MISSION PROFILE: EPIC SYSTEMS CERTIFICATION AUDIT (PRELUDE/GRAND CENTRAL)

1. Architectural Foundations: The Chronicles Database and the Facility Structure

The pursuit of proficiency or certification in Epic Systems' access applications—specifically Prelude (Enterprise Registration), Eligibility (Real-Time Eligibility), and Grand Central (Enterprise Admission-Discharge-Transfer)—requires a cognitive shift from the perspective of an end-user to that of a systems architect. To understand how a patient flows from a scheduled appointment to an inpatient bed, and finally to a discharged financial record, one must first deconstruct the proprietary database environment that underpins every transaction: Chronicles. Chronicles is Epic's real-time, hierarchical database management system (DBMS), evolved from the MUMPS (Massachusetts General Hospital Utility Multi-Programming System) language. Unlike the relational databases (RDBMS) prevalent in general IT, which utilize tables, rows, and columns connected by foreign keys, Chronicles utilizes a tree-based structure optimized for the high-volume, transactional nature of healthcare. This distinction is not merely academic; it fundamentally dictates how an analyst builds records, how the system retrieves data for eligibility checks, and how bed availability is calculated in real-time.

1.1 The Anatomy of Data: Master Files, Records, and Contacts

The candidate preparing for a proficiency exam must internalize the taxonomy of Chronicles, as exam questions frequently hinge on identifying the correct data level for a specific setting.

Chronicles Concept	Analogy	Technical Definition	Examples in Access Modules
Master File (INI)	File Cabinet Drawer	A database storing all data of a specific type. Identified by a 3-character "INI".	**EPT** (Patient), **EAR** (Guarantor), **BED** (Bed), **HSP** (Hospital Account), **EPM** (Payor).
Record	File Folder	A specific entity within a Master File, identified by a unique Record ID (.1 Item).	Patient "John Doe", Payor "Aetna", Bed "3 West-01".
Contact	Sheet of Paper	A snapshot of data valid for a specific instant or period.	An Admission Event, An Address Change, A Benefit Verification Response.
Item	Form Question	A discrete field definition (Data Type, Add Type).	Date of Birth, Social Security Number, Bed Status.

Chronicles Concept	Analogy	Technical Definition	Examples in Access Modules
Value	Written Answer	The specific data entered into an item.	"01/01/1980", "Active", "Dirty".

1.1.1 Static vs. Dynamic Master Files

A critical architectural distinction for the Prelude/Grand Central builder is the volatility of the master file.

- **Static (Administrative) Master Files:** These define the rules of the road. They are built by analysts, undergo rigorous change control, and are migrated between environments (e.g., from POC to TST to PRD) using Data Courier. Examples include the Payor (EPM), Plan (EPP), Department (DEP), and Room (ROM) master files.
- **Dynamic (Transactional) Master Files:** These are the records created by the operation of the hospital. They grow continuously and are never migrated via Data Courier, as doing so would overwrite actual patient data. Examples include Patient (EPT), Guarantor (EAR), and Hospital Account (HSP).

This distinction is vital for the certification project. A candidate will be tasked with building the "Static" infrastructure (a new hospital wing, a new insurance plan) to support the "Dynamic" workflows (admitting a patient, verifying coverage).

1.2 The Facility Structure and Inheritance Logic

Configuration in Epic is rarely done at the user level. Instead, it is attached to the **Facility Structure**, a hierarchy of records that represent the organization's physical and logical layout. The power of this structure lies in **Inheritance** and the **Rule of Specificity**: a setting configured at a lower, more specific level overrides a setting at a higher, more general level.

The hierarchy relevant to Grand Central and Prelude is as follows, from general to specific:

1. **Facility (EAF):** The highest level, representing the entire enterprise. Global settings, such as the default "System Definitions" (LSD), are linked here.
2. **Service Area (EAF):** Represents a distinct business entity or Accounts Receivable (AR) region. Guarantor accounts are typically scoped to the Service Area, allowing a single patient to have different financial profiles for different hospital affiliates.
3. **Revenue Location (EAF):** Represents a physical building or a cluster of departments (e.g., "Main Campus Hospital"). Address information and specific National Provider Identifiers (NPIs) often live here.
4. **Department (DEP):** The fundamental unit where work occurs. This is the primary login context. A user logs into "3 West Nursing Unit," and inherits the settings of that department.
5. **Room (ROM):** A Grand Central-specific record grouping beds.
6. **Bed (BED):** The atomic unit of census.

