic. You can also optionally change the label that appears for this ID type by editing the first parameter.
3. Access the Reports (LRP) master file and add your print group to a report of the type Lab Action List - Follow Up Work List. If that report isn't already in use, complete the steps in the [Lab Follow Up Work List](#)

[Report Setup](#) topic to add it to your Follow Up Work List.

When users view tasks in the Follow-Up Work List, they can use this print group to spot entries with missing location-specific provider IDs, or other related information that needs to be added or corrected, by looking for blank or highlighted cells or rows in the Location Provider ID column within the Additional Location Information print group.

Add Location-Specific IDs to Lab Result Reports

To add location-specific provider IDs to your lab result reports SmartText template, add SmartLink 51142-Lab RR Provider Info (mnemonic: .PROVIDERHEADER) or a copy with the IsPIdType parameter set to the Identity ID type you want to show. For example, you might add the following to your report to show the authorizing provider's name, address, location-specific ID, and phone number: @PROVIDERHEADER(AP;NM,AD,LI,PH^^^Medicare Provider #^<IIT ID>)@, with <IIT ID> replaced with an Identity ID created at your organization.

 Starting in August 2025

 May 2025 by SU E11401171

To add the location-specific provider IDs of CC recipients on the current lab result report to your lab result reports SmartText template, add SmartLink 51204-Lab RR CC Recipients (mnemonic: .LABRRCRECIPIENTS), or SmartLink 51212-Lab RR CC List (mnemonic: .LABRRCCLIST), or a copy of either of these with the Location-Specific Provider ID Label parameter set to the Identity ID type you want to show.

View LSPIDs of CC List Recipients

 Starting in August 2025

 May 2025 by SU E11401171

To view location-specific provider IDs of CC list recipients, edit any of the following print groups to have the Location Specific Provider ID parameter set to the Identity ID type you want to show and add these print groups to your desired reports. The following print groups support this functionality:

- 76466-Lab - CC List (CSS)
- 76081-Lab - Requisition Entry CC List (CSS)
- 76205-Lab - Order PCP (CSS)
- 76424-Lab - SI - CC List (CSS)
- 76563-Lab - Specimen CC List (CSS)
- 76879-Lab - OI - CC List (CSS)

Use Charge Router Reports to Support Location-Specific ID Troubleshooting

This task should be completed by a Charge Router administrator.

Because location-specific provider IDs are used in billing workflows, add location-specific provider ID information to your Charge Router reports to help you troubleshoot your provider record build and make sure that charges can be routed as intended.

To add location-specific provider ID information to a report created from report template [64004-Charge Router](#)

Reconciliation Summary Report Template, follow the steps in the [Add Criteria to a Report](#) topic to add criteria using the following properties:

- 43870-Billing Provider ID by Location
- 43871-Service Provider ID by Location
- 43872-Requesting Provider ID by Location
- 43873-Requesting Provider

To add location-specific provider ID information to a report created from template [34720-Universal Charge Lines](#) (also known as the Charge Based Report), add the criteria listed above and then follow the steps in the [Configure a Column to Display Information Based on an Extension](#) topic to create copies of the extensions and columns listed below.

- For all of the following extensions, create a copy and set the configurable parameter to an Identity ID type you created for location-specific provider IDs:
 - 91810-CR Billing Provider ID by Location for PAF
 - 91813-CR Service Provider ID by Location for PAF
 - 91814-CR Requesting Provider ID by Location for PAF
 - 91818-CR Billing Provider ID by Location Source for PAF
 - 91819-CR Service Provider ID by Location Source for PAF
 - 91820-CR Requesting Provider ID by Location Source for PAF
- For all of the following columns, create a copy and open it in the Column Editor. Replace the value in the Text ext (I PAF 60) field with the copy you made of that extension:
 - 81910-Billing Provider ID by Location (UCL)
 - 81913-Service Provider ID by Location (UCL)
 - 81914-Requesting Provider ID by Location (UCL)
 - 81916-Billing Provider ID by Location Source (UCL)
 - 81917-Service Provider ID by Location Source (UCL)
 - 81918-Requesting Provider ID by Location Source (UCL)

Add those columns, and column 81915-Requesting Provider (UCL), to your Universal Charge Lines report.

ID	Procedure	CPT Code	Patient Name	Department	Svc Date	Service Provider	Service Provider ID by Location	Billing Provider	Billing Provider ID by Location	Requesting Provider	Requesting Provider ID by Location	Qty	Charge Status
899777	PR OFF/P EST MAY X REQ...	99211 (CPT®)	ERNSTMEYER,ALICIA	EMC FAMILY MEDICINE	12/17/2024	PACE, GARRETT	438054B	PACE, GARRETT	438054B	GABRIEL SHERIDAN	4380481T	1	Filed - Resolute Prof...
899779	CHG ASSAY OF MAGNESIUM	83735 (CPT®)	ERNSTMEYER,ALICIA	EMC FAMILY MEDICINE	12/17/2024	PACE, GARRETT	438054B	PACE, GARRETT	438054B	GABRIEL SHERIDAN	4380481T	1	Filed - Resolute Prof...
899782	PR OFFICE O/P EST LOW 20...	99213 (CPT®)	PARKER,EMILY	EMC ALLERGY	12/17/2024	BARBER, ABBY	4380321J	BARBER, ABBY	4380321J	GABRIEL SHERIDAN	4380411H	1	Workqueue - JRE IN...
899793	PR NOSE ALLERGY TEST	95065 (CPT®)	PARKER,EMILY	EMC ALLERGY	12/17/2024	BARBER, ABBY	4380321J	BARBER, ABBY	4380321J	GABRIEL SHERIDAN	4380411H	1	Workqueue - JRE IN...

The Provider ID by Location columns in a Universal Charge Lines report

Update SmartText Templates to Include Location-Specific IDs

This task should be completed by an EpicCare Ambulatory administrator.

If you use SmartLink 6938-Order Comp: Cached Procedure Order Data (mnemonic: .PXORDDATA) or 6939-Order

Comp: Cached Procedure Order Data Label (mnemonic: .PXORDDATALABEL) in your order report, as described in the [Create the SmartText for Your Report](#) topic, add location-specific provider IDs to that report by entering an Identity ID type you created in the [Configure Identity ID Types for Location-Specific Provider IDs](#) topic in the sixth parameter. If your SmartLink uses the SERLQLNPI mnemonic, enter that ID type in the second caret-delimited piece of the sixth parameter.

Specify the Order Types for Which Location-Specific IDs Are Required

This task should be completed by an EpicCare Ambulatory or EpicCare Inpatient Orders administrator.

Orders that need a location-specific provider ID associated with them need to have an address or location included so that the system can determine which ID to use. To make sure that the address fields for recording this information appear during order entry, specify the order types that need them:

1. In EMR System Definitions, go to the Routing Setup screen.
2. Enter the mnemonics that define the orders for which address fields should appear in the Mnemonics to show address fields for (I LSD 36010) field. For example, enter ORD_LAB to show address fields for all lab orders.

Refer to the [Group Similar Procedures into Order Types](#) topic for information about the profile variables available to use as mnemonics and how to configure them.

Update Interfaces to Support Location-Specific IDs

This task should be completed by a Bridges administrator.

Send Location-Specific IDs on Outgoing Interfaces

For all interfaces that should send location-specific provider IDs, open the relevant interface specification and configure the following profile variables as described:

- Set PROVIDER_ID_HANDLING (847) to 1-Use Identity.
- Set PROV_HL7_ID (916) to a list that includes the Identity ID types you configured for location-specific provider IDs in the [Configure Identity ID Types for Location-Specific Provider IDs](#) topic.

Use the following table to understand the logic that each application-level API uses to identify the information to include in interface messages. Note that this table describes only the items used and not the behind-the-scenes logic. You might need to work with application analysts to update order entry configuration or other features to include the fields they need to fill out to provide this information.

