



CADENCE

Scheduling & Registration

Community Affiliates

Ambulatory Front Desk

[Abstract](#)

This course is designed to teach Ambulatory Front Desk staff the fundamentals of scheduling appointments, patient registration, and referrals management in APeX.

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Introduction

The Cadence and Prelude applications are parts of the larger Epic system that aid in the management of scheduling and registration processes. APeX is the UCSF specific version of Epic. Epic is customized at each installation site. It is a flexible system that continues to grow and adapt with the organization based on needs, upgrades, and requests. This makes Epic very different from other computer systems.

The Cadence application supports basic and advanced scheduling workflows, and the Prelude application supports registration workflows. The sophistication of these APeX products allows applications to work in an integrated manner to provide a seamless workflow for both scheduling and registration as well as coordinating with clinical applications.

The Cadence and Prelude instructional guide provide an end user with step-by-step actions to complete various common workflows as defined by UCSF.



APeX (Epic) user responsibilities

APeX contains the legal electronic health record for patients at UCSF Health and affiliate providers. All users must:

- Assure that information is entered correctly and accurately and within the scope of roles and responsibilities
- Stay up to date on changes in APeX
- Follow all UCSF Health Policies and Procedures on use of the electronic health record
- Report any issues or problems to your leadership team and/or call 514-APEX 510-428-HELP for BCH Oakland staff

The Role of the UCSF Privacy Program

The goal of the UCSF Privacy Program is to promote information privacy awareness amongst the UCSF community and to ensure that UCSF's workforce has the training and resources needed to protect private information, report privacy issues and concerns, and refer questions to the Privacy Office when additional guidance is needed.

UCSF is one of the health care components of the University of California (UC). The covered entity components at UCSF are the UCSF Medical Center, UCSF Benioff Children's Hospitals, School of Dentistry, School of Medicine, School of Nursing, School of Pharmacy, Langley Porter Psychiatric Hospital and Clinics, UCSF Fresno, Proctor Foundation, and UCSF Student Health Services.

Your Responsibility as an APeX User

APeX is UCSF's branded name for the Epic Systems Electronic Health Record (EHR).

Your responsibilities include maintaining confidentiality of patient's data and PHI (Protected Health Information). You may access PHI with a patient's consent for the following reasons:

- Treatment: Based on the 'need to know' to provide care and information needed for your role
- Payments: Including claim submissions, authorizations, and payments
- Operations: Including team, quality activities, healthcare communications between a provider and patient, patient look-up for hospital directory, etc.

Key Terms and Acronyms

HIPAA – Health Insurance Portability and Accountability Act of 1996 is public law that required the creation of national standards for electronic health information transactions and code sets, and unique health identifiers to address the security of electronic health information systems. This applies to health plans, healthcare clearinghouses, and healthcare provider organizations that conduct certain healthcare transactions.

- *Privacy Rule* establishes national standards under HIPAA to protect patients' medical records from inappropriate disclosures of their protected health information (PHI) that could cause harm to their insurability, employability and/or their privacy.

PHI – Protected Health Information that is individually identifiable health information that includes specific identifiers, such as demographic data, name, address, birth date, and social security number. It also includes information that relates to an individual's past, present, or future physical or mental health condition.

Accessing PHI in APeX

Accessing PHI in APeX for anything other than a UCSF patient care or business needs is prohibited under federal law (HIPAA) and **is illegal**.

The consequences for accessing PHI without a UCSF patient care reason or business need are severe and can lead to disciplinary action and/or employment separation.

Break-the-Glass warnings appear when accessing a patient record from other service areas. This warning also appears for other reasons (e.g., patient chart marked with a patient type of confidential). You will declare your role, reason for accessing the record and input your password. There is an audit trail of users who Break-the-Glass on a patient's chart.

Refer to the [Break the Glass for All APeX users](#) tip sheet for complete Break the Glass information.

Auditing Access of PHI in APeX

UCSF audits PHI and patient record access and will investigate any suspicious access.

Examples of inappropriate patient record access includes:

- Your own record
- Family records, including spouse/partner and dependents
- Co-workers
- Celebrities or other public citizens

Remember the principle of **Need to Know** for appropriate access of records.

Reporting Privacy Breaches

All UCSF Faculty, Staff, Students, Contractors in a Covered Entity have the responsibility to report potential privacy breaches. Potential privacy breaches need to be reported to the Office of Healthcare Compliance and Privacy (OHCP) as soon as they are discovered, even if the person who discovered the incident was not involved. Under California law, UCSF must report privacy breaches to the California Department of Public Health and notify affected patients.

Contact the OHCP as soon as possible.

Phone: (415) 353-2750

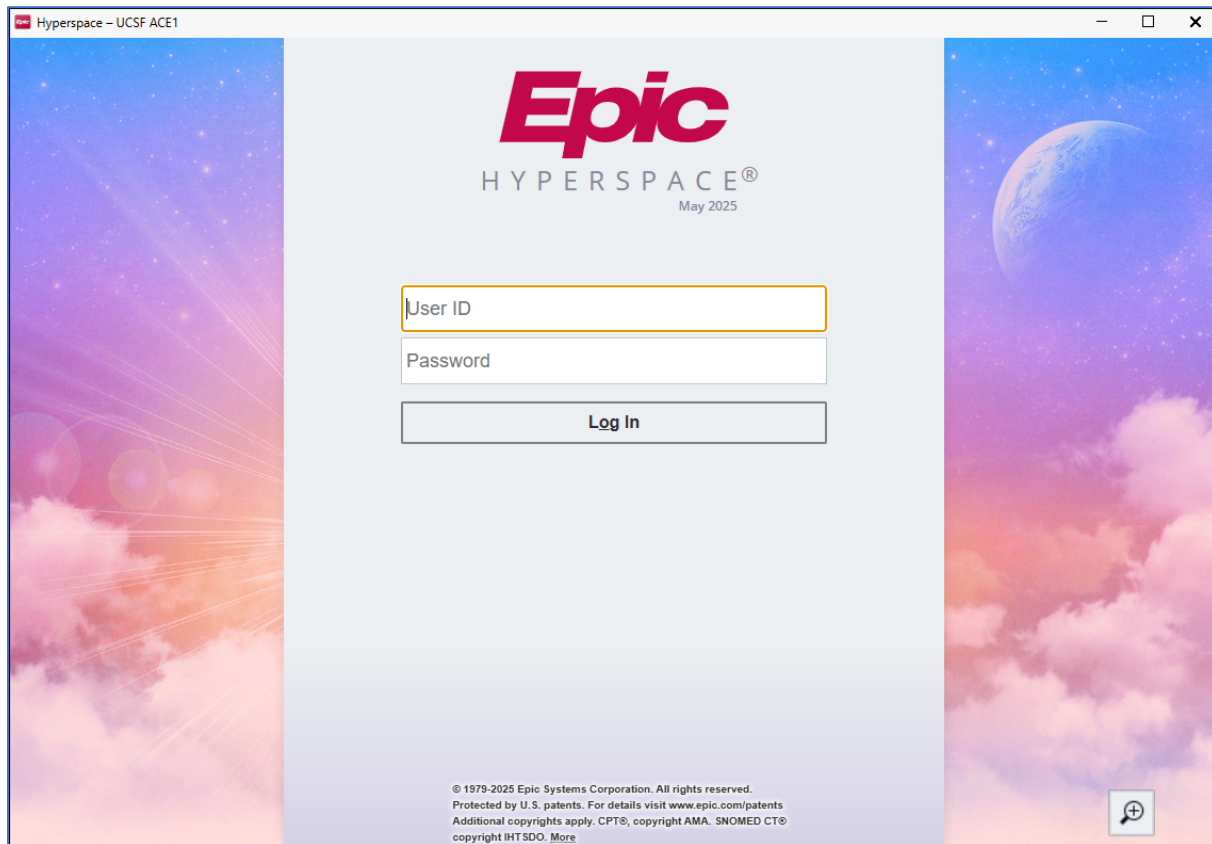
Email: Privacy@ucsf.edu

Fax: (415) 353-9241

Resources

If you have additional questions concerning Healthcare Compliance and Privacy visit the website <https://ohcp.ucsf.edu>

Hyperspace Overview



APeX Log in

APeX Login



Scenario: You work at a clinic and one of your responsibilities is scheduling appointments. You just arrived at work. The phones are going to start ringing with patients ready to schedule appointments. You need to get logged into APeX, so you'll be ready to start.

User ID: CADSCHED##

Password: train

Department: Lakeshore [4030002]

1. In **User ID** field enter user ID from Classroom Information sheet
2. In **Password** field enter password from Classroom Information sheet and click **Log In**
3. In **Department** field confirm Lakeshore populates and click **Continue**, then click **OK**

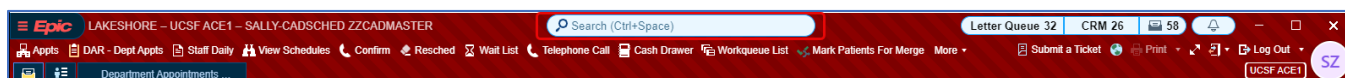
If a default department doesn't appear in APeX after training, enter your department manually.

Home Workspace and Assistant Bar

When you log into APeX, the first screen you see is the **Home Workspace**, which varies by role but remains consistent. For Front Desk staff, this is typically the **In Basket (My Messages)** or the **Schedule** for Practice Coordinators.

Other key features include:

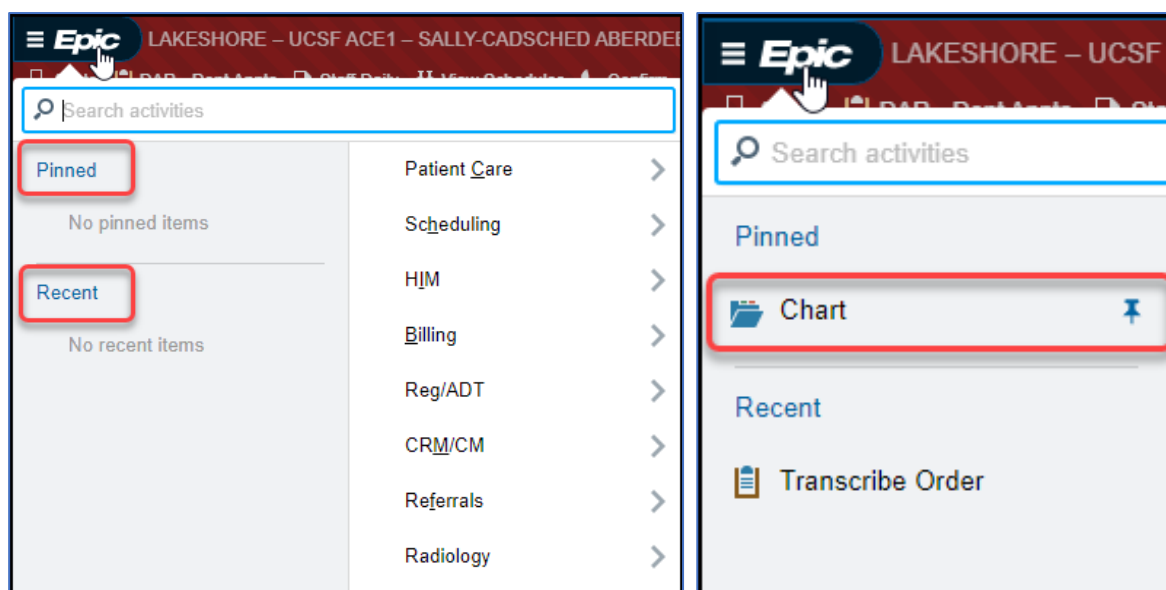
- **Title Bar:** Displays your name, login department, and environment (e.g., UCSF PRD) at the top of Hyperspace (aligned with Epic button).
- **Hyperspace Main Toolbar:** Quick access buttons to commonly used activities based on user role. Click a button on the toolbar to open the activity. Right click an activity button to change position and move left or right or remove.
- **Assistant Bar:** Helps search using keywords to jump to activities and access Spotlight cards for key patient information. For example, type “Needs Scheduling” from a patient’s Appointment Desk to view outstanding records that need to be scheduled. To begin searching, click the Assistant Bar or press **Ctrl+Space** and enter a search term.



Title Bar, Assistant Bar and Hyperspace (Main) Toolbar

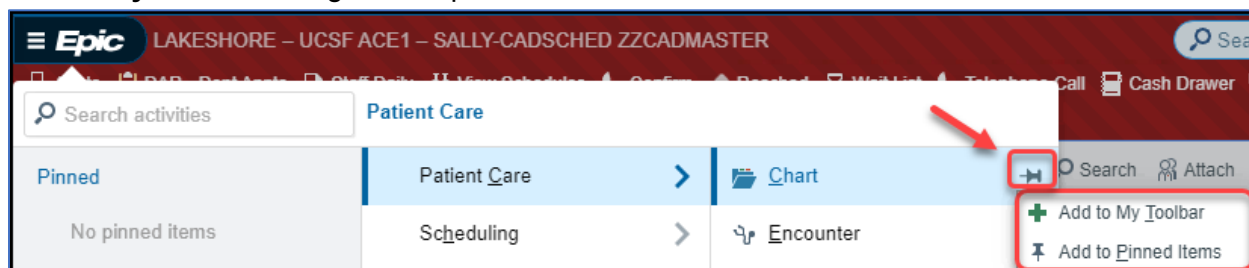
Epic Button

The **Epic** button provides access to role-specific APeX activities like Patient Care, Scheduling, Billing, Referrals, and reports. Use the **Search Activities** field (press **Alt** to start) to quickly find tasks. Recently used activities appear under Recent, and pinned activities display under Pinned. Click the pushpin and select **Add to Pinned Items** to pin activity to the top of the Epic menu.

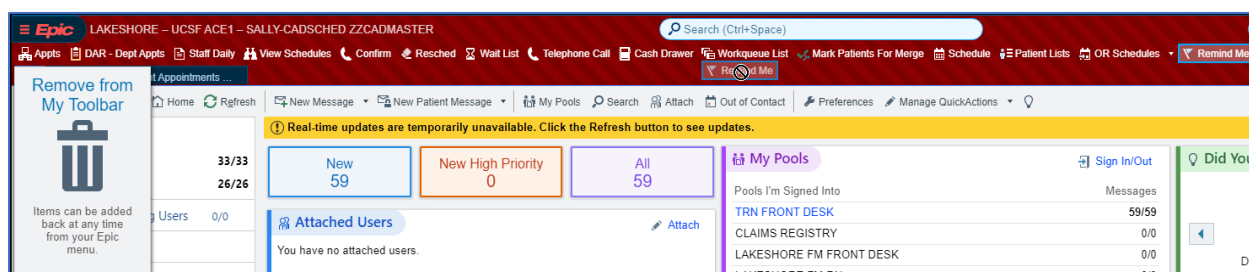


Customize

To customize your Main Toolbar, find the activity under the Epic button, click the **pushpin**, and select **Add to My Toolbar**. Drag and drop items to reorder activities if needed.

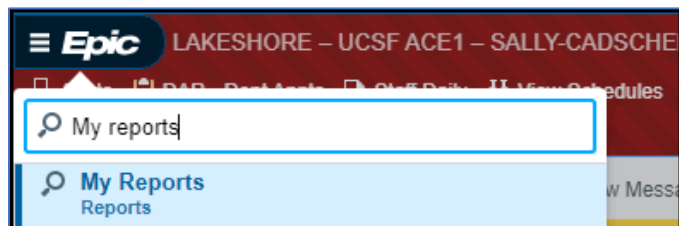


To remove an item from Pinned, click the pushpin icon again. To remove activities from your Toolbar, click and drag the activity to the Epic button and the **Remove from My Toolbar** trash can will appear.



Search

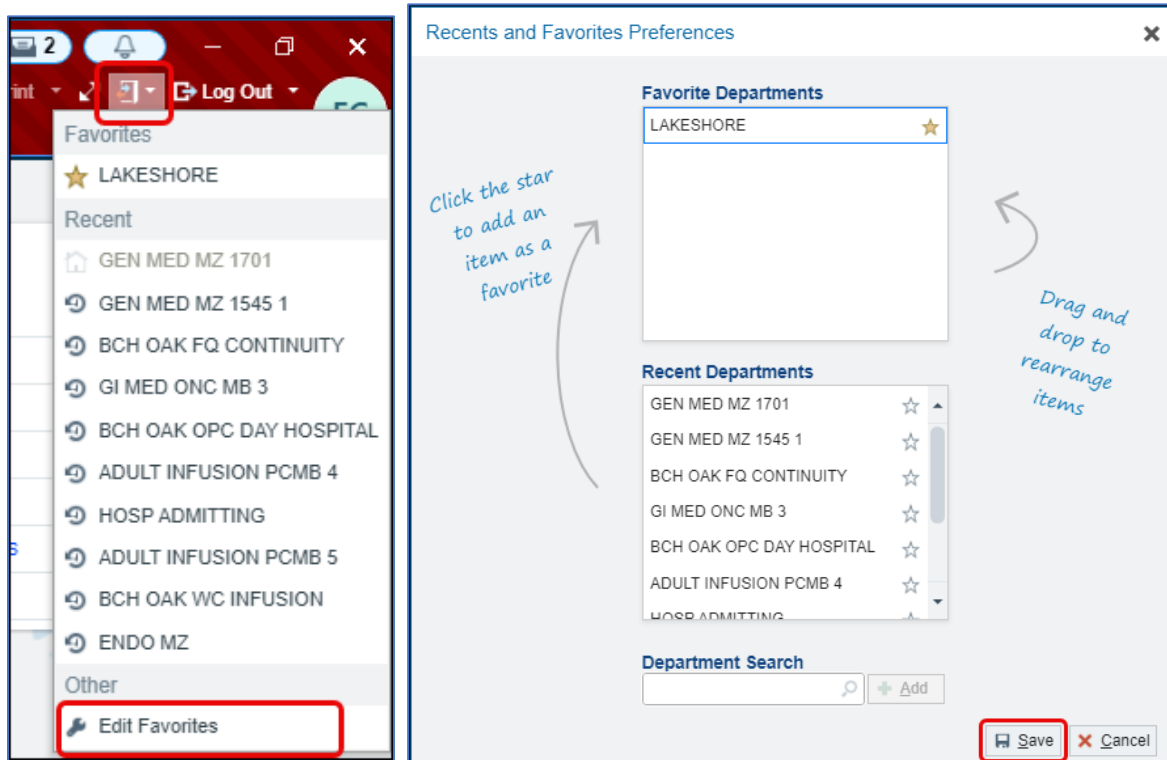
To search for activities within Epic, use the **Search activities** field in the Epic menu.



Switch Login Departments

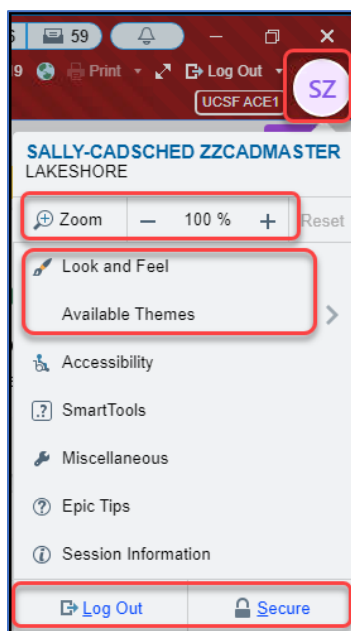
If you support multiple departments, switch between departments using the **Recent and Favorites Departments** menu, no need to log out. To update your favorites, click **Edit Favorites** and drag departments from **Recent Departments** to **Favorite Departments**, or use **Department Search**. Add or remove a favorite department by clicking its star icon or using **Shift+Space**.

Alternatively, click **Change Context** in Epic menu to switch departments as needed for access to specific department tools or information.



User Identifier

The user identifier holds many user settings in one centralized location. Click on the circle in the top-right corner of Hyperspace with your initials to access common user settings such as Look and Feel, Available Themes, or use the Zoom feature to make fonts larger or smaller in APeX.

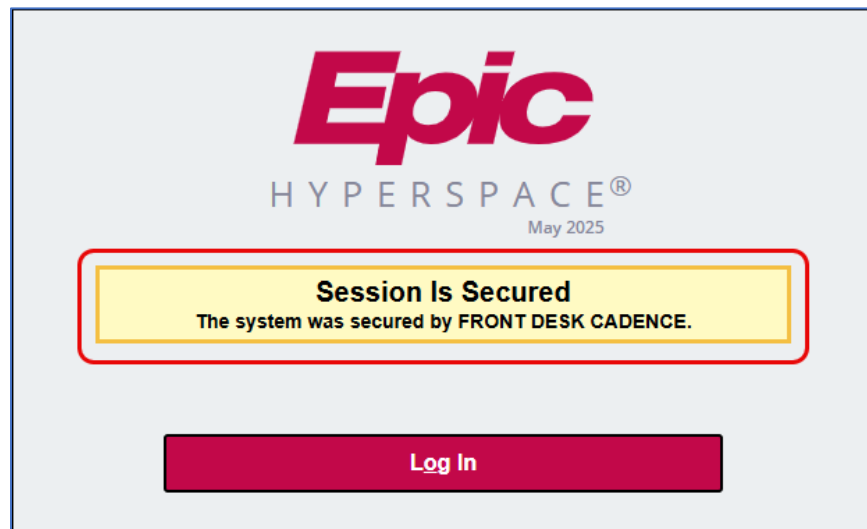


User Identifier

[Log Out of APeX](#)

To maintain patient confidentiality and comply with HIPAA regulations, all staff must log out or secure the computer any time you step away. To accomplish this:

- Click **Log Out** on upper-right corner or click drop-down arrow next to Log Out and click **Secure**. Any patient records left open when workstation is secured stay open for when user logs back in.
- Click **Secure** under the User Identifier menu to secure the Hyperspace session.



Note: Secure only maintains open workspaces on that terminal for the same user. Any other user can log in and will be taken to their home workspace.



If the last user (not you) on the workstation secured it rather than logging out, you will see a message that the workstation has been secured by another user. You have the option to log in, which closes any tasks that were still running, or to cancel your login. Any changed data on the secured workstation is saved.



Note: Define Home Workspace

APeX Components Activity

Fill in the boxes on this diagram from the corresponding numbers in the table.

Name	Description
1. Title Bar	displays basic information about the current session, such as the logged in user, department, and environment
2. Epic Button	contains menus and submenus based on a user's template
3. Workspace Tabs	Displays horizontally below Main Toolbar. Example Tabs: Workqueues, Scheduling Report and Patient specific tabs. Each tab is an active workspace when selected. Click tab to access that workspace. Click X on tab to close that workspace.
4. Hyperspace Toolbar	Main toolbar contains activities that are frequently needed, including Epic button on the left, Print and Logout buttons on the right.
5. Storyboard	displays key information specific to selected patient including date of birth, age, sex, allergies, Patient Messages, FYIs, PCP, coverage, past due balance, upcoming appointments and more.
6. Activity Tabs	Indicate different activities related to the workspace. They appear vertically on the left side of the screen. Examples: Registration, Appointment Desk, or Response History.
7. Activity Toolbar	A series of buttons within an activity used to complete tasks. Ex: Within the patient's Appt Desk Activity, the Book It button is on the Activity toolbar.
8. Side Bar	Displays patient summary information for the selected patient or a checklist of registration requirements.

SCHEDULING AND REGISTRATION

Schedule Established Patient (Mary)

Scheduling an appointment reserves time during the provider's day to ensure the patient will be seen when they arrive at the clinic/department. This lesson will focus on scheduling an appointment for an established patient. An established (returning) patient is one who has received medical care from a provider within the UCSF network. An example is a patient who was seen at DGIM in the Family Medicine department is an existing patient when seen at any other UCSF facility. The patient may be new to a department but is an existing patient within UCSF Health as the patient's record is available for all facilities.

Learning Objectives

In this section you will learn how to:

- ☐ Schedule an established patient in Book It
- ☐ Verify registration information in the Access Navigator
- ☐ Complete registration and update visit specific information

THE BIG PICTURE



Patient Lookup

Patient Lookup is used to access a patient's record. Patient Lookup allows staff to search for, or if necessary, create, a patient record. Most patient-related scheduling tasks begin here at the Search for a Patient window. Once the patient record has been located or created, the patient's Appointment Desk opens, and the scheduler can move forward.

The **Appointment Desk** activity is used to make an appointment for a single patient. It is most often used when scheduling patients from phone calls.



Scenario: Mary-CAD, (10/27/91) an established patient, calls to schedule an appointment. She needs to schedule an office visit with Dr. Drew-CAD as soon as possible because she's been experiencing chronic headaches.

1. Click **Appts** button on Hyperspace toolbar



2. In **Search for a Patient** window, in **NAME/MRN** field, enter *Mary-CAD's Name*

There are various identifiers that can be used to look up a patient.

- Name/MRN field:
- Patient's full or partial name, entered Last Name, First Name
- Patient's Medical Record number
- SSN field: Patient's Social Security number
- Birth date field: Patient's birth date
- **NOTE:** BCH Oakland staff see hospital policy *Rule of Three* search format

3. In **Sex** field enter Mary-CAD's sex as female

4. Click Find Patient

5. **Patient Select** window populates; select correct patient if available and click **Accept**.

C...	Patient Name	Alias	MRN	BCH OAK ...	L...	Age	DOB	Street Address	City	State	Zip Code	SSN	Home Phone	PCP
	ZZTRNCAD.MARY...		2003405	1973796	F	51 yrs	10/27/1971	6597 Maple ...	PLEASANTON	CA	94588	xxx-xx-2074	925-533-7217	Diana McQueen...

Zztrmcad, Mary-Cad - 2003405
This patient's name is similar but not a match to what was entered.

Born 10/27/1971
51 y.o. Female
6597 Maple Lane
PLEASANTON CA 94588
Diana McQueen, MD

xxx-xx-2074
925-533-7217 (H)
415-514-1000 (W)
925-999-7311 (M)
No e-mail address on file
Language: English
Religion: Buddhist
Ethnicity: Not Hispanic or Latino
Race: White
Asian

Medical Record Numbers
Enterprise Id Number: E11122

Create New Patient Add to Group Accept Cancel

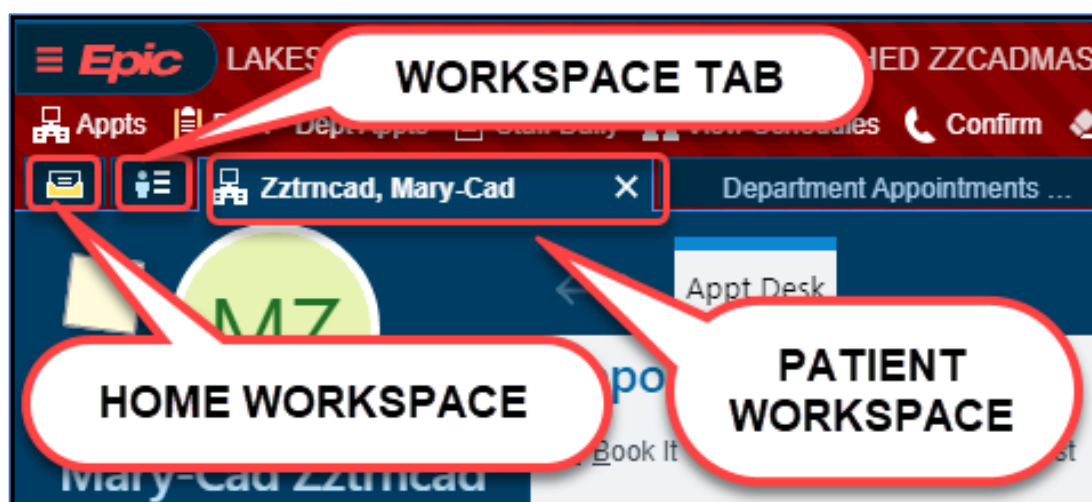


Rule of Three: It is important to use as much information as possible to look up a patient in APeX. This reduces the number of patients presented as a match and reduces duplicate patient record creation.

To add patient to a group, search for existing group or family for scheduling, refer to the [Appointment Desk Patient Lookup](#) tip sheet available on Knowledge Bank

Appointment Desk

Each patient has their own Appointment Desk, central to scheduling-related tasks.



All appointments, future and past, are visible. The Appointment desk has a **Toolbar** containing buttons to schedule appointments or perform other patient specific tasks.

The **Patient Sidebar** displays details for schedulable records (i.e., appointment requests, Wait List), appointments, event triggered messages and payments.

After the Appointment Desk opens, a new workspace tabs appears, a **Patient Workspace**. The Patient workspace is labeled with the patient's name. These workspace tabs allow navigation between the home workspace and patient workspace by selecting the desired tab.

Visible to the left of the Appointment Desk is **Storyboard**. Storyboard displays basic information about the patient at a glance, and summarizes key elements of the patient's story, such as selected appointment details, coverage and financial information, and outstanding self-pay balances. **Icons appear on Storyboard** (near patient's photo) for easy access to Care Everywhere Outside Records activity or to indicate the patient's **MyChart** status and communication preferences.

Storyboard for Front Desk Staff

Storyboard appears on the left side of the workspace and activity tabs appear at the top of the screen of the Appointment Desk.

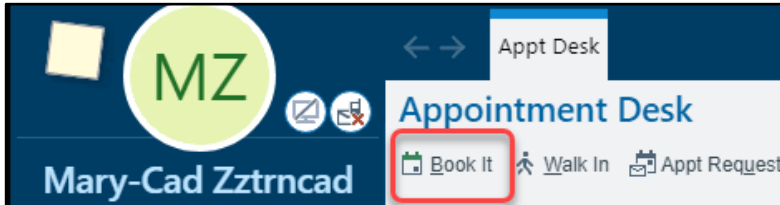
Review key information in Storyboard including:

- Name, age, date of birth and MRN
- Interpreter needs (only if Interpreter needed)
- Patient guardians (pediatric patients)
- Pronoun (select to launch smartform and indicate pronoun as requested by patient), this form also allows the ability to update the patient's Preferred Name
- Patient Types, FYI flags, and patient messages
- Patient Photo appears instead of initials when uploaded via MyChart and approved by staff

Schedule an Appointment – Book It Activity

Book It is the scheduling activity in APeX. When Book It opens, the Appointment Desk activity remains active and available. In Book It, see more information on the screen at once, favorite frequently used visit types, add and remove providers from visits, and apply patient preferences and other filters.

6. Click **Book It** button on Appointment Desk toolbar



To schedule an appointment, the following five pieces of information are required:

A screenshot of the 'Book It' scheduling interface. The interface has a top navigation bar with 'Book It' and 'Solutions' tabs. Below the navigation bar, there are tabs for 'Schedules', 'Open Slots', '% Scanner', and 'Sort by: asc'. A 'Group by: Department' dropdown is also present. The main area is divided into two sections. The left section, titled 'NEW VISIT', contains four red circular callouts labeled A, B, C, and D. Callout A points to the 'Department' field, which is set to 'LAKESHORE'. Callout B points to the 'Add a visit type' field. Callout C points to the 'Notes' field. Callout D points to the 'Add a provider' field. The right section shows a calendar for April 2024, with the date 4/22/2024 highlighted. A 'Filters' button is located at the bottom right of the calendar.

- a) Department – where?
- b) Visit Type- what?
- c) Notes- why?
- d) Provider – who?
- e) Date – when?

7. **Department** field: defaults based on login department; select different department if needed.

8. **Add a visit type** field: type *Office Visit [1004]* and press TAB

9. Click on a **Star** on Visit Type in the category list to favorite a selection.

10. **Decision Tree:** (COMMUNITY AFFILIATES DOES NOT NORMALLY USE DECISION TREES) ***

- a. Has the provider approved a different appt length? **No**
- b. Have you been discharged within the last 30 days? **No**
- c. **Schedule in Person**
- d. **Apply**



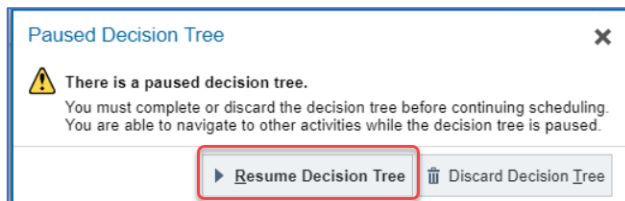
Note: Some departments utilize decision tree logic. Decision trees are utilized in some departments during appointment entry to assist schedulers in scheduling the correct visit, with the appropriate provider/resource. Decision trees vary in complexity and advanced logic to provide a consistent scheduling experience for both front-end staff and patients.

Decision Tree Tracer

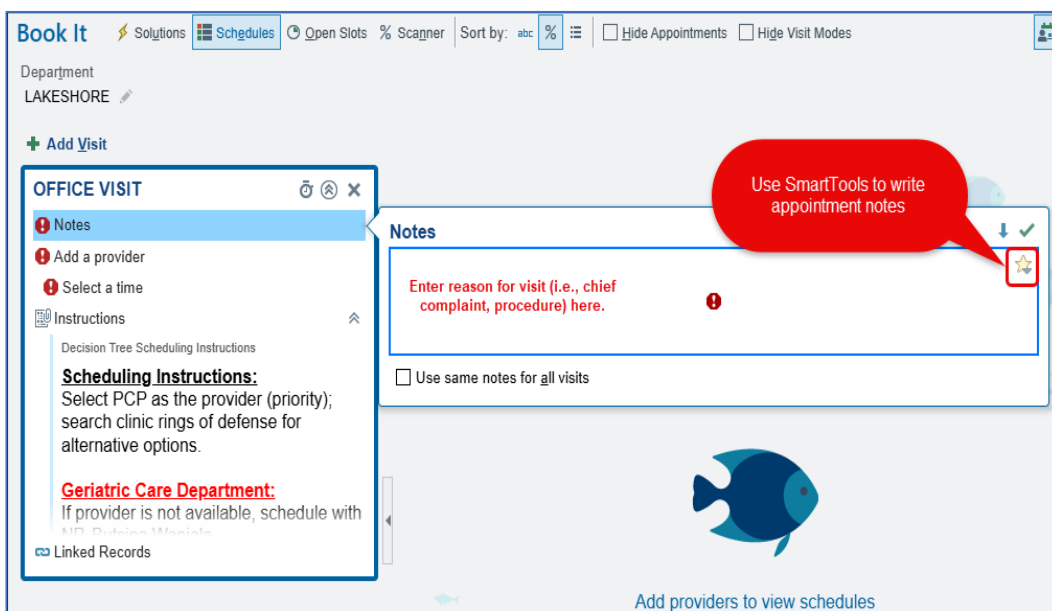
The Decision Tree Tracer activity is available to all scheduling users to trace the path of decision trees, which displays how each node was evaluated to make it easier to troubleshoot if necessary. Click **Show Path** on the bottom left of the completed Decision Tree to see how the decision tree was applied.

Pause and Resume Decision Trees

When scheduling in Book It, schedulers can click **Pause** to pause a decision tree workflow and temporarily lock Book It. This feature allows time to go elsewhere in the system (e.g., chart) to retrieve information needed to complete the decision tree. Upon returning to Book It, return to the decision tree and click **Resume Decision Tree** to continue where you left off.

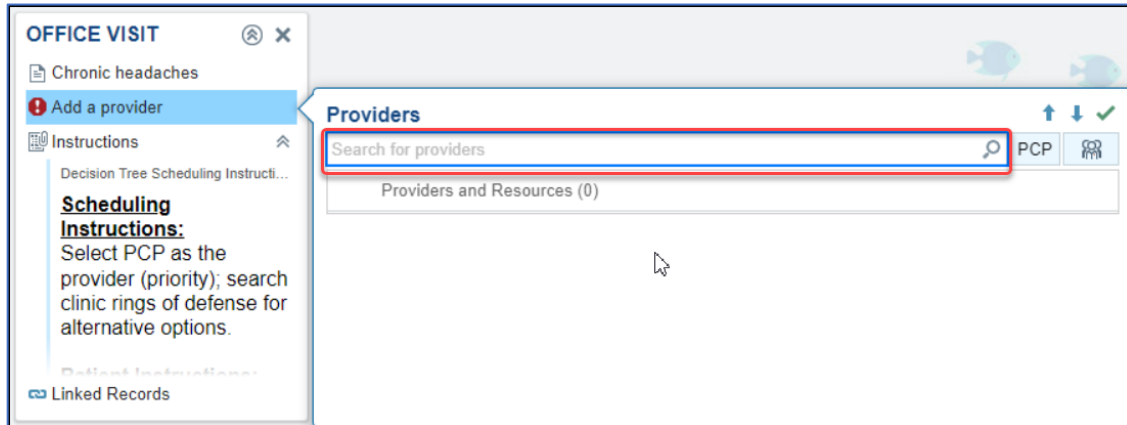


11. Click **Notes**, type the reason for the visit Chronic headaches and press **TAB**



- Use **SmartTools** to write appointment notes in fields with the **SmartTool Options star**
- Use **Star** to re-use the note later

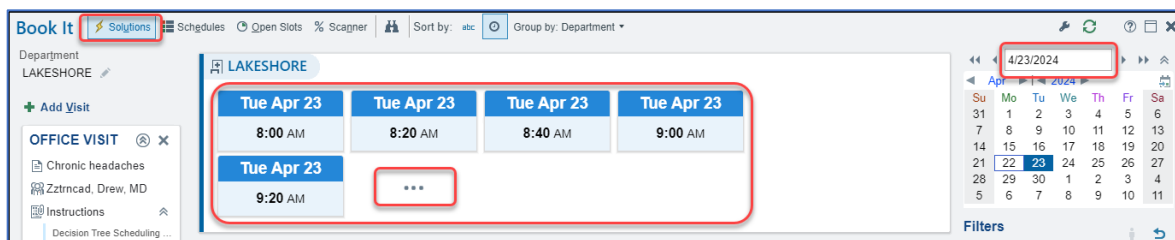
12. In **Add a provider** field enter Dr. Drew-CAD's last name as listed on the classroom information sheet and press **ENTER**



- Select the correct provider from list if multiple providers appear in your search
- Linked records for a visit card contain details about request or referral linked to visit

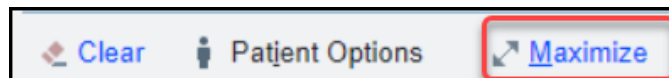


Scenario: Mary would like to book an appointment at **2:00 pm** today if available.



13. **Date:** (Use **t** for today + **TAB**) The system immediately displays five solutions

- Click **ellipsis** ...  to display additional times.
 - Change the date as needed to search for solutions on a different date
 - Use date conventions (e.g., T=today) as shortcuts to select another date.
 - Use **Stopwatch** to override visit length if needed
 - Click **Maximize** (bottom left) to get a broader view of the schedule as needed

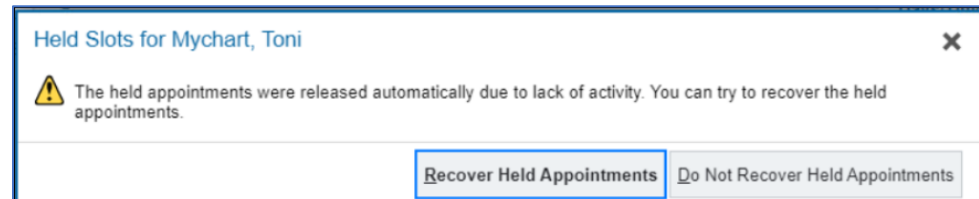




Note: When scheduling an appointment for a service that may require **prior authorization**, a [POS Warning for Authorization](#) will appear in Book It and a referral will need to be assigned to the appointment.



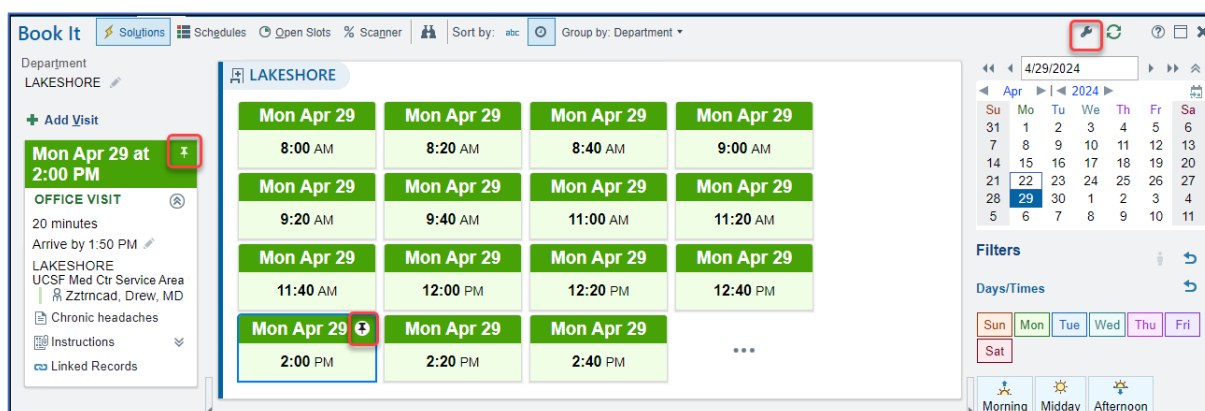
Note: You can recover appointments previously held, after timing out due to inactivity



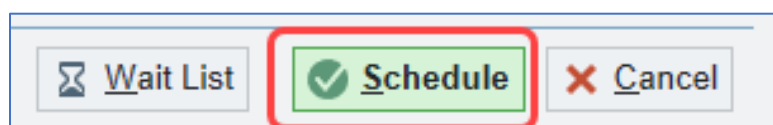
Date conventions are shortcuts for quick and efficient entry of relative dates in a number field.

t (today)	t equals today's date - t+1 equals tomorrow's date - t-1 equals yesterday's date - t-3 equals date three days ago
m (month)	m equals current month - m+1 equals date one month from today (i.e., if today is June 24, m+1 = July 24) - m-1 equals date one month ago (i.e., if today is June 24, m-1 = May 24)
mb (month begin)	mb equals first day of current month - mb+1 equals first date of next month (i.e., if today is June 24, mb+1 = July 1) - mb-1 equals first of last month (i.e., today is June 24, mb-1 = May 1)
me (month end)	me equals last day of current month - me+1 equals date one month from last day of this month (i.e., today is June 24, me+1 = July 31) - me-1 equals the date one month earlier than the last day of this month (i.e., today is June 24, me-1 = May 31)
w (week)	w equals current week - w+1 equals the date one week from today - w-1 equals the date one week ago today, and so forth
y (year)	y equals current year - y+1 equals the date one year from today - y-1 equals the date one year ago today, and so forth

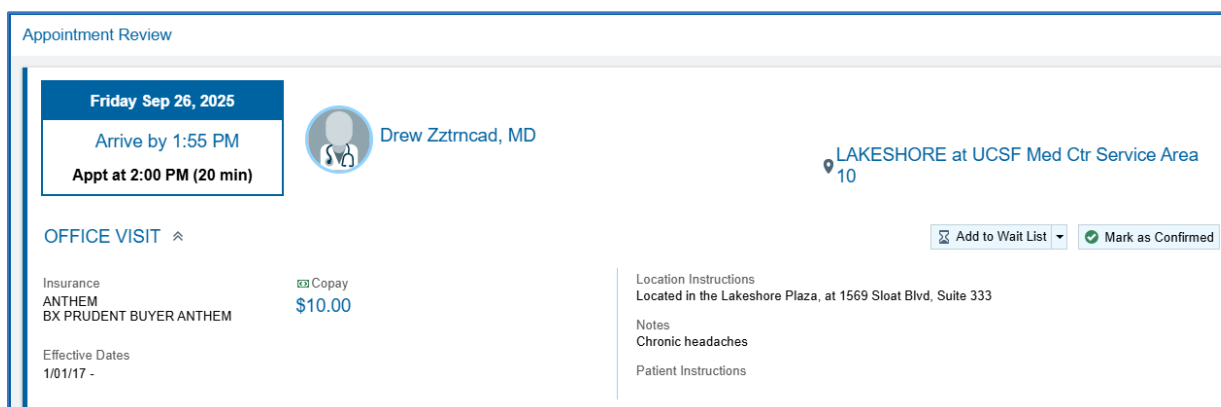
14. **Double-click** on the desired appointment to jump to the Appointment Review screen. (2 pm)



OR Click Schedule (lower right)

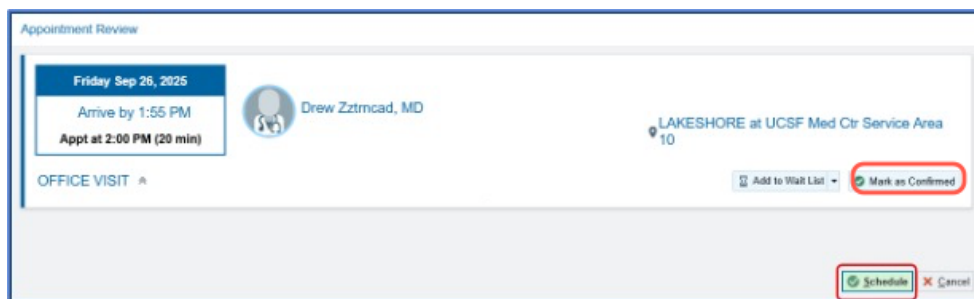


15. The **Appointment Review** window appears



- This puts a hold on the appointment.
- Appointment Review is a summary of the appointment being scheduled. This provides an opportunity to review appointment information (i.e., appointment date/time, arrive by time, location/patient instructions, copays, add to Wait List, Mark as Confirmed) with the patient before scheduling, which finalizes the appointment.
- When the Appointment Review window appears, the selected appointment time slot is locked for two minutes, and no other scheduler may select it. The slot is taken by clicking **Schedule** to finalize booking the appointment. This prevents multiple appointments in a single slot if the provider's template only allows one appointment per slot. If the appointment is not scheduled, the time slot is released for scheduling; and the appointment has not scheduled.

16. Select **Mark as Confirmed**

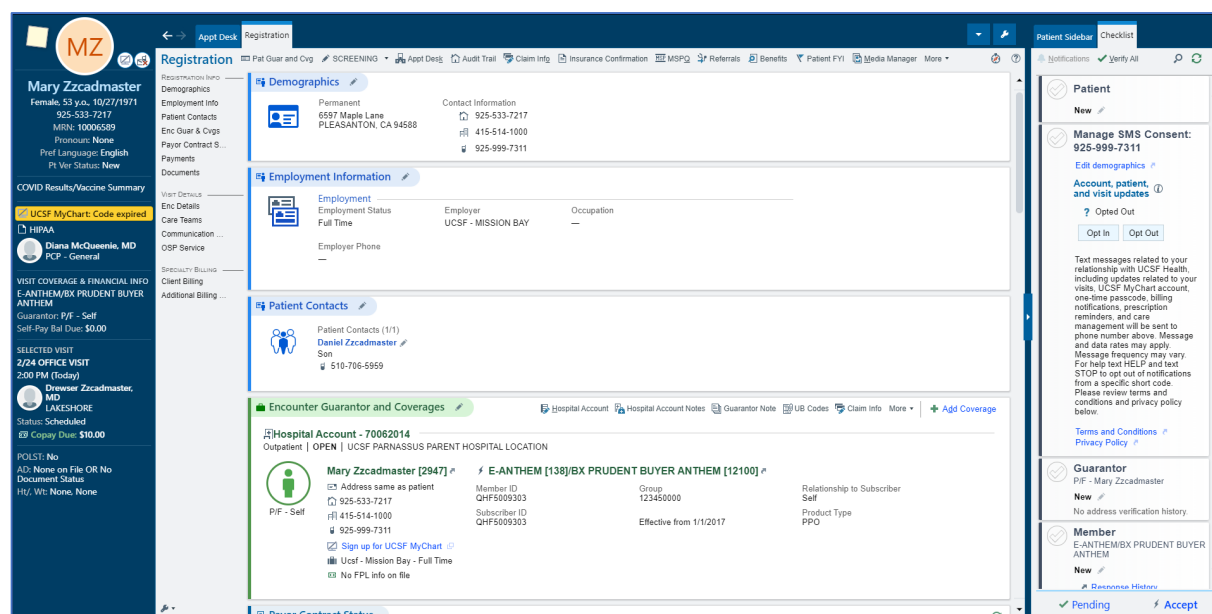


17. Click **Schedule** on the Appointment Review window

18. Registration appears

19. If desired, collapse the Registration **Checklist** (the sidebar on the right)

Form Navigator: Complete Registration and Update Visit-specific Information



Registration workflows are completed in the Access navigator. The Access navigator provides a high-level overview of registration and a table of contents. Navigator sections allow registration staff to easily navigate between various registration workflows, such as Coverage and Guarantor Edit, Demographics, and Billing, all from one integrated screen.

The Navigator displays sections for Demographics, Encounter Guarantor and Coverages for appointments, Payor Contract Status when the patient has coverage, Payments, Documents, Encounter Details, Care Teams, and Communication Preference for a patient.

Updates to patient registration can be made directly from the Navigator, using the links within each section or the table on contents.

Patient Demographics

20. Check the patient’s **address**, **mobile number** and **Add'l Demographics (rule of three)**

 **Demographics** 



Permanent

6597 Maple Lane
PLEASANTON, CA 94588

Contact Information

 925-533-7217

 415-514-1000

 925-999-7311

Employment Info

21. Check the patient’s **employment** information

 **Employment Information** 



Employment

Employment Status
Full Time

Occupation

Employer

UCSF - MISSION BAY

Employer Phone

Patient Contacts

22. Check the patient’s **emergency contactant** information. Review the info and select **Close**.

 **Patient Contacts** 



Patient Contacts (1/1)

Daniel Zzcadmaster 

Son

 510-706-5959

Enc Guar & Cvgs



Scenario: Mary confirms that she has Anthem Prudent Buyer and NO secondary insurance plan.

Registration | Pat Guar and Cvg | SCREENING | Appt Des | Audit Trail | Claim Info | Insurance Confirmation | MSPQ | Referrals | Benefits | More

Encounter Guarantor and Coverages | Hospital Account | Hospital Account Notes | Guarantor Note | More | + Add Coverage | ↑ | ↓

Hospital Account - 70032698
Outpatient | OPEN | UCSF PARNASSUS PARENT HOSPITAL LOCATION

Change Guarantor

Mary-Cad Zztrncad [100006645] #
P/F - Self
Address same as patient
Sign up for UCSF MyChart

Hospital Filing Order | Undo Changes | Do Not Bill Insurance | Show Default F/O | Use Default | + Add Coverage

Coverage	Subscriber	Insurance ID	Effective Dates
E-ANTHEM/BX PRUDENT BUYER ANTHEM	Mary-Cad Zztrncad	QHF5009303	01/01/2017 -

Close | Previous | Next

Once you have scheduled the appointment you need to document encounter-level specific information and add/update/confirm coverage for billing. Encounter-level documentation is information that is specific to the scheduled visit.

This includes documenting if a visit is due to an injury and who referred the patient. This visit specific information is collected for each scheduled visit and is important for accurate billing to occur.

23. Confirm **Guarantor acct type** selected with auto-HAR creation is Personal/Family



24. Confirm that a **HAR / PB Visit Account** appears.

25. **Verify with the patient the plan** selected for the HAR and confirm it's appropriate for visit.

