What’s New in Centricity® Practice Solution
Version 10x
February 2012
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Revision History

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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<tbody>
<tr>
<td>February 2012</td>
<td>Added new Task Management feature description for preview queue and updated screenshots. Updated date of release to 2012.</td>
</tr>
<tr>
<td>July 2011</td>
<td>Updated all major sections and reorganized the document as stand alone for 10.0, with references to the What's New in Centricity Practice Solution 9.x. Incorporated review feedback from Legal representative.</td>
</tr>
<tr>
<td>December 2010</td>
<td>Centricity Practice Solution 10.0, DRAFT version.</td>
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</table>
Combining an electronic medical record (EMR) with a practice management system, Centricity Practice Solution 10x provides core functionality needed by clinicians as well as front office and billing staff. This certified clinical solution enables customers to achieve Meaningful Use while meeting the needs of clinicians and patients with elegant design, intuitive workflows, and easy-to-use features. Additionally, Centricity Practice Solution 10x supports 5010 ANSI guidelines and your compliance with HIPAA, so claims can be submitted after the January 1, 2012 deadline.

Moving beyond compliance, Centricity Practice Solution 10x is a fully integrated EMR and practice management solution that offers a welcoming design, streamlined navigation, and new and updated features, including Browser and Mobile Chart Access, User Management and Security, a Financial Dashboard, Task Management, and improved practice management reports.
How do I learn to use Centricity Practice Solution 10x?

For highlights on the new features included in this release, read this document from cover to cover. Additional resources and detailed user instructions are available in online help and guide format for users at all levels, including system administrators, clinicians and staff, clinical content developers, and clinic managers.

For highlights on features included prior to the release of Centricity Practice Solution 10x (which includes 10.0 and 10.1), please see *What’s New in Centricity Practice Solution 9.x*.

Documentation library

The complete documentation library is available as a zipped archive from http://centricitypractice.gehealthcare.com/centricity_library/.

Unzip the file to a folder on your system and make sure that users who need access to library resources can access the network location of the folder.

If you open this guide from the Centricity Document Library or from a library folder copied to your network or a local machine, you can click links to other guides to open them. These links will not work if you copy a PDF to a location outside the library folder.

The following planning and implementation resources are available in this library:

- **System Planning and Requirements for Centricity Practice Solution.** This guide contains an overview of features that impact hardware/software decisions, interfaces, and system planning and maintenance information.
- **Configuring Environments for Centricity Practice Solution.** Detailed hardware and software requirements.
- **Installing Centricity Practice Solution.** This guide contains instructions to install and set up Centricity Practice Solution for the first time.
- **Upgrading to Centricity Practice Solution.** This guide contains instructions for upgrading an existing installation to Centricity Practice Solution 10.0. For specific instructions on upgrading to Centricity Practice Solution 10.1, please see the Centricity Practice Solution 10.1 Release Notes.
- **Installing and Maintaining Centricity Clinical Gateway.** Refer to this manual to install and maintain Centricity Clinical Gateway and Cloverleaf, an interface engine that supports certain clinical data exchange features. This is optional software shipped on a separate disc.
- **Calculating hardware requirements for Centricity Practice Solution.** Use this Microsoft® Excel spreadsheet to fine-tune your hardware requirements. If you have 25 or more users, plan to use this tool. The spreadsheet is available in the same folder as this document. When you unpack the zip file, the path is /guides/calculating_hardware_requirements_cps.xls.
- **Managing interfaces with Centricity Practice Solution.** Includes resources to support import and export of clinical data and patient information to and from other systems, such as labs, transcription services, insurance companies, and other healthcare organizations.
Online help

When you need a quick answer about using a particular feature in Centricity Practice Solution, online help is your fastest route. Wherever you are in the application, press F1 for relevant help about the task at hand:

- Find conceptual information in Concepts links and Glossary entries
- Follow step-by-step procedures to complete a task

The table of contents, index, search, and glossary can help you learn more about a feature or assist you in troubleshooting a problem or answering a question. For additional improvements to clinical topics in the online help, see “Simplified help” on page 12.

Find information using Contents, Index, or Search tabs.

Key terms, concepts, and related task instructions are just a click away.
What’s New in Centricity Practice Solution 10x?

In addition to meeting certification requirements for government initiatives in both the clinical and practice management areas of the application, Centricity Practice Solution 10x includes exciting new features and updates to existing features.

**Clinical**

- **CCHIT 2008 -2011 and ARRA 2001 Phase 1 certification.** For details, see *What's New in Centricity Practice Solution 9.x.*
- **Physician Experience**, showcasing the following improvements and new features:
  - New user interface
  - Desktop navigation and details at a glance
  - Improved Chart Summary navigation and appearance
  - Efficient workflow support
  - Meaningful Use and quality reporting capability
  For details, see “Physician Experience” on page 4.
- **Browser and mobile chart access.** For details, see “Browser and mobile chart access” on page 12.

**Practice Management**

- **EDI 5010 ANSI implementation.** For details, see “EDI claims submission: 5010 ANSI implementation” on page 22.
- **User management and security.** For details, see “User management and security” on page 43.
- **Financial dashboard.** For details, see “Financial Dashboard” on page 58.
- **Reports.** For details, see “Practice Management Reports” on page 63.
- **Task Management.** For details, see “Introducing Task Management” on page 66.

**Physician Experience**

*New user interface*

Centricity Practice Solution 10x provides a new design to streamline workflows for physicians and clinicians. The updated color palette and appearance is only a part of the changed user interface,
which is intended to provide quick access to key functionality related to clinical care. The changes in the Chart module reflect the simplified workflows.

**Desktop navigation and details at a glance**

The Desktop contains the familiar features, but the tabs along the top of the page have been moved to a left navigation tree with more information and easier access.

Left menu replaces the tabbed function pages of earlier versions. The menu contains each major set of functionality, grouped conveniently. The menu is shown with the Desktop expanded view.
You can see your document task status or flag or care alert details at a glance.