Application	Interface Kinds	Provider	Item-Based Logic
Beaker	<ul style="list-style-type: none">• 8-Outgoing Ancillary Orders (for requisition groupers only)• 109-Outgoing Results and Orders	Authorizing provider from requisition (PV1-7)	In the requisition record, check the Authorizing Provider Routing Address (I REQ 102) item for the address and the Requisition Order Date (I REQ 470) item for the date.
Beaker, Charge Router,	760-Outgoing Financial Transactions	Charge requesting provider (ZFT-31)	In the universal charge line record, check the Order ID (I UCL

Application	Interface Kinds	Provider	Item-Based Logic
EpicCare Inpatient Orders			<p>121) item and then retrieve the ordering provider. If there is no order record associated with the charge, check the following items:</p> <ul style="list-style-type: none"> • Referral Provider (I UCL 217) for the provider on the charge • If there is no referral provider on the charge, check the Referral (I UCL 216) item for a referral ID, and then the following items on that referral record: <ul style="list-style-type: none"> ◦ Referring Provider (I RFL 300) ◦ Creation Date (I RFL 21) ◦ Referred-by Department (I RFL 305) ◦ Source Facility (I RFL 310) <p>This API uses the same logic as the Charge Billing Provider and Charge Service Provider APIs to identify the department, facility, and service date if there is no referral linked to the charge.</p>
Beaker, Cupid, EpicCare Ambulatory	109-Outgoing Results and Orders	Result interpreter (OBR-32)	<p>In the order record, check the Results Interpreter (I ORD 261) item for the user ID of the verifying user. For example, if pathologists at your organization verify CBC and other clinical pathology tests that they review, the pathologist is the results interpreter. The interface sends the provider ID linked to this user ID, using the Resulting Lab (I ORD 1050) item in the order record to identify the lab linked in the</p>

Application	Interface Kinds	Provider	Item-Based Logic
			Laboratory link (I LDF 51820) item and the department record linked to that laboratory record. If that item doesn't have a value, use the department listed in the Billing Department (I LLB 625) item in the resulting agency record.
Beaker, EpicCare Ambulatory	109-Outgoing Results and Orders	Medical director (OBX-25)	In the order record, check the Resulting Lab (I ORD 1050) item to identify the lab, and then check the Department link (I LDF 98001) item in that laboratory record for the department to use. If that item doesn't have a value, use the department listed in the Billing Department (I LLB 625) item in the resulting agency record.
Beaker, EpicCare Inpatient Orders	<ul style="list-style-type: none"> • 4-Outgoing Appointment Scheduling • 8-Outgoing Ancillary Orders • 55-Outgoing Imaging Results and Orders • 109-Outgoing Results and Orders 	Authorizing provider based on location context (ORC-12, OBR-16, PRT-5)	In the order record, check the Authorizing Provider's Routing Address (I ORD 52463) item for the address. If it is blank, use the value in the Authorizing Provider Routing Address (I REQ 102) item in the requisition record. If both address items are blank, use the address of the ordering department.
Beaker, EpicCare Inpatient Orders	<ul style="list-style-type: none"> • 4-Outgoing Appointment Scheduling • 8-Outgoing Ancillary Orders • 55-Outgoing Imaging Results and Orders • 109-Outgoing Results and 	Ordering provider ID based on location context (ORC-12, OBR-16, PRT-5)	In the order record, check the Ordering Provider's Routing Address (I ORD 52461) item for the address. If it is blank, use the value in the Ordering Provider Routing Address (I REQ 103) item in the requisition record. If both address items are blank, use the address of the ordering department.

Application	Interface Kinds	Provider	Item-Based Logic
	Orders		
Cadence	4-Outgoing Appointment Scheduling	Appointment provider (AIP-3)	In the patient record, check the Appt Staff (I EPT 7040) item and use the ID for the associated provider record in the department or location where the appointment was scheduled.
Charge Router, Referrals	760-Outgoing Financial Transactions	Charge billing provider (FT1-21)	In the universal charge line record, check the Billing Provider (I UCL 215), Department (I UCL 212), Revenue Location (I UCL 202), and Service Date (I UCL 205) items.
Charge Router, Referrals	760-Outgoing Financial Transactions	Charge service provider (FT1-20)	In the universal charge line record, check the Service Provider (I UCL 214), Department (I UCL 212), Revenue Location (I UCL 202), and Service Date (I UCL 205) items.
Cupid, Lumens, Radiant	55-Outgoing Imaging Results and Orders	Result interpreter (OBR-32, PRT-5)	<p>In the order record, check the Imaging Study Department (I ORD 52710), Imaging Study User (I ORD 52705), Imaging Study Provider (I ORD 52706), and Imaging Study Place of Service (I ORD 52711) items. Providers must be logged in to the correct department when they sign or save a study for this logic to return the correct ID.</p> <p>Refer to the Set Up the Incoming Orders and Results (AIK 7) Interface to File the Required Items for additional instructions if you receive imaging results from an outside system. Note also that the Imaging Study Place of Service (I ORD 52711) item is used only for results received through an interface when no department is available.</p>
Cupid, Lumens,	55-Outgoing Imaging	Assistant result	In the order record, check the

Application	Interface Kinds	Provider	Item-Based Logic
Radiant	Results and Orders	interpreter (OBR-33, PRT-5)	<p>Imaging Study Department (I ORD 52710), Imaging Study User (I ORD 52705), Imaging Study Provider (I ORD 52706), and Imaging Study Place of Service (I ORD 52711) items. Providers must be logged in to the correct department when they sign or save a study for this logic to return the correct ID.</p> <p>Refer to the Set Up the Incoming Orders and Results (AIK 7) Interface to File the Required Items for additional instructions if you receive imaging results from an outside system. Note also that the Imaging Study Place of Service (I ORD 52711) item is used only for results received through an interface when no department is available.</p>
Cupid, Lumens, Radiant	55-Outgoing Imaging Results and Orders	Technologist/Supporting staff (OBR-34, OBX-16)	In each department associated with the order, check the Revenue Location (I DEP 4001) item and the corresponding Service Area (I EAF 5250) item.
Cupid, Lumens, Radiant	55-Outgoing Imaging Results and Orders	Transcriptionist (OBR-35)	<p>In the order record, check the Imaging Study Department (I ORD 52710), Imaging Study User (I ORD 52705), Imaging Study Provider (I ORD 52706), and Imaging Study Place of Service (I ORD 52711) items. Providers must be logged in to the correct department when they sign or save a study for this logic to return the correct ID.</p> <p>Refer to the Set Up the Incoming Orders and Results (AIK 7) Interface to File the Required Items for additional instructions if you receive imaging results from an outside system. Note also that the Imaging Study Place of</p>

Application	Interface Kinds	Provider	Item-Based Logic
			Service (I ORD 52711) item is used only for results received through an interface when no department is available.
Cupid, Lumens, Radiant	55-Outgoing Imaging Results and Orders	Expected result interpreter	In each department associated with appointments scheduled for the order, check the Revenue Location (I DEP 4001) item and the corresponding Service Area (I EAF 5250) item.
Cupid, Lumens, Radiant	55-Outgoing Imaging Results and Orders	Expected assistant result interpreter	In each department associated with appointments scheduled for the order, check the Revenue Location (I DEP 4001) item and the corresponding Service Area (I EAF 5250) item.
Cupid, Lumens, Radiant	55-Outgoing Imaging Results and Orders	Performing provider	In each department associated with appointments scheduled for the order, check the Revenue Location (I DEP 4001) item and the corresponding Service Area (I EAF 5250) item.
EpicCare Ambulatory	340-Outgoing Vaccination Administration - Outgoing Request and Incoming Response - Australia	Provider querying for immunization information	The ID used in the interface message is the first one returned by the hierarchy established in profile variable PROVIDER_ID_TYPE_HIERARCHY (9023). Refer to the Assign Clinicians Provider IDs from AIR topic for relevant configuration information.
EpicCare Ambulatory	<ul style="list-style-type: none"> • 2-Outgoing Patient Administration • 8-Outgoing Ancillary Orders • 55-Outgoing Imaging Results and Orders 	Provider who documented a patient's allergies (allergy reporting provider) (ZAL-14)	In the allergy record, check the Allergy Contact (I LPL 3043) item to identify the department and the Allergy Entered Date (I LPL 3040) item to identify the date.

Application	Interface Kinds	Provider	Item-Based Logic
EpicCare Ambulatory	<ul style="list-style-type: none"> • 2-Outgoing Patient Administration • 8-Outgoing Ancillary Orders • 55-Outgoing Imaging Results and Orders 	Provider who last marked a patient's allergies as reviewed (allergy last status provider) (ZAL-18)	In the patient record, check the Allergy Review EPT CSN (I EPT 17787) item to identify the department and the Allergy Last Updated on Date (I EPT 17740) item to identify the date.
EpicCare Ambulatory	244-Outgoing Provider Communications	User sending communication (TXA-5)	In the patient record, check the encounter department, the date in the Encounter Communication Sent - Instant UTC (I EPT 19789) item, and which user sent the communication. If that isn't recorded, check the Sent User (I EPT 19730) item. This user (EMP) record-based item is intended to store the person who sent the communication. If no user is identified, use the provider record specified in profile variable UNK_PROV_ID (94).
EpicCare Ambulatory	244-Outgoing Provider Communications	User communication is from (TXA-9)	In the patient record, check the encounter department, the date in the Encounter Communication Sent - Instant UTC (I EPT 19789) item, and which user sent the communication. If that isn't recorded, check the From User (I EPT 20261) item. This user (EMP) record-based item is intended to store the person who the message is actually from. In an in-Epic workflow, this is the user who requested the communication to be sent. It is often the same as the Sent User, but it does not have to be.
EpicCare Ambulatory	244-Outgoing Provider Communications	Routing Recipients (TXA-23)	In the Note (HNO) associated with the message, reference the Routing Recipients (I HNO 1044) item to find the linked