Hospital Filing Order | Undo Changes | Do Not Bill Insurance | Show Default F/O | Use Default | + Add Coverage

Coverage	Subscriber	Insurance ID	Effective Dates
E-ANTHEM/BX PRUDENT BUYER ANTHEM	Mary-Cad Zztrncad	QHF5009303	01/01/2017 -

Close | Previous | Next

- Make changes as needed.

HOSPITAL ACCOUNT RECORDS (HAR)

A **Hospital Account** is a **visit specific** billing container that is inside a larger container called a **Guarantor Account**.

Encounter Guarantor and Coverages More ▾ + Add Coverage ↑ ↓

Hospital Account - 70079610

Outpatient | OPEN | UCSF PARNASSUS PARENT HOSPITAL LOCATION [Change Guarantor](#)

When a HAR is automatically created during scheduling, it is viewable in the **Enc Guar & Cvgs** section of the Navigator. Staff can review the assigned HAR details in this section of the Navigator.

If a Hospital Account was automatically created during scheduling, staff will not be able to manually select a Patient Class or Guarantor account type because these values are automatically selected and attached during the auto-HAR creation process.

- Hospital accounts receivable integrates registration and billing information.
- A hospital account (HAR) contains charges, payments, and adjustments (CPA) for an encounter.
- Every visit must be linked to a hospital account.
- Hospital Accounts (HARs) are automatically created in scheduling workflows when any of the following are true:

COVERAGE RECORDS

Coverages are linked to the HAR and they tell APeX which plan to use on a visit.

Encounter Guarantor and Coverages More ▾ + Add Coverage ↑ ↓

Hospital Account - 70079610

Outpatient | OPEN | UCSF PARNASSUS PARENT HOSPITAL LOCATION [Change Guarantor](#)

Coverage	Subscriber	Insurance ID	Effective Dates
1 E-ANTHEM/BX PRUDENT BUYER ANTHEM	Mary-Cad B...	QHF5009303	01/01/2017 -

- Review the guarantor account and coverage information assigned to the hospital account, even if it defaulted.
- If the guarantor account and coverage information are not appropriate for the visit, incorrect billing can result in a denial for the claim, or delay in payment.

HOSPITAL ACCOUNT (HAR) VISIT FILING ORDER (VFO)

VFO determines which insurance will receive a claim for this visit.

Hospital Filing Order				
Undo Changes ☐ Do Not Bill Insurance ☐ Show Default F/O ☐ Use Default F/O				
	Coverage	Subscriber	Insurance ID	Effective Dates
1	E-ANTHEM/BX PRUDENT BUYER ANTHEM	Mary-Cad Belfast	QHF5009303	01/01/2017 -

- If needed, click **X** to remove coverage that should not be used for this specific visit.
- If service or visit is non-billable, remove coverage by clicking Remove or select ‘Do not bill Insurance’ checkbox if allowed in your department
- BCH Oakland staff must check with department management for policy before selecting *Do not bill Insurance* checkbox

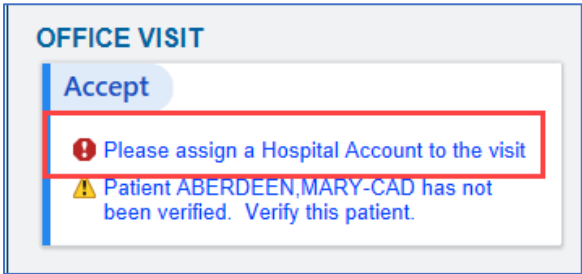


Note: Only coverages displayed in **Enc Guar & Cvgs** section receive claims for this visit. Click Use Default to attach existing coverage not appearing by default when appropriate. To add new coverage, click the Add Coverage button to create additional coverage and attach to HAR.

Alternately, any coverage that does not appear attached in **Enc Guar & Cvgs** section does not receive claims and the visit will not be paid by insurance, resulting in a guarantor bill. Coverage can be listed in Navigator or **Pat Guar and Cvg** but not in **Enc Guar & Cvgs** section if not appropriate for this visit.

Informational - Create Hospital Account Manually (when needed)

When a hospital account is not automatically generated during scheduling, staff will need to manually create the hospital account. If a HAR is not created when scheduling an appointment, a registration error Confirmation Message will appear in the Checklist requiring the manual creation of a HAR.



Use the **Encounter Guarantor and Coverages** section to create a hospital account for the visit. These two factors determine the type of hospital account created.

Patient class relates to type of visit and patient group for billing purposes. In most departments Patient Class defaults to Outpatient. Common exceptions are Hospital Outpatient Departments (HODs) and departments with therapy series appointments.

Guarantor Account select the appropriate guarantor account. Most situations require the Personal/Family (P/F) guarantor account. There are other situations where using other guarantor accounts may be necessary, to change P/F to transplant, transplant to research or research to P/F.

If the encounter calls for a different guarantor account than those already created for the patient, click **Add New Guarantor** to add appropriate guarantor to account.

Encounter Guarantor and Coverages

Patient Class
Outpatient

Guarantor Account + Add New Guarantor

Mary-Cad Aberdeen [100002532]
Type: Personal/Family
Rel to pat: Self

Am02132023ucsf - Mission Bay...
Type: Workers Comp
Rel to pat: Self

Create Hospital Account

Hospital Accounts

Close Previous Next

Once the appropriate **Patient Class** and **Guarantor Account** are selected, click **Create Hospital Account** to generate the hospital account manually.

Encounter Guarantor and Coverages

Patient Class
Outpatient

Guarantor Account + Add New Guarantor

Mary-Cad Aberdeen [100002532]
Type: Personal/Family
Rel to pat: Self

Am02132023ucsf - Mission Bay...
Type: Workers Comp
Rel to pat: Self

Create Hospital Account

Hospital Accounts

Close Previous Next

Encounter Guarantor and Coverages

Hospital Account - 70034687
Outpatient | OPEN | UCSF PARNASSUS PARENT HOSPITAL LOCATION

Mary-Cad Zztrncad [100006645]
P/F - Self

Hospital Filing Order

Coverage	Subscriber	Insurance ID	Effective Dates
E-ANTHEM/BX PRUDENT BUYER ANTHEM	Mary-Cad Zztrncad	QHF5009303	01/01/2017 -

Close Previous Next

Payor Contracts



Scenario: Mary’s coverage is contracted with the Lakeshore Dept.

Payor Contract Status

Primary Coverage: ANTHEM/BX PRUDENT BUYER ANTHEM
Plan ID: 12100
Product Type: PPO

UCSF: HEALTH PLAN CONTRACTED	
UCSF: MED GRP CONTRACTED	
BCH OAK: HEALTH PLAN CONTRACTED	
BCH OAK: MED GRP CONTRACTED	

26. Check the **Payor Contract Status** to see if the patient is contracted at your clinic and whether you need to obtain a LOA (Letter of Authorization)

Enc Details



Scenario: Mary confirms her PCP is the same and is also the Referring Provider for this visit. Her preferred pharmacy is the CVS in San Francisco located at 789 Mission St. Her preferred lab is Labcorp.

Registration

Encounter Details

Referring Provider

Private Encounter

Accident Related?

Encounter Info / Preferred Pharmacy

Preferred pharmacy

Preferred labs

Was this patient offered an appointment within the practice access target?

Encounter specific details need to be updated in the Navigator.
Here you update the **Referring Provider** as well as **Preferred pharmacy and labs**.

27. **Referring Provider:** enter “.pcp.”

28. **Private Encounter:** No

29. **Accident Related:** *No* (This field defaults to No)

30. **Preferred Pharmacy:** CVS

This field is optional for scheduling staff; check with your department if it is required.

31. **Preferred Labs**

(Optional), select the patient's preferred lab location (i.e., LabCorp)



Keyboard shortcut Tip: Staff can enter the mnemonic **“.PCP”** into Provider Finder to easily search for a patient's PCP already on file. Searching “PCP” instead of **“.PCP”** without the period in Provider Finder will show any providers named “PCP”.

Clinician Rule of 3: Use three data points to confirm a selection 1) The provider's full first and last name with spelling 2) Specialty and 3) full address.

Knoq that providers may appear with multiple addresses so confirm with patient to select correct location.



limon, jose Near City, State, ZIP, or Keyword Search

Filter by Clear Showing results for "limon, jose" Most relevant matches on top

- Favorite
- My favorites
- Provider Specialty
- +Add

Jose Maria Limon, MD
Internal Medicine
ECHO 125097
Source External

264 N Highland Springs #3D
Banning CA 92220

22635 Alessandro Blvd Ste A
Moreno Valley CA 92553

Alert: If the wrong PCP is selected, this can result in a patient's record going to the wrong provider which is a **HIPAA violation**.



Care Teams

PCPs

DM Diana McQueenie, MD General (Internal Medicine) 1701 Divisadero St., Suite 500 11/14/2019

415-353-7999 415-443-1406 (1 more) Box 1731 San Francisco CA 94115-1731

What is a PCP?

A PCP is the main care provider that a patient sees for primary care. If the PCP is a Nurse Practitioner (NP) Physician's Assistant (PA), Resident, Fellow or Medical Student the visit must be approved by a fully licensed caretaker.

- A PCP is a health care professional who provides a patient for routine care
- PCPs can be an Attending or Resident Physician (MD), Nurse Practitioner (NP), or Physician's Assistant (PA)
- In APeX, a patient's PCP is identified in the banner of the medical record
 - A PCP is usually the patient's primary medical provider though a PCP may send a patient to more specialized physicians for specialist care, as needed
 - PCP will remain on file even if the patient is seen in another department

What is a Referring Provider?

Be sure to verify the PCP is correct prior to pulling it into the **Referring Provider** field.

- When referring provider is a Nurse Practitioner (NP), Physician's Assistant (PA), or Resident, enter the Attending provider instead. (NPs, PAs, and Residents cannot be a referring provider for billing. This is applicable at UCSF clinics with student rotations).
- Referring provider can be the same as or different than the PCP
- Referring provider is required and entered for each visit
- If patient self refers, enter referring provider as 'None per Patient, Provider'
- Other options when a specific provider is not known or available and will be addressed in the next lesson
- Referring provider may be different than the PCP. Example: patient's PCP may have originally referred the patient to the practice (PCP is the Referring Provider); then the patient switched insurance and was assigned a new PCP meaning the referring provider would need to be updated to the new PCP as they no longer see the old PCP.

Care Teams



Scenario: Mary confirms her PCP is still Dr. Diana McQueenie and that Dr. McQueenie referred her to the department for this visit.

Patient Care Team			
Add PCP:			
Add Team Member:		+ Free-Text Member	Search by team name
PCPs			
	Diana McQueenie, MD 415-353-7999 415-443-1406 (1 more)	General (Internal Medicine) 1701 Divisadero St., Suite 500 Box 1731 San Francisco CA 94115-1731	11/14/2019

CAD
Scheduling & Registration
Community Affiliates

32. You see that **Dr. McQueenie** is the current PCP
33. Confirm the PCP is still current **by asking**:
34. “**Is Dr. _____ still your Primary Care Doctor?**”
35. **Add Team Member**: If your clinic is a specialty clinic, add the Attending doctor for the patient.
36. When finished, select **Close**.

Add PCP

As needed, add PCPs from here: (McQueenie)

Common Mistakes during PCP/Referring Provider selection:

- Accepting a provider without validating **THREE identifiers**
- Selecting the wrong type of provider (i.e., OB-GYN for male patients)
- Selecting similar name with different spelling (i.e., Dr. Li instead of Dr. Lee)
- Selecting Dr. No (there are two) instead of ‘None, Provider Per Patient’
- Selecting Dr. Self (three Providers), instead of ‘None, Provider per Patient’

Confirm the PCP



Multiple Addresses Displayed in Provider Records.

APeX allows multiple addresses to display for providers working in multiple locations. Staff is responsible for verifying the provider’s full address and selecting the correct address when adding a provider to the Care Team activity, entering the referring provider in registration, or referral entry. This helps eliminate confusion and reduces the possibility that patient information is sent to the incorrect provider.

If the patient states they do not have a PCP, if the provider is unknown or cannot be confirmed, type “Provider” in the PCP or Referring Provider field, then choose the appropriate option from the list.

HIPAA

Always confirm to avoid mistakes because incorrect entry of PCP results is a HIPAA violation. Privacy of our patients' medical information is of utmost importance at UCSF Medical Center.



APeX improves the continuity of care for patients by sending clinically relevant correspondence such as lab results, consultation letters from specialists and discharge notifications to PCP and referring providers.

Therefore, the selection of the PCP and Referring provider **must** be accurate.

We must protect the privacy of our patients' records AND make certain there are no breaches of confidentiality caused by sending correspondence to the wrong provider.

Sending medical information to the wrong provider may be considered a **privacy breach**, reportable to state and federal regulatory agencies and affected patients and may result in fines and penalties for UCSF Health and disciplinary action for the involved staff member.

No PCP

Available options are:

APeX Value	Use When...
PROVIDER, NONE PER PATIENT	Patient/guardian confirms they do not have a PCP or patient self-referred without an outside provider
PROVIDER, NOT IN DICTIONARY	Name provided by patient is not in database, needs to be added. If Referring, complete Alt Referring Provider form
PROVIDER, NOT CONFIRMED	Staff is unable to confirm provider status for patient
PROVIDER, NAME UNKNOWN	Patient has a provider, but can't remember the name or a second verifier
PROVIDER, OUT OF STATE BCH OAKLAND use only	Patient has a provider that is not in database and is an out of state or out of country provider

- For UCSF clinics/departments that are primary care or general medicine and all BCH Oakland locations, staff may add the providers as a PCP.
- For Specialty clinics, adding the specialist as a Care Team Member also qualifies as Meaningful Use and helps to coordinate care among multiple individuals and departments.

[Change the PCP](#)



If the PCP has changed, modify it by doing the following:

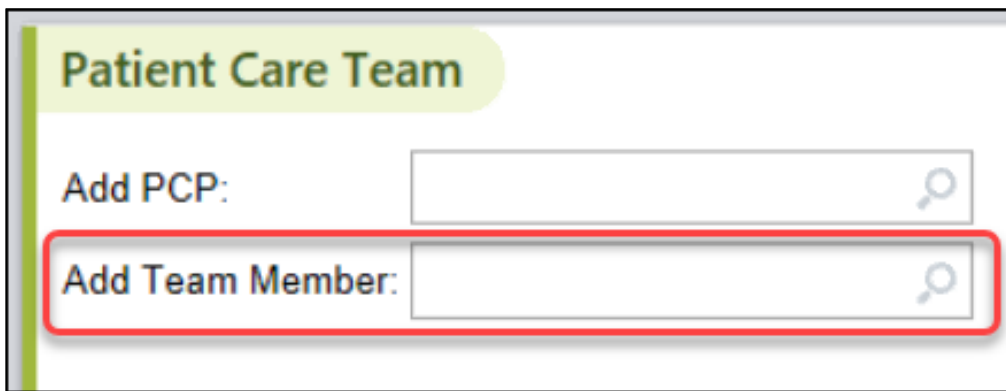
- Entering an end date: Hover over the current PCP to end the assignment.

Team Member	Address	Start	End
PCPs			
 Drew-Cad Antwerp, MD	General (Family Medicine)	10/5/2025	  

- Click  to **end the assignment** and remove provider from Care Team
- Click , then click **Delete**, when added to the Care Team in error
- Select  to view previous team members of the patient's Care Team

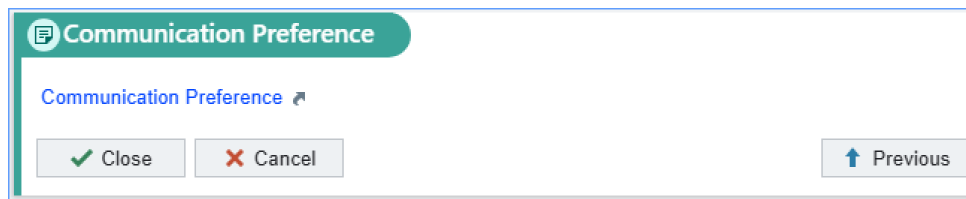
[Team Member: What is a team member?](#)

If you need to add other specialty providers to the patient's care team repeat previous steps using the **Add Team Member** field when searching for team members that are not the PCP.

A screenshot of a web form titled 'Patient Care Team'. It has two input fields with search icons. The first field is labeled 'Add PCP:' and the second field is labeled 'Add Team Member:'. The 'Add Team Member:' field is highlighted with a red rectangular border.

- If the PCP is a NP, PA, or Resident, the Care Team must include a Primary Care Attending. The Attending Physician can be listed as the Referring Provider at the encounter level. **NPs, PAs, and Residents cannot be listed as the referring provider due to billing rules.**
- The Care Team is made up of several providers, often from multiple specialties/departments, who treat the patient and are actively participating in a patient's care. This might include specialists, nurses, physical therapists, nutritionists, psychotherapists, massage therapists, and genetic counselors.
- In APeX, a patient's Care Team is identified in Care Team activity and Snapshot report

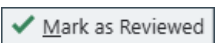
Communication



37. Click **Communication Preferences**.

38. Click 

39. Select Text Messages

40. Click 

41. Click **Accept** and/or **Close**.

- **The SMS Consent** should be obtained during the **Check-in** process, which will be covered in a later lesson.
- **Patients must first opt in** and give their consent to receive SMS messages for appointment reminders via Hello World. Any patient who has signed a TACOS during the last three years will be automatically opted in to receive appointment reminder SMS text messages.
- Why is **opt in** important?

Patients who have been opted out by staff will be opted out of *ALL* SMS notifications from UCSF Health, Marin Hospital or any Affiliate. This impacts vital appointment messages, any surgical notifications and billing opportunities. Opting out impedes the patient from receiving timely information about their care. Instead of broadly opting a patient out, refer to how to set the notifications a patient wants to receive/not receive in Communication Preferences. This will ensure that the patient will not miss vital information that may be important to them.

Photos

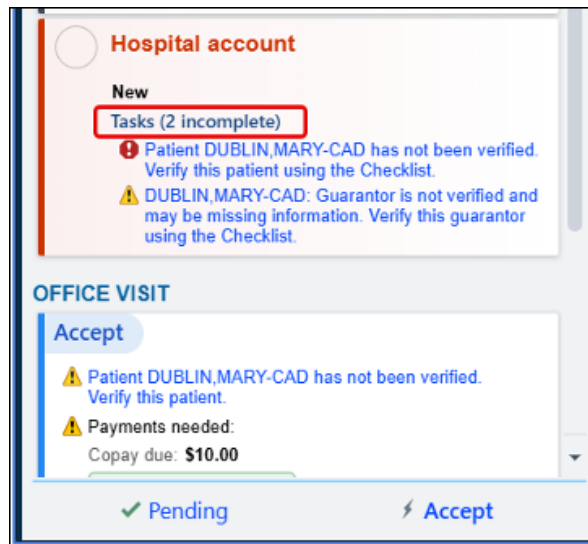
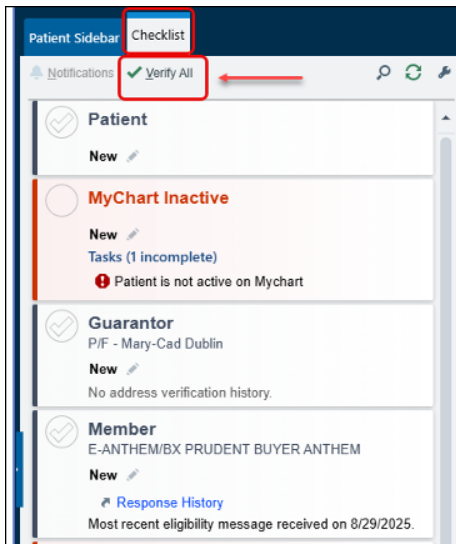


UCSF Health utilizes the ability to add patient photos to APeX during Check-in for in-person visits in departments with webcams installed at workstations. Patients may also submit their own photos via MyChart that staff must approve before adding to the patient's medical record. For additional information, refer to the [Patient Submitted Photos](#) tip sheet posted on Knowledge Bank.

Verify and Complete Registration from Checklist Sidebar

The **Checklist Sidebar** report located to the right of the Access Navigator, efficiently facilitates verification with a click of the **Verify all** button on the Checklist or verify each section individually.

Click **Checklist** Sidebar report (click blue Open Sidebar arrow to open sidebar if collapsed)



Watch for

Warnings

and Errors

Checklist setup

42. Click on the **wrench**.



43. Change all settings to



44. **Accept**.

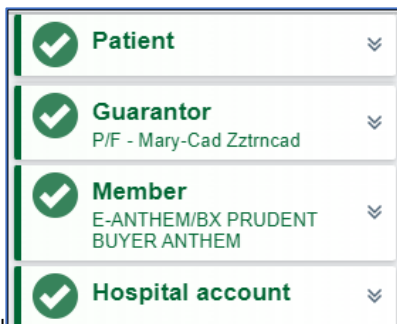
Verify

45. **Verify**: Select each circle manually OR click **Verify All**

46. Look for **errors**

There are up to four levels of verification that must be completed for outpatient encounters;

Patient, Guarantor, Member (if patient has coverage) and **Hospital Account**. During verification, APeX checks entry fields to confirm all required information in registration has been documented.



Successful Verifications

APeX verifies **Patient**, **Guarantor**, and **Member** (coverage) information with green validation checks. Statuses change to **'Verified'** and font changes to **green** if the Checklist completed sections are visible. **Completed Sections** are hidden by default; change the settings to visible to view completed registration information.

Failed Verifications

The screenshot shows a section of a checklist titled "OFFICE VISIT" with a sub-header "Accept". Below this, there are four error messages, each preceded by a red circle with an exclamation mark. The first two messages are "Missing item: HISPANIC/LATINO Y/N" and "Missing item: RACE". The third message is "Referring Provider is missing and/or PROVIDER, NONE PER PATIENT [99997] is listed. This type of Appt. must have a valid referring provider." The fourth message is "Patient TEST,BOOK IT has not been verified. Verify this patient." Below these messages is a section titled "P/F - Book It Test" which contains a warning message preceded by a yellow triangle with an exclamation mark: "Account P/F - TEST,BOOK IT [100002112] is not verified. Verify this guarantor." Red boxes highlight the first two error messages and the warning message.

If a record fails verification, confirmation messages appear at the bottom of the Checklist showing what is needed to complete verification. The confirmation message displays information that is

Errors and Warnings

- **Error messages** (❗) must be resolved before continuing.

The screenshot shows a dialog box with a red circle and exclamation mark icon and the text "Errors must be resolved". Below the dialog box is a button with a green checkmark and the text "Accept".

- **Warning messages** (⚠), should be resolved if possible but can be bypassed.

The screenshot shows a dialog box with a yellow triangle and exclamation mark icon and the text "Ignore warnings and continue anyway?". Below this text are two buttons: "Review Warnings" with a magnifying glass icon and "Continue Anyway" with a green checkmark icon. Below the dialog box is a button with a green checkmark and the text "Accept".

- Warning messages **not resolved at scheduling** must be resolved at **Check-in**. It is UCSF best practice to resolve all Errors and Warning messages during scheduling (if possible).
- After entering/correcting information, return to Checklist Sidebar and repeat verification steps until all messages are resolved and all items verified.

Resolving Errors

- **To resolve errors**, click the hyperlink(s) in the Confirmation Messages section to navigate to the appropriate section. If a hyperlink is not provided, navigate to the appropriate form in the Navigator.



Alert: If information is not available, DO NOT falsify information to complete the Checklist. Additionally, do not manually change the status of a coverage to mark as verified if it hasn't been verified.

Checklist Verification Durations

Patient and Guarantor verifications are valid for 30 days. This verification is APeX checking to see that required fields have a response. APeX cannot determine if incorrect or misspelled information was entered, only if there is information in required fields.

Member coverage verifications are valid for 30 days; appointments 31 days or more in the future can't be verified passed verification duration will appear as Verified for now with a green check and clock icon. RTE coverages verify for 30 days (commercial plans) or through the end of the month (Medicare and Medi-Cal). The system runs an automated RTE query nightly, any appointments scheduled 31 days out or more the system will re-run the coverage validation once the appointment is within the 30-day window.

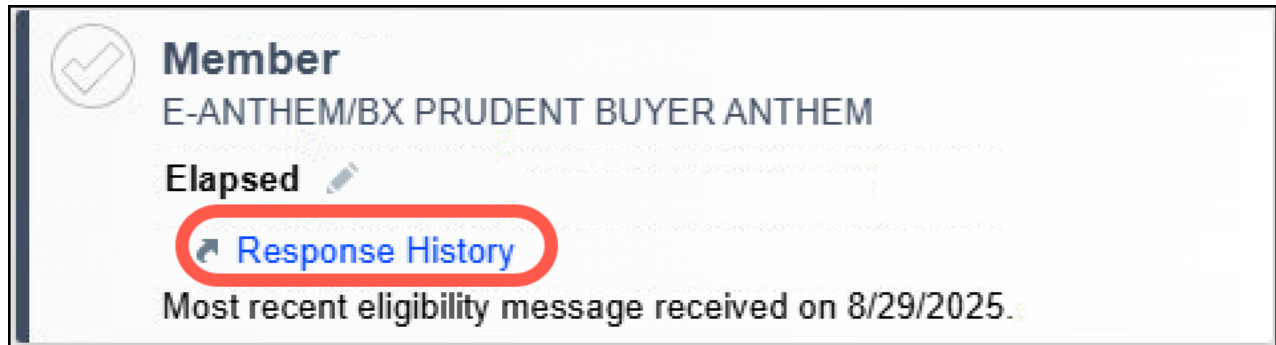
Hospital Account verifications are valid until the date of the appointment and may need manual verification for visits more than thirty days in the future since it won't verify until the Guarantor and Coverage levels have verified. Workflow verification is done automatically by APeX based on the other verifications all being complete.



Pending allows staff to exit workflow without resolving errors in cases where a patient needs to call back to provide additional information. Click *Accept* when all errors are resolved, and registration has been completed.

Run RTE

47. As needed, select **Response History** or **run RTE** (Real Time Eligibility)



Final Steps

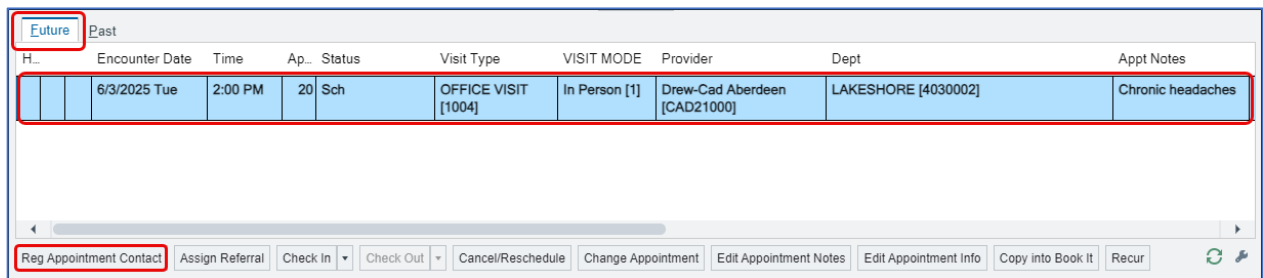
48. When finished, click **Accept** (bottom of the Checklist)

49. **Continue Anyway** through any **warnings** that do not apply

50. **Appointment Desks** appears

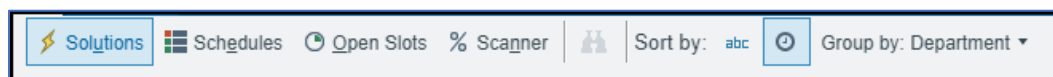
After completing the Checklist and existing registration, the patient's Appointment Desk reappears.

51. The **Future** tab displays the newly scheduled appointment, and any other upcoming visits scheduled for this patient. To re-open Registration, select the appointment and click **Reg Appointment Contact**.



52. Click **X** on workspace tab or in upper right corner of workspace to close

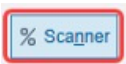
Book It Views and Manual Scheduling – **TRAINER DEMO ONLY**



- Solutions displays first five solutions immediately upon entering search criteria
- Schedules displays a provider's schedule for multiple days or multiple providers on a single day
- Open Slots shows open the slots that are available in a provider's schedule
- % Scanner allows schedulers to see availability in the department for multiple providers

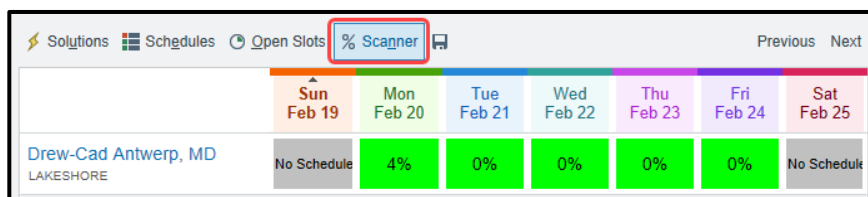
TRAINER DEMO – Use **Book It** to schedule **Mary** for an office visit **a week from today**.

Manual Scheduling allows you to schedule in the event the *auto-scheduler* does not produce any solutions.

1. Go to **% Scanner**  OR **Schedules** to schedule manually.

When scheduling manually using the % Scanner view, the Schedule Scanner displays. It shows a high-level view of a provider's schedule for the next seven days.

2. If desired, **collapse** the sidebar.
3. After a provider or department is entered in the **Add a provider** field, schedule availability displays in the Schedule Scanner.



	Sun Feb 19	Mon Feb 20	Tue Feb 21	Wed Feb 22	Thu Feb 23	Fri Feb 24	Sat Feb 25
Drew-Cad Antwerp, MD LAKE SHORE	No Schedule	4%	0%	0%	0%	0%	No Schedule

The percentage and color indicate how full the provider's schedule is. Colors are key to decoding the Schedule Scanner. The number indicates what percentage of the schedule is full. For example, 70% means 70% of the schedule is full and 30% is available.

Schedule Scanner colors:

- **Grey:** No schedule available or schedule on hold, common for weekends or holidays
- **Green:** The schedule has many open slots
- **Yellow:** The schedule is nearly full
- **Red:** The schedule is at least 95% full
- **Purple:** Provider is unavailable for the day
- **White:** The provider schedule is not released
 - Follow up with the department Template Builder to release the schedule

4. **Double-click on a colored cell** 4% to continue scheduling for that date.
Click the date column header to order the list of providers by their schedule utilization percentage if doing a department search.
5. **The Provider Schedule** displays schedule information for the provider(s) entered on the Book It form. Provider Schedule provides an at a glance view of provider(s) availability.

5. Click the **Open Slots** view to display a provider's available time slots.

Definitions

A **Block** is a time slot reserved for a specific visit type or patient type. Identify the slots below that can be used for Follow-up OB, Follow up 20 MyChart, MyChart OB visit types. Time slots without a block are available for any visit type.

If a block does not match the visit type being scheduled, the timeslots are grayed out by default.

1	10:00 a	NEW PATIENT	
1	10:20 a	NEW PATIENT	
1	10:40 a	NEW PATIENT	
1	11:00 a		
1	11:20 a		
0	11:40 a	FU20	Aberdeen, David-CAD 20 min knee
1	12:00 p		
1	12:20 p		
1	1:00 p	Attending/Precepting	
1	1:20 p	Attending/Precepting	
1	1:40 p	Attending/Precepting	

Each slot is represented by a time slot and has an associated color and number. The color and number serve as an indicator as to whether a Time Slot is available for booking and how many appointments can be scheduled into that particular slot. For example, green 1 means one appointment can be scheduled then. 0 red means no appointments can be scheduled

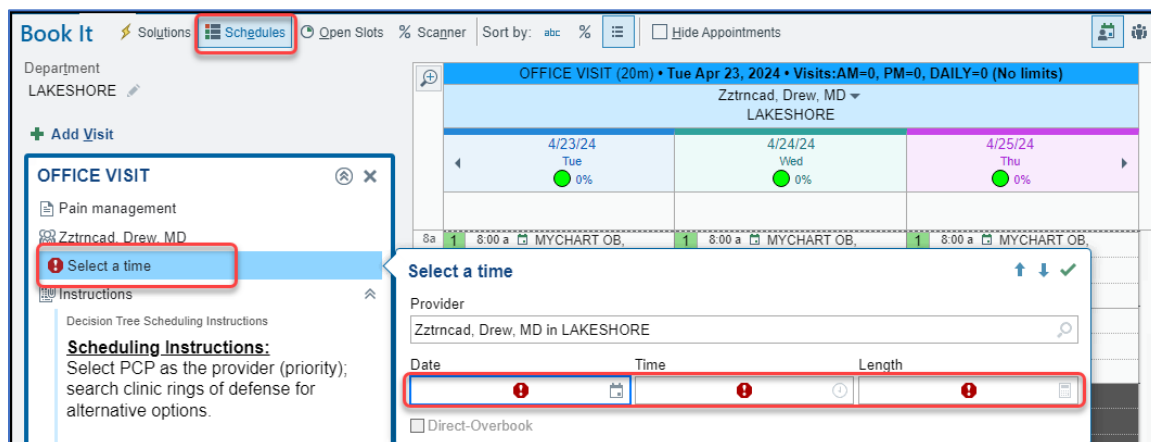
Schedule Slot Colors:

- **Green** slots indicate there is a regular appointment slot available. Regular openings can be scheduled into. The number indicates how many regular openings are open per slot
- **Red** slots indicate that there are no regular appointment openings available; no additional patients can be scheduled into that slot (without override access)
- **Blue** slot indicates one opening has been used but at least one more regular (not overbook) opening remains available
- **Yellow** slot indicates there are no regular openings available, but the provider has a least one slot open to overbook.
- **Gray** slot indicates the time slot has been held. Holds can be set by template builders as needed or as requested by the provider. The hold reason appears in the Name column and the time is unavailable for scheduling for staff without security to book in Held time slots

Scheduling multiple patients in a single time slot (overbooks), may or may not be allowed for a provider's schedule. These openings are based on the provider's preference to allow overbooks in certain time slots. Looking at the schedule does not indicate how many overbooks, if any, are available in a slot. The key is to know what the colors represent. Check with your leadership team or template builder regarding overbooks at your facility.=

Manual Scheduling from Schedules View – Change Appointment Length

Schedulers can only change the length of an appointment from the **Schedules** view. This should only be used when it is necessary to shorten or extend a specific visit only. Permanent changes to the length of the appointment based on the visit for all patients will need to be requested by management to the Access build team via Service Now.



Manual Scheduling from Schedules View allows schedulers to select time and manually change the length of the appointment

Scheduling Sequential and/or Recurring Appointments (Informational)

Sequential Scheduling - click **Add Visit** to schedule and see solutions for more than one appointment.

Recurring Appointments – click **Recur** to schedule the same or different appointment in a series that occurs over multiple days, weeks, or months. For step-by-step instructions, refer to the [Schedule Recurring Appointments in Book It](#) tip sheet available on Knowledge Bank.

REVIEW QUESTIONS

1. True/False: If you can locate the patient's record, you know the patient has been seen in your clinic/department before.
2. What are the five scheduling fields required to schedule an appointment in Book It?
3. You need to schedule an appointment for two weeks from today. What are a few shortcuts you could enter in the date field above the calendar?
4. Define a block on a provider's schedule.
5. What does it mean if a slot is red on the provider's schedule on the Schedules View?
6. What happens when you click Schedule in the Appointment Review window?
7. What are the levels (up to four) of registration that must be verified on the Checklist for Outpatient encounters?

Register and Schedule New Adult Patient (Simon)

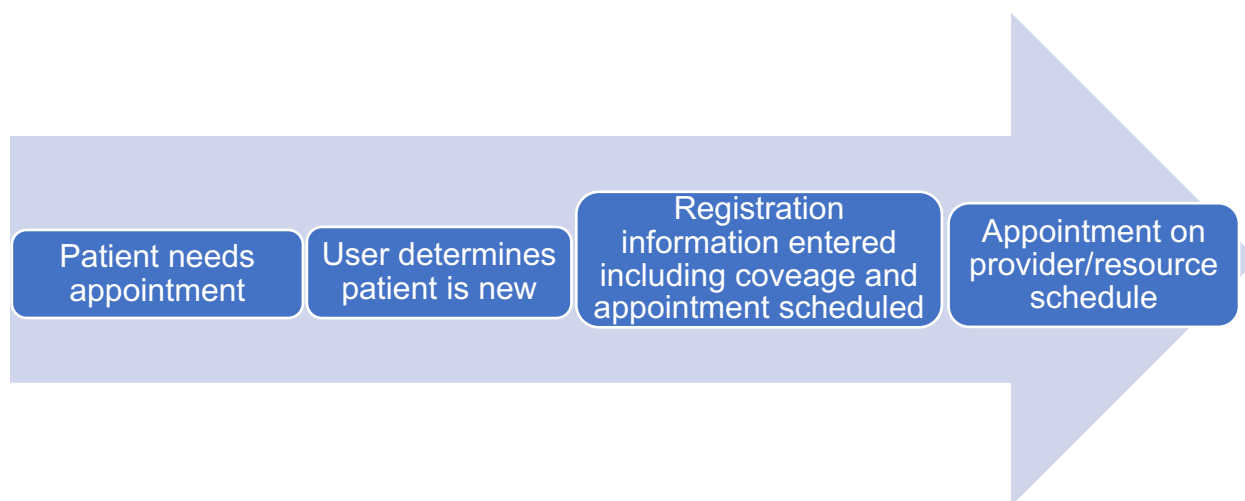
This lesson will focus on scheduling an appointment for a new adult patient. A new patient is considered a patient that has not received medical care from any department in the UCSF network. The workflow for scheduling and registering a new patient is slightly different from scheduling an established patient, as it requires additional steps. This lesson will guide you through the process of collecting all the required information (demographics, age, gender, and guarantor, insurance, and employer information) for a new patient before scheduling an appointment.

Learning Objectives

In this section you will learn how to:

- ☐ Create new patient record and collect registration and billing information
- ☐ Schedule a new patient appointment in Book It
- ☐ Verify registration information in the Access Navigator
- ☐ Complete registration and update visit specific information

THE BIG PICTURE



Create New Patient Record

It is very important to search the system and determine if a patient is new or existing. Do not create a new patient record if one already exists as duplicate patient records present a patient safety risk.



Scenario: You received a call from **Simon-CAD**. Simon is a new patient at UCSF and would like to schedule an appointment with a primary care provider. He tells you his date of birth is 12/04/86.

1. Click **Appts** button.
2. **Create Patient basics:** Enter the full name: YourAssignedLastName,
(Use the last Name from the Classroom Information Sheet)
Enter the Sex, and *Birth Date*

3. Click **Find Patient**.

Schedulers must search for an existing record before new record creation is possible; a precaution to reduce duplicate records.

If no existing patient record is found, message appears: “*No patients were found*”

4. Enter the patient's **birthdate**. (12/04/86) and **sex** assigned at birth (Male).
5. Click **Find Patient**.
6. Click **Create a New Patient**.
7. **Enter the patient's SSN** (for training make up a random non-sequential nine-digit number - do not use 123456789)

- **888-888-8888** means the patient does not know his or her SSN
- **999-999-9999** means the patient refused to give his or her SSN

8. Create + Patient

Create a Patient

Name: Antwerp, Simon-CAD | SSN: 879-47-4874 | Sex: Male | Birth Date: 12/4/1986

Enter demographics for the new patient.
A search will automatically run to help avoid creating duplicate patients.

[Back to Search](#) [Create Patient](#) [Cancel](#)

9. APeX creates a basic patient record for **Simon-CAD's Appointment Desk**.

Appointment Desk

Simon-CAD
Assignedlastname
Male, 37 y.o., 12/04/1986
MRN: 2010867
Pronoun: None
Pref Language: None
Pt Ver Status: New

COVID Results/Vaccine Summary
COVID Recovered: None

UCSF MyChart: Inactive

Care Team: No PCP

POLST: No
AD: None on File OR No Document Status
No HIPAA
Ht/ Wt: None, None

Patient Summary (Edit)

Assignedlastname, Simon-CAD

MRN: 2010867
DOB: 12/4/1986
SSN: xxx-xx-8154
Home: [Temporary Address](#)
[Confidential Address](#)

Sex: Male
Age: 37 yrs
Lang:
Work:
Reg Sts: New
Email:
Intrapr:
Mobile:
No past appts
No Shows

Future

H...	Encounter Date	Time	Ap...	Status	Visit Type	VISIT MODE	Provider	Dept	Appt Notes
------	----------------	------	-------	--------	------------	------------	----------	------	------------

10. Select **Book It**.

11. **Registration and the Checklist** appear.

- To schedule a new patient, the scheduling steps are the same as an existing patient, but registration must be completed first.
- The Registration Navigator guides staff through sections to complete a new patient record and registration then leads into scheduling.

12. **Collapse** the Checklist to give you more room to work.

Demographics



Scenario: You asked Simon-CAD for his address. He tells you that he lives at:

Address: 1800 Owens St, San Francisco, CA, 94158

Home Phone: (650) 555-8888

Mobile Phone: (650) 555-9999

Email: SimonCAD@gmail.com

Address Type	Definition
Permanent Address	A patient's permanent address is used for sending appointment reminders, letters, and lab results. Bills, statements, and letters regarding billing are <u>not</u> sent to this address. They are sent to the guarantor address for this visit.
Temporary Address	An address only to be used for a set period of time, determined by start and end dates. APeX utilizes a temporary address if it is active for the encounter date, and it appears in registration. If contact date falls outside Temporary address dates, Permanent Address tab appears. If Active Dates (Start and End dates) are not entered, the temporary address is not used.
Confidential Address	A confidential address is where a patient wants information and communication to be sent for the specified date range. It may not be where they live. All users can view the patient's confidential address. Handle confidential addresses carefully and do not share it with spouses, relatives, or friends of the patient. The Confidential Address tab never appears by default.

Address Search Tool

Use the address search bar to find valid, properly formatted mailing addresses in registration. PO Boxes are not supported. For apartments, search by building address and enter apartment number manually. Review the [Address Search Tool in Registration](#) tip sheet for additional information.

13. **Search New Address:** Under the **Permanent tab**, enter your own address or one of your old addresses
14. **The address will auto-populate** the city, zip code, state, and county fields.



Note: Search tool fictitious addresses are not supported in training environments.



Apartments Efficiency Tip: For apartments, enter apartment number manually on a second row.

Manual Entry – City or Zip shortcut:

If manually entering an address, enter the zip code in the City (or Zip) field.



Permanent

Search New Address ⓘ

Begin typing here to search for an address

Address

1800 Owens St

City (or ZIP)

94158

State ZIP

15. In the **Phone Numbers** section:

- Enter a **Home Phone** (this could also be a cell phone)



Note: To use a **phone number with an extension**, enter number followed by x and extension.

- Enter a **Cell phone**
- Click the star next to **Mobile** to mark as primary (preferred) phone number; the star will turn yellow to identify as the primary phone number

Phone Numbers + Add Number

	Mobile	650-555-9999	
	Home Phone	650-555-8888	
	Work Phone	650-555-1111	



Note: Only patients with a phone number listed in the **Mobile** field will receive text messages.

16. Enter SimonCAD@gmail.com in **Email Address** field



Note: Email is optional, but it is encouraged to facilitate MyChart activation. Suggested domains (e.g., gmail.com) appear as you type.

Additional Demographics



Scenario: Simon-CAD's is of Hispanic descent. He did not provide his race (patient Declined), but stated his ethnicity is Mexican. He is married. His preferred language is English and does not need an interpreter.

17. Fill out Simon's **Additional Demographics**.

This section is used to collect and maintain additional items of patient demographic information, such as race, ethnicity, and preferred language. All fields in Additional Demographics section have selection tool (magnifying glass) because all answers must be chosen from a predefined list.



Note: Press **F5** to view options for a field.

- **Phonetic Name:** Use this item to clarify how the patient's name is pronounced. Leave blank in training and review Adding a Phonetic (sound-based) Spelling tip sheet on KB
- **Hispanic/Latino Y/N:** *Hispanic or Latino*
- **Race:** Declined
 - If value for Race, Ethnicity, or Hispanic Y/N field are Unknown/Declined, Unknown, or <blank>, a warning message appears in Check List and at Check-in; update unknown or declined values if patient provides an answer in the future.



Note: Always remove and update unknown or declined values for Race and Ethnicity once a patient has provided a definite answer.

- **Ethnicity:** *Mexican*
- **Written Language:** *English* (recommended at BCH Oakland locations only)
- **Relationship Status:** *Married*
- **Religion:** *Christian, Non-Denominational* (required field at BCH Oakland locations)
- **Preferred Language:** *English*
 - Ask: In what language do you prefer to discuss your healthcare?
 - If the patient has a companion or guardian, ask: In what language does the patient prefer to discuss his/her healthcare?



Note: To be compliant with The Joint Commission and regulatory requirements, staff should use the phrase “preferred language for discussing healthcare” when referencing patient communication needs.

Preferred Language and **Needs Interpreter?** are mandatory fields.

- **Needs Interpreter:** *No*
 - Ask: In what language do you prefer to discuss your healthcare?
 - If the patient has a companion or guardian, ask: In what language does the patient prefer to discuss his/her healthcare?

18. Click  **Close.** (Lower left-hand corner of the section)

Employment Information



Scenario: Simon-CAD works full time at WFS Financial in South San Francisco.

Employment Information section contains information regarding a patient's employment as it relates to coverage. APeX contains a database of employers making it possible to select the employer from a list; the employer's address and phone number information then populate. If a patient's employer is not in the database, enter *OTHER* and manually add the information in the Employer Name field.

19. Click **Employment Information** pencil

- **Employment Status** select *Full Time*
- **Employer:** type *WFS* and press **ENTER**

20. An error message appears: '**No matches found**'

- **Employer:** Type '*Other*' + **ENTER**
Employer Name field displays when selecting Other
- **Employer Name** field type *WFS Financial*. Click **ENTER**.

21. Click **Close**. (Lower left-hand corner of the section)

When you click **Close** in a section, it updates the information and removes the confirmation warnings/errors for items that have been updated.

Patient Contacts



Scenario: Simon-CAD's wife, Mai, is his emergency contact. She lives at the same address and her cell phone (415) 555-7891 is the best number to reach her. Mai's preferred language is English and does not require an interpreter.

 **Patient Contacts** 



 **No Patient Contacts on File**

 [Add Contact](#)  [Set Reason for No Contacts](#)

22. Complete the following:

- + Add Contact
- **Name:** Your Patient's Last Name, Mai
- **Relationship:** Spouse
- **Primary Phone:** 555-111-2222
- **Mobile**
- **Emergency Contact:** Yes
- **Preferred Language:** English
- **Interpreter Needed:** No
- **Legal Guardian:** No
- **Same Household:** Yes
- + Add

23. The Info appears in a **Patient Contacts** form

 **Patient Contacts**

 [Add Contact](#)

Name	Relationship	Home Phone	Mobile Phone	Roles
Emergency Contacts				
  YourAssignedLastNam...	Spouse	555-111-2222	 	 

24. **Optional:** Add an address to MAI using **Pull Info**.

- Click on the **pencil**
- 
- **Current Patient**
- **Pull Address**

25. Click **Accept**

26.  **Close** to collapse the Patient Contacts panel

Note: After entry of an emergency contact, the contact's name will appear as a hyperlink with information displayed.

To close detailed view, click double chevrons.

To add another emergency contact, click **Add Contact** and repeat the process.

The Patient Contacts activity has sections to differentiate *Emergency Contacts* from *Other Contacts*, and *Inactive Contacts*.



The screenshot shows the 'Patient Contacts' interface. At the top, there's a '+ Add Contact' button and a 'Show:' filter with 'Priority' (unchecked) and 'Inactive Contacts' (checked). Below are three sections: 'Emergency Contacts', 'Other Contacts', and 'Inactive Contacts'. Each section contains a table of contacts. In the 'Emergency Contacts' section, a contact 'Lastname,Mai' is listed with relationship 'Spouse' and phone '415-555-7891'. In the 'Other Contacts' section, a contact 'Assignedlastname,Susan' is listed with relationship 'Sister' and phone '415-454-4144'. In the 'Inactive Contacts' section, a contact 'Assignedlastname,Steve' is listed with relationship 'Brother' and phone '415-877-4561'. Red lines highlight the section headers and the contact rows.

Name	Relationship	Home Phone	Mobile Phone	Roles
Emergency Contacts				
Lastname,Mai	Spouse		415-555-7891	
Other Contacts				
Assignedlastname,Susan	Sister		415-454-4144	
Inactive Contacts				
Assignedlastname,Steve	Brother		415-877-4561	

Example Multiple Patient Contacts form

Note: When a patient has refused to provide an emergency contact, staff can click the **Set Reasons for No Contacts** link and select the appropriate reason for no patient contacts.



The screenshot shows the 'Patient Contacts' interface with the '+ Add Contact' button and a 'Reason for No Contacts' dropdown menu. The dropdown menu is open, showing a list of reasons: 'Other' (4), 'Provided no contacts' (1), 'Refused' (3), and 'Unable to answer' (2). A 'Close' button is visible at the bottom left of the dropdown.

Title	Number
Other	4
Provided no contacts	1
Refused	3
Unable to answer	2



Note: **DO NOT** select **No Patient Contacts** if department policy dictates that a Patient Contact is required for certain patients (i.e., patients under 18 y/o). See department leadership if you have questions.

Care Team



Scenario: Simon-CAD said he went to the UCSF website to find a doctor. He chose Dr. Drew-CAD as his primary care physician.

- A health care professional who provides a patient with comprehensive medical care
- PCPs can be an Attending or Resident Physician (MD), Nurse Practitioner (NP), or Physician's Assistant (PA)
- A PCP is usually the patient's primary medical provider though a PCP may send a patient to more specialized physicians for specialist care, as needed
- PCP will remain on file even if the patient is seen in another department

27. In the **Add PCP** field, type the primary care provider's *last name, first name* then hit **ENTER**

It's possible to refine provider search by entering the following criteria (if needed): Full name and full address/location (i.e., San Francisco).

28. **Confirm the PCP selection** with patient using three identifiers:

Training providers may not have an address in training environments.

- Full Name (first, middle, and last names, including spelling)
- Full Address (number, street, city, state, and ZIP code)
- Specialty.

29. Click **Accept**.

30. Click **Close** to collapse the panel (Lower left-hand corner of the section)

Reminder: Multiple Addresses Displayed in Provider Records

APeX allows multiple addresses to display for providers working in multiple locations. Staff are responsible for verifying the provider's full address and selecting the correct address when adding a provider into APeX. This helps eliminate confusion and reduces the chance of a HIPAA violation.

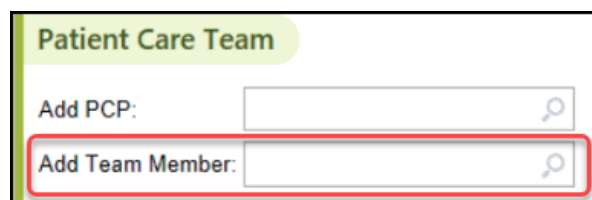
Reminder: Common Mistakes during PCP/Referring Provider selection:

- Accepting a provider without validating THREE identifiers
- Selecting the wrong type of provider (i.e., OB-GYN for male patients)
- Selecting similar name with different spelling (i.e., Dr. Li instead of Dr. Lee)
- Selecting Dr. No (there are two) instead of 'None, Provider Per Patient'
- Selecting Dr. Self (three Providers), instead of 'None, Provider per Patient'

Always confirm to avoid mistakes because incorrect entry of PCP results is a HIPAA violation. Privacy of our patients' medical information is of utmost importance at UCSF Medical Center.

