



Revenue Cycle Connectionary

Term	Definition
accommodation code	Code associated with a patient's room that can be used to calculate bed charges dropped on the patient's hospital account.
account base class	One of three classifications of an account: Inpatient, Outpatient, or Emergency.
account class	Classification of an account. This is a user-defined list. Each type of class maps to an account base class.
Account Maintenance	A module that allows you to see financial activity for a guarantor account (Professional Billing) or hospital account (Hospital Billing, Home Health Billing, and Coding & Abstracting).
account type	A classification given to all guarantor accounts upon creation in Registration. The Account type is not required to search for an existing account, but must be entered before creating a new account. An example is a Personal/Family account.
Account Workqueues (Hospital Billing)	Workqueues are created to find any number of errors on an account. They are comprised of rules that accounts either qualify for or not.
Adjustment Posting	Modules in Professional Billing and Hospital Billing that allow you to enter adjustments in the system.
admission category	The category of the patient's current visit (for example, Emergency).
admission workflow	The admission workflow is used to gather information when a patient is received into the hospital and to assign the patient a bed in the facility.
admitting provider	The provider associated with a patient's admission.
ADT	A system for tracking inpatient visits, used by organizations to track inpatients from their arrival (admission) to their movements inside the hospital (transfer) to their departure (discharge).
ADT status	The current position of a patient contact within the admission/discharge/transfer process. Admission statuses include Preadmission Confirmed/Pending Admission, Admission Confirmed, Pending Hospital Outpatient, Hospital Outpatient Confirmed, and Discharge Confirmed.
advantage activity	A record in the Advantage Activity master file. Advantage activities allow you to configure workflows and menus in Hyperspace.
after visit summary	Report summarizing such things as orders, diagnoses, and notes. for an encounter. The report can be printed and taken home by the patient.
Appointment Desk	A Cadence workspace from which you view, manage, and schedule appointments for patients. You can also perform various appointment-related functions (for example, Check In) for a given patient. Each patient has her own Appointment Desk.
Appointment Entry	Workflow used to schedule an appointment.
Appointment Information	A group of forms at the end of the Make Appointment workflow that shows demographic, clinical, and account related information for the appointment. These are also available from the Appointment Desk.



Term	Definition
appointment scheduling template	A template that can be used by patients to directly schedule appointments. Appointment scheduling templates are sent to patients as message tasks.
Appointment Status	The current state of an appointment. Your status categories are determined by your facility. Typical statuses might include:
Appointment Status	Scheduled - The patient has scheduled an appointment.
Appointment Status	Arrived - The patient checked in but has not yet checked out.
Appointment Status	Completed - The patient was checked out. (This status is assigned during End of Day Processing for facilities that do not check out patients.)
Appointment Status	Canceled - The appointment was canceled.
Appointment Status	No Show - The patient missed the appointment without cancellation or rescheduling.
Appointment Status	Left Not Seen - The patient checked in but left before being seen by the provider.
audit trail	Log entry activity which displays actions that have been taken on the log, who performed them, and when they occurred. The audit trail is a less detailed account of log activity than edit trail, but covers more general, big-picture log activity, such as creation and posts.
Back-End Charge Review Workqueue	A worklist to review and correct charge sessions with errors. If a charge violates a back-end charge review rule, the entire charge entry session containing the charge is sent to the appropriate charge review queue. If a charge entry session qualifies for multiple charge review workqueues, it appears in each queue for which it qualifies. Used in Resolute Professional Billing.
bed	The smallest unit of the location to which an inpatient is assigned in a medical facility. Also, a record in the Bed master file
Bed Administration	The Bed Administration activity lets you create and update room and bed records for your facility. Hyperspace displays the structure of your facility in an easily navigable, date-specific diagram.
bed census	A snapshot of the information pertaining to your facility's beds.
bed charge billing	Bed charge billing lets you determine the amount patients are charged for the use of a bed based on factors such as patient class, room type, hospital unit, etc. Charges can be determined using hourly or daily rates.
bed log	A group of related Census Inquiry reports that display bed assignment information.
Bed Planning	ADT's Bed Planning activity lets you manage pending bed assignments (holds, reservations, and preferences) for your facility.
bed request	A bed request is created by admissions staff as a way of requesting a bed assignment from a centralized bed planning department in the hospital. A bed request is a type of pending bed assignment that is created and left incomplete by the admissions staff and completed with room and bed information by the bed planner.
BedBrowser	In ADT's Hospital at a Glance, the BedBrowser view lets you see bed information without patient names and IDs.