The Certification Trap: A common exam scenario describes a setting configured at the Service Area level and a contradictory setting at the Department level. The candidate must identify that the **Department level setting prevails** due to the Rule of Specificity. Conversely, if a setting is missing at the Department level, the system "looks up" the tree to the Location, then Service Area, then Facility to find a value.

2. Prelude (Enterprise Registration): Identity and

Financial Clearance

Prelude is the gatekeeper. Its primary mandates are Identity Management (establishing the "Golden Record") and Financial Clearance (ensuring a billable pathway exists). It is the module where the Patient (EPT) and Guarantor (EAR) master files are heavily manipulated.

2.1 The Architecture of Liability: Guarantor Accounts (EAR)

While the **Patient (EPT)** record represents the clinical human being, the **Guarantor (EAR)** record represents the financial entity responsible for the "Self-Pay" portion of the bill. Understanding the distinction between Patient, Guarantor, and Subscriber is a prerequisite for proficiency.

- **Patient:** The recipient of care.
- **Subscriber:** The policyholder of the insurance.
- **Guarantor:** The person or entity who pays the remaining balance.

In the Prelude build, the **Account (EAR)** master file is complex. It supports multiple **Account Types**, which dictate how the billing system (Resolute) handles the debt.

- **Personal/Family:** The most common type. The patient (or parent) is the guarantor.
- **Third Party Liability (TPL):** Used for accidents (auto, tort) where an external entity is liable.
- **Workers' Compensation:** Linked to employment-related injuries.
- **Research:** Used to segregate costs covered by a study grant.

Build Logic: The system uses **Guarantor Creation Rules** to automate this. For example, when a registrar selects a "Visit Type" of "Work Injury," the Workflow Engine Rule can force the creation of a Workers' Comp guarantor account, preventing the commingling of personal and employment-related debt on a single statement.

2.2 The Payor-Plan-Benefit Structure

Coverage in Epic is not a single text field; it is a relational triad of three static master files and one dynamic link.

1. **Payor (EPM):** The insurance company (e.g., Aetna).
2. **Plan (EPP):** The specific product (e.g., Aetna HMO).
3. **Benefits (CVG):** The dynamic record attached to the patient that links them to the EPP.

The Visit Filing Order (VFO): A patient may have multiple active coverages (e.g., Medicare and a private supplement). Prelude uses a **Filing Order Calculator** to determine precedence. This is governed by regulations (e.g., Medicare Secondary Payer rules). The build involves configuring these rules in the **System Definitions** or **Payor** records. The VFO ensures that when a Hospital Account (HAR) is created, the claims are sent in the correct sequence. If the VFO is incorrect, the claim will be denied instantly.

2.3 Duplicate Prevention Logic

One of Prelude's most critical technical functions is preventing the creation of duplicate EPT records, which creates clinical safety risks. This is handled by **Identity Management** logic.

- **Weighted Matching:** The system assigns numerical weights to data points (SSN = High Weight, Phone Number = Medium Weight).

- **Thresholds:** Analysts configure a "Threshold Score." If a new registration exceeds this score against an existing record, a "Potential Duplicate" warning appears.
- **Hard Stops:** For the certification project, candidates often must configure a "Hard Stop" workflow, preventing a user from bypassing the duplicate check without a manager's override.

3. Eligibility (RTE) and the Payer Platform

Real-Time Eligibility (RTE) automates the verification of the coverage data entered in Prelude. It moves data from the "Unverified" state to "Verified" without human intervention.

3.1 The RTE Interface Architecture

RTE operates via **Epic Bridges**, the interface engine. It utilizes the ANSI X12 standard transactions:

- **270 Inquiry:** An outbound message asking, "Is Patient X covered by Plan Y?"
- **271 Response:** The inbound answer from the payer or clearinghouse.

For the modern builder, this architecture is increasingly being supplemented or replaced by the **Epic Payer Platform (EPP)**. EPP is a direct, API-based connection between the provider's Epic instance and the payer's system, bypassing traditional clearinghouses. This reduces latency and cost while increasing data fidelity.

3.2 Interface Profiles and Variable Mapping

The brain of the RTE build is the **Interface Profile**. This record controls the logic of the query.

