



HAYES

MANAGEMENT CONSULTING

Optimizing the business of healthcare



Nooks and Crannies of CPS Administration - **ENCORE!**

Presented by: Angela Hunsberger
Senior Healthcare Consultant
Hayes Management Consulting

October 2012 CHUG Conference – Orlando, FL

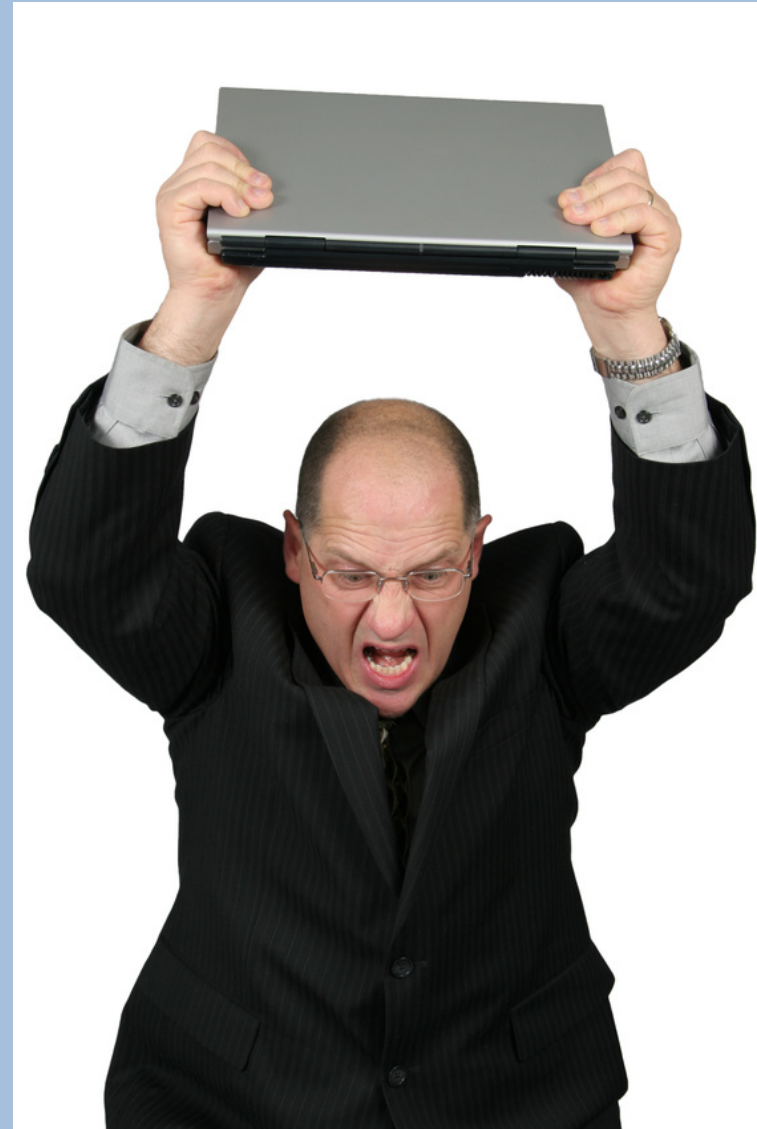
Nooks & Crannies of CPS Administration



- When is the last time you examined the nooks and crannies of CPS Administration?
- Was it during your implementation?

Nooks & Crannies of CPS Administration, continued...

- When you first go-live, users are in “survival mode”
- Go-live may not be the right time to implement all the “bells and whistles”



Nooks & Crannies of CPS Administration, continued...

- GOAL: Let's talk about features for both PM and EMR. Regardless of your role in your organization, I hope you learn at least one treasure found in the nooks and crannies of CPS Admin



**It's worth a
second look!**

Which CPS Version Do You Use?

- The location and content of administration items will vary depending on which version of Centricity used
- While most of the screenshots in this presentation are from CPS10, many of the treasures apply to all versions of CPS



Encore to What?!

- Here is a list of items we discussed at CHUG in April 2012 during the learning lounge of “CPS Nooks and Crannies”:
 - Bill code
 - Uncoded problems
 - Patient banner
 - Out of Office Assistant in EMR
 - Default provider on EMR orders
 - Co-pays = allocation types + allocation sets
 - Maximizing your allocation sets
 - Default service providers
 - Tax
 - EMR chart history views
 - Fee schedules



In Case You Missed It

- If you missed the 'Learning Lounge' presentation last April, stay until the end of this presentation and you will see the original 'Nooks and Crannies'!

**Stay until the
end!**



What's NEW Today?

- Let's take a deeper dive into these topics:
 - Annoying popup messages
 - EMR document views
 - Custom lists
 - Quick text
 - Quick notes
 - Appointment statuses
 - Adjustment and payment types
 - Schedule template design
 - Security
 - Batches – hard close vs. soft close

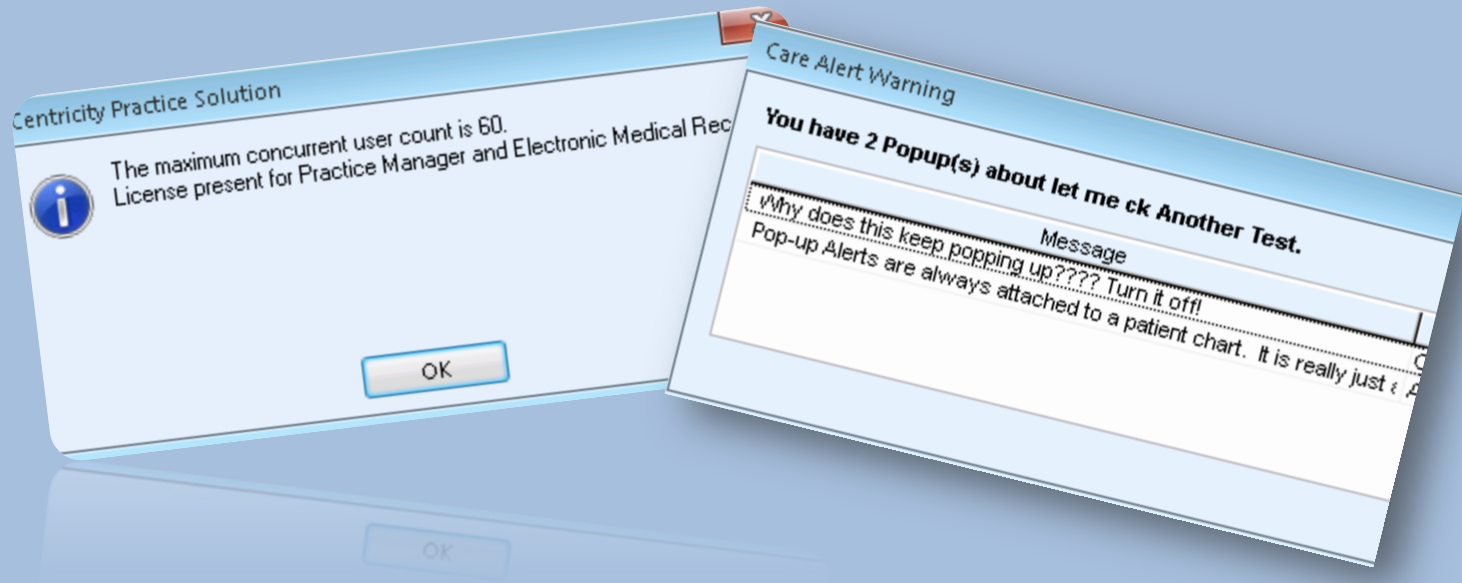


Let's Get Started!

- **WARNING:** The following Centricity topics may cause your light bulb to go off
- This is a normal side-effect and there is no need to seek medical attention
- Please jot down your questions so that you remember to ask them, or email them to me at the end of the presentation



Annoying Pop-up Messages

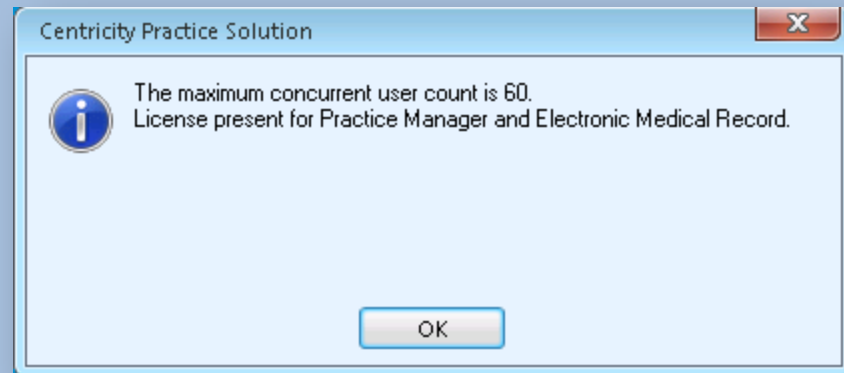
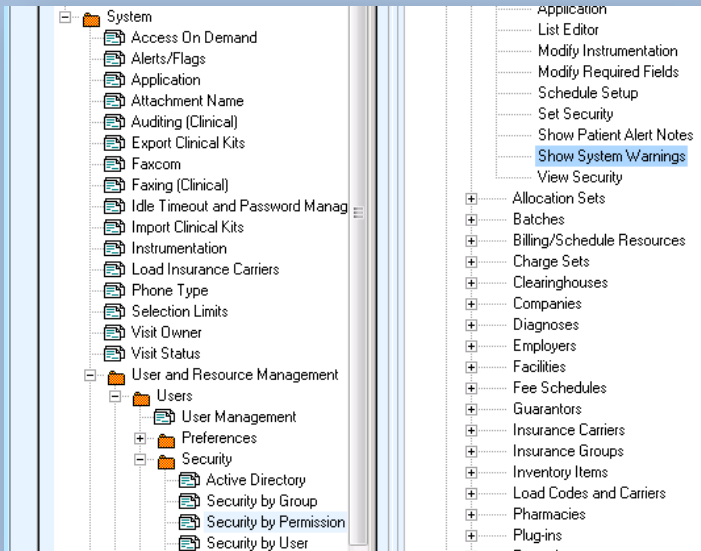


- There are pop-up messages galore all throughout Centricity. Here are a few tips to keep them manageable:

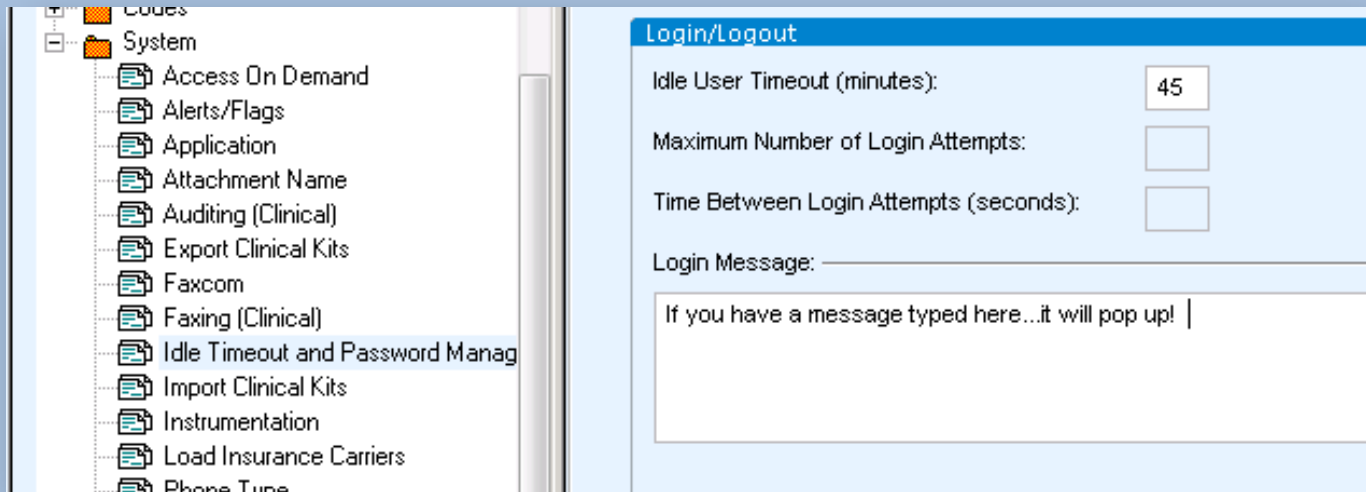
Example # 1:

Pop-up Messages When Logging In

- Check security to see who is setup to receive system warnings and take the groups out that do not need to see the popup messages



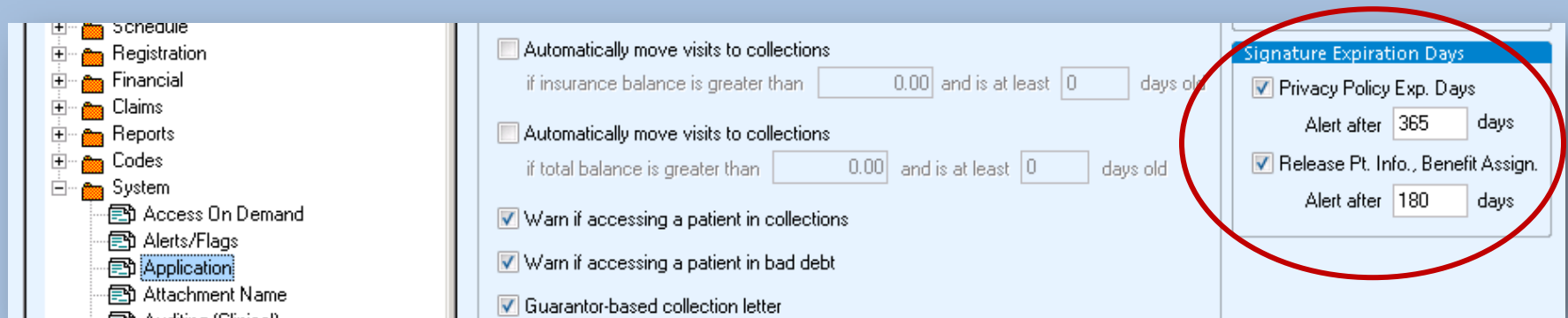
Example # 2: Another Pop-up Message When Logging In



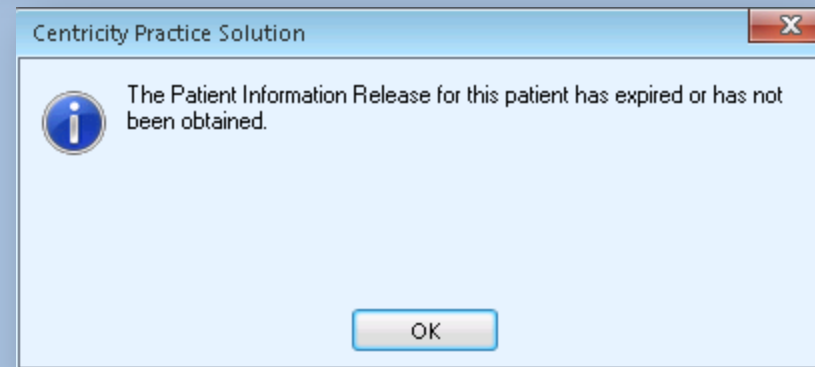
- You can type your own login message here
 - Turn off the pop-up by deleting all text
- This is located in different spots for CPS9.5 and CPS10 users. For CPS9.5 go to Admin > System Folder > Login

Example # 3:

Privacy Policy or Release PT Info



- If you don't want this popup, turn it off in Admin!