Application	Interface Kinds	Provider	Item-Based Logic
			Communication Management (LCA) record. In the Communication Management record, find the Provider's unique address ID in the Comm Unique Address ID (I LCA 285) item to determine the correct location-specific provider ID to use.
EpicCare Ambulatory	244-Outgoing Provider Communications	Provider sending communication (ZXA-7)	In the patient record, check which user sent the communication. If that isn't recorded, check the From Provider (I EPT 20271) item. This provider (SER) record-based item is intended to store the provider who is responsible for sending the communication.
EpicCare Ambulatory	244-Outgoing Provider Communications	Communication recipient (ZCP-3)	In the patient record, use the address selected when routing the note as the location and check the date in the Encounter Communication Sent - Instant UTC (I EPT 19789) item.
EpicCare Ambulatory	226-Outgoing Documentation	Notes recipient (ZCP-3)	In the note record, use the address selected when routing the note and the check the date in the Date of Service (I HNO 34315) item.
EpicCare Ambulatory	<ul style="list-style-type: none"> • 55-Outgoing Imaging Results and Orders • 109-Outgoing Results and Orders 	Results recipient (ZCP-3)	This API checks items that are set automatically when a result is routed.
EpicCare Ambulatory	All	PCP (PD1-4)	In the patient record, check the Patient Care Team - Provider Address ID (I EPT 80110) item. If the patient's PCP has no address listed in that item, check the Primary Department (I SER 39) and Departments (I SER 40) items in the PCP's provider record.

Application	Interface Kinds	Provider	Item-Based Logic
EpicCare Ambulatory	<ul style="list-style-type: none"> • 2-Outgoing Patient Administration • 4-Outgoing Appointment Scheduling • 32-Outgoing Surgical Case Scheduling 	Patient-specific Role Person (ROL-4 under PID)	In the patient record, check the Patient Care Team - Provider Address ID (I EPT 80110) item. If the patient's PCP has no address listed in that item, check the Primary Department (I SER 39) and Departments (I SER 40) items in the PCP's provider record.
EpicCare Inpatient Clinical Documentation	All	Attending (PV1-7)	In the patient record, check the Attending Providers (I EPT 18864) item, then the Appt Staff (I EPT 7040) item, and finally, if no provider record has already been identified, the Attending Provider (I PND 180) item in the Pending Lists master file. This API uses the Attending Provider Address ID (I EPT 18854) item to identify the location ID context and uses that together with the identified provider ID, patient ID, and patient DAT to determine the correct location-specific provider ID to use.
EpicCare Inpatient	<ul style="list-style-type: none"> • 2-Outgoing Patient Administration • 4-Outgoing Appointment Scheduling • 32-Outgoing Surgical Case Scheduling 	Visit-specific Role Person (ROL-4 under PV1)	In the patient record, check the visit department. If the attending provider, admitting provider, or other treatment team members do not have an ID associated with that department, check the facility (EAF) record the appointment department is linked to.
EpicCare Inpatient Clinical Documentation	226-Outgoing Documentation	Primary activity provider (episodes of care) (TXA-5)	In the episode record, check the Link History User (I HSB 2102) item for provider records. Check the encounter department of the encounter listed in the Link History CSN (I HSB 2101) item to identify the location ID context, and use that together with the identified provider ID, patient ID,

Application	Interface Kinds	Provider	Item-Based Logic
			and date listed in the Link History Instant Edited (I HSB 2103) item to determine the correct location-specific provider ID to use.
EpicCare Inpatient Clinical Documentation	226-Outgoing Documentation	Primary activity provider (outpatient visits) (TXA-5)	In the patient record, check the Appt Staff (I EPT 7040) item for provider records. This API uses the encounter department to identify the location ID context and uses that together with the identified provider ID, patient ID, and current time to determine the correct location-specific provider ID to use.
EpicCare Inpatient Clinical Documentation	226-Outgoing Documentation	Originator (episodes of care) (TXA-9)	Identify the triggering user and then check the encounter department of the encounter listed in the Link History CSN (I HSB 2101) item to identify the location ID context, and use that together with the identified provider ID, patient ID, and date listed in the Link History Instant Edited (I HSB 2103) item to determine the correct location-specific provider ID to use.
EpicCare Inpatient Clinical Documentation	226-Outgoing Documentation	Originator (outpatient visits) (TXA-5)	In the patient record, check the Appt Staff (I EPT 7040) item for provider records. This API uses the encounter department to identify the location ID context, and use that together with the identified provider ID, patient ID, and patient DAT to determine the correct location-specific provider ID to use
EpicCare Inpatient Clinical Documentation	226-Outgoing Documentation	Assigned authenticator (TXA-10). Note that TXA-10 isn't used for visit- and episode-based messages.	In the note record, check the Cosign User (I HNO 34031) item. This API uses the encounter department to identify the location ID context and uses that together with the identified provider ID, patient ID, and the date listed in the Entry Instant (I

Application	Interface Kinds	Provider	Item-Based Logic
			HNO 17523) item to determine the correct location-specific provider ID to use.
EpicCare Inpatient Clinical Documentation	226-Outgoing Documentation	Authenticators who have cosigned (TXA-22)	<p>In the patient record, check the Addendum Finished User (I EPT 18129) item and then the Visit Close By (I EPT 18121) item for provider records.</p> <p>This API uses the encounter department to identify the location ID context and uses that together with the identified provider ID, patient ID, and patient DAT to determine the correct location-specific provider ID to use.</p>
EpicCare Inpatient Clinical Documentation	All	Referring (PV1-8)	<p>In the patient record, check the Referring Physician (I EPT 31000) item, then the Appt Staff (I EPT 7040) item, and finally, if no provider record has already been identified, the Attending Provider (I PND 180) item in the Pending Lists master file. This API uses the Referral Source Address ID (I EPT 18580) item to identify the location ID context and uses that together with the identified provider ID, patient ID, and patient DAT to determine the correct location-specific provider ID to use.</p>
EpicCare Inpatient Clinical Documentation	All	Consulting/Treatment team (PV1-9)	<p>In the patient record, check the Treatment Team (I EPT 18868) item for provider records. This API uses the Treatment Team Address ID (I EPT 18902) item to identify the location ID context and uses that together with the identified provider ID, patient ID, and patient DAT to determine the correct location-specific provider ID to use.</p>

Application	Interface Kinds	Provider	Item-Based Logic
EpicCare Inpatient Clinical Documentation	All	Admitting (PV1-17)	In the patient record, check the Hospital Admitting Provider (I EPT 18867) item for provider records. This API uses the Admitting Provider Address ID (I EPT 18894) item to identify the location ID context and uses that together with the identified provider ID, patient ID, and patient DAT to determine the correct location-specific provider ID to use.
EpicCare Inpatient Clinical Documentation	226-Outgoing Documentation	Requested cosigner (notes) (TXA-10)	In the note record, identify the provider ID for the requested cosigner for a given note contact or the most recent value in the Cosign User (I HNO 34031) item. The date to use is determined by the Entry Instant (I HNO 17523) item.
EpicCare Inpatient Clinical Documentation	226-Outgoing Documentation	Note author (TXA-9)	In the note record, identify the provider ID linked to the user record of the author for a given note contact or the most recent value in: <ul style="list-style-type: none"> • The Author Linked Provider (I HNO 58) item, if profile variable NOTE_ORIGINATOR (11482) is set to 0. • The Note Author (I HNO 55) item, if profile variable NOTE_ORIGINATOR (11482) is set to 1.
EpicCare Inpatient Clinical Documentation	226-Outgoing Documentation	Linked author (notes) (TXA-5)	This API uses the Update by Author Instant (I HNO 17057) item to identify the date and location ID context and the Author Linked Provider (I HNO 58) item to identify the author, and uses that information together with the note author's provider record ID, Identity ID type, and encounter department to determine the

Application	Interface Kinds	Provider	Item-Based Logic
			correct location-specific provider ID to use.
EpicCare Inpatient Clinical Documentation	226-Outgoing Documentation	Authenticator (TXA-22)	This API uses the Action Taken Instant (I HNO 34051) item to identify the date and location ID context and uses that information together with the note author's provider record ID, Identity ID type, and encounter department to determine the correct location-specific provider ID to use.
EpicCare Inpatient Clinical Documentation	226-Outgoing Documentation	Routing Recipients (TXA-23)	In the Note (HNO) associated with the message, reference the Routing Recipients (I HNO 1044) item to find the linked Communication Management (LCA) record. Within the Communication Management record, find the Provider's unique address ID in the Comm Unique Address ID (ILCA 285) item to determine the correct location-specific provider ID to use.
EpicCare Inpatient Clinical Documentation	226-Outgoing Documentation	CC Provider (TXA_23)	For notes with an order attached, check the order linked in the Orders Linked to this Document (I HNO 1024) item. From that order, use the Routing Address Identifier (I ORD 51130) item to determine the correct location-specific provider ID to use.
EpicCare Inpatient Clinical Documentation	226-Outgoing Documentation	Role Person (ZOL-4)	In the patient record, check the visit department. If the attending provider, admitting provider, or other treatment team members do not have an ID associated with that department, check the facility (EAF) record the appointment department is linked to.
OpTime	32-Outgoing Surgical Case Scheduling	Resource (AIP-3)	In the surgical case record, check the Surgeon (I ORC 1050) item and use the ID for the associated provider record in the department or location where the surgery was