Hover over that portion of the Desktop to review document task status or flag or care alert details.

**Improved Chart Summary navigation and appearance**

The Chart Summary also reflects the changed navigation. All the functionality remains the same as earlier versions and can be accessed from the left menu or from the clinical list panes. You can double click on the header of any clinical list pane or expand the rows for additional information.

Double click on the header or select from the left menu to expand the clinical list pane into the viewing area.

Icon denotes pages that expand into main viewing area.

When you double click a pane, the pane fully expands into the viewing area. Clinical list panes can show active items only or active and inactive items. You can sort lists by column headings.

Sort by clicking on column heading. In the medications pane, you can sort by therapeutic drug class, and see the prescription fill history.

Main viewing area
Selecting Histories, Flowsheet, Orders or Documents brings up the information in the main viewing area. Selecting Protocols, Graphs and Handouts launches a window for that information. The Quality section expands to list available quality program measurements as related to the patient. For more details, refer to “Meaningful Use and Quality Reporting” on page 11.

Chart document status is reflected in the area above the left menu and in the top menu bar. You can see if it's necessary to create a new document, or if you can collaborate in an edit of an active document. The **New Document** button replaces the **Update** button of earlier versions. The **Edit** button replaces the **Join** functionality.

Select **Edit** to change or contribute to a document. Select **New Document** to begin a document (replaces the **Update** button). A green bar indicates document undergoing an edit.

Other buttons with previously available functionality, such as **New Phone Note** and **Print**, have been relocated. Patient information has been moved to the banner.

Functions relevant throughout the application moved to top menu bar.

Patient information such as photo, insurance and other information appears in chart banner.
An indicator also displays if the patient has no known Problems, Medications or Allergies.

Unsigned, in-progress changes to the clinical lists are visible.

**Efficient workflow support**

**Modify lists directly**

Convenient buttons now let you modify the clinical lists directly. You can Edit, Stop/Remove or Add information without beginning a new document. If you have the Chart Maintenance privilege and there is not active document for the chart already, you can perform any edit action by selecting the item you wish to edit, clicking the button for that action and completing your edit. The application records the actions in a new type of document, the Chart Maintenance document.

*The product default is no user with Chart Maintenance permission.* This special privilege should typically be reserved for physicians and other similar licensed clinicians. If you do not have Chart Maintenance permissions, you are prompted to start a new document or edit an existing document.
Multiple windows

When you are working in a form and wish to access the patient’s chart, such as a Flowsheet or clinical list item, click the desired item. Your form remains open, as expected, goes to the background.
To get back to the form, you can click the item in the Windows status bar, by clicking the item highlighted in green or by using the standard Alt + Tab.

1. Click Flowsheet. The Flowsheet appears in the viewing area.

2. Click the green highlighted document or use Alt-Tab to navigate back to the form.

3. The form appears in the foreground.

Patient status at a glance

Additional indicators directly in the clinical lists notify you if there are active Problems, Medications, Allergies or Directives. Status changes and last review details display within the indicator. An indicator also displays if the patient has no known Problems, Medications or Allergies.

To indicate the Problems, Medications, Allergies or Directives have been reviewed during this patient encounter, click the box in the appropriate clinical list. The review is recorded in the current document or if no document is open and you have appropriate privileges, a Chart Maintenance document is created.
If the practice uses Quality Reporting Services from GE (automatically available if you are an MQIC member), meaningful use measures are available by selecting a quality program from Quality & Reports > Quality in the left menu. Expanding Quality Reports shows you a list of various quality programs that might be applicable. To see how you meet meaningful use criteria, click on MU.

The snapshot shows how you are meeting each of the criteria. You can also select a measure of interest and get a list of patients not meeting the measure.

Select a quality program from the list, in this example, Meaningful Use indicators.

Program criteria display in the main viewing area with an indicator.

Select a measure and click Show Patient List to see a list of patients not meeting the criteria.

Double-click on the name in the patient list to go directly to the patient chart.

Select a group of patients and click Convert to Inquiry to send the list to a staff member.

Click on the patients in the list to go to their chart to see how they are performing against specific measures or to send the list to a staff member to provide follow-up.

If your practice is not enrolled in Quality Reporting Services, the Crystal Report template for Meaningful Use measures is also an option. For more information, see What's New in Centricity Practice Solution 9.x.
Quick orientation to new product

**Simplified help**

Enhanced F1 help is available for new user interface features. Help topics have been simplified and redesigned to quickly provide the steps necessary to do the task at hand as well as to make details for users needing additional information available without having to navigate to a separate topic. The Table of Contents has been reorganized by role.

Browser and mobile chart access

With browser and mobile access physicians can provide care on the go to patients who call after hours as well as in-hospital review of a patient chart. Physicians can view clinical information such as problems, medications, documents. They can configure their chart view to suit personal preferences, and send flags and care alerts.

This interface is also an alternative to current users with view-only chart privileges. For MQIC (Medical Quality Improvement Consortium) members, browser access lets participating physicians see how they are performing to quality standards such as NCQA and to obtain a list of patients not meeting selected measures.

**Feature overview**

The physician can use browser/mobile access to complete the following tasks:
Search for active / inactive patient charts

Physicians can find patient charts based on patient name, birth date or phone number. A list of most recently viewed patients allows quick recall. Select a patient in the list to open the chart. Click Search to return to search results. Results do not clear until you configure a new search.