Term	Definition
Benefits Engine	An Epic product used to determine copays, coinsurance, detailed benefit information and calculations, metered benefit information, and other information on how patients are covered when using a certain benefit plan and benefit package.
billing admission date/time	The date and time the patient arrived in the hospital, regardless of whether the patient was admitted as an inpatient.
billing DRG	The diagnosis related group (DRG) used on the claim.
billing indicator	A billing indicator is a customer-defined flag which alerts users to issues on a hospital account. Billing indicators are typically applied as part of a collection activity. Workqueue rules can be built to capture hospital accounts with certain billing indicators.
Cadence	Name for Epic's Enterprise Scheduling product.
Cadence End of Day processing	When End of Day processing runs for a day, the status for Scheduled, Completed, Arrived, and Present appointments in this department are changed to the statuses you enter in your setup. The automatic batch job performs other administrative functions for Cadence including finalizing appointments, releasing blocks and slots, etc.
cash drawer	A cash drawer records transactions that are filed by a user or on a workstation to which the cash drawer is attached. Resolute Professional Billing records transactions in cash drawers, which are used to reconcile posted payments and collected money. When a cash drawer is closed, a deposit record is created.
cash drawer record	Cash drawer records store information related to the contents of and activity associated with a cash drawer.
Cash Management	An Enterprise Billing module.
census	In ADT, the census time can be set to capture daily information about bed events.
Census Inquiry report	A Census Inquiry report is an ADT configurable report showing current and pending census activity (admissions, transfers, and discharges) within the hospital. Custom Census Inquiry reports can be created and combined into multi-tabbed logs that can be made available as menu options or home workspaces.
charge review workqueue	A workqueue used to verify the accuracy and completeness of a charge session. The workqueue contains a list of charge sessions with errors. Any charge sessions in these workqueues are still temporary transactions and must be worked by a user before they can be resubmitted to the account as permanent transactions. Used in Resolute Professional and Hospital Billing.
Charge Router	An Epic product used to communicate charges from clinical to billing systems. It is a centralized place to handle all chargeable events.
Charge Router Charge Entry	A module of the Charge Router that allows you to post charges directly to a patient contact.
Charge Router review workqueue	A workqueue used to examine charges that are being processed by the Charge Router.