Application	Interface Kinds	Provider	Item-Based Logic
			performed.
Referrals	8-Outgoing Ancillary Orders	Referred-to provider (PRT-5)	In the order record, check the Provider Referred To (I ORD 3100) item for the provider ID. Then check the Provider Referred to Address ID (I ORD 3105) item, the Referred to dept (I ORD 3130) item, and the Referred To Location (I ORD 3110) items, in that order, to determine the address or location to use. Refer to the Referred By/To Section (94204-SEC_RFL_REFERRED_BY_TO) topic for information about setup options for the fields where the required information is entered. Refer to the Configure the Service Area Calculation for a Referral topic for an explanation of how a referral's service area is calculated.
Referrals	13-Outgoing Referral Notification	Providers linked to a referral (PRD-7)	To identify the providers linked to a referral, this API checks the following items in the referral record and the patient record: <ul style="list-style-type: none"> • Referring Provider (I RFL 300) • Referred to Provider (I RFL 400) • Additional Providers (I RFL 415) • Triaging User (I RFL 968) • Primary Care Provider (I EPT 80102)
Springboard	2-Outgoing Patient Administration	Hospital account (HAR) lead consultant (ZAR-5, ZDT-15)	This API (getConsLocIDFromHar-20) checks items that are set automatically when a patient is assigned a lead consultant.

Application	Interface Kinds	Provider	Item-Based Logic
EpicCare Ambulatory, Radiant, Beaker	<ul style="list-style-type: none"> • 8- Outgoing Ancillary Orders • 55-Outgoing Imaging • 109- Outgoing Results and Orders 	Results Copied To (OBR-28, PRT-5)	<p>The API determines the location-specific context for results copied to providers by checking the Routing Address Identifier (I ORD 51130) item associated for a given CC Provider (I ORD 51115) item.</p> <p>For Radiant orders, the API determines the location-specific ID for Radiant copied to providers by checking the Recipient Routing Address (I ORD 52018) item associated with the Results Routing Recipient (I ORD 52015) item.</p> <p>For Beaker orders, the API determines the location-specific context for results copied to providers by following the logic listed below:</p> <ul style="list-style-type: none"> • First by checking the Routing Address Identifier (I ORD 51130) item associated for a given CC Provider (I ORD 51115) item. • If the address is not specified and the order has a submitter linked in CC Submitter ID (I ORD 51105), we determine the context by checking the Associated Submitter Routing Address ID (I SER 51361) item to determine a location-specific ID. • If the submitter is not associated for a given provider in the Submitter Routing Address ID (I SER 51361) item, then it uses the Place of Service (I

Application	Interface Kinds	Provider	Item-Based Logic
			<p>SMT 200) item specified in the submitter listed for a CC provider to determine the location-specific ID.</p> <p>When the results copied to provider is stored in the CC list (I ORD 105) the following API logic is used to determine the address used to find and send a location-specific ID:</p> <ul style="list-style-type: none"> • If the Use Care Team Address for Provider (I LSD 34849) item is set to 1-Yes, then the Patient Care Team – Provider Address ID (I EPT 80110). • If the Is Primary (I SER 21090) item is set to 1-Primary for a given address line (I SER 21000). • Otherwise, it uses the first secondary address line that is valid.
EpicCare Ambulatory, Radiant, Beaker	<ul style="list-style-type: none"> • 8- Outgoing Ancillary Orders • 55-Outgoing Imaging Results and Orders • 109- Outgoing Results and Orders 	Order Responsible Provider (OBR-28, PRT-5)	<p>When the Order Responsible Provider is stored in the Coord Care Provider (I ORD 106) item the following API logic is used to determine the address used to find and send a location-specific ID:</p> <ul style="list-style-type: none"> • If the Use Care Team Address for Provider (I LSD 34849) item is set to 1-Yes, then the Patient Care Team – Provider Address ID (I EPT 80110). • If the Is Primary (I SER 21090) item is set to 1-Primary for a given address line (I SER

Application	Interface Kinds	Provider	Item-Based Logic
			<p>21000).</p> <ul style="list-style-type: none"> Otherwise, it uses the first secondary address line that is valid. <p>For Beaker orders, the API determines the location-specific context for results copied to providers by following the logic listed below:</p> <ul style="list-style-type: none"> First by checking the Routing Address Identifier (I ORD 51130) item associated for a given CC Provider (I ORD 51115) item. If the address is not specified and the order has a submitter linked in CC Submitter ID (I ORD 51105), we check the Associated Submitter Routing Address ID (I SER 51361) item to determine a location-specific ID. If the submitter is not associated for a given provider in the Submitter Routing Address ID (I SER 51361) item, then it uses the Place of Service (I SMT 200) item to determine the location-specific ID.

Set Up the Incoming Orders and Results (AIK 7) Interface to File the Required Items

If you receive imaging results from an external system, you must do additional configuration for the Incoming Orders and Results (AIK 7) interface to correctly file the items used in the APIs listed above.

- Use the Interface Reference Guide Viewer in Hyperspace to refer to the Reading Location (quick jump code: Q420646#AID^420740J) topic for the setup required to file the Imaging Study Department (I ORD 52710) and Imaging Study Place of Service (I ORD 52711) items. These items are used for the result interpreter, assistant result interpreter, and transcriptionist provider types listed above.
- Use the Interface Reference Guide Viewer in Hyperspace to refer to the OBR-32 - Principal Result Interpreter (quick jump code: Q420646#V2I^307^175307^332^7^130J) topic for the setup required to file

the Imaging Study User (I ORD 52705) and Imaging Study Provider (I ORD 52706) items. These items are used for the result interpreter, assistant result interpreter, and transcriptionist provider types listed above.

If you schedule or perform imaging orders in an external system, use the Interface Reference Guide Viewer in Hyperspace to refer to the instructions for configuring the ORDER_PERFORMING_DEPT profile variable in the following topics for the setup required to file the Imaging Performing Department (I ORD 52645) item. This item is used for the result interpreter, assistant result interpreter, performing provider, and technologist provider types in the table above.

- PVI-3 - Assigned Patient Location (quick jump code: Q420646#V2I^307^175303^368^7^13J)
- PVI-11 - Temporary Location (quick jump code: Q420646#V2I^307^175303^364^7^13J)
- ORC-10 - Entered By (quick jump code: Q420646#V2I^307^175305^372^7^13J)

Receive Location-Specific IDs on Incoming Interfaces

Starting in May 2025

Incoming Provider Information (AIK 20) interfaces support receiving location specific IDs in the ZLS (Location Specific IDs) segment. When updating or creating a provider (SER), location specific IDs can be associated with one or more Facility (EAF) records, Department (DEP) records, or provider addresses in the provider record.

Multiple ZLS segments can be received for the same location-specific ID and ID Type pair. However, pairs set to the Exclusive context can only be associated with one set of Facility, Department, and address locations. Profile variable LOCATION_SPECIFIC_VALIDATION_METHOD (7177) determines the filing behavior of ZLS segments with the same location specific ID and ID Type pair after an earlier errors. For more information consult the Incoming Provider Interface Reference Guide (Q421245#V2T^3^92^20^J).

For all other interfaces that should receive location-specific provider IDs, open the relevant interface specification and configure the following profile variables as described:

- Set profile variable PROVIDER_ID_HANDLING (847) to 1-Use Identity.
- Determine the Identity ID Types (IITs) that you configured for location-specific provider IDs in the [Configure Identity ID Types for Location-Specific Provider IDs](#) topic and which method of provider lookup you use. Incoming interfaces must use Identity ID Types with the context 21001-Location Specific Provider ID (Exclusive). The Identity ID Type used for lookup can be determined in one of the following ways:
 - The ID type can be specified directly in the provider field.
 - A default provider ID type can be listed for the interface in the table specified in profile variable IDENTITY_LOOKUP_TBL (9751).

The following table contains the interfaces and provider fields that support receiving location-specific IDs to select a provider address line for use during message filing.