Example # 4:

Bad Debt or Collections

The screenshot shows a configuration window with a left-hand navigation pane and a main settings area. The navigation pane includes folders for Schedule, Registration, Financial, Claims, Reports, Codes, and System, with sub-items like Access On Demand, Alerts/Flags, Application, Attachment Name, and Auditing (Clinic). The main settings area contains several options:

- Automatically move visits to collections
if insurance balance is greater than and is at least days old
- Automatically move visits to collections
if total balance is greater than and is at least days old
- Warn if accessing a patient in collections
- Warn if accessing a patient in bad debt
- Guarantor-based collection letter

On the right side, there is a section titled "Signature Expiration Days" with the following settings:

- Privacy Policy Exp. Days
Alert after days
- Release Pt. Info., Benefit Assign.
Alert after days

A red oval is drawn around the two checked warning options: "Warn if accessing a patient in collections" and "Warn if accessing a patient in bad debt".

- If this popup is not helpful, turn it off in Admin

Example # 5:

Patient Alert Note on the Account

- If you don't want this popup, delete the note in Registration
- Old popup notes are kept even though they are no longer applicable
- Always initial and date your alert notes

The screenshot displays a software interface for patient registration, titled "Patient Registration - Another Test (5951)". The interface includes a menu bar (File, Edit, View, Options, Help) and a toolbar with various icons. Below the menu is a tabbed interface with tabs for Patient, Guarantor, Additional, Insurance, Contacts, Appointments, Financial, Payment Plan, and History. The "Additional" tab is active, showing three sub-sections: "Referral Information", "Employment Information", and "Student Information".

The "Referral Information" section contains fields for Referral Source, Referral Patient, External ID Set, and *External ID. The "Employment Information" section contains fields for Occupation, Employer, *Employment Status (set to "Other"), and Employment Status Date. The "Student Information" section contains fields for Student Status, School Name, and Residence.

Below these sections is the "Authorizations" section, which includes fields for Source (Signature on file), Release Pt Info (Yes, provider has a signed statement permitting release of medical billing data related to a claim), Privacy Policy (Patient acknowledgement of privacy policy), and Benefit Assignment (Assigned). Each field has a signature icon and a date field.

At the bottom of the interface, there are two text areas: "Patient Notes" and "Patient Alert Notes". The "Patient Alert Notes" area is circled in red and contains the text: "THESE NOTES CAUSE POP-UPS!!! AJH 6-6-12".

Helpful Pop-ups



- When used appropriately and consistently, popups are a helpful feature built into the design of Centricity. The following slides are a few helpful popups from the nooks and crannies of Centricity:

Appointment Type Pop-ups or Messages

- This is great for helping get necessary information for certain appointment types
- Admin > Edit > Appointment Type
- You can choose if the note pops up or not

The image shows two overlapping windows from a software application. The top window is titled 'New Appointment Type' and contains the following fields:

- Name: FAKE TESTING
- Color: [Green color swatch]
- Duration: 15
- Inactive:
- ID: [Empty text box]
- General EMR Encounter Type: [Empty dropdown]
- Category: Patient
- Surgery Scheduling: [Empty dropdown]

Below these fields is a table titled 'Assignments' with the following structure:

Resource	Note	Popup

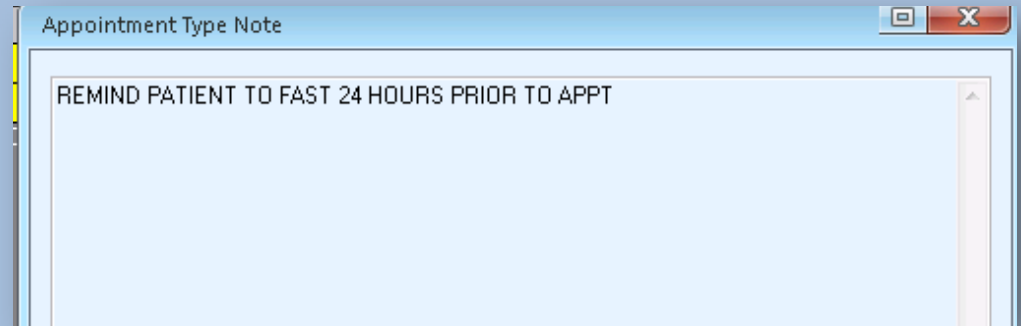
The bottom window is titled 'Appointment Type Assignment' and contains:

- Resource(s): [Empty text box]
- Note: PopUp
- Text area: YOU CAN PUT POPUP NOTES ACCORDING TO THE APPOINTMENT TYPE. CHOOSE IF THEY POPUP OR NOT CAN CUSTOMIZE BY PROVIDER|

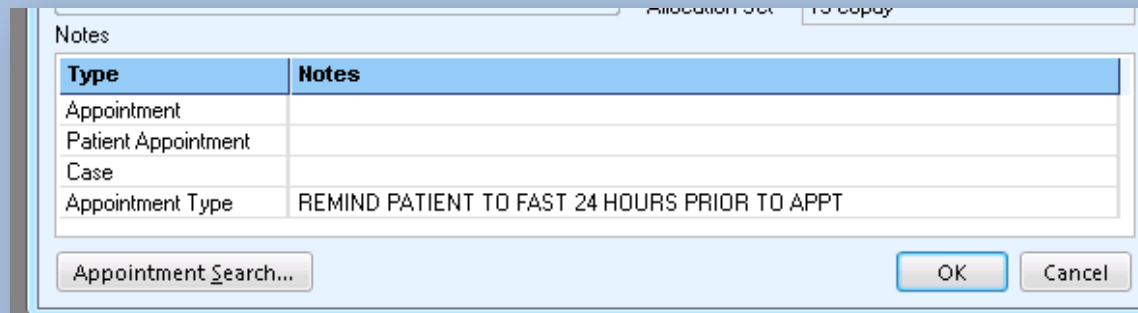
An 'Add..' button is visible at the bottom left of the 'New Appointment Type' window.

How Does That Show Up on the Appointment?

- When you book this appointment type in scheduling, it pops up and shows in the appointment notes
- This is helpful to remind staff what to tell the patient for certain appointments



How does that show up on the appointment?



Care Alert Pop-ups

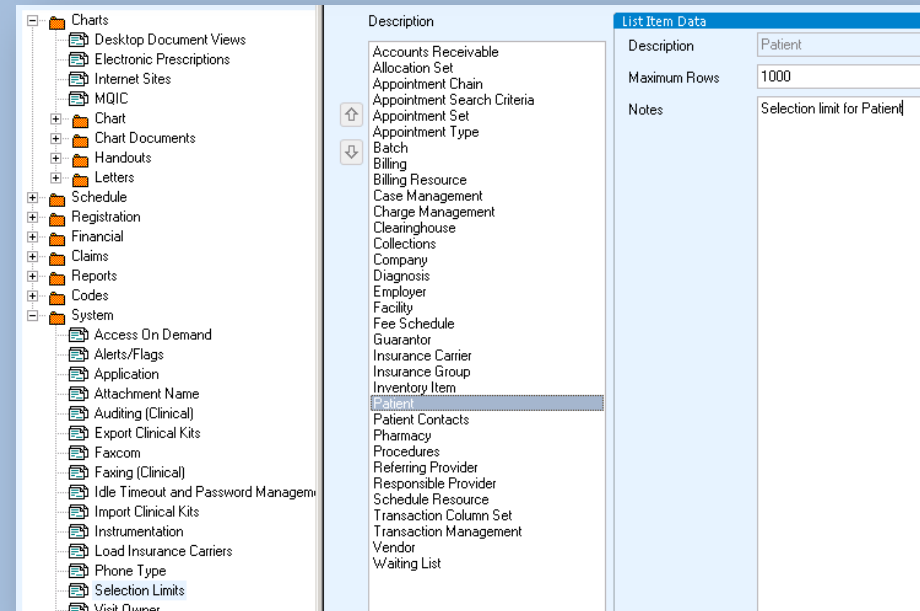
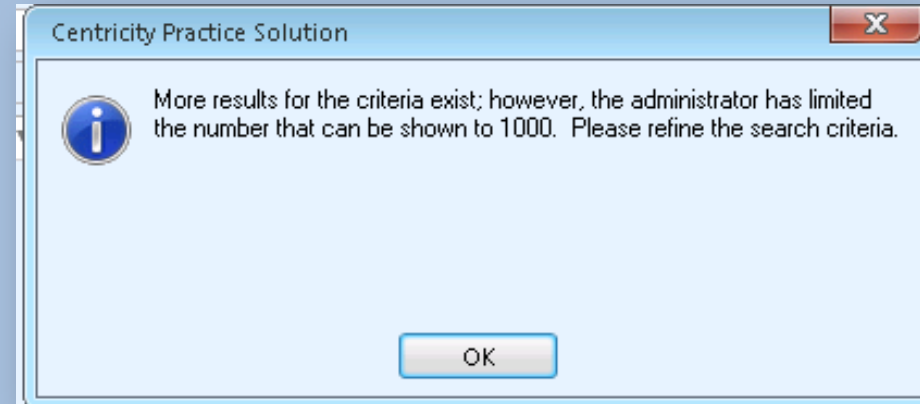
- When you send a care alert, you can choose the message to be a popup
- This is usually a workflow issue as users do not always understand the difference between a flag, a care alert, and a popup alert
- Set a policy and communicate the plan to all staff regarding the use flags, care alerts, and popup alerts

The screenshot shows a 'New Alert/Flag' dialog box with the following fields and options:

- To Location:** A dropdown menu set to 'ALL'.
- To User:** A list of users with 'Culp, Angela' selected. There are icons for adding and removing users.
- Properties:**
 - Priority:** A dropdown menu set to 'Normal'.
 - Type:** Radio buttons for 'Flag', 'Care Alert', and 'Popup Alert'. 'Popup Alert' is selected.
 - Start:** A date field set to '08/16/2012'.
 - Expire:** An empty date field.
 - Attach to:** A dropdown menu set to 'Patient's Chart'.
 - Patient:** A dropdown menu set to 'Test, Another'.
 - Subject:** A text field set to 'Test, Another'.
- Message:** A text area containing the text: 'POPUP ALERTS ARE ALWAYS ATTACHED TO A PATIENT CHART. THEY ARE REALLY JUST A CARE ALERT THAT POPS UP.'
- Buttons:** 'Save as Draft', 'Send', and 'Cancel'.

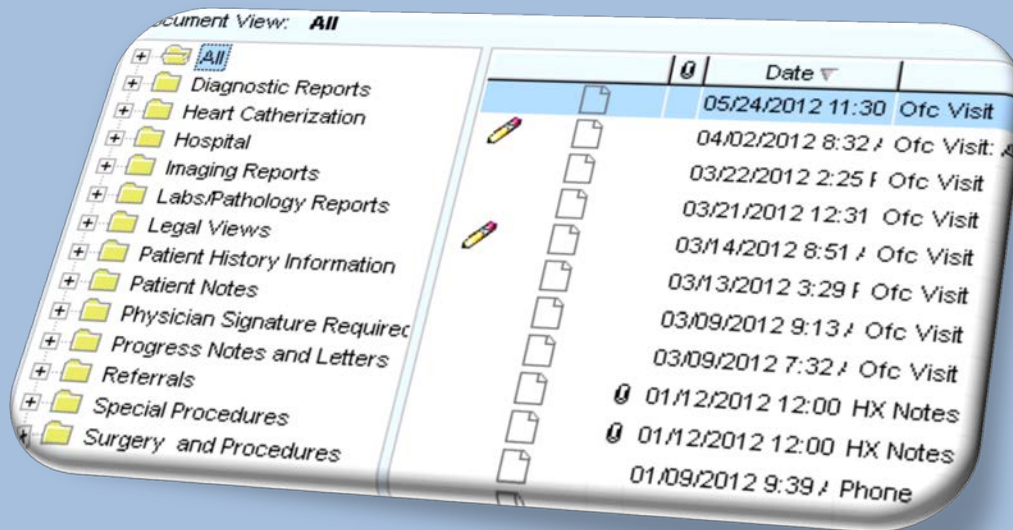
Selection Limit Pop-up

- Selection limits are set in Administration > System > Selection Limits
- They prevent you from doing an “open search” and bogging down the system
- Luckily, they come defaulted with some limits set. Change accordingly as needed.



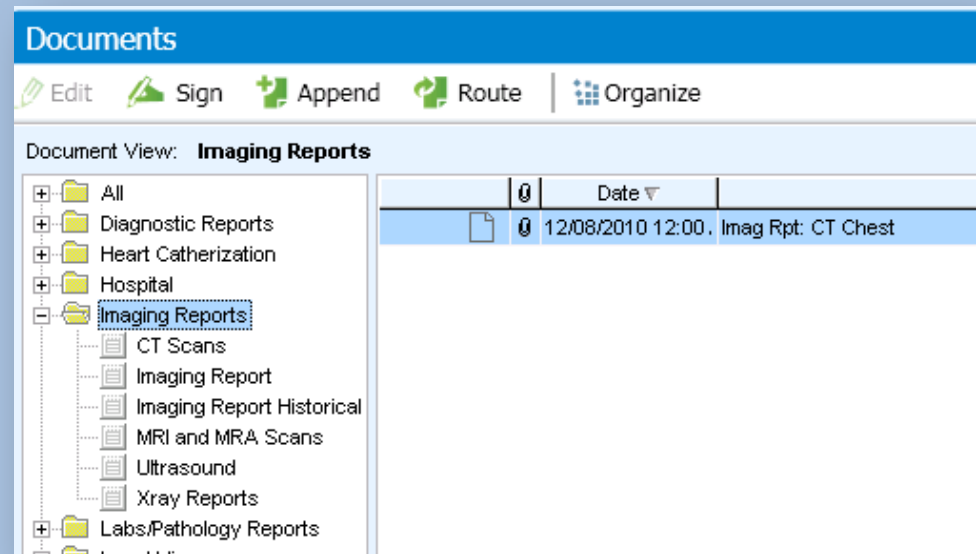
EMR Document Views

- Help your providers find what they want fast with “Document Views”



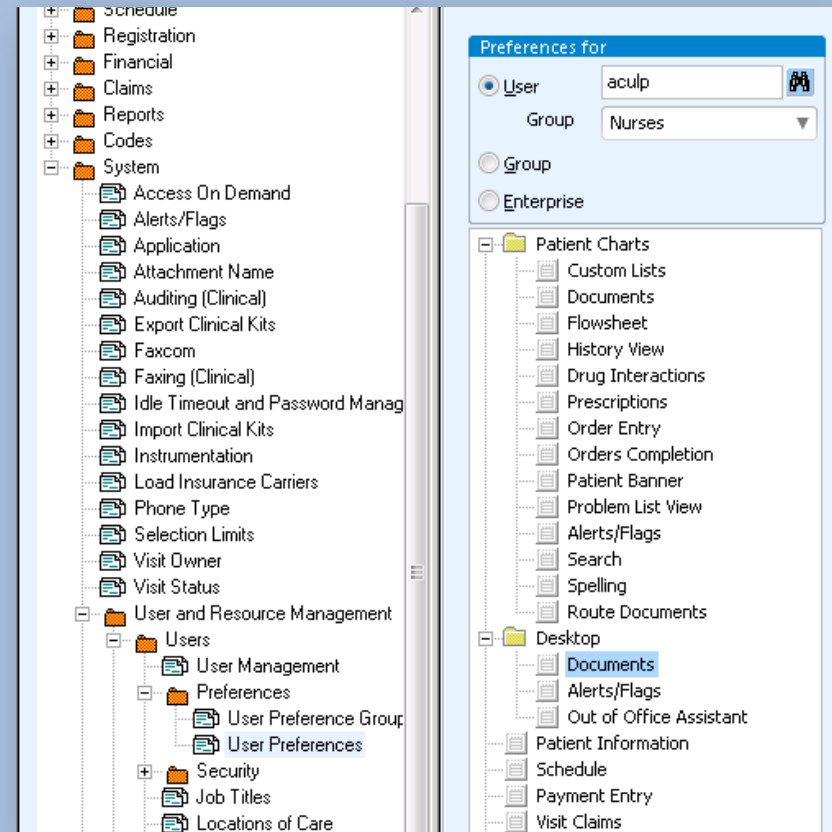
Document Types/Groupings

- Every paper in a patient chart falls under a document type. Document views are simply “groupings” of document types:
 - Group documents together so that they are easier to find
 - Group documents in folders to support your workflows
 - Ex: authorizations can be in the chart, but hidden from users based on the role



Setup Global Default Document Views

- Setup global default document views in Admin and assign them when you get new users
 - This is done in Admin > User Preferences
 - Note: these views can also be set on an individual level. However, it is recommended to promote some consistency among groups with similar roles.