**Browser access**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Responsible Provider</th>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Email Address</th>
<th>Other Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Smith</td>
<td>01/01/1990</td>
<td>Hospital A</td>
<td>555-123456</td>
<td>123-456-7890</td>
<td><a href="mailto:john.smith@hospital.com">john.smith@hospital.com</a></td>
<td>Active</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>02/02/1991</td>
<td>Hospital B</td>
<td>666-789-0123</td>
<td>456-123-9870</td>
<td><a href="mailto:jane.doe@hospital.com">jane.doe@hospital.com</a></td>
<td>Active</td>
</tr>
<tr>
<td>Robert Park</td>
<td>03/03/1992</td>
<td>Hospital C</td>
<td>777-890-1234</td>
<td>321-456-0987</td>
<td><a href="mailto:robert.park@hospital.com">robert.park@hospital.com</a></td>
<td>Active</td>
</tr>
</tbody>
</table>

**Mobile access**

Search criteria:
- Name:
- Birth date:
- Phone:
- Show only active patients

Recently viewed patients:
- Caldwell, Walter S.
  - Birth Date: 03/02/1944
  - State: Active
  - Phone: 503-655-6054
  - Responsible provider: Winston MD

Click arrow to show/hide recently viewed charts.
Click link to open the chart.
View a patient chart

Viewing the patient chart summary in a browser or hand-held device provides the physician with quick, up-to-date patient information. The chart summary view includes problems, allergies, medications, directives, documents, flowsheets, and care alerts.

**Browser access**

**Mobile access**

Patient banner

The patient banner in the Centricity browser will display the patient Name, Age, Gender, DOB, MRN, Phone #, and Notes. This Browser/mobile access patient banner is not customizable.
View multiple panels concurrently

The expanded view button on the panel frame allows individual panes to perform as popup windows. You can open multiple windows as a convenient reference. For example, when reviewing problems, you can also see the details in the medication panel.

Configure My Chart View

The Web browser version (only) includes a user-configurable view. On the My Chart View tab, you can opt to include, remove, or reposition clinical panels most relevant to the care of your patients, for example, including multiple flowsheets or adding quality information.

To customize your chart view, open a patient chart and click **Customize View...** at the bottom of the chart. In the Customize View window, use arrows to add/remove the panels.

You can also drag and drop panels to customize where they display in the summary. The panel display you set up on My Chart View will be the same for each chart you view on this tab. The custom My Chart View tab is not patient specific.
**Hide/restore panels**

Use the triangle to collapse and hide a panel without removing it. To restore a collapsed panel, click the upside-down triangle again.

If a panel does not have any data to display, the panel is automatically collapsed with **None** after the panel name.

**Viewing medication details**

The medications panel displays all past and current medications associated with the patient. The active medication view is the default. You can expand each list entry to view additional details of a patient's medication history, including the dates, pharmacies and number of refills, as well as comments and signed/unsigned status. To view additional details, click the plus sign next to a
medication. To hide the details, click the minus sign. You cannot add, change, or sign Medication entries in the browser/mobile access view.

View active vs all medications

You can view a patient's active and inactive medications from the Medications panel. To toggle between active and all medications, click the expanded view window icon and select active/all medications in the list.

Viewing problems

Problems are viewed like medications. You can view a patient's active/inactive problems from the Problems panel. Inactive problems are italicized. (The active view is the default view.) To view additional details, click the plus sign next to a problem. To hide the details, click the minus sign.

To toggle between active and all problems, click the expanded view window icon for a popup window and select active/all problems in the list. You cannot add, change, or sign Problems in the browser/mobile access view.

Viewing document details

In the Documents panel you can view documents and attachments associated with a patient's chart. The Centricity browser does not allow you to sign, route, append, import or change documents. To view document details, select the Expand Window icon. The Document list panel pops up in a separate window (shown above). Then select and click the desired document.
You can view documents by double-clicking a document in the list or by clicking the expand view icon to open the reading pane.

To view document attachments, click the attachment link in the document window or reading pane to open the attachment. To display more than 10 documents (default) use the navigation buttons at the bottom of the list.
View documents attachments

You can view many types of attachments in the browser and mobile devices. You'll need to take steps to enable attachment viewing when you set up browser and mobile access during installation or upgrade.

### Browser access

![Browser access example]

### Mobile access

![Mobile access example]

View and send patient-related flags and care alerts

You can view and send flags and care alerts attached to a patient chart from the browser or mobile device.
Flags for individuals appear on the recipient’s Desktop in the main application. Care alerts can be sent to the patient chart and to the patient’s registration or appointments in the main application. Both flags and care alerts can be viewed on a patient’s chart in configurable panels in the browser access.

**Browser access**

When a Flag/Care Alert has been sent successfully the user receives a notification message in the bottom right corner of the window.

**Mobile access**

Individual panels for flags, care alerts, and care alert popups can be added to the My Chart View tab. These panels can be expanded to view details.
View quality metrics

In the browser version, participating MQIC members can see how they are performing against national quality programs such as NCQA and obtain a list of patients not meeting selected measures. Click in the list to review individual patient records in detail.

Click More>> to view metrics measured against the benchmark. Select a measure and then click Show Patient List to view patients not meeting measure. Green icon indicates target met; red icon indicates target not met.

Click patient name in list to go to their chart.

Note: Data displayed comes from the MQIC database and not the main client. MQIC members receive updates each month (approximately the 10th of every month).

Supported configurations

The browser/mobile access feature is a web application users can access:

- In a Web browser on a laptop or desktop computer with broadband Internet access, WAN or LAN and the following configurations:
  - Internet Explorer 6.0.2 (Windows XP only)
  - Internet Explorer 7.x
What's New in Centricity Practice Solution 10x

- Internet Explorer 8.0
- Mozilla Firefox 3.x
- Mac OS® X - Safari® 3.x

On a smart phone or other mobile device with broadband Internet access, touch screen, 64MB of RAM (recommended), a minimum 240x320 resolution and the following configurations:

- Apple iPhone™ – Safari Mobile Edition 3.x
- Apple iPod Touch™ – Safari Mobile Edition 3.x

!!! You are responsible for security and access control for your mobile device.
Enhanced security should be considered under the policies of your healthcare organization before implementing this feature.
Refer to “Security considerations for browser and mobile access” in System Planning and Requirements for Centricity Practice Solution.