Term	Definition
charge source	The origin application or system for a charge in Resolute Professional Billing or Resolute Hospital Billing. Charge sources can include (but are not limited to) EpicCare Ambulatory, OpTime, Radiant, or a third-party lab or clinical system. The orders from these various sources travel through the Charge Router to their proper destination billing system based on your setup and rules.
check in	Cadence workflow used to document that a patient is ready to be seen for his appointment.
Check In station	The chart station where charts are being checked in or have been checked in.
check out	The act of recording that a chart has been sent or is being sent to another station, usually to fulfill a request.
Check Out	Workflow used to document that a patient is finished with his appointment.
Check Out station	The chart station from which a chart has been or is being checked out.
Chronicles	Epic's database system, foundational to all Epic software; based on time-oriented organization of large databases.
Claim Definition File	A Claim Definition File (CDF) is used to define how claims should be edited and submitted to a certain payor or group of payors. Used by both Resolute Professional Billing and Resolute Hospital Billing.
claim edit workqueue	A way to view the list of claims with errors in the claim error pool. Rules determine what piece of the error pool a user sees while the Claim Definition File determines what goes to the error pool.
claim information record	A claim information record keeps track of information relating to a hospital stay that may appear on the claim or otherwise be useful for billing. This can include occurrence and value codes, accident information, and more. Claim information records are hospital account-specific.
Coding Clarification Request	Messages sent by coders to physicians via In Basket to further clarify information necessary in the process of coding hospital accounts.
Coding Cross Reference	Mapping ranges of CPT® codes to ranges of revenue codes in a cross-reference table.
confirmation record	Record used to validate information, such as whether required information has been completed, and to perform actions, such as assigning a status of Verified to a patient or coverage, within ADT and Registration workflows. They can trigger a warning message (which can be ignored) or an error message (which indicates you must fix the problem).
cost center	Provides your facility with a way to group charges (for example, Lab or Cardiology).
coverage eligibility query	Request sent by Epic to a payor to determine whether a patient is eligible for coverage.
coverage filing order	List of a patient's coverages in general order of payment responsibility. The actual order of payment responsibility is determined by the visit filing order, which may be different than the coverage filing order depending on which coverage is assigned as the visit coverage.
coverage record	The benefit plan carried by the member, including information specific to the policy holder.
coverage status	Indication of the coverage's availability.

Term	Definition
cumulative interim billing	Similar to interim billing, except the charges from the first interim bucket go to the next bucket when interim billing is performed again. The last bucket is the final cumulative interim billing bucket.
date range billing	Billing cycle method used to divide accounts among billing cycles according to the date the accounts were first created. (Resolute Professional Billing)
demand claim	A claim that is produced directly from the account with real-time data. This can be a copy of an existing claim (same invoice number) or a reprocessed claim with transactions selected by the user (new invoice number).
demand statement	A statement that is produced directly from the account with data current as of the most recently closed system batch. This can be a copy of an existing statement (same statement number) or a reprocessed statement with transactions selected by the user (new invoice number).
demographics	Statistical, non-clinical patient data such as address or Social Security Number.
department	A physical place, such as a specialty floor, nursing unit, laboratory, or clinic, where appointments occur and providers are scheduled. Represented by a record in the Department (DEP) master file. Departments are attached to locations. Default reports and forms can be set up at the department level, among other things.
Department Appointments Report	Interactive report used to manage and monitor patients coming and going from a department.
deposit record	A representation of a set of money that should be treated as a single entity. Deposit records are automatically created when cash drawers are closed.
deposit status	The deposit cycle consists of various stages that money passes through from the time it is deposited to the bank to when it appears on a bank statement. A deposit can be of only one status that corresponds to a stage in the deposit cycle. The status of the deposit determines how the deposit behaves, how it appears in the system, and how it is identified. Available statuses are: Pending Internal, Deposited Internal, Pending Bank, Deposited Bank, Reconciled Bank. When payments are posted to accounts using EOBs from already-posted checks, deposits can be one of two statuses: Pending Payment Posting, Completed Payment Posting.
Deposit Tool	The deposit tool allows you to track physical money through the deposit cycle, from the time it is deposited to the bank, to when it appears on a bank statement.
deposit type	The type of deposit to be generated when a cash drawer is closed. It is used if more than one deposit is generated when a cash drawer is closed.
detail bill	Detailed account documents sent once per visit listing all of the charges that have been posted to an account. Depending upon the profile setting, they are either sent once there are no longer any insurance dollars on the account or once the account is ready for claim submission. The patient sees an amount due on the bill, but only for the single visit. Detail bills are NOT statements.