- **Trigger Events:** The profile defines *when* a query is sent. Common triggers include "Appointment Created," "Admission," "Pre-Registration," and "Nightly Batch."
- **Search Logic:** It defines what data is sent. For example, if the patient has no Subscriber ID, should the system send a query based on SSN and DOB? This "Search Option" is configured here.

Snippet Insight: As noted in , configurations in the Interface Profile (variables like MC_270_FILTER_INACTIVE_MEMBERS) allow for granular control, such as suppressing inactive coverage responses to declutter the user interface.

3.3 Component Groups (CMGs) and Benefit Mapping

The 271 response contains raw data (e.g., "Co-pay: $20"). The system must map this text to a discrete field in Epic to trigger "Point of Service" (POS) collection prompts. This is done via **Component Groups (CMGs)**.

Technical Nuance: Integrated vs. Non-Integrated CMGs There is a fundamental architectural decision in RTE build:

1. **Integrated CMGs:** The same component groups are used for both **RTE Display** and **Backend Adjudication** (Claims). This is required if using **Riders** (add-on benefits). It ensures that the benefits quoted at registration match exactly what the claims engine calculates. However, it is complex to build and maintain.
2. **Non-Integrated CMGs:** Separate groups are built solely for display. This is simpler and allows for "User Friendly" grouping (e.g., grouping all "Physical Therapy" codes into one

line item), but introduces the risk of discrepancy between the quote and the bill.
Certification Pathway: A proficient analyst must be able to troubleshoot a "Mapping Error." If a 271 returns a benefit code that is not mapped to a CMG, the data will sit in "Raw Data" and not file into the patient's record. The fix involves analyzing the **RTE Response Report**, identifying the unmapped EB code (Eligibility Benefit), and adding it to the appropriate category in the Benefits Engine.

4. Grand Central (ADT): The Engine of Patient Flow

Grand Central is the operational core of the hospital. It translates the clinical decision to "Admit" into the logistical reality of Bed Planning, Transport, and Environmental Services.

4.1 Bed and Room Master Files (BED/ROM)

In Grand Central, the physical hospital is digitized.

- **Room (ROM):** Contains attributes regarding the physical space. Key configurations include **Privacy** (Private vs. Semi-Private), **Negative Pressure** (for Isolation), and **Gender Restrictions**.
- **Bed (BED):** The capacity unit. The Bed record holds the **Status** (Available, Occupied, Housekeeping, Held).

Build Detail: When building a new unit for the certification project, the candidate does not just "add a bed." They must:

1. Create the **Department (DEP)**.
2. Create **Rooms (ROM)** linked to that Department.
3. Create **Beds (BED)** linked to those Rooms.
4. Configure **Bed Logic** to determine if a patient can be placed there. For example, "Overflow" logic might allow a Med/Surg patient to be placed in an ICU bed if the census is capped.

4.2 The Admission Workflow and Pending Status

The transition from "Outpatient" to "Inpatient" involves a complex state change.

- **The Trigger:** A physician places an "Admission Order" (ORD).
- **The Pending Record:** This order creates a **Pending Admission** in the Grand Central system. It does *not* occupy a bed yet.
- **Bed Planning:** The "Bed Planner" (a specialized user role) views a workqueue of Pending Admissions. They assign a specific bed based on **Level of Care (LOC)** and **Service**.

Technical Trap: A common issue occurs when a patient is in the ED (Emergency Department). They technically have an active "ED Visit" (HOV). When the Admission Order is signed, the system must determine whether to **Discharge** the ED visit and create a new Inpatient admission, or **Update** the existing visit to Inpatient. This is controlled by **Event Management** logic and is crucial for the "Three Day Window" billing rule compliance.

4.3 Environmental Services (EVS) and Sectors

Grand Central automates the "Dirty Bed" cycle.

- **Trigger:** When a patient is Discharged or Transferred, the bed status automatically flips to "Housekeeping."
- **Sectors:** The hospital is divided into **Sectors** (groups of rooms). EVS staff are assigned to sectors.
- **Logic:** The system assigns the cleaning job based on the sector. If the patient had an "Isolation" indicator (e.g., C. Diff), the EVS job is flagged as "Isolation Clean," requiring specific protocols.
- **Rover Integration:** The job is pushed to the **Rover** mobile app on the EVS staff's device. When they mark "Complete" in Rover, the bed status in Grand Central instantly flips to "Available," alerting the Bed Planner.

Configuration Note: The integration with EVS often involves a specific XML configuration file (pluginproperties.xml) on the integration server to handle email and web service messaging between Epic and the EVS dispatch system (e.g., Vocera), ensuring real-time status updates.