Reminder: Team Member

If you need to add other specialty providers to the patient's care team repeat previous steps using the **Add Team Member** field when searching for team members that are not the PCP.

The image shows a screenshot of a software interface titled "Patient Care Team". Below the title, there are two search fields. The first field is labeled "Add PCP:" and the second field is labeled "Add Team Member:". The "Add Team Member:" field is highlighted with a red rectangular box. Both fields have a magnifying glass icon on the right side, indicating a search function.

- The PCP is the single provider who a patient sees for routine care
- The Care Team is made up of several providers, often from multiple specialties/departments, who treat the patient and are actively participating in a patient's care. This might include specialists, nurses, physical therapists, nutritionists, psychotherapists, massage therapists, and genetic counselors.
- If the PCP is a NP, PA, or Resident, the Care Team must include a Primary Care Attending. The Attending Physician can be listed as the Referring Provider at the encounter level. **NPs, PAs, and Residents cannot be listed as the referring provider due to billing rules.**

Unable to Locate Correct Provider

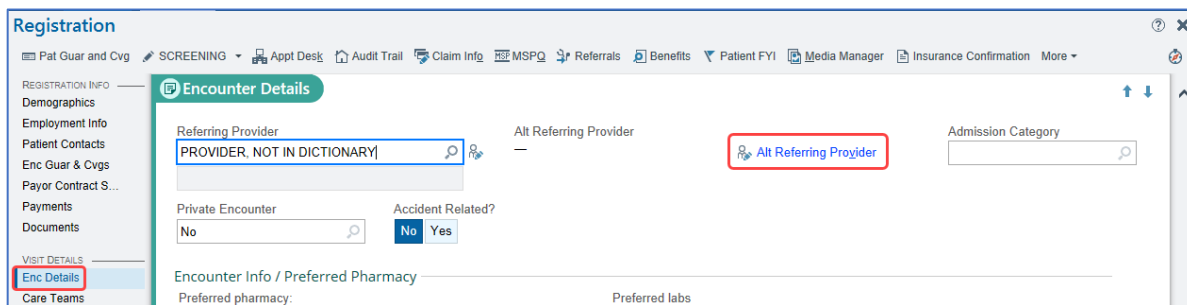
APeX Value	Use When...
PROVIDER, NOT IN DICTIONARY	Name provided by patient is not in database, needs to be added. If Referring, complete Alt Referring Provider form

If you are unable to locate the correct provider, submit a request to add that provider to the UCSF Provider database, which contains providers managed by UCSF Physician Referral Services. Based on requests, Referral Services obtain and verify all provider information then create a record in the UCSF Provider database.

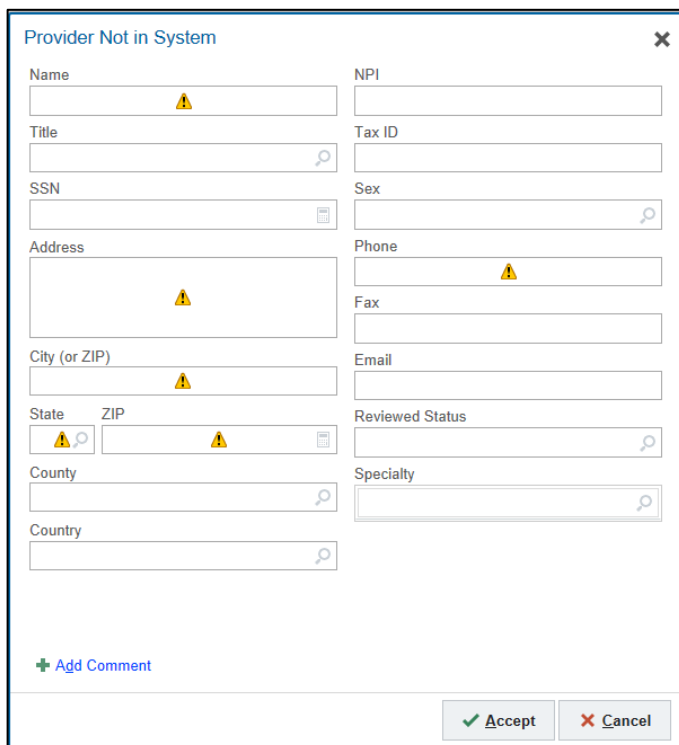
If you are unable to locate a provider in APeX, in Referring provider field enter PROVIDER, NOT IN DICTIONARY option. A request must be submitted.

There are two ways to submit a request:

- 1) Click **Alt Referring Provider** link in **Enc Details** section of Navigator and use "Provider Not in System Form" in APeX. Provide as much information as possible to assist Referral Services in identifying the provider to be added. Typing “No MD” or “Not in Dictionary” in the form is not acceptable.



See the [Provider Not In Dictionary Workflow](#) tip sheet posted on Knowledge Bank.



- 2) Outside of APeX, fax or email the physician's contact information (full name, complete mailing address, phone number, and fax number) and a department contact name to Referral Services at (415) 353-4396 or referral.center@ucsf.edu

Referral Services require 48 business hours to process requests. If a provider is not in the UCSF database, send a request at least 48 hours prior to the patient's visit in order to locate the provider in the database at the time of the appointment.

Requesting a provider addition through APeX NID notifies Revenue Cycle Quality and Education teams to update the patient record. If requested via fax or email and information was not entered via NID, requesting staff **MUST** go back and enter the provider into PCP and/or Care Team on the patient's appointment. No notice is sent to requesting staff of completion; staff must check to see if the name has been added.

The practice manager will receive a report of any APeX NID providers for their practice that were not able to be added for any reason. The practice decides to investigate further and/or add a different provider (when applicable) or enter 'None, Provider per Patient'. If the practice confirms that records should still be sent to this NID provider, but the record won't be added; the provider's name should be removed from the patient's record, enter 'None, Provider per Patient' and records may be mailed instead of faxed.



Look at Storyboard, what changed?

Create Guarantor Account

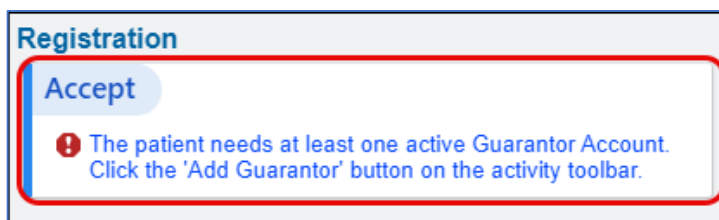


Scenario: Create a Personal / Family Guarantor account for Simon-CAD. Since he is over 18, he should be his own guarantor.

What is a Guarantor Account?

A guarantor account must be created. A guarantor is the person or entity financially responsible for the patient. When a clinic or department sends a statement for a balance not covered by insurance, the statement is sent to the patient's guarantor. Every patient needs a guarantor account before they can be checked in.

The Checklist displays the confirmation error showing the patient needs at least one active Guarantor Account.



There are several types of guarantor accounts:

- **Personal Family (P/F):** (most common)
- **Workers Comp (WC):** used for work related injuries
- **Mental Health:** used for psychological visits
- **Sensitive Services:** used for special services for minors where the patient services are highly confidential and should not be billed to the parent/guardian. Sensitive Services encounters are hidden from Proxy accounts in MyChart. The guarantor is the patient, and the services are often not billed, or billed to appropriate program (CCP, VOC, various city Police Departments, i.e.) where applicable.
- **Confidential:** used for VIPs, celebrities, or patients for bills to go to a private address
- **Transplant:** a transplant guarantor account is created to separate transplant related charges from personal one. The guarantor is generally the recipient.
- **Institutional / Corporate:** used in departments that treat Oakland Roots and Soul team members. COMMUNITY AFFILIATES: Do not use.

Who can be a Guarantor?

A guarantor can be the patient, another person, or even a financial entity. All adults, 18 years or older, are their own guarantors. Minors, under the age of 18, usually have a parent or legal guardian as their guarantor (covered in next lesson). Some exceptions when a patient under 18 years of age could be their own guarantor are below:

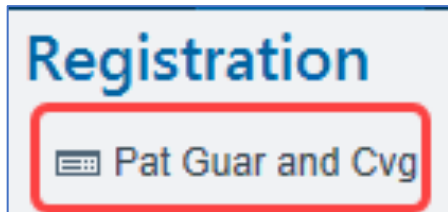
- Married/previously married
- An Active-Duty Service member
- Emancipated
- Part of Sensitive Service Program

Each patient needs at one Active Personal / Family (P/F) Guarantor Account.

- The Guarantor Account type determines the responsible party. APeX defaults Personal/Family as the guarantor account type for the first guarantor account added to a patient record. In this example used in training,
- Simon's patient information defaults as Guarantor Information because APeX recognizes Simon is over 18 years old and should be his own guarantor.
- If the system identifies a potential duplicate guarantor account, you must document a reason for creating a new guarantor account in APeX.

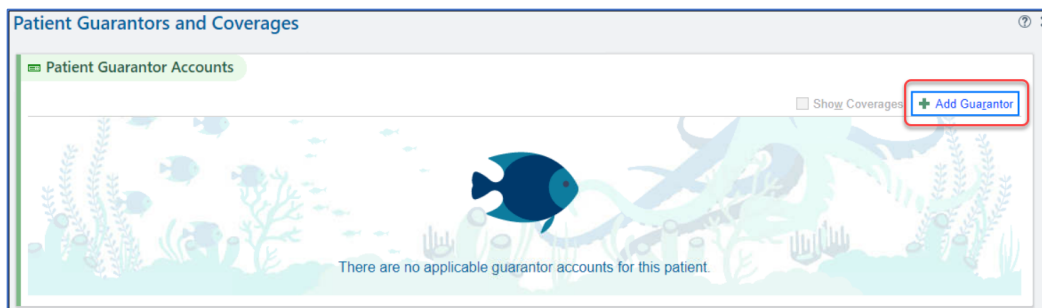
Add Guarantor

31. Click **Pat Guar and Cvg** in the Toolbar at top



Or use the hyperlink in the checklist in activity tool bar to open Patient Guar and Cov

32. Click **+Add Guarantor**



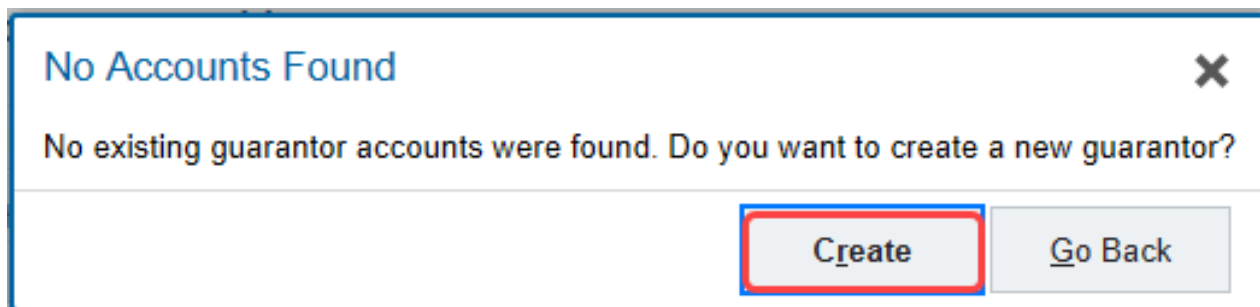
Guarantor Search / Create Window

A screenshot of the 'Guarantor Search/Create' window. The window contains several sections: 'Service Area' (UCSF SERVICE AREA), 'Account Type' (Personal/Family selected), 'Relationship to Patient' (Self selected), and 'Guarantor Demographics'. The demographics section includes fields for Name/ID (ASSIGNEDLASTNAME,SIMON-CAD), Date of Birth (12/4/1986), Legal Sex (Male), SSN (xxx-xx-5121), City (SOUTH SAN FRANCISCO), State (California), ZIP (94080), Home Phone (650-555-8888), Work Phone (650-555-1111), and Mobile Phone (650-555-9999). At the bottom right, there is a button labeled 'Search/Create' with a green checkmark icon, which is highlighted with a red rectangular box. Next to it is a 'Cancel' button with a red X icon.

33. **Fill out** the Search/Create window as per the screenshot.

34. Click **Search / Create**

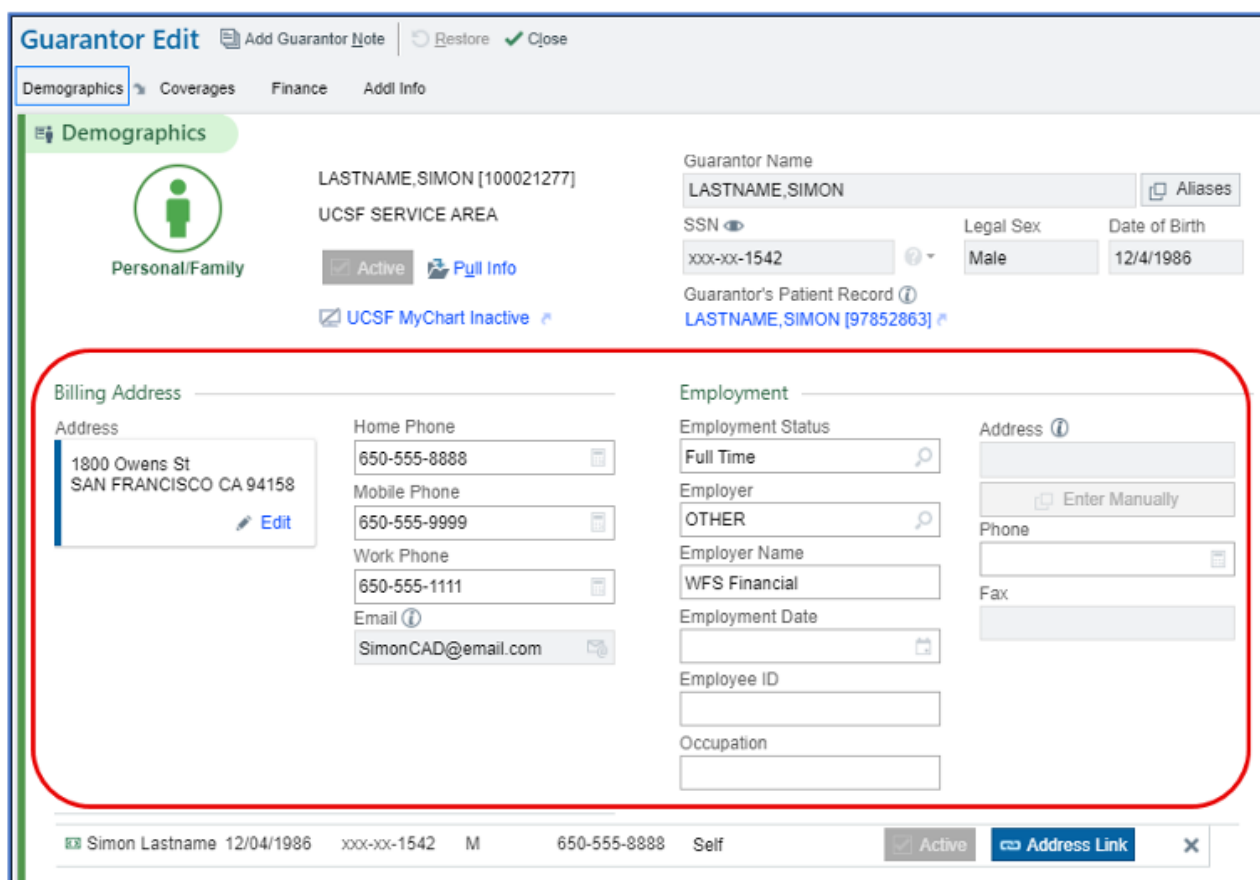
35. No Accounts Found message displays; click **Create**



A dialog box titled "No Accounts Found" with a close button (X) in the top right corner. The text inside reads: "No existing guarantor accounts were found. Do you want to create a new guarantor?". At the bottom right, there are two buttons: "Create" (highlighted with a red border) and "Go Back".

[Guarantor Edit](#)

36. The **Guarantor Edit** window populates because the guarantor is the patient



The "Guarantor Edit" window displays various tabs: Demographics, Coverages, Finance, and Add Info. The "Demographics" tab is active. It shows a profile icon, a "Personal/Family" label, and a "UCSF MyChart Inactive" status. The "Guarantor Name" field is populated with "LASTNAME,SIMON". The "SSN" field is "xxx-xx-1542", "Legal Sex" is "Male", and "Date of Birth" is "12/4/1986". The "Guarantor's Patient Record" field shows a link to "LASTNAME,SIMON [97852863]". A red box highlights the "Billing Address" and "Employment" sections. The "Billing Address" section includes fields for Address (1800 Owens St, SAN FRANCISCO CA 94158), Home Phone (650-555-8888), Mobile Phone (650-555-9999), Work Phone (650-555-1111), and Email (SimonCAD@email.com). The "Employment" section includes fields for Employment Status (Full Time), Employer (OTHER), Employer Name (WFS Financial), Employment Date, Employee ID, and Occupation. At the bottom, a summary bar shows: Simon Lastname 12/04/1986 xxx-xx-1542 M 650-555-8888 Self Active Address Link.

37. Check all **Demographics** data in **Guar Edit**.

Guarantor Information Recap



What is a guarantor? _____

What is the guarantor account used for? _____

Do guarantor accounts hold insurance information? Yes or No

Why must every patient have a guarantor account? _____

Which is the most common guarantor account type? Circle the correct answer.

Workers Comp
Research
Personal/Family
Transplant

Add Coverage



Scenario: You ask Simon-CAD if he has insurance, he states he is covered under Anthem. You ask Simon-CAD additional questions to determine the correct insurance, and Simon tells you he has Anthem Blue Cross Prudent Buyer PPO.

Insurance Terminology



Can you define or give an example of what Payors and Plans are:

Payor: _____

Plan: _____

Define or give examples of Subscriber and Member.

Subscriber: _____

Member: _____

- **Payor:** A payor is an insurance company that provides coverage.
- **Plan:** A plan is a set of benefits the insurance company offers to a group of subscribers. In APeX, indicate both payor and plan of the coverage.
- **Subscriber:** The subscriber is the person who signs up for insurance coverage, or the policy holder (minor patients with governmental issued insurance are subscribers). The coverage is issued in their name. Each coverage record has only one subscriber. When creating coverage, specify who the subscriber is.

- **Member:** A member is a person who is covered by the insurance plan. The subscriber is usually a member, but coverage can be extended to other members. An example is a child as a member covered under a parent's (subscriber's) insurance policy. There can be more than one member but only one subscriber.
- **Subscriber ID:** Insurance companies assign the subscriber an identification number commonly known as Subscriber ID. The subscriber ID is entered so that it can be entered on the claim to the insurance company.
- **Member ID:** If the patient is a member (not subscriber), the insurance card will usually state: Member ID. When entering coverage for non-subscriber members, enter both IDs in the respective fields.

38. Review **Simon-CAD's insurance card** and enter information in the Coverage Wizard.



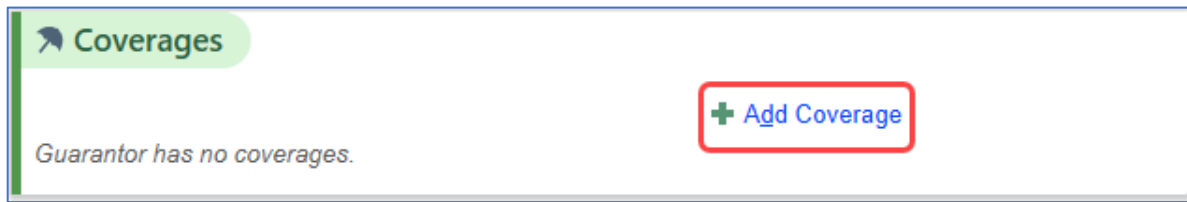
When needed, reach out to Payer-Plan Help Desk at 415-353-4850 or send e-mail to PayerPlan.Inquiry@UCSF.edu



Payor: _____
 Plan: _____
 Product type: _____
 What is the Member ID? _____

39. Scroll down to the **Coverages** panel.

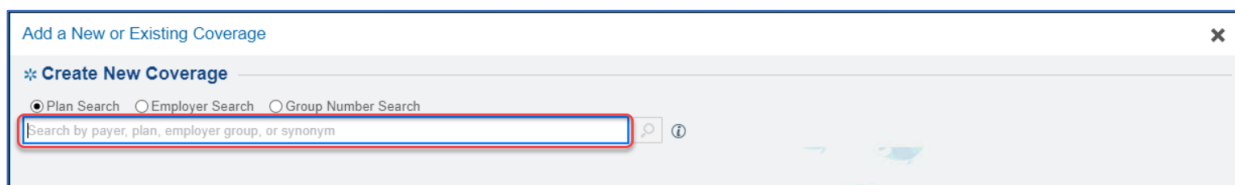
40. Click **+Add Coverage**



The screenshot shows a panel titled "Coverages" with a green header. Below the header, it says "Guarantor has no coverages." To the right, there is a red rectangular button with a green plus icon and the text "+ Add Coverage".

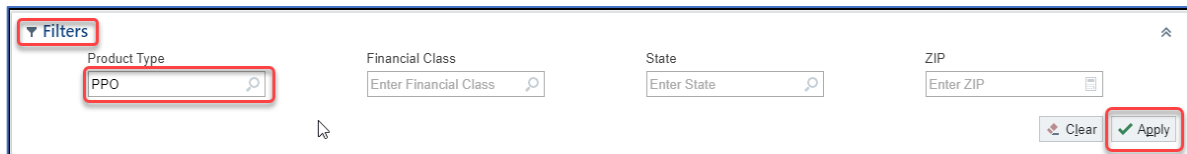
Coverage Search Window

41. **Search for the Coverage (BX Prudent Buyer Anthem)**



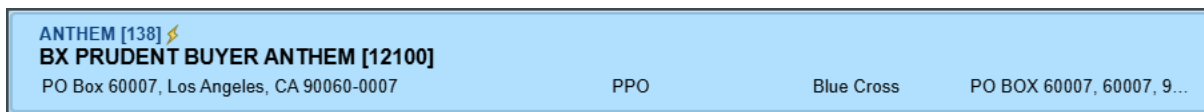
The screenshot shows a window titled "Add a New or Existing Coverage". Under the "Create New Coverage" section, there are three radio buttons: "Plan Search" (selected), "Employer Search", and "Group Number Search". Below these is a search input field with the placeholder text "Search by payer, plan, employer group, or synonym". A red box highlights the search input field.

- Try **"BlueCross."**
- Try **"Blue Cross"** as two words and filter by **PPO**.
- Try **Anthem** and filter by **PPO** and **Apply**.



The screenshot shows the "Filters" section with four input fields: "Product Type" (set to "PPO"), "Financial Class" (placeholder "Enter Financial Class"), "State" (placeholder "Enter State"), and "ZIP" (placeholder "Enter ZIP"). A red box highlights the "Product Type" dropdown. At the bottom right, there are "Clear" and "Apply" buttons, with the "Apply" button highlighted by a red box.

- -OR - Try **"Prudent Buyer"** and select plan 121000.



The screenshot shows a search result for "ANTHEM [138] BX PRUDENT BUYER ANTHEM [12100]". Below the name, it says "PO Box 60007, Los Angeles, CA 90060-0007". To the right, it shows "PPO", "Blue Cross", and "PO BOX 60007, 60007, 9...".



Alert: Only use **Unlisted Coverages** as a last resort!

If you select an Unlisted Coverage the claim will go out on paper so you will need to add a payor address.

There are several search options when creating new coverage. It is best practice to **search by Plan**, when possible, to narrow search results. Enter the starting letters of key words that match the name (or synonym if available) of the payer (payor) or plan, or search by plan ID if known.

Use **Filters** only to refine search results when you know the Product Type or Financial Class. Trainers refer to Insurance Product Type slides in PPT. For additional information, end users can review [Payor Plan](#) materials posted on Knowledge Bank.



Alert: It's extremely important to select the correct Payor/Plan combination when selecting coverage. Most claims are sent electronically and selecting the wrong coverage could result in denials or delay in payment. Remember from training scenario, our patient has Anthem Blue Cross (insurance company) and Prudent Buyer (plan), PPO (product type).

42. Review results and select the correct payor/plan ***BX Prudent Buyer (Plan ID 12100)***

ANTHEM [138] ⚡ BX CA ANTHEM [12069] PO Box 60007, Los Angeles, CA 90060-0007	PPO	Blue Cross	PO BOX 60007, 60007, 9...
ANTHEM [138] ⚡ BX PRUDENT BUYER ANTHEM [12100] PO Box 60007, Los Angeles, CA 90060-0007	PPO	Blue Cross	PO BOX 60007, 60007, 9...

43. **Double-click** on Prudent Buyer or click **Accept**

Subscriber window

44. You must now select a **subscriber** for the coverage

Add a New or Existing Coverage

ANTHEM / BX PRUDENT BUYER ANTHEM

Query Date
5/29/2026

Who is the subscriber for this coverage?

Simon-Cad Aberdeen Patient

Someone Else

45. **Double-click** on *Simon-CAD*

RTE – Verify Member Eligibility with Real Time Eligibility (RTE)



Scenario: The Subscriber/Member ID is HEA1234567 and the Group Number WFS1

What is Real Time Eligibility (RTE)?

RTE is an efficient and consistent workflow to verify a patient's insurance coverage within registration. RTE interfaces with a **clearinghouse** (Change Healthcare formerly known as EMDEON) to determine a patient's coverage status.

After 30 days RTE approved queries reflect a status of **elapsed**. When this happens, patient Access staff send *renewed* RTE queries. Note: While a request is being sent, users can continue with other tasks for scheduling or registration.

Additionally, RTE batch queries (multiple queries sent together nightly) improve registration speed and accuracy because:

- Sending queries before an appointment or preadmission streamlines the registration process when the patient presents for check-in or admission
- Sending queries for patients reduces claim denials
- Checking eligibility is especially useful for payors like Medi-Cal, as a patient may not know if they are covered or where eligibility needs to be checked monthly
- A batch query is sent on the first of each month for hospitalized patients
- RTE queries are sent for UCSF, BCH Oakland, School of Dentistry, Community Affiliates and Hospice by the Bay groups.

46. Enter a **Member ID** and **Group Number**

- **Member ID:** 123456789
- **Group:** WFS1
- **Send Query.**

When you click ⚡ **Send Query**; a notifications bell appears in checklist with message to confirm the coverage was auto created



Note: If a plan has a “**E-**” in front of the insurance name or a **Lightening Bolt** on this screen it is compatible with **RTE** (Real Time Eligibility)



Verifying coverage before patient care occurs confirms eligibility on the date of service. This verification increases prompt claim payments and gives both departments and patients time to make self-pay arrangements for unverified patients.



Verifying coverage emulates the **True North Pillar** and Strategic Priority of *Financial Strength* which focuses on improved financial performance for the organization.



To create coverage for RTE enabled coverage when the system is down, click **Override Query** in PRD.

The RTE window will NOT appear when you have selected an insurance plan that is NOT in the database.

RTE Enabled Indicator

Which plans interface with RTE?

RTE enabled plans display **E-** before the payor/plan name or a **lightning bolt** at the beginning of the payor/plan name as the Anthem example below. Refer to the [RTE Quick Start Guide](#) posted on Knowledge Bank for additional information.

⚡ **E-HEALTH NET [235]/HILL PHYS MED GRP/SF UC HNET [13540]** ⚡

The following E-payors are set up for Real Time Eligibility:

AARP	Kaiser
Alameda	Mail handlers
Alignment MCARE Advantage PPO	Managed M-Care & Medi-Cal plans by other RTE insurers
Aetna	Medi-Cal
Anthem Blue Cross	Medi-Cal Pending
Blue Cross Managed Medi-Cal	Medicare
Blue Shield	MetLife- Dental
Brand New Day HMO/SENIOR	Operations Access
Bright Health Plan	Oscar Health Plan
Canopy Health	Oxford
CCS/MCAL	Partnership
Central CA Alliance Health CCS/MCAL	Providence
Champus	San Francisco HP
Chinese COMM HLTH	Scan Hlthplan HMO/SENIOR
Choice Care Network	Surest Healthcare
Cigna	Sutter Health EPO
CVD CA MCAL	Tricare
Delta Dental	Triwest
Denti-Cal	USAA Life
Great West	Unicare
Health Net	United Behavioral
Health Plan of Nevada	United Healthcare
Health Plan of San Mateo - Dental	United Medicare Advantage
Healthy Kids - Dental	Valley Health Plan
Healthy Workers SFHP	Veterans
Humana	Western Health

RTE Responses

RTE Enabled Plan Mapping

To increase the ease and accuracy of selecting the correct plans for specific payors, APeX will automatically select the plan based on information in the RTE response.

- If a patient has an existing coverage but an RTE response indicates a different plan than the existing coverage, APeX automatically terminates the existing coverage and creates a new coverage with the correct plan ID.
- If the RTE response for a patient's coverage indicates that a coverage added to the patient's account was incorrect, APeX automatically terminates the existing coverage and creates the new correct coverage.

Rejected Responses due to Misinformation



There may be times when APeX is unable to process or rejects a verification submission due to misinformation submitted in the initial query.

When APeX is unable to process a query, the response will return with an error message providing the reason and required follow up action.

RTE Mismatch Responses

If APeX doesn't know exactly which plan is appropriate, the existing coverage indicate *Mismatched Information* status and staff will need to review the information received to determine next steps.

Table of Contents

- Query Status
- Mismatches
- Patient Info
- Subscriber Info
- Covered Services
- Other Entities
- Health Benefit Plan Coverage
- Not Specified
- Professional (Physician) Visit - Office
- Hospital - Inpatient
- Hospital - Outpatient
- Emergency Services

Query Status

E-Verified

Patient: Nick Test
As of: February 28, 2022
Payer: Aetna
Action: Auto-Ignored

⚠ Mismatched Information

Sent Received
Subscriber ID: 12345678W W239242549

Example – Mismatched Information

Contact Payor Responses

If the RTE interface or payor site is down, APeX will present a verification message of **Contact Payor**.

Staff should manually check eligibility (call payor or use their website) per department procedure. If/when the payor confirms eligibility, update coverage status to Verified by Phone or Verified by Website to indicate the method used.

Alternate Plan Responses

To see additional information about the plan mismatch, review **Alternate plan detected** alert in Response History (example below).

Table of Contents

- Query Status
- Alerts**
- Subscriber Info
- Covered Services
- Other Entities
- Health Benefit Plan Coverage
- Not Specified
- Professional (Physician) Visit - Office
- Hospital - Inpatient
- Hospital - Outpatient
- Hospital - Emergency Accident
- Hospital - Emergency Medical
- Emergency Services
- Urgent Care

Query Status Expand All Collapse All

Coverage Mismatch

Patient: Fred-Cad Zztrncad
As of: October 23, 2023
Payer: Anthem

Alerts

Alternate plan detected

The payor has indicated that the patient has a different plan. Please terminate this coverage and create a new coverage under the plan indicated in the response.

Possible Plan Mismatch - Current Plan: BX ANTHEM HMO [12073]
Plan Indicated In Response: BX PRUDENT BUYER ANTHEM [12100]

If APeX cannot determine the correct plan, the checklist will display a Notification for the coverage.

Notifications

Coverage eligibility message received from payer
MEDICARE

From Response History, click on the link in notification to access additional information.

Patient Eligibility Response

Query Status

Medicare HMO Plan Identified

Patient: Robert-CAD Antwerp
As of: May 3, 2024
Payer: Medicare

Expand All Collapse All

Take an Action

Create New Coverage
P/F ANTWERPROBERT-CAD [100011470]
Relationship to Patient: Self

Ignore Response

Alerts

Medicare Replacement Plan Returned
Medicare indicates that this patient is covered under a replacement plan: BLUE CROSS OF CALIFORNIA
An additional query was sent to payer: ANTHEM HMO/SENIOR
The response indicated that the patient has another coverage. A query was sent automatically to this payer.

Highlights

Coverage status: Active Coverage
Service: Health Benefit Plan Coverage
Insurance Type: Medicare Part A
Eligibility Dates:
Plan: 1/1/2010

Coverage status: Active Coverage
Service: Health Benefit Plan Coverage
Insurance Type: Medicare Part B
Eligibility Dates:
Plan: 7/1/2011

Subscriber Info

Member ID: 1EG4TESMK72
Subscriber DOB: 04/23/1969
Effective From: 07/01/2011
Subscriber Name: ANTWERP,ROBERT-CAD

Covered Services

Expand Section

When the correct payor/plan record is selected and coverage is verified, it appears in the Navigator without additional intervention.

Registration Filing Order

47. If you haven't already done so, click on the **X** to close **Guar Edit**.

48. If needed, temporarily **collapse** the Checklist.

49. The **Patient Guarantors and Coverages** screen appears.

The **Patient Guarantor Accounts and Coverages** section displays the Guarantor and Coverage added to the patient's account

50. Check the **Registration** filing order

Patient Guarantors and Coverages

Patient Guarantor Accounts

Add Guarantor

Account ID	Guarantor	Type	Service Area	Verification Status	Yes:	Address Link		
100024230	Simon-Cad I	P/F	UCSF	New				

Patient Coverages

Filing Order

Undo Show Ineffective Coverages

F/O	Coverage	Subs	Insurance ID	Effective Dates	Verification Status	
1	E-ANTHEM [138]/BX PRUDENT BUYER ANTHEM [12100]	Simo	HEA1234567	01/01/2017 -	E-Verified	

Coverage Edit

51. Click on the **blue link** for the **Prudent Buyer** insurance plan

Patient Guarantors and Coverages

Patient Coverages

Filing Order

F/O	Coverage	Subs	Insurance ID	Effective Dates	Verification Status
1	E-ANTHEM [138]BX PRUDENT BUYER ANTHEM [12100]	Simo	HEA1234567	01/01/2017 -	E-Verified

52. **Coverage Edit** appears

53. Check the **Rel To** field

Members

Simon-Cad Aberdeen

Relationship to Subscriber	Dependent Type	Relationship to Guarantor
Self	Non-Dependent	Self

Member Verified

54. Make sure the **Subscriber's name** is correct.

Subscriber

Subscriber Name: ABERDEEN, SIMON-CAD

SSN: xxx-xx-4567

Sex: Male

Date of Birth: 12/4/1986

Subscriber's Patient Record: [ABERDEEN, SIMON-CAD \[21...\]](#)

Remove

55. Check the **Eff From** date and **Member ID** and **Verification Status**

Effective From	Effective To	Member ID	Payer Filed Name	Payer Filed Sex	Payer Filed DOB	Covered Status	Verification Status
01/01/2026		123456789		Male		Covered	E-Verified

56. Scroll down and fill out the **Coverage Sponsor Panel - Covered Through and Employer size** fields.

Coverage Sponsor

Subscriber Is Covered Through	Effective From	Effective To	Employer Size

- **Current Employment**
- **Employer size: (100+)**

57. Scroll down and check the **Copay**:

Copay

+ Add Copay

Dept Specialty	Service Type	Copay	Coinsurance (%)
—	Emergency Services	100.00	—
—	Hospital: Inpatient	100.00	—

[Checklist](#)

58. Click on the **X** to close the **Coverage Edit** window

59. Click on the **X** to close **Patient Guarantors and Coverages**

60. From Patient Guarantors and Coverages, **un-collapse the Checklist**

61. **Verify All**

- If you do not see the coverage, remember to update the Checklist settings to display completed tasks.

62. **Fix** any errors

63. Click **Refresh**.

64. Click **Response History**

1:1 Plan mapping was successful; an Eligibility Alert appears, and coverage is automatically created. Click chevrons to access **Response History**.

Review Covered Services, Benefit Type, Insurance Type, Plan Description details and Copay amounts in the appropriate section of Response History.

65. Click **X** to close Response History

66. Click **Accept** to close Registration

67. **Continue**

Schedule the Appointment



Scenario: Simon-CAD would like to see his PCP for a new patient visit [2252] because he's been experiencing pain in his left knee. He would like to be seen as soon as tomorrow if possible.

68. **Book it** appears.

69. The **Department** field defaults based on login department; change as needed

70. **Visit type:** Registration *New Patient [2252]* or if that won't work use *Office Visit (1004)*

Visit Type	↓ ✓
New Patient	🔍



Note:

If you select the wrong visit type the patient could be charged the wrong amount for the visit and the dates and times offered will be out of sync.

71. Enter a note + TAB

72. The Provider field defaults because the patient's PCP works in the login department
If provider name does not populate, **search by name**



Note: Department policies may direct you to read to the patient key information from the results in the Decision Tree

73. The Date defaults to today. If not, enter *T+1* in date field above calendar and press **TAB**

74. If needed, click on the **Solutions tab**

75. Double-click a slot to select it. If needed, click on the **Ellipsis.**

76. If a **Decision Tree appears, select the desired options and **Apply****

77. The **Appointment Review window appears**

78. Mark as Confirmed

Appointment Review

Wednesday Nov 20, 2024

Arrive by 9:50 AM
Appt at 10:00 AM (1 hr)

Drew Zztmcad, MD
PCP

LAKESTORE at UCSF Med Ctr
Service Area 10

NEW PATIENT

Insurance: ANTHEM
BX PRUDENT BUYER
ANTHEM

Copay: \$10.00

Effective Dates: 1/01/17 -

Location Instructions: Located in the Lakeshore Plaza, at 1569 Sloat Blvd, Suite 333

Notes: Left knee pain

Patient Instructions

Add to Wait List

Mark as Confirmed

Schedule

Cancel

79. Click Schedule

- BCH Oakland departments utilizing the Confirm Appointments work list can use the **Mark as Confirmed** button to prevent appointments from appearing on the work list.

80. Registration re-appears

Demographics

Demographics

Name

SSN

Date of Birth

Legal Sex

Aliases

81. Demographics. All required fields were filled out when you created the patient. Navigate to Employment Info.

Employment Info

Employment Information

Employment

Employment Status: Full Time

Employer: WFS FINANCIAL

Occupation: —

Employer Phone: —

82. Employment Info. All required Information should be already filled out by you previously

Patient Contacts

 Patient Contacts 



Patient Contacts (2/2)

Mai SampleLastName 

Friend

 Emergency Contact

 925-533-7217

83. **Patient Contacts.** All required info should appear and should be already filled out

Enc Guar & Cvgs



Scenario: Visit Filing Order: Simon-CAD's insurance is E-Anthem Prudent Buyer and there is no secondary.



Review:

What is a Guarantor Account? _____

What is a HAR? _____

84. Navigate to the **Enc Guar & Cvgs**

Registration

Pat Guar and Cvg

SCREENING

Appt Desk

Audit Trail

Claim Info

Insurance Confirmation

MSPQ

Referrals

Benefits

Patient FYI

More

Encounter Guarantor and Coverages

Hospital Account

Hospital Account Notes

Guarantor Note

UB Codes

More

+ Add Coverage

↑

↓

REGISTRATION INFO

Demographics

Employment Info

Patient Contacts

Enc Guar & Cvgs

Payor Contract S...

Payments

Documents

VISIT DETAILS

Enc Details

Care Teams

Communication ...

OSP Service

SPECIALTY BILLING

Client Billing

Additional Billing ...

Hospital Account - 70073474

Outpatient | OPEN | UCSF PARNASSUS PARENT HOSPITAL LOCATION

Change Guarantor

 **Simon Lastname [100021517]**

Address linked to patient

Sign up for UCSF MyChart

Employer: WFS Financial - Full Time

Hospital Filing Order

Undo Changes

Do Not Bill Insurance

Show Default F/O

Use Default F/O

+ Add Coverage

Coverage	Subscriber	Insurance ID	Effective Dates
1 E-ANTHEM/BX PRUDENT BUYER ANTHEM	Simon Lastname	HEA1234567	01/01/2017 -

Close

Previous

Next

85. Make sure that you are in a **P/F** Guarantor account

86. Review the **Hospital Account** (UCSF) / **Visit Account** (Community Affiliate) Information

Note: The account was automatically created.

87. Re-review the **Visit Filing Order** (aka the “Registration” or Hospital Filing Order)

The sequence in which coverage(s) appear under **Hospital Filing Order** represents the order in which claims will be submitted to insurance companies for the visit. Primary payment responsibility is determined by the Coordination of Benefits when a patient has more than one coverage.

You will learn more about Coordination of Benefits (CoB) in a later chapter.

88. Navigate to **Payor Contract Status**

[Payor Contract Status](#)



Scenario: Simon-CAD’s insurance is contracted with your department.

UCSF Contracted vs. Non-Contracted Payor Plans

Payor Contract Status	
Contract Info:	
Primary Coverage: HEALTH NET/HILL PHYS MED GRP/SF UC HNET	
UCSF: HEALTH PLAN CONTRACTED	
UCSF: MED GRP CONTRACTED	
	BCH OAK: HEALTH PLAN NO CONTRACT OUT OF NTKW LOA REQ
	BCH OAK: MED GRP NO CONTRACT OUT OF NTKW LOA REQ

Example screenshot of UCSF (West Bay) and BCH-Oakland (East Bay) with different contract statuses

89. **Review Payor Contract Status**

The Access navigator Payor Contract Status section and confirmation warnings will display if a patient has a non-contracted benefit plan.

If the patient’s insurance is non-contracted, staff will need to begin a LOA, see [Using the LOA Web Based Request System](#) tip sheet posted on Knowledge Bank.

- Refer to the [Tracking LOA Status](#) tip sheet for instructions on updating the LOA status in referral entry.
- **NOTE:** UCSF (WB locations) and BCH-OAK share the same Service Area but do not share the same contracts. Community Affiliates have their own contracts.



Example screenshot of warning message

Documents

The documents list will be discussed in a later lesson. Typically, patients may schedule appointments by phone and are not present to sign or present required registration documents until Check- in.

Enc Details



Scenario: A Referring provider is not required for Primary Care visits, so select Provider > (None Per Patient)

90. Navigate to **Enc Details**

91. In **Referring Provider** field enter *Provider, None Per Patient*

92. **Private Encounter** field defaults to *No*.

Update this to Yes when the encounter is Private

93. Confirm **Accident Related?** Defaults to *No*

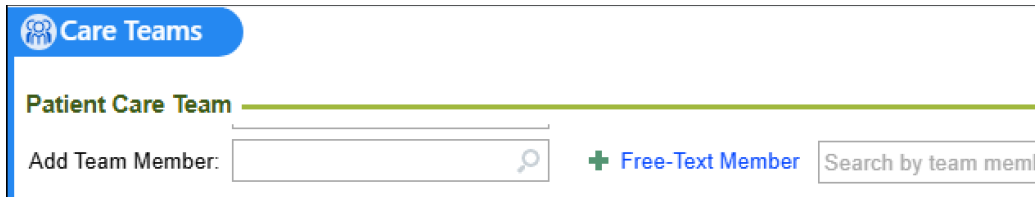
YES, triggers a Workers' Comp workflow.

94. In **Preferred Pharmacy** field, type *CVS San Francisco*

- Select 789 Mission Street location in Target

95. Navigate to **Care Teams**

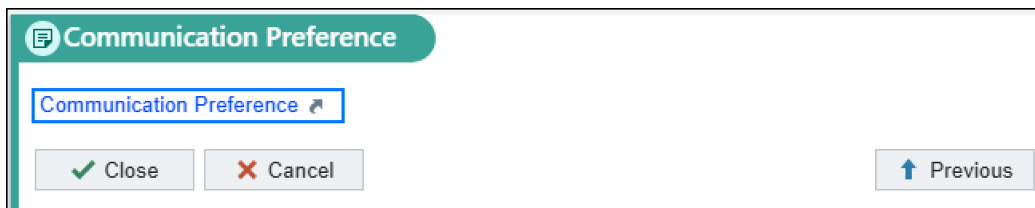
Care Teams – Primary Care Provider (PCP) Information



96. All required info should already appear because of your previous entries.

97. Navigate to **Communication Preference**

Communication



98. Click **Communication Preference**

99. **Opt in**

Read the message to the patient

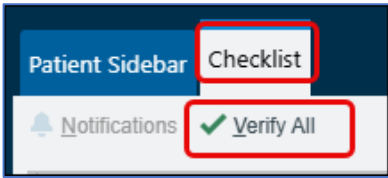
100. Select **Texts**

101. Select **Mark as Reviewed**

102. **Accept**

Checklist

Verify Patient, Guarantor, and Coverage Information



103. Open the **Checklist**
104. **✓ Verify All**
105. All required fields should already be completed. If not, complete them and click Refresh
106. Click **Accept**
107. **Appointment Desk** appears and the appointment is in the Future sub-tab

A screenshot of the 'Appointment Desk' interface. At the top, there's a navigation bar with various icons and labels like 'Book It', 'Walk In', 'Appt Request', etc. Below this is a 'Patient Summary (Edit)' section. It displays patient details for 'Zztrncad, Simon-CAD', including MRN, DOB, Sex, Age, SSN, Home, Work, and contact information. To the right of the summary is a circular graphic with the text 'No past appts' and 'No Shows'. Below the summary is a table with the 'Future' sub-tab selected. The table has columns for Encounter Date, Time, Ap., Status, Visit Type, VISIT MODE, Provider, Dept, and Appt Notes. A single appointment is listed for 2/25/2025 at 10:00 AM. At the bottom of the interface is a row of action buttons: 'Reg Appointment Contact', 'Assign Referral', 'Check In', 'Check Out', 'Cancel/Reschedule', 'Change Appointment', 'Edit Appointment Notes', 'Edit Appointment Info', 'Copy into Book It', and 'Recur'.

Only one staff member can access a patient’s Registration at a time. It is important to close a patient record when you are finished so you do not prevent others from accessing Registration for that patient.

REVIEW QUESTIONS

1. Where can staff document a patient’s preference for appointment reminders from Registration?
2. True or False: The permanent address is where the patient will receive billing statements.
3. When you begin adding a guarantor account for a patient, what account type is selected by default?
4. What do yield signs indicate in APeX?

Register and Schedule New Dependent Patient – Independent Exercise (Olivia)

The previous lesson focused on scheduling and registering a new adult patient. In this lesson, you will independently schedule and register a new dependent patient, a minor under the age of 18.

The process of scheduling and registering a dependent patient is slightly different from registering an adult because children are not generally responsible for paying their own medical bills and do not typically subscribe to their own insurance policies. For this reason, we need to associate minors with a guarantor, the person financially responsible for the patient, usually a parent or legal guardian over the age of 18.

Children can be the subscriber for government issued insurance products (i.e., Medi-Cal, Medi-Cal Managed care such as Alameda Alliance, CCS).

Learning Objectives

In this section you will learn how to:

- ☐ Create new patient record and collect registration and billing information
- ☐ Schedule a new dependent patient appointment in Book It
- ☐ Verify and complete registration information in the Access Navigator

Create New Patient Record for a Dependent Patient



Scenario: James called the clinic to make an appointment for his daughter, Olivia-CAD. Olivia-CAD is a tennis player and she's experiencing pain in her right wrist. She has taken over-the-counter pain relievers, but none worked. Her father would like to schedule an appointment for her at the LAKESHORE department tomorrow morning, if possible.

Olivia-CAD is a new patient; therefore, you need to collect her registration information before scheduling her appointment. James informs you that Olivia-CAD's birthday is 2/14/2014, but he does not remember Olivia-CAD's SSN.

1. Click **Appts**
2. In **Search for a Patient window** type *patient's full name* (use same LAST NAME listed on Classroom Information sheet), sex, and birth date

3. Click **Find Patient**; no patients were found. Click **create a new patient** link

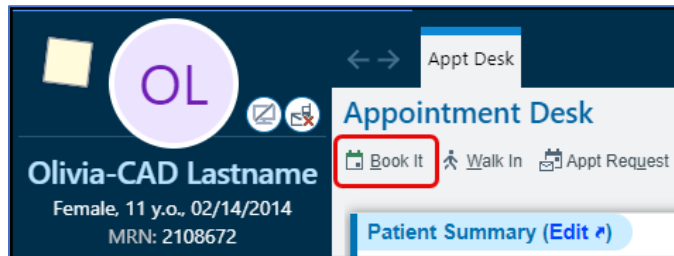
4. In **SSN** field, enter 888-88-8888 or press **F6** and select Standard Unknown SSN

- If the patient (or guardian) does not know the patient's SSN enter 888-88-8888.
- If patient (or guardian) refuses to disclose SSN, enter restricted 999-99-9999.
- To use these SSN options, they must be added after an initial search; APeX cannot search for patients with an unknown SSN.

5. Click **Create Patient**

APeX may confirm this is not a patient already in the system. The Potential Duplicate Record window could display if there is a close match. Compare new patient information with potential duplicate patient; confirm the patients are not the same. Click New and a reason for creating a new patient is required. Select a reason for creating the new patient and click Continue.

6. Click **Book It** button on Appt Desk toolbar; registration opens



Scenario: Olivia's father James provides their home address, 2401 Shadelands Dr, Walnut Creek, 94598. Their home phone is (510) 555-9009 and James's mobile number is 415-555-4545. Olivia-CAD is not Hispanic or Latino and her father tells you Olivia is Korean and Guamanian. They speak English and do not require the assistance of an interpreter.

Enter Patient Demographics

7. In Demographics section on **Permanent Address** tab, enter patient's address in **Search New Address** field and select the correct address
8. If manual entry, enter the patient's zip code in the **City (or Zip)** field and press TAB
9. In Phone Numbers section enter a contact number in **Home Phone** field
Enter additional numbers (like father's cell phone) in the appropriate fields if applicable
Click  (paper) icon to add a note on a particular phone number make updates and click 
- Accept**

10. Select **No email** checkbox

11. In **Reason for No Email** use selection tool to select *Patient Does Not Have Email*

Email Address

☒ No email

+ Add Comment

Title	Number
Patient Does Not Have Email	1
Patient Not Available	2
Patient Refused	3

Additional Demographics

12. In **Additional Demographics** section, enter the following details provided by Olivia's father:

- **Hispanic/Latino Y/N** field select *Not Hispanic or Latino*
- **Race** field select *Asian* and *Other Pacific Islander* (on second row)
- **Ethnicity** field select *Korean* and *Guamanian* (on second row)
- **Relationship status** field auto-populates *Single* for patients under 18 years old
- **Religion** field select *Humanist* (required field at BCH Oakland locations)
- **Preferred Language** field select *English*
- **Needs Interpreter?** field select *No*

Additional Demographics

Phonetic Name

Homeless status

Homeless type

Hispanic/Latino Y/N

Race

Ethnicity

Written Language

Relationship Status

Religion

Preferred Language

Needs Interpreter?

Interpreter Type

Patient Type

Patient Code

State of Birth

Country of Birth

Veteran Status

Medicare & Medi-Cal ID's

Medicare Number

Medi-Cal Number

Permanent Comments

13. Click to move to next section



Scenario: Olivia-CAD's employer and employment status auto-populated because she is under 18 years old. You ask James about Olivia's PCP and emergency contacts. He states that Dr. Drew-CAD (on your information sheet) is Olivia's primary care physician.