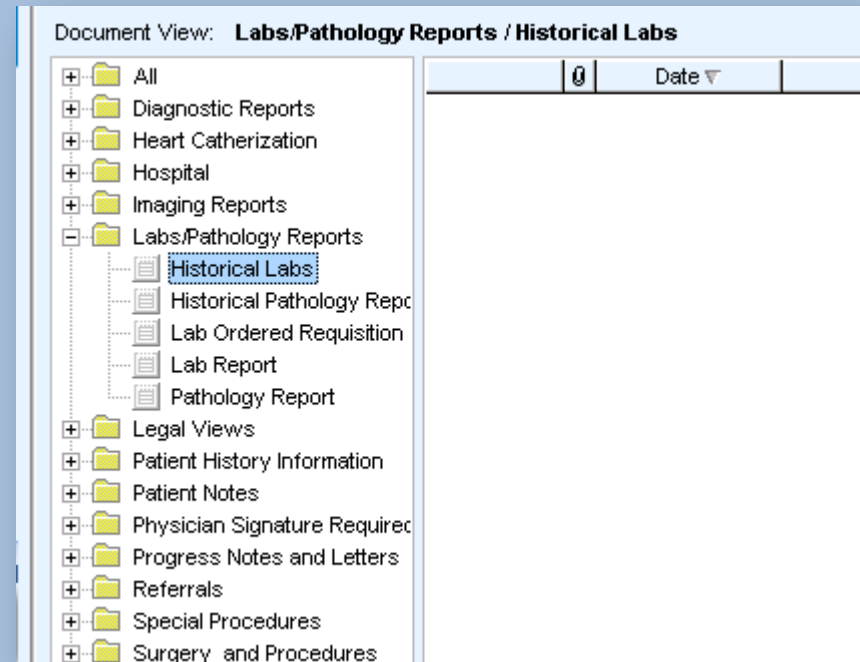
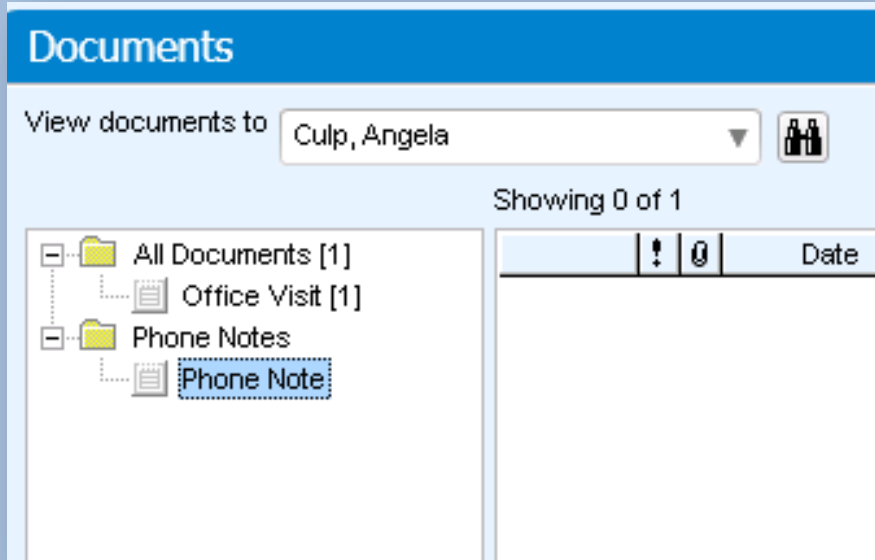
Supporting Workflows with Separate Views

- Remember to support your workflows, you can set up separate views for the **DESKTOP** vs. the **PATIENT CHART**
- When the user is logged in:
 - Options > Preferences > **Desktop** > Documents
 - Options > Preferences > **Patient Charts** > Documents

The screenshot shows a 'Preferred Views' configuration window. At the top, there are two radio buttons: 'Global Views' (selected) and 'Personal Views'. Below this is a 'Select from' list containing: All, Diagnostic Reports (highlighted), Filed In Error, Heart Catheterization, Heart Valve ID Card, Historical, Hospital, Imaging Reports, Labs/Pathology Reports, and Legal Views. To the right of this list are 'Add >>' and 'Remove' buttons. Below the list is a 'Details...' button. To the right, under 'Preferred Views:', there is a list containing: All, Diagnostic Reports, Heart Catheterization, Hospital, Imaging Reports, Labs/Pathology Reports, Legal Views, Patient History Information, Patient Notes, and Physician Signature Required. Below this list is a 'Details...' button. At the bottom left, there is a 'Sort By' section with two radio buttons: 'Date - newest on top' (selected) and 'Date - newest on bottom'. At the bottom right is a 'Use Defaults' button. Below the main configuration area, there are two sections: 'Confidential Documents' with a dropdown menu set to 'Normal', and 'Document Display' with a text input field containing '0' and the text 'Initially, show chart documents from the last 0 months ('0' shows all documents).'

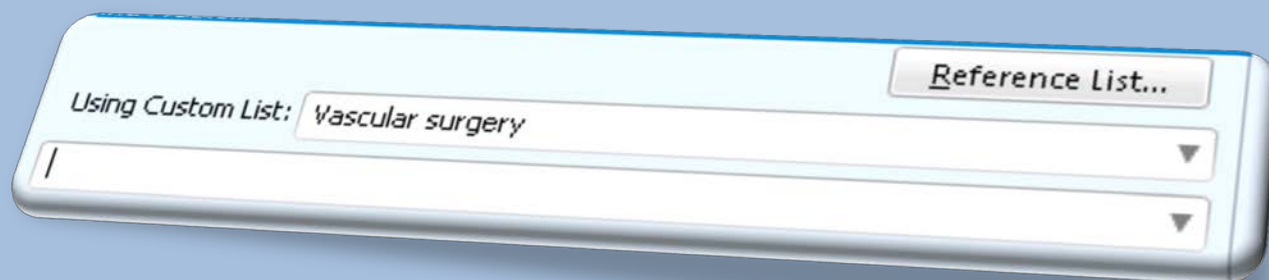
Desktop vs. the Patient Chart

- Set up the providers' desktop to only show some document types
- Then, only show what the user needs to see at the patient chart level



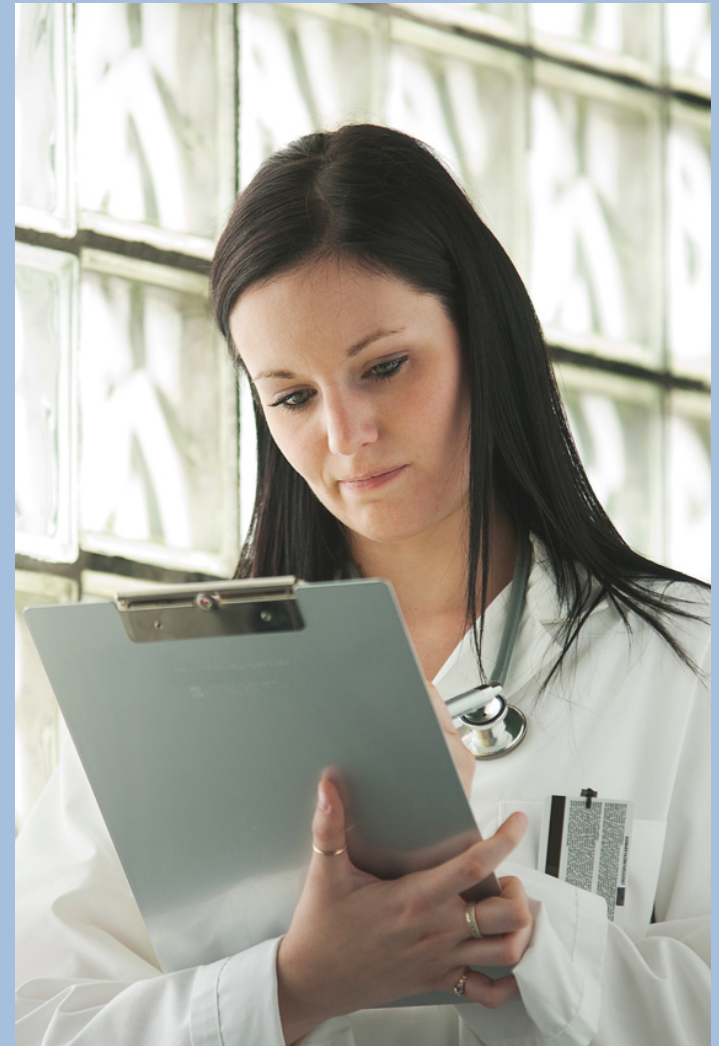
Custom Lists

- Many tables are updated automatically when knowledgebase updates are applied by your IT– but your custom lists must be updated MANUALLY



Why is this an Issue?

- If problems or medications become invalid through the update, they still remain on your custom lists
- These items must be manually removed at regular intervals to prevent you from using them



Applying KB Updates

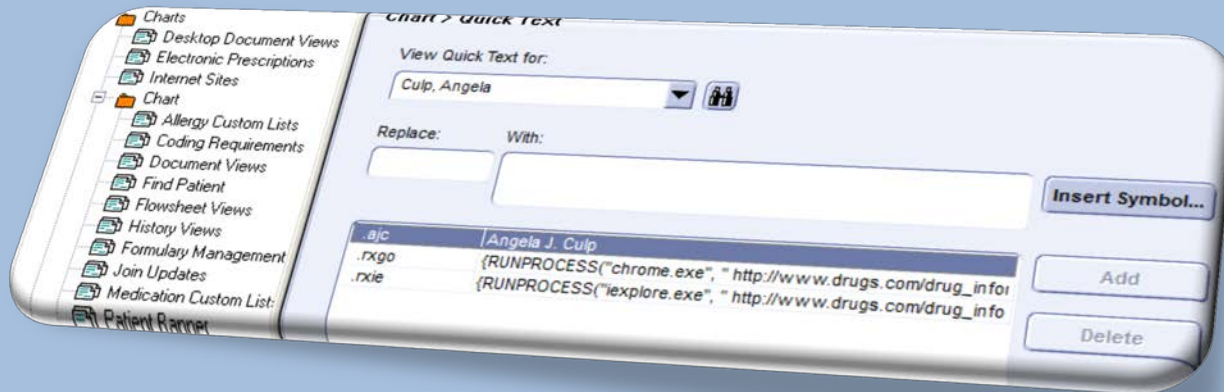
- When applying KB updates, be sure to review your custom lists with nurses and billing staff
- Leaving old ICD codes on the custom list could mean that you are sending invalid diagnosis codes through to billing

The screenshot displays a software interface for managing medical lists. On the left is a navigation tree with folders like 'Charts', 'Chart', and 'Chart Documents'. The 'Chart' folder is expanded, showing 'Problem Custom Lists' selected. The main window is titled 'Chart > Problem Custom Lists'. It features a dropdown menu with items like 'CCC-Vaginal Disease', 'CCC-Varicosities', and 'Vascular surgery' (highlighted). Below the dropdown are 'New...', 'Change...', and 'Remove' buttons. There are three radio buttons: 'Diagnoses' (selected), 'Procedures', and 'Miscellaneous'. A table lists various medical conditions with their ICD codes and durations. To the right of the table are 'New...', 'Change...', and 'Remove' buttons.

Description	Code	Duration
AAA - UNRUPTURED	ICD-441.4	0
AAA- RUPTURED	ICD-441.3	0
ABDOMINAL SWELLING- MASS- OR LUMP-GENERAL	ICD-789.37	0
AFTERCARE FOLLOWING SURGERY	ICD-V58.73	0
AFTERCARE FOLLOWING SURGERY - OTHER SPECIF	ICD-V58.73	0
ANEURYSM, SPLENIC ARTERY	ICD-442.83	0
ARRHYTHMIA CARDIAC	ICD-427.9	0
ASO OF VEIN BYPASS GRAFT	ICD-440.31	0
CAROTID STENOSIS W/ INFARCTION	ICD-433.11	0
CAROTID STENOSIS W/O INFARCTION	ICD-433.10	0
CHRONIC ULCER- LOWER EXTREMITY	ICD-707.19	0
CHRONIC VENOUS INSUFFICIENCY	ICD-459.81	0
COMMON FEMORAL ARTERY INJURY	ICD-904.0	0

Quick Text

- 'Quick Text' is a hidden treasure and a commonly underutilized feature of CPS



Quick Text, continued...

- Traditional definition: ‘Quick Text’ is a shortcut tool that is designed to save common phrases and insert the phrases into the chart with a few keystrokes
- Example: “.ajh” typed into a chart will enter “Angela J Hunsberger (today’s date)”
- ‘Quick Text’ lists can be global or personal

View Quick Text for

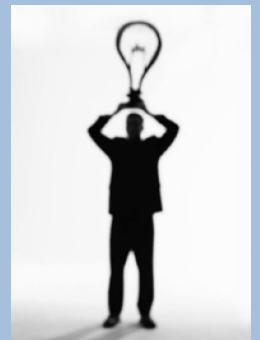
Personal Use Global Use

Replace: With:

Quick Text, continued...