EDI claims submission: 5010 ANSI implementation

Centricity Practice Solution 10x supports 5010 ANSI guidelines and your compliance with HIPAA, so you can continue submitting claims after the January 1, 2012 deadline. The updated ASC X12 Version 5010 of the HIPAA transaction standards represent substantial technical and operational improvements that respond to industry business needs and requests. The following sections describe key changes to the application and EDI plug-ins.

5010 application changes

General updates
Numerous field lengths were extended to support 5010 guidelines.
The **Subdivision** field is available for all Address fields to accommodate the requirement for addresses outside the United States.

**Administration**

A **Pay-to Address** option is available [for the Company] on the Information tab to report the 2010AB Pay-to address when different from the Billing Provider address.
A company **Specialty** field is available on the information tab to support Taxonomy.

**Case Management**

Separate Fields for Authorization and Referral Number are available.
You can set **Present on Admission (POA) indicators** on a case basis.

Five Additional **Condition Codes** are available in Case Management.
Billing

The **DMERC Certificate of Medical Necessity** form is available in the **Billing > Visit Filing (1)** tab. When populated, the 2440 LQ and FRM segments generate with the first procedure on the visit.
Five additional **Condition Codes** are now available in the **Billing > Visit Filing (2)** tab for Professional and Institutional Claims filing.

An **Outpatient Visit** checkbox is available in the **Billing > Visit Filing (3)** tab. When selected, 2300 HI Reason for the patient visit is generated with the primary diagnosis code. The addition of this
checkbox allows users to designate that a visit was an outpatient visit, enabling the EDI plug-in to report the primary diagnosis electronically to the Insurance Carrier.
The **Property/Casualty Date of First Contact** is available in **Billing > Visit Filing (4)** to support the new DTP segment.
All ambulance-related fields are available in the new **Ambulance** tab. New **Ambulance Pick-up** and **Drop-off Location** fields are available to support Ambulance billing for 5010.
The **POA Indicator** is available to support 837 Institutional reporting of Present on Admission.
Charges

You may now assign a provider at the procedure level.

The **OB Anesthesia Additional Units** field is available to accommodate 5010 requirements.

Additional fields are available on the **Tests/Drug/Vision** tab to meet 5010 requirements:
- Link Sequence Number
- Prescription Date
- Four additional Test Result fields
- Four additional Replacement Reason Vision fields

The **Ambulance Patient Count** field is available in the **Other Specialty** tab.
Payment Entry

For COB Information, Remaining Patient Liability has replaced Patient Responsibility, and Non-Covered Amount has replaced COB Total Non-Covered.
For the Medicare Inpatient Adjudication Information form, additional Medicare Remark Code fields are available with increased field size (50 characters).
5010 EDI plug-in changes

You can select either the 4010 or 5010 File Creator based on the Insurance Carrier.

Professional File Creator

Professional Insurance Carrier settings are available on one window, instead of multiple tabs.

Two settings were removed from the Clearinghouse section: Use Envoy Intermediary and Requires PIN.
Institutional File Creator

Several unnecessary settings are no longer available in the Institutional File Creator:

Loop 2010 Settings Removed:
- Send Insured ID in 2010BA NM1
- Send Qualifier "23" in 2010BA REF
- Send Provider Telephone in 2010AA PER

Loop 2300 Settings Removed:
- Send Payer Estimated Amount Due in 2300 AMT
- Do Not Send Patient Paid Amount in 2300 AMT

Other Settings Removed:
- Paper EOB is Not Requested
- Send Submitter Address in 1000A N3 & N4
- Send Attending Physician Address 2310 N3, N4
- Send Line Item Control in 2400
- Suppress All Legacy Ids in REF Segments
- Send Qualifier "SY" in Loop 2330A REF
Eligibility File Creator

Eligibility Status Criteria settings are no longer available. Additionally, the schedule follows specific rules for creating a 5010 transaction.

![Eligibility File Creator Settings](image)

From the Receiver Information tab, the following settings are no longer available:

Loop 2100B NM109 Settings Removed:
- Send Additional ID2 w/Qualifier “SV”
- Send PIN with Qualifier “SV”
- Send EMC with Qualifier “SV”

Qualifiers in the Subscriber/Dependent tab reflect the 5010 transaction standards
Additional **Service Type Codes** are available for both the Insurance Carrier dialog and the Clearinghouse dialog for Service Type Codes.
Remittance File Processor

You can now access Non-Payment Codes on their own dialog instead of a separate tab.
User management and security

Centricity Practice Solution 10x includes enhanced security and user management features in the following areas:

- Authentication methods at login
- Password management
- Creating and managing users
- Security model
- Find windows in Administration

GE recommends that you review this section carefully to understand how the changes affect your current security settings and your procedures concerning security and access.

Authentication

The application supports two authentication methods: Active Directory and Application Authentication.

Highlights of each method follow:

**Active Directory**

- Stores user logons/passwords/security groups in Active Directory
- Stores user account information in Centricity Practice Solution
- Synchronizes with Centricity Practice Solution to import new users and manage security group membership
- Compares to previous Active Directory authentication

**Application Authentication**

- Stores all user, password, and security group information in the Centricity Practice Solution database
- Provides password management options within Centricity Practice Solution
- Requires no additional connectivity for authentication

The authentication method of choice is selected in Security options in Server Setup. The chosen authentication method dictates where a user's logon name and password are stored, as well as how the actual authentication is accomplished.

With Active Directory authentication, customers maintain all logon names and passwords using standard Windows Active Directory maintenance tools. This is the same authentication strategy employed by earlier versions of the product and remains unaffected by this update.

To address the needs of all customers, an alternate authentication method (Application Authentication) is also available. This new authentication method requires all logon names and passwords to be stored in the product database, with authentication being performed using only those database values.

**Choosing an authentication method**

When installing or upgrading to Centricity Practice Solution 10x, customers determine their preferred authentication method. This selection resides in Server Setup. Using Server Setup, customers can
switch authentication methods at any time after installing or upgrading to Centricity Practice Solution 10x.

