

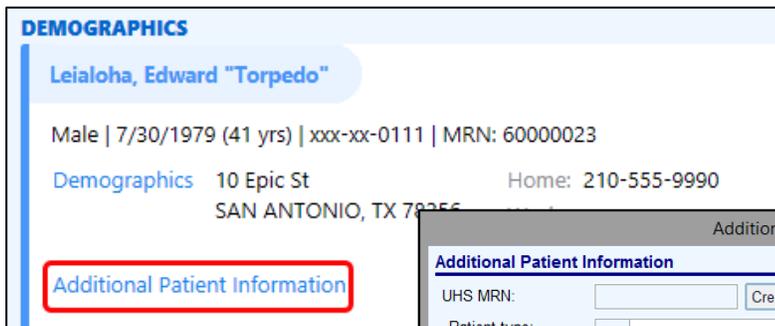
## COVID Clinic Front Desk

Reference material for common COVID Clinic workflows.

### Ensure the patient Medicare Beneficiary ID (MBI) is listed in additional patient information

*The patient's MBI is required for COVID-19 vaccine administration fee billing when a patient has a Managed Medicare coverage.*

- On the Interactive Face Sheet (IFS) click the **Additional Patient Information** hyperlink.



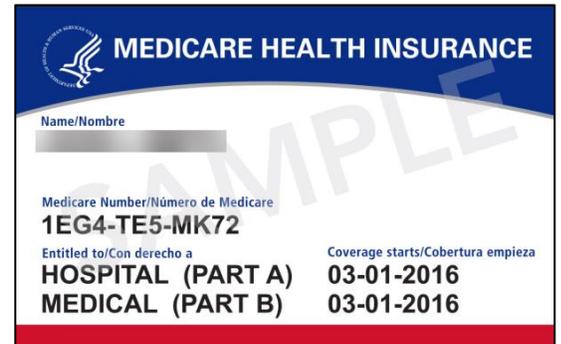
**DEMOGRAPHICS**

Leialoha, Edward "Torpedo"

Male | 7/30/1979 (41 yrs) | xxx-xx-0111 | MRN: 60000023

Demographics 10 Epic St Home: 210-555-9990  
SAN ANTONIO, TX 79255

**Additional Patient Information**



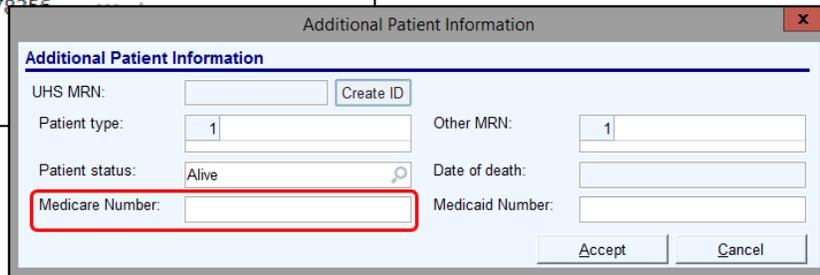
**MEDICARE HEALTH INSURANCE**

Name/Nombre

Medicare Number/Número de Medicare  
**1EG4-TE5-MK72**

Entitled to/Con derecho a Coverage starts/Cobertura empieza  
**HOSPITAL (PART A) 03-01-2016**  
**MEDICAL (PART B) 03-01-2016**

- Enter the **Medicare Number** then click **Accept**.



**Additional Patient Information**

UHS MRN:  Create ID

Patient type:  Other MRN:

Patient status: Alive  Date of death:

**Medicare Number:**

Medicaid Number:

Accept Cancel

### Verify Appointment Status and Visit Type

To ensure appropriate scheduling of first and second doses, verify the visit type is correct. **With an appropriate 1<sup>st</sup> dose appointment scheduled, the patient's 2<sup>nd</sup> dose appointment will be automatically scheduled.** In the event a 2<sup>nd</sup> dose appointment needs to be manually scheduled, review the following information:

- Confirm the 1<sup>st</sup> dose appointment has been Completed (Co\*) **before** manually scheduling the 2<sup>nd</sup> dose appointment. Navigate to the **Past** tab of the appointment desk to view previous appointments.

Future		Past				
Rfl	Encounter Date	NS Chance	Time	Rescheduled	Visit Type	
	12/16/2020 Wed	22 %	 4:30 P(Co*)		C19-INITIAL [515]	

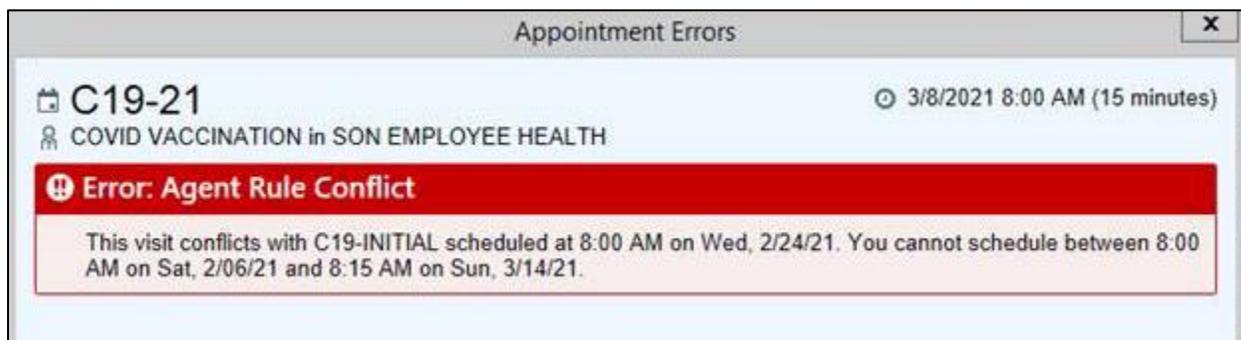
#### **Appointment Status:**

- Ar\* - Arrived
- Co\* - Completed
- No\* - No Show
- Ca\* - Canceled

- After verifying receipt of the initial vaccination, proceed to schedule the second appointment. Note there are different visit types based on the vaccine given to the patient.

