

Scheduling and Check In for Vaccine Pods

Users Impacted by the Change: schedulers at the following departments:

Epic Department	Epic DEP ID
3201 KINGS HWY VACCINE POD	44001005
281 1ST AVE VACCINE POD	41052002
440 W 114 VACCINE POD	43006060
25-20 30 [™] AVE VACCINE POD	8800001
1000 10TH AVE VACCINE POD	43001056
1468 MADISON AVE VACCINE POD	80040101

Scheduling

1. OPEN THE PATIENT'S APPOINTMENT DESK

Click on 'Appts' from the top toolbar to search for the patient you are scheduling for.



2. CLICK MAKE APPT

On the patient's Appointment Desk, click 'Make Appt'.



3. CLICK **FINISH** TO CONTINUE TO MAKE THE APPOITNTMENT.



	IM Restore	1 Back ↓ Next	✓ Einish	
	Copay due: 0.0 Pre-payment due: 0.0	0 Copay paid: 0 Pre-payment paid:	0.00	
	Payment Information			
	ENCOUNTER INFO			
	Demographics Prof acct balance: 0.00 Credit Info Credit Score:	Work: Employment: Hosp acct balance: 0.00 Propensity to Pay:	5 Add Account Note	
	MyChart status: No proxy exists Guarantor Address same as patient	Proxy rel to patient: N/A Home:	Rel to patient: Self	
	P/F Vaccine,Covid [1000008553]	MSBK	🔭 Add Coverage 🕿	
	GUARANTORS & COVERAGES		+ Add Guarantor	
	Patient Contacts		Showing 0 of 0	•
	PCP: 5 No General PCP	Employment: Not Employed	- Not Employed	vermed unbil 1/8/2021
	Missing ethnicity	Email: fdkif@amail.com		Varified until 1/0/2021
Specialty Billing Info	NEW ROCHELLE, NY 10601	Work:		Vaccine, Covid Verified
Referring Provider	Permare 10/31/2020 (5 WKS) MRN: B114097 Demographics 150 e 42nd St NEW ROCHELLE NV 10801	Home: 999-666-3333		Everything checks out!
Visit Info Px/Dx	Vaccine, Covid			
🖙 Vaccine, Covid	DEMOGRAPHICS		^	
Detailed View Infection Screenin	g Appt Desk Claim Info Benefits Patient FYI Tx Inqu	iry Patient Summary Reg History I	MyChart Signup LCD/ABN More	
Registration			0	□ <u>H</u> ide verified items

4. COMPLETE THE MAKE APPOINTMENT ACTIVITY

On the Make Appointment activity, verify the **Department** and enter **Appt Notes**, **Visit Type** [COVID-19 VACCINE DOSE 1 or COVID-19 VACCINE DOSE 2]

×

Once the visit type is selected, a Decision Tree questionnaire will appear to Covid-19 Dose 1. Answer the questions with responses 'Yes', 'No' or 'Unknown' and click '**Continue'** to complete scheduling.

Are you feeling sick?	No	
Have you been told to isolate or quarantine for COVID-19 in the last 10 days?	No	
Have you been treated with antibody therapy for COVID-19 in the last 3 months?	No	
Have you ever had a serious or life-threatening allergic reaction, such as hives or difficulty breathing to any vaccine or shot?	No	
Have you been diagnosed with COVID-19 within the last 10 days?	No	
Have you had a vaccine (including flu shot) in the last two weeks?	No	
Results - Continue Scheduling	G	
No results to apply.		
وَ Sho <u>w</u> Path		✓ <u>C</u> ontinue

Add a scheduling Provider [schedule to the generic vaccine resource] and click Start Search on.



Make Ap	pointment									
<u>D</u> epartment	3201 KINGS HWY	VACCINE I	POD [440	01005]			₽.	Appt notes:	dose 1	
Visit type:							<u>P</u> x/Dx	Department		
							9			Ş
COVI	D-19 VACCINE DOSE	E 1 [8687]						Department		Prv Rsc
								3201 KING	S HWY VACCINE POD [44001005]	☑ ☑
Schedule S	ca <u>n</u> ner:									C⊕ ()
Der	idea(Decesses	_ Mon	Tue	Wed	Thu	Fri	Sat	Sun		
Pro	nder/Resource	12/14	12/15	12/16	12/17	12/18	12/19	12/20		
COVID-19 [1269995]	VACCINE MSB	0%	0%	0%	0%	0%				

Note: the answers to certain questions may lead to scheduling being denied. Please do not schedule the appointment.