When switching from Active Directory to Application authentication mode, users may enter the same password they used to successfully log in previously.

When switching from Application to Active Directory authentication mode, users must enter their password currently recorded in Active Directory.

**Synching users and security groups (Active Directory)**

Customers who choose Active Directory authentication can automatically create users in CPS and synchronize their CPS login users and security groups.

**Password management (application authentication only)**

The application includes password management functionality, which provides for the following:

- Maximum Number of Login Attempts
- Time between Login Attempts (seconds)
- Expiration (days)
- Number Retained
- Password Composition Requirements
- Minimum size
- Force Password Change for Security Group
User management and security

- Reset user password

User management

In Centricity Practice Solution 10x, user management has been restructured for easy administration of application users and non-user resources. User and Resource Management has replaced the former User/Location Setup node.

The new user management model

- Maintains all user information within Centricity Practice Solution
- Clearly distinguishes between users who log into the application, users who do not log in, and non-people resources
- Adds new management windows for all user types
- Provides an improved user search and filter mechanism
- Adds a new Superuser account
- Allows administrators to assign security, reset passwords, lock out users, and assign user preference groups

Maintains all user information within CPS

In previous Centricity Practice Solution versions (9x and prior versions), user information was maintained in Active Directory. When a list of users was queried, the user list was retrieved from Active Directory and displayed to the user. Users and security groups were listed together, with no clear distinction between the two.
With Centricity Practice Solution 10x, all user information is stored in the application database, significantly reducing the time needed to retrieve the list. Additionally, users and security groups are now queried separately.

**User management: users vs. non-users**

In previous versions, users were generally classified as providers, non-providers, referring providers, and resources (both human and non-human).

To enhance user management, Centricity Practice Solution 10x introduces new user concepts:

- An application user is any user who has a Centricity Practice Solution user name and password and security permissions. This includes providers, administrators, billers, etc.
- A non-user resource (person, location, or equipment) does not log in to Centricity Practice Solution but can be billed/scheduled through the application. Non-user resources include:
  - Billing resources, also called billable providers, who are clinicians who do not log in to the application but can be scheduled and billed for services (for example, a physical therapist who comes into the office twice a week but does not work for the practice).
  - Schedule resources, which are any non-human entities that can be scheduled (for example, conference rooms or lab equipment, or scheduling placeholders such as CRNA or Anesthesiologist).
  - Referring providers, who are non-user resources who cannot log in to the application, cannot be scheduled or billed using the application, and who do not have access to patient charts managed by the system, but can refer patients to providers who are billable by the application.
- The superuser is an unmodifiable user account with permanent Allow permissions to the Administration module.

**New management windows for users**

Centricity Practice Solution 10x introduces redesigned windows for creating and editing users in Administration. From the Administration module, select `System > User and Resource Management` >
Users > User Management. Additionally, a shortcut to User Management is available from Administration > Shortcut to User Management.

The New Provider and New Resource buttons have been replaced by a single New button. In addition, the Edit, Merge, and Inactivate actions that were previously only available by invoking a Find window through Edit > Responsible Provider or Edit > Schedule Resources, are now accessible on the new User Management window as well as from the Edit menu.
New/Edit User window

As part of streamlining user management, application user creation occurs in a single window, initiated by clicking the New, Edit, or Promote to User buttons in User Management.

This approach differs from the previous model that required new users to be created as either a Resource or a Responsible Provider. In the new model, all users are created as application users. Users can attribute further information to application users as necessary.

Tab availability is controlled by attribute options. The Schedule Templates, Billable Provider, and Chart Contributor attributes activate additional tabs for input. The Inactive option inactivates the user. The Mobile charge capture user attribute is available for licensed users of Centricity Mobile.
**New/Edit User window - Schedule Templates tab**

The Schedule Templates attribute allows application users to configure their work schedules for specific dates. The user interface allows for easier searching and selection of templates through new date constraint controls.

![Schedule Templates Tab](image)

**New/Edit User window Billing Identification / Billing Fee Schedule tabs**

The Billable Provider attribute replaces the previous Centricity Practice Solution concept of a Responsible Provider. This attribute is set so that identification numbers can be stored and fee schedules created so services can be billed.

When the Billable Provider attribute is selected, two additional tabs will be displayed on the New User window, in which users can enter more information related specifically to Billable Providers.

**New/Edit User window - Billing Identification tab**

The Billing Identification tab (formerly the Identification tab) includes additional information that existed on the Information tab.

In previous application versions (9x or previous), Responsible Providers could bill as themselves, or bill under a different provider depending on the payers’ requirements. These users were labeled as Other Provider to control this behavior. In Centricity Practice Solution 10x, services may still be billed under another provider’s billing information if the appropriate checkbox is selected on the Billing Identification tab.

**New/Edit User window - Billing Fee Schedule tab**

The Billing Fee Schedule tab (formerly the Fee Schedule tab) is essentially the same as in previous application versions.
New/Edit User window - Chart Access tab
The Chart Contributor attribute displays the Chart Access tab, in which administrators can assign Chart access and locations of care to a user. This tab is essentially the same as in previous application versions.

Billing Resource Management
The Billing Resource Management window functions identically to the User Management window.

Schedule Resource Management
The Schedule Resource Management window functions identically to the User Management window.

Referring Provider Management
The Referring Provider Management window functions identically to the User Management window.

New/Edit Billing Resource, Schedule Resource, and Referring Provider windows
As part of streamlining user management, Billing Provider, Schedule Resource, and Referring Provider creation will be performed in a single respective window, initiated by clicking the New or Edit buttons on the applicable management windows.

New superuser account
Centricity Practice Solution 10x introduces a new superuser account that allows users to immediately log in to the application and set up security groups and administrative users. The superuser account

- has permanent Allow permissions to Administration
- is not modifiable, except for the account password
- does not appear in the User Management window (no information about the account or the profile is accessible or modifiable)
- is not modifiable at the permission level (the account cannot be added to any security groups)

You can reset the Superuser password to the system default on the Utilities window in Server Setup.