‘Quick Text’ can be so much more! Instead of only using it to insert text:

- Use it to launch a **website**
 - {RUNPROCESS(“iexplore.exe”,http://www.drugs.com/drug_information.html,””,””)}
- Use it to **reduce transcription**
 - Pull some provider dictations and identify phrases that they say repeatedly (ex. surgery risks?)
- Use it as your own **personal spell check**
 - Are there words that you often misspell? Use ‘Quick Text’ to ensure accuracy!
- Use it to enter **OBS terms** on a flowchart
 - .caretrans = Patient Transfer to Care
{OBSNOW(“CARETRANSIN”,”YES”)}



Quick Notes

- During payment posting, 'Quick Notes' can be used to expedite and standardize communication on patient statements

Code	Fee	Insurance Balance	Patient Balance	Payment Type	Actual Allowed	Payment	Adjustment
Medical Mutual of O				Payment			
39213	121.88	111.88	10.00	Payment			
Totals	121.88	111.88	10.00		0.00	0.00	

Amt. Remaining 100.00 Payment 0.00 Adjustment 0.00

Wiencek, Robert G
CSA Maryland
In progress - Primary
0.00

Current	Carrier
*	Medical Mutual of O

Transaction Note

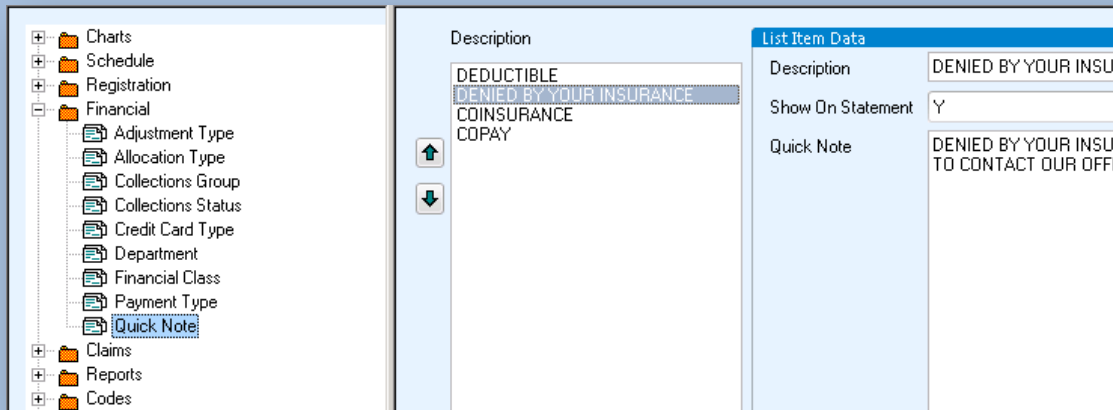
Quick Note: DENIED BY YOUR INSURANCE

DENIED BY YOUR INSURANCE, PLEASE CONTACT YOUR INSURANCE CARRIER OR IF YOU HAVE ANY QUESTIONS FEEL FREE TO CONTACT OUR OFFICE

Payment	Adjustment	Date	Source
---------	------------	------	--------

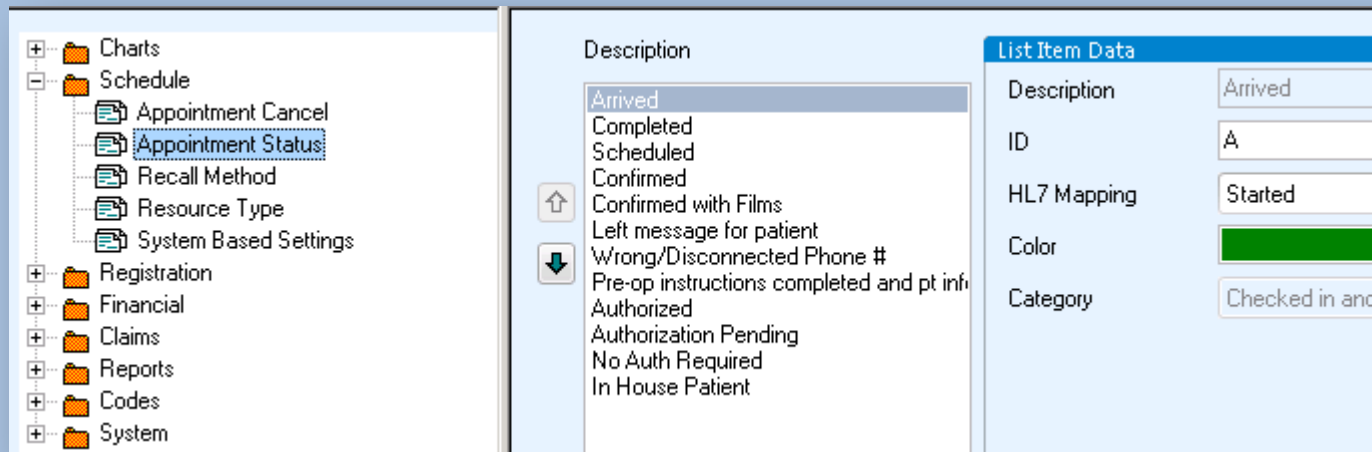
Quick Notes, continued...

- When you transfer account balances to 'patient due', use 'Quick Notes' to communicate *why* they owe
- Save yourself time by building your 'Quick Notes' ahead of time
- Build them in Admin > Financial Folder > Quick Note



Appointment Statuses

- When is the last time you looked at 'Appointment Statuses?'
- Was it during your implementation?



The screenshot displays a software interface with a tree view on the left and a main content area on the right. The tree view includes folders for Charts, Schedule, Appointment Cancel, Appointment Status (highlighted), Recall Method, Resource Type, System Based Settings, Registration, Financial, Claims, Reports, Codes, and System. The main content area is divided into three sections: Description, List Item Data, and a table of appointment statuses.

Description

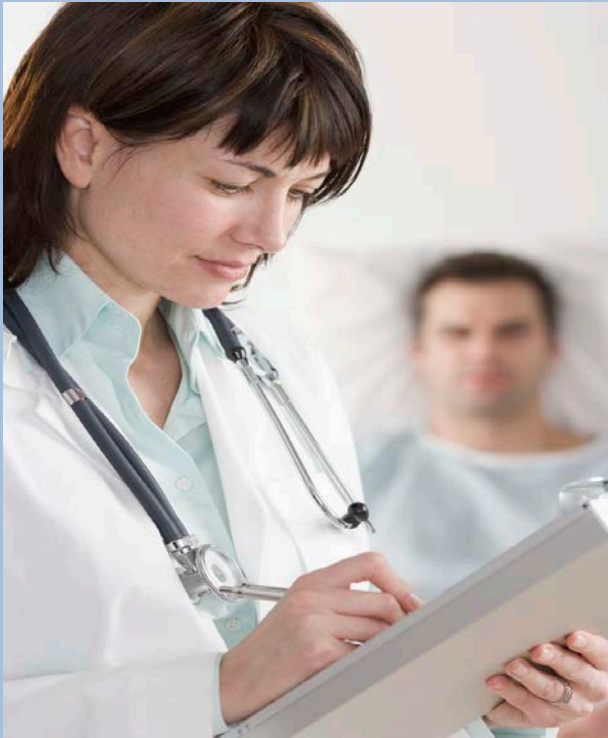
- Arrived
- Completed
- Scheduled
- Confirmed
- Confirmed with Films
- Left message for patient
- Wrong/Disconnected Phone #
- Pre-op instructions completed and pt info
- Authorized
- Authorization Pending
- No Auth Required
- In House Patient

List Item Data

Description	Value
Description	Arrived
ID	A
HL7 Mapping	Started
Color	Green
Category	Checked in and

Appointment Statuses, continued...

- Use 'Appointment Status' to communicate information about a patient or to communicate where the patient is at your office



Examples:

RED = disconnected phone #

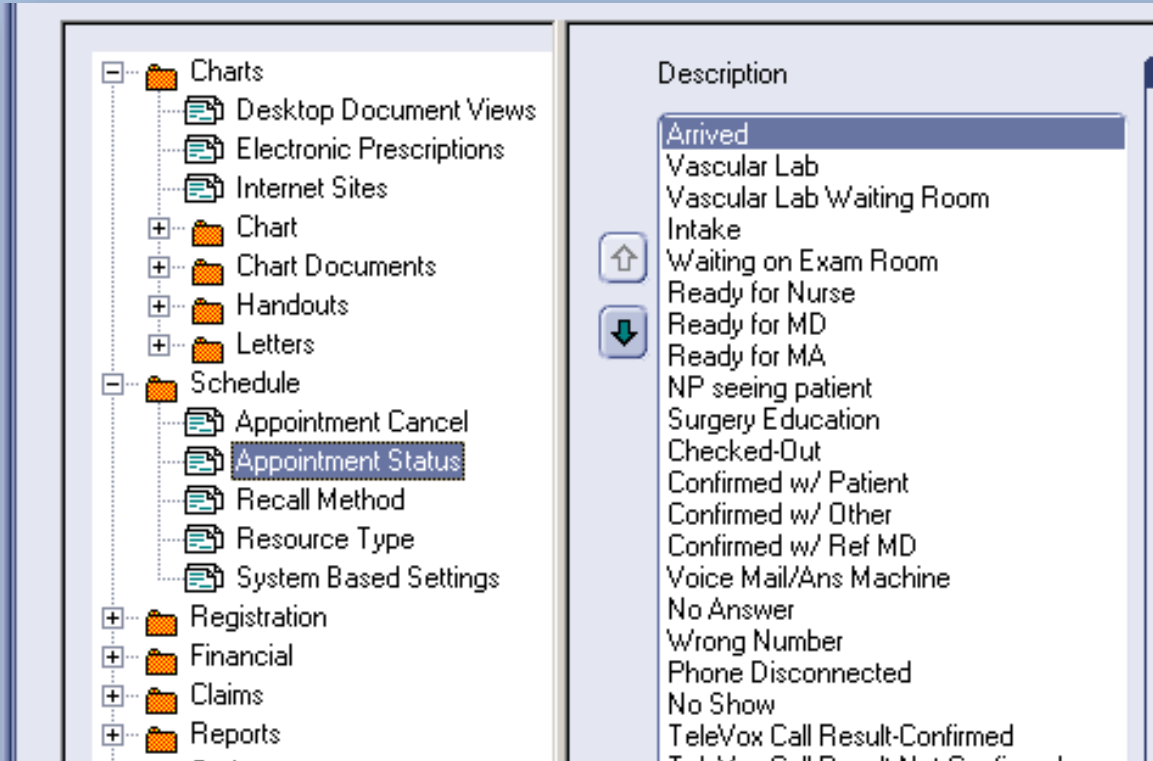
ORANGE = confirmed appointment

GREEN = patient is ready to see M.D.

PURPLE = patient is in Surgery

Education

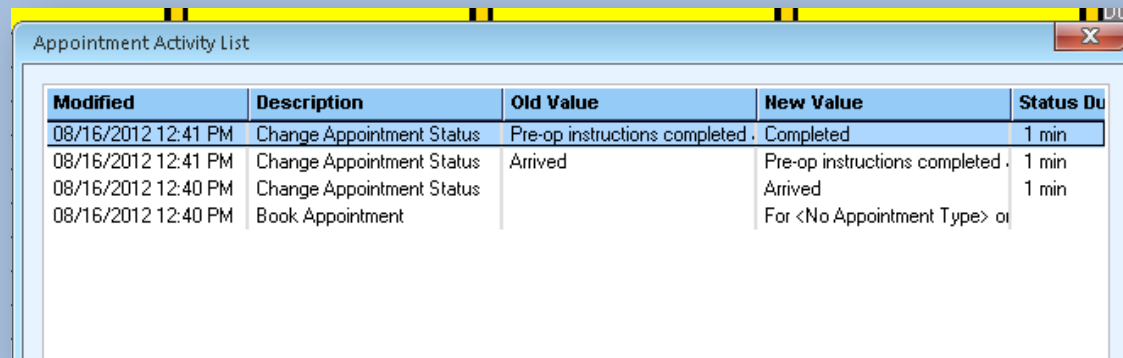
Appointment Statuses, continued...



- Which statuses and colors do you use?

Appointment Statuses, continued...

- Once you have your statuses set and your staff is updating consistently, you can view the status history on each patient appointment
- To view appointment status history:
 - Go to the schedule and click once to select the patient appointment
 - Go to View > Appointment Activity List
- You can track how long a patient is in the waiting room, how long they were with the M.D., etc.
- TIP: appointment status activity tracks the user and timestamps when the status is changed



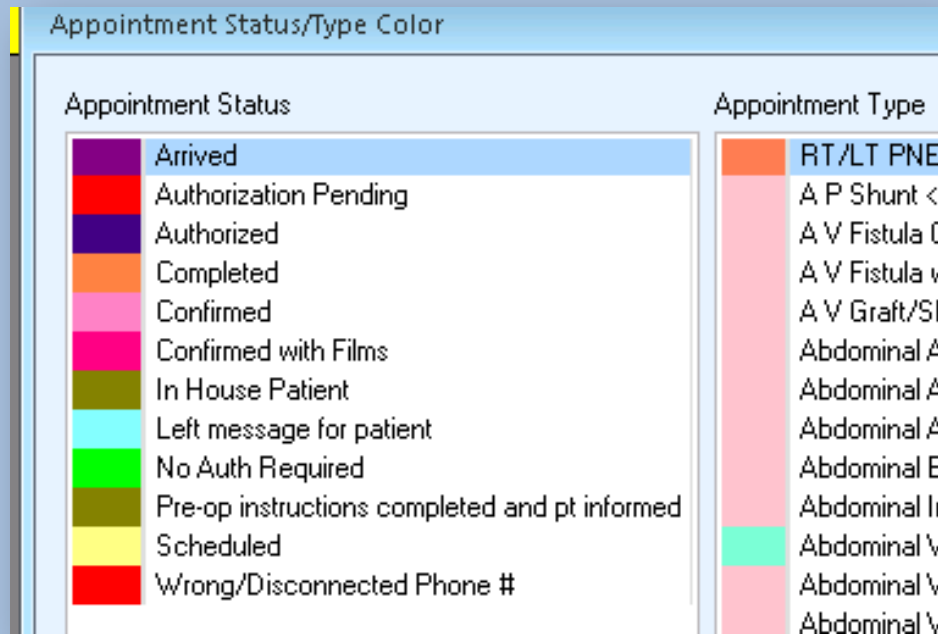
The screenshot shows a window titled "Appointment Activity List" with a table containing the following data:

Modified	Description	Old Value	New Value	Status Du
08/16/2012 12:41 PM	Change Appointment Status	Pre-op instructions completed	Completed	1 min
08/16/2012 12:41 PM	Change Appointment Status	Arrived	Pre-op instructions completed	1 min
08/16/2012 12:40 PM	Change Appointment Status		Arrived	1 min
08/16/2012 12:40 PM	Book Appointment		For <No Appointment Type> or	

Appointment Statuses, continued...