James is her emergency contact but also requests to add Olivia-CAD's mother, Luz as the other emergency contact to call first. Her cell number is (415) 555- 8621.

Collect Patient Employment Information

Note **Employer** and **Employment Status** fields auto-populate for patients under 18 years old; change when needed.

Employment	Employer	Occupation	Employer Phone
Not Employed	NOT EMPLOYED	—	—

Patient Contacts

14. Click **+ Add Contact** button

Patient Contacts

ⓘ No Patient Contacts on File

+ Add Contact ⚙ Set Reason for No Contacts

15. Click **+ Add Contact** hyperlink

16. In **Name** field, type *last name, Luz*

Always enter contact name as last name, first name

17. In **Relationship** field type *Mother*

18. In **Primary phone** field type her number
415-555-8261

19. Select **Mobile**

20. **Emergency contact?** Yes

21. In **Preferred language** field select *English*

22. For **Interpreter needed?** select *No*

23. For **Legal guardian?** select Yes

24. For **Same household?** select Yes

25. Click **+ Add**

Add Contact

Name: Lastname,Luz

Relationship: Mother

Primary phone: 415-555-8261

Home Work **Mobile**

Emergency contact? **Yes** No

Preferred language: English

Interpreter needed? Yes **No**

Legal guardian? **Yes** No

Notify on admission? Yes No

Same household? **Yes** No

+ Add ✕ Cancel

26. Click **pencil** icon

27. Select **Role** of *Family Caregiver*

The screenshot shows a form titled "Relationship". It has fields for "Relationship:" (set to "Mother"), "Relationship dates:" (with start and end date pickers), and a table for roles. The table has columns for "Role", "Start Date", and "End Date". The "Role" column has a dropdown menu open, showing "Family Caregiver" as the selected option. There are search icons next to the role input and the dropdown list.

28. Click **Accept** within the Entry

The screenshot shows a horizontal bar with three buttons: "Delete" (with a red X icon), "Accept" (with a green checkmark icon and highlighted with a red box), and "Cancel" (with a red X icon).

29. Click **+ Add Contact** hyperlink to repeat for James (father) with his cell number (415) 555-4545
Use arrows to change order if appropriate as contacts will be called in order listed. Remove contact using No symbol button (⊘) or add additional information using pencil button (✎).

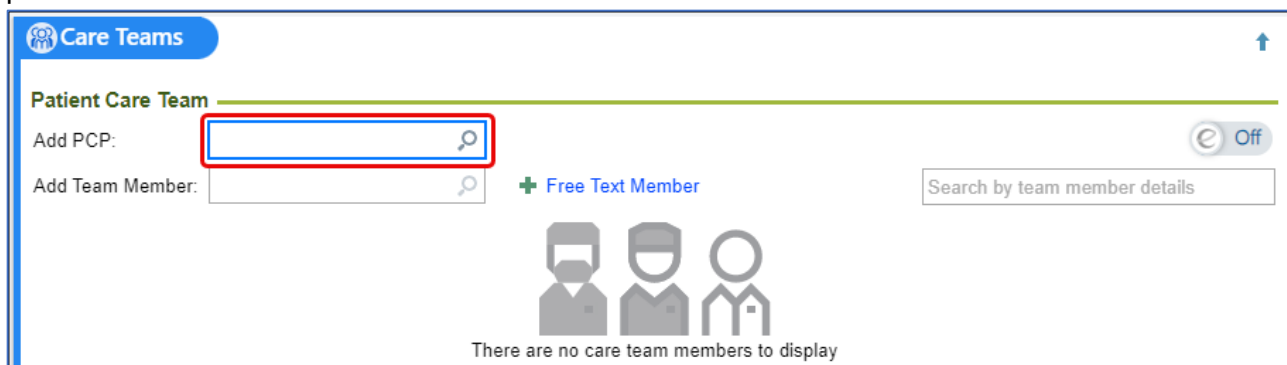
The screenshot shows the "Patient Contacts" section. It has a "+ Add Contact" button. Below it is a table with columns: Name, Relationship, Home Phone, Mobile Phone, and Roles. There are two entries: "Lastname,Luz" (Mother, 415-555-8261, Family Caregiver) and "Lastname,James" (Father, 415-555-4545). To the right of the table are icons for removing (⊘), adding (✎), and reordering (up/down arrows) contacts. A "Close" button is at the bottom left, and "Previous" and "Next" buttons are at the bottom right.

CARE TEAM - PRIMARY CARE PROVIDER (PCP) INFORMATION

30. Click **PCP is missing** hyperlink in Checklist

The screenshot shows the "Patient Sidebar" with a "Checklist" tab. It has a "Notifications" bell icon and a "Verify All" green checkmark icon. Below is a "Patient" section with a "New" task icon. Under "Tasks (1 incomplete)", there is a task "PCP is missing." highlighted with a red box. There is a red exclamation mark icon next to the task name.

31. In Care Teams activity, type your Drew provider's last name, first name in **Add PCP** field and press ENTER



Care Teams

Patient Care Team

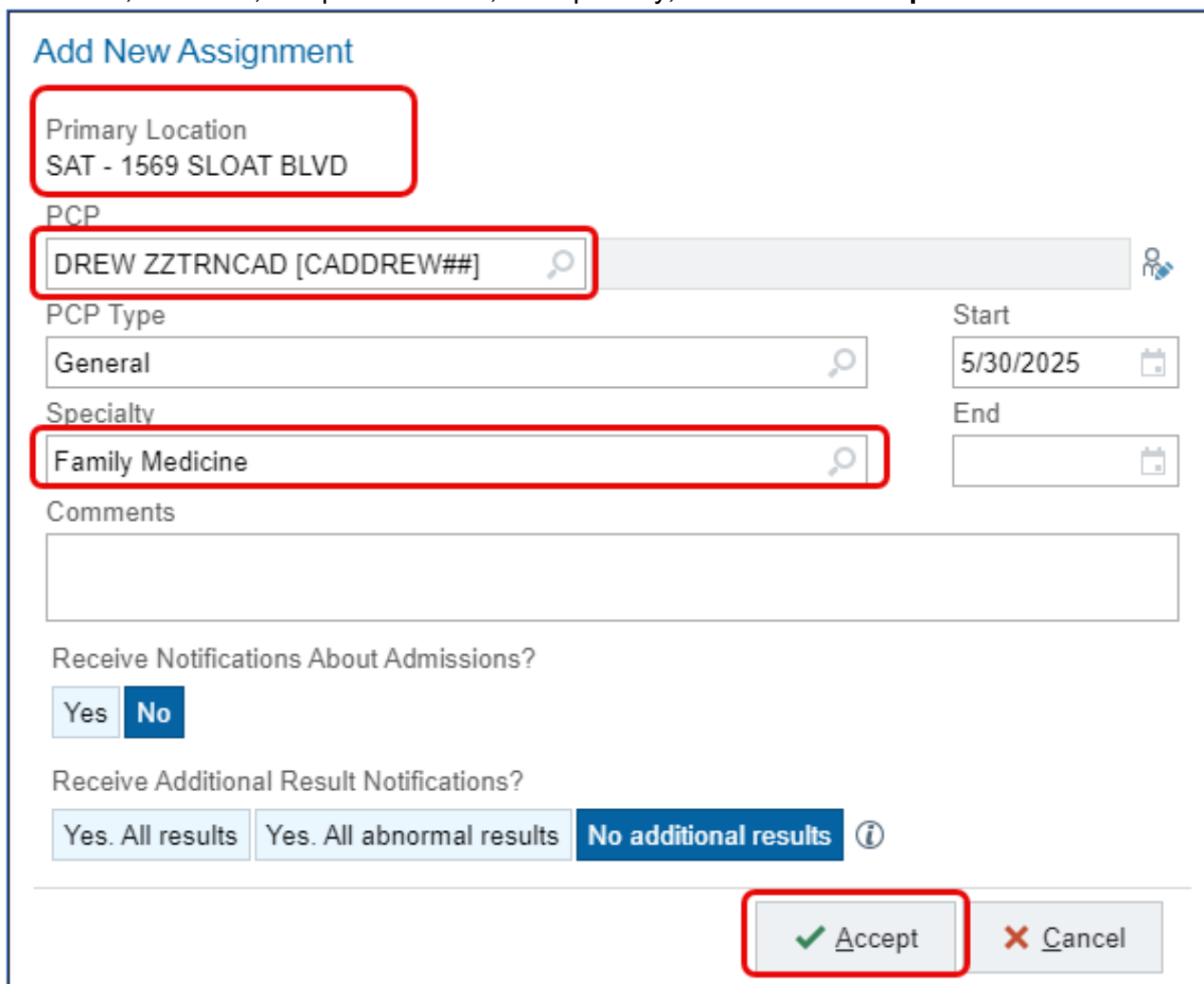
Add PCP:

Add Team Member: + Free Text Member

Search by team member details

There are no care team members to display

32. Add New Assignment section displays Dr. Drew-CAD's information. Confirm using three identifiers; full name, complete address, and specialty, then click **✓ Accept**



Add New Assignment

Primary Location
SAT - 1569 SLOAT BLVD

PCP
DREW ZZTRNCAD [CADDREW##]

PCP Type
General

Specialty
Family Medicine

Start
5/30/2025

End

Comments

Receive Notifications About Admissions?
Yes No

Receive Additional Result Notifications?
Yes. All results Yes. All abnormal results No additional results

✓ Accept ✗ Cancel

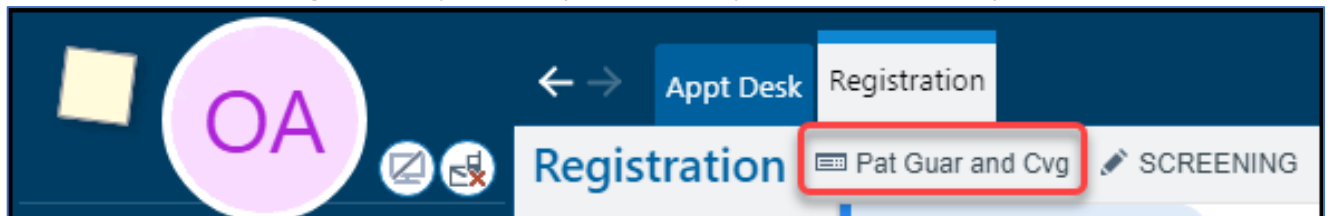
33. Click **Close** to exit Care Teams activity

The screenshot shows the 'Care Teams' window in the 'Registration' module. The 'Patient Care Team' section is active, displaying a table of team members. A red box highlights the 'Close' button at the bottom left of the window.

Team Member	Address	Start	End
DZ Drew Zztrncad, MD General (Family Medicine)		11/19/2024	

ADD GUARANTOR ACCOUNT

34. Click **Pat Guar and Cvg** in activity toolbar (or click the hyperlink in Checklist)



35. Click **+ Add Guarantor**

For dependent patients APeX requires selection of a responsible party (e.g., mother, father, etc.). APeX will not default to Self for minor patients as with an adult patient.

36. In **Relationship to Patient** field, select the person responsible for dependent patient's bills; for Olivia-CAD, select *Father* because James confirmed he is responsible for Olivia's medical expenses.

Guarantor Search/Create

Service Area
UCSF SERVICE AREA

Account Type
Personal/Family Personal/Family Workers Comp

Relationship to Patient
[Empty field with red error icon] Self Spouse Father Mother

Search/Create Cancel

If a patient's emergency contact is selected as the guarantor, some of the guarantor information can be pulled in. If not, enter it manually. Additional fields and Account buttons remain gray and inactive until a selection is made for the Responsible party.

37. Click **No Record**

Guarantor Search/Create

Service Area
UCSF SERVICE AREA

Account Type
Personal/Family Personal/Family Workers Comp

Relationship to Patient
Father Self Spouse Father Mother

Has this guarantor received care at your organization? If not, select "No Record".

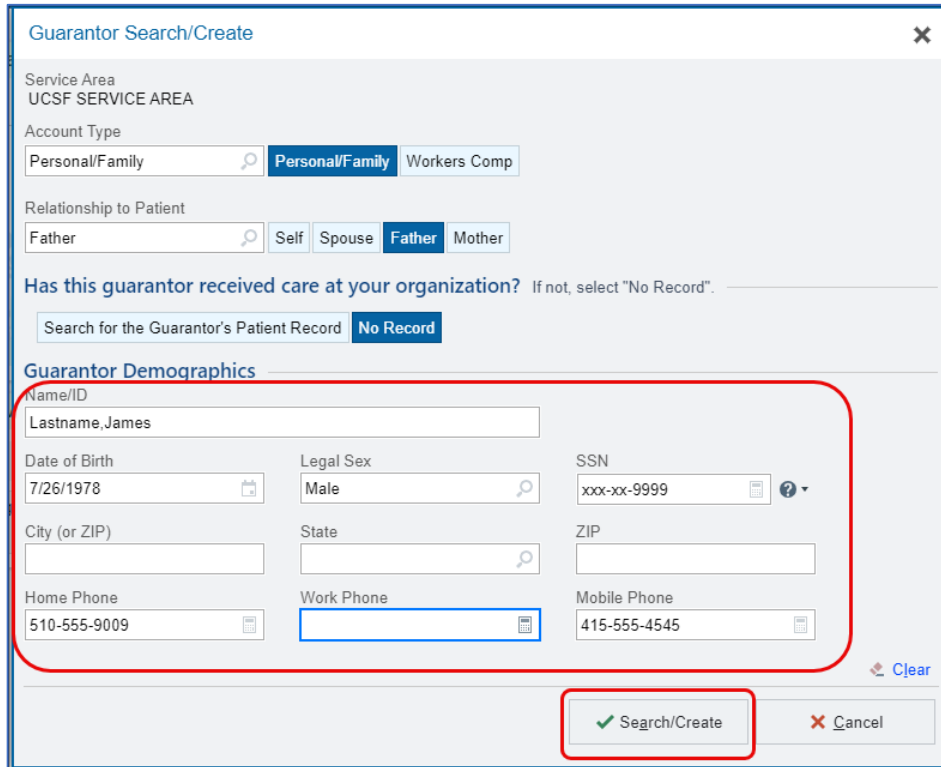
Search for the Guarantor's Patient Record No Record

Search Cancel

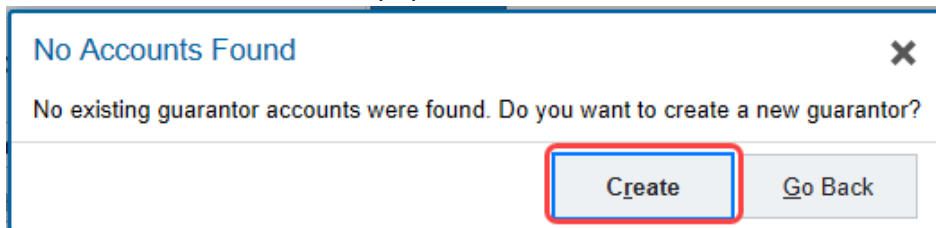
38. This opens Guarantor Demographics section

- Enter James's information:
 - **Date of Birth:** 07/26/78
 - **Legal Sex:** Male
 - **SSN:** 999-99-9999 (refuse to disclose/restricted SSN)
 - **Home Phone:** (510) 555-9009

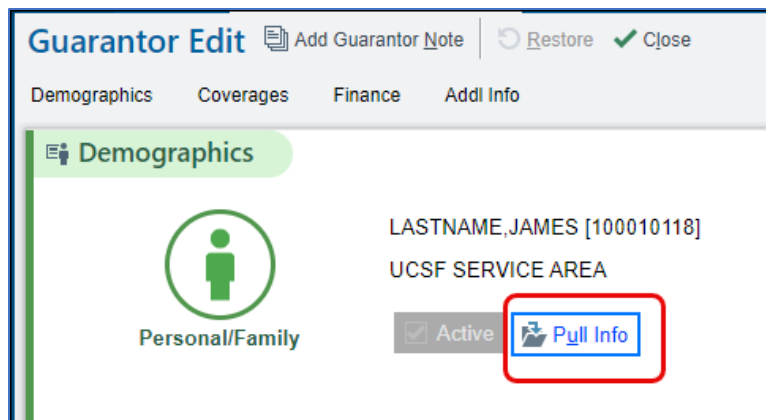
39. Click  **Search/Create**



40. No Accounts Found window populates, click **Create**



41. Click **Pull Info** link



42. **Current Patient** tab is selected by default; click **Pull Address** to copy patient's demographics into guarantor demographics

Pull Information

Current Patient Patient Contact Another Patient

Name Address

ASSIGNEDLASTNAME, OLIVIA-CAD 2401 Shadelands Dr

Information Preview

Only address information can be pulled. The current patient's relationship to the current guarantor is not Self.

Address Only Information

Address: 2401 Shadelands Dr
Walnut Creek CA 94598-2494

Home phone: 510-555-9009

Fax: -

Pull All Pull Address Cancel

43. In Guarantor Employment section, enter the following

- **Employment Status:** Full time
- **Employer:** City of Oakland

Billing Address

Address: 2401 Shadelands Dr
Walnut Creek CA 94598-2494

Home Phone: 510-555-9009

Mobile Phone: 415-555-4545

Work Phone:

Email:

Employment

Employment Status: Full Time

Employer: CITY OF OAKLAND

Employment Date:

Employee ID:

Occupation:

Address

1 CITY HALL PLAZA
OAKLAND CA 94612

Phone: 510-238-3301

Fax:

COLLECT INSURANCE INFORMATION – NON-RTE PAYOR

To verify eligibility for non-RTE enabled coverages, staff must verify coverage outside of APeX via phone, fax, or payer website before creating the coverage record for a patient.

Scenario: James tells you that Olivia-CAD is covered by his insurance and provides the information on the card, which is Sutter Select, administered by UMR.

SutterSelect

ISSUER (80840) 911-39098-02

Member ID: Y76400053 Group Number: 76-410005

Member: YOURLASTNAME, JAMES

Dependents: YOURLASTNAME, OLIVIA

EXPRESS SCRIPTS

Rx BIN: 0038123

RX PCN: A4

Rx GRP: SSELECT

Office Visit: \$20/Specialist Visit: \$35/ER Visit: \$50

Rx Retail: \$5/\$20/\$40 Rx Mail: \$10/\$40/\$80

Administered by UMR

44. Scroll down in James Guarantor Edit form.

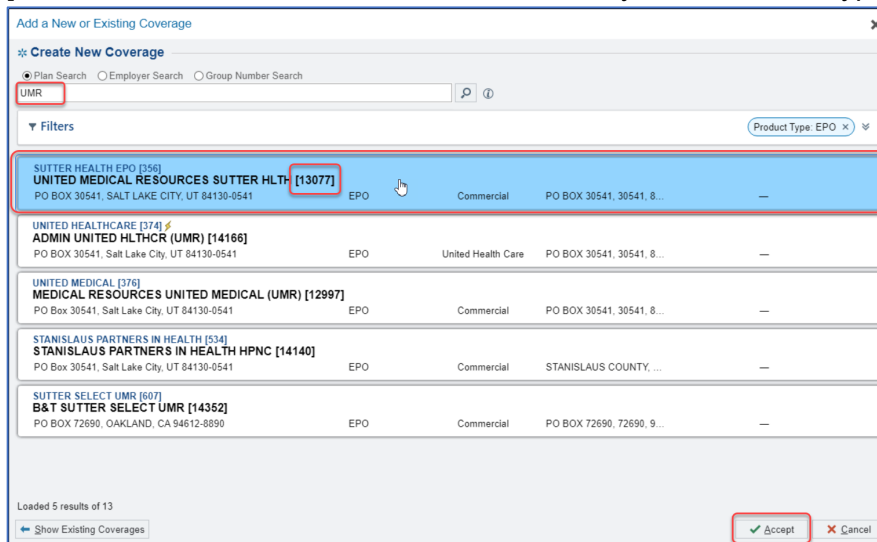
45. Click **+ Add Coverage**



46. We can also search for coverage using synonyms when known; enter *UMR* and press ENTER

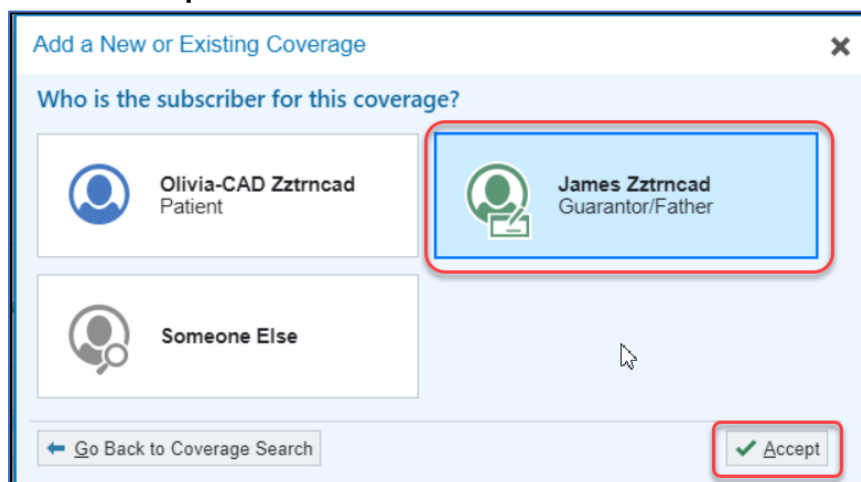
47. Select appropriate match of SUTTER MEDICAL RESOURCES SUTTER HLTH (Plan ID13077), click **✓ Accept**

[HINT: use Filters to refine results and search by EPO Product Type]



48. The **Add a New or Existing Coverage** window opens, click James.

49. Click **✓ Accept**.



In the Members section the Relationship to Subscriber auto populated. Complete the remaining information in this section.

50. The Coverage Edit form appears.

If it does not appear, go to **Patient Guarantor and Coverages**, refresh and click on the coverage link.

51. Members section

- **Effective From:** 01/01/2019
- **Member ID** Y76400053
- **Verification Status:** This cannot be updated until the Subscriber section is completed.
When it is completed mark it **Verified by Website**

Effective From	Effective To	Member ID	Payer Filed Name	Payer Filed Sex	Custodial Rel to Subscriber	Court-Decreed Responsibility	Verification Status
01/01/2019		Y76400053					New

The system may not allow you to update the Verification Status field until the Subscriber section is completed. You will get this error. Only update the status once necessary fields are complete and you have contacted the payor.

For example:

SUTTER HEALTH EPO/UNITED MEDICAL RESOURCES SUTTER HLTH ✕

Unable to save.

Please complete the following fields:

- Subscriber ID is required.
- At least 1 value is recommended for Covered Through Info.
- Group Number is recommended.

[Go Back](#)

52. **Scroll** to the **Subscriber** section (because Guarantor is the Subscriber some information auto-populates)

- **Subscriber ID:** Y76400053 (scroll down more...)
- **Subscriber is Covered Through:** Current Employment
- **Effective From:** 01/01/2019
- **Employer Size:** 100+

Subscriber Pull Info

Subscriber Name: ASSIGNEDLASTNAME,JAMES
 Sex: Male, Date of Birth: 7/26/1978
 SSN: xxx-xx-9999
 Subscriber's Patient Record: Select Patient

Demographics
 Address Linked?: No
 Address: 2401 Shadelands Dr, Walnut Creek CA 94598-2494

Employment
 Employment Status: Full Time
 Employer: CITY OF OAKLAND
 Employment Date:
 Employee ID:
 Occupation:
 Address: 1 CITY HALL PLAZA, OAKLAND CA 94612
 Phone: 510-238-3301

Subscriber ID: Y76400053
 Rel to Guarantor: Self
 Home Phone: 510-555-9009
 Work Phone:
 Fax:
 Payer-Returned Demographics: Name, Sex, Date of Birth

Coverage Sponsor

Subscriber Is Covered Through	Effective From	Effective To	Employer Size
Current Employment	01/01/2019		100+ Employees

53. **Policy** section

- **Group Number:** 76410005
- You can also enter Contact Info for the Payor/medical group in this section

Policy

Contact Info
 Auth Phone:
 Payer Phone:
Group Info
 Group Number: 76410005
 Group Name:
 Documents:
 + Add a new document to this coverage
 Show All Documents

UCSF (WB) locations may scan insurance cards in Coverage or view scanned insurance cards that were previously linked to Coverage ID card in Documents List.

UPDATE SERVICE LEVEL COPAY

Copay information is updated under the **Additional** section under Copay of the Edit Coverage section.

Additional

Claim Address

Send Claim To

Payer Plan

PO BOX 30541
SALT LAKE CITY Utah 84130-0541
866-868-1320
866-646-4718

Copay

+ Add Copay

Dept Specialty	Service Type	Copay	Coinsurance (%)
—	Office Visit: PCP	—	—

54. Add Copay Rows for the below services. Click **Accept** after you add each row. Click **+Add Copay** to add additional rows.

- **Office Visit: PCP:** 20.00 (Click pencil icon to edit)
- **Office Visit: Specialist:** 35.00
- **Emergency Services:** 50.00

Copay

+ Add Copay

Dept Specialty	Service Type	Copay	Coinsurance (%)
—	Office Visit: PCP	20.00	—
—	Office Visit: Specialist	35.00	—
—	Emergency Services	50.00	—

55. Go back to **Verification Status** in the **Members** section and update to *Verified by Website*.

Members

Olivia-CAD Aberdeen

Relationship to Subscriber
Child

Dependent Type
Child Dependent

Relationship to Guarantor
—

Member Verified

Member Effective Dates

+ Add Effective Date Range

Effective From	Effective To	Member ID	Payer Filed Name	Payer Filed Sex	Custodial Rel to Subscriber	Court-Decreed Responsibility	Verification Status
01/01/2019		Y76400053					Verified by Website

56. Click **Close** or the X

SUTTER HEALTH EPO/UNITED MEDICAL RESOURCES SUTTER HLTH

Subscriber Name
ANTWERP,JAMES

Subscriber ID
Y76400053

Claim Address
PO BOX 30541 SALT LAKE CITY Utah 84130-0541

Financial Class
Commercial

Effective Since
1/1/2019

57. **If Guar Edit appears**, check all fields and close it.

58. When **Patient Guarantor and Coverages** appears and it shows the coverage for the patient, click **Close** or the **X**

59. Click **Accept** on Checklist to exit registration and continue scheduling

Enter Appointment Information



Scenario: Reminder: Olivia-CAD is a tennis player and lately she has been feeling pain in her right wrist. She tried to take over-the-counter pain relievers, but none worked and her father would like her to be seen in the office to determine the best course of treatment.

60. In **Add a visit type** field select *New Patient* [2252] and click **Apply** on Decision Tree window
 61. In **Notes** enter *Pain, right wrist*
 62. Your *Dr. Drew-CAD* should already be pre-populated
 63. Use date convention “*t+1*” to start appointment search tomorrow



What date convention can you use to search for appointments beginning tomorrow? Two weeks from today? Six months from today?

64. Double-click an available appointment time slot solution



What information should be reviewed with the patient before finalizing the appointment?

Appointment Review

Monday Jun 2, 2025
Arrive by 9:50 AM
Appt at 10:00 AM (1 hr)

 **Drew Zztrncad, MD**
PCP

LAKESHORE at UCSF Med Ctr Service
Area 10

NEW PATIENT ⤴

Insurance
SUTTER HEALTH EPO
UNITED MEDICAL
RESOURCES SUTTER
HLTH

Effective Dates
1/01/19 -

Copay
\$20.00

Location Instructions
Located in the Lakeshore Plaza, at 1569 Sloat Blvd, Suite 333

Notes
Pain, right wrist

Patient Instructions

Add to Wait List

Mark as Confirmed

Schedule

Cancel

65. Click **Schedule** on Appointment Review window

COMPLETE PATIENT REGISTRATION

Once the appointment is scheduled, record patient Communication Preferences for appointment reminders, document encounter specific visit-level information and indicate coverage for billing.



Scenario: James prefers a phone call to his mobile phone for future appointment reminders for Olivia-CAD. Make sure the mobile phone number in demographics is marked as priority and select phone as the appointment reminder method in the Communication Preferences activity.

Preferred Numbers, Communication Preferences, and Appointment Reminders

When a patient has a phone number marked as priority in registration, the phone number will appear with a gold star on the Navigator to indicate it is the best phone number to use first, when contacting the patient.

66. Click **Demographics** link

67. Click star to make Mobile the primary number. *Hover over number to display star if needed.*

Phone numbers marked as priority are used in conjunction with patient Communication Preferences and voice call appointment reminders. For example, if the patient’s mobile phone number is marked as priority and the patient prefers a phone call for appointment reminders, Salesforce will place a phone call to the mobile number as shown in the table below.

Primary (preferred) Number in Registration (yellow star) ¹	Communication Preference Selection	Salesforce Action
---	------------------------------------	-------------------

¹ Phone number marked as primary (preferred) in Registration appears with a yellow star in Demographics.

Mobile marked as primary ★	Phone	Phone call to mobile number
Home		
Home Phone marked as primary ★	Phone	Phone call to home number
No mobile number on file		
Home		
Mobile	Phone	Phone call to mobile number
(No number marked as primary)		

To view the complete table and additional information on Salesforce voice call appointment reminders, refer to the [Appointment Reminders](#) available on Knowledge Bank.

68. Click the **Communication** link in the Navigator
69. Click **Communication Preference** Link
70. Click *Appointment Notifications* header and select **Phone** icon (patient cannot consent to SMS messages verbally, only during check-in)
71. Click **Mark as Reviewed**, then click **Accept** to save and return to registration
72. Click **Enc Details** in Navigator menu
 - **Referring provider:** Provider, None per Patient [99997]
 - **Private Encounter:** *No*
 - **Accident Related:** *No*
73. Click  **Close**



Who should be entered as the referring provider if the referring provider is a UCSF NP, PA, or Resident? Where is that information entered?

74. Click **Enc Guar & Cvgs**

75. The HAR was automatically created when the appointment was scheduled in this department. Confirm assigned HAR has appropriate guarantor and coverage attached

The screenshot shows the 'Encounter Guarantor and Coverages' window. The left sidebar has a red box around 'Enc Guar & Cvg'. The main area shows patient details for James Lastname, including his address and employer. Below this is a table titled 'Hospital Filing Order' with one entry: SUTTER HEALTH EPO/UNITED MEDICAL RESOURCES SUTTER HLTH. The table has columns for Coverage, Subscriber, Insurance ID, and Effective Dates. A 'Close' button is at the bottom left, and 'Previous' and 'Next' buttons are at the bottom right.

Verify Information

As mentioned previously, verification confirms all the necessary information is present. If all necessary information has been completed, the Verify box changes to Verified and a green checkmark appears. If items are missing, a warning or error message appear.

76. Click **Verify All**. If the Hospital Account remains unverified verify it individually.

Olivia's coverage is verified because we used the Sutter Select website earlier. Some verifications must be done in order, like the guarantor must be verified before the HAR can be verified.

77. When appropriate levels are verified, click **Accept**

- Fix any errors and *Continue Anyway* through any warnings (e.g., SMS Consent, payment collection) that do not apply during scheduling

The screenshot shows the 'Patient Sidebar' with the 'Checklist' tab selected and highlighted with a red box. The checklist contains four items, each with a green checkmark icon: 'Patient', 'Manage SMS Consent: 415-555-4545', 'Guarantor', and 'Member'. The 'Manage SMS Consent' item has a sub-section for 'Account, patient, and visit updates' with 'Opt In' and 'Opt Out' buttons. The 'Guarantor' item shows 'P/F - James Lastname'. The 'Member' item shows 'SUTTER HEALTH EPO/UNITED MEDICAL RESOURCES SUTTER HLTH'. The 'Hospital account' item is partially visible at the bottom.

78. Confirm appointment appears on **Future** tab on Appointment Desk.

- If appointment notes are limited, hover mouse over appointment row to view full note.

Future									
H...	Encounter Date	Time	Ap...	Status	Visit Type	VISIT MODE	Provider	Dept	Appt Notes
	10/9/2025 Thu	10:00 AM	60	Sch	NEW PATIENT [2252]	In Person [1]	Drew Zztmcad [CADDREW##]	LAKESHORE [4030002]	Pain, right wrist

79. Close patient's workspace using **X** on workspace tab or upper right of patient space

REVIEW QUESTIONS

1. When creating a guarantor for a dependent patient, what options are available under *Relationship to Patient*?
2. How can you add a note about a specific telephone number in patient Demographics?
3. True or False: Only two emergency contacts can be entered for dependent patients.
4. True or False: All verifications are good for 30 days.

Schedule an Appointment and Record Interpreter Services Request (Milad) – Independent Exercise – UCSF Only

In a previous lesson, you learned to be compliant with The Joint Commission, staff should use the phrase “preferred language for discussing healthcare” when referencing patient communication needs. Preferred Language and Needs Interpreter are mandatory fields in the registration workflow.

Learning Objectives

In this section you will learn how to:

- ☐ Schedule Appointment for a patient that requires Interpreter Services
- ☐ Document interpreter services type in registration
- ☐ Access Service Hub to request an interpreter for a patient’s appointment

Schedule Appointment and Record Interpreter Type

If the patient names a language other than English as a preferred language to discuss health care, the Needs interpreter field must be set to ‘Yes’. Staff will receive a hard stop in registration, when attempting to schedule an appointment for a patient with a documented preferred language other than English, if the interpreter type has not been selected.



Scenario: (-CAD calls to schedule a morning appointment for his yearly physical with Dr. Drew-CAD. Milad-CAD needs a Spanish interpreter during his appointment.

1. Click **Appts**, open **Milad-CAD’s** Appointment Desk
2. Click **Book It**
3. **Visit type:** *Office Visit* [1004],
4. Complete the **Decision Tree** per screenshot below

Decision Tree for OFFICE VISIT

Has the provider approved a different appt length be modified from the original visit type selected? Yes No

Rarely used however, if YES the provider would have documented in the chart for this occurrence.

Have you been discharged from the hospital within the last 30 days? Yes No

NOT for Emergency Department visits.

The medical providers at your practice have indicated that the presenting concern below should be scheduled as an in-person visit.

The below visits must be seen in person: Fatigue, Vision Changes/Testing, Neurologic Symptoms (weakness, numbness, fainting), Pap/Pelvic... [see more](#)

Continue with Video Visit Schedule In Person

5. Click **Apply** on Decision Tree window
6. **Notes:** *Annual Physical*, press TAB
7. **Providers:** Remove provider that defaulted (click X) in to delete him
8. Replace the default provider with your **Dr. Drew-CAD** provider, press TAB
9. **Calendar** date field, enter date convention for **one week in the future** (W+1 and TAB)

10. Select the  **View:**

11. Double-click on a **morning appointment**

Note, some visit types may automatically change based on the Decision Tree results

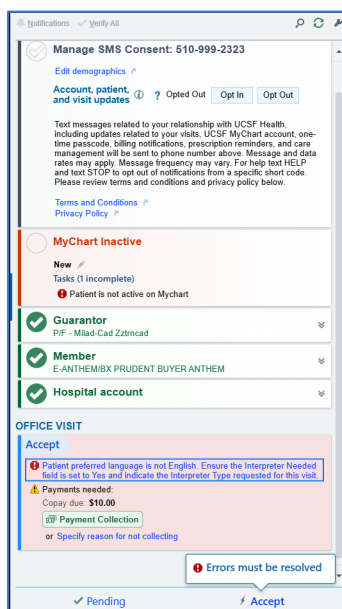
12. Click **Mark as Confirmed** and click **Schedule** on the Appointment Review window.

13. **Registration appears.**

14. **Verify:** the following:

- **Demographics** (make sure mobile phone has an entry and a star)
- **Employment**
- **Patient Contacts**
- **Enc Guar and Cvgs** (is there a HAR and at least one insurance plan?)
- **Payor Contract Status**
- **Enc Details:** Referring Provider - *None, Provider per patient*
– Private Encounter & Accident Related - *No*
- **Care Teams:** Verify the PCP

15. Go to **Checklist** sidebar and click **✓Verify All**



16. A Checklist error message should appear for this scenario. The error is telling you that the **Interpreter Type** field must be completed to continue.

If you see an error, with a red stop sign, click on the **error hyperlink** to open the associated record.

17. Click on the **error message**.

18. **The Patient Demographics screen appears.**

19. Scroll to **Additional Demographics** section.
20. **Preferred Language**: Should already display as Spanish.
21. In **Interpreter Type** field, select *Video Interpreter*

The screenshot shows the Epic Registration form. The left sidebar has a 'Demographics' tab selected. The main form area shows the 'Additional Demographics' section expanded. The 'Preferred Language' field is set to 'Spanish'. The 'Interpreter Type' field is set to 'Video Interpreter'. Other fields include 'City (or ZIP)' as 'OAKLAND', 'State' as 'CA', 'ZIP' as '94621', 'County' as 'ALAMEDA', 'Country' as 'United States of America', 'Homeless status' as 'No', 'Ethnicity' as 'Other', 'Homeless type' as an empty field, 'Written Language' as an empty field, 'Hispanic/Latino Y/N' as 'Hispanic or Latino', and 'Relationship Status' as 'Single'.

Video Medical Interpretation is the UCSF preferred method; however, there are times when an in-person interpreter is requested by the patient or provider. Staff should follow the guidelines for requesting in-person or video interpreter services or other appropriate method based on department protocol.

22. Click **Accept** in the Checklist to exit registration
23. **Continue Anyway** through any registration warnings
24. **Appointment Desk** appears and the appointment displays in the **Future** tab
25. **Close** Milad-CAD's Appointment Desk by clicking on the **X** in the **workspace** folder
26. In production you would have to next schedule the appointment for the interpreter in an outside system.

[BCH Oakland Interpreter Services Workflow](#)

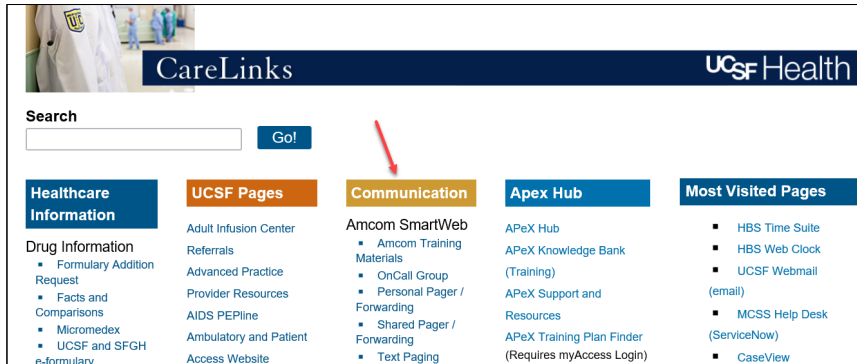
BCH Oakland department appointments with a preferred language other than English, Yes in Needs interpreter field with an Interpreter Type selected will automatically appear on the Interpreter Scheduling Report for BCH Oakland Medical Interpreter Services staff to run. If your clinic is approved to utilize Service Hub, follow instructions to submit request via [CareLinks](#) page.

BCH Oakland Medical Interpreter Services staff log into APeX to run the Interpreter Scheduling Worklist (**EPIC > Reports > Scheduling Reports > Interpreter Scheduling**). For more information on running this report for BCH Oakland Medical Interpreter Services, refer to [BCH Oakland Interpreter Services Workflow](#) tip sheet posted on KB.

TRAINER DEMO: REQUEST AN INTERPRETER FOR A PATIENT ENCOUNTER – UCSF SF (WB) LOCATIONS and UCSF REMOTE SATELLITE CLINICS

To initiate a request for interpreter services for a scheduled appointment, go to the [Carelinks](#) homepage, navigate to the **Interpreting and Translation Department Services** section under **Communication** and click the **Interpreter Request** hyperlink to complete the Interpreter Request form.

Refer to the [Interpreter Services](#) tip sheet linked in the request form for help.



Front desk staff at WB locations can place requests for Medical Interpreters in Spanish, Cantonese, Mandarin, Taishanese, Vietnamese, and Sign Language. Adhere to UCSF guidelines when requesting interpreter service types for a patient encounter. For additional information, visit the [Interpreting Services](#) page.

REVIEW QUESTIONS

1. True/False: You need to schedule a separate appointment in APeX for Interpreter Services.

Create an Appointment Request for Follow Up – Independent Exercise (Julie)

Take 20 minutes to complete the next two independent exercises.

Appointment requests are helpful for staff working in areas that handle a high volume of requests for appointments but are unable to schedule the appointments right away because the appointment date is too far in the future.

Clinical staff generate follow up appointment requests from their follow up navigators that will populate into Appointment Request Follow Up workqueues.

Front end staff can create appointment requests for follow ups from the Appointment Desk (or Patient Message for patients active on MyChart) upon provider request, that will populate in the Appointment Requests Follow-Up workqueues for follow up.

Appointment requests can be sent directly to patients for self-scheduling in MyChart in departments that have enabled self-scheduling. For additional information, review the Appointment Requests for MyChart and Recall Appointment Requests tip sheets posted on Knowledge Bank.

Learning Objectives

In this section you will learn how to:

- ☐ Create an appointment request for a follow-up appointment
- ☐ Send scheduling ticket to patients with MyChart for self-scheduling



Scenario: Julie-CADMC calls the Lakeshore department to schedule a follow up office visit for a Diabetes check with Dr. Drew-CAD to evaluate her progress in 6 months.

Dr. Drew allows appointments to be scheduled for up to 90 days in the future. Create an Appointment Request for Julie that will populate in the Appointment Request Follow Up workqueue to be scheduled in 6 months.

1. **Note:** This following is the full appointment request workflow and it has a few more steps than you have previously used up to this point today.
2. Click **Appts** on main toolbar and look up your *Julie-CADMC* patient

3. Select the **Appointment Requests** tab (it's in the table in the middle of the screen)

Future Past Active Requests Finalized Requests								
Request ID	Days Sin...	Create Dt	Start/Req Dt	Sent to Pt?	Status	Type	Proc/Visit Type	
2839695	140	09/16/2025	09/16/2025		Need Sched	Outpatient Referral	Referral to Physical Therapy Destination: UCSF Health; Physical Therapy Specialty: General; Indication: Chronic condition / pain; Is the patient	

4. Click **Appt Request** on activity toolbar

Appointment Desk

Book It
 Walk In
 Appt Request
 New Wait List
 Reports
 Patient Options

5. The **appointment Request form** opens to the **Request Source panel**; from here complete the Method, Source, and Requested Appt Date fields as follows:

Request Source

Method: Follow-up Source: Patient
 Requested Appt Date: M+6
 Referring Provider: Requested Centers:

↑ Previous ↓ Next

Request Source panel

- **Method:** Follow-up + TAB
- **Source:** Patient (use other source values when appropriate) + TAB
- **Requested Appt Date:** enter requested appointment date m+6 + TAB

6. Navigate to the **New Visit /Office Visit** panel by scrolling or clicking on **New Visit** in the Form Navigator at the far left.

OFFICE VISIT

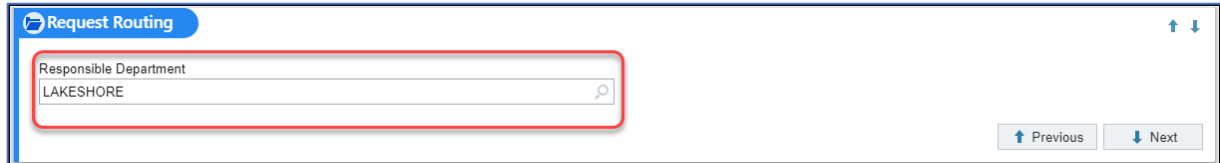
Department: LAKESHORE
 Visit Type: OFFICE VISIT [1004] Start Date: T + TAB End Date: End
 Notes: Diabetes Check
 Search for providers: PCP
 Providers and Resources (1): Aberdeen, Drew-Cad, MD [CAD21000] in LAKESHORE [4030002]

↑ Previous ↓ Next

7. Enter the following:

- **Department:** confirm defaults to Lakeshore
- **Visit Type:** Office Visit (OV)
- **Start Date:** m+6
- **End Date:** leave blank (enter dates when appointment should be scheduled within a certain time frame)
- **Notes:** Diabetes check
- **Provider:** Dr. Drew-CAD (see Classroom Information Sheet)

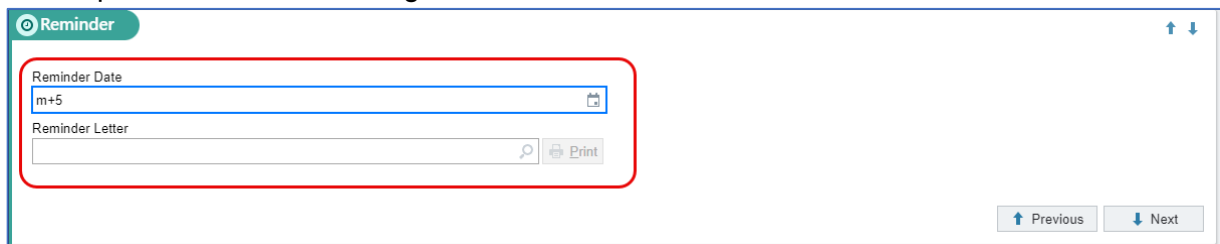
8. Navigate to the **Request Routing** panel:



- **Responsible Department:** Lakeshore

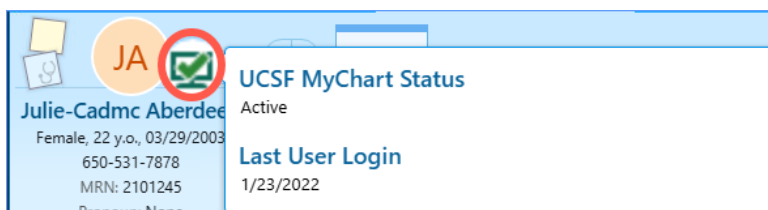
9. **Reminder** panel:

Drives patient reminder messages.



- **Reminder Date:** m+5
- **Optional - Reminder Letter field:** If your department uses a reminder letter, you can populate and print manually as needed.

10. Look at the **Storyboard**. Hover over the My Chart icon to verify that the patient uses MyChart.



11. Continue to the following steps and topic below (MyChart Scheduling Ticket)

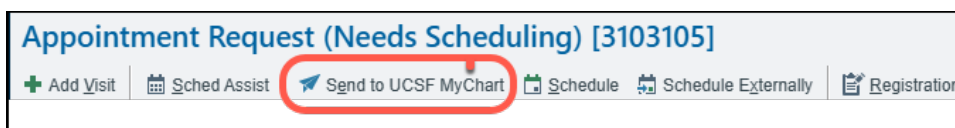
Send a Scheduling Ticket (Appointment Request) to Patient via MyChart – Independent Exercise

Departments that allow patients to self-schedule can send appointment requests (scheduling tickets) to patients via MyChart for self-scheduling.

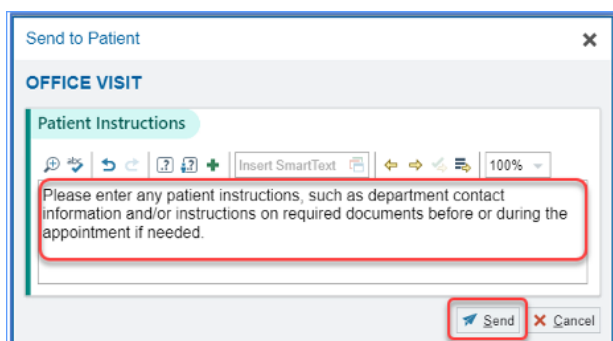
To do this front desk staff select **Send to UCSF MyChart** on request toolbar, and enter patient instructions (if needed), and then click **Send**. After this the requests will appear in MyChart for the patient to schedule the appointment.

Check with local department leadership to determine which visit types (if any) are allowed for self-scheduling in your clinic.

12. With the form still open, click **Send to UCSF MyChart** to send the appointment request (scheduling ticket) to patient Julie-CADMC through MyChart so she may book the appointment

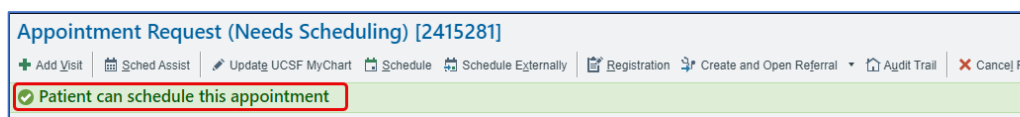


13. The **Send to Patient** window appears; enter any Patient Instructions as needed



- In the instruction window make up some instructions to be sent to the patient
- Tip: in Production you can create a smart phrase to save you time as well as ensure accurate instructions
- Click **Send**.

The patient will be able to schedule the request for the date range entered in the visit section



14. Click **X** in top right corner to close Appointment Request form
15. Leave Julie's Appointment Desk open
16. Continue to the next topic and steps below...

How to View Appointment Requests – Independent Exercise

17. To view active appointment requests, click **Active Requests** tab from the **Appointment Desk**.

Future	Past	Active Requests	Referrals	Finalized Requests						
Request ID	Days Sin...	Create Dt	Start/Req Dt	Sent to Pt?	Status	Type	Proc/Visit Type	Responsible Dept	Request Notes	
2415281	0	05/30/2025	11/30/2025	✓	Need Sched	Follow-up	OFFICE VISIT	LAKE SHORE		
1878067	256	09/16/2024	09/16/2024		Need Sched	Outpatient Referral	Ambulatory Referral to Physical Therapy	REHAB PT FP MB		

- Requests with a green check in the **Sent to Pt?** column indicates that the request has been sent to the patient via MyChart to self-schedule.
- If you want more details, **double-click** on the appointment request to view Request and Workqueue Summary details.

18. A window appears

Summary

ID: 3075889

Patient:

Aberdeen, Julie-Cadm [2101245]

Visit Type:

OFFICE VISIT

Status:

Needs Scheduling (Sent to Patient)

Requested appt date:

7/20/2026

Source:

Patient

Responsible dept:

LAKE SHORE

Ticket Scheduling

Scheduling Instruction:

Request History

Action	Date and Time	User	Details
Request Created	01/20/2026 15:20	Sally-Cadsched Athens	Responsible dept: LAKE SHORE
Released to Patient	01/20/2026 15:23	Sally-Cadsched Athens	

Workqueue Summary

Current Workqueues

Entry

Current Tab

Active

Details

UCSF - UNCLAIMED REQUESTS

- Appointment requests for follow ups can be managed from Appointment Request Follow Up workqueues.
- Front end staff can send reminders to patients by mail manually, release appointment to patient for self-scheduling via MyChart, or contact patients by phone to schedule the appointment.



19. Click **Close** to collapse the window

20. Click on the **X** to close the patients appointment desk

21. Go to the **next exercise** –

Wait List (Jim) – Independent Exercise

There are times when providers have no immediate openings or there isn't an appointment date or time that suits the patient's needs.

When this occurs, staff can offer to put the patient on the Wait List for the provider(s) that the patient is willing to see. The Wait List is an option a department can utilize when patients have flexibility to come in sooner than scheduled when there are openings made available due to canceled appointments.

Appointments and appointment requests for patients can be added to a Wait List from Book It, Appointment Review window or Appt Desk.

Schedule the appointment for the patient in addition to adding them to a wait list to ensure the patient receives the care they need. Check with your manager for department specifics.