New required fields windows in Administration
Centricity Practice Solution 10x introduces three new Required Fields windows for New/Edit User, New/Edit Billing Resource, and New/Edit Referring Provider windows. These new windows function identically to the existing Registration Required Fields window and are located at System > User and Resource Management > Required Fields.

New Find windows in Administration
Centricity Practice Solution 10x introduces redesigned Find User, Find Provider, Find Responsible Provider, and Find Resource windows in Administration. Similar to the User Management window, the new Find windows contain a search field and expanded search criteria options.
Security model

Centricity Practice Solution 10x introduces a completely redesigned security model that streamlines the workflow for administering security to users and security groups, and that provides multiple methods for viewing security permission information. In addition to a new interface, the new model also simplifies the process of granting and denying permissions by obsoleting the previous concept of disallow, which required administrators to address every permission in the database, even ones that were not to be granted.

The new security model allows administrators to

- Grant/deny a single permission to a single user or security group
- Grant/deny permissions to users from the user profile
- Assign users to security groups from the user profile
- List all security groups associated to a user
- List all users associated to a security group
- List the permissions granted or denied to a single user or security group
- List the granted permissions for a single user or security group
- List all users/security groups that have been granted/denied a single permission
- List all permissions and their attributes in a parent/child hierarchy

Least restrictive security model

The Least Restrictive security model allows permissions to be granted on two layers: the security group and application user layers. The union of these layers determines if the requested permission is granted.
If permission exists at one or more layers, it is considered granted. The majority of granted permissions will stem from the Security Group layer. Group assignments are used to build up the Security Group layer for an Application User.

A user is assigned to a new Security Group that grants a permission that the user did not have previously. The result is the permission is granted.

A user is already assigned to a security group that grants the permission, and is then assigned to a new security group that does not grant the permission. The result is the permission is granted.

A user is already assigned to a security group that grants the permission and is later removed from that security group (denoted in red). The remaining security group does not grant the permission. The result is the permission is no longer granted.

A user is already assigned to a security group that grants the permission, and is then removed from another security group that does not have the permission (denoted in red). The remaining security group still has the permission; the result is the permission is still considered granted.
A security group is granted a permission (denoted in green) that it did not previously possess. The result is that all users belonging to that security group are granted the permission.

![Diagram showing permission granted to a security group](image)

A security group's permission is removed (denoted in red). The result is that all users belonging to that security group have the permission removed.

![Diagram showing permission removed from a security group](image)

A single security group's permission is removed (denoted in red), but another security group associated to the users still retains the permission. The result is that all users belonging to both Security Groups retain the permission.

![Diagram showing permission removed from one security group](image)

A permission is removed (denoted in red) from multiple security groups that are common to a set of users. The result is that the set of users belonging to those security groups no longer have the permission.

![Diagram showing multiple permissions removed](image)
Explicit (override) permissions

A user is granted a permission (denoted in green) that was not previously granted from security group assignments. The result is that the user is granted the permission.

Before

Group 1
User

After

Group 1
User

A permission is denied (denoted in red) at the Application User level, although it was previously granted by a Security Group. The result is that the user is denied the permission.

Before

Group 1
User

After

Group 1
User

turned off!

A permission is denied (denoted in red) at the Application User level, even though it was previously granted by multiple Security Groups. The result is that the user is denied the permission.

Before

Group 1
Group 2
User

After

Group 1
Group 2
User

turned off!

Security groups

In previous versions, security groups were solely managed in Active Directory. Centricity Practice Solution 10x brings security group management into the application for improved performance and streamlined workflows.

Administrators can

- Add new security groups
- Change the name of existing security groups
- Add/remove users to/from security groups
- Copy security groups (with or without the users)
- Delete security groups
- Force a password change for all users in a group (Application Authentication only)

Assigning security permissions

You can assign security by

- Group
User management and security

- User
- Permission
- Security tab in Edit User

**Security by Group** allows administrators to grant/deny permissions to a security group, view a security group's permissions, add/remove users, and create new security groups (without needing to return to the Security Groups window).

When the user checks and then clears a checkbox, the indicator toggles on and off.
- Checked means the permission is granted.
- Blank means the Security Group does not have the permission.
- A shaded checkbox indicates that some permissions within the folder are allowed and some are denied. There is a mixed set of permissions in the folder.

Multi-Select using CTRL or SHIFT keys. If the user wants to turn on or off multiple permissions at once, they can highlight permissions and then use the Allow or Deny button.

If shift or control keys are used to select multiple permissions and a specific checkbox is acted on, then the state of the checkbox the user acts on will be applied to all selections. Those who already had a matching state will simply retain the same state they had.
In addition to checking boxes/unchecking boxes and using the buttons to allow and deny, if users right click on a folder or permission, they can Allow or Deny the permission.

**Security by User** allows administrators to grant/deny explicit permissions to a user, view a user's security groups and permissions, and add/remove security groups. Granting or denying permissions in Security by User creates explicit or override permissions, which persist for the user regardless of the user's security group association.

**Security by Permission** allows administrators view and edit associated security groups and users from the perspective of a single permission.
The Security tab in the New and Edit User window allows administrators to assign security groups and/or explicit permissions to users within the workflow of creating or modifying a user's account, without needing to access a separate security window.

Automatically synchronize security groups using Active Directory

In Administration > System > User and Resource Management > Users > Security > Active Directory, a new setting allows administrators to automatically synchronize security groups. The setting is enabled by default when the Automatically Create Users setting is enabled. When enabled, this feature allows users who continue to use LDAP (Active Directory) authentication to keep the security groups in CPS 10 synchronized with the security groups in their Active Directory.

The Automatically Sync Groups feature allows the application to poll Active Directory for CPS-designated security groups, and update the database to reflect the current settings in Active Directory. The connection between Active Directory and CPS is a unidirectional pull by CPS from Active Directory. CPS will inherit any additions, deletions, and/or changes to CPS security group membership from Active Directory.