	Decision Tree for COVID-19 VACCINE DOSE 1			
	Are you feeling sick?	No	Q.	
t	Have you been told to isolate or quarantine for COVID-19 in the last 10 days?	No	0	
	Have you been treated with antibody therapy for COVID-19 in the last 3 months?	Yes	Q	
	Results - Deny Scheduling			
	D Show Path			😣 De <u>n</u> y

5. SEARCH FOR NEXT AVAILABLE APPOINTMENT

On the bottom of the Make Appointment activity click 'Search'.

Visit type: Provider: Provide:	Department: 3201 KINGS HV	Y VACCINE POD [440		Appt notes:	DOSE I			Expand	notes V Share notes
COVID-19 VACCINE [867] Oppartment Pn: Rsc Subgrave State search on: 129/2020 State search on: 129/2020 State search on: 129/2020 Schedule Scagner: Image: Schedu	Visit type:		<u>Px/L</u>	Department:			0	C Provider	Patient Options
P201 KNGS HVY VACCHE POD [44001005] C December 4 0200 Schedule Scapner. Schedule Scapner. C Port Kings The fit is at 2:33 24:35 2 Provider/Resource Yield Thu Fit is at 2:12/13 Schedule Scapner. C Provider/Resource Yield Thu Fit is at 2:12/13 Schedule Scapner. C Provider/Resource Yield Thu Fit is at 2:12/13 Schedule Scapner. C COVID-19 VACCINE MSB 5% 0% No Sch No Sch No Sch No Sch No Sch 0% Fit is at 2:12/13 Fit is at 2:12/13 COVID-19 VACCINE MSB 5% 0% 0% 0% 0% 0% Distribution Schedule at: MSBK IM [27:4] ms Fit is at 2:12/13 ms COVID-19 VACCINE MSB 5% 0% 0% 0% 0% 0% 0% 0%	COVID-19 VACCINE [8	871		Department			Prv Rsc	C Subgroup	Start search on:
Algended Oppons Schedule Scagner: Provider/Resource A Wed Thu Fri Sat Sun Mon Tue (2) (2) (4) All Times, Single Provider All Times, Auto search All Times, Auto search All Times, Auto search All Times, Topological actions of the second search All Times and the second se				3201 KING	S HWY VACCINE	E POD (44001005)		Department Specialty In network PCP PCP Team	Image: Constraint of the state of
Provider/Resource VVed 1/12 Tri Saft 1/21/2 Saft 1/21/2 Saft 1/21/2 Saft 1/21/2 Saft 1/21/2 Tri Saft 1/21/2 Saft 1/21/2 Saft 1/21/2 Saft 1/21/2 Saft 1/21/2 Saft 1/21/2 <ths< th=""><th>Schedule Scagner:</th><th></th><th></th><th></th><th></th><th></th><th>0 ⊕ ↔</th><th>Advanced Opt View: All Times, Sin</th><th>gle Provider</th></ths<>	Schedule Scagner:						0 ⊕ ↔	Advanced Opt View: All Times, Sin	gle Provider
COVD-19 VACCINE MSB 5% 0% 0% No Sch No Sch 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%	Provider/Resource	12/9 12/10	Fn Sat 12/11 12/12	12/13 1	2/14 12/15			Recur	
Diaslay	[1269995]	5% 0%	0% No Sc	h No Sch	0% 0%			Visits in an Schedule al MSBK IM [274 Use patient Joint times Combine de Resource re	r order ::

6. SELECT AN APPOINTMENT SLOT

On the Provider Schedule activity, double click to select a time slot for the appointment and click Schedule.

1	1:30p		
1	1:40p	*	
1	1:50p		
1	2:00p		
1	2:10p		
1	2:20p		

Note: When scheduling Covid-19 Dose 2, make sure to schedule the appointment between 17 to 25 days from when the first dose was administered. If scheduling outside of this range, you will see this warning:



7. APPOINTMENT REVIEW

Review the appointment details and click 'Accept' to schedule the appointment

Wednesday Dec 9, 2020 Appt at 2:30 PM (10 min)		COVID-19 VACCINE MSB		Q3201 KINGS HWY VACCINE F INTERNAL MEDICINE	POD at MSBK
COVID-19 VACCINE nsurance None) Effective Dates None)	छाCopay (None)	L;	Notes DOSE 1 Patient Instructions	☑ Add to Wait List •	Mark as Confirmed
					××

VERIFY PATIENT REGISTRATION USING THE CHECKLIST.