Learning Objectives

In this section you will learn how to:

- ☐ Add appointment to Wait List during scheduling
- ☐ Run Wait List report and schedule appointments from Wait List



Scenario: You are working in **(20206021) BCH OAK OPC Gastroenterology** and receive a call from Jim-CAD's mother Dawn. Dawn needs to schedule an appointment with Dr. Kelley-CAD because Jim-CAD has been experiencing abdominal pain and was referred by his PCP. Dawn wants to bring Jim in tomorrow, but Dr. Kelley-CAD doesn't have openings for New Patients until three weeks from now.

Dawn is upset that Jim-CAD won't be seen for three weeks but agrees to add Jim-CAD to the Wait List, which will allow him to be scheduled in an earlier time slot if one becomes available before his appointment.

CHANGE CONTEXT

If you work in multiple departments, **Change Context** can be used to change departments without logging out of APeX. Some departments have restrictions (Radiology, Nuclear Medicine, etc.) and may require you to be logged into that department. Department may not change if workspaces are open. Best practice is to close workspaces before changing context.

~~1. Change Context to **BCH OAK OPC GASTROENTEROLOGY** as follows:~~

~~2. Go to **Epic > Change Context**~~

3. ~~Type 20206021 in Department field + TAB and click **Continue**~~
~~(Alternatively, switch departments using the Recent and Favorite Departments button)~~

4. IF the **DAR Report settings** window appears. click **Cancel** at bottom right of the form or **X** on the workspace folder.
5. Click **Appts.**
6. Find patient **Jim-CAD**
7. Jim-Cad's **Appointment Desk** appears
8. If needed, collapse the sidebar
9. Click **Book It**

10. The **Book it form** appears:

11. **Department field:**

- Confirm or change to *BCH OAK OPC Gastroenterology [20206021]* (at the top-left of the form)
- To change the dept: Click in the Dept field

- Type "BCH OAK OPC GASTRO..." + TAB
- Select *TRN BCH OAK OPC Gastroenterology [20206021]*

12. **Visit type:** *NP* and press TAB and select *New Patient*

(If *New Patient* cannot be found, select **Office Visit**).

13. **Decision Tree**

Skip this step if a decision tree does not appear.

- New Patient
- Cholestasis
- 1st Available EB.
- In Person.
- Read any relevant info from the Tree to the patient.
- Click **✓Apply** or **Continue**.

14. Add appointment **Note** of *Abdominal pain* + TAB

15. In **Add a provider** field enter YourTentCardLastName, Drew + TAB (or *Kelley-CAD* +TAB).

16. In date field above calendar, use date convention for three weeks in the future (W+3) + TAB

17. **Double-click** the any time slot

18. Click **Add to Wait List** button on Appointment Review window

19. Click **Schedule**

20. Follow the normal Appointment workflow you checking all key forms until you get to **Enc Details**

21. Enc Details

- **Referring Provider:** type '.PCP' to pull in your *Dr. Sara-CAD* provider
- **Private Encounter:** *No*
- **Accident Related:** *No*
- **Was this patient offered an appointment within the practice access target?** *No*

22. Navigate to the **Checklist**

23. Complete verification via **Verify All**

24. Update communication preferences to **Opt In** if needed

25. Fix any blue ink errors that do **NOT** display a **green checkmark**.

26. **RUN RTE** on the coverage and if it fails mark as **Verified by Phone**.

Member
E-UNITED HEALTHCARE/CHOICE PLUS
UNITED HLTHCR
E-Rejected 

[HCF
100005]
[VRX
151219]

- Look for the **Member** panel in the Checklist
- Change the status to **New** and click on the Member panel **Circle**.
- Click the Checklist **Refresh icon** (green icon at the top right)
- If the coverage is E-Rejected...
- Click on the “**E-Rejected**”: **pencil**
- Select **Verified by Phone** (because you affirmed the coverage via telephone)

27. Click **✓Accept** to exit the Registration Checklist

28. Click **✓Continue Anyway** if needed to continue through warnings

29. On the Appointment Desk, click **Wait List** tab to view or schedule from Wait List

Start Date	Status	Visit Type	Provider	Dept	Notes	End Date	Off...	Linked Sched Appt?
02/25/2025	Pending	NEW PATIENT	Kelley Zztrncad	GEC	Abdominal pain	03/18/2025		Linked [1]

Expand Delete **Schedule from Wait List** Edit Wait Appointment Copy Wait Appointment



Note: From the Wait List tab, always check the Linked Sched Appt? column for Linked appointments before scheduling a new appointment from Wait List.

30. Click **X** to close Jim-CAD's Appointment Desk

Run Wait List Report



Scenario: As you review the appointment details and Wait List information with Dawn, she asks if it is possible to get an earlier appointment. You inform Jim's mom that more openings become available when looking for openings for multiple providers.

Run the Wait List report and edit the Wait List entry to add other providers to see if there's an earlier appointment available with another provider.

Introduction

The Wait List is useful whenever openings become available due to canceled appointments. Patients with future appointments on the Wait List will be offered earlier appointments via MyChart with Fast Pass.

Patients without MyChart can receive offers via text through Hello World if they **Opt In** or will receive a phone call from Department staff working the Wait List.

The Wait List allows you to add, remove, or edit a patient's wait list entries. Front Desk staff can access the patient's Wait List entry from the following places:

- **Appointment Desk>Wait List** tab to view or schedule Wait List entry
- **Epic>Scheduling>Work Lists>Wait List** or click **Wait List** on main Hyperspace toolbar

Staff can **link a future appointment** to a wait list entry from the Appointment Desk by right clicking the appointment and selecting Add to Wait List.

- **Add to Wait List** creates a Wait List entry using the appointment details

Schedule or Link Appointments to the Wait List

When a patient is scheduled from the Wait List and that entry is linked to a future appointment, the system will prompt staff to cancel the future appointment.

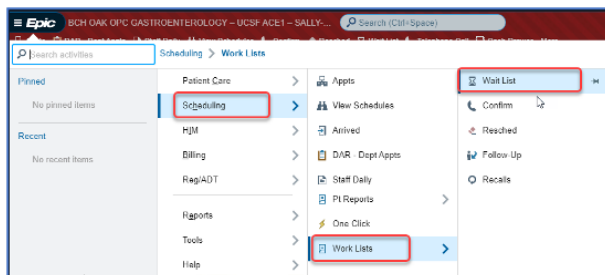
If there are appointment requests and/or referrals linked to the future appointment, those are carried over to the linked appointment that gets scheduled from the Wait List.

Link an existing appointment to a wait list entry:

- Right-click the future appointment and select **Add to Wait List**
- Click **Add to Wait List** on the Appointment Review window during scheduling



Alternatively, worklists can be accessed via **Epic > Scheduling > Work Lists** or **Epic > Reports > Scheduling Reports > Wait List**.



Each report has customizable settings. Depending on department needs, staff may be able to use a report without adjustment. If specific settings are required, all settings can be saved so a report can be replicated more quickly in the future.

These are patients who may or may not have an appointment but want to be notified if an appointment becomes available earlier than the time they currently have or were offered.

Go to **Epic > Scheduling > Work Lists** or **Epic > Reports > Scheduling Reports > Wait List**

31. In Wait List Report Settings window, double-click **BCH OAK OPC GASTRO WAITLIST**

- Select your department report under Available Reports in left pane if available

If your department doesn't have a customized report, use the steps below to create a custom Wait List report by entering your department(s) criteria.

Providers: BCH OAK OPC GASTROENTEROLOGY (see screenshot)

Locations: BCH OAK OPC GASTROENTEROLOGY (add multiple departments as needed)

Date Range: Enter future date in the To Date field

Wait Status: List and leave Pending blank to see all or change if needed

Visit Type - All is selected by default; change if needed

Priority- List is selected by default

Other Settings: select the Show provider slots checkbox



When creating a new private report, click **Save As** and name the report you created. It will appear on the left under Available Reports with a lock icon for future use.

32. Click **Run**

- Patients on Wait List appear in the upper section of the report.
- Available appointment slots appear in the lower section, limited by provider or department from the Wait List entry.

33. Select Jim-CAD from upper portion and click **Edit**

Wait List: BCH OAK OPC GASTRO WAITLIST

Appointments

Refresh Settings Save Layout Appt Des Schedule Edit Remove Copy Expand Message Neg Call Dial

Showing 37 of 37 entries

Patient	Start Date	Msg	Priority	Visit Type	Len	Provider	Dept	Preferences	End Date	MyChart	Phone	Last Call Outcome
Firenze, Susan-CAD	10/31/2023		Normal	NEW PATIENT	60	[Multiple]	[Multiple]		10/31/2024		Hm: 510-653-2100	
Glasgow, Susan-CAD	10/31/2023		Normal	NEW PATIENT	60	[Multiple]	[Multiple]		10/31/2024		Hm: 510-653-2100	
Gomel, Susan-CAD	10/31/2023		Normal	NEW PATIENT	60	[Multiple]	[Multiple]		10/31/2024		Hm: 510-653-2100	
Gorlovka, Susan-CAD	10/31/2023		Normal	NEW PATIENT	60	[Multiple]	[Multiple]		10/31/2024		Hm: 510-653-2100	
Grodno, Susan-CAD	10/31/2023		Normal	NEW PATIENT	60	[Multiple]	[Multiple]		10/31/2024		Hm: 510-653-2100	
ZzTRNCAD, Jim-CAD	11/19/2024		Normal	NEW PATIENT	60	Kelley Zztrncad	GEC		12/10/2024	Inactivated [2]	Hm: 510-568-1111	

34. The **Wait List (Edit)** activity opens

Wait List Appt

Jim-CAD ZzTRNCAD
Male, 10 y.o., 04/23/2014
MRN: 1974225

Department
BCH OAK OPC GASTROENTEROLOGY

Priority
HIGH NORMAL LOW

Status
Pending

Preferred Days and Times

NEW PATIENT

Appointment Notes
Abdominal pain

Start Date
4/23/2024

End Date
5/14/2024

Keep Appointment Linked

Tue May 14, 2024
NEW PATIENT VISIT at 0900 (60 min)
BCH OAK OPC GASTROENTEROLOGY
Kelley Zztrncad, MD

Provider/Resource
Filter Providers by Patient Preferences

Enter a Provider/Resource, Subgroup, Department, Specialty, or Center

PCP

Provider/Subgroup

ZZTRNCAD, KELLEY in BCH OAK OPC GASTROENTEROLOGY

Aberdeen, Kelley-Cad, MD in BCH OAK OPC GASTROENTEROLOGY

Athens, Kelley-Cad, MD in BCH OAK OPC GASTROENTEROLOGY

Clear

Accept Cancel

35. Click in the provider field and select another available Kelley-CAD provider to add to the Wait List entry for Jim
36. Click **Accept** to save changes
37. Open Jim's Appointment Desk and return to the Wait List tab

Start Date	Status	Visit Type	Provider	Dept	Notes	End Date	Off...	Linked Sche...
05/30/2025	Pending	NEW PATIENT	[Multiple]	[Multiple]	abdominal pain	06/20/2025		Linked [1]

Multiple appears in the Provider column on the Wait List and on the Appointment Desk because the patient is willing to see more than one provider for the Wait List entry. Additional available appointment slots may appear in the lower section as a result.



Scenario: There are available openings because Jim's mother is willing to allow Jim-CAD to be seen by another provider in the clinic. Dawn agrees to accept the next open slot shown on the Wait List report, so you schedule the appointment.

38. Select an available time after 11:30 AM for tomorrow under Open Slots and click **Schedule Slots**

Wait List: BCH OAK OPC GASTRO WAITLIST

Appointments

Showing 37 of 37 entries

Patient	Start Date	Msg	Priority	Visit Type	Len	Provider	Dept	Preferences	End Date	MyChart	Phone	Last Call Outcome
ZzTRNCAD, Jim-CAD	11/19/2024		Normal	NEW PATIENT	60	[Multiple]	[Multiple]		12/10/2024	Inactivated [2]	Hm: 510-568-1111	
Zzcadmaster, Susan	10/31/2023		Normal	NEW PATIENT	60	[Multiple]	[Multiple]		10/31/2024		Hm: 510-653-2100	
Grodno, Susan-CAD	10/31/2023		Normal	NEW PATIENT	60	[Multiple]	[Multiple]		10/31/2024		Hm: 510-653-2100	
Gorlovka, Susan-CAD	10/31/2023		Normal	NEW PATIENT	60	[Multiple]	[Multiple]		10/31/2024		Hm: 510-653-2100	

Open Slots

The maximum number of rows has been reached. Try to narrow the search criteria of the Wait List report.

From: 11/22/2024 To: 12/19/2024 Restrict by block

Date	Day	Time	Length	Provider	Department	Block	Open	Held
11/22/24	Friday	11:00 AM	15	Kelley-Cad Antwerp [CAD21241]	GEC		1	
11/22/24	Friday	11:15 AM	15	Kelley-Cad Antwerp [CAD21241]	GEC		1	
11/22/24	Friday	11:30 AM	15	Kelley-Cad Antwerp [CAD21241]	GEC		1	
11/22/24	Friday	11:45 AM	15	Kelley-Cad Antwerp [CAD21241]	GEC		1	

39. You are taken to the **Book It** screen. Warning may appear indicating the patient has an appointment on same day; if so, click OK.

40. At Decision Tree select *Clinician Requested*; view linked details by clicking side arrow to expand

41. Click **✓ Apply** or **Continue**

42. Click **Solutions** or **Schedule** and continue scheduling appointment

Scheduling this Wait List appointment will automatically cancel an existing appointment

43. Complete registration process

- Enter '.PCP' as Referring Provider in **Enc Details** section
- **Private Encounter**: No
- **Enc Guar and Cvgs**: Confirm HAR has been automatically created OR Create New Account
- Open checklist and click **Verify All** and complete registration
- Verify hospital account on checklist and correct any warnings or errors if needed

44. Click **Accept**, and *Continue Anyway* through warnings to exit registration

- The entry falls off the Wait List

Actions on the upper toolbar, such as documenting a call to the patient that results in a left message or no answer, going to the patient's Appt Desk or removing the Wait List entry affect the patient but not the open slots.

Actions on the lower toolbar will show more available slots, hold the selected slot, or show the schedule for the provider in the selected slot.

Providers Added to Wait List Manually are Included in Fast Pass Offers

When schedulers add appointments to the wait list from the Appointment Desk, the wait list entry now automatically includes all providers that were applied by the decision tree used to schedule the appointment.

Schedulers can modify the wait list entry to add or remove providers. Later, when the Fast Pass batch job evaluates open appointment slots to offer to the patient via MyChart, it considers all the providers on the wait list entry.

Patients can respond to Fast Pass offers in MyChart or directly from their phone as follows:

- Reply to the SMS message with “Accept” or “Decline”
- Remove themselves from the Waitlist by replying “Remove”

This SMS-based reply system eliminates the need for patients to log in to MyChart, streamlining the process and improving convenience.

This feature is only available in departments that offer patients appointments using Fast Pass.

If your department has opted out of Fast Pass, staff must run the Wait List report and contact patients manually to offer an earlier slot.

Cancel and Reschedule Appointments

Learning Objectives

In this section you will learn how to:

- ☐ Cancel appointments in APeX
- ☐ When to reschedule appointments

Cancel an Appointment

There are times when appointments need to be canceled. Appointment cancellation in APeX is quick with an option to reschedule in the same step.



Scenario: You receive a call from Mary-CAD or Simon-CAD. The patient calling to cancel the upcoming appointment because there is a storm in the area, and it feels uncomfortable driving in bad weather.

The Cancel Appts activity combines two options: If patient just wants to cancel an appointment, click **Cancel Appts**. If patient wants to reschedule instead of just cancel, click **Reschedule**.

To view canceled appointments, select **Past** tab. Canceled appointments have a status of Can (canceled). If a canceled appointment has already been rescheduled once, APeX does not allow the same canceled appointment to be rescheduled a second time. Click **Expand** to see Cancel Reason.

Future		Past								
H.L.	Encounter Date	Time	Status	Type	VISIT MODE	Provider	Dept	Appt Notes	Disposition F.L.	C
	10/9/2025 Thu	10:00 AM	Can	NEW [2252]	In Person [1]	Drew-Cad Antwerp [CAD21001]	LAKESHORE [4030002]	Left knee pain		
◀										
Check In	Check Out	Reschedule	Cancel/Reschedule	Change Appointment	Edit Appointment Notes	Edit Appointment Info	Copy into Book It	Expand	Edit Appointment Statistics	↺ ↻

Canceled vs. Rescheduled



Cancel: Original appointment IS or IS NOT (circle one) canceled. Patient WILL or WILL NOT (circle one) immediately reschedule the visit.

Reschedule: Original appointment IS or IS NOT (circle one) canceled. Patient WILL or WILL NOT (circle one) immediately reschedule the visit.

If needed: Change Context back to Lakeshore

The department name displays at the top left of your APeX screen

1. Open **Simon's** Appt Desk

Reschedule Appointment

2. Select the patient's new visit on the **Future** tab

The screenshot shows the 'Future' tab selected in the APeX interface. Below the tab, a table displays appointment details. The 'Cancel/Reschedule' button is highlighted with a red box. Below the table, a row of buttons includes 'Reg Appointment Contact', 'Assign Referral', 'Check In', 'Check Out', 'Cancel/Reschedule', 'Change Appointment', 'Edit Appointment Notes', 'Edit Appointment Info', 'Copy into Book It', and 'Recur'.

H...	Encounter Date	Time	Ap...	Status	Visit Type	VISIT MODE	Provider	Dept	Appt Notes
	2/27/2025 Thu	10:00 AM	60	Sch	NEW PATIENT [2252]	In Person [1]	Drew Zztmcad [CADDREW##]	LAKESTORE [4030002]	Left knee pain

3. Click **Cancel/Reschedule** (see screenshot above)
4. **Cancel / Reschedule Reason:** Enter an appropriate reason

The screenshot shows the 'Cancel Appointments' dialog box. The patient name is 'Simon-Cad Aberdeen'. A date selector shows 'Monday Jun 1, 2026'. Below this, the appointment details are listed: 'OFFICE VISIT' at '8:15 AM' for 'Drew-Cad Aberdeen'. There is a text field for 'Cancel/Reschedule Reason' and a larger text area for 'Cancel/Reschedule Comment'. At the bottom, there are buttons for 'Cancel App', 'Reschedule', and 'Close'. The 'Reschedule' button is highlighted with a red box.

5. Select **Reschedule**.
6. Follow the **Book It** workflow.
If you did your work properly, all panels should be correct, so go directly to **Accept**.
7. **Appointment Desk** re-appears.
8. **Highlight** the new visit.

Cancel Appointment

9. Click **Cancel / Reschedule**

10. **Cancel / Reschedule Reason:** Pick a reason.
11. **Cancel Appts.**
12. View Cancelled appointments, and reason, review the **Past** tab

Appointment Information

Name:	Assignedlastname, Simon-CAD	MRN:	1978094
Date:	10/9/2025	Status:	Can
Time:	10:00 AM (Arr: 9:50 AM)	Length:	60
Visit Type:	NEW PATIENT [2252]	Copay:	\$10.00
Provider:	Drew-Cad Antwerp, MD	Department:	LAKE SHORE
Referring Provider:	PROVIDER, NONE PER PATIENT	CSN:	225426
		Appt Sched Mode:	Book It - Solutions View
Auto Confirm Status:	Confirmed	Last Auto Outreach:	
Notes:	Left knee pain		
Made On:	10/8/2025 1:33 PM	By:	LEE, EARL [TRN208] (ES)
Confirmed:	10/8/2025 1:33 PM	By:	LEE, EARL [TRN208] (ES)
Canceled:	10/8/2025 4:12 PM	By:	LEE, EARL [TRN208] (ES)
Cancel Rsn:	Patient - Personal/ Transportation/ Illness/ Tech Issue (bad weather)		
Appt Lead Days (Current):	0	Appt Lead Days (Original):	0

Set up Mary for this afternoon as follows:

13. **Highlig** Marys cancelled appointment in **Appt Desk**.
14. Click **Cancel / Rescedule** (a third time).
15. Click **Reschedule**.
16. Make an new appointment for Mary for **TODAY**.

When to Reschedule Appointment instead of Cancel

Some patients might not want to cancel but instead reschedule for a different date or time. When rescheduling an appointment, any related appointments will appear on the right of the Cancel Appointments activity. Select related appointments to cancel or reschedule as needed. Only the selected appointments are affected.

REVIEW QUESTIONS

1. Can staff use past appointments (cancelled or no showed) to reschedule?
2. If a cancelled appointment has already been rescheduled, can it be used to reschedule a second time?

Point of Service Warning for Authorization – Independent Exercise

In this exercise, you will schedule an appointment for a patient needing a service that requires prior authorization from their medical insurance carrier. To ensure that UCSF obtains authorization for necessary services, an alert is triggered at the point of service when a referral may be needed. Prior Authorization documentation is completed in the referral record in APeX. The point of service warning can appear during scheduling or check in workflows.

Learning Objectives

In this section you will learn how to:

- ☐ Review patient coverage in Storyboard
- ☐ Identify Appointment Requests that need scheduling in Patient Sidebar
- ☐ Assign a referral to an appointment in Book It
- ☐ Create new referral during scheduling and link to appointment



Scenario: Julie-CADMC calls to schedule an appointment to see a physical therapist regarding pain in her right knee. Dr. McQueenie referred her to the REHAB PT FP MB department for treatment. Julie-CADMC is available next Monday and would like to schedule a new patient visit for physical therapy.

1. Click **Appts**; search for your *Julie-CADMC* patient (listed on your Classroom Information sheet)
2. Look on **Storyboard** and write down *Julie-CADMC*'s insurance _____.
Note that it is an HMO insurance plan
3. HMO – Health Maintenance Organization
 - Requires individual to select a primary care provider
 - **PCP** is a gatekeeper, sends referrals to specialists
 - **Authorizations required** for specialty services, surgeries, inpatient admissions, etc.
 - Services provided outside of the network are typically not covered

- Click on the **Active Requests** tab
(tab at the bottom half – middle left of your screen)

The screenshot displays the 'Appointment Desk' interface for a patient named Julie-Cadmc Dublin. The patient's information includes MRN 1975457, DOB 3/29/2003, and a referral to Physical Therapy at UCSF Health. The 'Active Requests' tab is highlighted in the bottom navigation bar. A table of active requests shows a single entry with Request ID 2840073, Status 'Need Sched', and Type 'Outpatient Referral'. The Patient Sidebar on the right shows the 'Needs Scheduling' status and a 'Schedule' button.

Request ID	Days Sin...	Create Dt	Start/Req Dt	Sent to Pt?	Status	Type	Proc/Visit Type	Respons
2840073	22	09/16/2025	09/16/2025		Need Sched	Outpatient Referral	Referral to Physical Therapy Destination: UCSF Health; Physical Therapy Specialty: General; Indication: Chronic condition / pain; Is the patient	REHAB I

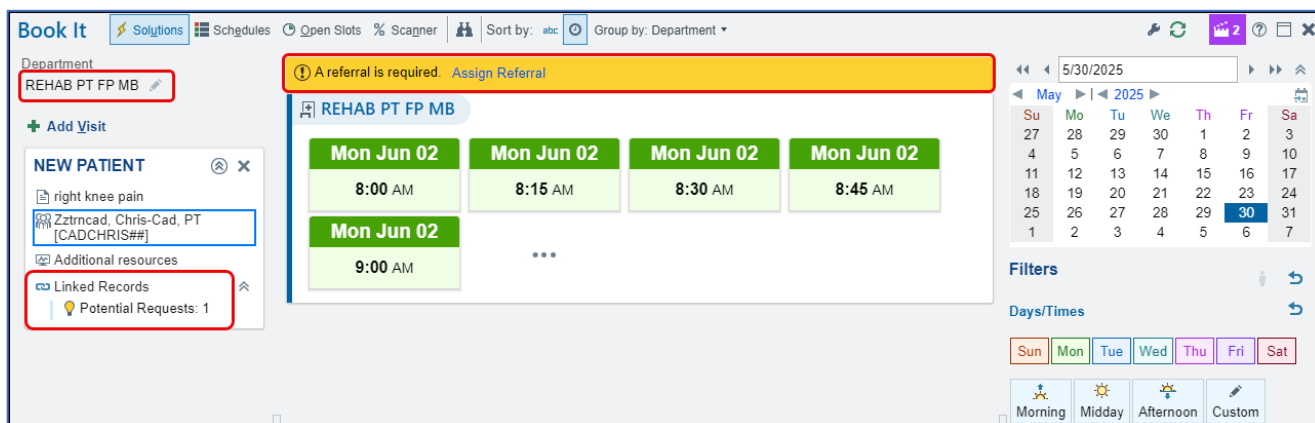
- Select the **Physical Therapy** referral

Schedulable appointment requests appear on the **Active Requests** tab and in the Patient Sidebar of the Appointment Desk. For additional information about Point of Service warnings, refer to the [POS Warning for Authorization](#) tip sheet available on Knowledge Bank.

Internal ambulatory referral orders create an appointment request and linked referral in APeX. It is best practice to schedule from the request so that the order and referral are linked to the appointment and all necessary information is attached to the visit.

- Click **Book It**
- Click pencil icon under **Department** and enter *REHAB PT FP MB + TAB* and select it from the list.
- Visit Type:** *New Patient*
- Back up one form to find **Notes**. Enter *Right wrist pain* as the reason for visit
- Add a provider:** select physical therapist **Chris-CAD** (listed on your classroom information sheet) + TAB.

11. Scheduling options appear – do NOT select at date and time yet



12. Notice the **Yellow** POS warning message at the top: “A referral is required”

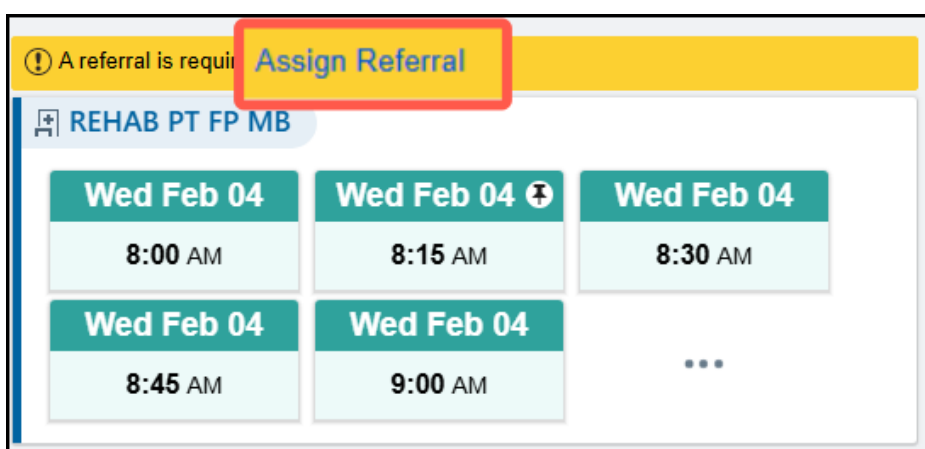
This is because this patient has medical insurance that may require prior authorization. Staff must assign an existing referral or create a referral to start the process. A potential referral requests message will appear under Linked Records when there's a potential existing request.



The Point of Service warning will only appear if you attempt to schedule an appointment that is not linked to a request or assigned to a referral and the patient's medical insurance requires prior authorization for the service.

If you book an appointment and bypass the warning in Book It, you will receive a hard stop and must assign a referral to the appointment before you can finalize scheduling the appointment.

13. Click **Assign Referral** (in blue ink in the yellow panel)



14. The **Referral Action List** displays.
15. You see referrals matching the Appointment Department by default.
16. Click **Filter** (button at far right).
17. A **filter window** appears on the left side of your screen.

- Select to include referrals that match the **Appt Department**, **Appt Provider Specialty** and **Appt Department Specialty** (or select any or all of the above). Select **Show Other Referrals** when you need to view all other referrals that do not match any of the above criteria.

18. Select the appropriate referral with a matching specialty and/or department and click **Assign**
OR GO TO THE NEW REFERRAL WORKFLOW (BELOW)

19. The green check indicates the referral is now assigned to the appointment

20. Click **X** in the upper right corner to close the referral action list

21. Double-click an available slot for **next Monday** to continue scheduling the appointment
22. Click **Schedule** on the Appointment Review window
23. Verify patient registration information (i.e., demographics, PCP, guarantor, insurance) and click **Verify All** on the Checklist sidebar
24. From the Checklist, update member (insurance) status to *Verified by Website* on checklist to indicate verified via Provider Portal
25. Click **Accept** to exit registration and Continue through any warnings if needed
26. The appointment appears on the **Future** tab of the Appointment Desk

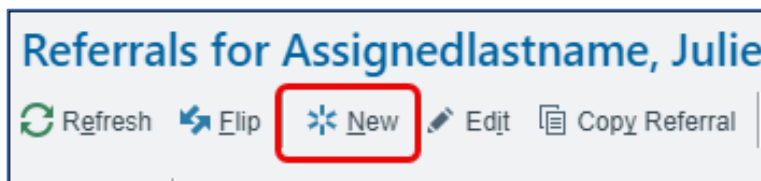
Future Past Active Requests Referrals Finalized Requests											
Req	Encounter Date	Time	Ap...	Status	Visit Type	VISIT MODE	Provider	Dept	Appt Notes	Disposition F...	Check Out C...
	9/23/2024 Mon	9:00 AM	60	Sch	NEW PATIENT [2252]	In Person [1]	Chris-Cad Zztrncad [CADCHRIS#]	REHAB PT FP MB [3010013]	Right knee pain		

27. The appointment request and the referral are both linked to the visit

Create New Referral when Needed - (Informational)

If no matching referral exists in the Referral Action List, you must create a new referral for the appointment. This will enable the referral to populate the appropriate referral/authorization workqueue, allowing authorization staff to submit the authorization and enter all necessary documentation in the referral. The complete process for managing referrals will be covered in Day two of training.

1. From the **Referral Action List**, click **New**



2. If desired, collapse the sidebar.
3. **Referral Entry** opens to **General** section; select the appropriate referral **Type** (i.e., Consult/Test/Treatment, New Patient, etc.) and **Class** (i.e., Incoming, Internal)

- Type: *New Patient + TAB*

- Priority: *Routine*
 - Class: *Incoming*
 - Status: *New Request*
4. Click **Next**
 5. The system navigates you to the **Referred By / To** section
Complete **Referred By/To** section and enter the referring department or
 - Click on the **Pencil**
 - **Provider & Address:** “.pcp”
 6. Move to the **Diagnosis** section
 7. Click on the **Pencil**
Confirm the appointment notes auto populated a free text diagnoses
OR click + **Diagnosis** enter coded Diagnoses and search pain in right and select pain the right wrist + TAB
 8. Confirm all required information has been entered
 9. Click **Accept** in the lower right corner to save changes and exit the referral
 10. The **Referral Action** form re-appears

Referrals for Aberdeen, Julie-Cadmc

Refresh Flip **New** Edit Copy Referral **Assign** Unassign Message Void Referral Counts Sched St Filter

Filter By

☐ Appt Provider
Chris-Cad Aberdeen, PT

☒ Appt Department
REHAB PT FP MB

☒ Appt Provider Specialty

☒ Appt Department Specialty

Match

☐ Any of the Above

☒ All of the Above

☐ Show Other Referrals

Restore Defaults ☐ Save Filters

Patient Demographics for ABERDEEN, JULIE-CADMC [2101245]

Birth date:	3/29/2003	SSN:	xxx-xx-9375
Age:	22 yrs	Sex:	Female
Home phone:	650-520-1010	Work phone:	
Address:	1650 Terry Lane Palo Alto CA 94302	E-mail:	jeannieinabottle@em*

Permanent comments:

Referral Information [26143]

Patient:	ABERDEEN, JULIE-CADMC [2101245]	MRN:	2101245
Status:	New Request	Type:	New Patient
Class:	Incoming	Reasons:	
Diagnosis:	sdfs	Procedures:	ISS NEW PATIENT
Start:	Feb 04, 2026	Expiration:	Aug 03, 2026
Requested:	1	Authorized:	1

11. By default, the referral is *Assigned* to the Visit (that is why is grayed out)

Referrals for Aberdeen, Julie-Cadmc

Refresh Flip **New** Edit Copy Referral **Assign** **Unassign**

12. Click on the **X** in the right of the Referral Action list to close it

13. **Continue** through the scheduling workflow in the Form Navigator

14. Perform your Checklist workflow:

- **Verify All**

Opt in

- If the **Member panel** tells you **RTE** failed, perform the following:



The screenshot shows a 'Member' panel with a checkmark icon. The member's name is 'PACIFIC HEALTH/ALLI HMO PACIFIC HLTH'. To the right, there are two lines of text: '[HCF 100005]' and '[VRX 92517]'. Below the member name, there is a 'Contact Payor' label with a pencil icon. At the bottom, it says 'Set by ATHENS, SALLY-CADSCHE on 2/3/2026 11:01 PM.'

- Click on the **pencil** next to **Contact Payor**
- Change the status to **Verified by Website**
- Click Accept to close the Checklist

15. When finished **close** the patient's Appointment Desk

Telephone Encounter (Chancellor)

APeX uses encounters to document any type of contact that needs to be documented in a patient's medical record. Office visits (encounters) tend to be the most common. However, there are many different types of encounters including, telephone, refill, and other encounters. Telephone encounters are used to document telephone calls with patients regarding information such as advice, where Refill Encounters are specifically used when a patient is calling with a prescription refill request.

Learning Objectives

In this section you will learn how to:

- ☐ Create a telephone encounter to document an incoming call from a patient
- ☐ Route message to pool in APeX



Encounters are part of the patient's medical record. It is important that you follow correct documentation policies and procedures. If you have questions about documenting in a patient's chart, please check with your manager/supervisor.

BCH Oakland Office Associates should not create Telephone encounters until confirmed with department leadership that this is part of your department workflow.

Fcreat

Messages can be sent to pools as well. In **To:** or **CC:** fields type P<space> clinic or department name then press ENTER to see the pools for the clinic or department.



Scenario: Chancellor-CAD calls in with a question for medical staff about the pain in his back. The providers and nurses are all busy so take a message via Telephone Encounter to send to the In Basket Pool.

1. Click **Telephone Call** (from the main Toolbar in red) or More> Telephone Call.
2. **Search for patient** by name and select the correct patient record
3. The **Patient Encounter Creation** form appears.

Patient Encounter Creation

Patient
Hamburg, Chancellor-Cad [2101197]

Select Phone Calls

Date:
5/31/2026

Type:
Telephone

Provider:
[Red Error Icon]

Department:
TRN LAKESHORE

Create Accept Cancel

4. Click **Select Phone Calls** to see if there is an open telephone call on this topic

4. The **Patient Encounter Selection** form appears.

The screenshot shows the 'Patient Encounter Selection' window. At the top, it displays 'Patient: Aberdeen, Chancellor-CAD [10055105]' and 'Patient Encounter'. Below this, there are two buttons: '+ Automatic Encounter Selection' and 'Show Filters'. The main area of the window is empty, with a red box highlighting a message that says 'No contacts found.' At the bottom, it says 'Contacts loaded: 0.' and has 'Accept' and 'Cancel' buttons.

If there are no open encounters, a *No contacts found* message displays in the middle of the window. (See screenshot above).

5. Click + **Automatic Encounter Selection**

This screenshot is similar to the previous one, but the patient is 'Zzcadmaster, Chancellor [10054451]'. The '+ Automatic Encounter Selection' button is highlighted with a red box. The 'No contacts found.' message is still present in the center. The 'Accept' and 'Cancel' buttons are at the bottom right.

6. The **Patient Encounter Creation** form re-appears

The screenshot shows the 'Patient Encounter Creation' window for patient 'Zzcadmaster, Chancellor [10054451]'. It includes a 'Select Phone Calls' button and fields for 'Date' (5/4/2023), 'Type' (Telephone), 'Provider' (Norman G. Hearst, MD), and 'Department' (LAKESHORE). There is a dropdown menu next to the provider field showing 'PCP'. At the bottom, there are 'Create', 'Accept', and 'Cancel' buttons. The 'Accept' button is highlighted with a red box.

- Provider** field: click **PCP**
-OR - manually enter the provider and department (use Lakeshore in training)
- Dept:** Select Lakeshore (**TRN Lakeshore will not work**)
- Click **Accept**

7. The **Telephone Encounter** form appears

a. Navigate to the **Contacts** section

8. Click **+ Incoming Call**

9. The **Contacts** panel expands

10. The **Type** of contact populates as Phone (incoming) [use the  icon to edit if needed]

11. **Date /Time**: The **Current date and time** default, adjust if you are recording a call for a different time

12. **Contact info**: select the *Patient* speed button

After you click the speed button demographics data appears.

(Or enter Contact name if recording call from someone else)

13. **Relationship** field defaults to **Self** for patient and it pulls in default information from Registration

- Select other records listed as patient contacts when appropriate

14. **Phone Number**: select the appropriate **phone number**; available phone numbers default if caller is the patient or patient (emergency) contact.
15. Add **Comments** as needed
16. Click **Accept** and the panel collapses
17. Scroll up slightly to navigate to the **Reason for Conversation** panel. (It's above Contacts)
 - a. Click on the **pencil** to open the panel

- b. The panel expands
- c. In **Add a new reason** field, type *Back* and select *Back Pain* from the list.
- d. Click **Close** to collapse the panel

Note: The Comments field is not required unless the reason is unlisted. Use *Other* if an appropriate option is not available and add a comment indicating the reason. Enter additional notes in Documentation section. Onset date populates with today's date, make changes if needed.



18. Move to **Documentation sidebar** on the right and enter details about the phone call



Note: If needed: Click **Create Note** to open My Note section if it is not opened by default

- Type *appropriate* comments via free text or SmartPhrase
 - Typing “.NAME” and select “Patient’s full Name”
 - Press Enter to create a new row.
 - Type “.TODAY” and select “Today Date.”
 - Press Enter
 - Type out a other comments as desired
- *Share w/Patient*  is selected by default to allow patients with MyChart accounts to view notes in MyChart

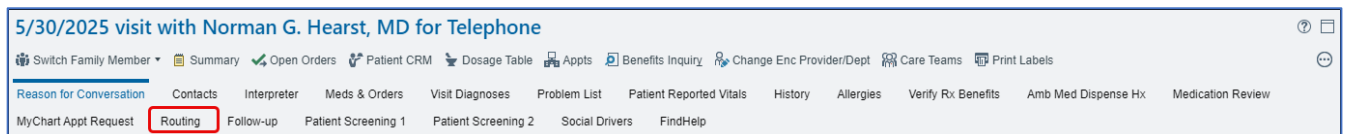
19. Click **Accept** to save the note

MESSAGE POOLS

A pool is a group of staff who receive messages that can be acted upon by any member of the group. Once a pool member completes the task, it should be marked as Done at which point the pool message disappears from all the members' In Baskets.

If you work with different providers or in different departments, you may need to check in and out of pools regularly so that you receive the appropriate messages. Users with appropriate security can check themselves in and out of pools. This is especially useful for staff that float to different departments. In that situation, the float staff would only want to get pool messages for the department they are working in.

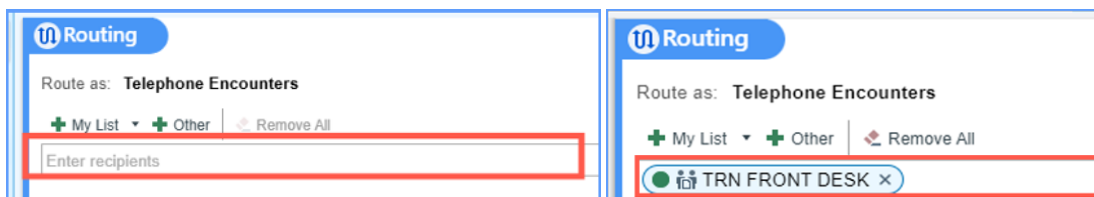
20. Navigate to the **Routing** panel by clicking on the **Routing** header



21. Collapse the sidebar if you see one.

22. From the **Routing Panel**:

- **Enter Recipient:** field type P<space> TRN FRONT DESK and press TAB.
- If those options are not available, send the message to *CADSCHE02*.





Note: Normally, medical advice messages would be sent to a CLINICAL STAFF pool. In training, we send to our front desk pool so you can see what these messages look like via In Basket.

It is possible to enter individual providers in recipient field and add a pool in the field under Pool for Replies if you are signed into a Pool in your department.

23. Add **Routing Comments**, if necessary

24. From the **Routing panel**, select **Send and Close Workspace** to close the workspace

DO NOT click **Sign Encounter** which completes the Encounter and requires an addendum for any further documentation.

The message will appear in the In Basket folder **Misc. Incomplete Work** because you started the encounter. This does not mean you are working on it, just that you initiated it. When a provider or clinical staff member assigned to the pool take action and complete and sign encounter, it disappears from your in Basket.

The message has been sent and will appear in the In Basket Telephone Encounters folder for the individual(s) or all Pool members and can be processed, replied to, or further forwarded from there.

READ THE FOLLOWING: TAKE RESPONSIBILITY FOR POOL MESSAGES

Some messages such as appointment messages are sent to a pool with responsibility. This means that if a message is sent to a front desk pool, an individual can take a message, letting everyone else in the pool know she is working on that message so no one else duplicates her work.

How is message responsibility useful?

Using message responsibility prevents tasks from falling through cracks because someone thought that another person would deal with the task. See icons below to **Take Responsibility** and **Put Back**.

Each folder has different available actions, shown as buttons on the toolbar (common button actions shown below).

Command	Description
 Done	Use when no further action is required. When you click Done it documents the date, time and user who reviewed the message and removes the message from the In Basket.
 Reply	Responds to the message sender. When a floppy disc is present in the toolbar, it indicates the messages are associated to an encounter and will be saved in the Chart permanently. These messages are not visible to the patient.
 Reply All	Responds to message sender and other recipients in the message. These messages are associated to an encounter and will be saved in the Chart permanently. These messages are not visible to the patient.
 Forward	Forward the message to a new recipient(s). The message will be saved to the encounter summary. These messages are associated with an encounter and will be saved to the Chart permanently. These messages are not visible to the patient.
 Follow-up	View information and act on the selected message. This also allows you to postpone the selected message to reappear in your In Basket on the future date set. You can also enter or edit a comment for the selected message.
 Chart	Opens the chart for the patient selected.
 Encounter*	Edit or addend the encounter associated with the currently selected message.
 Message Patient	Send a message to the patient
 Take ▶	Take a message to notify others in pool you have responsibility for the message.
 Put Back	To remove your responsibility, click Put Back ; status returns to (?) indicating Not Assigned.

Each message folder contains columns that help you identify information about the message.

Column	Description
Priority ↑	Indicates if it is a high priority message.
Status	This displays the status of the message. The statuses are New, Read, Pending, Postpone and Done.
Patient	This displays the patient's name.
Pool	This indicates if the message is part of a pool. If the message is part of a pool, everyone with access to that pool can see the message.
Chief Complaint	This displays the reason for the call.
Provider	If the message is tied to an encounter, the encounter provider displays in this field.
Enc Department	If the message is tied to an encounter, the encounter department displays in this field.

Edit Encounter Note

To add documentation to an encounter you previously opened, select the encounter in the **Misc. Incomplete Work** folder and click **Encounter**.

Patient Letters (Chancellor)

Patients sometimes request letters. Two common types of letters that patients often request from providers: Letter of excuse (from school or work) or a work release letter. There are other formatted letters in APeX available.

The **Communications** activity allows creation of letters from pre-existing templates, save favorite templates, and print letters. The **Communications** activity is available in a patient's chart and Telephone Encounters.

Learning Objectives

In this section you will learn how to:

- ☐ Print/Send letter for a patient using Communications activity
- ☐ Access letters for BCH-Oakland locations

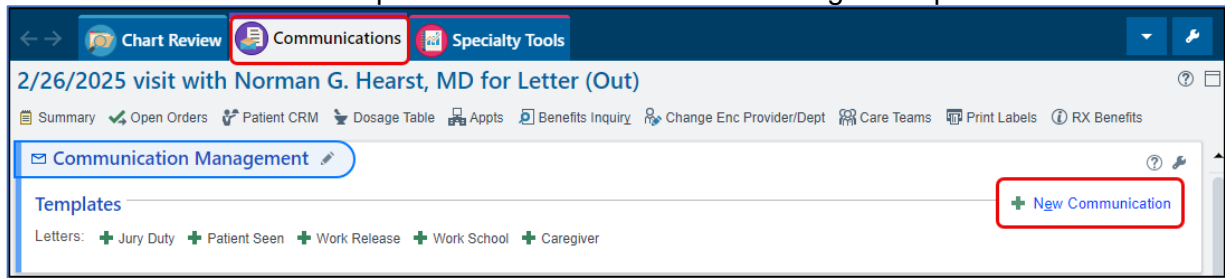


Scenario: Chancellor-CAD needs a work excuse letter for his back pain for today.

1. Search **Send Letter** or go to the **Epic** button: select **Patient Care**, then click **Send Letter** (alternatively use **Chart**)
(If sending letter from patient's Chart you will need to select the Communications tab)
2. **Look up your patient**, in training environment use assigned *last name*, *Chancellor-CAD*
3. **Patient Encounter Creation** window appears (enter referring provider if available or select PCP)

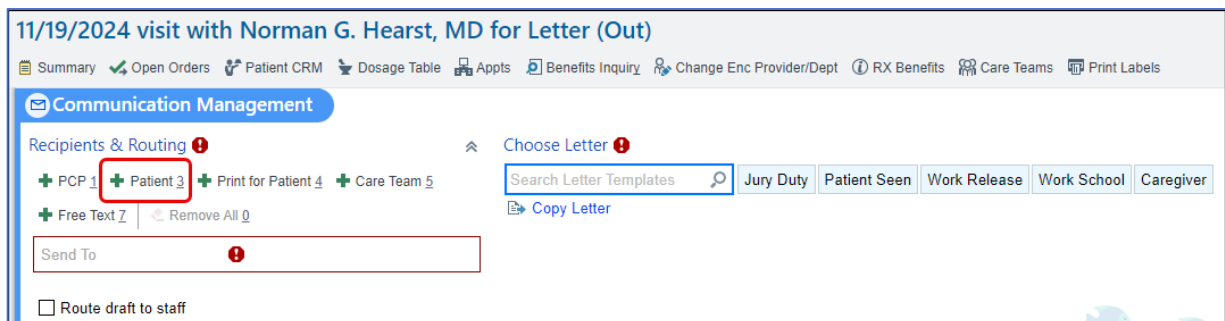
- **Provider field:** Click on the PCP speed button
or manually search for the provider
- **Dept:** Lakeshore. ("TRN Lakeshore won't work).
- Click **Accept** to send a new letter

4. If desired, collapse the sidebar.
5. The **Communications** tab opens in the Communications Management panel.



Click Wrench icon to add default letter or create letter template speed buttons.

6. Click **+ New Communication** (look to the top-right) (see Screenshot above)
7. The **Communications Management** panel changes its format.



8. **Communication Management > Recipients & Routing:**

- a. Specify the recipient **+ Patient**
(i.e., PCP, Patient, Print for Patient, Care Team, Free Text).
- b. Look for the **Choose Letter** section



- c. **Search Letter Templates:** *UCSF Work + TAB.*
- d. The **Letter Template Lookup** window appears, and you see a list of letters

- Click on a **Star** to favorite frequently used letters
- As needed, check **Favorites Only** to view a list of favorites.
- Select UCSF OB RETURN TO WORK
- Click **Cancel** to collapse the list



Efficiency Tip: To see the letter in a larger format, click in the letter editor and press F3 on the keyboard. Press **F2** to navigate to next wildcard and select desired response(s) and/or delete or replace *** where appropriate.



Efficiency Tip: Click on the recipient's name to view or edit the communication routing method. Letters addressed to patients will only allow a routing option of MyChart if the patient is active on MyChart. Review the [Communications](#) tip sheet for additional instructions.

9. **Review the letter** to confirm correct letter has been selected
 - a. Complete the *** fields or **dropdowns** with made up date.
 - b. Click **F2** in the letter to navigate between fields.
 - c. Confirm all asterisks are replaced with accurate dates and no asterisks remain
10. **You can choose how the letter should be handled by clicking any of the following:**
 - a) Click **Preview** to preview the letter
 - b) Click **Pend** to save the letter and work on it at a later time
 - c) Click **Print Now** to print to local printer (available when Patient to Print selected as recipient)
 - d) Click **Print at Sign Visit** to print letter when the encounter has been signed
 - e) Click **Send Now** to print for mailing or send letter electronically via MyChart when available
 - f) Click **Send at Sign Visit** to send the letter as soon as the encounter is closed
 - g) Click **Cancel** to cancel the letter

May 31, 2026
Chancelor-Cad Hamburg
1506 University Ave
Berkeley CA 94701

To Whom It May Concern,

Ms. Chancelor-Cad Hamburg is currently under our care in the OB/Gyn Practice at the University of California San Francisco.

- She is expected to deliver on or about Estimated Date of Delivery: None noted.
- She may work until ***
- She delivered on ***
- She may return to work on ***

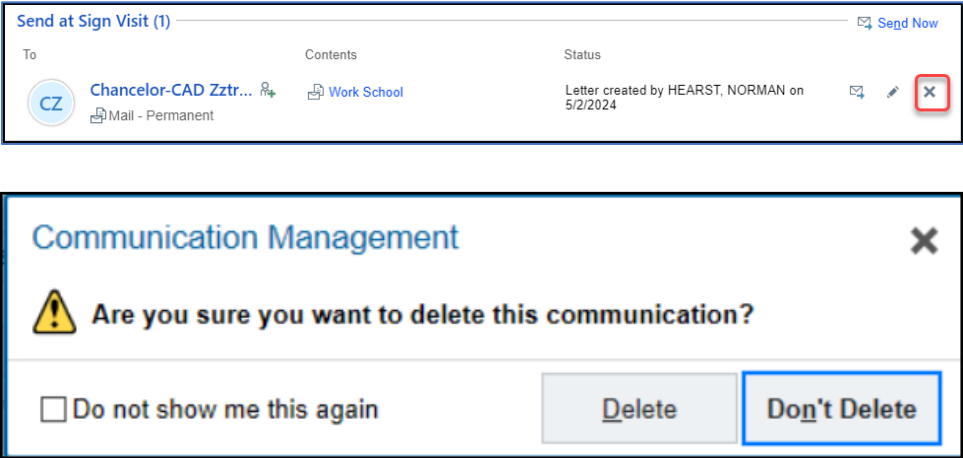
Sincerely,
Sally-Cadsched Astrakhan

Pend Send Now Send at Sign Visit Cancel

11. Click **Cancel**, we do not print letters in training
12. Select **Discard Changes**
13. Click on the **X** to close Chancelor

Extra Credit: Delete Communication if Needed

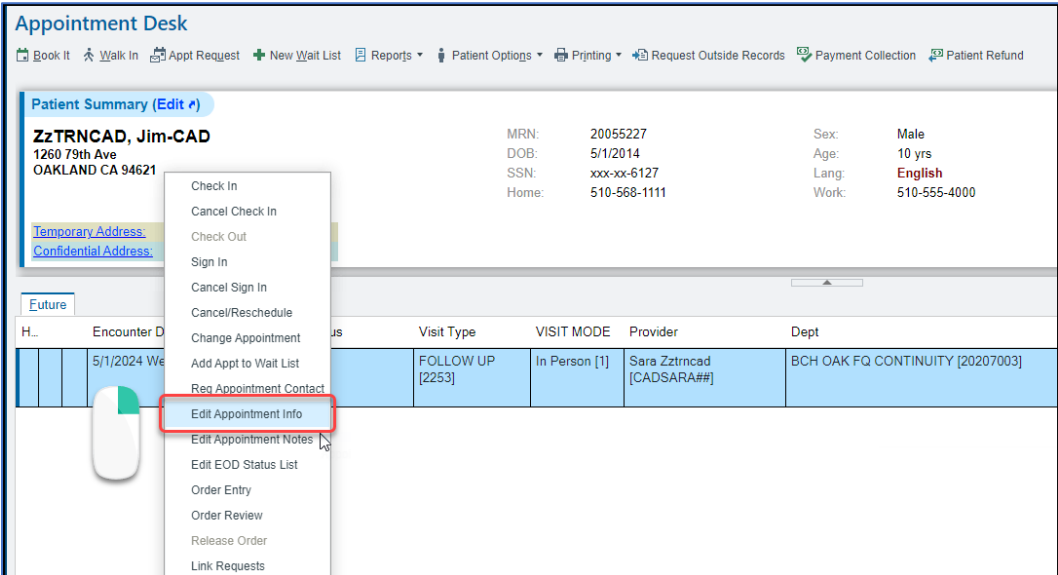
To delete a Communication, click **X** to the right of sent communication or pencil icon to edit. The Communication Management warning will appear to confirm you are sure you want to delete this communication. Click **Delete** at the prompt to delete or click **Don't Delete** to keep communication. To print or reprint sent Communication, click Print Now.