Application	Interface Kinds	Provider Field	Item-Based Logic
Beaker	93-Incoming Orders from CPOE Systems, using Clinlab Reference Lab filing context to file to Beaker	Ordering Provider (OBR-16, PRT-5)	<p>When creating a new order, the address line found using the location-specific ID is filed to the Ordering Provider's Routing Address (I ORD 52461) item.</p> <p>When creating a new requisition (REQ), the address line is filed to the Ordering Provider Routing Address (I REQ 103) item.</p>

Application	Interface Kinds	Provider Field	Item-Based Logic
Beaker	93-Incoming Orders from CPOE Systems, using Clinlab Reference Lab filing context to file to Beaker	Authorizing Provider (OBR-16, PRT-5)	<p>When creating a new order, the address line found using the location-specific ID is filed to the Authorizing Provider's Routing Address (I ORD 52463) item.</p> <p>When creating a new requisition (REQ), the address line is filed to the Authorizing Provider Routing Address (I REQ 102) item.</p>
Beaker	7-Incoming Ancillary Results and Orders, filing to Beaker	Ordering Provider (OBR-16, PRT-5)	When creating a new reflex order, the ordering provider address line found using the location-specific IDs received in the message is used to select which order to reflex from. The provider and address lines are always copied from the reflex source order to the new order created by the interface.
Beaker	7-Incoming Ancillary Results and Orders, filing to Beaker	Authorizing Provider (OBR-16, PRT-5)	When creating a new reflex order, the authorizing provider address line found using the location-specific IDs received in the message is used to select which order to reflex from. The provider and address lines are always copied from the reflex source order to the new order created by the interface.
EpicCare	93-Incoming Orders from CPOE Systems, using EMR filing context	Ordering Provider (OBR-16, PRT-5)	When creating a new order, the address line found using the location-specific ID is filed to the Ordering Provider's Routing Address (I ORD 52461) item.
EpicCare	93-Incoming Orders from CPOE Systems, using EMR filing context	Authorizing Provider (OBR-16, PRT-5)	When creating a new order, the address line found using the location-specific ID is filed to the Authorizing Provider's Routing Address (I ORD 52463) item.
EpicCare	93-Incoming Orders from CPOE Systems, using EMR filing context	Referred To Provider (OBR-16, PRT-5)	When creating a new order, the address line found using the location specific ID is filed to the Provider Referred To Address ID (I ORD 3105) item.
EpicCare	7-Incoming Ancillary Results and Orders	Authorizing Provider (OBR-16, PRT-5)	<p>When creating a new order, the address line found using the location-specific ID is filed to the Authorizing Provider's Routing Address (I ORD 52463) item.</p> <p>When receiving an order update, the address line is filed only when you have profile variable PROVIDER_UPDATE (96) set to update the provider.</p>

Application	Interface Kinds	Provider Field	Item-Based Logic
EpicCare	7-Incoming Ancillary Results and Orders	Ordering Provider (OBR-16, PRT-5)	<p>When creating a new order, the address line found using the location-specific ID is filed to the Ordering Provider's Routing Address (I ORD 52461) item.</p> <p>When receiving an order update, the address line is filed only when you have profile variable PROVIDER_UPDATE (96) set to update the provider.</p>
EpicCare	168-Incoming Scanned Document Link	Authorizing Provider (OBR-16, TXA-5)	<p>When creating a new order in either an inpatient or outpatient context, the address line found using the location-specific ID is filed to the Authorizing Provider's Routing Address (I ORD 52463) item. The Provider (SER) found by the location-specific ID is filed to the Authorizing Provider (I ORD 100) item.</p> <p>When creating or updating an order in a message with no OBR segment, the Authorizing Provider is received in TXA-5.</p>
EpicCare	168-Incoming Scanned Document Link	Ordering Provider (OBR-16, TXA-5)	<p>When creating a new order in an inpatient context, the address line found using the location-specific ID is filed to the Ordering Provider's Routing Address (I ORD 52461) item. The Provider (SER) found by the location-specific ID is filed to the Ordering Provider (I ORD 34030) item.</p> <p>When creating or updating an order in a message with no OBR segment, the Ordering Provider is received in TXA-5.</p>
EpicCare	168-Incoming Scanned Document Link	CC Provider (TXA-23, OBR-28)	<p>When creating a new order with a CC provider, the address line is stored in the Routing Address Identifier (I ORD 51130) item, and the Provider is stored in the CC Provider (I ORD 51115) item.</p> <p>If the same provider is copied at multiple addresses, all the addresses save. If a provider is copied at an inactive address, no address is saved. If a provider is copied without a specific address, no address will be saved.</p>
EpicCare	168-Incoming Scanned Document Link	Routing Recipients (TXA-23, OBR-28)	<p>When creating a note with a CC provider, the information found using the location-specific ID is filed to the Communications Management (LCA) record linked in the Routing Recipients (I HNO 1044) item.</p> <p>The provider's name is stored in the Comm Name (I</p>

Application	Interface Kinds	Provider Field	Item-Based Logic
			<p>LCA 200) item, and the Provider's unique routing address Id is stored in the Comm Unique Address ID (I LCA 285) item.</p> <p>If the same provider is copied at multiple addresses, only the first valid address saves. If a provider is copied either at an inactive address or at no specific address, the API calculates and stores an address for the provider.</p>
EpicCare	11-Incoming Transcriptions	Authorizing Provider (OBR-16, TXA-5)	<p>When creating a new order in either an inpatient or an outpatient context, the address line found using the location-specific ID is filed to the Authorizing Provider's Routing Address (I ORD 52463) item. The provider (SER) record found by the location-specific ID is filed to the Authorizing Provider (I ORD 100) item.</p> <p>When creating or updating an order in a message with no OBR segment, the Authorizing Provider is received in TXA-5.</p>
EpicCare	11-Incoming Transcriptions	Ordering Provider (OBR-16, TXA-5)	<p>When creating a new order in an inpatient context, the address line found using the location-specific ID is filed to the Ordering Provider's Routing Address (I ORD 52461) item. The provider (SER) record found by the location-specific ID is filed to the Ordering Provider (I ORD 34030) item.</p> <p>When creating or updating an order in a message with no OBR segment, the Ordering Provider is received in TXA-5.</p>
EpicCare	11-Incoming Transcriptions	CC Provider (TXA-23, OBR-28)	When creating a new order with a CC provider, the address line is stored in the Routing Address Identifier (I ORD 51130) item, and the Provider is stored in the CC Provider (I ORD 51115) item.
EpicCare	11-Incoming Transcriptions	Routing Recipients (TXA_23, OBR-28)	<p>When creating a note with a CC provider, the information found using the location-specific ID is filed in the Communications Management (LCA) record linked in the Routing Recipients (I HNO 1044) item.</p> <p>The provider's name is stored in the Comm Name (I LCA 200) item, and the provider's unique routing address ID is stored in the Comm Unique Address ID (I LCA 285) item.</p>

Application	Interface Kinds	Provider Field	Item-Based Logic
EpicCare	<ul style="list-style-type: none"> • 7- Incoming Ancillary Results and Orders • 93- Incoming Orders from CPOE Systems 	Results Copied To (OBR-28)	<p>Providers are only appended as Result Copied to Providers on orders when you have profile variable UPDATE_CC_LIST (14521) set to 1-Update CC List.</p> <p>The address line found using the location-specific ID is filed to the Routing Address Identifier (I ORD 51130) item.</p> <p>For Radiant orders, the address line found using the location-specific ID is filed to both the Routing Address Identifier (I ORD 51130) item and the Recipient Routing Address (I ORD 52018) item.</p>

Provider Support: Ongoing Tasks

In this section, we'll cover the tasks that you might need to perform on a regular basis.

Easily Update Assignable Providers in your Department

 Starting in May 2025

Give clinic managers and clinicians easy ways to edit their departments' assignable providers themselves without needing to work with you or other analysts.

Give Clinic Managers Access to the Department Providers Activity

When a provider needs to be able to be assigned as the provider for an encounter in a given department, clinic managers can list the provider in the Department Providers activity to easily edit the Department (I SER 40) field in the provider's record.

To access this activity, clinic managers need Provider Maintenance security point 101-Activity Access – Department Providers – Edit. With this security, they can access the Department Providers activity through the Edit Assignable Department Providers link in the Change Provider window or through the Schedule Admin menu.

To add the security point to existing Provider Maintenance security classes, complete the following steps:

1. In Hyperspace, open the Security Class Editor activity and search for the custom security class you want to edit.
2. Search for security point 101-Activity Access - Department Providers - Edit and set it to Yes.

Security class 19412-Provider Maintenance Edit Department Providers Only Security is an Epic-released security class that contains only the security point users need to access the Department Providers activity. To add this security class to a user, complete the following steps:

1. In Hyperspace, open the User Security activity and search for the user (EMP) record that you want to update.
2. Go to the Provider Maintenance node and add security class 19412-Provider Maintenance Edit Department Providers Only Security.

Refer to the [Give Staff Access to Only Specific Forms in the Provider Editor](#) topic for more information about considerations for updating Provider Maintenance security.

Department Providers

Assignable providers in PCS FAMILY MEDICINE ⓘ

Name	Allow Scheduling in This Department?
DAVID LUIZ [4145904]	<input checked="" type="checkbox"/>
STEPHEN SPOERRI [4145905]	<input type="checkbox"/>
JANE SMITH [4145903]	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

In the Department Providers activity, the Allow Scheduling in This Department? column corresponds to the Scheduling (I SER 41) field in a provider's record. Clinic managers can select the column's checkbox to allow schedulers to directly schedule the provider to new appointments if the provider has a scheduling template, or they can leave it cleared if they want the provider to be assigned as an encounter provider only through Change Provider workflows.