Fill in any missing demographic fields such as employer, patient phone number, or address.



Please select 'Mount Sinai Health System' if the patient is an employee. Note that the address defaults to the hospital address. Please select the appropriate employer record for non-MSHS Healthcare workers (ex: New York Community Hospital).

Patient Employer Inform	ation		×
Employer:	MOUNT SINAI HEALTH SYSTI,	Employment status:	Full Time 🔎
Address:	1 Gustave L. Levy PI	Employment date:	
		Employee ID:	
City (or ZIP):	NEW YORK	Occupation:	
State:	NY 🔎 ZIP: 10029	Phone:	
County:	New Yor O Country: US	Fax:	
		<u>A</u> cc	cept <u>C</u> ancel

9. CLICK FINISH TO COMPLETE THE SCHEUDLING PROCESS

Registration	Appt Des <u>k</u> Claim Inf <u>o</u>	<u>लङ</u> ≩्र MSP <u>Q</u> Referrals	ر Benefits	▼ Patient FYI	چ Tx Inquiry	👔 Patient Su <u>m</u> mary	⑦ More
Vaccine, Covid Visit Info	DEMOGRAPHICS Vaccine, Covid						^
Px/Dx Referring Provider	Female 10/31/2020 (5 Demographics 150 e 4 NEW Re	wks) MRN: B11409 2nd St DCHELLE, NY 10801	7 Home: 999 Work:	9-666-3333			
Speciality billing into	Missing ethnicity PCP: 5 No General PC	CP	Mobile: Email: fdk Employme	kjf@gmail.co ent: Not Emp	m ployed - No	t Employed	1
	Patient Contacts					Showing 0 of 0	
	GUARANTORS & COVERA P/F Vaccine, Covid [100	GES 0008553]	Encounter	guarantor		Add Gdaran	dd ge
	MyChart status: No pro Guarantor Address Demographics	oxy exists s same as patient	Proxy rel t Home: Work: Employme	o patient: N	I /A Rel	to patient: Self	
	Prof acct balance: 0.00		Hosp acct	balance: 0.0	0	5 Add Account I	Note
	Credit Info Credit S	Score:	Propensity	/ to Pay:			
	Credit Info Credit S ENCOUNTER INFO Provment Information	Score:	Propensity	/ to Pay:			~

Check-In

1. SELECT THE PATIENT FROM THE DAR AND CLICK CHECK IN

On the DAR select the patient and click **Check In**. Note: To open your DAR click Schedules > Dept Appts and run the Check in DAR in the report settings activity



artment Appo	Dintmer	nts Repo	ort: Check In D	AR	E Room Patient	(i) Appt Info
ull Appointment Lis	st <u>2</u> App	pointment To	otals			
e:	t Mossago	3201 KING	Dept No Show %	DD [44001005]	Status	Appt Time
Date App	r wessaye	00111	a aprilla anon n			, apper lance ,

2. ENTER THE POINT OF ORIGIN AND METHOD OF TRAVEL IN THE 'VISIT INFO' SECTION For outpatients, 'Point of Origin' is 'Non-Healthcare Facility'. The 'Method of Travel' is the patient's main mode of transport.

Registration								
	Ē	-	MSP	4	Q	V	ø	
Infection Screening	Appt Des <u>k</u>	Claim Info	MSP <u>Q</u>	Referrals	Benefits	Patient FYI	Tx Inquiry	Patient Su <u>m</u> m
🍃 Vaccine, Covid		1000	0008553-VAC	CINE,COV	/ID			P/F
Visit Info		Visit Cove	rages					Self-pay
Referring Pro	ovider	There are r	no visit cover	ages.				
Specialty Billin	g Info	Visit clai	m:					
		Cerner A	uthorization	:				
		Accident	related?				0	
		Point of (Origin:	Non-Hea	Ithcare Fa	cility	9	
		Method o	of Travel:	Biking			2	
				-				

3. ENTER THE STATUS OF COLLECTED DOCUMENTS

Click Documents on the left navigator and enter the status of required documents. Note: only the Acknowledgement of Receipt of NOPP (collected only once a year).