Term	Definition
discharge workflow	The discharge workflow is used to indicate that a patient has left the hospital. Discharging a patient makes the bed that patient occupied available for another patient.
discharged-not-billed	A status for a hospital account. This is the status of an account after an patient has been discharged from the hospital but before the hospital account has been billed.
disposition	Hyperspace uses the disposition of a pending bed assignment to determine what to do with each pending bed assignment when the current patient is admitted. A disposition of Release means the system will release that pending bed assignment. A disposition of Keep means that the system will retain that pending bed assignment after the patient has been admitted.
DNB checks	A standard list of checks that run after minimum days have been met for an account. These check to see that certain conditions have been met by the account. If the account fails a DNB check it does not get billed and a DNB error is raised. If an account does not fail any DNB checks, billing may be initiated for that account.
DNB error	Error that prevents an account from starting the billing process.
Do not bill insurance	Check box that, when selected, indicates that you should not bill a patient's insurance for a given procedure
ED Arrival Status	The ED arrival status tracks a patients progress through ADTs emergency department workflow. An ED arrival status of Expected means that a pending admission has been created but the patient has not arrived at the hospital yet. A status of Waiting indicates that the patient has arrived at the hospital but has not yet been admitted. A status of Roomed indicates that the patient has been admitted to a room and bed.
edit checks	Programming points used to test files. Most common are claim edit checks, used to test claim files for errors before they are sent to payors.
effective (coverage)	Indicates that the current date falls within the effective from and effective to dates, and therefore the coverage is currently able to be used.
effective from	First date when coverage is effective or first date when member's coverage is effective.
effective to	Last date when a coverage is effective or last date when a member's coverage is effective.
Electronic Remittance	Module that allows you to receive electronic payments, automatically apply payments to appropriate charges, and perform payor-specific actions. You can also access a variety of standard remittance reports that will help you with remittance processing and following up on the causes for rejected claims.
encounter	A clinical contact. For example, an office visit, an admission, or a telephone encounter. If more than one evaluation or procedure takes place at that visit, it is still usually considered one encounter.
Enterprise Bank Reconciliation	The enterprise cash drawer module and deposit tool in Resolute Professional Billing and Resolute Hospital Billing allow you to store information related to money collected by users and reconcile that money against information received from your bank.

Term	Definition
enterprise billing profile	A record in the SSD master file. An enterprise billing profile is assigned to each service area. The profile is used when a particular function in Resolute Professional Billing or Resolute Hospital Billing should be handled by enterprise billing.
Enterprise Guarantor Summary	Activity used to view information about a guarantor account and related hospital accounts. You can view and jump to information in both Professional Billing and Hospital Billing.
Environmental Services	ADT module that allows for the tracking and management of bed cleaning activity by housekeepers.
EOB-driven insurance posting	A plan/payor/payment procedure setting that locks the EOB fields (Deductible, Copay, Coinsurance, and COB) on the Insurance Payment Posting form. The values for these fields are derived from the amount posted with EOB codes that are mapped to those fields
event	In ADT, events act upon a specific hospital encounter to change the contact type and/or status. Events keep track of changes over time within a single patient contact so that room and bed charges can be calculated correctly. Admission, transfer, and discharge all result in the creation of events.
Event Management	An activity in ADT that allows you to work with a patient's events.
Executive Summary Report	Report with A/R and Bad Debt versions that shows those two groups of financial data in a table. Also has a graph available that will show one set of figures (like A/R charges) for a specific grouper (like payor or financial class).
facility	An entire organization in which Epic applications are installed; the most general level in Epic's facility structure. Any settings specified at this level affect the entire organization.
facility structure	A linked hierarchy of Chronicles records set up to represent all aspects of an enterprise: beds, rooms, departments/units, locations, etc. May be organized based on revenue generation and system configuration needs.
fee schedule group	An optional component of the Hospital Billing Pricing structure. Contains a list of fee schedules and information about when to use them.
guarantor account	Record that contains information about the party ultimately responsible for a given set of professional charges.
guarantor account status	A flag associated with a guarantor account that can impact statement runs and collections activities and inform end users of important conditions of the given account.
HIM	A suite of products that are each sold separately, installed separately, and frequently accessed by different groups of users in the medical records department of a healthcare organization. Epic's HIM suite includes Chart Tracking, Chart Deficiency Tracking, Release of Information, and Coding & Abstracting.