When the administrator enables the Automatically Sync Groups option, membership management functions are disabled in CPS.
Financial Dashboard

You can use the Financial Dashboard to view high-level financial key performance indicators. The Financial Dashboard provides high-level financial detail that balances only to information pulled from existing reports. This new module has been added to the main menu and to the module toolbar.

**Accessing the Financial Dashboard**

To access the Financial Dashboard from the main menu or the module toolbar, you will need the Dashboard > View dashboard permission. To view Financial Dashboard graphs by Date of Service or
Date of Entry, or to include or exclude inactive providers, facilities, or companies, you will need the **Dashboard > Edit dashboard default settings** permission.

### Viewing key performance indicators

The Financial Dashboard contains eight metrics that show key financial performance indicators. They reside in two tabs: **Accounts Receivable** and **Revenue/Visits**.

#### Accounts Receivable metrics
- Charges, Payments, Adjustments
- Aggregate Days in Accounts Receivable
- Days in Accounts Receivable by Insurance Group
- Days in Accounts Receivable by Financial Class

#### Revenue/Visits metrics
- Gross Charges by Provider
- Number of Visits
- Percentage Billing Status
- Percentage Billing Status by Balance

To view the Financial Dashboard, users must have at least the **View dashboard** permission.
You can view metrics in the standard grid view or expand a single metric to cover the entire dashboard desktop:

![Dashboard screenshot](image)

**Tip:** To fully expand your graph view, clear the ***Show Legend*** checkbox (top right corner) for the metric or right-click and choose **Hide Legend**. To view the exact value of the data, hover over a color within the graph.

All metrics balance only with information pulled from reports in the **Reports** module. The following table lists each metric and the report or reports that balance to it:

<table>
<thead>
<tr>
<th>This Dashboard metric</th>
<th>Balances to this report</th>
<th>Under these conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggregate days in Accounts Receivable</td>
<td>Monthly Financial Summary</td>
<td>Run by the same date of service or date of entry</td>
</tr>
<tr>
<td>Charges, payments, adjustments</td>
<td>Daily Financial Summary or Monthly Financial Summary</td>
<td>Run by the same date of service or date of entry</td>
</tr>
<tr>
<td>Days in Accounts Receivable by financial class</td>
<td>Adjustments report, grouped by financial class</td>
<td>Run by the same date of service or date of entry</td>
</tr>
<tr>
<td></td>
<td>Payments report, grouped by financial class</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reimbursement Summary by Financial Class report</td>
<td></td>
</tr>
<tr>
<td>Days in Accounts Receivable by insurance group</td>
<td>Adjustments report, grouped by insurance group</td>
<td>Run by the same date of service or date of entry</td>
</tr>
<tr>
<td></td>
<td>Payments report, grouped by insurance group</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Net Charges by Insurance report</td>
<td></td>
</tr>
</tbody>
</table>
Financial Dashboard

<table>
<thead>
<tr>
<th>This Dashboard metric</th>
<th>Balances to this report</th>
<th>Under these conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross charges by provider</td>
<td>Monthly Production Analysis report, Monthly Quantity subtotal</td>
<td>Run by the same date of entry or date of service</td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Daily Financial Summary report, grouped by provider</td>
<td></td>
</tr>
<tr>
<td>Number of visits</td>
<td>Billing Status report</td>
<td>Run by the same visit date or last filed date</td>
</tr>
<tr>
<td>Percentage visit status</td>
<td>Billing Status report, grouped by status</td>
<td>Run by the same visit date or last filed by date</td>
</tr>
<tr>
<td>Percentage visit status by balance</td>
<td>Billing Status report, grouped by status</td>
<td>Run by the same visit date or last filed date</td>
</tr>
</tbody>
</table>

For further information on the metric calculations, see the online help.
Filtering options for the Financial Dashboard

The left-hand column of the Financial Dashboard includes a filter that you apply across all metrics on the Financial Dashboard. You can view metrics by filtering on any combination of providers, facilities, or companies.

Expand the Provider, Facility, and Company filters to view metrics specific to your selections. By default, all providers, facilities, and companies are included. When you apply a filter, it applies to all metrics on the Dashboard.

Using the Settings window, you can choose to include or exclude inactive providers, facilities, or companies. You can also choose to view charges by Date of Service or Date of Entry, and view visits by Last Filed Date or Visit Date. The Settings window selections apply to all Financial Dashboard users,
so access to the Settings window requires the **Dashboard > Edit dashboard default settings** permission.

The Settings window allows you to set global preference views.

**Customizing your layout**

You can save your preferred Dashboard layout using the Save Layout button in the bottom left corner of the Dashboard. Once you choose the metrics you want to see and how you want them filtered, you can save your layout so that it is the default view each time you open the Dashboard.

You can also set dynamic dates from the To Date drop-down so that the metric data changes based on a dynamic date. For example, if you choose the dynamic date Today, and today is June 17, 2011, then when you save your layout and open the Dashboard on June 20, 2011, the metric To date will display 06/20/2011.

**Practice Management Reports**

Centricity Practice Solution 10.0 includes many updates to existing reports as well as the addition of six new reports.
Global report changes

To improve consistency with labels between modules in the application, the term ‘doctor’ has been replaced with the term ‘provider.’ This terminology change extends to report criteria, report names, and columns on report outputs.

To comply with new ANSI 5010 character length requirements, all reports have been updated to accept the required character lengths for applicable provider, patient, and address fields. Report outputs have been updated to accommodate field length changes as necessary.

Accounts Receivable report changes

All accounts receivable reports now include multi-select criteria for provider, facility and company, where applicable. Provider, facility, and company group by options were also added to the reports, as necessary.

In addition to the multi-select criteria changes, the Aging by Guarantor and Procedure Date Aging by Guarantor reports also include new criteria for Bill Code. You can choose to filter the report by one or more bill codes, which pull from the list of bill codes in Administration | Registration > Bill Code.