Manufacturer	1 <sup>st</sup> Dose Visit Type	2 <sup>nd</sup> Dose Visit Type
<b>Pfizer</b>	<ul style="list-style-type: none"> <li>• C19-Initial</li> <li>• MyChart Covid Vaccine Initial</li> </ul>	<ul style="list-style-type: none"> <li>• C19-21</li> </ul>
<b>Moderna</b>	<ul style="list-style-type: none"> <li>• C19-Initial</li> <li>• MyChart Covid Vaccine Initial</li> </ul>	<ul style="list-style-type: none"> <li>• C19-28</li> </ul>
<b>Johnson &amp; Johnson</b>	<ul style="list-style-type: none"> <li>• C19 Single Dose</li> </ul>	No second dose appointment required.

\* The 2nd appointment for vaccines requiring a second dose must be scheduled at least **18 days after the first dose**. An **Appointment Error** window appears if the appointment is scheduled before the acceptable time frame.



## Schedule Appointments in Available Time Slots ONLY

When scheduling appointments, select a time on the schedule. Appointments are available in 15 minute increments beginning at 8am, such as 8:15am, 8:30am, 8:45am, etc.

**Do not create time slots outside of the given template** as this creates unnecessary additional appointments.

Appropriate Appointment Times:

Time	Rescheduled	Visit Type
8:30 A(Co*)		C19-INITIAL [515]

Time	Rescheduled	Visit Type
11:45 A(Co*)		C19-21 [516]

**Incorrect** Appointment Times:

Time	Rescheduled	Visit Type	Provider
3:00 A(Co*)		C19-21 [516]	COVID VACCINATION [600795]

Time	Rescheduled	Visit Type	Provider
8:05 A(Co*)		C19-21 [516]	COVID VACCINATION [600795]

Time	Rescheduled	Visit Type	Provider
10:55 A(Co*)		C19-21 [516]	COVID VACCINATION [600795]

**Verify Guarantor Account AND Coverage is Present**

**Guarantor** Personal/Family (P/F) accounts must be created to Check-In appointments. Additionally, if a patient has insurance, **Coverage** must be added to bill the insurance the administration fee.

DEMOGRAPHICS

Female | 222-22-2222 | MRN:

Demographics

Additional Patient Information

PCP: No General PCP

Patient Contacts

**GUARANTORS & COVERAGES**

No guarantors are assigned to this patient

[Click here to add a guarantor](#)

Guarantor Accounts

Coverages

DEMOGRAPHICS

P/F -

Cvg & Add'l Info

Add'l Billing Info

Coverages

As a reminder, please ensure a Home number is listed for the patient – even if it is the same as their Mobile number.

Number Type	Number
1 Home Phone	
2 Work Phone	
3 Mobile	210-450-0000

## Create Coverage from MyChart eCheck-In

Patients can update their insurance coverage when they use eCheck-In with MyChart. If their insurance has changed, you will see a **Possible Coverages to Create** section in the Interactive Face Sheet (IFS). Click the **View Query** hyperlink. If the insurance appears as **Eligible**, click **Create Coverage**. Continue with the standard workflow to add coverage for a patient.

The image shows two overlapping screenshots from the MyChart Interactive Face Sheet (IFS). The left screenshot shows the 'GUARANTORS & COVERAGES' section with a red arrow pointing to the 'Possible Coverages to Create' area, which lists 'Blue Cross Blue Shield (from MyChart)' with a 'View Query' link. The right screenshot is a pop-up window titled 'Coverage Eligibility for BLUE CROSS BLUE SHIELD' showing a response of 'Eligible' as of 2/5/2021. It includes sections for Alerts, Patient Information, and a table for 'Create New Coverage' with one entry for 'UT MEDICINE SAN ANTONIO'. A 'Create Coverage' button is highlighted in red.

**DEMOCRAPHICS**

Additional Patient Information

PCP: No General PCP

Patient Contacts

**GUARANTORS & COVERAGES**

P/F

Guarantor Demographics Address linked to p

Prof balance: 0.00

**Possible Coverages to Create**

- Blue Cross Blue Shield (from MyChart)  
[View Query](#)

Coverage Eligibility for BLUE CROSS BLUE SHIELD

Response as of 2/5/2021: **Eligible**

Alerts Patient Info

**Alerts**

**Patient Information**

Abnormal Response:

Items for Automatic Filing:

Items for "File Response" Button:

**Create New Coverage**

	Guarantor - Account ID	Active?	Guar Rel to Pat	Type	SA
1		Yes	Self	P/F	UT MEDICINE SAN ANTONIO

[Ignore Response](#)

[Create Coverage](#)