TIP: A color key of appointment statuses and appointment types can be found in the schedule

- In the schedule go to View > Appointment Status/Type Color



Appointment Status/Type Color	
Appointment Status	Appointment Type
Arrived	RT/LT PNE
Authorization Pending	A P Shunt <
Authorized	A V Fistula C
Completed	A V Fistula w
Confirmed	A V Graft/SI
Confirmed with Films	Abdominal A
In House Patient	Abdominal A
Left message for patient	Abdominal A
No Auth Required	Abdominal E
Pre-op instructions completed and pt informed	Abdominal I
Scheduled	Abdominal V
Wrong/Disconnected Phone #	Abdominal V
	Abdominal V

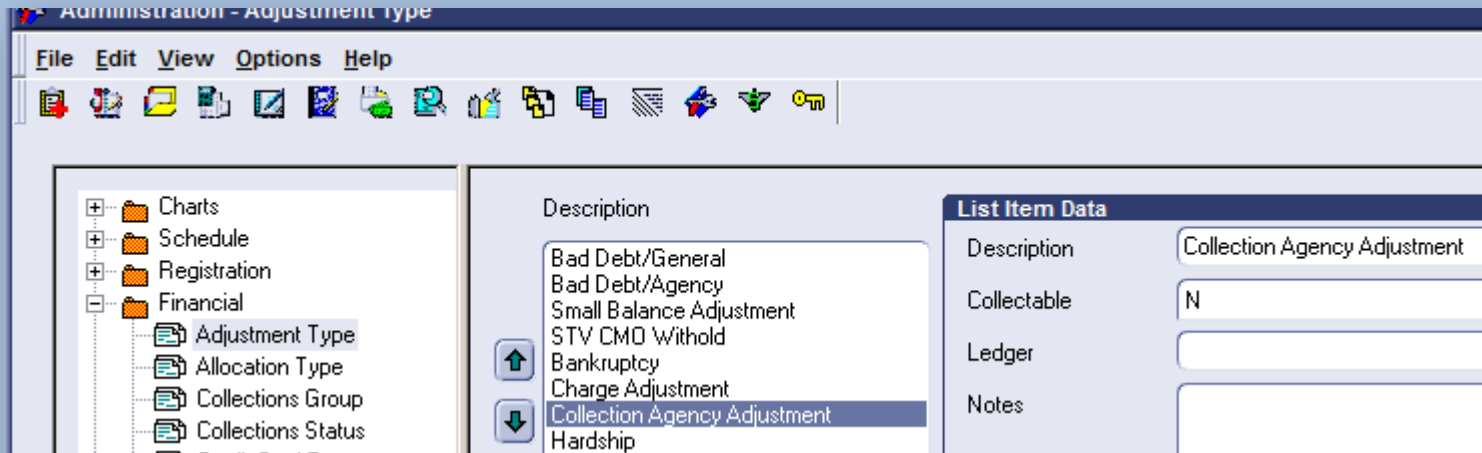
QUESTION: Can I Run a Report on This?

- **ANSWER:** While Centricity does not come standard with this report, you can create your own custom report of purchase it from various vendors



Adjustment and Payment Types

- It is common to set up adjustment and payment types during your implementation and to never revisit them. Get the reporting you want with adjustment and payment types.



Are You Getting the Accurate Reporting That You Need?

- Revise your adjustment and payment types to track WHO is paying you and WHAT you are adjusting off
- One idea is to make an adjustment and a payment type for a particular outside collection agency so that you can track their performance. Track the collection agency **adjustments** versus the collection agency **payments**.
- Talk with your billing and administrative staff. Look at your list and discuss each type and what it is used for. Are there types that are no longer valid or used?

Schedule Template Design

- Schedule templates can get out of control fast. Do you have old templates stacking up? Are yours built to maximize Centricity?



Schedule Template Design, continued...

- Office workflow is determined upon how your schedule is designed and how cohesive it is to patient and clinical flow
- Your schedule template affects the amount of patients you see/how often, the number of claims sent as a result of the visits, and the volume of visits spent in A/R and collections
- The billing cycle begins when you make an appointment for a patient
- Building a strategic schedule template will ensure smooth patient traffic and a consistent workflow and billing cycle in Centricity

Appointment	1	2
9:00 am		<Blocked>
9:15 am		
9:30 am		
9:45 am		
10:00 am		
10:15 am		
10:30 am	Established Patient Rc...	Urgent Only <15>
10:45 am		Established Patient Routi...
11:00 am	New Patient - 30 <30>	
11:15 am		
11:30 am	Established Patient Rc...	Urgent Only <15>
11:45 am		Established Patient Routi...
12:00 pm	New Patient - 30 <30>	
12:15 pm		
12:30 pm	Established Patient Rc...	Urgent Only <15>
12:45 pm		
1:00 pm		

Schedule Template Design, continued...

- Design your templates ahead of time, then assign them when you are ready
- Tip # 1: Use allocated appointments
 - They help staff know where to put special appointments
 - They can roughly predict and somewhat standardize the patient flow for your day
 - If you are constantly getting held over, design your template to taper off and only allow certain types of appointments at the end of the day

Resource	Bailey MD, William R	
Appointment	1	2
9:00 am	New Patient - 30 <30>	Established Patient Routi...
9:15 am		
9:30 am	Established Patient Rc...	Urgent Only <15>
9:45 am		Established Patient Routi...
10:00 am	New Patient - 30 <30>	
10:15 am		
10:30 am	Established Patient Rc...	Urgent Only <15>
10:45 am		Established Patient Routi...
11:00 am	New Patient - 30 <30>	
11:15 am		
11:30 am	Established Patient Rc...	Urgent Only <15>
11:45 am		Established Patient Routi...
12:00 pm	New Patient - 30 <30>	
12:15 pm		
12:30 pm	Established Patient Rc...	Urgent Only <15>
12:45 pm		
1:00 pm		

Schedule Template Design, continued...

- Tip # 2: Did you know that you can set daily limits for appointment types or financial classes?

Daily Limits

Appointment Type Limits

Appointment Type	Limit
<input checked="" type="checkbox"/> Vacation	0
<input type="checkbox"/> Meeting	0
<input type="checkbox"/> Wound Check - PV	0

Modify Limit ... Appt Type ...

Financial Class Limits

Financial Class	Limit
<input checked="" type="checkbox"/> Aetna	0
<input type="checkbox"/> Anthem	0
<input type="checkbox"/> Cigna	0
<input type="checkbox"/> Commercial	0

Modify Limit ...

OK Cancel

Schedule Template Design, continued...

- Tip # 3: Did you know you can copy existing templates among all users? This saves tons of time!

Resource	Bailey MD, William R	
Appointment	1	2
9:00 am	School Physicals <15>	Established Patient R...
9:15 am	School Physicals <15>	
9:30 am	Established Patient R...	Urgent Only <15>
9:45 am	School Physicals <15>	Established Patient Ruti...
10:00 am	School Physicals <15>	
10:15 am		
10:30 am	Established Patient R...	Urgent Only <15>
10:45 am		Established Patient Ruti...
11:00 am		
11:15 am		Established Patient Ruti...
11:30 am	Established Patient R...	Urgent Only <15>
11:45 am		Established Patient Ruti...
12:00 pm		
12:15 pm	Established Patient R...	Urgent Only <15>
12:30 pm		Established Patient Ruti...
12:45 pm		
1:00 pm		



My cat: "Buddy"

Copy Cat, It's OKAY

Schedule Template Design, continued...

Tip # 4: Build saved appointment searches

- Schedule to shadow, or ask if they are still looking day-to-day for the next available appointment
- Build appointment searches from within the daily schedule
- These searches can be very powerful and time-saving!

Appointment Search - Test, Another (5951)

Criteria Find at most 4 results

Find dates: Starting 08/16/2012 Out 15 Days S M T W Th F S

Include unallocated time slots in search A.M. P.M.

Maximum Time Span minutes

Appointments

#	Inc	Resources	Appointment Types	Facilities
---	-----	-----------	-------------------	------------

Results

Case

Date	Day	Time	Duration	Resource	Appointment Typ	Facility	Conn
------	-----	------	----------	----------	-----------------	----------	------

Schedule Template Design, continued...

Tip # 5: Clean up old templates. They pile up and cause confusion. Inactivate them if they are not being used.



Schedule Template Design, continued...

- Tip # 6: Do not name your templates after your MDs. Name them for the office and time so that they can easily be copied and shared.
 - Ex. Use “Main Office 8-5” instead of “Dr. Smith Monday”
 - This naming convention makes it easy to assign to another provider, especially if they are covering for another provider



Schedule Template Design, continued...

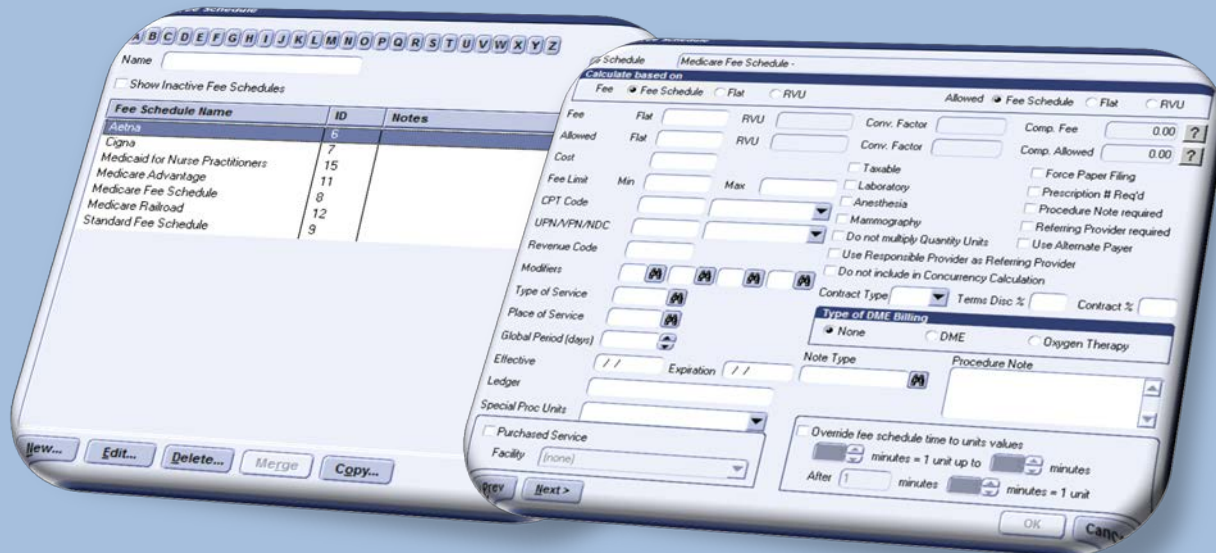
Tip # 7: Get **HELP** if you are not comfortable cleaning up your own templates

- There are lot of time-consuming errors that can be made when cleaning up templates
- Hayes can teach you how to clean up your templates and how to maintain your schedules



Fee Schedules

- The purpose of fee schedules is not only to store your office's fees, but to also store allowed amounts from insurance carriers. However, there is more to fee schedules than storing fees. Let's review your fee schedules, polish them up and make them work for you.



Fee Schedules, continued...

Tip # 1: Start small. Make a standard fee schedule and your biggest payor fee schedule

- How many fee schedules do you have?
 - Ex: Standard 2012 & Medicare 2012



Fee Schedules, continued...

Tip # 2: COPY your fee schedules and THEN make changes

- When it comes time to change your fees or allowed amounts, do not type over what is already there. This will allow for better reporting and tracking.

Name	ID	Notes
Copy Fee Schedule [X]		
Fee Schedule Name	<input type="text" value="Copy of Aetna"/>	
Adjust Fees by	<input type="text" value="100.00"/> %	
Round Fees to the nearest	<input type="text" value="0.01"/> ▼	
Adjust Allowed by	<input type="text" value="100.00"/> %	
Round Allowed to the nearest	<input type="text" value="0.01"/> ▼	
<input type="button" value="OK"/>		<input type="button" value="Cancel"/>

Fee Schedules, continued...

Tip # 3: Name your fee schedules by the year and set effective and expiration dates when you attach them to the providers

The screenshot shows a dialog box titled "Provider Fee Schedule" with a close button (X) in the top right corner. The dialog box is set against a background of a software window with tabs labeled "Insurance Gro", "Insurance Cari", "Financial Class", and "Fee".

Fields and options in the dialog box include:

- Company:** A dropdown menu currently showing "(all)".
- Facility:** A dropdown menu currently showing "(all)".
- Insurance Selection:** A group box containing three radio buttons:
 - All Insurance Carriers
 - Insurance Carrier: Next to a text input field and a small icon.
 - Insurance Group: Next to a text input field and a small icon.
- Financial Class:** A dropdown menu currently showing "(all)".
- Fee Schedule:** A text input field containing "Standard Fee Schedule" and a small icon.
- Contract Code:** An empty text input field.
- Effective:** A date input field containing "01/01/2012".
- Contract Version ID:** An empty text input field.
- Expiration:** A date input field containing "12/31/2012".

At the bottom right of the dialog box are two buttons: "OK" and "Cancel".

Fee Schedules, continued...

Tip # 4: Fee schedules can be worked on ahead of time

- You can start building your fee schedules for next year if you already have all the information that is needed



Fee Schedules, continued...

Tip # 5: At the procedure level, use the fee schedule features available to maximize billing

- Store allowed amounts for tracking. This will help identify if the payor is paying you, or what is negotiated in your contract.

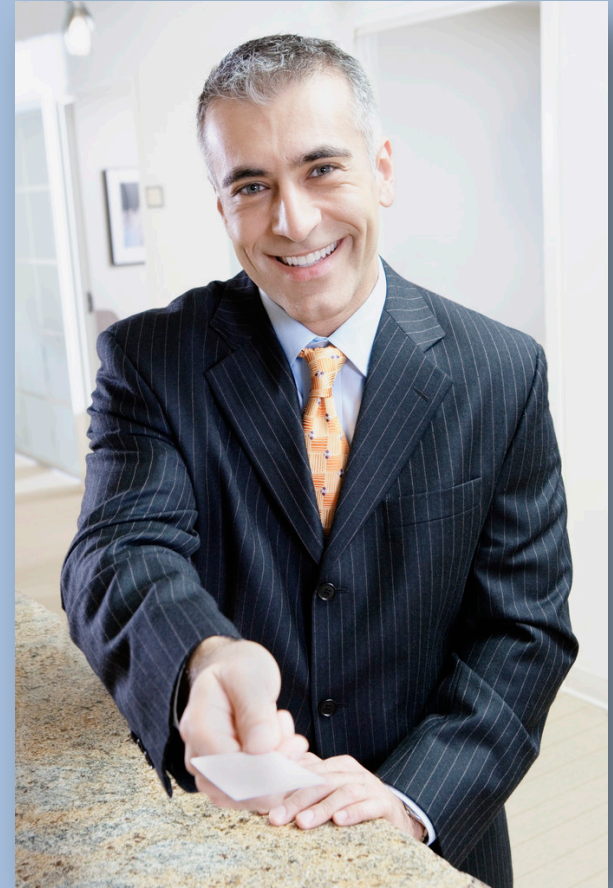
The screenshot shows a software window titled "Fee Schedule" with a dropdown menu set to "Standard Fee Schedule". The interface is divided into several sections:

- Calculate based on:** A sub-section with two rows of radio buttons. The first row has "Fee" selected under "Fee Schedule", "Flat", and "RVU". The second row has "Allowed" selected under "Fee Schedule", "Flat", and "RVU".
- Fee and Allowed:** Fields for "Flat" and "RVU" values, along with "Conv. Factor" and "Comp. Fee" (set to 0.00) for both Fee and Allowed.
- Cost and Fee Limit:** Fields for "Cost", "Min", and "Max".
- CPT Code and UPN/VPN/NDC:** Dropdown menus for "CPT Code" and "UPN/VPN/NDC".
- Revenue Code and Modifiers:** A text field for "Revenue Code" and several checkboxes for "Modifiers".
- Type of Service and Place of Service:** Dropdown menus for "Type of Service" and "Place of Service".
- Global Period (days):** A dropdown menu.
- Effective and Expiration:** Date fields for "Effective" and "Expiration".
- Ledger:** A text field.
- Special Proc Units:** A dropdown menu.
- Contract Type and Terms:** A dropdown for "Contract Type", and fields for "Terms Disc %" and "Contract %".
- Type of DME Billing:** Radio buttons for "None" (selected), "DME", and "Oxygen Therapy".
- Note Type and Procedure Note:** A dropdown for "Note Type" and a text area for "Procedure Note".
- Override fee schedule time to units values:** A checkbox and fields for "minutes = 1 unit up to" and "After 1 minutes minutes = 1 unit".
- Purchased Service:** A checkbox and a dropdown for "Facility" (set to "none").