Term	Definition
hospital account	Hospital accounts are used to keep track of charges, payments, and adjustments related to hospital or technical fee billing. Hospital accounts are usually specific to a single patient encounter. Hospital accounts must be linked to a single patient and a single guarantor account. The Hospital Accounts Receivable master file holds information about hospital accounts. Hospital accounts allow you to bill for hospital services. For billing purposes, a patient must also have a guarantor account (EAR) in the service area in which the services were rendered.
Hospital Account Advisor	Functionality in which you can prompt users to either assign a hospital account or create a new one depending on criteria that you configure using either programming point records or IDC records.
Hospital Account Combination	Module that allows a source hospital account to be combined into a target hospital account. After the combination, only the target remains usable and the source account has a status of Combined.
hospital account filing order	List of a patient's hospital account coverages in general order of payment responsibility. The actual order of payment responsibility is determined by the visit filing order, which may be different than the hospital account coverage filing order depending on which coverage is assigned as the visit coverage.
hospital area	A defined physical location such as units and rooms, or other organizational entities within your system, such as service areas and revenue locations.
Hospital at a Glance	An activity in ADT that lets you see an overview of the occupancy, pending bed assignments, staffing, and information about unavailable beds for your entire facility or individual service areas.
Hospital Chart	The main patient workspace for EpicCare Inpatient.
hospital encounter	A hospital encounter is a contact in the patient record created through an ADT workflow.
hospital outpatient visit	A special type of hospital encounter in which the patient arrives and departs without being assigned a room or bed. HOVs must take place in a unit configured for that purpose, and are discharged automatically by a nightly batch job. Outpatient surgery and physical therapy are examples of hospital outpatient visits.
Hospital Service	The services master file records store information about a group of providers. The SRV records can be used by the Census Inquiry activity to display patients associated with a certain group of providers.
hospital service department	A patient care area in which both inpatients and outpatients receive without being admitted to the department and in which clinicians use EpicCare Inpatient contacts.
Hospital System Definitions	Settings for Resolute Hospital Billing.
initiate billing	In Resolute Hospital Billing, you must initiate billing before you can create a claim.
Insurance Payment Posting	The module that allows you to enter check information for payor/insurance company payments. Though Insurance Payment Posting can also be a batch mode, most customers use the Flexible Payment Posting batch mode instead when posting insurance checks.

Term	Definition
interim billing	A method of billing that allows claims to be sent while the patient is still in the hospital. A bucket is created for each date range that the hospital bills for.
Invoice Number	The number assigned to an individual claim during claims processing. Invoice master file (INV) record numbers are generated based on the invoice range set up in the profile. The invoice number assigned to a claim is the invoice number + one digit. The last digit of a new, original invoice is always 0. When a claim is submitted to a new payor, a new, secondary invoice record is created, with the final digit incremented by 1 with each submission. In invoice inquiry, all of these related invoice records are grouped by the original invoice. If the claim is not paid within ten submissions, the final character of the invoice number becomes a letter, starting with A. If no range is specified for a form in the profile, each invoice record is assigned a number by assigning invoice numbers in the range Z000010-Z999990. The invoice number is also associated with each charge on the claim, so on the transaction detail form, you can see on which invoice a charge was submitted, and even jump directly to invoice inquiry for that invoice.
L&D Log	A collection of standard Census Inquiry reports that keeps track of patients as they move through the labor and delivery workflow. From this log, you can view an overview of all patients in the unit, as well as lists of expected patients, patients in labor, delivered mothers and newborns.
labor and delivery status	The labor and delivery status keeps track of the patients progress through ADTs labor and delivery workflow. A labor and delivery status of Expected means that a pending admission has been created but the patient has not arrived at the hospital yet. A status of Assessment means that the patient has arrived and been admitted to a room and bed, but the determination has not yet been made that the patient is laboring. A status of Admitted means that the patient has been determined to be in labor and delivery is imminent. A status of Delivered means that at least one newborn has been delivered. A status of Newborn is applied to any newborn patients admitted through the labor and delivery workflow.
late charge addition	In Hospital Billing, moves late charges to an existing bucket, but without affecting the current bill on that bucket.
late charge claim	A claim sent for late charges. This generates a new claim instead of changing the old one.
late charge processing	Four actions that process late charges. Includes Late Charge Claim, Late Replacement Claim, Late Charge Write-off , and Late Charge Addition
late charge write-off	Posts an adjustment to write off any late charges on the hospital account
Late Replacement Claim	Claim sent for late charges. This replaces an old claim instead of creating a new one.
master file error	Missing, incorrect, or incorrectly formatted information in a master file (could be any master file) that is needed when processing claims. Errors are designated in the CDF and evaluated during claims processing.
Multiple Provider Schedule	Can simultaneously display appointments for multiple providers and resources in more than one department.