Administrative report changes

All administrative reports include multi-select criteria for provider, facility, company, insurance group, and insurance carrier, where applicable.

Correspondence Audit

The Correspondence Audit report includes more detailed criteria that allow you to view correspondence notes by searching for either the patient or the guarantor. Additionally, the report supports a multi-select list of users who have entered correspondence notes in the application. You can group the report output by patient, guarantor, or user, and sort the notes by note created date or visit date.

Provider Fee Schedule

The Provider Fee Schedule report (formerly Doctor Fee Schedule) includes new multi-select criteria for company, facility, insurance group, insurance carrier, and fee schedule. The report allows you to limit the output by active schedules only, and to specify a date range for the effective or expiration date of the fee schedule.

Insurance Carrier Maintenance

The new Insurance Carrier Maintenance report helps you identify insurance carriers with missing information. The report identifies insurance carriers without an associated insurance group, carrier type, policy type, financial class, or transaction column set, as well as carriers with a default filing method of Paper. The report can also include inactive insurance carriers.

Financial report changes

All financial reports include multi-select criteria for provider, facility, company, insurance group, and insurance carrier, where applicable.

Net Charges by Insurance

The new Net Charges by Insurance report helps you review charges and adjustments per insurance group. The report includes criteria for provider, facility, company, insurance carrier, insurance group, and the charge date of entry or date of service range.
**Monthly Production Analysis**

The Monthly Production Analysis report includes an update to the report output so that you can display both month-to-date and year-to-date RVU values.

**Patient report changes**

All patient reports include multi-select criteria for provider, facility, company, resource, insurance group, and insurance carrier, where applicable.

**Duplicate Patients**

The new Duplicate Patients report helps you identify duplicate patient registration records based on common criteria. The report allows you to create increasingly selective report criteria by searching for combinations of matching patient last name, patient first name, date of birth, and social security number.

**Patient Balance with No Statement Bill Code**

The new Patient Balance with No Statement Bill Code report identifies patients with outstanding balances who do not receive statements due to guarantor settings in Registration. You can run the report by bill codes that do not trigger statements (set in Administration | Registration > Bill Code when Print Statement = N), and include or exclude both inactive and deceased patients in your report. The report output by default lists patients by the highest balance.

**Patients Missing Standard Claim Data**

The new Patients Missing Standard Claim Data report lists patients and the types of data their registration records lack. The report output groups patients inherently by status (active, inactive, deceased, obsolete) and displays the patient ID, name, responsible provider, authorization source, patient information release designation, privacy policy designation, benefit assignment, signature on file designation, birth date, and gender.

**Schedule report changes**

All schedule reports include multi-select criteria for provider, facility, company, and resource, where applicable.

**Appointments reports**

To help you identify patients who are in Collections, the appointments reports now include a designation on the report outputs, using a double asterisk (**), for patients who have at least one visit in Collections. Appointments reports include

- Appointments
- Appointments (Single-Line)
- Appointments by Facility
- Appointments by Resource
- Appointments with Eligibility

**Blocked Appointments**

The new Blocked Appointments report lists blocked appointments, the user who blocked them, and the date the appointment was blocked.
Introducing Task Management

Centricity Practice Solution 10x introduces the new Task Management module (released with Centricity Practice Solution 10.1), which allows you to manage insurance collections tasks. Users can build task work lists (queues) from select criteria and use reports to troubleshoot workflows, manage work loads, and evaluate productivity.

**Task Management benefits at a glance**

Task Management offers the following benefits for your practice:

- Automated task queues for basic insurance collections practices
- Task workflow and exception processing for insurance collections (driven by visit workflow)
- Simple automated tasking
- Basic task generation and workflow
- Sorted work lists for end users
- User-defined queue creation based on visit criteria
- Ability to automatically create a living work list based on a set of user-defined rules
- Basic productivity and workflow reporting
- Reporting for queue summaries to help with load balancing

**Getting started with Task Management**

To get started with Task Management, you will need to enable the module and assign the appropriate permissions to users.
Enabling Task Management

To enable Task Management after installation or upgrade, select Administration > System > Advanced Features, and check Enable Task Management.

Assigning permissions

You can assign Task Management security by user or by group to allow users specific permissions to view completed tasks, assign tasks to users, and build or remove task work lists (queues). From
Administration, select System > User and Resource Management > Users > Security > Security by User or Security by Group, and assign permissions from the Task Management permission node.

Task Management user basics

Viewing tasks and visits

From the Task Management window, you can view your tasks (My Tasks) or tasks in other queues. In addition, you can open visits associated with tasks.
Assigning tasks and changing task status

From the Task Management window, you can assign tasks to yourself or others. Additionally, you can update the status of tasks assigned to you by using options from the context specific menu.

Building and managing queues

You can build queues by adding new ones or editing/copying existing ones and specifying queue criteria. Additionally, you can remove queues from appearing in the queue list.
After adding queue criteria, click **Preview Queue** to view sample queue content and the calculated number of tasks. Click **Run Queue** to immediately update the content of your queue.

A synchronizer process runs nightly that automatically updates the content of the queues.

When you remove queues, they become inactive and no longer appear in the Queue list. However, removed queues still exist in the database to maintain the history, so queue names must be unique and cannot be reused.

**New Productivity and Management reports**

The following three new reports are available for Task Management:

- **Queue volume** displays summary queue information, including the number of tasks in the queue, average number of assigned days, and the total visit balance for visits associated to tasks within the queue.

- **Task History** displays the history of tasks, grouped by ticket number or patient, and includes the task queues, queue entry date and completion date, when and to whom the task was assigned, the task status when it was modified, and the status of the corresponding visit whenever the user modified the task.

- **Task Volume by User** displays the tasks assigned to a user within a specified date range, as well as the balances for the associated visits at the time the task was assigned.
To access Task Management reports, from the Reports module, select Reports > Administrative > Productivity and Management Reports.

New reports are available for Task Management productivity and management.