BCH Oakland Patient Letters

Access BCH Oakland patient letters directly from the patient's Appointment Desk.

1. Right-click on encounter and select **Edit Appointment Info**



2. Navigate to **Print** section and select appropriate BCH Oakland department letter

The screenshot shows the 'Appointment Information' screen. In the left sidebar, the 'Print' button is highlighted. The main area shows appointment details for 'FOLLOW UP at 9:30 AM (15 min)' on 'Wednesday May 1, 2024' for patient 'Sara Zztrncad'. The 'Appointment Letters' dropdown menu is open, displaying a list of letters. The 'BCHO Appt Excuse Letter' is selected. At the bottom right, the 'Accept' button is highlighted.

Title	Number
Appt Letter	10
Appt Notice	15
BCH OAK CRANIOFACIAL CUSTOM LETTER	242
BCHO AEEG - ENG	230
BCHO AEEG - SPA	238
BCHO Appt Cancel Letter	205
BCHO APPT CANCEL SPANISH	221
BCHO Appt Excuse Letter	218
BCHO Appt Reminder	216
BCHO Appt Reminder Spanish	217
BCHO Audiology Reminder Letter	200
BCHO CDC NFU Reminder	219
BCHO CDC NFU Reminder - Spanish	236

3. In **Appointment Letters** field, select the desired number of copies to print
4. Click **Accept** on bottom right
5. Click **Print** (if no default printer, select local printer or Null printer in training)

FRONT DESK

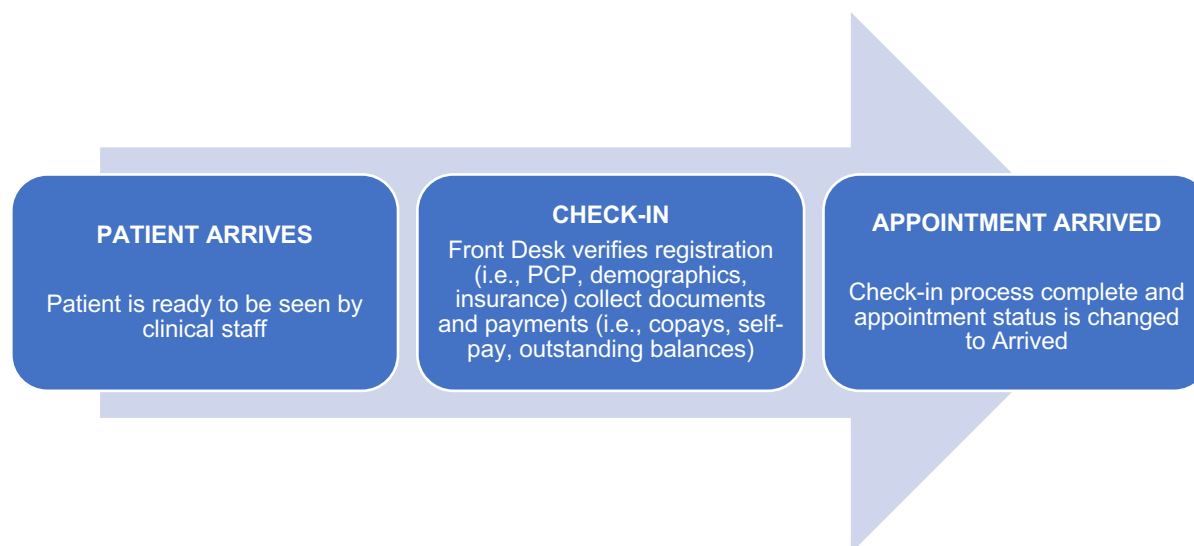
FRONT DESK

Learning Objectives

In this section you will learn how to:

- ☐ Check-in patient appointments from the Department Appointments report
- ☐ Verify registration information and collect copays at check-in
- ☐ Keep patients informed with patient messaging events

Check-in an Appointment Big Picture



Department Appointments Report

The Department Appointments Report is a version of the schedule generally used by front desk staff to check-in or check out patients with scheduled appointments in departments for that day. APeX integrates access to activities needed for check-in from the DAR.

Additionally, the DAR has access to actions on the report toolbar like check-in, check-out, print forms (BCH Oakland), change appointment information, initiate patient refunds, access Appointment Desk, send patient messages for this visit, canceling appointments and manually update EOD processing list. To customize DAR columns or view column descriptions, refer to the [DAR - Add a Column](#) tip sheet available on Knowledge Bank.

Run Department Appointments Report

1. Click **DAR-Dept Appts** on Hyperspace main toolbar.
2. *The DAR should automatically open.*
If it doesn't open, follow steps 3-8 below.
3. If the DAR doesn't open and instead a Report Setting window appear, select *Check In DAR [3000341]* under Available Reports. Use *Check In DAR with Events [2846417]* in PRD if your department logs events
4. **BCH Oakland Departments** utilize *BCH OAK CHECK IN DAR *DO NOT EDIT OR DELETE [2847756]*.
5. Check **My default** check box on bottom left corner
6. By setting as a default, the report runs automatically in the future.
7. Click **Run**

Open DAR at any time by clicking **DAR - Dept. Appts** button on main toolbar. If you work in a clinic with more than one department and want to view all appointments in multiple departments, create a Combined DAR by selecting Combine Departments check box.

Staff can configure private copy of DAR and edit Appointment Locations, Provider/Resource, Date/Time Range, Appointment Status, and Visits on Criteria tab of report settings. Refer to the [Combined DAR](#) tip sheet posted on Knowledge Bank for additional information.

Patient Check-in (Mary)

Previous lessons covered how to schedule appointments, adding coverage information to a patient record during registration, and moving through some advanced scheduling workflows. There are additional workflows for when patients arrive at a clinic. They must be checked in before they are seen by a provider.

Check-in is used to indicate the patient has arrived for their appointment and is ready to be seen by clinical staff. The workflow is also used to collect or verify appointment-specific information, secure required documents, and collect payments such as copay, self-payments, pre-payments, or past due balances where applicable. This process is vital because it begins the processing of encounters (visits) through APeX to billing.

Front desk staff are responsible for ensuring registration items are complete, up to date and accurate at check-in. Steps performed to ensure a positive experience at check-in including noting the patient's arrival, verifying patient information, collecting copay or payment (department specific), recording patient signed consents and several other tasks. APeX integrates these tasks within Check-in and check-out activities. These activities track a patient's progress through a facility and collect key information about the patient and the appointment, including information relating to demographics, coverage, or referrals.

Copay is a payment defined in an insurance policy and paid by the insured person each time medical services are provided, usually at the time of service. The copay due field indicates the copay amount that should be collected from the patient. It is possible the copay due has not been recorded, so be sure to verify it by viewing the patient's insurance card or from Response History in RTE. Remember to always update the copay in APeX.

Open Department Appointments Report (DAR)

The Department Appointments Report (DAR) may be configured to run automatically upon login in your department. If so, select the Department Appointments Report workspace tab to view the DAR.

The DAR shows a list of appointments for your login in department. **Change Context** as needed before running this report. There are two versions of the schedule that will be addressed today: Dept Appt Report and multi-provider schedule. Staff can use both reports per department policy.

Use the Registration Status and Arrival Status columns to see whether a patient has arrived and is registered for their appointment regardless of how the arrival or registration took place. Review the [Consolidated View of Registration and Arrival Status](#) tip sheet for additional information.

- The Registration status column shows as in icon so front desk staff can quickly identify if the patient will need to complete registration for the appointment.
- Arrival Status column displays where a patient is in the process. Between scheduling their appointment and arriving at the clinic.

Department Appointments Report: Check In DAR

Refresh

Settings

Appt Desk

Walk In

Check In

Check Out

Orders/Follow-Ups

Print A/S

Cancel/Resch

Visit Label (All)

Appt Info

Expand

Message

Registration

Appt Prescreening

EOD

Photo Declaration

Patient Refund

More

1 Full Appointment List

2 Appointment Totals

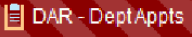
Date: 11/12/2024

LAKESHORE [4030002]

Total: 3 Row Height: Auto

NS R..	Infection Status	Fall Rl..	Ms Time	Status	Registration Status	Arrival Status	Pt Info	MRN	Procedure	VISIT MODE	Co..	Last Auto Outre..	Provider	A..	Appt Notes	Pt V..	Cvg V..
V			9:40 AM	Arrived	✓	On-site - Good to go!	Cadence, Upgrade DOB: 7/16/1974 Age: 50 years	80007108	OV	In Person [1]			Strelkoff, Katherine K. [30121]	20	follow-up	✓	✓
V			2:00 PM	Arrived	✓	On-site - Good to go!	Bookit, Mary DOB: 2/02/1983 Age: 41 years	80037007	OV	In Person [1]	✓		Strelkoff, Katherine K. [30121]	20	blood pressure check	✓	✓
			3:00 PM	Check-in started	...	On-site - At Desk (04:01 PM)	Athens, Simon DOB: 12/04/1986 Age: 37 years	80037201	OV	In Person [1]	✓		Strelkoff, Katherine K. [30121]	20	Diabetes check	✓	✓

In progress

To manually run the DAR, select  **DAR-Dept. Appts** activity on the main toolbar and refer back to steps in Department Appointments Report section.

Check-In Patient with Copay (Mary)

For additional information on Collecting Copays with a Bluefin device, review the [CAD Payment Collection and Refund](#) tip sheet posted on Knowledge Bank.



Scenario: You are working the front desk in LAKESHORE department. **Mary-CAD** arrives for her appointment and is ready to be checked in. All required registration information was documented at the time of scheduling; however; you must verify that registration is complete, collect any copays, and collect all required documents prior to check- in.

1. Highlight **Mary-CAD's** appointment on DAR and click **Check- in**

Department Appointments Report: Check In DAR																
Refresh Settings Appt Desk Walk In Check In Check Out Orders/Follow-Ups Print A/S Cancel/Resch Visit Label (All) Appt Info Expand Message Registration Appt Prescreening EOD Photo Declaration More 1 Full Appointment List 2 Appointment Totals Date: 5/23/2025 LAKESHORE [4030002] Total: 150 Row Height: Auto																
Ms Time	Status	Registration Status	Arrival Status	Pt Info	MRN	Procedure	VISIT MODE	Co..	Last Auto Outre..	Provider	A..	Appt Notes	Pt V..	Cvg V..	Ext Cvg	Copay Paid
2:00 PM	Sch	⚠	Unconfirmed	Aberdeen, Mary-Cad DOB: 10/27/1971 Age: 53 years	2003370	OV	In Person [1]			Drew-Cad Aberdeen [CAD21000]	20	Chronic headaches	✓	✓		10.00

2. Collapse the **Checklist**
3. Verbally verify **Patient demographics** and **Employment** from the form navigator
MAKE SURE MOBILE PHONE IS STARRED!
4. **Employment Info:**
5. **Appt Details**

6. Confirm the **Referring Provider** (or *PROVIDER, NONE PER PATIENT*).

-Confirm **Private Encounter** is populated to *No*

-Confirm **Accident Related** *No*

-Confirm the **PCP**

7. **Encounter Guarantor and Cvg:**

Review the Hospital Account (UCSF) or Visit Account (Community Affiliates), Guarantor Account and Insurance filing order.

8. **Care Teams.**

9. **Communication:**



Scenario: Mary initially declined SMS text notifications from UCSF. However, during this check-in, she has decided to opt in, allowing her to receive SMS notifications for appointment reminders and Fast Pass offers.

SMS Consent to Opt In/Opt Out of Text Messaging Notifications

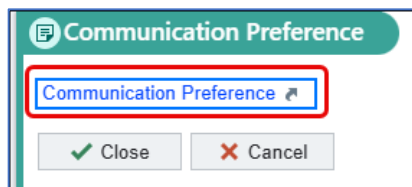
To Opt the patient in or out of receiving text message communications, click the *Manage SMS Consent* message from Check-in or the *Communication Preferences* activity and select Opt In/Opt Out. This message appears on the Checklist for any patient who has not signed a TACO in the last three years.



Note: Only patients with a phone number listed in the **Mobile** number field in Demographics will receive text messages.

SMS Messages: Mary has previously chose **Opt In**, but double check everything as follows:

a. **Communication Preferences**

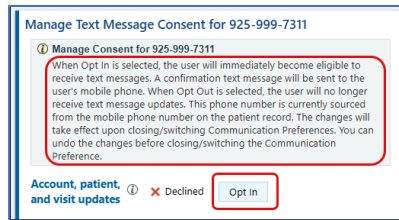


b. **Check** the existing selections or make new selections

c. **Look** at the box on the middle-right

d. **Inform** the patient that a confirmation message will be sent to her mobile phone

e. **Read the consent message**



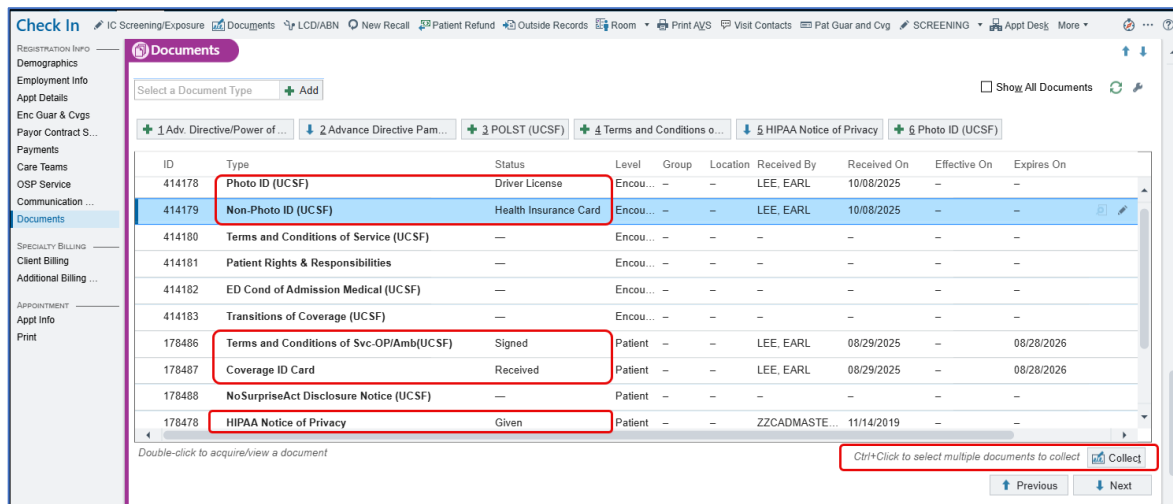
f. **Opt in**

g. **Mark as Reviewed**

h. **Accept** or if needed, click on the **X** to close the panel

10. **Appt Info.**

11. **NEW - Documents:**



There are five required documents on the Documents list though no hard stops appear. If the items listed below are not collected, an error message appears identifying the items needed. APeX will not allow check- in without proper document collection.

<u>Document Type</u>	<u>Action</u>	<u>Frequency</u>
HIPAA Notice of Privacy	Signature and scan	At initial Visit
Terms and Conditions of Service-OP (Amb)	Signature and scan	At initial visit then annually
Non-Photo ID	Visual inspection	Every Visit
Photo ID	Visual inspection	Every Visit
Coverage card	Scan	At initial visit then at first of the year and anniversary of initial scan

Some items in Documents list will be scanned into APeX. Do not scan patient's IDs (photo and non-photo). Scanning is not covered in this lesson; refer to Knowledge Bank for a scanning tip sheet.

For an established patient some of the required documents may display a date and status in APeX. You then collect only missing or expired documents. A new patient will not have any documents collected. Ensure all required documents are collected prior to check in.

In the Document List, **Ctrl+click** to select multiple documents and click **Collect**. After the first document is scanned, signed, or viewed, you can move to the next document without leaving the document collection window.

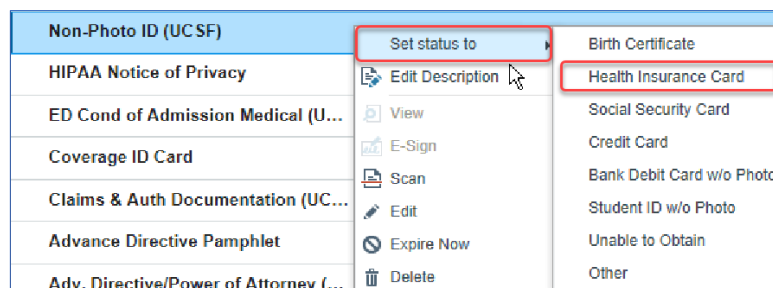


Note: A HIPAA form given at UCSF SF and BCH Oakland are valid at both locations.

12. Select the following documents

ID	Type	Status	Group	Location	Received By	Received On	Effective On	Expires On
322583	Photo ID (UCSF)	Driver License	-	-	ZZCADMASTER, ...	02/26/2025	-	-
322584	Non-Photo ID (UCSF)	Health Insurance Card	-	-	ZZCADMASTER, ...	02/26/2025	-	-

- Photo ID:** Right-click Photo ID status (UCSF), select **Set status to**, then choose the form of ID presented, *Driver License*.
- Received By** user and **Received On** date will automatically populate and Status column will update automatically when scanning documents in APeX
- Non-Photo ID:** Right-click Non-Photo ID (UCSF), select **Set status to**, then choose the form of ID presented:
- Health Insurance Card



-If a patient does not present with proper documents, select *Unable to Obtain*

-**HIPPA:** Confirm the HIPAA Notice of Privacy status is *Given* or update as needed

-Terms and Conditions of Service OP - status is *Signed*

e. **Coverage ID Card** - status is *Received* - or update as needed

-Use the right-click menu to set status, Edit Description, Scan, Edit, Expire Now or Delete a document.

13. To **link a document** that has been scanned to coverage do the following:

- Right-click on **Coverage ID Card** and select **Edit**.
- Select **Link to a coverage**

- On the window that appears, highlight the insurance plan and click **Accept**

- A window appears with **chain icon** and the name of coverage

- **Click Accept.**

Linked documents will display with coverage name and umbrella icon and appear in the Coverage Edit activity. If linked coverage has expired, the document is marked as expired and an umbrella with a red X appears.

111904	Coverage ID Card	Received	Patient	-	-	LEE, EARL	05/22/2025
 E-ANTHEM/BX PRUDENT BUYER ANTHEM							

In APeX (production environment), the Status field will update with a status of “Scanned” or “E-Collected” when Registration documents are scanned or electronically signed through Documents list, MyChart, or Welcome Kiosk. This feature does not include ALL documents and will not automatically update statuses for any document that requires a specific type be identified (i.e., Photo ID, Non-Photo ID).

BCH Oakland staff will update different documents at Check-in, which is covered in the *BCH-Oakland Check-in* scenario.

Use **Checklist Sidebar report** to Verify any outstanding checks.

Click wrench to change Completed Sections to visible if needed

If *Patient Photo* is required in your department because your department is set up to take patient photos, select Collect (in PRD) to update, or Ask Later, or Patient Declined as needed

Always review the RTE Response History for all member coverages verified electronically in APeX.

Checklist

14. If it is not open, un-collapse the Registration **Checklist** sidebar.

Patient Photo

15. If a **Patient Photo** is required in your department because your department is set up to take patient photos, select Collect (in PRD) to update, or Ask Later, or Patient Declined as needed

- We do not collect patient photos in training. Collect patient photos in your department where required.

Checklist Verifications

16. **Verify All:** Use the **Checklist Sidebar report** to Verify any outstanding checks.

- If needed, click the **wrench** to change Completed Sections to **Visible** if needed

Real Time Eligibility - RTE

17. Always review the **RTE Response History** for all member coverages verified electronically or mark the insurance plan as *Verified by Website* or *Verified by Phone*.

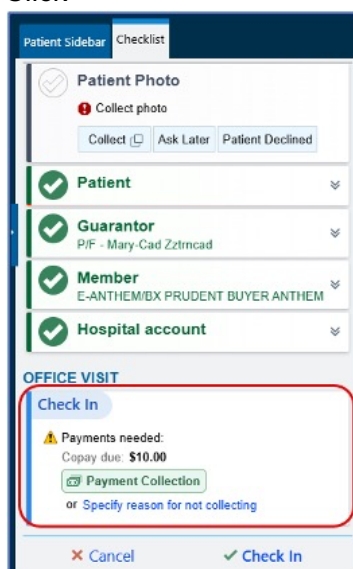
Payment Collection



Scenario: Mary is paying her \$10 copayment with cash.

18. When the patient owes a copayment, Payment Collection displays in the Check In section of the checklist and the Payments section of the navigator.

19. Click  **Payment Collection**

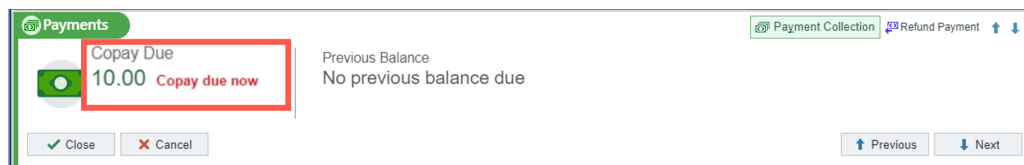


Front Desk staff will be prompted to **Charge Card** or **Change Payment Source** if the patient has opted to prepay their copay in MyChart.

This warning does not appear in training environments

20. The **Payment Collection** window appears.

Co-Pay Due amounts



- If copay amounts are returned with RTE response or manually entered in Coverage Level Copay table under Additional section of **Coverage Edit**, APeX will default 100% of the Copay Due amount in the Payments section of the navigator.
- In **Payment** section of the navigator, the **Copay Due** amount may default in depending on coverage. If copay field is not auto populated, confirm copay amount on insurance card, electronically (RTE or website), or by phone and click **Edit** to update APeX with the amount.



Where else in APeX should you update the copay information so that it will auto populate for future visits?



Note: Patients with an active **MyChart** account have the option to pay copays due for upcoming visits **within 5 days** of their scheduled appointment. When selected, patient's card is authorized but not charged until **Check-in** and the copay is applied by Front Desk staff.

21. Fill out the **Payment Collection** window as follows:

22. Click **Collect Payment** (on the bottom of Payment Collection activity)

23. A **Collect Payment Now** window appears

-Select **Cash** as Payment Method

-Select **Print receipt** check box if not selected by default

-Click **Collect Payment** to record transaction

Note: You can also view payment received in the Payments section of the form Navigator



24. Click **✓ Check In** on bottom of Checklist to complete the check in process

16. In the **Visit Labels** window enter Printer name: *Null* and press TAB

17. Click **Accept**

18. **Appointment Desk** appears



The appointment status updates to _____.

19. The **Status** column for this appointment on the DAR updated to **Arrived**.

20. Mary-CAD is checked in. A green check should appear in Registration Status column and Arrival Status should be *Onsite-Good to go!*

Department Appointments Report: Check In DAR

Refresh Settings Appt Desk Walk In Check In Check Out Orders/Follow-Ups Print AYS Canc/Resch Visit Label (All) App

1 Full Appointment List 2 Appointment Totals

Date: 6/2/2025 LAKESHORE [4030002]

Fall Ri...	Ms Time	Status	Registration St...	Arrival Status	Pt Info	MRN	Procedure	VISIT MODE
	2:00 PM	Arrived	✓	On-site - Good to go!	Aberdeen, Mary-Cad DOB: 10/27/1971 Age: 53 years	2003370	OV	In Person [1]

Scheduling Status

As an appointment progresses through different phases, the status on the DAR changes accordingly. Example: status changes from 'Scheduled' to 'Arrived' after check-in. When an appointment is checked out, the status changes from 'Arrived' to 'Complete'.

Action	Book It → Check-in → Check Out		
Status	Scheduled	→ Arrived	→ Comp

For appointments not Checked In the status changes from 'Scheduled' to 'No Show' through a process called End of Day (EOD) processing. Automated EOD processes run nightly to update appointment status four days after the original appointment date, so an appointment scheduled on Monday goes through EOD on Friday.

The four-day delay allows the opportunity to make changes or fix errors on the patient's registration, if needed, before going through the billing process. Registration errors will impact billing and their ability to send out claims.

Action	Book It → EOD	
Status	Scheduled	→ No Show

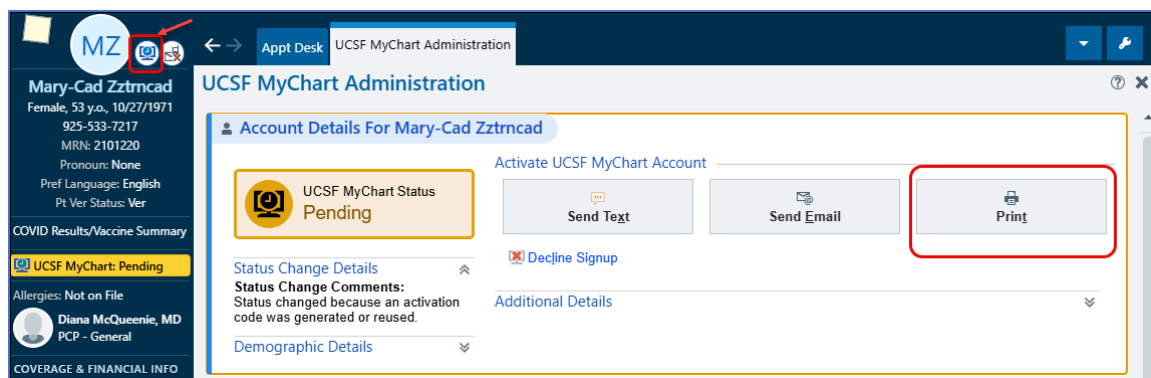
MyChart Activation – TRAINER DEMO (Optional)

MyChart activation status may be displayed on checklist during check-in for patients who are not currently active on MyChart in order to increase MyChart enrollment. For additional information on how to create patient proxy accounts, see [MyChart Activation](#) tip sheet available on Knowledge Bank.



Scenario: You see Mary doesn't have an active MyChart account. You ask Mary if she would like to enroll in MyChart while she waits and she agrees. Print an activation code so she start the enrollment process.

Highlight Mary's appointment on DAR and click **Appt Desk** on toolbar (or open registration)
Click **UCSF MyChart Status** icon on Storyboard, then select **Print**



Select **Null** printer and click **Print**

Click **Open Print Preview** to see a preview of the letter before printing

The patient's MyChart activation status may change to Pending if it was previously inactive. The printed letter will provide the patient with a MyChart activation code and an expiration date and time.

Review Questions

1. What was the appointment status before check- in?
2. True or False: All patients will automatically receive SMS text messages from UCSF.
3. What documents should you evaluate for collection?

Keep Patients Informed with Prewritten SMS Messages – TRAINER DEMO

Keep patients up to date on their appointments by using pre-scripted messages that can be sent to a patient through SMS text notifications. Patients with Spanish listed as their Preferred language in registration will receive SMS notifications sent from the DAR (Department Appointments Report) in Spanish.

For complete step-by-step instructions and a complete list of available approved prewritten messages, review the [Keep Patient Informed with Automated Messages](#) tip sheet available on Knowledge Bank.

Approved Prewritten SMS Messages Available

Send Updates

?

You are sending a message to 1 patient about 1 appointment.

Prewritten message:

UCSF PROVIDER RUNNING LATE

Message preview for

3867:UCSF HEALTH expect your provider on your device so you can get out.

Message Name	Message ID
UCSF PROVIDER RUNNING LATE	101038
UCSF CANCEL APPT	101047
UCSF PROVIDER RUNNING LATE - IN PERSON	101052
UCSF RESCHEDULE MESSAGE	101061
UCSF PROVIDER RUNNING 15 MINUTES LATE - TELEHEALTH	102787
UCSF PROVIDER RUNNING 30 MINUTES LATE - TELEHEALTH	102790
UCSF PROVIDER RUNNING 45 MINUTES LATE - TELEHEALTH	102793
UCSF PROVIDER RUNNING 1 HOUR LATE - TELEHEALTH	102796
UCSF PROVIDER RUNNING 15 MINUTES LATE - IN PERSON	102799
UCSF PROVIDER RUNNING 30 MINUTES LATE - IN PERSON	102802
UCSF PROVIDER RUNNING 45 MINUTES LATE - IN PERSON	102805
UCSF PROVIDER RUNNING 1 HOUR LATE - IN PERSON	102808

Cancel



Note: Some prewritten messages are specific to the visit type being in-person versus video visit (telehealth). Please be sure to select the option appropriately.

Send Patients SMS Notifications with Send Update –DEMO

Use prewritten SMS messages to quickly notify patients about their appointments or clinic delays. This feature saves time by eliminating the need to manually create **Visit Contacts** and **Events** for SMS notifications.



Scenario: Mary opted to receive SMS text notifications for this visit earlier when she checked in. Since then, you've learned that Dr. Drew is running behind, so you send Mary a text to communicate the delay.

1. Navigate to the **DAR**
2. **More > Send Update**
3. **Select a message** from the list of as a shortcut enter *[P--* Prewritten message (e.g., UCSF Provider Running Late)
4. Click **Send**



Note: Medical assistants and other clinical staff can send prewritten SMS notifications to patients who have opted in, directly from the Multi-Provider Schedule.

MyChart Activation

1. Open Marys **Appt Desk**.
2. Click on the **MyChart** icon in the storyboard.
3. Select **Sent Text**
4. **Read** the Terms and Conditions message.
5. **Send**.

BCH-Oakland Check-in with Print Forms and RTLS



BCH Oakland workflow only, not required for WB (SF) training

As discussed in the previous lesson, Check-in is used to indicate the patient has arrived for their appointment and is ready to be seen by clinical staff. The workflow is also used to collect or verify appointment-specific information, secure required documents, and collect payments such as copay, self-payments, pre-payments, or past due balances where applicable. This process is vital because it begins the processing of encounters (visits) through APeX to billing.

Front desk staff supporting BCH-Oakland departments are responsible for verifying all registration information, printing forms to collect signed consents, collecting copays or payments (department specific) when due, and other department specific tasks (such as RTLS association) to ensure accuracy and a positive experience at the patient's arrival.

Some information is not accessible until the patient arrives. In BCH-Oakland locations the insurance card is scanned for every visit at Check-in.

Learning Objectives

In this section you will learn how to:

- ☐ Check-in patient appointments from Department Appointments report in BCH-Oakland location
- ☐ Verify registration information and collect copays at check-in
- ☐ Enable Real Time Locator Service (RTLS)

BCH - Check-in



Scenario: You are working the front desk in the **BCH OAK FQ Continuity** department. Jim-CAD arrives with his mother Dawn for his appointment. All required registration information was documented at the time of scheduling but you must verify all registration information is accurate, scan the insurance card, and print forms to collect signatures on required documents.

Jim-CAD's mother presents his insurance card that must be scanned at every appointment in Oakland locations.

1. Close THE Lakeshore DAR
2. Select Epic > Change Context
3. Enter *BCH OAK FQ CONTINUITY* in Department field and click **Continue**
4. Alternatively, switch departments using Recent and Favorite Departments button

- Click DAR-Dept Appts button on Hyperspace toolbar
- Select BCH OAK CHECK IN DAR *DO NOT EDIT OR DELETE* [2847756] and click **Run**

[Print Conditions of Service, Patient Rights, and NPP Acknowledgement Form](#)

- Highlight Jim-CAD's appointment on DAR and click **More**, then **Print Forms**
- Forms appear by default; select check box next to appropriate forms (i.e., BCH OAK ADT COA/COS & PATIENT RIGHTS, BCH OAK ADT NOTICE OF PRIVACY PRACTICES, BCH OAK NPP ACKNOWLEDGEMENT FORM), then click **Print All Selected** to send forms to local default printer. In training select an available *Null Printer*

Form	Printer	Tray	Copies
☐ BCH OAK ADT NOTICE OF PRIVACY PRACTICES (SPANISH)	NULL PRINTER		1
☐ BCH OAK ADT NOTICE OF PRIVACY PRACTICES (CHINESE)	NULL PRINTER		1
☒ BCH OAK NPP ACKNOWLEDGMENT FORM (ENGLISH-SPANISH)	NULL PRINTER		1
☐ BCH OAK NPP ACKNOWLEDGMENT FORM (ENGLISH - CHINESE)	NULL PRINTER		1

Print Forms History

Printed forms will appear in the Print Forms History section of the Print Forms activity.

Print Forms History					
User	Date	Form	Printer	Tray	Copies
ZZCADMASTER, SAL...	2/26/2025 11:24 AM	BCH OAK ADT COA/...	NULL PRINTER [3]		1
ZZCADMASTER, SAL...	2/26/2025 11:24 AM	BCH OAK ADT NOTIC...	NULL PRINTER [3]		1
ZZCADMASTER, SAL...	2/26/2025 11:24 AM	BCH OAK NPP ACKN...	NULL PRINTER [3]		1

To print forms that do not appear by default, scroll down to a blank row and click magnifying glass (select tool) to choose from available forms. Some documents will require patients/parents/legal guardian's signature before scanning into APeX.

The screenshot shows the 'Print Forms' window. It contains a table with columns: Form, Printer, Tray, and Copies. The first three rows are: 'BCH OAK ADT STATEMENT OF PATIENT RIGHTS', 'BCH OAK ADT STATEMENT OF PATIENT RIGHTS (SPANISH)', and 'BCH OAK EXCUSE LETTER'. Each row has 'NULL PRINTER' in the Printer column, an empty Tray column, and '1' in the Copies column. There are checkboxes to the left of each row. Below the table is a search bar with a magnifying glass icon. The search bar is highlighted with a red rectangle.

9. Close print forms screen as we do not print forms in training

10. With Jim-CAD's appointment highlighted, click **Check- in**

11. Ask parent to verify ALL registration information (including insurance) and confirm/update PCP

Scenario: Jim's mother Dawn does not wish to receive SMS text notifications and would like a phone call for appointment reminders.



You tell Dawn that Opting Out will remove them from **ALL** SMS communications from UCSF, Marin Hospital, and Community Affiliates for referral notifications, MyChart notifications, prescription refill reminders, billing letters, care management reminders and more.

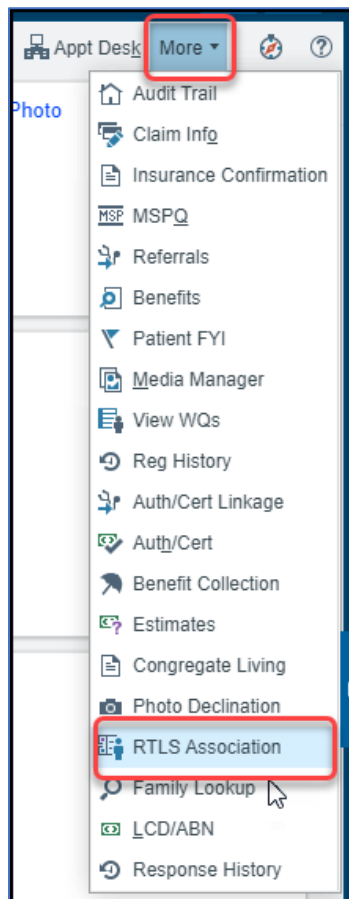
Let Dawn know that she can **Opt in** by texting "START" to short code **48432** and you can adjust her communication preferences if needed.

12. After informing Jim's mother that Opting out of Hello World SMS Communication service removes them from ALL SMS notifications, including critical messages about appointments, surgeries, refills, and billing, she decides to update Communication Preferences to a phone call for appointment reminders.

[Real Time Locator Service \(RTLS\)](#)

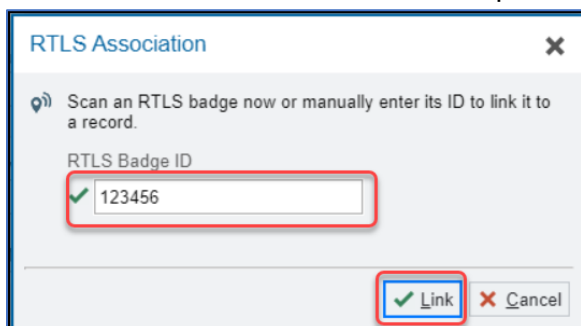
Real Time Locator Service is utilized at UCSF Cancer Center and approved BCH-Oakland locations.

13. Click the **More** drop down in activity toolbar and select **RTLS Association**



14. Enter random 6-digit number in **RTLS Badge ID** field, hit TAB and click **Link**

- In PRD, scan RTLS badge or manually enter its ID to link
- This service is not utilized in all departments



15. Go to **Appt Info** section; confirm **Referring provider** field is complete or enter **Referring Provider** as *Provider, None Per Patient*

16. Confirm **Accident related** defaulted to *No* and **Private Encounter** field is *No* (enter Yes or No for patients between ages of 12-17)

17. Click **Documents** in table of contents

BCH Oakland departments require three documents on the Documents list though no hard stops appear. If the items listed in the table are not collected, an error message appears identifying the items needed. APeX will not allow check- in without proper document collection.

<u>OAK Document Type</u>	<u>Actions</u>	<u>Frequency</u>
HIPAA Notice of Privacy	Given to patient/legal guardian marked as “Given” Scan copy of signed BCH OAK NPP ACKNOWLEDGEMENT FORM	At initial visit
Conditions of Service COS	Signature and scanned	At initial visit, then annually
Coverage card	Scan	At every visit

Some items in Documents list will be scanned into APeX. Do not scan patient’s IDs or copies of currency. Scanning is not covered in this lesson; refer to Knowledge Bank for a scanning tip sheet.

For an established patient some required documents may display a date and status in APeX. Collect only missing or expired documents. A new patient will not have any documents collected. Ensure all required documents are collected to be able to check the patient in.

18. Right-click **HIPAA Notice of Privacy (BCH OAK)** > Set status to > *Given* (scan NPP Acknowledgement form in production)

19. Right-click **Coverage ID Card (BCH OAK)** > Set status to > *Received*

20. Right-click **Conditions of Service (COS) (BCH OAK)** > Set status to > *Received*

The screenshot shows the 'Documents' section of the APeX system. At the top, there's a 'Select a Document Type' dropdown and an 'Add' button. Below this, there are several document type buttons: '1 HIPAA Notice of Privacy...', '2 Coverage ID Card (BCH OAK)', '3 Important Msg from Me...', '4 Adv Dir/Power of Attorn...', '5 Insurance and Payment...', and '6 External Records Pt (N...)'. The main table lists documents with the following data:

ID	Type	Status	Level	Group	Location	Received By	Received On	Effective On	Expires On
336029	Conditions of Service (COS) (BCH OAK)	Received	Patient	-	-	LEE, EARL	10/11/2025	-	10/11/2025
336000	Coverage ID Card (BCH OAK)	Received	Encounter	-	-	LEE, EARL	10/11/2025	-	-
336011	HIPAA Notice of Privacy (BCH OAK)	Received	Patient	-	-	LEE, EARL	10/11/2025	-	10/11/2025
336009	Condition Of Admit (COA/COS) (BCH OAK)	-	Encounter	-	-	-	-	-	-
414076	NoSurpriseAct Disclosure Notice(BCH OAK)	-	Encounter	-	-	-	-	-	-
336005	Insurance and Payment Docs (BCH OAK)	-	Encounter	-	-	-	-	-	-

At the bottom, there's a 'Double-click to acquire/view a document' tooltip and a 'Collect' button with a tooltip that says 'Ctrl+Click to select multiple documents to collect'.

All documents do not appear by default. Confirm the list of all required documents for your department with local management. To add an additional document that doesn't appear by default, click **Add** next to *Select a Document Type* field and choose the desired document. Received By, Effective On, Expires On dates will update automatically when scanning documents. To collect multiple documents at once, use Ctrl+Click to select multiple documents and click **Collect**.

21. Open Communication Preferences, confirm *Phone* is selected for appointment reminder, and **Mark as Reviewed**
22. Go to **Checklist** and **Verify All** remaining registration levels including Hospital Account
23. Click **✓ Check In** and fix any errors or warnings



The appointment status updates to _____

Status column for this appointment on the DAR updated to *Arrived*. Jim-CAD is checked in.

Department Appointments Report: BCH OAK CHECK IN DAR *DO NOT EDIT OR DELETE*								
Refresh Settings Appt Desk Walk In Sign In Check In Check Out Orders/Follow-Ups Print AVS Canc/Resch Visit Label								
1 Full Appointment List 2 Appointment Totals								
Date: 10/11/2025 BCH OAK FQ CONTINUITY [20207003]								
Time	Status	Registration Status	Arrival Status	Visit Date	MRN	Infection Status	Hosp Acct	Pt Info
9:30 AM	Arrived	✓	On-site - Good to go!	10/11/2025	1976806		200000974	Aberdeen, Jim-
9:30 AM	Sch	⚠	Late	10/11/2025	1976808		200000976	Antwerp, Jim-

Scheduling Status

As an appointment progresses through different phases, the status on the DAR changes accordingly. Example: status changes from 'Scheduled' to 'Arrived' after check- in. When an appointment is checked out, the status changes from 'Arrived' to 'Complete'.

Action	Book It	→	Check- in	→	Check- out
Status	Scheduled	→	Arrived	→	Comp

For appointments not Checked In, the status changes from 'Scheduled' to 'No Show' through a process called End of Day (EOD) processing covered in the EOD section of training.

BCH- Review Questions

1. What was the appointment status before check- in?
2. True or False: All departments utilize RTLS at check- in.der98
3. What documents should you evaluate for collection at BCH-Oakland locations?

Multi-Provider Schedule- Independent Exercise

The **Multi-Provider Schedule** shows the clinic's schedule for the day and is used in conjunction with the DAR; Front Desk Staff use DAR to check-in and check- out patients while clinical staff are likely to be using the Multi-Provider schedule instead. The Multi-Provider Schedule has limited access to scheduling activities and appointments cannot be made from this schedule.

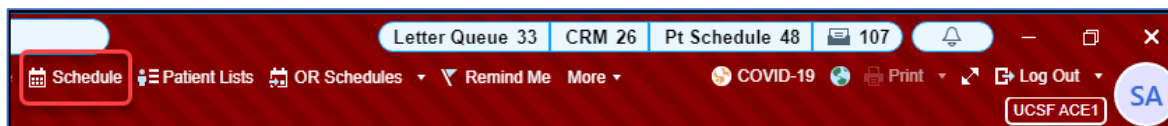
Learning Objectives

In this section you will learn how to:

- ☐ Navigate the Multi-Provider schedule
- ☐ Use color flags to communicate patient status to providers

Setting up Multi-Provider Schedule

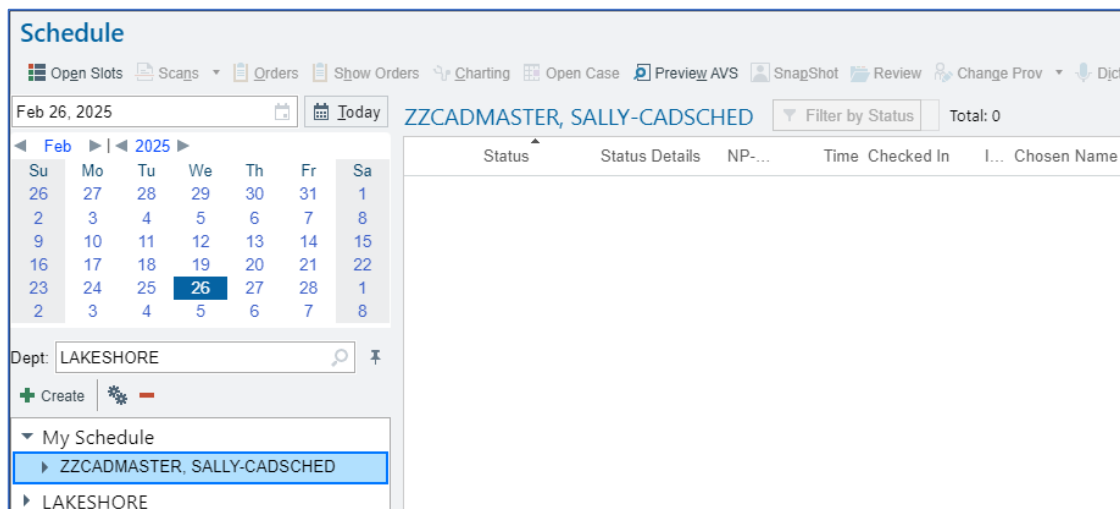
1. If needed, change Context to *Lakeshore*
2. Click **Schedule** on the Hyperspace (**main**) toolbar to open Multi-Provider Schedule.
(If needed, go to **MORE > SCHEDULE** in the red toolbar).



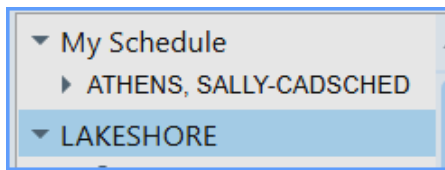
3. The **Schedule** appears and it's empty.

Patients are not scheduled with Front Desk staff; they are scheduled with providers.

As follows, switch to the clinic schedule to see a list of patients:

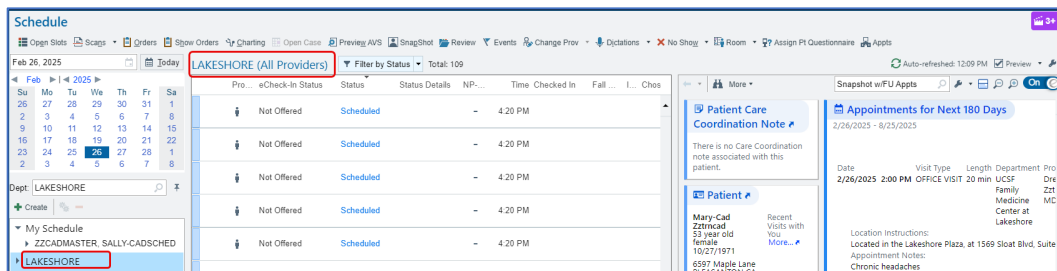


- To see full clinic schedule, select **LAKESHORE** (click on the word “Lakeshore” or the carrot next to the word Lakeshore).

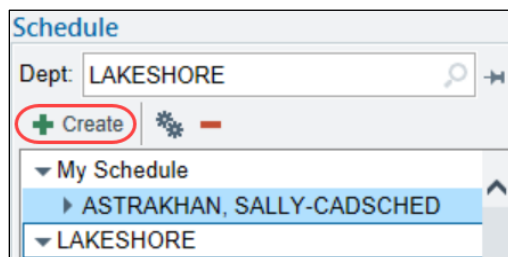


- A list of **Providers** appears.
- To see a schedule for a single provider, **expand Lakeshore** by clicking on the Lakeshore **carrot** and then by selecting *your provider Drew name*.

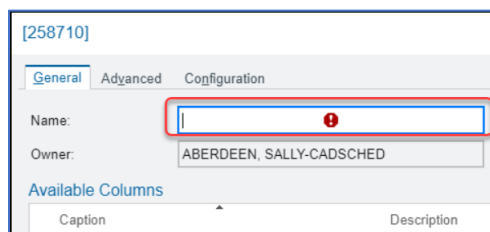
Tip: Use the **Provider naming convention** from your tent card to find your clinician.



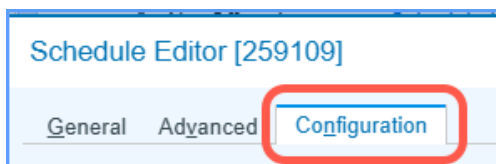
- You can **customize** a schedule as follows:
The custom schedule is specific to you and cannot be seen by others.
- Click **+ Create**.



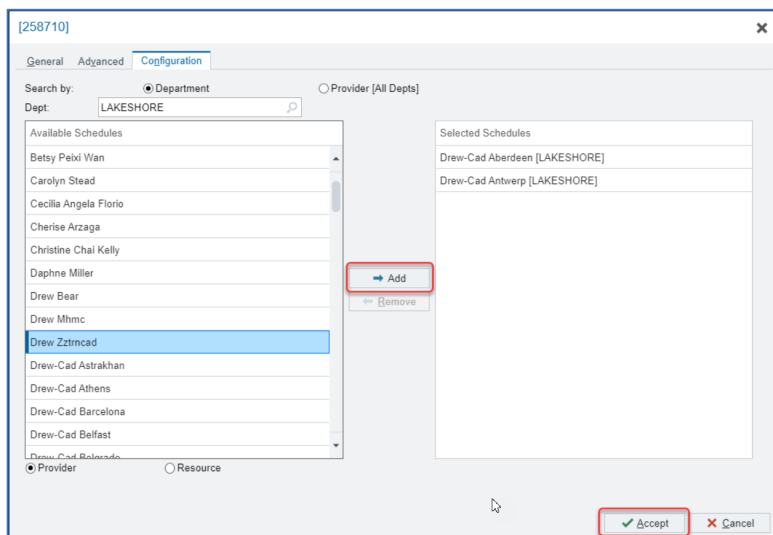
- Create a name** for schedule (e.g., My Providers).



- Click on the **Configuration** sub-tab.



11. Select 3 to 4 “Dr Drew” provider(s) from the list in the left column as follows:



One of the 3-4 Clinicians that you select should be the Dr. Drew assigned to you

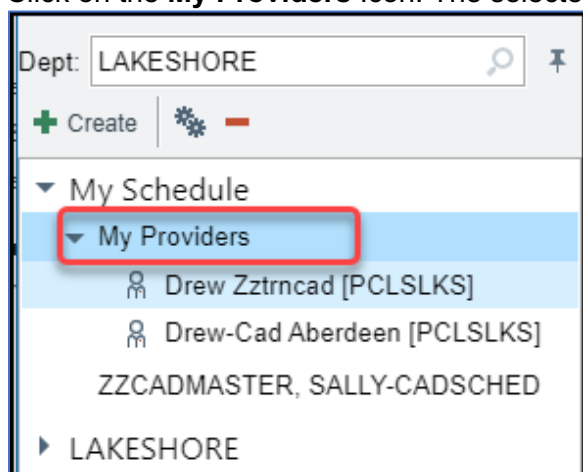
(i.e. “Cardiff, Drew or Budapest, Drew.”)