Enable Automatic Updates

Assignable providers can be updated dynamically if the Auto-update provider departments (I LPR 8117) field is set to Yes for the logged-in user's compiled profile. To allow providers to be automatically added as assignable when clinicians change the encounter provider to a provider not listed in the encounter department, complete the following steps:

1. In Clinical Administration, open the logged-in user's profile record and select Schedule, Chart Request.
2. Go to the Schedule Provider Changes screen.
3. Enter Yes in the Auto-update provider departments (I LPR 8117) field.

This allows clinicians to make providers assignable in the encounter department through Change Provider workflows. For example, if a provider clicks Change Provider to Me, the encounter department gets added to the Department (I SER 40) field in their provider record, ensuring that they are assignable without a clinic manager needing to do anything. Refer to the [Change a Generic Provider to a Specific Provider Automatically](#) topic for more information about how to configure automatically changing the encounter provider in workflows other than Change Provider to Me.

Considerations

If you use the Department (I SER 40) field to restrict which providers are assignable in a department, we recommend against enabling automatic updates to assignable department providers. For example, some organizations restrict the providers that are added to the Department field to prevent residents from being added as encounter providers. Some other organizations use the Department field to determine whether someone should have access to view certain sensitive information.

Identify Provider Records with More Than One Linked User Record

If a user is also a provider, her user record should be linked to her corresponding provider record. Because this

link allows the system to display the correct provider's information when a user logs in to Hyperspace, each provider should have only one linked user record.

You can use the Check EMP-SER Links utility to find provider records with more than one linked user record. Starting in August 2024, you can find the utility by accessing Clinical Administration, then going to Management Options > Utilities > Application Utilities > ASAP > Check EMP-SER Links. In May 2024 and earlier, you can find the utility by accessing Clinical Administration, then going to Management Options > Utilities > ASAP > Check EMP-SER Links.

Eliminate Duplicate Providers

Duplicate provider records can be confusing and frustrating for users. When you have duplicate provider records, you need to soft-delete one of them so users don't keep selecting both providers. Soft-deleting leaves the provider record in the system for cases where the provider has already been selected, but it doesn't allow users to select the record in the future.

We recommend that you configure a Provider Maintenance Report to run daily to follow up on potential duplicate provider records. Based on the results you find in the report, you should soft-delete any duplicate provider records.

Update Provider Records with Imports

To keep your Provider master file up to date, it's important to update your provider information regularly. For example, a provider's contact information might change if they move to a different clinic. You can do this by manually updating provider records in Chronicles, but Epic recommends regular imports of provider data.

If you're using Data Courier or Content Management, we recommend that you always import provider records into non-production environments first and then use Data Courier or a Content Management ticket to move over these records.

1. Use JXPRT to export your Provider (SER) master file to a spreadsheet. Contact your Epic representative for assistance with this task.
2. Update all the necessary information about each provider in the spreadsheet and add any new providers.
3. Sort your spreadsheet so you can easily locate any duplicate provider entries, and delete any duplicative rows.
4. If necessary, download the Import Spreadsheet Macro:
 - Access the Epic UserWeb and go to the Community Library page.
 - Click Import Spreadsheet in the Downloadable Content and Samples section.
 - Select the Spring 2006 and Beyond version of the macro and save it to your workstation or network drive.
 - Access the file and unzip the macro to a location of your choice. Note that a document containing technical information about the macro is also unzipped to the location you specified. Epic strongly recommends that you read the document before going to the next step.
5. Open the Excel spreadsheet containing the data you want to extract to a source file. Then, open the macro.
6. In the data spreadsheet, open the macro window (Tools > Macro > Macros).
Note: Depending on your version of Excel, your path to the macro might differ.
7. Verify that All Open Workbooks is selected.

8. Select the Export Data macro and click Run.
9. When the Export Data window opens, enter a file name for your source file and navigate to the location where it will be saved (usually on the desktop). Click Save to create the file.
10. Use FTP to connect to the appropriate Epic server and copy your text file into a folder on the server.

After you've uploaded your text file to the Epic server, you can check it for errors and import the providers using import specification SER,1000-Template-Provider.

Scan the source file:

1. Access Chronicles for the Provider (SER) master file.
2. Go to Enter Data > Import Provider/Resources > Scan Source File.
3. At the Import Specification prompt, enter #SER,1000.
4. Enter the path to your text file and its file name; for example, /folder1/folder2/SER20101101.txt.
5. In the Clear log? field, enter Yes.
6. Select Log Print and press ENTER at the following screen.
7. If errors exist, correct them in the spreadsheet, recreate a text file, upload it to your Epic server, and then repeat steps 1-6.

Import the source file:

1. From the Chronicles Main Menu, select Enter Data > Import Provider/Resources > Import Data.
2. At the Import Specification prompt, enter #SER,1000.
3. In the Clear log? field, enter Yes.
4. Enter the path to the text file and its file name.
5. Enter an initial contact date. Type t for today's date and press ENTER.
6. In the Continue with Import Processing? field, enter Yes and press ENTER.

Manage Newly Created or Edited Provider Records with the Provider Maintenance Report Template

When users create new provider records in the system (either using Provider on the Fly, importing new records, or creating them manually with administrator security), you must verify that the information in these records is complete and correct. Use a report built from the [Provider Maintenance report template](#) to identify new provider records and update new provider information.

We recommend that you review your report every day or every other day to keep the provider information in your system as accurate as possible.

Considerations

If you use Care Everywhere and the outside provider messaging feature, the system might create additional SER records for transitions of care workflows. Refer to the [Maintain Your Provider \(SER\) Master File](#) and [Review the Provider Maintenance Report Template \(Epic 2018 and Later\)](#) topics for information on this feature.

Manage Providers Who Leave Your Organization

When a provider leaves your organization, you need to update the system to reflect this. That way, schedulers

don't make appointments for the outgoing provider and they aren't able to authorize new orders, for example. We recommend that you take an integrated approach to removing provider information from your system that involves both the Provider/Resource (SER) and User Security (EMP) master files. However, you shouldn't unlink the provider's records in these two master files as part of your approach because the links between them might still be relevant later on, such as if a provider returns to your organization.

The steps you take to handle a provider's departure happen in phases. Immediately after the caregiver leaves the organization, you can make changes to the departing provider's user and provider records and make preparations for any additional tasks that need to be completed for the provider post-departure. Refer to the [Provider Off-Boarding Setup & Support Guide](#) for a detailed list of actions to be taken once you are notified of a provider's departure.

There are several fields which likely need to be updated in the same way for all departing providers. You can save time by creating a [blueprint](#) to apply these updates consistently. In the Foundation System, blueprint B10089-Departing Provider is configured to apply updates that are likely needed for the majority of departing providers. Note that you need to [enable blueprints to overwrite values](#) to make a blueprint for departing providers most effective.

Update NPI IDs for Multiple Providers

To make updating new provider records easier and faster, you can use a macro-enabled workbook to look up multiple provider NPI IDs at once. This workbook uses NPI ID information from CMS to match your provider records with NPI IDs, and then record that NPI ID information so you can import it back into Chronicles.

This tool is especially helpful if you are using external provider directories, which is part of the Outside Provider Messaging feature. This feature automatically creates and updates provider records, and you can use this tool to update NPIs for those records.

Download the [SER NPI Workbook.xlsxm](#) file from Galaxy and follow the instructions on the How to Use This Workbook tab.

In summary, here are the steps you need to follow:

1. Export provider data from Chronicles, specifically provider names and other key information.
2. On the NPI Lookup tab, enter the provider name (I SER .2) item values in the SER Name column.
3. Optionally follow the details on the Advanced Instructions tab to modify the input and output parameters to retrieve desired information from CMS.
4. Populate NPI information from CMS by clicking the Run for all button if you intend to update NPI information for all exported providers, or by selecting only those providers with NPI information that you want to update and clicking the Run for selection button. The macro that runs might take a long time depending on how many provider records you are looking up. If you are using 32-bit Excel, we recommend closing any other files you have open before running the macro to prevent the macro from causing the program to time out without saving your changes.
5. Enter the NPI IDs into provider records in Chronicles. You can update many records at once using the standard provider import specifications or update individual provider records by entering the IDs manually. Refer to the [Import Provider Information](#) topic for more detailed instructions for importing the IDs.

Verify and Sort Contact Numbers in Provider Records

You can use a utility to verify the contact numbers (I SER 10) for the contacts of a provider's record. The utility gives you the option to correct the contact numbers so that they are in sequence with the contact dates.

The utility verifies Provider (SER) records for individually entered records or for a subset of records.

To access this utility in Clinical Administration, select Management Options > Utilities > Miscellaneous Utilities > SER Contact Number Verification.