4.4 Transport Command Center

Similar to EVS, Transport is managed via a **Command Center**.

- **Auto-Dispatching:** Analysts can configure logic to auto-assign transport jobs.
- **Logic:**
  - **Proximity:** Assign the job to the transporter physically closest to the patient (using Wi-Fi triangulation or last scanned location).
  - **Priority:** STAT requests override Routine requests.
  - **Mode:** Ensure a transporter with a "Stretcher" capability is not assigned a "Wheelchair" job.
- **Turnaround Time (TAT):** The build includes defining TAT goals (e.g., "Pickup within 15 minutes"). Breaching these goals triggers escalation alerts on the Command Center dashboard.

5. The Nervous System: Workflow Engine Rules (WER) and Logic

If Chronicles is the skeleton and Master Files are the organs, the **Workflow Engine** is the nervous system. It detects context and dictates behavior.

5.1 CER vs. LOR: The Logic Distinction

Candidates often confuse **CER** and **LOR**.

- **CER (Criteria):** These are the logical building blocks. A CER rule evaluates to True/False or a specific value.
  - *Example:* Patient Age < 18 (True/False).
  - *Example:* Primary Payor = Medicare (True/False).
- **LOR (Workflow Engine Rule):** This is the master rule that *uses* CER criteria to make decisions about the user interface.
  - *Structure:* IF IS TRUE, THEN SET [Navigator = Pediatric Admission].

Build Context: In Grand Central, the LOR determines which **Navigator** a nurse sees when admitting a patient.

- If Context = Admission AND Service = Obstetrics, the LOR directs the system to load the

"Labor & Delivery Admission Navigator."
- If Context = Discharge AND Disposition = SNF, the LOR loads the "Discharge to Facility Navigator" (which requires specific forms like the MOT).

The proficiency exam requires the candidate to read a LOR hierarchy and predict which navigator will appear for a specific patient scenario.

5.2 SmartTools and Dynamic Documentation

Within the workflows dictated by the WER, **SmartTools** provide dynamic content.

- **SmartLinks:** Pull data from the database into a note or instruction.
  - @FNAME@ pulls the patient's First Name.
  - @BED@ pulls the current Bed label.
- **SmartTexts:** Standardized templates.
- **SmartLists:** Dropdown choices.

Technical Integration: A powerful build technique involves embedding a CER rule *inside* a SmartText. For example, a discharge instruction SmartText can use a CER rule to check IF Smoking Status = Current Smoker, and if True, automatically drop in the "Smoking Cessation" educational paragraph. This is "Conditional SmartText Logic".

6. Integration and Ripple Effects

A siloed understanding of Grand Central/Prelude is insufficient for certification. One must understand the ripple effects.

6.1 The ADT-Resolute Interface

Every ADT event triggers a message to **Resolute Hospital Billing (HB)**.

- **Accommodation Codes:** Grand Central tracks the patient's location (e.g., ICU). The "Accommodation Code" attached to the Room/Bed master file determines the nightly room charge (e.g., "ICU Room Charge - Level 1").
- **Patient Class Changes:** Changing a patient from "Observation" to "Inpatient" changes the billing methodology from Hourly to DRG-based. The ADT system must capture the precise timestamp of this order to ensure compliant billing.
- **Harvesting:** At discharge, Resolute "Harvests" the ADT data to initiate the claim. If the Prelude "Filing Order" or Grand Central "Accommodation Code" is wrong, the claim fails.

6.2 The ADT-Clinical Interface

- **Orders:** Admission is driven by Orders. The "Admission Bed Request" order in EpicCare (Clinical) triggers the "Bed Request" in Grand Central. The mapping between the *Order selection* (e.g., "Admit to ICU") and the *Grand Central attributes* (Level of Care = ICU) is a critical build point.
- **Medication Administration:** If a patient is transferred from "Unit A" to "Unit B," the system must determine whether to "Hold" or "Continue" active medication orders. This is controlled by **Order Reconciliation** settings linked to the Transfer workflow.

7. The Certification and Proficiency Pathway

Navigating the educational bureaucracy of Epic is as complex as the software itself.