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	Registration									
	5	8	5	MSP	31	Q	7	<u>þ</u>		
	Infection Screening	Appt Des <u>k</u>	Claim Info	MSP <u>Q</u>	Referrals	Benefits	Patient FYI	Tx Inquiry	Patie	
	📂 Vaccine, Covid	đ								
	Visit Info	Visit Info		Documents						
	Px/Dx		New I	New Document Type + Add + 1 Financial Relea						
	Referring Pr	ovider	1001	Jocument	Type T	Add	<u> </u>			
	Documents		Т	уре 🗋			S	tatus		
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	Specialty Billin							Deschool		
			4	Authorizat	ions and A	ssignmei	its R	eceived		
			F	Provider B	ased Inform	nation	R	eceived		
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				re		5				
			A	Acknowled	dgement of	Receipt	of NOPP R	eceived		
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1										
V	ount									

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4. VERIFY THE CHECKLIST AND CLICK CONTINUE CHECK IN

Note that Guarantor and Coverage do **NOT** need to be collected and will not appear on the Checklist for verification.

			Patient Side	bar	Checklist 👻			
ව 🔝 ල Tx Inquiry Patient Su <u>m</u> mary Reg Hi) istory Mo	⑦ ore ・	⊡ <u>H</u> ide veri 1	ified it Ver	ification	Rer	naining) J
-666-3333	\mathbf{O}		Ver Ver	ient ccine ified u ounter i 12/9	r 9/2020		Verified	▲①
f@gmail.com : Not Employed - Not Employed Sho	wing 0 of 0		Veri Plea com	ified u Patien ase pro npleter	ntil 12/02020 It does not hav ovide patient a d form in Medi	e an Ele paper o ia Mana	E CONSENT of copy and sca ager. [R-1847	on file. in [15]
iarantor	♣ Add Guarantor ♣ Add Coverage		Last PM.	t verifi	ed by ESDESK,	THREE	on 12/9/202	0 1:40
atient: N/A Rel to patien	t: Self							
lance: 0.00 9 Pay:	5 Add Account Note							
: 0.0 vt paid: 0.0	0	~						
<u>N</u> ext	✓ Cont <u>i</u> nue Check	In						

For Covid-19 Dose 2, you need to fill in the Covid-19 Screening questions at check-in. If the answer is 'Yes' for the first six questions, please do not continue checking-in the patient as they are not eligible to receive the 2nd dose.



Check In - Covid-19	Va* on 12/23/20 at 9:20 AM with VACCINE MSBI in 281VACPOD for 15 minutes S ♀ ඕ Info Referrals Documents Patient Refund Payment Collection Outside Records Room Patient Charge Entry Pmt M	; ⊟ — — — ethods A⊻S	⑦ X ↓
	MS ES COVID VACCINE SCREENING AT CHECK-IN		
Demographics Options Questionnaire	Have you ever had a serious or life-threatening allergic reaction, such as hives or difficulty breathing to any vaccine or shot? No Do not continue if answer is yes.	Q	D /
Other Appts	Are you feeling sick? No	Q,	D
	Do not continue if answer is yes.		
	Have you been diagnosed with COVID-19 within the last 10 days? No	Q	D
	Do not continue if answer is yes.		
	Have you been told to isolate or quarantine for COVID-19 in the last 10 days? No Dobat continue if answer is ves	Q	D
	Have you been treated with antibody therapy for COVID-19 in the last 3 No	0	D
	Do not continue if answer is yes.		
	Have you had a vaccine (including flu shot) in the last two weeks?	Q	D
	Do not continue if answer is yes.		
	Have you ever recieved another Covid-19 Vaccine? No	Q	D
	If you have recieved another Covid-19 Vaccine, which manufacturer? Pfizer	Q	D
	If you received another Covid-19 Vaccine, when did you recieve it?	Ċ	D
	Cancel Back	Next A	ccept



Click Accept on the bottom right hand corner to finish checking in the patient. Verify the status is Arrived on the DAR.

Department Appointments Report: Check In DAR											
📿 Refresh 🐐 Settings 🔓 Appt Des	k 🔻 🛧 <u>W</u> alk In	n 🔚 Sign In 🛃 Cl	heck In 🗧 Check Out	E Room Patie	ent 🝷 🕧 <u>A</u> ppt Info						
1 Full Appointment List 2 Appointment Totals											
Date: 4 12/9/2020 🗄 🕨 3201 KINGS HWY VACCINE POD [44001005]											
Date Appt Message	Conf?	Dept No Show %	eCheck-in Status	Status	Appt Time						
12/09/2020		0	Not Offered	Arrived	10:40 AM						



Er