- Hold down **Ctrl** key to select a clinician.
- click **Add**.
- Tip: for training today select only doctors named “**Drew**”

12. The selected providers appear in **right column** (as shown above)

13. Click **Accept**

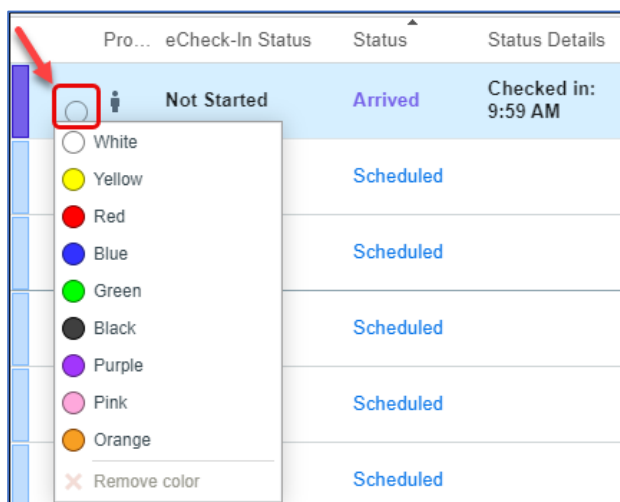
14. Click on the **My Providers** Icon. The selected clinicians appear in a list.



15. Click on your **Dr. Drew**.

- Extra Credit: To edit your schedule, click on the **Gears** icon
- Extra Credit: If the custom report is no longer needed, click red  icon to remove selected schedule

Use Color Flags to Communicate Patient Status

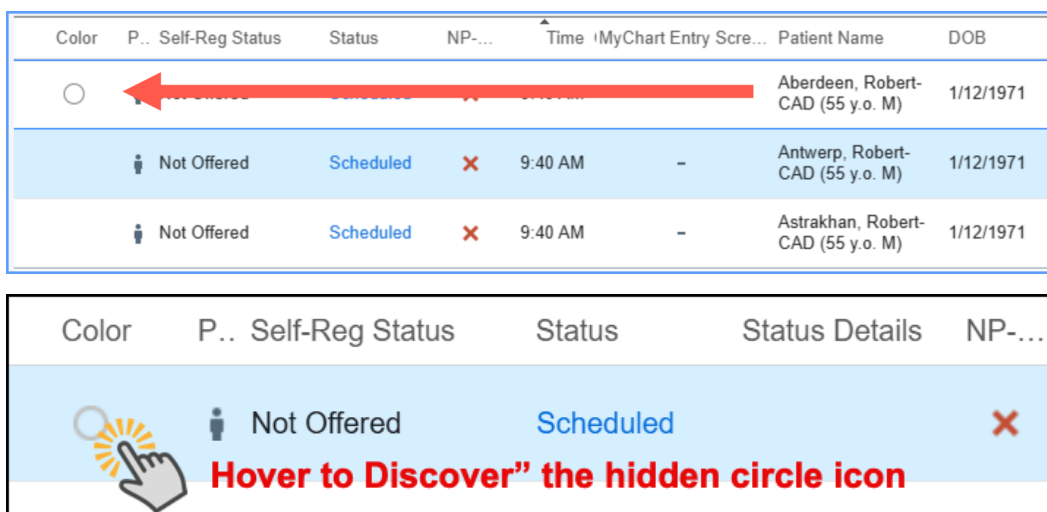


Some departments use a color-coding system for Front Desk Staff to signal clinical staff that patients are ready. Check with leadership regarding department color coding.

Before Epic, if a patient was roomed, vitals had been taken, a nurse might flip out a green flag outside the door and then the physician knows which patients are ready to be seen.

In APeX the colored circles on the Multi-Provider Schedule are the flags.

- From your custom schedule, hover over **ROW 1** and the **FIRST column header** as demonstrated below. (Note: The header says "Color")



- A **white circle** appears in the Color column
- Click** on the white circle
- Select a color**
- Close** the Multi-Provider Schedule (MPS) and return to the DAR
- Refer to local management to confirm if a color coding system is utilized in departments you support

Patient Check-in with MSPQ and FYI (David)– Independent Exercise

Learning Objectives

In this section you will learn how to:

- ☐ Complete the Medicare Secondary Payer Questionnaire
- ☐ Determine Coordination of Benefits for Medicare beneficiaries with more than one coverage
- ☐ Define RTE Query Chaining for Medicare (and Medi-Cal) coverage
- ☐ Update Communication Preferences

Medicare Health Insurance Covered Services - Informational

Medicare Health Insurance	Covered Services
Part A	Inpatient hospital care, SNF, Hospice, and Home Health.
Part B	Medically necessary physician visits, ambulatory services, supplies, DME, mental health, and specific preventive services
Part C	Medicare Advantage plans, which are run through private payors (like HMOs and PPOs)
Part D	Prescription drug coverage

What is MSPQ?

For patients with Medicare coverage attached to a visit, the **Medicare Secondary Payor Questionnaire (MSPQ)** is required.

This form may be completed at scheduling, but it *must* be completed by Check-in. The MSPQ must be asked once every 30 days if a patient is seen within that window.

The MSPQ is designed to prevent fraud, ensure proper Coordination of Benefits (COB) filing order and to insure accurate billing. (**Coordination of Benefits (COB)** is a provision used to establish the order in which health insurance plans pay claims when more than one plan exists).

Some of the MSPQ information may lead Medicare to move from primary to secondary for a visit.

MSPQ and Coordination of Benefits

Coordinating benefits is one of the ways we work to keep premiums at a minimum. APeX has rules built in to use the MSPQ and determine Coordination of Benefits for a patient.

For Medicare, this can apply when a patient has any combination of Medicare, a group health plan GHP (provided by their or their spouse's current or former employment), Medi-Cal (Medi-Medi) and/or Medigap coverage.

If the patient	Payor Priority
Has retiree insurance (from former employment)	Medicare pays first
Is 65 years or older , has a Group Health Plan (GHP) due to patient and/or spouse's current employment and employer has more than 20 employees	Group health plan pays first
Is 65 years or older , has a GHP due to patient and/or spouse's current employment and employer has fewer than 20 employees	Medicare pays first
Is under 65 and disabled , has a GHP based on patient's or family member's current employment and employer has more than 100 employees	Group health plan pays first
Is under 65 and disabled , has GHP based on patient's or family member's current employment and employer has less than 100 employees	Medicare pays first
Has Medicare due to End-Stage Renal Disease (ESRD)	Group health plan pays first for the first 30 months after patient becomes eligible to join Medicare. Medicare pays first after that 30-month period.

When to run MSPQ?

Departments can elect to complete MSPQ at scheduling for appointments made within 30 days OR they can elect to wait until Check- in.

At Check- in, the questions can be asked of patient or their representative verbally or provided in writing if more convenient. Some answers, once recorded in APeX, will remain for future completions of MSPQ.

Note: It is required by CMS to complete the MSPQ when Medicare coverage is attached to a patient's visit. Ask the questions as stated and enter a response as the patient (or patient representative) replies.



Do not answer the questions or answer "No" to all the questions without speaking with the patient (or patient representative) as this is considered fraud.

APeX will prompt for completion of the MSPQ. If the information is not collected at scheduling, APeX will require completion at check- in. The patient cannot be checked in without completing the MSPQ. For additional information, visit the CMS (Centers for Medicare & Medicaid Services) website at <https://www.medicare.org/>

Other Information

Certain types of insurance usually pay first for services related to No-fault insurance including automobile insurance, liability including self-insurance plans and automobile insurance), Black Lung benefits and Workers' compensation (Medicare will make conditional payments only).

For patients with Medi-Cal (Medicaid in California) and Medicare, or Tricare and Medicare, Medicare always pays first for services it covers.



Scenario: David-CAD arrives in the Lakeshore department for his appointment and is ready to be checked in. His registration information was documented at the time of scheduling. However, he has Medicare coverage so in addition to collecting documents at Check-in, you also complete his MSPQ.

1. If needed, click on the **Recent and Favorite departments** button to switch back to *Lakeshore* Department, and then if needed re-run the **DAR**
2. **Sort** the DAR by clicking on the **Pt Info** column header
3. Type your **assigned last name** into your keyboard
4. Highlight **David-CAD's** appointment on the DAR and click **Check In**

Department Appointments Report: Check In DAR

Refresh Settings Appt Desk Walk In **Check In** Check Out Orders/Follow-Ups Print AYS Canc/Resch Visit Label (All) Appt Info Exp

1 Full Appointment List 2 Appointment Totals

Date: 6/2/2025 LAKESHORE [4030002]

NS R...	Infection Status	Fall Ri...	Ms Time	Status	Re...	Arrival Status	Pt Info	MRN	Procedure
			11:40 AM	Sch		Late	Aberdeen, David-CAD DOB: 10/30/1960 Age: 64 years	2103790	FU20

5. **Collapse** the Checklist
6. Verify registration details (e.g., **Demographics** [check the Mobile Number star], **Employment** and **Appt Details** from the form Navigator.
7. Be sure to check the **Enc Guar & Cvgs** section.

Confirm the Visit Filing Order (VFO) and Hospital Account information is accurate (in some cases when no HAR is present you will have to create one)

Check In IC Screening/Exposure Documents LCD/ABN New Recall Patient Refund Outside Records Room Print AYS Visit Contacts Pat Guar and Cvg SCREENING More

REGISTRATION INFO
Demographics
Employment Info
Appt Details
Enc Guar & Cvgs
Payor Contract S...
Payments
Care Teams
OSP Service
Communication ...
Documents

Encounter Guarantor and Coverages

Hospital Account - 70060127
Outpatient | OPEN | UCSF PARNASSUS PARENT HOSPITAL LOCATION

Change Guarantor

David-Cad Antwerp [100015885] P/F - Self
Address same as patient
Sign up for UCSF MyChart
Employer: Retired - Retired

Hospital Filing Order
Undo Changes Do Not Bill Insurance Show Default F/O Use Default F/O Add Coverage

Coverage	Subscriber	Insurance ID	Effective Dates
1 E-MEDICARE/PART A&B MCARE	David-Cad Antwerp	1EG4TE5MK72	10/26/2008 -

Close Previous Next

8. Be sure to check **Payor Contract Status**
9. Check **Care Teams**
10. **Communication**



Scenario: David does not wish to receive SMS text notifications because it's hard for him to read messages on his phone. He would like a phone call for appointment reminders.

Select Communication Preferences, confirm or select **Phone calls** for “General Communication Preferences,” then select **Mark as Reviewed** and **Accept**.

11. Move to the **Documents**

Address the five required documents

- Right-click **Photo ID**, select **Set status to** and click *Driver License*
- Right-click **Non-Photo ID**, click **Set status to** and click *Health Insurance Card*
- Confirm **HIPAA Notice of Privacy** status is Given
- Confirm **Terms and Conditions of Service OP** status is Signed
- Confirm **Coverage ID Card** status is Received

12. Move to **Appt Info**

Confirm **Accident related** is *No* and **Private Encounter** field is defaulted to *No* and **Referring Provider** has been entered. If not, update it.

The screenshot shows the 'Check In' software interface. The 'Appointment Information' tab is active. The 'Appointment Type' is set to 'Outpatient'. The 'Accident Related' field has 'No' selected. The 'Referring Provider' field contains 'ANNA ATKINS JONES'. The 'Private Encounter' field is set to 'No'. The 'Appointment Notes' field contains 'knee pain'. The 'Appt Info' option in the left sidebar is highlighted with a red box.

13. Use the **Checklist** to review or correct any outstanding checks.
14. **Photo** - Select *Patient Declined*
15. **Check** for errors (ignore the MSQP errors until the step after next).
16. Make sure that the **Coverage** is marked as “Verified”
17. **Scroll** down to the red MSPQ error

18. Click **MSPQ not filled out** on Checklist to launch the MSP Questionnaire

The screenshot shows a patient checklist with the following items:

- Patient Photo**: Collect, Ask Later, Patient Declined
- Patient**:
 - Manage SMS Consent: 415-777-6464
 - Edit demographics
 - Account, patient, and visit updates: Opted Out, Opt In, Opt Out
 - Text messages related to your relationship with UCSF Health, including updates related to your visits, UCSF MyChart account, one-time passcode, billing notifications, prescription reminders, and care management will be sent to phone number above. Message and data rates may apply. Message frequency may vary. For help text HELP and text STOP to opt out of notifications from a specific short code. Please review terms and conditions and privacy policy below.
 - Terms and Conditions
 - Privacy Policy
- MyChart Inactive**:
 - New
 - Tasks (1 incomplete)
 - Patient is not active on Mychart
- Guarantor**: P/F - David-Cad Aberdeen
- Member**: E-MEDICARE/PART A&B MCARE
- Hospital account**:
 - Verified
 - Tasks (1 incomplete)
 - The visit accident information for this patient does not match the information in the MSPQ or a question has been left blank. Please verify accident information with the patient and make appropriate updates.
- MSPQ not filled out** (highlighted with a red box)



Note: MSPQ must be completed to continue check-in. Reminder: **It is Important to document only what the patient tells you.**

Use the answers in the following scenario box to complete the MSPQ.

19. Complete Employment and Retirement information:

Completion Status	Coordination of Benefits Status
Complete	Medicare is Primary
Last changed by SALLY-CADSCHEZ ZCCADMASTER on 02/26/2025	
Employment and Retirement	
Are you currently employed?	No, Retired
If applicable, date of retirement:	10/2/2017
Do you have a spouse who is currently employed?	No, Never Employed
If applicable, date of retirement:	
Are the services to be paid by a government research program?	No
Was the illness/injury due to a non-work-related accident?	No
Accident Date	

- Are you currently employed? *No, Retired*
- **If applicable, date of retirement:** *10/02/2017*

****** If the patient does not know the retirement date, enter their Medicare Part A eligibility date for the date of retirement.

(This is listed on the Medicare card as well as in RTE Response History. If patient/caregiver knows exact retirement date, use that instead).

- Do you have a spouse who is currently employed? *No, Never Employed*
If applicable, enter the spouses date of retirement:
- Are the services to be paid by a government research program? *No*
- Was the illness/injury due to a non-work-related accident? *No*



****** What date could be used if the patient does not remember their retirement date?

20. **Part I**, Information About Black Lung, Workers' Compensation (WC), No-Fault and Liability complete the following:

Part I. Information About Black Lung, Workers' Compensation (WC), No-Fault and Liability

1. Are you receiving benefits under the Black Lung Benefits Act (BL)? Yes No

Based on your response to Question 1, Question 2 does not apply - proceed to Question 3.

3. Illness/injury due to a work-related accident/condition? Yes No

Based on the answer to Question 3, Question 4 does not apply - proceed to Question 5.

5. Are you receiving treatment for an injury or illness covered under no-fault (and/or medical-payment coverage) including premises or automobile? Yes No

** No-fault insurance is insurance that pays for health care services resulting from injury to you or damage to your property regardless of who is at fault for causing the accident.*

Based on the answer to Question 5, Question 6 does not apply - proceed to Question 7.

7. Are you receiving treatment for an injury, or illness, for which another party may be liable? Yes No

*** Liability insurance is insurance that protects against claims based on negligence, inappropriate action or inaction, which results in injury to someone or damage to property.*

Based on the answer to Question 7, Question 8 does not apply - proceed to Part II.

- Are you receiving benefits under the Black Lung Act (BL)? *No*
Question 2 does not apply – proceed to Question 3
- Illness/injury due to a work-related accident/condition? *No*
Based on the answer to Question 3, Question 4 does not apply – proceed to Question 5
- Are you receiving treatment for an injury or illness covered under no-fault (and/or medical-payment coverage) including premises or automobile? *No*
**No-fault insurance is insurance that pays for health care services resulting from injury to you on damage to your property regardless of who is at fault for causing the accident.*
Based on the answer to Question 5, Question 6 does not apply – proceed to Question 7

- Are you receiving treatment for an injury, or illness, for which another party may be liable?**** No**
****Liability insurance is insurance that protects against claims based on negligence, inappropriate action, or inaction, which results in injury to someone or damage to property.**
Based on the answer to Question 7, Question 8 does not apply – proceed to Part II

21. **Part II, Information About Medicare Entitlement and Group Health Plans** complete the following:

Part II. Information About Medicare Entitlement and Group Health Plans

1a. Are you entitled to Medicare based on Age?

1b. Are you entitled to Medicare based on Disability?

1c. Are you entitled to Medicare based on End-Stage Renal Disease (ESRD)?

Please note that both "Age" and "ESRD" OR both "Disability" and "ESRD" may be selected simultaneously.
An individual cannot be entitled to Medicare based on "Age" and "Disability" simultaneously.
If you are entitled to Medicare based only on Age or Disability, stop after completing Part II.

2. Do you have group health plan (GHP) coverage based on your own current employment, or the current employment of either your spouse or another family member?

Stop here as Medicare pays primary unless otherwise indicated by Part I.

Yes
No

Yes
No

Yes
No

Yes
No

(1a) Are you entitled to Medicare based on Age? **No**

(1b) Are you entitled to Medicare based on disability? **Yes**

(1c) Are you entitled to Medicare based on End-Stage Renal Disease (ESRD)? **No**

Please note that both "Age" and "ESRD" OR both "Disability" and "ESRD" may be selected simultaneously.

If you are entitled to Medicare based on Age or Disability, stop after completing Part II.

(2) Do you have group health plan (GHP) coverage based on your own current employment, or the current employment of either your spouse or another family member? **No**

Stop here as Medicare pays primary unless otherwise indicated by Part I.

22. Click **Finish**

23. The **Checklist** re-appears

24. Click **✓ Check In**

25. This warning that appears is **valid** for this patient (see explanation below)

Medicare is the only coverage linked to this patient's account. In most cases, patients with standard Medicare also have secondary coverage. Please validate and update the coverage if available.

Note: In most cases, patients with standard Medicare also have a secondary coverage

26. Click **✓Continue Anyway**

27. **Print Visit Label** prompt appears

28. Enter **Null** in the Printer name field and click **Accept**

29. The **Status column** for this appointment on the DAR is updated to Arrived; David-CAD is checked in.

Department Appointments Report: Check In DAR

Refresh Settings Appt Desk Walk In Check In Check Out Orders/Follow-Ups Print A/S Cancel/Resch Visit Label (All)

1 Full Appointment List 2 Appointment Totals

Date: 10/11/2025 LAKESHORE [4030002]

NS R..	Infection Status	Fall Ri..	Ms Time	Status	Registration Status	Arrival Status	Pt Info	MRN
			11:40 AM	Arrived	✓	On-site - Good to go!	Aberdeen, David-CAD DOB: 3/10/1961 Age: 64 years	2106032



Note: The appointment status updates to _____.

30. GO TO THE **NEXT SECTION**

Add ADA FYI Flag

A Patient FYI flag is a tool used to share information about a patient with other users.

Patient FYI flags allow Front Desk staff the ability to activate patient flags such as, ADA, Forensic and Video Visit Capable. Once a flag is activated a yellow FYI indicator will appear in the patient's Storyboard for all clinical and non-clinical users.

User's ability to set various FYI flags will depend on user's role and security.

Department Appointments Report: Check In DAR

Refresh Settings Appt Desk Walk In Check In Check Out Orders/Follow-Ups Print A/S Cancel/Resch Visit Label (All) Appt Info Expand Message Registration Appt Prescreening EOD More

1 Full Appointment List 2 Appointment Totals

Date: 10/11/2025 LAKESHORE [4030002]

NS R..	Infection Status	Fall Ri..	Ms Time	Status	Registration Status	Arrival Status	Pt Info	MRN	Procedure	VISIT MODE	Co..	Last Auto Outre..	Provid
			11:40 AM	Arrived	✓	On-site - Good to go!	Aberdeen, David-CAD DOB: 3/10/1961 Age: 64 years	2106032	FU20				Drew: [CAD] FYI

Access FYI activity from DAR or Registration Navigator toolbar



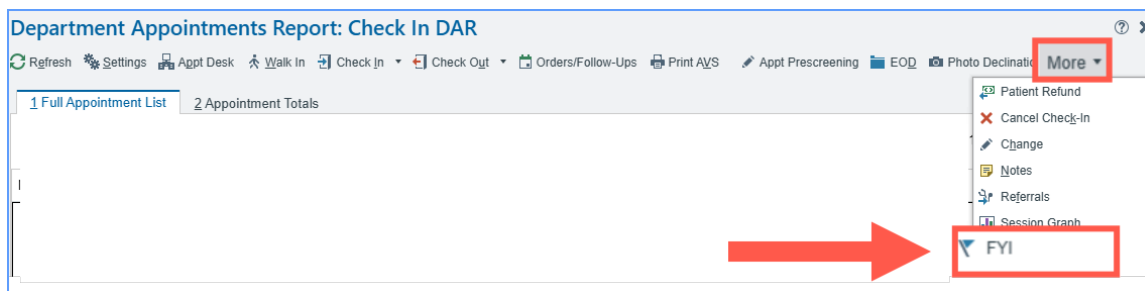
Scenario: Under 65 year old David-CAD mentioned during the MSPQ questionnaire that he is disabled and requires wheelchair assistance for his appointment per the Americans with Disabilities Act (ADA).

You arrange for assistance with rooming and add the ADA FYI to the patient's Storyboard to communicate this to all users accessing the patient's chart.

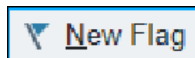
- Per **ADA** we must be able to accommodate patients with a disability or a special need. This can be documented in the patient's chart and/or a FYI.
- Be sure to follow Hospital policy and Department specific protocol to accommodate patients with special needs.

31. From the DAR, highlight your **David-CAD**

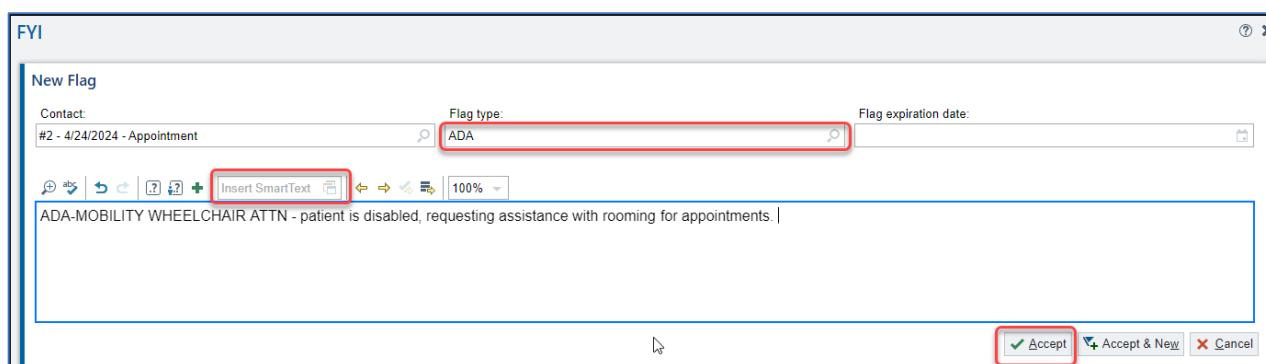
32. Select **FYI** on the **DAR activity toolbar** (if FYI not visible select *More*, then *FYI*)



33. Next select



34. A window appears:



35. **Flag Type:** *ADA [1014]*

36. **Insert Smart Text Field:**   Type **ADA** and press enter

37. A **List** appears

38. Select ADA-MOBILITY WHEELCHAIR ATTN and click **Accept**

39. The **New Flag** form re-appears

40. Add additional **Comments** if needed



Note: If a matching ADA is not listed, select ADA-OTHER: SPECIFY IN COMMENTS SECTION and enter a comment.



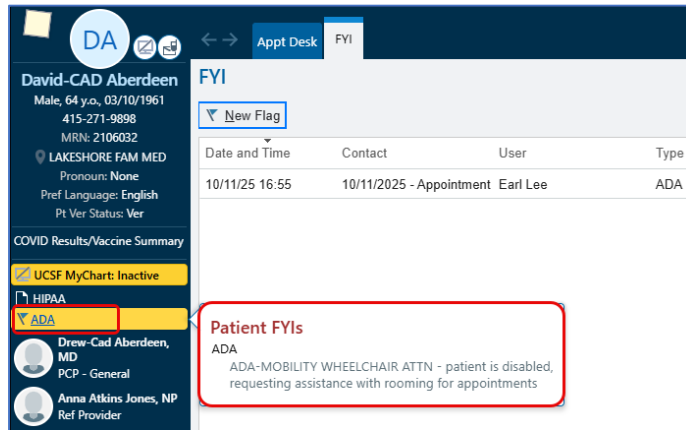
Note: FYI flag types that are only intended to be temporary can be deactivated automatically by adding a **Flag expiration date**.

Doing this will eliminate the need for manual removal.

41. Click **Accept**.

- If a matching ADA item is not listed, select ADA-OTHER: SPECIFY IN COMMENTS SECTION and enter a comment.

42. The **FYI** now appears highlighted in yellow on the patient's **Storyboard**; hover over ADA on Storyboard to view FYI details



43. Click **X** to close **FYI** and return to DAR (patient FYIs is an optional column that can appear on DAR when selected in DAR report settings Display tab)

Scheduling Status

As an appointment progresses through distinct phases, the status on the DAR changes accordingly. Example: status changes from 'Scheduled' to 'Arrived' after check- in. When an appointment is checked out, the status changes from 'Arrived' to 'Complete.'

Action	Book It	→	Check- in	→	Check- out
Status	Scheduled	→	Arrived	→	Comp

For appointments not Checked In the status changes from 'Scheduled' to 'No Show' through a process called End of Day (EOD) processing. Automated EOD processes run nightly to update appointment status four days after the original appointment date, so an appointment scheduled on Monday goes through EOD on Friday. The four-day delay allows opportunity to make changes or fix errors on the patient's registration, if need, before going through the billing process. Registration errors will impact billing and their ability to send out claims.

Action	Book It	→	EOD
Status	Scheduled	→	No Show

Review Questions

1. The MSPQ must be completed every _____.
2. True or False: You can skip MSPQ at scheduling but not at check- in.
3. Who should supply the information for MSPQ?

RTE Query Chaining with Medicare and Medi-Cal Lecture

Trainer Demo - RTE and PPT presentation

We've just completed Check-in for a patient with Medicare insurance. Many of our patients that are Medicare Beneficiaries are eligible for Medicare replacement plans, and Medi-Cal as a secondary coverage.

With RTE Query Chaining, APeX automatically triggers an RTE query to alternate payors returned with Medicare or Medi-Cal responses.

If Medicare or Medi-Cal indicates that the patient has an alternate coverage and provides information for the alternate payor in the response, the system will automatically send a query to the alternate payor.

This reduces the need for staff to manually initiate an RTE query to alternate payors, reducing clicks and potential registration and claim errors.



Note: To create a new coverage that is electronically enabled when the system is down, users must **Override Query** to create the new record and contact payor to verify insurance via phone or by website.

RTE Query Chaining Alternate Coverages

Medicare > Medicare Advantage replacement plan

Medicare > QMB with Medi-Cal as a secondary coverage

Medicare > Primary Commercial coverage

Medi-Cal > Medi-Cal Managed Care plan



QMB: Stands for Qualified Medicare Beneficiary – a Medicare savings program designed to help low-income individuals to pay for the Medicare costs. If you are enrolled in a QMB the state of California pays for your Medicare premiums and deductibles.

Replacement plan

Query Status

Expand AllCollapse All

✖

Medicare HMO Plan Identified

Patient: David-CAD ZzTRNCAD
As of: May 3, 2024
Payer: Medicare

⚠ Alerts

Medicare Replacement Plan Returned

Medicare indicates that this patient is covered under a replacement plan: BLUE CROSS OF CALIFORNIA

An additional query was sent to payer: ANTHEM HMO/SENIOR

The response indicated that the patient has another coverage. A query was sent automatically to this payer.

Example of Medicare Query with Medicare Replacement Plan Returned – additional query sent to replacement plan payor

Medi-Medi

Query Status

✔

E-Verified

Patient: Lastname, David-CAD
As of: May 4, 2022
Payer: Medicare

⚠ Alerts

Qualified Medicare Beneficiary (QMB)

Medicare indicates that this patient is QMB and is eligible for CA Medicaid.
Please ensure the patient has a Medi-Cal Crossover or other state Medicaid as a secondary coverage.

An additional query was sent to payer: MEDI-CAL

The response indicated that the patient has another coverage. A query was sent automatically to this payer.

Highlights

Coverage status: Active Coverage

Service: Health Benefit Plan Coverage

Insurance Type: Medicare Part A

Eligibility Dates:

Plan: 8/1/2021

Note:

1-Beneficiary insured due to disability

Example of Medicare query with Medicare QMB and Medi-Cal as secondary (Medi/Medi)

Common Query Chaining Medicare Workflow

Patient presents with a **Medicare Part A & B card** and staff initiates the RTE query to Medicare.

However, the Medicare RTE eligibility response indicates the patient has a **Medicare Advantage replacement plan**. Therefore, these Medicare coverages with a Medicare HMO Plan Identified status, are considered ineligible by the system. Review the eligibility response to make sure you are adding the appropriate coverage to the patient.

Medicare HMO/SR plans are Medicare replacement plans, and the patient should **NOT** be registered with a normal Medicare coverage if they have an HMO/SR plan. The additional query is sent to the alternate payor(s), alternate coverage is created, and previous coverage should be terminated.

IMPORTANT! Medicare or Medi-Cal should be termed if a Medicare Advantage or Medi-Cal Managed Care plan is returned.

When the alternate coverage is created, click OK when prompted and update filing order where appropriate.

Patient Coverages

Filing Order

Undo Changes

Show Ineffective Coverages

	F/O	Coverage	Subscriber	Insurance ID	Effective Dates	Verification Status
	1	E-ANTHEM HMO/SENIOR/B&T ANTHEM HMO/SNR <a>	Patient Book It	JQS777M82057	01/01/2018 -	E-Verified
	2	E-MEDI-CAL/MEDI-CAL <a>	Patient Book It	098979887	02/01/2021 -	E-Verified

Update Registration Information at Check-in with (COB) Coordination of Benefits (Kayla)

Before beginning appointment check-in, ask an important question. Is the existing guarantor account and coverage information still effective for this patient?

If the information is still effective and up-to-date, complete Check-in as done in the previous lesson. If the coverage is no longer effective, terminate the coverage (discussed in a later lesson) and add a new coverage. If a guarantor account is no longer valid, such as when a patient turns 18 years old, change the guarantor. **NOTE:** only clinic managers have security in inactivate guarantor accounts in APeX.

Learning Objectives

In this section you will learn how to:

- ☐ Update registration information at Check-in
- ☐ Use the Birthday rule to coordinate benefits for minor patients



Scenario: You're working in the LAKESHORE department. Kayla-CAD who is a minor arrives with her mom (Sandar) and the dad (Jacob)

While checking them in, all insurance cards are viewed and it is mentioned that Kayla-CAD now has a secondary coverage through Jacob's wife, Sandar.

They also **opt in** to Hello World text messages from UCSF.

BCH Oakland Training Users – check in Kathy-CAD in **BCH OAK FQ Continuity** following same steps, **Change Context**, run *BCH OAK Check-in DAR [2847756]*

1. **DAR:** Locate Kayla-CAD's (or Kathy-CAD for BCH OAK) appointment on DAR
2. Click **Check-in**

Department Appointments Report: Check In DAR				
Refresh	Settings	Appt Desk	Walk In	Check In
Check Out	Orders/Follow-Ups			
Time	Status	Re...	Arrival Status	Pt Info
4:20 PM	Sch		Unconfirmed	Astrakhan, Kayla-CAD DOB: 4/01/11 Age: 14 years

3. Look at the Storyboard and observe that Kayla (the patient) is a minor.

Navigator

4. Verify all Form Navigator **Demographics information**, as you have done previously today
 - Don't forget to **"Star"** the mobile number
5. When you arrive at **Enc Guar and Coverages...**

Encounter Guarantor and Coverages

Hospital Account - 70060036
Outpatient | OPEN | UCSF PARNASSUS PARENT HOSPITAL LOCATION

Change Guarantor

Guarantor: Jacob Antwerp [100015830]
P/F - Father
Address same as patient
None
Employer: City Of Oakland - Full Time

Hospital Filing Order

Undo Changes ☐ Do Not Bill Insurance ☐ Show Default F/O ☐ Use Default F/O **Add Coverage**

Coverage	Subscriber	Insurance ID	Effective Dates
1 E-HEALTH NET/HILL PHYS MED GRP/SF UC HNET	Jacob Antwerp	987654321	10/20/2023 -

Close **Previous** **Next**

- **Note that Jacob (the father) is the Guarantor and there is one existing coverage in which Jacob is the Subscriber.**
 - **Confirm that a Hospital Account (HAR) or PB Visit Account has been created**
 - Remember, **Hospital accounts** and Visit Accounts keep track of charges, payments, and other transactions during visits in an outpatient setting. HARs are usually specific to a single patient visit and define which guarantor should receive the bill and what insurance companies, if any, should receive a claim for that visit.
 - **Once a HAR or Visit Account is assigned**, it cannot be removed nor a new one assigned. If the guarantor account assigned to the HAR is incorrect or needs to be updated, change the guarantor.
 - **Patient class** is the type of care the patient receives. This information is sent to the insurance company. The most common patient class hospital account in an outpatient department is Outpatient.
 - **For patients who have turned 18 years old and need to have their own personal/family guarantor account added to the HAR.**
 - A manager/supervisor must deactivate the parent or guardian P/F account before the new guarantor account can be added because a patient over 18 years old cannot have more than one P/F account. Schedulers can add or change guarantors for minors under 18 years old.

Secondary Coverage: Jacob present Sandar's **Anthem Prudent Buyer** insurance card (Sandar is Jacob's wife and Kayla's mother). Sandar's birthday is June 16th, 1978. She works for **Macy's West/Bullocks Division** full time.




Member Name:
Member ID: HEA 123A4567

Subscriber: Sundar

Group: 278031M001
 Plan Code: 040
 RXBIN: 610014
 RXGRP: SMRXS4U
 PRODUCTS: MEDICALRX
 Rx Copays: \$10 Generic
 \$20 Preferred Brand
 \$40 Non-Preferred Brand

In-Network Deductible: INDIFAM \$0/\$0
 Out-of-Network Deductible: INDIFAM \$250/\$500 (2 persons)
 In-Network Out-of-Pocket: INDIFAM \$1500/\$3000
 Out-of-Network Out-of-Pocket: INDIFAM \$2500/\$5000

For detailed benefit information including Deductible and Out-of-Pocket maximums which may vary for certain benefits, please visit healthcomp.com

Superior Court of Kern County utilizes HealthComp to handle member contact for health plan administration. See back for contact information.

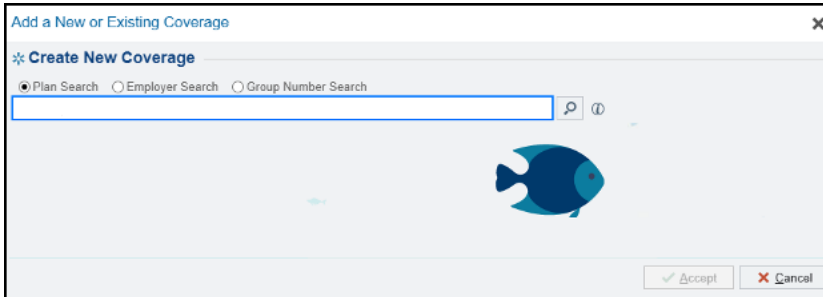
PRUDENT BUYER PLAN® 



Why is it important to add the new insurance to **Enc Guar & Cvgs** section and not in **Pat Guar and Cvg** in navigator for Kayla-CAD?

Search for the Coverage

6. Click **+** Add Coverage (from Enc Guar & Cvgs) *A shortcut*
7. In **Search the system** field type *PRUDENT BUYER* and press ENTER



- Search by payor or plan name, or plan ID when known
 - Search by Plan name is most efficient
 - **Filter** by Product type of **PPO**
8. Find the **plan**
 - **Plan:** Select E-Anthem/Bx Prudent Buyer Anthem
 - **Plan ID:** 12305
 - **Payor:** Anthem
 - **Prod. Type:** PPO (Preferred Provider Organization)

9. Select the correct plan and click **✓Accept** or **double-click**

ANTHEM [138] ⚡ JOHN MUIR ANTHEM HEALTHY EMPLOYEE PPO PRUDENT BUYER [14837] PO Box 60007, Los Angeles, CA 90060-0007 PPO Blue Cross PO BOX 60007, 60007,			
ANTHEM [138] ⚡ BX PRUDENT BUYER ANTHEM [12100] PO Box 60007, Los Angeles, CA 90060-0007 PPO Blue Cross PO BOX 60007, 60007,			

Add a New or Existing Coverage window

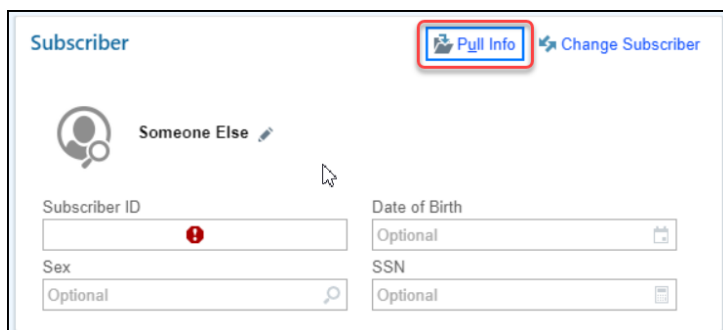
10. In the Add a New or Existing Coverage window:

- Select **Someone Else**
- Click **No Record** button
- Click **✓Accept**

RTE

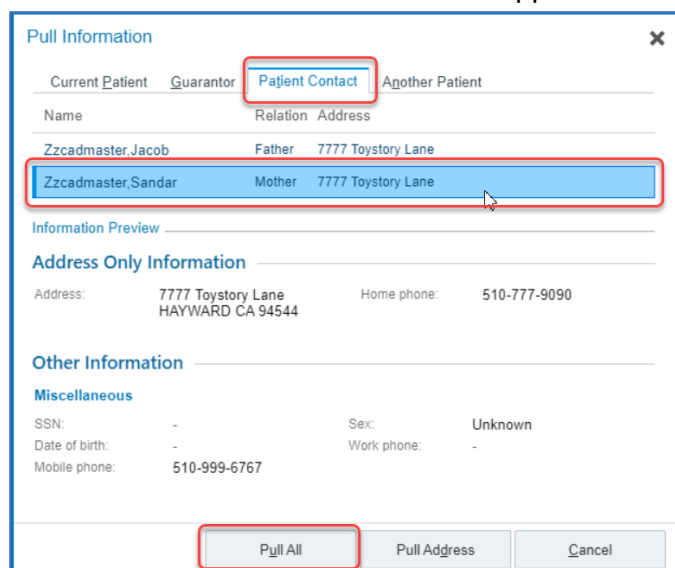
11. The Real Time Eligibility (RTE) window appears

12. When checking the patient in you noticed that the patient's mother is listed as one of the emergency contacts; so click **Pull Info**



The image shows a 'Subscriber' form. At the top right, there are two buttons: 'Pull Info' (with a person icon) and 'Change Subscriber' (with a double arrow icon). The 'Pull Info' button is highlighted with a red rectangle. Below the buttons, there is a profile icon and the text 'Someone Else' with a pencil icon. The form contains several input fields: 'Subscriber ID' (with a red error icon), 'Date of Birth' (with a calendar icon), 'Sex' (with a magnifying glass icon), and 'SSN' (with a document icon). All fields are currently empty or show 'Optional'.

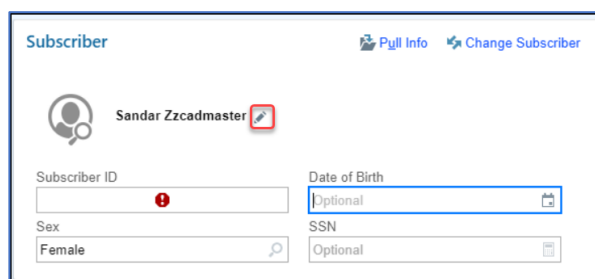
- From the Patient Contact window that appears:



The image shows a 'Pull Information' window. At the top, there are four tabs: 'Current Patient', 'Guarantor', 'Patient Contact', and 'Another Patient'. The 'Patient Contact' tab is highlighted with a red rectangle. Below the tabs, there is a table with columns 'Name', 'Relation', and 'Address'. The table contains two rows: 'Zzcadmaster, Jacob' (Father, 7777 Toystory Lane) and 'Zzcadmaster, Sandar' (Mother, 7777 Toystory Lane). The second row is highlighted with a blue background. Below the table, there is an 'Information Preview' section with 'Address Only Information' and 'Other Information' subsections. The 'Address Only Information' section shows 'Address: 7777 Toystory Lane, HAYWARD CA 94544' and 'Home phone: 510-777-9090'. The 'Other Information' section shows 'Miscellaneous' information including 'SSN: -', 'Sex: Unknown', 'Date of birth: -', 'Work phone: -', and 'Mobile phone: 510-999-6767'. At the bottom, there are three buttons: 'Pull All', 'Pull Address', and 'Cancel'. The 'Pull All' button is highlighted with a red rectangle.

- Select the **Patient Contact** sub-tab
- Highlight **Sandars** record
- Click **Pull All**

Note: If you didn't **Pull Info**, click on the  pencil icon next to Sandar's name and enter last name of your patient (enter First and Last name of Subscriber)

The image shows a 'Subscriber' form. At the top right, there are two buttons: 'Pull Info' (with a person icon) and 'Change Subscriber' (with a double arrow icon). Below the buttons, there is a profile icon and the text 'Sandar Zzcadmaster' with a pencil icon. The form contains several input fields: 'Subscriber ID' (with a red error icon), 'Date of Birth' (with a calendar icon), 'Sex' (with a magnifying glass icon), and 'SSN' (with a document icon). The 'Sex' field is currently set to 'Female'. All fields are currently empty or show 'Optional'.

13. The **RTE** (Real Time Eligibility) window re-appears

- From RTE, select **Pull Info** to import Sandar's contact info demographics

14. **Subscriber ID** 123456789 and **Date of Birth** 10/16/1978

15. **Relationship to Subscriber:** Child in **Relationship to Subscriber**

16. **Member ID:** 987654321

17. Click **Send Query**

If the RTE response is a 1:1 match, meaning the information sent in the query is an exact match to the information the payor has on file for the subscriber and member, the coverage will be created automatically and attached to the HAR in APeX.

18. The **Encounter Guarantor** window re-appears, but you do not see the secondary insurance...

Encounter Guarantor and Coverages

Hospital Account - 70035125
Outpatient | OPEN | UCSF PARNASSUS PARENT HOSPITAL LOCATION

Jacob Grodno [100010432]
Address same as patient
None
P/F - Father

Hospital Filing Order

Coverage	Subscriber	Insurance ID	Effective Dates
1 E-HEALTH NET/HILL PHYS MED GRP/SF UC HNET	Jacob Grodno	987654321	05/30/2022 -

Close Previous Next

19. **Close** Encounter Guarantor and Coverages

20. The **Encounter Guarantor and Coverages** section now displays both coverages.

Encounter Guarantor and Coverages

Hospital Account - 70067731
Outpatient | OPEN | UCSF PARNASSUS PARENT HOSPITAL LOCATION

Jacob Aberdeen [100019448]
Address same as patient
510-777-9090
None
Employer: City Of Oakland - Full Time
No FPL info on file
P/F - Father

E-ANTHEM [138]/BX PRUDENT BUYER ANTHEM [12100]
Member ID: 987654321, Group: —, Relationship to Subscriber: Self, Product Type: PPO, Effective from 1/1/2017

E-HEALTH NET [235]/HILL PHYS MED GRP/SF UC HNET [13540]
Member ID: 987654321, Group: 12345, Relationship to Subscriber: Child, Product Type: IPA, Effective from 6/20/2024

VISIT FILING ORDER: If needed, it's possible to change filing order or unlink the coverage from the hospital account by clicking X

Note: Clicking X only removes the coverage from this hospital account meaning the insurance coverage will not be billed for this specific visit. This does NOT remove coverage from the patient.



Hospital Filing Order

Undo Changes Do Not Bill Insurance Show Default F/O Use Default Add Coverage

Coverage	Subscriber	Insurance ID	Effective Dates
1 E-HEALTH NET/HILL PHYS MED GRP/SF UC HNET	Jacob Aberdeen	987654321	03/25/2022 -
2 E-UNITED HEALTHCARE/CHOICE PLUS UNITED HLTHCR	Sandar Aberdeen	123456789	01/01/2019 -

Close Previous Next

[Coordination of Benefits \(Filing Order\)](#)



Scenario: Kayla-CAD (Kathy is a dependent on both parent's insurances. Follow the birthday rule to determine which insurance is primary and secondary. Her father's (Jacob) birthday is 05/16 and her mother's (Sandar) birthday is 10/16/78.

Click Subscriber Demographics hyperlink for Jacob's Health Net coverage if you need to check.

Coordination of Benefits (CoB) is a provision used to establish the order in which health insurance plans pay claims when patients are covered by more than one healthcare plan. CoB helps ensure that members covered by more than one plan will receive the benefits they are entitled to while avoiding overpayment by either plan. Coordinating benefits is one of the ways we work to keep premiums at a minimum.

How CoB Works? When an insurance member is covered by more than one health plan (i.e., adult patient covered under their own group plan as well as a spouse's health plan), one plan is the primary carrier, and the other is the secondary carrier. The primary carrier covers the major portion of the bill according to plan allowances, and the secondary carrier covers any remaining allowable expenses.

CoB provisions of a policy or plan determine which plan is primary and that plan's benefits are applied to the claim first. The unpaid balance is then paid by the secondary plan to the limit of its responsibility. Benefits are "coordinated" among the health plans and payments do not exceed 100% of charges for the covered services. Patients may have multiple coverages.

CoB affects both adult and minor patients with multiple coverages. There are rules for many of these situations and the filing order can be manually updated when needed.

Find table below with common dual coverage situations and which is primary and secondary:

Types of insurance	Primary	Second
Two commercial insurances (adult patient)	Patient's Insurance	Spouse's Insurance
Commercial and Medi-Cal	Commercial coverage	Medi-Cal
CCS and Medi-Cal (or Managed Care Medi-Cal) seen for <u>CCS only</u> eligible condition Service/Procedure treated by CCS approved Provider	CCS (county/MCAL)	
CCS and Medi-Cal (or Managed Care Medi-Cal) for <u>Non-CCS</u> Service/Procedure	Medi-Cal (or Managed Care Medi-Cal) is only Payor	

For dependent patients, determination of which payor is primary, and which is secondary requires using the Birthday Rule. The parent/subscriber whose birthday occurs first during the year (using month and day only) is the primary coverage. If both parents have the same birthday, the plan that has provided coverage longer is the primary carrier. Example: Parents are married. Mom's birthday is October 16th, Dad's birthday is May 16th. Dad's coverage is primary, mom's is secondary. The birth year is not considered for the birthday rule.

Two commercial insurances only (minor patient):

Dependent children of parents who are <u>not</u> separated/divorced OR parents with joint custody	Parent with earlier birth month is primary coverage	Parent with later birth month is secondary coverage
Dependent children of separated or divorced parents *	Parent with primary custody is primary coverage	Spouse of parent with primary custody is secondary coverage over non-custodial parent

*The plan of the parent WITHOUT custody of the child will be tertiary (third) payor. A court decree specifically stating that one parent has primary responsibility to insure the child overrides both custody and birthday rules.



Scenario: Kayla-CAD (Kathy is a dependent on both parent's insurances. Follow the birthday rule to determine which insurance is primary and secondary. Her father's (Jacob) birthday is 01/01/68 and her mother's (Sandar) birthday is 6/16/78.

Click Subscriber Demographics hyperlink for Jacob's Health Net coverage if you need to check.



Which CoB rule should be followed for Kayla-CAD?



Which insurance is primary coverage?



Which insurance is secondary?

APeX follows the birthday rule for Hospital Filing Order at the Patient level going forward. Hospital Filing Order can be updated for this HAR by using the arrow to move the coverages.

21. Use arrows to update the **Hospital Visit Filing Order** if needed



Note: To **refresh** this screen (if needed) navigate back and forth between forms in the Forms Navigator.

Hospital Filing Order						Undo Changes	☐ Do Not Bill Insurance	☐ Show Default F/O	☐ Use Default F/O	+ Add Coverage
		Coverage	Subscriber	Insurance ID	Effective Dates					
⋮	↑ ↓	1 E-ANTHEM/BX PRUDENT BUYER ANTHEM ↗	Kayla-Cad Aberdeen	987654321	01/01/2017 -	×				
⋮	↑ ↓	2 E-HEALTH NET/HILL PHYS MED GRP/SF UC HNET ↗	Jacob Aberdeen	987654321	06/20/2024 -	×				

✓ Close

↑ Previous ↓ Next



Note: If the **Visit Filing Order** you see is incorrect you should also fix it from the **Registration Patient Guarantor and Coverages** window. To do this, select **More > Patient Guarantor and Coverages**. Once you return to your workflow click **Use Default F/O** and both records will not be identical



Note: Use caution when manually changing filing orders. Incorrect filing order (particularly with Medicare coverages) can lead to an insurance company delaying payment or denying a claim.

22. Click on the **blue link for the coverage** and check the **Coverage Edit** window.

23. Navigate to **Communication Preference**:

- Be sure to **Opt in**. Make sure the **Text icons** turn green. Then select **Mark as Reviewed** and **Accept**

24. Navigate to **Appt Info** (or Appt Details) to review encounter related information.

- Confirm **Referring Provider** field is complete. If not update.
- Confirm **Accident Related** is defaulted to *No*.
- Set **Private Encounter** field to *No*.
- Enter random 6-digit number in RTLS tag ID field – **BCH Oakland use only**

25. Click **Documents**

- Mark or confirm the following:
 - **HIPAA Notice of Privacy:** *Given*
[Received at BCH OAK]
 - **Terms and Conditions of Service-OP:** *Signed*
[Conditions of Service COS – Received at BCH OAK]
 - Right-click **Photo ID** and **Set Status to Student ID with photo**
[Not required for Kathy-CAD at BCH OAK]
Follow your department's policy regarding which ID (patient, parent/guardian, or both) to collect for dependent patients
 - Right-click **Non- Photo ID** and **Set Status to Health Insurance Card**
[Not required for Kathy-CAD at BCH OAK]
 - Right-click **Coverage ID Card** and select **Edit**, update status to *Received* and click **Link to a coverage**, select *Health Net/Hill Physicians*, then click **Accept**
 - Enter *Coverage* in Document Type field and select Coverage ID Card
 - Since there are two coverages, we need scans of both, mark status as *Received*, click **Link to a coverage**, select *United Healthcare/Choice Plus* then click **✓ Accept**

The screenshot shows the 'Add Document' window with 'Coverage ID Card' selected. A modal 'Choose a Coverage to Link' is open, listing two coverages. The 'Link to a coverage' button in the background is highlighted with a red box. In the modal, the second coverage, 'E-UNITED HEALTHCARE [374]/CHOICE PLUS UNITED ...', is highlighted with a blue box. The 'Accept' button at the bottom of the modal is also highlighted with a red box.