Provider Support: Common Issues

In this section, we'll cover some common issues that you might encounter, along with possible solutions for addressing the issue.

Provider records have many unnecessary contacts.

For example, if Dr. Landau's information hasn't changed since you last verified the record on 2/23/2009, there shouldn't be contacts for 5/13/2009.

Maggie Ross PEGG FAMILY PRACTICE	MODEL SYSTEM Provider Master File	Date: 4/8/2010 Time: 2:17 PM
Provider/Resource Name LANDAU, GEORGE		Provider/Resource ID 23490487
Contact # Contact Date Comment		
9	5/13/2009	Update
8	5/13/2009	Update
7	5/13/2009	Update
6	2/23/2009	Update
5	2/23/2009	Update
4	1/1/2004	Update
3	1/1/2004	Update
2	1/1/2004	Update
1	4/23/1996	Initial entry
Enter Contact # or New Effective Date:		

Solution

To avoid creating unnecessary contacts, we recommend that you only create new contacts when updating information that is tracked over time. The following items in the SER master file are tracked over time:

Name	Item
Contact Serial Number	I SER 8
Clinician Title (IntraConnect)	I SER 5
UCI Community Descriptor	I SER 16
Contact Owner	I SER 19
Clinician Title	I SER 26
Contact Comment	I SER 38
Staff-Resource Name	I SER 1021
Provider Type	I SER 1041
Provider Specialty	I SER 1051
Doctor's Credentials	I SER 1061
Licensure	I SER 6001
Home Health Discipline	I SER 27001
Inpatient Provider Licensure	I SER 34851
Inpatient Provider Discipline	I SER 34901

Address updates don't appear in provider records.

Solution

If you import information for the secondary address fields in the provider record (items in the 21000-21999 range) without importing information to the primary address fields (items in the 1200-1299 range), the provider address information might not get saved.

To prevent this from happening, you must specify an address as primary for the provider (even if the provider has only one address) when importing information into Epic.

Users can't select a provider as a referring provider, ordering provider, or admitting provider.

Solution

Your users encounter situations where they can't select a particular provider that exists in the system as an authorizing, referring, or ordering provider. Certain physicians notice they aren't able to authorize medication orders themselves. Issues like this indicate that the privileges in some of your provider records need attention.

To verify the provider's privileges, open the SER record in a text session. If you need help identifying the fields you must fill out for specific types of providers (such as authorizing providers, admitting providers, and more), contact your Epic representative for more information.

Some key privileges and their settings to check include:

Privilege	SER Items	Update In
Admitting	I SER 810-817	Hyperspace
Attending	I SER 850-857	Hyperspace
Orders authorizing	I SER 8220	Text
Medications authorizing	I SER 8210	Text
Authorized locations	I SER 8205, 8209, 8212	Text
Inpatient ordering	I SER 34920	Text
Outpatient ordering	I SER 34921	Text
Referring source	I SER 45	Text
Authorizing privileges	I SER 5033, 5035, 5057, 5030, 5045, 5055	Hyperspace

We're receiving claim denials due to missing provider information.

Solution

If your organization starts to experience this issue, check the billing-related settings in the provider's record. Work with the biller who reported the issue to determine what information you need to appear on your claims and verify that the provider's record includes the correct information for this purpose.

Start your investigation of the provider's record by checking these billing-related settings:

- National Provider Identifier (NPI) (I SER 9300, 9301, 9305, 9306, 9349): Each provider who might appear as the billing provider on an insurance claim needs to have an NPI ID in their SER record. The Foundation System uses Identity ID Type 60-Provider NPI to specify the provider's NPI.
- Taxonomy Codes (I SER 9300-9301): Use the ID Maintenance activity to assign taxonomy codes to providers that can be included on claims. If needed, create an ID Type for taxonomy codes by following the steps outlined in the [Configure Taxonomy Codes](#) section.
- IRS Number (I SER 1730-1733): Specify the federal tax ID to send on the claim for the provider. You can specify effective from and to dates as well as an extension record in case you need to send a different tax ID under different circumstances.

Maggie Ross PEGG FAMILY PRACTICE	PEGG FAMILY PRACTICE Provider Master File	Date: 6/15/2010 Time: 6:23 PM
Staff/Resource: ROSS, MAGGIE - 800501		
Billing Information		
<u>IRS#</u>	<u>Effective From</u>	<u>Effective To</u>
1. 2130983799 2. 4987399930		
<u>Extension</u> IRS NUMBER BY DE* IRS NUMBER BY CO*		
Contract:		
— [F6-Insurance Filing Info, F7-Insert Line, F8>Edit Contract, F9>Edit EXT] —		

- DEA# (I SER 1310): Enter the provider's Drug Enforcement Agency number if your organization needs it to send on claims. This item isn't generally sent on claim forms.
- PIN Table: PIN tables link to each SER record and help you send PIN numbers on your claims. In many cases, the NPI has replaced the PIN, so if you need to send PINs on claims, work with your Epic representative to configure claims forms appropriately.

Maggie Ross PEGG FAMILY PRACTICE	PEGG FAMILY PRACTICE Provider Master File	Date: 6/15/2010 Time: 7:27 PM		
Provider Credentials				
Provider: (src) 800501-ROSS* Ref Source: 800501-ROSS, MAGG* Status: ACTIVE				
Contact Comment:				
Insurance Filing Information				
<u>Financial Class</u>	<u>Payer</u>	<u>Plan</u>	<u>Claim Category</u>	
1. Worker's Comp 2.	637301-AMERISAFE	867-AMERISAFE H*		
<u>POS Locale</u>	<u>POS</u>	<u>LOC Locale</u>	<u>Location</u>	<u>Department</u>
<u>Provider PIN</u>	<u>Referral PIN</u>	<u>Par Status</u>	<u>Asgn Status</u>	
154566	649266	Non-Partici*	-	
[F6-Pull Data from Prev Contact, F7-Insert Line, F8-Sort Entries] [F9-Find Provider PIN, F10-Find Referral PIN, F20-Delete Line]				

- Attending Privileges (I SER 850-857): You need to setup attending privileges for providers who are valid attending providers and can appear on claims as the attending provider. Remember to limit these privileges to only valid attending providers, so that patient access staff only see appropriate providers to select during their workflows.
For outpatient services that require an attending provider on a claim, most organizations set up all valid referring providers to have attending privileges for outpatient services. You can add this configuration using rules that identify your outpatient services without impacting the more restrictive nature of attending privileges for admissions.

Maggie Ross	MI HOMSYSTEM Provider Master File	Date: 6/15/2010 Time: 7:54 PM					
Provider/Resource: ROSS, MAGGIE - 800501							
Attending Privileges							
All SA	Att SA	Location	Rule	Begin Date	End Date	Comments	Suspend?
1. Yes 4/29/2008 No							
[F13] View Comments							
Note: The Attending Privileges are read-only, please edit from Hyperspace							

- Billing Provider (I SER 1993): You need to configure billing provider settings for the providers who can be sent on claims as the billing provider.

PROJECT TEAM CADENCE	EMC FAMILY MEDICINE Provider Master File	Date: 6/15/2010 Time: 7:16 PM
Provider/Resource: FAMILY MEDICINE, PHYSICIAN - E1000		
Provider Effective Dates and Attributes		
Service provider effective dates active contacts:		
1. 01/01/2008 to - Yes		
Billing provider effective dates active contacts:		
1. 01/01/2008 to - Yes		
Provider attributes active contacts:		
[F6-Jump to Contact, F7-Select/New Contact]		

If the provider can appear as the billing provider on claims, you must indicate that in the Billing Provider (I PAT 201) field. If the provider cannot appear as a billing provider on claims, you can specify a provider in the Bill Under (I PAT 202) field and Epic sends this provider on the claim. Every provider record must have one of these two fields filled out to send accurate claims.

PROJECT TEAM CADENCE EMC FAMILY MEDICINE	EMC FAMILY MEDICINE Provider Master File	Date: 6/15/2010 Time: 7:16 PM
Provider: E1000-FAMILY MEDICINE, PHYSICIAN		
Contact Information		
Effective Dates: From 1/1/2008 to		
Contact Status.: ACTIVE		
Contact Comment: Imported		
Billing Provider Information		
Billing Provider? Yes	Bill Under:	
Service Area	Location	Department
POS Type	Financial Class	Payer
[F6]-Pull Data from Previous Contact		

- Employed CRNA? (I SER 2100): Set this item to Yes if the provider is a certified registered nurse anesthetist. Your response in this field affects anesthesia billing.

Maggie Ross PEGG FAMILY PRACTICE	PEGG FAMILY PRACTICE Provider Master File	Date: 6/15/2010 Time: 7:27 PM
Staff/Resource: ROSS, MAGGIE - 800501		
Anesthesia Information		
Service Provider Grouper:		
Employed CRNA? Yes	CRNA Information	Effective Dates
		From 1. 6/15/2009 To
Exceptions		
Place of Service	Start Date	End Date

- License Number (I SER 2320, 2750, 2760, 2765, 6000, 6010, 6020): Specify the license number for this provider.