7.1 Certification vs. Proficiency

- **Certification:**
  - **Prerequisite:** Employment by an Epic customer or approved consulting firm. **Sponsorship** is mandatory.
  - **Training:** Requires travel to Epic HQ in Verona, WI (or virtual attendance) for multi-day courses (e.g., ADT 101, ADT 102).
  - **Assessment:** Proctored Exam + Graded Project.
  - **Status:** The "Gold Standard." Portable and highly marketable.
- **Proficiency:**
  - **Prerequisite:** Access to the Epic UserWeb (usually granted to all client employees).
  - **Training:** Self-study using the "Training Companion" materials. No class attendance required.
  - **Assessment:** Proctored Exam + Graded Project.
  - **Status:** "Proficient." Indicates knowledge but lacks the formal credential. Often a stepping stone to sponsorship. "Proficiency with Honors" is awarded for high exam scores.

7.2 The Project: Building a Hospital

The barrier to entry is the **Project**. It is not a multiple-choice quiz; it is a build simulation.

- **Scope:** You will likely be asked to build a "Mini-Hospital" in the training environment (Sup/Support environment).
- **Tasks:**
  1. **Facility Structure:** Create a new Location and Department.
  2. **Bed Build:** Create Rooms and Beds with specific privacy/gender logic.
  3. **Navigator Build:** Create a custom Admission Navigator that includes a specific, non-standard form.
  4. **Rule Build:** Create a Workflow Engine Rule (LOR) that triggers this navigator only for patients with a specific "Chief Complaint."
  5. **RTE Mapping:** Map a raw 271 response code to a specific Epic benefit category.
- **Evaluation:** Epic staff will log into your build environment and attempt to "break" your build. They will try to admit a male patient to a female-only room you built. If it works, you fail. Hard stops must function as Hard Stops.

7.3 Exam Strategy

- **Open Book:** The exams are open book (UserWeb/Galaxy access allowed). However, the time limit (usually 2 hours for 50-60 questions) precludes looking up every answer.
- **System Lookup:** Questions will ask, "Open Record EPT 5543. What is the value of the 'Sex' item?" You must know how to use **Record Viewer** or **Chronicles (Text)** to find the

answer quickly.
- **Scenario-Based:** "Nurse Jane is trying to transfer Patient Doe but sees error X. Which security key is she missing?" This requires understanding **Security Classes (ECL)** and user templates.

8. Conclusion: The Integrated Architect

The mastery of Epic's Grand Central, Prelude, and Eligibility modules is not merely an exercise in memorizing three-letter acronyms (INIs). It is an exercise in understanding the interconnected flow of healthcare operations. The Proficiency candidate must recognize that a decision made in the **Payor Master File (EPM)** in Prelude dictates the financial viability of a **Hospital Account (HAR)** created in Grand Central, which in turn drives the **Bed Planning** logic that assigns a patient to a physical **Bed (BED)**.
The successful architect sees beyond the "Admit" button. They see the **Workflow Engine Rule** that selected the navigator, the **Identity Management** algorithm that verified the patient, the **RTE Interface Profile** that cleared the finances, and the **Event Management** logic that bundled the charges. It is this depth of vision—the ability to see the Chronicles database beneath the Hyperspace veneer—that distinguishes the certified expert from the casual user.

Appendix: Master File (INI) Technical Reference

INI	Master File Name	Module	Static/Dynamic	Function
EPT	Patient	Shared	Dynamic	Clinical/Demographic Data. The "Who".
EAR	Guarantor	Prelude	Dynamic	Financial Entity. The "Payer of Last Resort".
HSP	Hospital Account	GC/Resolute	Dynamic	Billing Bucket for a specific encounter.
CVG	Coverage	Prelude	Dynamic	Patient's link to insurance.
EPM	Payor	Prelude	Static	The Insurance Company definition.
EPP	Plan	Prelude	Static	The specific insurance product.
BED	Bed	Grand Central	Static	Census Unit. Linked to Room.
ROM	Room	Grand Central	Static	Physical grouping of beds.
DEP	Department	Shared	Static	Login context and unit definition.
LGL	BPA Criteria	Shared	Static	Logic for BestPractice Advisories.
LOR	Workflow Engine	Shared	Static	"The Brain" -

INI	Master File Name	Module	Static/Dynamic	Function
	Rule			controls Navigators/Activities.
LVN	Navigator	Shared	Static	The "Table of Contents" for a workflow.
VCN	Visit Nav Config	Shared	Static	Configuration for Navigator behavior.
ECL	Security Class	Shared	Static	Permissions/Access Rights.
EMP	User	Shared	Dynamic	The person logging in.

(End of Report)

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