Term	Definition
multiple response	A Chronicles item response type indicating that the item can have multiple responses, such as multiple addresses or phone numbers.
Next Responsible Party	An action in billing that sends the remaining balance to the next party liable for the hospital account. Used to send the balance to a secondary (tertiary, etc.) payor or the guarantor.
Nightly Processing	The batch job that runs nightly to move accounts through the billing process automatically. It also performs tasks such as System Automatic Actions in Hospital Billing and Account Workqueue processing.
Office Visit	A type of Epic encounter.
one-click appointment search	A quick way to search for and schedule appointments for patients using predefined search algorithms.
OpTime	Epic's operating room management product.
overbook	To schedule an appointment into a slot that has already reached its limit of regular appointments.
Overbook Limits	Limits that control the number of Overbook appointments that can be schedule for a pre-defined session. Also called Session Limits.
patient class	A patient class must be entered before a hospital account can be created. Choose from a list of classes. Patient classes determine the account class for a hospital account. Patient classes are mapped to hospital account classes in your system settings.
patient messages	Department-specific messages that appear for patients based on login department.
Patient Station	A tool for hospital registration staff to help simplify the process of selecting the correct counter for a patient and to serve as a launching point into encounter-specific workflows. Patient Station allows users to create, access, and display encounters.
patient status	In Prelude/ADT, indicates whether a patient is alive or deceased. Other category values can be added by the customer.
Patient Workqueue	A tool used to identify patient contacts with informational errors or to find records with certain characteristics. The end user may receive a pop-up message with instructions or it may simply act as a list of contacts to be worked.
payment	A transaction that specifies an amount paid. It is always a credit.
payment batch	A group of payments to be posted to the system at the same time. Typically, a batch is composed of all payments from a single bank deposit. Payment batches are used in premium billing.
payment plan	The activity of creating a time frame and value for guarantors to pay off the self-pay balance on an account. Payment plans are created from the Account Contact activity in Account Maintenance.
Post Payments activity	A Release of Information activity used to post payments for multiple release requests at one time.
post type	For each post type, you can specify how the guarantor's self-pay payment should be divided between Professional Billing and Hospital Billing and how it is then distributed among the transactions on the guarantor account and the hospital accounts associated with the guarantor.