Navigation buttons at the bottom include "< Prev", "Next >", "OK", and "Cancel".

Fee Schedules, continued...

- Fee schedules do not have to be updated by hand. There are companies that offer fee schedule importers to make your updates more quickly.
- You can input your fees, allowed amounts, RVUs in Excel and have them imported into CPS for a small fee



Fee Schedules, continued...

Fee Schedule Tips:

- Attach modifiers if they always belong with this procedure
- Override the global period for special payors
- Override the CPT code sent for special payors
- Force paper filing for special CPTs and payors
- Set up DME to split to the DME payor automatically
- Attach procedure notes
- Attach NDC numbers
- Make the referring physician a required field



Fee Schedules, continued...

- Fee schedules are for more than storing prices and allowed amounts. Take another look and see the power!

The screenshot displays a complex form for configuring a fee schedule. At the top, there are radio buttons for 'Fee' and 'Allowed', both set to 'Fee Schedule'. Below this, the form is organized into several sections:

- Basic Values:** Fields for 'Fee' (Flat: 121.88, RVU: [empty]), 'Allowed' (Flat: 121.88, RVU: [empty]), 'Cost' (empty), 'Fee Limit' (Min: [empty], Max: [empty]), 'CPT Code' (empty), 'UPN/VPN/NDC' (empty), and 'Revenue Code' (empty).
- Checkboxes:** A grid of checkboxes for 'Taxable', 'Laboratory', 'Anesthesia', 'Mammography', 'Do not multiply Quantity Units', 'Use Responsible Provider as Referring Provider', 'Do not include in Concurrency Calculation', 'Force Paper Filing', 'Prescription # Req'd', 'Procedure Note required', and 'Referring Provider required'.
- Contract Information:** Fields for 'Contract Type' (dropdown), 'Terms Disc %' (empty), and 'Contract %' (empty).
- Type of DME Billing:** Radio buttons for 'None' (selected), 'DME', and 'Oxygen Therapy'.
- Effective Dates:** 'Effective' and 'Expiration' fields, both containing '//'.
- Other Fields:** 'Ledger' (empty), 'Special Proc Units' (dropdown), and 'Note Type' (dropdown).
- Procedure Note:** A large text area for entering procedure notes.
- Footer:** A checkbox for 'Override fee schedule time to units values'.

Security

- Many times during system evaluations, security is found to be either wide open or not locked down as well as it can be



Security, continued...

Tip # 1: Even though it might be a pain, you should perform a **security audit** at least once per year

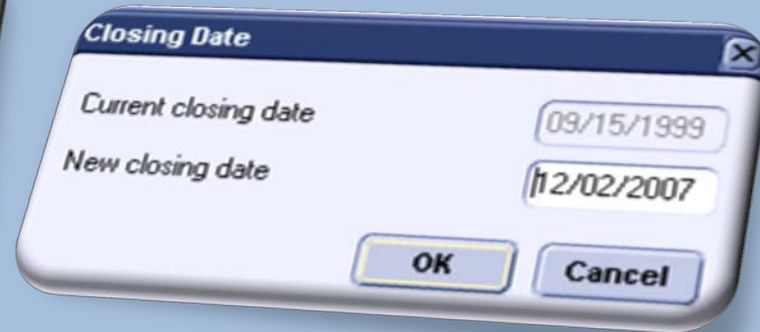
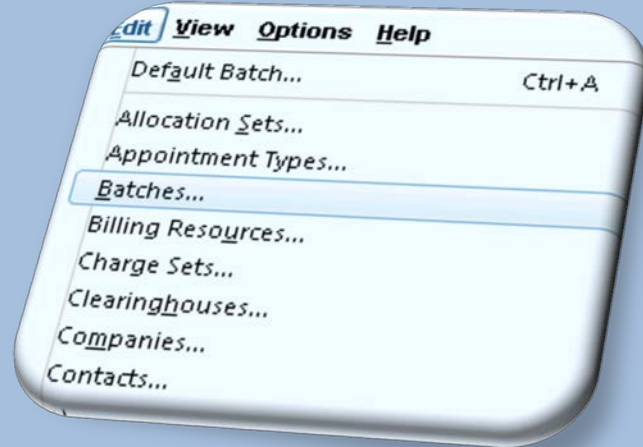
Tip # 2: Before each system upgrade, take screenshots and **print the security report**. After the upgrade, go verify your security assignments carried over and look for new security items that came with the upgrade.

Tip # 3: Assign security **by groups** and not by user for easy maintenance



Hard Close vs. Soft Close - Batches

Are you familiar with the difference between soft close and hard close in CPS? When is the last time you hard closed?



Hard Close vs. Soft Close – Batches, continued...

1. Soft closed batches should be closed daily. Soft closed batches can be re-opened.
2. Hard close quarterly or even **monthly**. Hard closing **permanently** locks down the batches and they cannot be re-opened.
3. Some financial reports are dependent upon the hard close date
4. Since soft close batches can be re-opened, your financial reports can always fluctuate. Hard closing locks down those financials for accurate reports.



Hard Close vs. Soft Close – Batches, continued...

STOP. ALERT. WARNING!!

- To see your last hard close date, go to Administration > Edit > Closing Date
- Be careful when you view your last closing date. Make sure that you do not set your next closing date until you are ready. Hard closing CANNOT be undone.



Original Nooks and Crannies of CPS Administration!

- As seen in the April 2012 CHUG Spring Conference in Las Vegas!



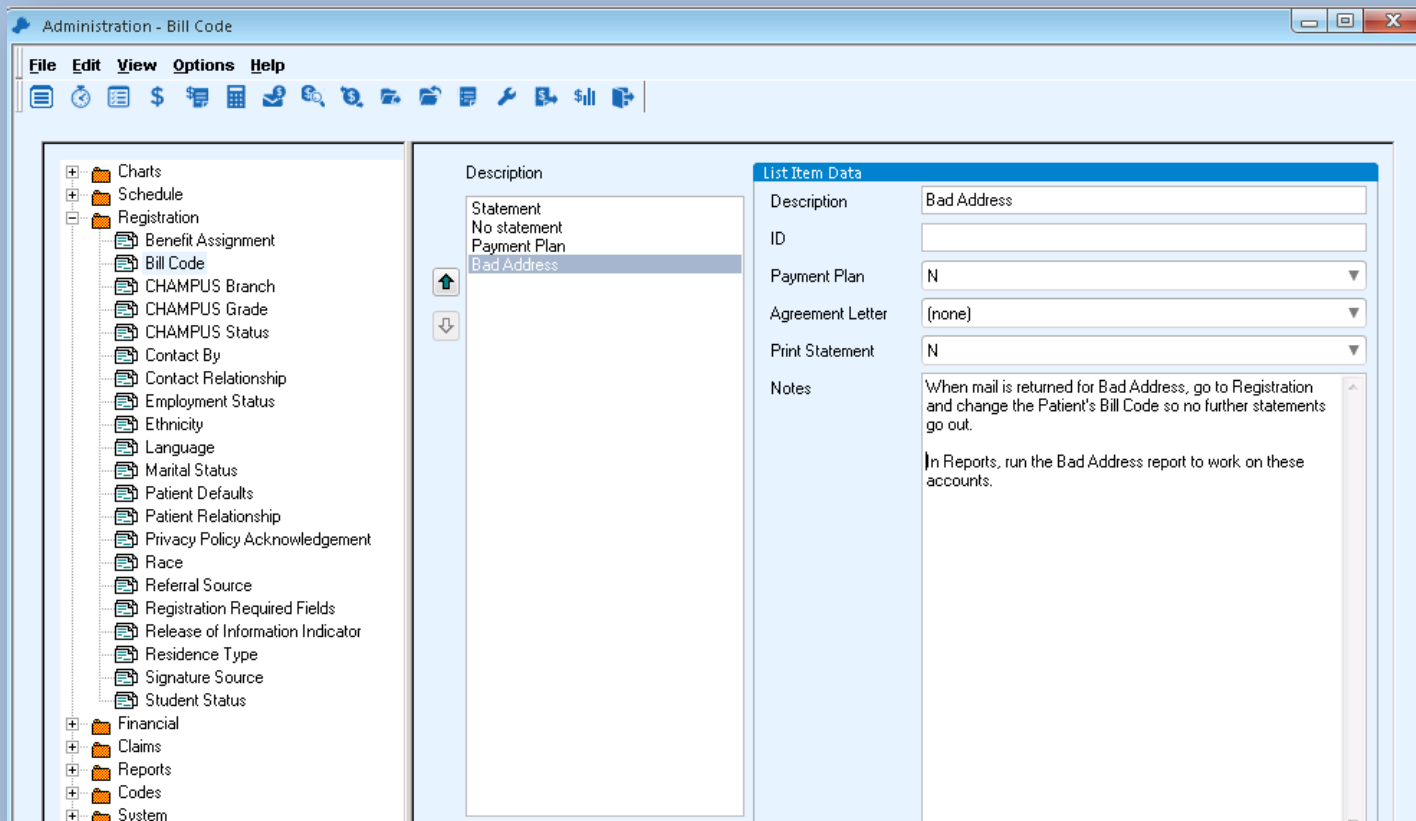
Returned Mail – Bill Code

- How do you handle returned mail for bad addresses? Do you continue to send statements? How do you track and work on getting the correct addresses?



Returned Mail – Bill Code, continued...

- For returned mail, create a bill code called “Bad Address” to prevent statements from going out



Returned Mail – Bill Code, continued...

- The bill code is assigned in patient registration

The screenshot displays a software window with a menu bar (File, Edit, View, Options, Help) and a toolbar. Below the toolbar are tabs for Patient, Guarantor, Additional, Insurance, Contacts, Appointments, Financial, and Payment Plan. The Financial tab is active, showing a summary of balances: Total (0.00), Insurance (0.00), Patient (0.00), and Deposit (0.00). An 'Aging' section includes a 'Calculate' button and a table with columns for age groups (0-30, 31-60, 61-90, 91-120, 120+) and rows for Patient and Insurance. A 'Billing Notes' text area is located below the aging table. On the right, the 'Guarantor Statement Information' section shows ID: 5390, First Visit: 04/06/2010, Budget: 0.00, and Bill Code: Bad Address. A dropdown menu for the Bill Code is open, showing options: (none), Statement, No statement, Payment Plan, and Bad Address. Below this, there are radio buttons for 'Statement Note Printing' (Always Print, Print Once) and a 'Statement Notes' text area.




Balance:	Total:	Insurance:	Patient:	Deposit:
	0.00	0.00	0.00	0.00

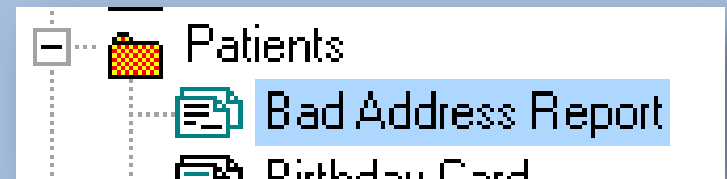
Aging					
Calculate	0-30	31-60	61-90	91-120	120+
Patient:					
Insurance:					

Guarantor Statement Information		
ID:	5390	Statement Dates...
First Visit:	04/06/2010	Budget: 0.00
Bill Code:	Bad Address	
Statement Note Printing	(none)	
<input type="radio"/> Always Print	<input type="radio"/> Print Once	
Statement Notes:	Statement	
	No statement	
	Payment Plan	
	Bad Address	

Returned Mail – Bill Code, continued...

- A report can be generated to track and work on these accounts in the Reports component of CPS
- Tip: Go to Reports > Patients > Guarantor List > Change Bill Code to Bad Address. Click the “Save As” icon and rename the report to “Bad Address Report”.

Guarantor	<input type="text"/>	
Zip Code	<input type="text"/>	
Bill Code	Bad Address	
Sort by	Last Name	



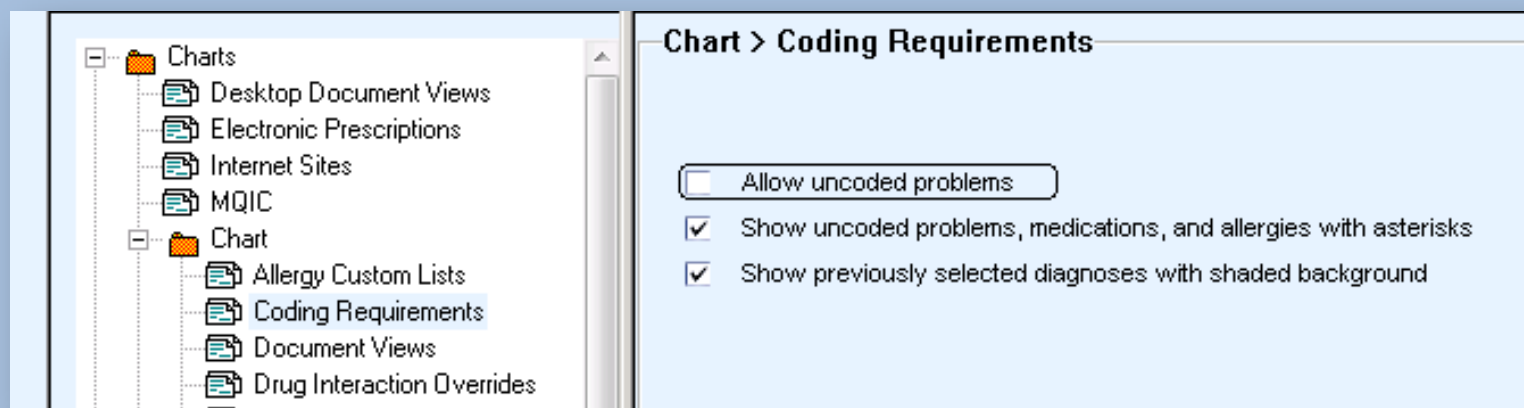
Uncoded Problems – Are They a Problem?

- Uncoded problems in EMR are problems that are entered by clinicians that do not have an ICD code attached to them for billing



Uncoded Problems – Are They A Problem?, continued...

- This could cause problems when charges are sent back to Billing
- If this box is checked, users can add problems to a patient's chart that do not have associated diagnosis codes



Patient Banner – Is it Overlooked?

- Have you reviewed your patient banner content lately? There may be new code available to you since you first built your banner.



Patient Banner – Is it Overlooked?, continued...

- You can display the patient's cell phone, email, secondary insurance carrier, or referring physician name and phone number
- What do you think would be helpful to see in the banner?