Maggie Ross	PEGG FAMILY PRACTICE	Provider Master File	Date: 6/15/2010
PEGG FAMILY PRACTICE	Staff/Resource: ROSS, MAGGIE - 800501		Time: 7:27 PM
Additional Information			
Group/Site: Comments...:	Data Source:		
<u>Hospital Affiliation</u>	<u>Comment</u>		
<u>Medical Group</u>	<u>Comment</u>		
<u>License Type</u> 1. MD	<u>State</u> HI	<u>License Number</u> 9387499030	<u>Expiration Date</u> 6/15/2017
(Networks are entered via Managed Care.)			

- Claims Provider Enrollment Table (I SER 900-909): You can use this table to specify any combination of financial classes, payers, plans, locations, departments, or date ranges for which this provider isn't enrolled to appear on a claim. Claim edit 71248 uses this table to hold the appropriate claims in Claim Edit workqueues. This table is available in Hyperspace on the Enrollment Table form in the Provider Editor (search: Provider).

Provider Enrollment Table - BAN, STEVEN [821209]								
Actions		Fields						
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Enrolled?	Eff From	Eff To	Financial Class	Payer	Plan	Location	Department	POS
1 Yes [1]	09/28/17	12/28/18	Blue Cross [1...]				3WSCD [961]	

We're receiving errors when trying to send provider information over the interface.

Solution

If your organization uses an Outgoing Provider interface, you might receive errors if provider records don't have appropriate IDs listed in their Provider ID Maintenance table.

Verify that you have all necessary ID types included in the table along with the provider's specific ID number for each.

Maggie Ross PEGG FAMILY PRACTICE	PEGG FAMILY PRACTICE Provider Master File	Date: 6/15/2010 Time: 8:00 PM		
Staff/Resource: ROSS, MAGGIE - 800501				
Provider ID Maintenance				
<u>ID Type</u>	<u>MPI ID</u>	<u>From Date</u>	<u>To Date</u>	<u>Retrvl Ext</u>
1. 401-NPI FOR SER	2089830			
2. 1-SER IDENTITY ID	23457699			
[F7-Insert Line, F8-Jump to Extension]				

Users can't schedule appointments with a provider.

Solution

When a scheduler points out that they can't schedule with a particular provider, ask them which department they were trying to make the appointment in. Then, you can check the provider's SER record to determine the departments in which the provider's available for scheduling. If the department the scheduler mentioned isn't listed, you've found the source of the problem.

If appropriate, update the provider's record to indicate that she can be scheduled in that department. You should also verify that the provider has a schedule in the department you added; otherwise the scheduler still won't be able to make the appointment. For more information about provider schedules, refer to the [Provider Schedules Setup and Support Guide](#).

Epic User EMC ANATOMIC PATHOLOGY Provider/Resource: DUNKIRK, GINGER - 6210	EMC ANATOMIC PATHOLOGY Provider Master File	Date: 7/16/2010 Time: 3:01 PM	
Provider/Resource Information			
Scheduling Type: Person	Modality Type:		
External Name: Ginny Dunkirk	AE Title:		
Rel Date Offset: 6	Rel Date Offset Timeframe: Monthly		
Vieu at Status:	Creates Films?		
Supervising Pool:	Approvals:		
Reading Specialty:			
Imaging IB Pref:			
Departments 1428-AMS DEPT 2004269-EPICWEB FAM PRACTICE	Scheduling Active Active	DunId	Team Subgroup

A provider's specialty isn't appearing or isn't appearing correctly.

Solution

Verify that you've specified specialties for the provider in their SER record.

Maggie Ross PEGG FAMILY PRACTICE	PEGG FAMILY PRACTICE Provider Master File	Date: 6/15/2010 Time: 8:00 PM
Staff/Resource: ROSS, MAGGIE - 800501		
Provider Information		
Provider Name: ROSS, MAGGIE	Abbrev.....: ROSS, MAGGIE	
Alias(es)....: 1. MARGARET ROSS	Degree.....:	
Provider Type: Physician	Resident....: No	
Ref Src Type.: Provider	Title.....:	
Specialty....: 1. Internal Medicine	Experience..?	
Sex.....: female		
Practice Name:		
Address.....: 1254 Chicago Street		
City.....: DEARBORN	State. ..: MI Zip.....: 48124	
County.....: WAYNE	Country : United States of America	
Phone.....:	Fax... .:	
E-mail.....:	Photo....:	
SSN.....: 351-45-4875	UPIN.....: 51646169	
Provider SA...: 1. PEGG HEALTH SYSTEMS	Status....: Active	
Ref Src SA...:	NPI.....:	
[F9-Edit Addresses]		

A provider's credentials aren't appearing or aren't appearing correctly in Hyperspace.

Solution

Though there are multiple fields in the SER record for licensing, only the License for Display field controls how the provider's credentials appear in Hyperspace. Verify that you've entered the correct license in this field.

Maggie Ross PEGG FAMILY PRACTICE	MODEL SYSTEM Provider Master File Provider Credentials	Date: 6/15/2010 Time: 5:15 PM
License for Display: MD		
Provider Bill Area		
Bill Area(s):		
Billing Information		
<u>IRS#</u>	<u>Effective From</u>	<u>Effective To</u>
Extension		
[F6-Insurance Filing Information]		

Clinicians' notes appear with the wrong author type in the Notes activity.

Solution

The author type used in the Notes activity comes from choice you make in the Provider Type (I SER 1041) field.

Before making changes to the value in this field, consult with other application project teams (especially the project teams for your clinical applications) to validate the change you plan to make before updating the system.

The value in this field can drive Workflow Engine rules that cause custom actions to occur in the system, so your change can have downstream effects.

USER EPIC INITIAL DEPT	DELBLD/ACH Provider Master File	Date: 7/16/2010 Time: 5:10 PM
Provider Information		
Provider Name: FAMILY MEDICINE, PHYSICIAN Aliases.....: External Name: Physician Family Medicine Provider Type: Physician *Employee ID...: FAMMD-FAMILY MEDICINE, PHY*	Abbrv: FAMMD Sex: Female DEA #: MODELDEA EpicCare Prov?: Yes Title: Supervisor: Ref Src Type.: Provider Scheduling Type: Person SSN.....: Internal/Ext: Group/Site...: Resident?: Department(s): 1. EMC FAMILY MEDICINE Degree: MD Specialty(s): 1. Family Medicine	
Service Area.: UPIN.....: Contact Cnt...: Update (Import)	Language: Hospitalist?:	
Note: * The employee ID is display only and can only be changed from the employee/user database.		
INI: SER ID: E1000 Item: 1041 Value: 1 ES: 700 LK: \$S: 2399624		

A provider isn't receiving Results messages as expected.

Solution

Check the Results Routing section of the provider's record. Open the results routing scheme and rule records to understand how the provider's current results routing settings are configured.

If after your investigation of the provider-level settings you find that the provider's still experiencing issues with receiving their Results messages, refer to the [Results Routing Setup and Support Guide](#) for additional troubleshooting information.

Maggie Ross PEGG FAMILY PRACTICE	MODEL SYSTEM Provider Master File	Date: 6/15/2010 Time: 5:15 PM
Demographics		
Office Phone.: Pager Number.: Practice.....: Address.....: 1254 Chicago Street	Office Fax:	
City.....: DEARBORN County.....: WAYNE E-mail.....: Data Source...: Comments.....:	State: MI Zip...: 48124 Country: United States of America	
Out Of Office		
Receive In Basket Messages:	Results Routing	
Results Routing Scheme....: 1-AUTHORIZING PROVIDER		
Results Routing Rule.....:		
Results Routing Department: Encounter Department		
Send to Pools:		
Ignore Department Pools...? Overdue Routing Scheme....:	Recipient Type: Both Outpat*	
[F9 - Edit Addresses]		

A provider record seems to have many incorrect settings for the provider's role.

Solution

It's possible that a user accidentally configured the wrong settings manually or with an import, or it's possible that

someone mistakenly applied a blueprint to the provider record. Check the provider record's Blueprint History form in the Provider Editor (search: Provider) to see which blueprints have been applied to the record, when they were applied, and who applied them, and follow up if any of the entries seem out of place. You can't undo the application of a blueprint, but you can cross-reference the provider record's last contact before the blueprint was mistakenly applied and the blueprint itself to help you determine which settings the blueprint changed and what the correct values for that provider are.

Provider - DR. DANIEL WEAVER [12] - Contact on 1/14/2025 [2]

Edit Read-Only Open Provider Edit Provider Attributes Apply Blueprint Verified Jump to an item (Alt+F9) Search

Admin Demographics Comments Blueprint History Networks Report Groupers Search Terms

Blueprint History

Blueprint History

Blueprint: ORTHODONTIST [B10203] Time applied: 1/14/2025 11:32 AM User: REFERRALS, ADMINISTRATOR [RFLADM]

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