Term	Definition
preadmission	Preadmission is the process of gathering important admission-related information prior to a patients arrival at the hospital. Preadmission helps prevent users from creating duplicate encounters.
Prebilled Bucket	One of two types of prebilled liability buckets in Resolute Hospital Billing. In this bucket, charges that have yet to be assigned to a claim invoice or self pay statement. There is only one Prebilled bucket per hospital account. The Prebilled bucket is created, along with Self Pay and Undistributed buckets, when a hospital account is created and is denoted by the letter P on the Associated Bucket action button.
Prelude Enterprise Registration	Epics registration application.
primary contact	In Hospital Billing, this is a specific patient contact associated with a hospital account. A single hospital account is often used to bill multiple patient visits (contacts). When this occurs, one contact is chosen as the primary for that account based on defined weighting criteria. Not to be confused with primary emergency contact in registration.
primary coverage	The first coverage in the filing order.
primary insurance payment	A payment from the first payor to receive a patients claim based on the filing order of the coverages.
recurring account	A series of linked hospital accounts used for multiple, related, outpatient visits.
recurring appointment	Series of linked appointments for the same patient that take place on a regular basis, such as physical therapy or chemotherapy.
recurring series	If a patient needs to come in for a long period of time and multiple recurring accounts are created, this creates a recurring series of accounts.
Referral Entry	An activity that allows you to create a new referral for a patient.
Referral Review	Refers to two separate activities, Referral by Provider and Referral by Member, in which you can view patients' current and past referrals.
referral source	The provider who issued the referral.
research account	A recurring hospital account used in research studies.
Research Billing	A module that allows you to send bills for patients admitted to hospital as part of a research study.
reservation	In ADT, a reservation indicates the preferable accommodation assignment(s) for a given patient contact and does not prevent the assignment of other patients to the reserved bed(s). If a bed is reserved, this information displays whenever you select that bed for assignment to any patient.
Resolute Hospital Billing	Epic's Patient Accounting product for hospitals; an Epic division supporting the Resolute Professional Billing product
revenue location	A physical location such as a hospital, hospital-based clinic, or ambulatory clinic within an organization in which you can perform revenue reporting. Settings at revenue locations override settings at the Service Area level.
reversal	"Voiding" a credit transaction once the system batch it was first posted to is closed. Reversing a payment or credit adjustment makes an offsetting entry in the system. All reversals appear in the Revenue Location in which the reversal was made, unless your login Service Area is different than the one in which the original transaction was posted.

Term	Definition
room	To assign a patient to a bed in the emergency department. (Click the Room button. Or, drag and drop a patient to a room and bed in the ED Manager activity.)
schedule	To create an appointment for a patient.
Schedule Access Management	Settings related to the Schedule Scanner and Schedule Utilization Display on the Make Appointment and View Schedules forms; configures a summary level view of provider availability.
Schedule Code	Additional forms in Appointment Entry that assist in scheduling complex visit types by editing the choices available to the scheduler; attached to visit type records.
Schedule Orders work list	Work list used in Cadence to schedule orders.
Schedule Scanner	A table that displays a list of what percentage of providers schedules are full for the next seven days after the Start Search On date entered on the Make Appointment form.
Schedule Utilization Display	Displays the percentage of a providers schedule that is full for a given scheduled day. This percentage can be enabled to appear on the Schedule Scanner, the Provider Schedule, and on the Quick Appointment form.
security points	Security points are assigned within a security classification and represent a particular function or group of functions within an Epic application. Permissive security points, when assigned, grant access to the function(s) that point represents. Restrictive security points, when assigned, restrict access to the function(s) that point represents.
Self Pay bucket	One of two types of self pay buckets in Resolute Hospital Billing. Charges processed for statements to the guarantor. There is only one self pay bucket per hospital account. Self pay buckets are created, along with Prebilled and Undistributed buckets, when a hospital account is created.
self-pay discount	Feature that reduces the amount owed when an account reaches self-pay.
sign in	Workflow used to document that a patient has presented at the central registration location for their appointment.
Smart Balancing	The Smart Balance utility in the cash drawer module allows you to automatically reconcile entered cash drawer contents with posted payments with a single click. In order for the utility to work, a list of payment types must be defined as eligible for line item balancing.
SmartBed	SmartBed is a tool that allows admissions staff to use the system to automatically select a room and bed for them. SmartBed finds the bed that is the closest match based on the patients needs and your SmartBed configuration. For example, if the patient with an influenza infection needs a semi-private room with a preoperative bed, SmartBed can take all of those factors into account when selecting a bed for you.
SmartText	A text template for charting that can include text, SmartPhrases, SmartLists, and SmartLinks. Used in Initial Assessments, the Discharge Writer, notes, and elsewhere.
SmartText letter	A letter created using SmartText.
stop sign	An icon that indicates that you must enter something in that field before continuing.