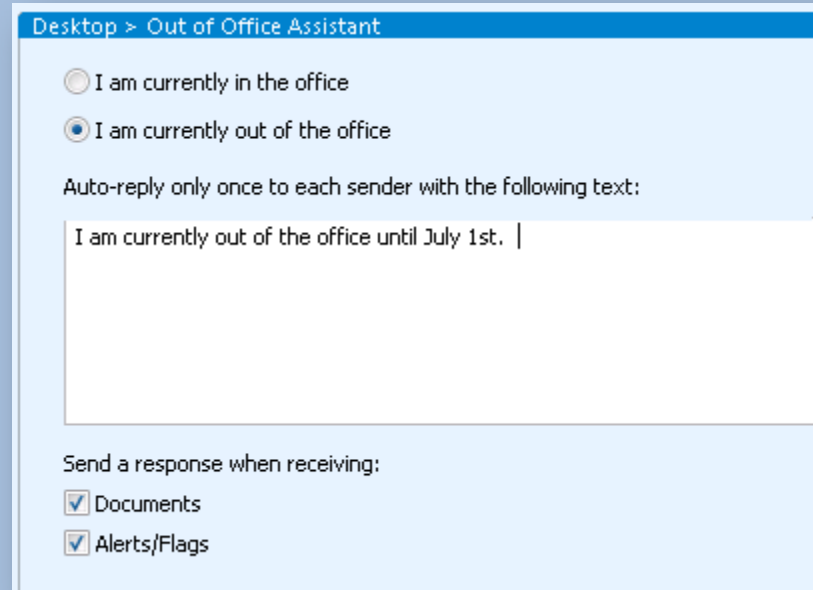
Another Test	<i>Resp. Provider:</i>	<i>Patient ID: 5951</i>
34 Years - Female - <i>DOB: 13-Sep-1977</i>	<i>Insurance: Medical Mutual of Ohio</i>	
<i>Home: 702-555-1212</i>	<i>Group: 987897</i>	

The screenshot shows a window titled "Patient Banner" with a text area containing the following code:

```
{PATIENT.LABELNAME}{if PATIENT.PSTATUS = "X" then "DECEASED: " + PATIENT.DATEOFDEATH else "" endif}{if PATIENT.PSTATUS = "I" then "INACTIVE" else "" endif}{if PATIENT.PSTATUS = "O" then "OBSOLETE" else "" endif}Home: {if PATIENT.A then "None" else PATIENT.ALTPHONE endif} Work: {if PATIENT.WORKPHONE = "" then "None" else PATIENT.WORKPHONE endif} {PATIENT.FORMATTEDAGE}, {PATIENT.SEX} (DOB: {Patient.DateOfBirth}) Patient ID: {PATIENT.PATI Insurance: {INS_PLAN()} Group: {INS_GRP()}}
```

Out of Office Assistant – EMR

- Did you know about the ‘Out of Office Assistant’ feature in EMR? You can set “Out of Office” responses for other users or yourself.



Desktop > Out of Office Assistant

I am currently in the office

I am currently out of the office

Auto-reply only once to each sender with the following text:

I am currently out of the office until July 1st. |

Send a response when receiving:

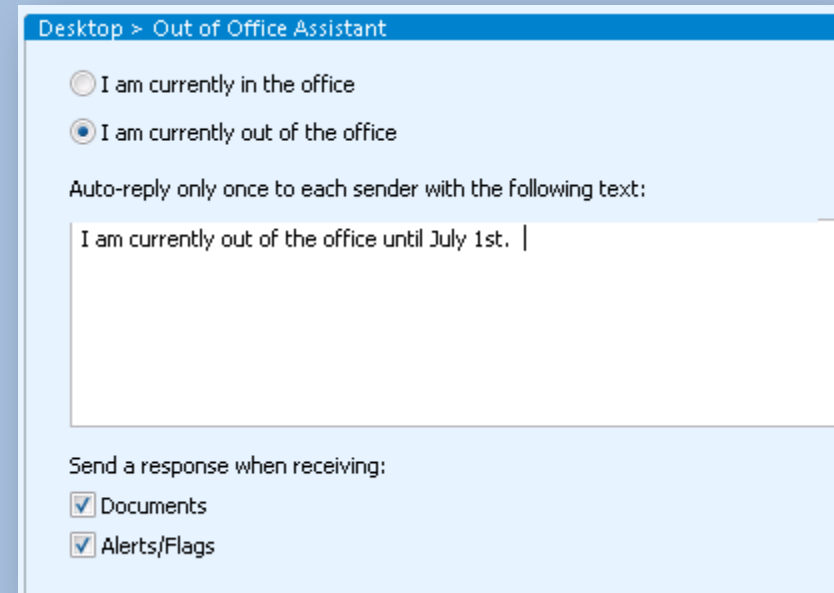
Documents

Alerts/Flags

Out of Office Assistant – EMR, continued...

Set up your 'Out of Office Assistant'

- Administration > System > User and Resource Management > Users > Preferences > User Preferences
- **Shortcut for yourself only:**
Go to Options > Preferences > Desktop > Out of Office Assistant



The screenshot shows a window titled "Desktop > Out of Office Assistant". It contains two radio buttons: "I am currently in the office" (unselected) and "I am currently out of the office" (selected). Below this is a text field with the auto-reply message: "I am currently out of the office until July 1st. |". At the bottom, there is a section "Send a response when receiving:" with two checked checkboxes: "Documents" and "Alerts/Flags".

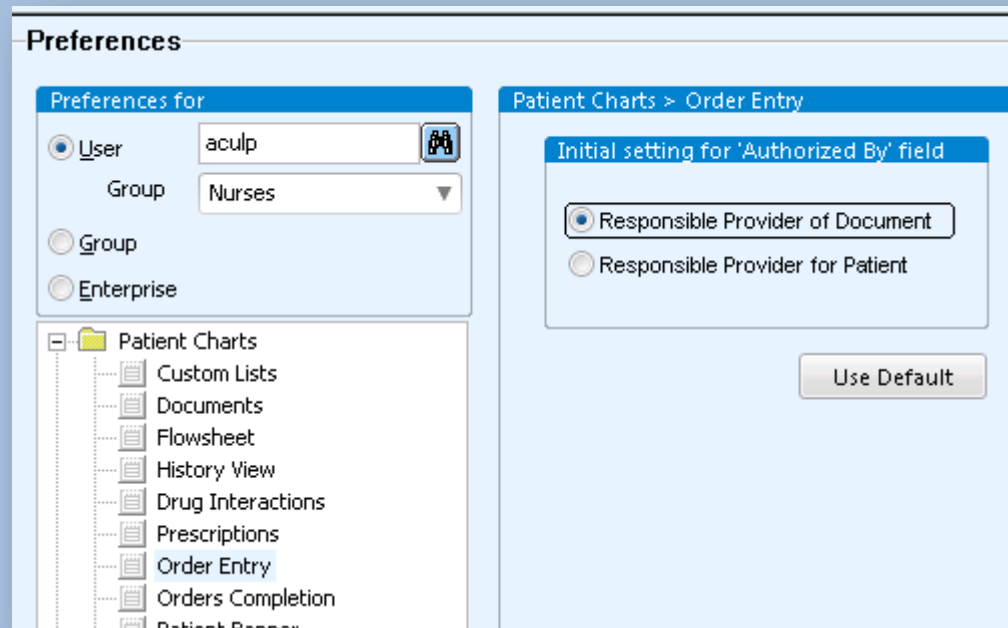
Default Provider on EMR Orders

- Do Orders accidentally get entered with the WRONG “Responsible Provider”? This can occur when a patient is seen by multiple providers in your practice.

The screenshot shows a software preferences window titled "Preferences". It is divided into two main sections. The left section, titled "Preferences for", has three radio buttons: "User" (selected), "Group", and "Enterprise". The "User" option is set to "aculp" in a text field with a user icon, and the "Group" dropdown is set to "Nurses". Below this is a tree view under "Patient Charts" with items: Custom Lists, Documents, Flowsheet, History View, Drug Interactions, Prescriptions, Order Entry (highlighted), Orders Completion, and Patient Banner. The right section, titled "Patient Charts > Order Entry", contains a sub-section "Initial setting for 'Authorized By' field" with two radio buttons: "Responsible Provider of Document" (selected) and "Responsible Provider for Patient". A "Use Default" button is located at the bottom right of this section.

Default Provider on EMR Orders, continued...

- Try this option and see if it helps your office
 - Administration > System > User and Resource Management > Users > Preferences > User Preferences
 - **Shortcut for yourself only:** Go to Options > Preferences > Patient Charts > Order Entry



Co-pays

- Fact: co-pays can be confusing to build. Let's take a closer look:
 - Are yours built correctly? Almost every system evaluation I have performed uncovers problematic errors in co-pay and allocation sets
 - Co-pays are initially built during your implementation. When new ones are added, vital steps may have been left out.



Co-pays, continued...

- Co-pays or “allocation sets” are assigned in registration. They pull through to billing and tell the system how to divide up the charges for patient and insurance.

Insurance Carrier Information

Carrier	Number
<input checked="" type="checkbox"/> Medical Mutual of Ohio	
<input checked="" type="checkbox"/> MedAssit	
<input checked="" type="checkbox"/> The Hartford	

Set Carrier Modify

Allocation Set: 15 copay
Financial Class: commercial
Benefit Assignment: Assigned

Correct

Visit Info.	Filing (1)	Notes	Charges	Trans.	Corr.	Claims
Allocation Information						
	Allocated	Payments	Adjustments	Pending	Balance	
Insurance	106.88 -	0.00 -	0.00 -	0.00 =	106.88	Collect on visit date 15.00
Patient	15.00 -	0.00 -	0.00	=	15.00	Deposit 0.00
Total	121.88 -	0.00 -	0.00 -	0.00 =	121.88	
Transactions						

The patient has a \$15 copay and the remaining balance falls automatically into the insurance responsibility.

Co-pays, continued...

- If built incorrectly, they will cause errors and annoyances in billing

Insurance Carrier Information

Carrier	Number
<input checked="" type="checkbox"/> Medical Mutual of Ohio	
<input checked="" type="checkbox"/> MedAssit	
<input checked="" type="checkbox"/> The Hartford	

Set Carrier Modify

Allocation Set: 55 copay
Financial Class: commercial
Benefit Assignment: Assigned

Incorrect

Visit Info. Filing (1) Notes Charges Trans. Corr. Claims

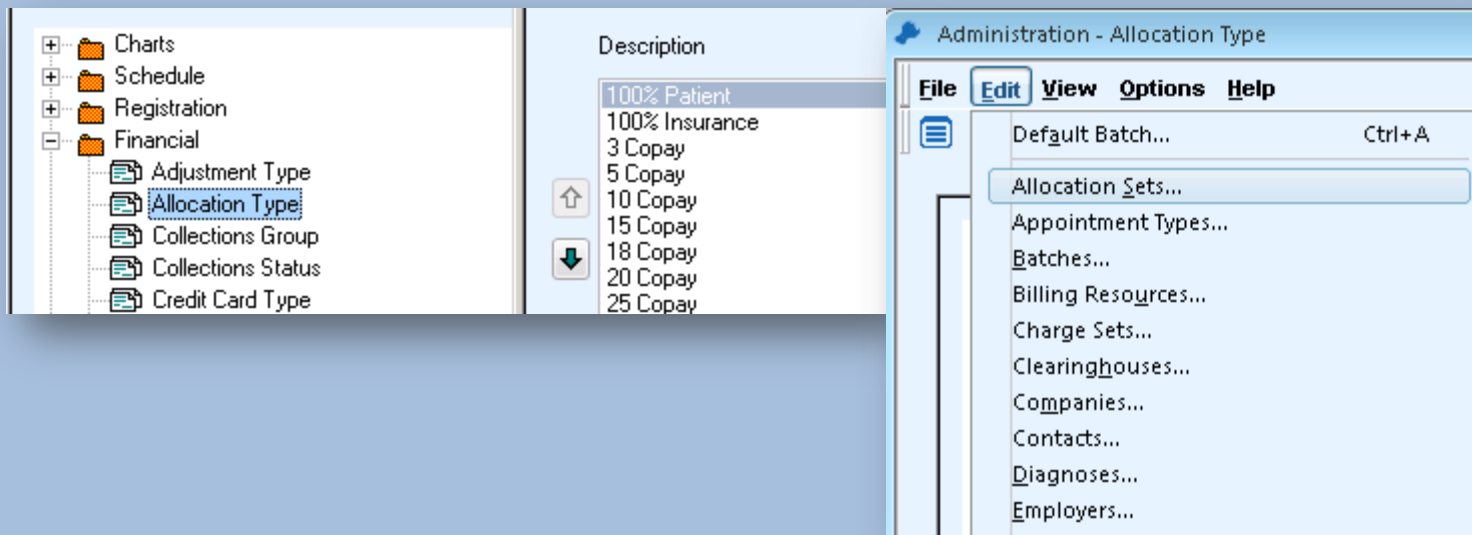
Allocation Information

	Allocated	Payments	Adjustments	Pending	Balance		
Insurance	0.00 -	0.00 -	0.00 -	0.00 =	0.00	Collect on visit date	121.88
Patient	121.88 -	0.00 -	0.00	=	121.88	Deposit	0.00
Total	121.88 -	0.00 -	0.00 -	0.00 =	121.88		

If the \$55 copay was built correctly, only \$55 would be in the patient due column and the rest would be in the insurance due column.

Co-pay Setup – A Closer Look

- There are two parts to review when building co-pays and they are located in different areas of Admin
 - **Allocation Types** – located in “List Editor” (folder menu). Divide the *% of responsibility* between the patient and the insurance carrier
 - **Allocation Sets** – located in “Edit Menu” (file menu). Specify *which codes* go to ‘patient due’ or ‘insurance due’



Part 1 of Co-pays: Allocation Type

- Be sure that the appropriate % and patient \$ is carved out
- The incorrect example displayed below should have 100 in the insurance % and 55 in the patient \$

Description	List Item Data
100% Patient	Description 15 Copay
100% Insurance	Insurance % 100
3 copay	Patient \$ 15.00
5 Copay	Notes
10 Copay	
15 Copay	
18 copay	

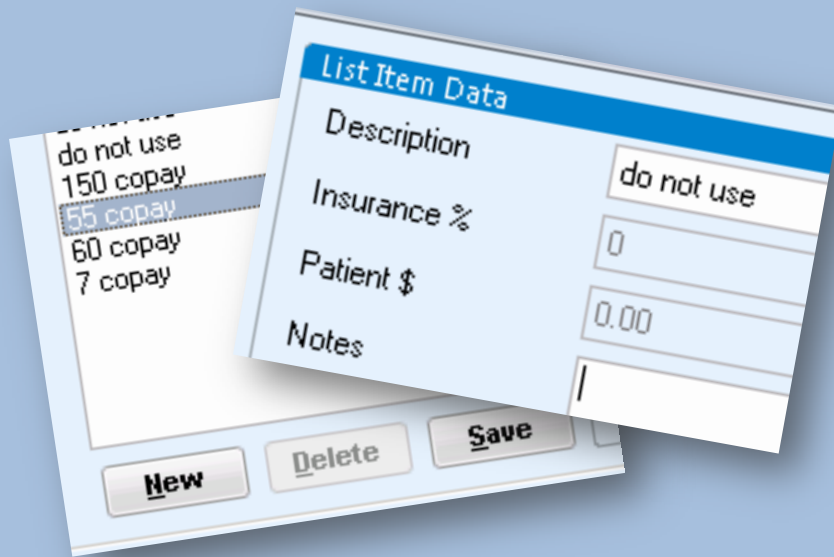
Correct

Description	List Item Data
100% Patient	Description 55 copay
100% Insurance	Insurance % 0
3 copay	Patient \$ 0.00
5 Copay	Notes
10 Copay	
15 Copay	

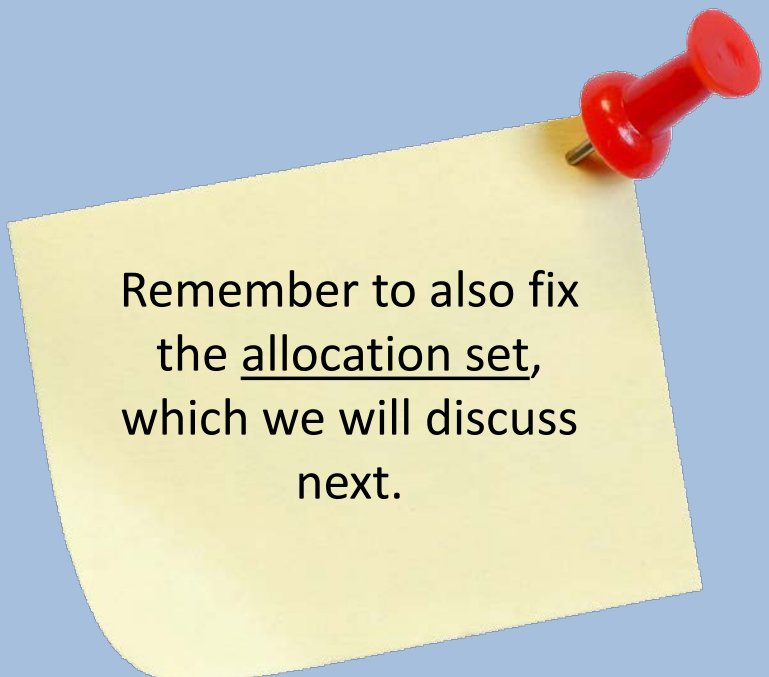
Incorrect

Part 1 of Co-pays: Allocation Type, continued...

