

Scheduling Provider Form Policy-0905140

ROWAN UNIVERSITY POLICY

Title: Centricity Business Scheduling Providers

Subject: Information Resources and Technology

Policy No:

Applies: School of Osteopathic Medicine

Issuing Authority: Vice President for Information Resources and Technology and Chief Information Officer

Responsible Officer: Clinical Systems Assistant Director

Adopted: 02/20/2004

Amended: 09/05/2014

Last Revision: 09/05/2014

1. PURPOSE

This policy is for departmental notification and to establish a procedure for any dictionary entry and/or changes. This process will be the approval to implement new providers, edits to existing providers, and any deactivations from the Scheduling Provider dictionary within the Centricity Business (CB/IDX) application.

1. ACCOUNTABILITY

Practice Administrators and Information Resource Technology

1. APPLICABILITY

This applies to all clinical systems for RowanSOM.

1. DEFINITIONS

1. POLICY

It is the policy of RowanSOM IRT Clinical Systems Department to establish a paperless, online change management process for CB/IDX dictionary updates. The following procedure should be followed for all Provider Dictionary (302) updates.

1. PROCEDURE

Requestor

1. Download the latest version of the online form from the following link:

<http://www.rowan.edu/som/ist/clinicalsystems/centricity.html>

1. Complete the top portion of the form marked "Requestor" and please complete all required fields. Any incomplete forms will be returned to the requestor.
2. If the request is for an edit to a current provider, please include either the provider number or the mnemonic for the provider.

3. Save the request form to the local hard drive on your PC. The conventional naming format should follow- <**FORMNAME_PROVIDERLASTNAME_DATE**>, for example SchedProvider_Smith_061214. **Only documents submitted in word will be accepted. PDF's will not be acknowledged.**
4. The Department Administrator will e-mail the form to the IRT team at somcbhelp@rowan.edu. The email subject heading should be the same format as the change form - <**FORMNAME_PROVIDERLASTNAME_DATE**>, for example SchedProvider_Smith_061214.

IRT

1. The information will be added to the CB/IDX system within 5 business days after completed sign off is received.
2. The completion of the request will be e-mailed to the requestor, Business Office (if add) and IRT Team by the IRT Clinical Systems Department.
3. Scheduling Providers are entered into C-EMR in the SCHED BOOKS set up once added into CB.

DEACTIVATIONS

1. Scheduling Provider deactivations must first confirm that there are no existing schedules or scheduled appointments with the Provider.



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By Direction of the CIO:

Mira Lalovic-Hand,
VP and Chief Information Officer