Term	Definition
study code	A code for a research study that can be entered in charge entry to open a corresponding hospital account.
Subpayor	Superpayor situations occur when payors are constructed based on financial class designations. When payment is received for charges with financial class-specific payors, the payor listed on the EOB or remittance file is considered the "superpayor" for these "subpayors." For example, there may be Aetna FFS payors set up in Resolute based on financial class. When charges are submitted to these payors, the payment is received from payor Aetna. Aetna is considered the superpayor for subpayors Aetna HMO, Aetna PPO, and Aetna FFS.
super payor	Super payors are used to facilitate payment processing in situations where you receive one RA for invoices assigned to disparate payor records.
system actions	System automatic actions are actions that can be performed via nightly processing in Resolute Hospital Billing to guarantor accounts, hospital accounts, or liability buckets. Rules are set up so that if an account, bucket, or guarantor qualifies for the rule, the associated action or actions are performed.
Template Build Report	A tool to help you maintain templates for your providers and resources. It allows you to view multiple templates and providers at one time, and easily edit or change settings by jumping to various activities from the report.
Template Exceptions	Activity used to flag scheduled time that is no longer available or put on hold; also general name for changes made to scheduled time.
Transfer to Self-Pay	Moving liability to the guarantor, bypassing any secondary payors.
Type 1 Edit Check	Programming Points in the CDF that will force individual charges from an electronic claim to a paper claim.
Type 2 Edit Check	Programming Points in the CDF that will force an entire electronic claim to a paper claim.
Type 3 Edit Check	Standard (but customizable) programming points that are usable by both paper and electronic claim forms, and allow for splitting claims into separate runs and group error claims for editing.
Type 3 Edit Rule	Rules built using the standard Rule Builder can be used to create custom reasons for split runs and group error claims for editing. These function exactly like the Type 3 Edit Check, but are simply easier to build.
undistributed bucket	One of two types of prebilled liability buckets in Resolute Hospital Billing. Undistributed buckets are used in situations where a check's payor does not match a bucket's payor and you don't want to post the check to the bucket.
Undo All Billing	In Hospital Billing, this action reverses all billing processes in one step, including Initiate Billing and NRP.
Undo NRP	In Hospital Billing, this action reverses the Next Responsible Party action.
unit	Synonym for department; especially used in ADT.
Verify Coverage	Button that appears on the activity toolbar for coverage level forms in the registration workflow, with the exception of the Coverage Summary form. Typically this button appears when your facility is configured to use coverage level verification.

Term	Definition
Visit Summary	Information about a visit that occurred today, that can be printed out to keep in a patient's record.
visit type and provider scheduling rules	Visit Type and Provider Scheduling Rules put spacers in a providers schedule so that a particular visit type or combination of visit types does not appear repeatedly in one providers schedule within a short period of time.
visit type block	Used to specify where certain visit types should be scheduled.
visit type limits	Limits that control the number of appointments of a specific visit type that can be scheduled for a pre-defined session. Also called Session Limits.
visit type modifier	These allow your facility to modify visit type default lengths, scheduling instructions and/or patient instructions for patients based on age and sex (buckets). They can also warn about or prevent scheduling.
visit type panel	Pre-defined collection of visit types that are scheduled together.
visit type provider scheduling rules	These are spacers put in a providers schedule so that a particular visit type or combination of visit types does not appear repeatedly in one providers schedule within a short period of time.
visit type questionnaire	A form containing a series of questions that appear when a visit type is selected for scheduling.
visit type record	A record used to define the type of visit for a patient's appointment; is based on why the patient is seeking medical attention.
visit type tree view	Report used to see and edit the visit type records in a facility.
workqueue	Generic term for a workable list in Epic. Common workqueues in Resolute Professional Billing and Prelude include patient workqueues, follow-up workqueues, claim edit workqueues, charge review workqueues, and many others.
user error	Missing, incorrect, or incorrectly formatted information in the system that is needed when processing claims. This information is usually entered by a user like a registrar, scheduler, check-in person, billing office staff, etc.