- How do I fix this?
- Note that the “Delete” button is grayed-out in Admin
- You can type: “Do not use” in the description



The image shows a screenshot of a software interface. On the left, there is a list of items with the following descriptions: "do not use 150 copay", "55 copay", "60 copay", and "7 copay". The "55 copay" item is highlighted. Below the list are three buttons: "New", "Delete", and "Save". The "Delete" button is grayed out. On the right, there is a "List Item Data" form with the following fields: "Description" (containing "do not use"), "Insurance %" (containing "0"), "Patient \$" (containing "0.00"), and "Notes" (containing a vertical bar "|").



Remember to also fix the allocation set, which we will discuss next.

Part 2 of Co-pays: Allocation Sets

- Be sure that your CPT code ranges are *consistent* with **ALL** of your allocation sets
- Inconsistencies cause errors in billing

Edit Allocation Set

Inactive

Name: 15 copay

ID: 3

Range	Type	Allocation Type
99201 - 99245	C	15 Copay
<all>		100% Insurance

Calculate Patient Portion From:

Fee

Allowed

Automatically Adjust Totals Based on Allowed Amount

Correct

Edit Allocation Set

Inactive

Name: 60 Copay

ID: 42

Range	Type	Allocation Type
<all>		60 copay

Calculate Patient Portion From:

Fee

Allowed

Automatically Adjust Totals Based on Allowed Amount

Incorrect

Maximize your Allocation Sets

- Do you have codes that are **ALWAYS** patient due?
- Set them to 100% patient in the allocation set so that they always fall to patient regardless of the patient's copay. This will save time in billing!



Maximize Your Allocation Sets, continued...

- Examples:
 - Returned check fees
 - Cosmetic products
 - Gift cards
 - Non-covered procedures
 - Medical record fees

Ranges		
Range	Type	Allocation Typ
SHIPPING - SHIPF	C	100% Patient
99201 - 99245	C	40 copay
<all>		100% Insurance



Default Service Providers

- Do you typically send your patients to a specific location for testing or referrals? There are many benefits to setting default service providers, including saving time.



Default Service Providers, continued...

- You can set your default service providers based on location of care, insurance carrier and more

Orders > Codes And Categories > Tests And Procedures

New Insurance-specific Order Information

Insurance: <Default> Order Category: CT

Preauthorization: Not Required Disposition when Signed: In Process

Comment:

Form: Insurance Form

Location Of Care: ALL

Covered
 Diagnosis Required
 Transfer to Visit

Approved Service Providers:

Preferred	Name	Specialty	Organization

Default Insurance Information for Category

Buttons: New..., Change..., Remove, Set Preferred, Clear Preferred, OK, Cancel

Tax

- Do you charge tax for anything at your office?
- Centricity can automatically calculate tax for you and post it when posting charges



Tax, continued...

- Step 1: Admin > Edit > Procedures > select your procedure > Fee Schedule Tab > Click “Taxable”
- Step 2: Admin > Edit > Facilities (Make sure your tax rate is entered. The tax will calculate according to the location of the facility and what you enter here.)

Cost	<input type="text"/>	<input type="checkbox"/> Taxable	<input type="checkbox"/> Force Paper Filing
Fee Limit	Min <input type="text"/> Max <input type="text"/>	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Prescription # Req'd
CPT Code	<input type="text"/>	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Procedure Note required
UPN/VPN/NDC	<input type="text"/>	<input type="checkbox"/> Mammography	<input type="checkbox"/> Referring Provider required
Revenue Code	<input type="text"/>	<input type="checkbox"/> Do not multiply Quantity Units	<input type="checkbox"/> Use Alternate Payer
Modifiers	<input type="text"/>	<input type="checkbox"/> Use Responsible Provider as Referring Provider	<input type="checkbox"/> Do not include in Concurrency Calculation
Type of Service	<input type="text"/>	Contract Type <input type="text"/>	Terms Disc % <input type="text"/> Contract % <input type="text"/>
Place of Service	<input type="text"/>	Type of DME Billing	
		<input checked="" type="radio"/> None <input type="radio"/> DME <input type="radio"/> Oxygen Therapy	

Federal Tax ID	<input type="text"/>	<input checked="" type="radio"/> SSN <input type="radio"/> EIN
NPI	<input type="text"/>	
State License	<input type="text"/>	
Additional\Specialty License	<input type="text"/>	<input type="text"/>
Ticket Number Prefix	<input type="text"/>	
Default Company	<input type="text"/>	<input type="text"/>
Place of Service	<input type="text"/>	<input type="text"/>
Ledger	<input type="text"/>	
Specialty	<input type="text"/>	
Type of Bill	<input type="text"/>	Tax rate <input type="text"/>

EMR Chart History Views

- History views are still fairly new feature in Centricity. Do not overlook this powerful tool.

The screenshot displays a patient's medical history in a web-based interface. At the top, the patient's name is 'Another Test'. Below the name, there are several fields: '34 Years - Female - DOB: 13-Sep-1977', 'Home: 702-555-1212', 'Resp. Provider:', 'Patient ID: 5951', 'Insurance: Medical Mutual of Ohio', and 'Group: 987897'. A blue header bar labeled 'Histories' is present. Below this, there is a 'View' dropdown menu set to '<Preferred - System History \', a 'Set Attached View' button, and a notification for 'Alerts(0)/Flags(5)'. The main content area is titled 'Past Medical History' and lists 'Back Problems' and 'Blood Disease'. At the bottom right, it states 'Last updated by Angela Culp on 03/09/2012 9:13:18 AM'.

Another Test
34 Years - Female - DOB: 13-Sep-1977
Home: 702-555-1212
Resp. Provider: Patient ID: 5951
Insurance: Medical Mutual of Ohio
Group: 987897

Histories

View <Preferred - System History \ Set Attached View Alerts(0)/Flags(5)

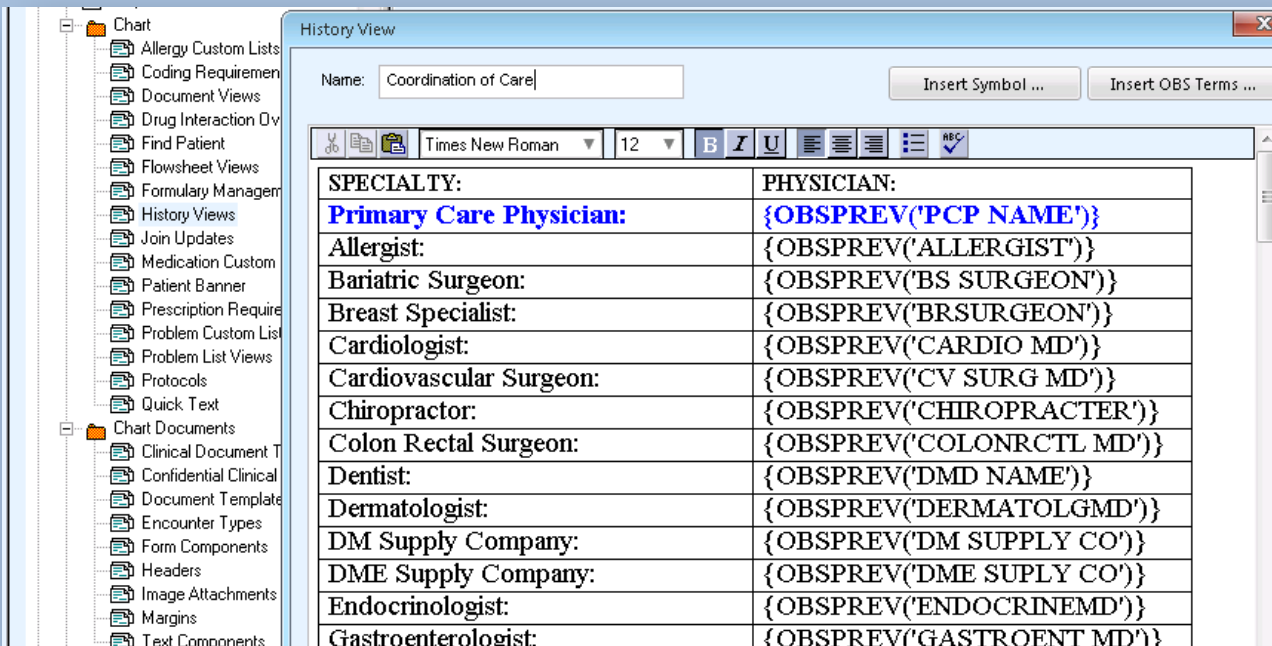
Past Medical History

Back Problems
Blood Disease

Last updated by Angela Culp on 03/09/2012 9:13:18 AM

EMR Chart History Views, continued...

- What about building a “Coordination of Care” view or an “Immunizations History” view?
- Think about the OBS captured for your flowcharts. Are there any interesting history views you can think of to build for providers or clinical staff?

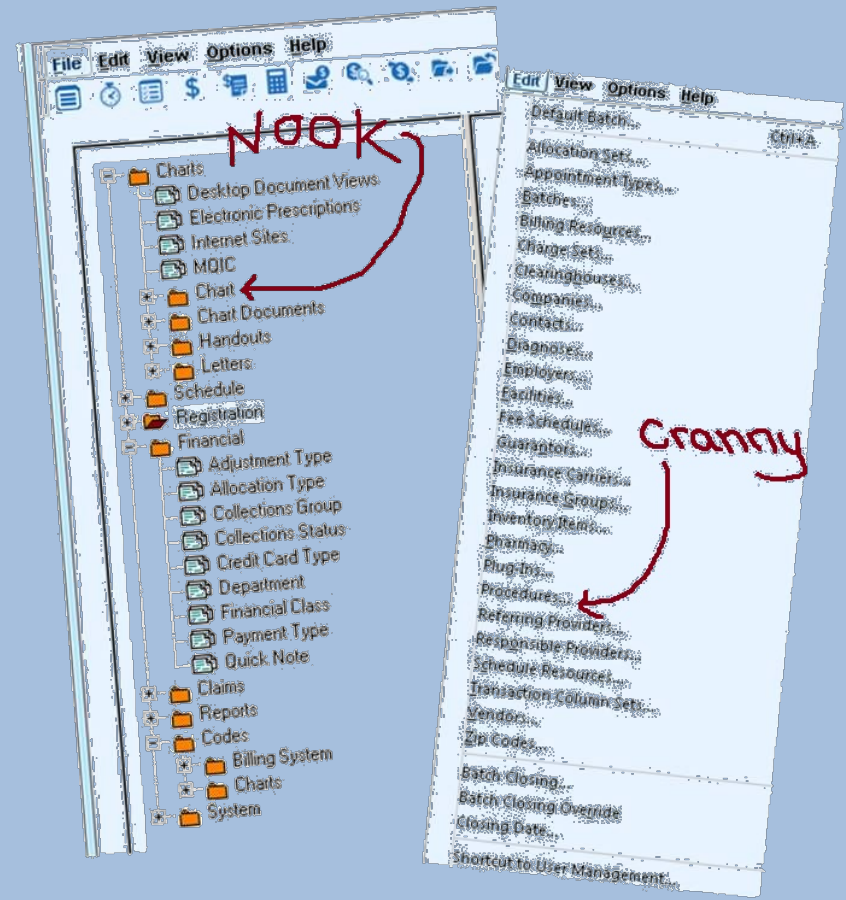


The screenshot shows a software interface for creating a history view. On the left is a tree view of chart components, including 'Allergy Custom Lists', 'Coding Requirements', 'Document Views', 'Drug Interaction Dv', 'Find Patient', 'Flowsheet Views', 'Formulary Management', 'History Views', 'Join Updates', 'Medication Custom', 'Patient Banner', 'Prescription Require', 'Problem Custom List', 'Problem List Views', 'Protocols', 'Quick Text', 'Chart Documents', 'Clinical Document T', 'Confidential Clinical', 'Document Template', 'Encounter Types', 'Form Components', 'Headers', 'Image Attachments', 'Margins', and 'Text Components'. The main window is titled 'History View' and has a 'Name' field containing 'Coordination of Care'. Below the name field is a toolbar with icons for cut, copy, paste, font face (Times New Roman), font size (12), and bold, italic, underline, list, and record buttons. The main content area is a table with two columns: 'SPECIALTY:' and 'PHYSICIAN:'. The table contains the following rows:

SPECIALTY:	PHYSICIAN:
Primary Care Physician:	{OBSPREV('PCP NAME')}
Allergist:	{OBSPREV('ALLERGIST')}
Bariatric Surgeon:	{OBSPREV('BS SURGEON')}
Breast Specialist:	{OBSPREV('BRSURGEON')}
Cardiologist:	{OBSPREV('CARDIO MD')}
Cardiovascular Surgeon:	{OBSPREV('CV SURG MD')}
Chiropractor:	{OBSPREV('CHIROPRACTER')}
Colon Rectal Surgeon:	{OBSPREV('COLONRCTL MD')}
Dentist:	{OBSPREV('DMD NAME')}
Dermatologist:	{OBSPREV('DERMATOLGMD')}
DM Supply Company:	{OBSPREV('DM SUPPLY CO')}
DME Supply Company:	{OBSPREV('DME SUPPLY CO')}
Endocrinologist:	{OBSPREV('ENDOCRINEMD')}
Gastroenterologist:	{OBSPREV('GASTROENT MD')}

Hold the Applause!

- Isn't it about time you look in the Nooks and Crannies of your Centricity Admin?
- You might find Gold!



In Closing...Questions?

- For a full administration evaluation of your system, contact Angela Hunsberger or Lorie Richardson at:
 - ahunsberger@hayesmanagement.com
 - lrichardson@hayesmanagement.com
- Hayes offers a wide variety of PM and EMR services, System Assessments, Design and Build Assistance, Meaningful Use, Forms, Crystal Reports, Support and Back-fill Assistance. Learn more at:
 - www.hayesmanagement.com
 - <http://twitter.com/HayesManagement>