Refresh Checklist to see changes

Checklist

26. If needed, uncollapse the **Checklist**

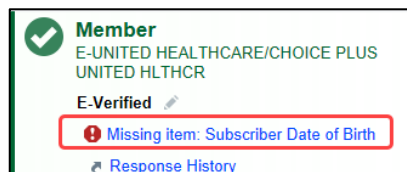
27. Click **✓ Verify All**

28. Check the **RTE responses** for all coverages

29. Look for **errors**

- **Photo Error:** Select *Patient Declined* under Patient Photo section
Photos are used by departments with webcams installed to collect patient photos
- **Payment Collection:** Since Kayla has dual coverage you will NOT see a prompt to collect a copay

Note: If you forgot to **Pull Info** or enter the Subscriber's first and last name and Date of Birth, you will see the following error on the Checklist. Use the hyperlinks to fix errors and enter any missing information.

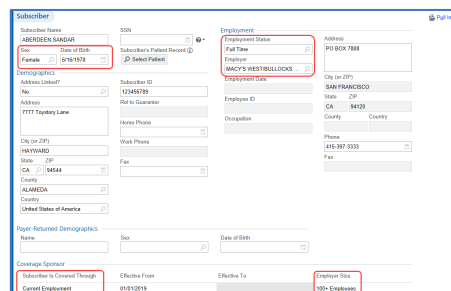


A screenshot of a 'Member' status card. At the top, it says 'Member' with a green checkmark icon. Below that, it says 'E-UNITED HEALTHCARE/CHOICE PLUS' and 'UNITED HLTHCR'. Further down, it says 'E-Verified' with a small icon. At the bottom, there is a red-bordered box containing a red exclamation mark icon and the text 'Missing Item: Subscriber Date of Birth'. Below this box is a link that says 'Response History'.

Example of a Subscribe error in Checklist

- Click on the Subscriber error in the Checklist
- Coverage Edit appears
- Sex: *Female*
- Date of Birth: *10/16/78*
- Employment Status field / *Employer: Full Time / Macy's West*
- Subscriber is Covered through: *Current Employment*
- Employer Size: *100 +*
- *Close Coverage Edit*

Note: UCSF SF (West Bay) locations can upload a copy of insurance card from Coverage Edit



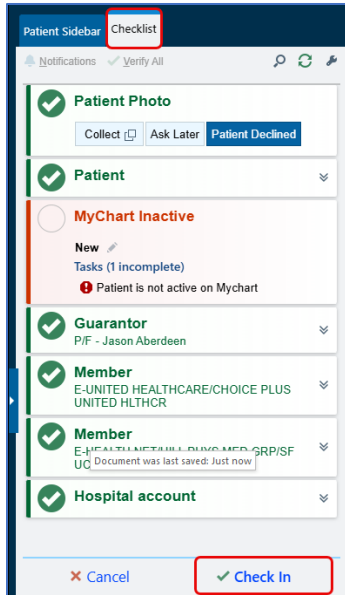
A screenshot of a 'Subscriber' form. The form is divided into several sections. The 'Subscriber' section includes fields for Name, SSN, Date of Birth, Sex, Address, City, State, ZIP, County, and Country. The 'Employment' section includes fields for Employment Status, Full Time, Employer, and Employer Size. The 'Coverage' section includes fields for Coverage Start Date, Effective From, Effective To, and Employer Size. Red boxes highlight the 'Date of Birth' field in the 'Subscriber' section, the 'Employer' field in the 'Employment' section, and the 'Employer Size' field in the 'Coverage' section.



Scenario: Kayla-CAD (**Kathy-CAD BCH Oak**) has dual coverage so she will not pay the copay due from her primary coverage.

30. **Refresh** the Checklist to see changes 

31. Click  **Check In** (click **Continue Anyway** through any warnings for Kathy patient in BCH-Oak)



Notifications that appear in APeX training may vary from Production, as no real patient data can be used in training environments.

32. In **Visit Label Printer Name**, select the **Null** printer and click  **Accept**

If you need to place a message on the appointment, you can do it in the DAR. Some examples are:

- Patient not prepared to pay, advised to bring copay for future visits (initials)
- Dual Insurance, no copay (initials)
- Preventive Care or Wellness visit, no copay (initials)



Scenario: Kayla-CAD (**Kathy-CAD BCH Oak**) so place a message on her appointment in the DAR.

33. **Right click** on the appointment in DAR.

34. Click **Message**.

35. Enter message *Patient has dual coverage. No copay collection for visit.*

36. Click **Accept**.

37. An envelope icon appears in appointment row. Hover over envelope to view message without opening message.

Msg	Time	Status	Re...	Arrival Status	Pt Info
	4:20 PM	Arrived	✓	On-site - Good to go!	Antwerp, Kayla-CAD DOB: 4/01/11 Age: 14 years
Patient has dual coverage. No copay collection for visit.					

Review Questions

1. Why is the Filing Order important?
2. True or False: APeX automatically updates the filling order.

Terminate Coverage & Collect Self-Pay Payment at Check-in (Robert)

In previous lessons, you checked in a patient and collected the patient's co-payment. There are times; however, when patients may pay for services out of pocket (this is known as self-pay).

Self-pay patients are those without insurance coverage, as well as patients with insurance but the visit is not included in covered benefits. These patients must pay for services out of pocket.

Departments typically have internal policies and procedures as to what the self-pay amount is, check with your local leadership to identify the deposit amount for your department.

In this lesson you will check-in a patient's appointment, terminate previous coverage and collect self-pay payment for the visit.

Learning Objectives

In this section you will learn how to:

- ☐ Terminate insurance coverage for a patient
- ☐ Mark a visit as self-pay and collect self-pay payment



Scenario: Robert-CAD has arrived at the front desk to check-in. He informs you that his insurance is no longer active, and he is willing to cover the cost of this visit.

Terminate the coverage on his record in the system and notify the patient about the department's \$290 deposit requirement. Robert agrees and is ready to pay the deposit using his Visa card.

Terminating Coverage

Terminating coverage indicates a coverage is ineffective and should no longer be used. It is done by entering an Effective To date. The coverage is valid up to and including that date but cannot be selected for visits occurring past it. Enter date of termination from a website, or the insurance company or RTE.

- If coverage has ended but an exact date is not known, use the **last day of the previous month**.



- When you know the termination date, enter it in the **Effective To** field.
- If an insurance plan was NEVER VALID, enter a date of **01/01/1875** in the **Effective To** field.

Note: Staff are responsible to research, collect and document member effective from and to dates.



APeX maintains historical records for all coverages. Never delete a coverage once it has termed. Coverages are deleted only when it was created in error; only Supervisors and above have the access to delete coverage.

THIS IS CRITICAL! CLAIMS BILLED PRIOR TO EFFECTIVE DATE CUTOFF BILL TO PAYOR.

Alert: IF TERMINATION DATE IS UNKNOWN

If the termination date is unknown AND you have checked all verification resources (i.e., RTE Response, payor website or phone call), the term date is the last day of the previous month before the start of the new coverage.

For example, if the patient has a new Anthem coverage that begins January 1, 2023. The old Humana coverage on file is no longer valid and the termination date is unknown. You would enter in a termination date of December 31, 2022, in the Effective To field.



Member Effective Dates						+ Add Effective Date Range
Effective From	Effective To	Member ID	Payer Filed Name	Payer Filed Sex	Verification Status	
04/03/2015	12/31/2022	W987654321			E-Rejected	

Alert: IF COVERAGE WAS ENTERED IN ERROR

If coverage was entered in error and was NEVER a valid coverage, enter in the date of 01/01/1875. Effective From date must be removed.

DO NOT use this as a termination date in the event the termination date coverage is known or unknown. This date is to be used exclusively for an erroneous entry and notifies the billing department that the coverage should NEVER have been used.



Member Effective Dates						+ Add Effective Date Range
Effective From	Effective To	Member ID	Payer Filed Name	Payer Filed Sex	Verification Status	
	01/01/1875	W987654321			E-Rejected	

1. Highlight Robert-CAD's appointment on DAR, click **Check-in**
2. Verify **Registration information** from the **Form Navigator**
3. **Employment Info:** The patient mentions that he is unemployed.

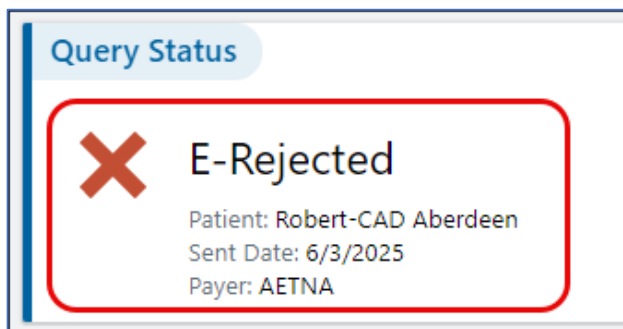
- **Employment Status: Not Employed.**
 - **Employer:** Not Employed.
4. **Encounter Guarantor and Coverages:** The patient does not mention that he no longer has insurance, but you will catch this from the Checklist when you run RTE.
 5. **Finish the Registration workflow.**

Checklist

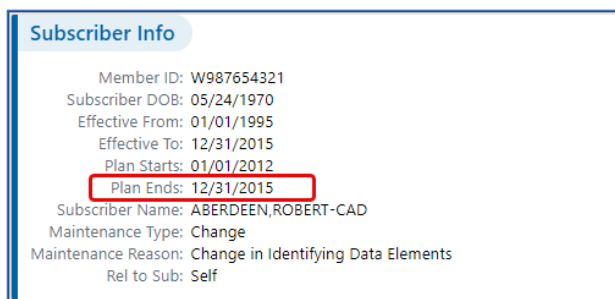
6. The **Checklist** appears
7. The patient has **Declined** to have his photo processed
8. If possible, select **✓ Verify All** and work on any errors that you see.
9. **Refresh the Checklist if necessary.**
10. Check for errors

Verify Coverage

11. Be sure to look at the **Member** panel.
12. Run **RTE**.
13. Click on the *Response History* link in Checklist; it shows coverage is E-Rejected.



14. View **termination date** from Response History.

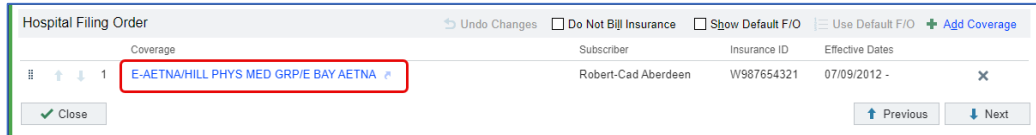


15. When finished click on the **X** to close Response History

16. If the RTE status hasn't updated in the Checklist click the refresh.  button at the top of the Checklist.

Terminate the Insurance Plan in Registration

17. Go back to **Enc Guar & Cvgs** (in the Form Navigator)
18. Click on the **coverage link**



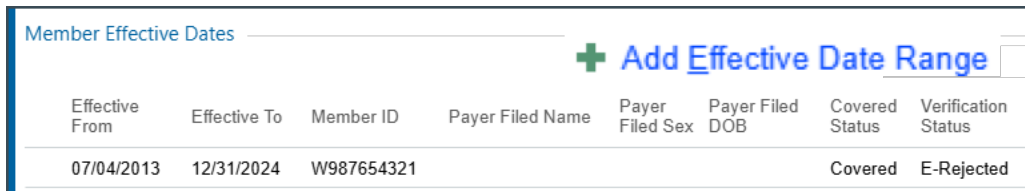
Hospital Filing Order

Undo Changes ☐ Do Not Bill Insurance ☐ Show Default F/O ☐ Use Default F/O [Add Coverage](#)

Coverage	Subscriber	Insurance ID	Effective Dates
E-AETNA/HILL PHYS MED GRP/E BAY AETNA	Robert-Cad Aberdeen	W987654321	07/09/2012 -

[Close](#) [Previous](#) [Next](#)

19. The **Coverage Edit** form appears
20. Enter the **Effective To** date (12/31/24)



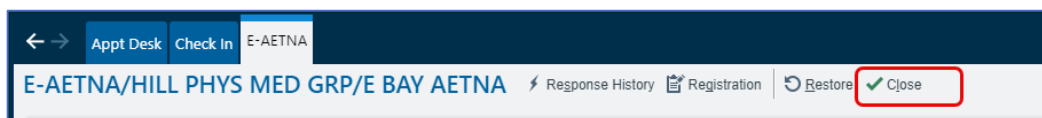
Member Effective Dates [+ Add Effective Date Range](#)

Effective From	Effective To	Member ID	Payer Filed Name	Payer Filed Sex	Payer Filed DOB	Covered Status	Verification Status
07/04/2013	12/31/2024	W987654321				Covered	E-Rejected



Note: Use an **Effective Date Range** when coverage is not continuous and may start, end, and resume over time (for example, Medi-Cal coverage or coverage that was active in a prior year or month and has since been reinstated).

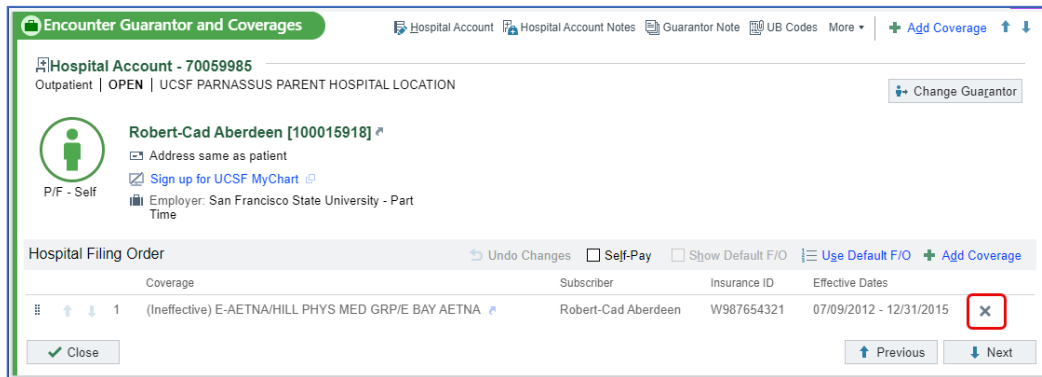
21. **Close Coverage Edit** by clicking on the **X**



← → Appt Desk Check In E-AETNA

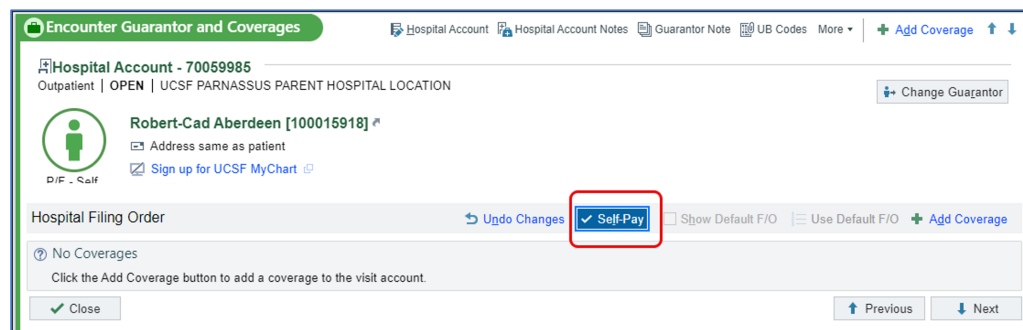
E-AETNA/HILL PHYS MED GRP/E BAY AETNA [Response History](#) [Registration](#) [Restore](#) [Close](#)

22. Still working from **Encounter Guarantor and Coverages** in the **Form Navigator...**



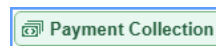
23. Click **X** to unlink the coverage from the Hospital Account

24. Select **Self-Pay** box



Collect a Payment from Registration

25. Go to the **Payments** in Navigator table of contents and select.



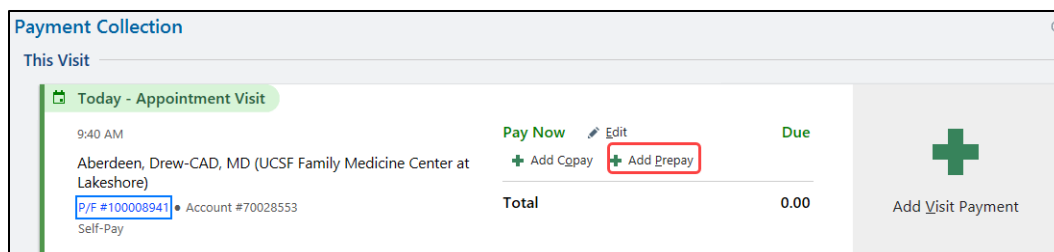
or select  in the Checklist

26. Click **Payment Collection**

27. The **Payment Collection** form appears.

28. Since this is a Self-Pay visit you cannot collect a Copay. Instead you are going to collect a Deposit which you will mark as a Prepayment.

29. Click **+ Add Prepay** button in Payment Collection activity.



30. The window defaults in **Prepay** field

31. Enter an amount of 290 in **Collecting** field and press TAB.



Note: It's possible to add multiple pre-payments by clicking **Add Prepay** button



Important: The Post type is *not* always self-pay.

A patient could make other payment types, such as a same day payment for specialized self-pay services such as cosmetics. Use the **Pre-Payment** section for these types of services but select the appropriate type.

There are 13 payment types in the Prepay section:

- | | |
|------------------------------|-------------------------|
| 1) COSMETIC SERVICES | 8) OSHER SERVICES |
| 2) IVF ANESTHESIA SERVICES | 9) Pathology Services |
| 3) IVF SERVICES | 10) Pre-access Secure |
| 4) Mt Zion SWA Admitting | 11) SELF-PAY/DEC/CO-INS |
| 5) Neurosurgery | 12) UCSF BOPC |
| 6) OB SERVICES | 13) VISION SERVICES |
| 7) ORTHOTICS AND PROSTHETICS | |

32. Click **Collect Payment**

33. **Payment Method:** *Card*

34. Check the **Print Receipt** check box or alternative confirmation options (i.e., Send email)

35. **Reference Number;** type last four digits of Visa as 6137.

Bluefin automatically populates last 4 digits of Credit Card. If using Bluefin machines, stop here and swipe card before continuing.

36. Click **Collect Payment**

37. The **Payments** section shows the Prepay amount paid.

The screenshot shows a 'Payments' window with a green header. On the left, a 'Prepay' section is highlighted with a red box, showing a green checkmark and the text 'Collected' and '290.00 paid'. To the right, it says 'Previous Balance' and 'No previous balance due'. At the bottom left are 'Close' and 'Cancel' buttons. At the bottom right are 'Previous' and 'Next' buttons. In the top right corner, there are links for 'Payment Collection' and 'Refund Payment'.

38. Continue to **look for errors** in the Checklist

The confirmation warnings are appropriate for this encounter as the patient is now self-pay and does not have a Coverage ID card.

39. Click **✓ Check In**

The screenshot shows a mobile application interface for a patient checklist. At the top, there are tabs for 'Patient Sidebar' and 'Checklist'. Below the tabs, there are icons for 'Notifications' and 'Verify All'. The checklist items are: 'Patient Photo' with a green checkmark and buttons for 'Collect', 'Ask Later', and 'Patient Declined'; 'Patient' with a green checkmark and a dropdown arrow; 'Guarantor' with a green checkmark, a dropdown arrow, and the text 'P/F - Robert-Cad Aberdeen'; and 'Hospital account' with a green checkmark and a dropdown arrow. Below these items is a section titled 'FOLLOW UP 20' containing a 'Check In' button. Below the 'Check In' button are two warning messages: 'Coverage ID Card has not been obtained or received' and 'This encounter is marked as self-pay. The patient will get billed for this encounter, verify that is correct before moving forward.' At the bottom of the screen are two buttons: 'Cancel' and 'Check In', with the 'Check In' button highlighted by a red box.

40. Click **✓ Continue Anyway** through warnings

41. In the **Print Visit Labels** window type Printer name *Null* and click **✓ Accept**

Review Questions

1. True/False: Prepayment amounts will appear by default in the Payments section.
2. What does it mean to terminate a coverage?
3. True/False: There is a maximum and minimum payment range for pre-payments.
4. True/False: When terminating a coverage for one member, APeX also indicates the coverage should no longer be available for any of the other coverage members.

Schedule Walk-in Workers' Compensation Appointment

Patients might arrive in a department to see a provider without a scheduled appointment. Walk In functionality combines Scheduling and Check-in workflows. Scheduling a Walk-in appointment is similar to scheduling any other type of appointment. Walk-In appointments still require visit types, providers, and appointment notes. Walk In is different as APeX auto-selects the next available time for the appointment; no need to search for an available time.

This lesson will focus on scheduling a Walk-In appointment for an established patient with a workers' compensation visit. For additional information, refer to [Workers Compensation](#) tip sheet posted on KB.

Learning Objectives

In this section you will learn how to:

- ☐ Schedule a walk-in appointment
- ☐ Create workers' compensation guarantor account and coverage
- ☐ Attach a claim information record to the visit

This workflow does not apply to BCH Oakland locations.



Walk In Appointments combine _____ and _____.



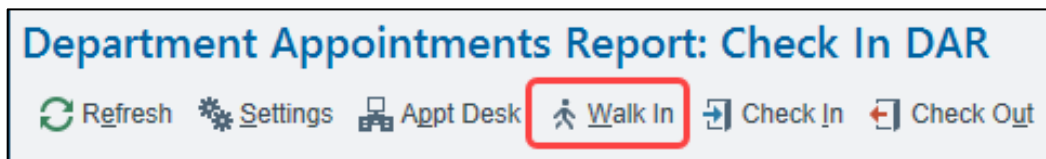
Workers' Compensation appointments always include:

1. _____
2. _____
3. _____



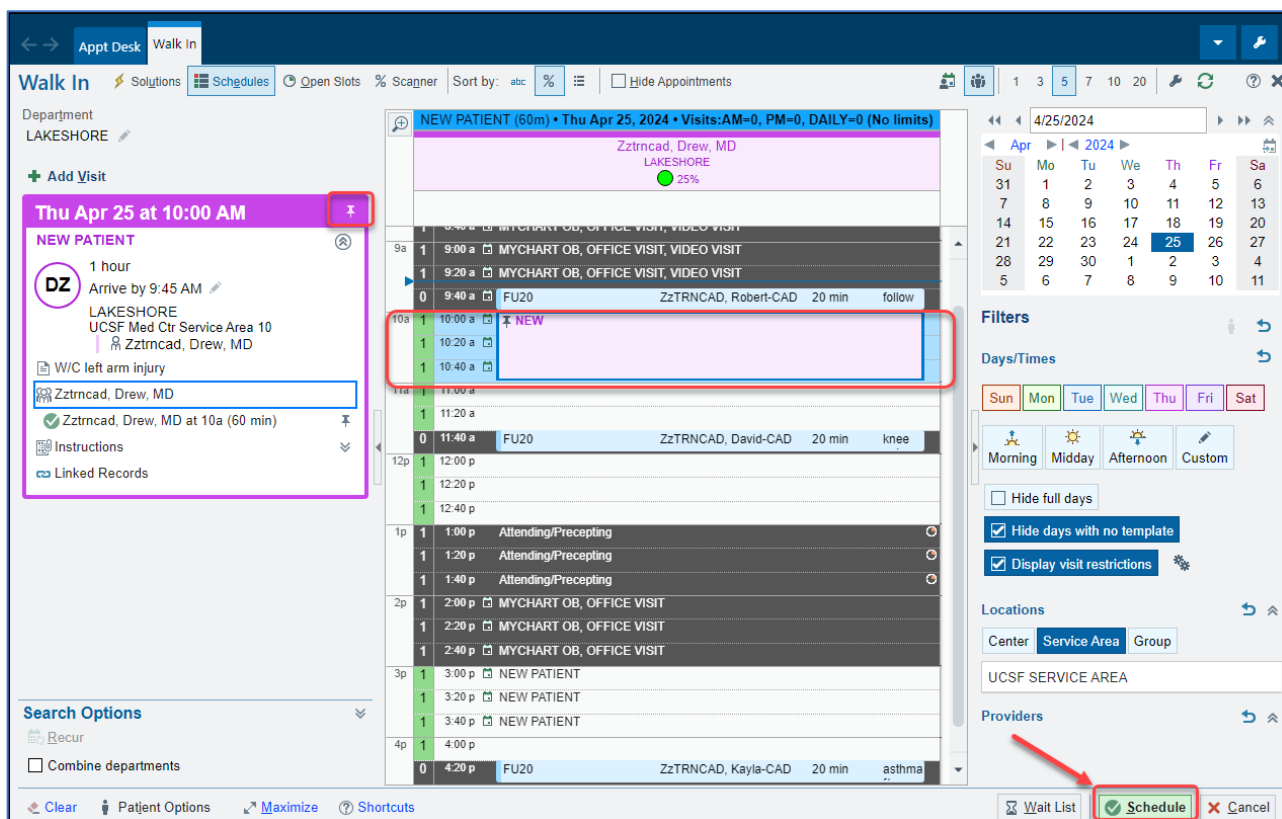
Scenario: You are working front desk in the Lakeshore department. Sophie-CAD walks in without an appointment because she was hurt on the job today. She slipped on the floor and injured her left arm. Sophie would like the first available appointment today with Dr. Drew-CAD. She presents with paperwork from her employer authorizing her visit.

1. From the DAR click **Walk In**



2. Search for Sophie-CAD (see classroom information sheet) and select correct patient
3. **Add a visit type** field: select *New Patient [2252]*
4. Click **Apply** on Decision Tree window
5. **Notes:** add *W/C left arm injury* and press **TAB**
6. **Add a provider:** enter your Dr. Drew-CAD provider and press **TAB**
 - Make sure Walk-in appointments are allowed in your department
7. **Date:** Walk In appointments select the next available time slot for today by default
8. Double-click on a **New Patient** slot.

If you are unable to bypass any potential block warnings, change slot manually if needed



9. Click **Schedule**

Continue through warnings if needed, or select Solutions tab and double-click a later slot available for today

10. **Mark as Confirmed**

11. Click **Schedule** on the Appointment Review window



Scenario: The appointment is now scheduled. Verify all registration information (i.e., demographics, PCP, guarantor, insurance), confirm Communication Preferences for future appointment reminders if needed, and add W/C guarantor and coverage for billing.

After being asked, Sophie-CAD confirms that her address and PCP information is accurate, she wishes to Opt In to receive text message notifications from UCSF.

Form Navigator

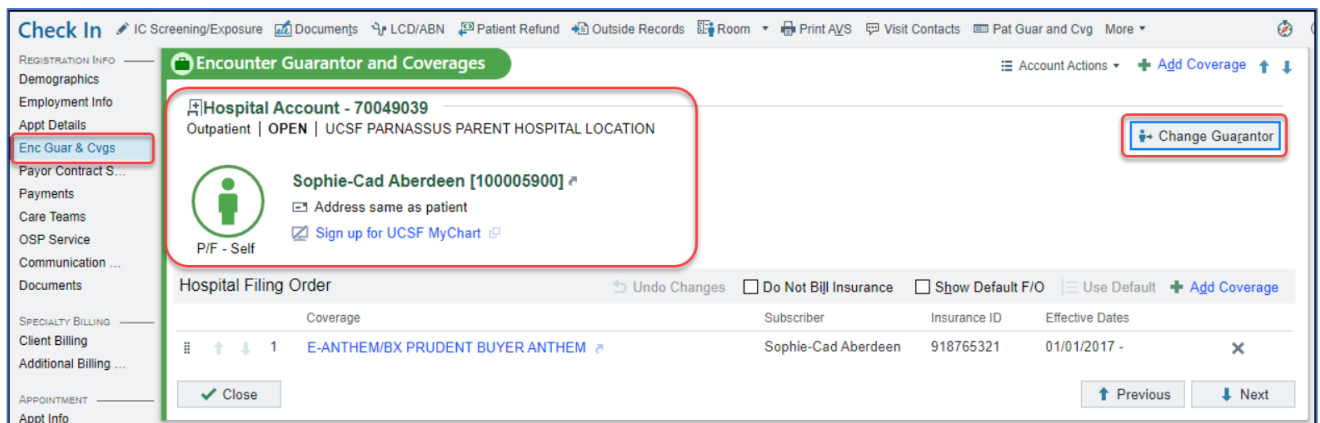
2. If room is needed, temporarily collapse the **Checklist**.
3. Verify **Demographics**
4. **Employment Info:** *Full Time Children's Hospital Oakland*
5. **Appt Details:**
 - a. **Referring Provider** *None, Provider per Patient*
 - b. **Accident Related?** *Yes*
 - c. Click **✓ Close**
6. **Enc Guar & Cvgs**

Review the Hospital Account and review the guarantor and coverage attached to this visit

We cannot use the patient's Personal/Family guarantor account and coverage for this visit.

Change the Guarantor Account and Coverage linked to the visit

7. Click.  **Change Guarantor**



Check In | IC Screening/Exposure | Documents | LCD/ABN | Patient Refund | Outside Records | Room | Print A/S | Visit Contacts | Pat Guar and Cvg | More

Encounter Guarantor and Coverages

Account Actions | **Add Coverage** | Up/Down arrows

Hospital Account - 70049039
Outpatient | OPEN | UCSF PARNASSUS PARENT HOSPITAL LOCATION

Sophie-Cad Aberdeen [100005900]
P/F - Self
Address same as patient
[Sign up for UCSF MyChart](#)

Hospital Filing Order | Undo Changes | ☐ Do Not Bill Insurance | ☐ Show Default F/O | ☐ Use Default | **Add Coverage**

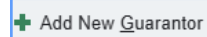
Coverage	Subscriber	Insurance ID	Effective Dates
1 E-ANTHEM/BX PRUDENT BUYER ANTHEM	Sophie-Cad Aberdeen	918765321	01/01/2017 -

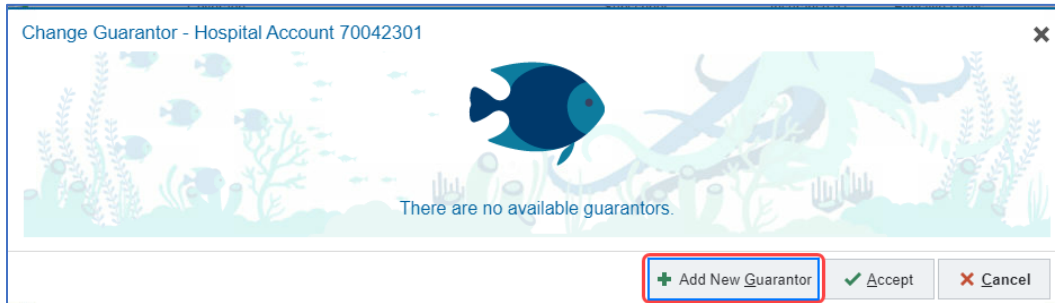
Close | **Previous** | **Next**

The hospital account was automatically created with the Personal/Family guarantor account when the appointment was scheduled. This visit is for Workers' Comp, and it would NOT be appropriate to use the P/F guarantor account or the patient's coverage for this encounter.

Registration staff must review HAR Information to ensure guarantor account and coverage(s) attached to the assigned HAR are correct for billing.

14. The **Change Guarantor Questionnaire** opens; click





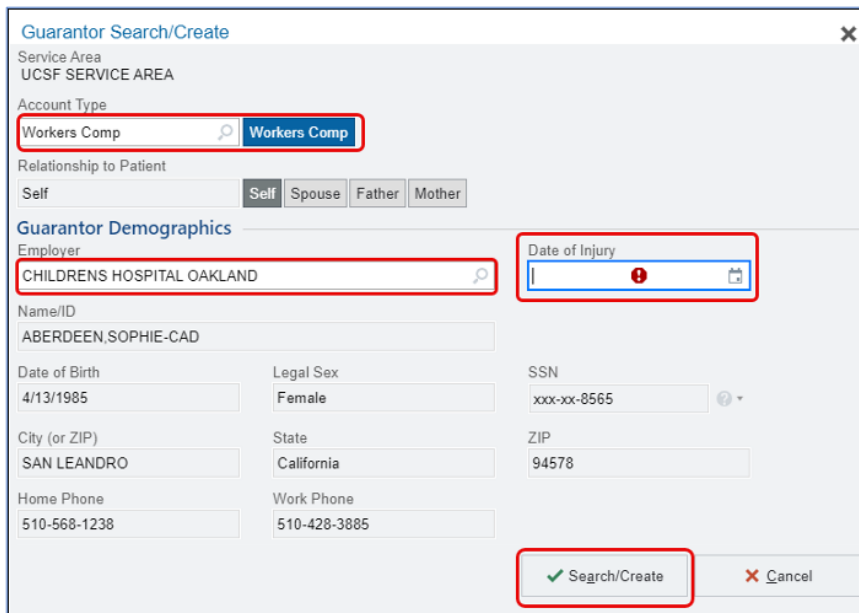
Change Guarantor - Hospital Account 70042301

There are no available guarantors.

15. Update the **Guarantor Search/Create** window

All guarantor accounts need a type. Work-related injuries are Workers Comp guarantor type.



Guarantor Search/Create

Service Area
UCSF SERVICE AREA

Account Type
 

Relationship to Patient
☐ Self ☐ Spouse ☐ Father ☐ Mother

Guarantor Demographics

Employer

Date of Injury

Name/ID
ABERDEEN,SOPHIE-CAD

Date of Birth
4/13/1985

Legal Sex
Female

SSN
xxx-xx-8565

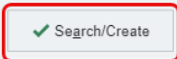
City (or ZIP)
SAN LEANDRO

State
California

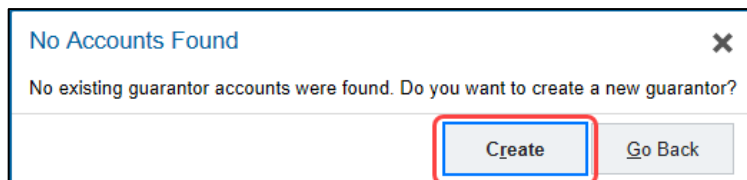
ZIP
94578

Home Phone
510-568-1238

Work Phone
510-428-3885

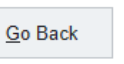
 

- Account Type** to Workers Comp
- Relationship to Patient** defaults to Self
- Verify correct **Employer** field defaults (or enter employer if field is blank)
- Date of injury** = **t** (today) + TAB (or enter the actual date of injury)
- Click **Search/Create**
- Click **Create** to create the Guarantor Account



No Accounts Found

No existing guarantor accounts were found. Do you want to create a new guarantor?



Every Workers' Comp encounter requires a claim information form. This contains all the information concerning the injury and is sent to the insurance company.

Claim Info form

16. The **Claim Information Selector** window displays.

When there are no claim information records available you must create one as all Workers Compensation encounters require more information than does a normal visit.

The 'Claim Information Selector' window shows 'Patient's Available Records' for 'Zztrncad, Sophie-Cad'. It indicates 'No available Claim Information records' and provides a 'New Claim Information Record' button in the top right corner. A 'Done' button is at the bottom right.

17. Click.



18. In **New Claim Information Record** window that appears, name the claim.

The naming convention is *date and location of injury* (i.e., 06/04/2025 Left Arm)

The 'New Claim Information Record' window has a 'Name' field containing '06/04/2025 Left Arm'. Below the field is a note: '*Name will be auto-generated if left empty'. At the bottom are 'Accept' and 'Cancel' buttons.

a. **Name the Claim.**

b. Click **Accept**

19. The **Claim Info** form opens on **General Information** section

Complete the *Workers' Compensation & Accident Information* section as follows:

The 'Claim Info for Aberdeen, Sophie-Cad' form is shown with the 'General Information' section active. The 'Workers' Compensation & Accident Information' section is highlighted with a red box. It contains the following fields:

Workers' Compensation & Accident Information				
Accident Type	Place of Injury	Accident State	Injury Date	Injury Time
Workers' Compensation	Work	California	6/4/2025	8:30 AM
Body Part Disabled	Condition Related To	Claim Type		
Left Arm	Patient Employment	Workers' Compensation		
WC Employer	WC Claim #	Last Treated		
CHILDRENS HOSPITAL OAKLA...	27899			

- **Illness, Injury or Pregnancy:** *Injury*
- **Accident Type:** *Workers' Compensation*
- **Place of Injury:** *Work*
- **Accident State:** *California*
- **Injury Date:** *t (today)+ TAB*
- **Injury Time:** *08:30 (If you have the time, enter it accurately otherwise use N for now)*
- **Body Part disabled:** *Left Arm*
- **Condition Related to:** *Patient Employment*
- **Claim Type:** *Workers' Compensation*
- **WC Employer:** *Children's Hospital Oakland*
- **WC Claim #:** *27899*

20. Move to the **Payer General** section

- Confirm (or enter) *Workers' Compensation* in **Claim Type** field
- **Condition Related To:** *Patient Employment*
- **First or Subsequent Visit:** *First.*
- **Auto Accident State:** *California*
- **Employment Related?** *Yes*
- **Verify** all other information
- Click **✓ Done** (*Lower right corner*)

ZG + Date of Injury + Employer



- Workers' compensation guarantor accounts have a different naming convention from other types of accounts, so they are easily identifiable for billing.
- They provide information about the injury and employer.
- The name convention for Guarantor Demographics Name Field is Patient initials + Date of injury + Employer (see below).
- Do not change information aside from Employer or Employment status.

Guarantor Edit

21. On the **Guarantor Edit** form that appears, verify that the information that populated (i.e. billing address and employment)

The screenshot shows the 'Guarantor Edit' form with the 'Demographics' tab selected. The form is divided into several sections: 'Demographics' (top left), 'Billing Address' (middle left), 'Employment' (middle right), and 'Guarantor's Patient Record' (bottom right). The 'Demographics' section includes fields for 'Guarantor Name' (AS06042025CHILDRENS HOSPITAL OAKLAND), 'SSN' (xxx-xx-8565), 'Legal Sex' (Female), and 'Date of Birth' (4/13/1985). The 'Billing Address' section includes fields for 'Address' (5 Good Humor Lane), 'City (or ZIP)' (SAN LEANDRO), 'State' (CA), 'ZIP' (94578), 'County' (ALAMEDA), 'Home Phone' (510-568-1238), 'Work Phone' (510-428-3885), 'Fax', and 'Email' (sophiegirl@mail.com). The 'Employment' section includes fields for 'Employment Status' (Full Time), 'Employer' (CHILDRENS HOSPITAL ...), 'Employment Date', 'Employee ID', and 'Occupation'. The 'Guarantor's Patient Record' section includes a link to 'ABERDEEN, SOPHIE-CAD [2...]'.

Add Coverage

22. Scroll down to the **Coverages** panel (or select Coverages on the Form Navigator at the top).
23. Click **+ Add Coverage**

The screenshot shows the 'Guarantor Edit' form with the 'Coverages' tab selected. The form displays the message 'Guarantor has no coverages.' and a red box highlights the '+ Add Coverage' button in the bottom right corner.

Search for Coverage

24. The **coverage search** window appears.



Scenario: Sophie-CAD has paperwork from her employer providing their Workers' compensation coverage for Children's Hospital Oakland Workers Insurance.

The forms have subscriber information as well. It indicates Children's Hospital Oakland as the subscriber.

Unlisted Plans

When you are unable to locate a payor specific insurance plan in APeX, select the appropriate Unlisted plan (i.e., Cigna Unlisted PPO) with matching Product type, or select Unlisted when no matching plan is found and enter claim address information and authorization phone number for generic commercial

insurance if needed. See the [Payor Plan Student Manual](#) posted on Knowledge Bank for additional information or email PayorPlan.Inquiry@ucsf.edu if you have additional questions.

Most workers' compensation insurance plans are NOT included in the APeX database.

In that case, enter 'work' into the Create New Coverage field to locate and select Workers' Comp Unlisted plan (plan ID 13285). Manually enter claim address and information.

The coverage listed on the paperwork cannot be found when searching the coverage database

25. In the **Create a New Coverage** field type *Work* and click TAB.

26. Select *Workers' Comp Unlisted [13285]* and click **✓ Accept**

Plan Search	Employer Search	Group Number Search
work		

Filters

Plan Name	Worker's Comp	Unlisted
WORKER'S COMP [399]		
WORKER'S COMP UNLISTED [13285]	Worker's Comp	UNLISTED, ZZ3

Subscriber Info

27. The **Subscriber Info** search form appears.

Who is the subscriber for this coverage?

☐ Sophie-Cad Zztrncad Patient

☒ Someone Else

Has this subscriber received care at your organization?
If not, select "No Record".

28. Who is the subscriber for this coverage? Select **Someone Else**

29. Click **No Record**

30. Click **✓ Accept**



Scenario: Sophie-CAD's paperwork indicates that her coverage became effective today due to the injury. Claim ID is 27899 and the subscriber's name is her employer, Children's Hospital Oakland. Sophie-CAD's subscriber ID and insurance ID is the claim number. The contact authorization phone number is (800) 736-7401.

Coverage / Subscriber Edit

31. The **Coverage Edit** window appears.

WORKER'S COMP/WORKER'S COMP UNLISTED Registration Restore Close

Subscriber Name Claim Address Financial Class Effective Since
Worker's Comp 4/25/2024

Members Subscriber Policy Documents Additional

Members

Sophie-Cad Zztrncad

Relationship to Subscriber Employee Dependent Type Non-Dependent Verify Member

Member Effective Dates Add Effective Date Range

Effective From Effective To Member ID Payer Filed Name Payer Filed Sex Verification Status

T I CLM27899 New

32. In the **Members** section of coverage enter the info below:

- Relationship to Subscriber** field select *Employee*
- Effective From** field enter *t + TAB*
- Member ID:** enter *CLM27899*
- Verification Status:** *Verified by Phone*



Note: UCSF APeX workflow is to enter claim number for both Member ID and Subscriber ID. Preface claim number with CLM to indicate it is just that.

33. In the **Subscriber** section, enter the information below

Subscriber Pull Info

Subscriber Name SSN
OAKLAND, CHILDREN'S HOSPI... xxx-xx-8888

Sex Date of Birth
Unknown 1/1/1875

Subscriber's Patient Record Select Patient

Demographics

Address Linked? No
Address 4560 Horton St, EMERYVILLE CA 94608 Edit

Subscriber ID CLM27899

Rel to Guarantor

Home Phone 800-736-7401

Work Phone

Fax

Payer-Returned Demographics

Name Sex

Employment

Employment Status Unknown

Employer CHILDRENS HOSPITAL OA... Edit

Employment Date 747 52ND ST, OAKLAND CA 94609

Employee ID 510-428-3000

Occupation 100+ Employees

Coverage Sponsor

Subscriber Is Covered Through Effective From Effective To Employer Size

Current Employment 10/10/2025 100+ Employees

- **Subscriber Name:** Employer name: *Oakland, Children's Hospital* (APeX requires comma) + TAB
- **Sex:** *Unknown* + TAB
- **Date of Birth:** type standard unknown birthdate *1/1/1875* + TAB
- **SSN:** Select standard unknown *888-888-888*
- Navigate to - **Address Linked?:** Confirm *No*
- **Subscriber ID:** *CLM27899*
- **Address:** Company injury location: *4560 Horton Street. City (or ZIP): 94608* (Emeryville)
- **Home Phone:** *800-736-7401*
- **Employment Status:** *Unknown* + TAB
- **Employer:** Children's Hospital Oakland
- Navigate to - **Subscriber Is Covered Through** select Current Employment
- **Effective From** enter T for today (if it doesn't populate)
- **Employer Size:** 100+



Note: If the workers' compensation coverage record is available in the database, verify its accuracy and use it accordingly.

34. Navigate to the **Policy** section.

Policy		Group Info	
Contact Info	Payer Phone	Group Number	Group Name
Auth Phone 800-736-7401	—		—

a. **Auth Phone:** click on the pencil and enter *800-736-7401*

35. Navigate to the **Additional** section.

Additional	
Claim Address	Financial Class
Send Claim To	Worker's Comp
Coverage Address	
Ph: 800-736-7401	

36. Click on the **pencil**.

37. Enter following information in **Claim Address** section

This is where you update claim address for coverages that are unlisted. Click pencil icon to add claim address.

- Attn/Insurance Co:** *Children's Hospital Oakland*
- Address <Enter Manually>:** *Children's Hospital Oakland 747 52nd Street*
- City (or Zip):** *94609* and press **TAB**. City, State, Zip and County populate
- Click **Accept**

It's important to enter the name of the insurance in the address box to ensure it displays in the Claim address box.

38. The **Address is now populated** for the coverage.

39. Click **✓ Close** or **X** to exit Coverage Edit

40. The **Guarantor Edit** form re-appears. Click **✓ Close** or **X** to exit Guarantor Edit

Form Navigator

41. **Encounter Guarantor and Coverages** re-appears.
42. Verify the Workers Comp Guarantor and Coverage are attached to the Hospital Account.

Encounter Guarantor and Coverages

Hospital Account - 70077454
Outpatient | OPEN | UCSF PARNASSUS PARENT HOSPITAL LOCATION

10102025childrens Hospital Oakland [400000207]
Address linked to patient
Sign up for UCSF MyChart
Employer: Childrens Hospital Oakland - Full Time
Date of Injury: 10/10/2025

Change Guarantor

Hospital Filing Order
Undo Changes Show Default F/O Use Default F/O Add Coverage

No Coverages
Add a coverage from the Unused Coverages list or click the Add Coverage button to add a coverage to the visit account.

Unused Coverages

Coverage	Subscriber	Insurance ID	Effective Dates
WORKER'S COMP/Children's Hospital Oakland	Children's Hospital Oakland	CLM27899	10/10/2025 -

Close Previous Next

43. If the Workers Comp coverage **does not appear** in the Unused Coverages section, click **+** to link it from Registration to the Hospital Account.

Form Navigator workflow

44. Continue the **Registration workflow**:

Collect required **Documents** (HIPAA Notice of Privacy, Terms and Conditions of Service – OP/Amb, Photo ID, Non-Photo ID, and Coverage ID Card)

Documents

Select a Document Type Add Show All Documents

1 Adv. Directive/Power of ... 2 Advance Directive Pam... 3 POLST (UCSF) 4 Terms and Conditions o... 5 HIPAA Notice of Privacy 6 Photo ID (UCSF)

ID	Type	Status	Level	Group	Location	Received By	Received On	Effective On	Expire
95766	Terms and Conditions of Svc-OP/Amb(UCSF)	Signed	Patient	-	-	LEE, EARL	10/11/2025	-	10/10
95767	Coverage ID Card	Unable to Obtain	Patient	-	-	LEE, EARL	10/11/2025	-	10/10
95763	HIPAA Notice of Privacy	Given	Patient	-	-	LEE, EARL	10/11/2025	-	-
414081	Photo ID (UCSF)	Driver License	Encounter	-	-	LEE, EARL	10/11/2025	-	-
414082	Non-Photo ID (UCSF)	Bank Debit Card w/o Photo	Encounter	-	-	LEE, EARL	10/11/2025	-	-

45. Validate **Appt Info** – (re-check that accident related = Yes)

Checklist

46. Continue to the **Checklist** workflow:
47. Click **Verify All**
48. Make sure the **Coverage** is marked as Verified



Note: If coverage was not verified, click pencil icon next to Member and change the status to change Status to Verified by Phone

49. Fix Hospital Account Checklist errors

- a. If you get an error that says the “**Accident related filed is set to NO**”, click on the link and change it to Yes.
- b. If you get the error “**Accident related field set to ‘yes’ but the accident information is incomplete**” click on the error message
- c. OR select **Claim Info** from the *toolbar*.
(If you choose Claim info you might have to click *More* if the button is not visible)

Make sure the **Claim Info** form is linked to the Visit

- Once you click on WC error link, highlight the **Claim Info form summary panel** and click on the **Associate / Unassociate** button until it displays the word “Associate.”
- This attaches the Claim Information Record to the HAR

- The **chain icon** indicates that the claim is linked to the encounter.

- Click. **Done**.

50. **Skip the Co-pay** because we don't collect a co-pay for Workers' Comp

51. Click **Check In** and continue through any warnings and fix any errors

- Some warnings appear as **hard stops** on the Checklist in this workflow
- **Warning:** For WC some hard stop errors may not be correctable, however do your best to correct all of them.

Review Questions

1. True or False: When scheduling a Walk-In appointment, APeX auto-selects the first available time slot for the provider.
2. You are updating a patient's registration information using the patient's new insurance card. You search for the insurance in APeX but can't seem to find it. What should you do?
 - A. Select a coverage with the closest name to what is on the insurance card.
 - B. Do not enter any insurance information.
 - C. Select generic coverage and manually enter information from the card.
 - D. Call somebody who has more security to do the search.
3. The patient sprained her right wrist at work yesterday and she comes in to see Dr. Smith. What should the Claim Information record be titled?
4. What is the purpose of a Claim Information record?

Collect Past Due Balance without an Appointment (Chancelor)

Patients may arrive at the department to pay an outstanding balance. These bills are from previous visits or services that resulted in the guarantor billing. Similar to posting copays, posting payments for outstanding balances to a guarantor account is possible via Payment Collection and no appointment necessary.

Learning Objective

In this section you will learn how to:

- ☐ Access Payment Collection activity to collect a past due balance



Scenario: Chancelor-CAD arrived without an appointment and presents a statement for services received in February. He asks if he can pay **\$200** of his outstanding balance in person. He wants to pay by Credit Card.

1. Open **Chancelor-CAD's** Appointment Desk to view his balance
 - **\$ 292.45** in the Storyboard
 - **\$475.66** in the Registraton Summary panels (scroll down if needed)
 - OR Alternatively, click **Payment Collection** in the Form Navigator and manually lookup patient's guarantor account
2. Click **Payment Collection** in the Toolbar.
3. **Look up** the patient. (Patient Filter)

Guarantor	Patient	Invoice #
-----------	----------------	-----------

4. The **Payment Collection form** appears
5. Click **+ Add Balance Payment**

Previous Balance	
Outstanding Self-Pay	
Chancelor-CAD Aberdeen	
P/F #9322	
Pay Now	Due
Hospital	255.80


Add Balance Payment

6. **Collecting:** 200.00 + TAB

The screenshot shows the 'Payment Collection' window. At the top, it says 'Previous Balance'. Below that, there's a section for 'Outstanding Self-Pay' with details for 'Chancellor-CAD Aberdeen' and 'P/F #9322'. There are buttons for 'Pay Now' and 'Distribution'. A 'Due' amount of 255.80 is shown. On the right, a green box labeled 'Collecting' contains the amount 200.00. A red box highlights a dropdown arrow at the bottom center.

7. Click **down arrow**

8. A list of **HARs and PB Visit Accounts** appear

The screenshot shows the 'Payment Collection' window with the 'Distribute' tab selected. It shows 'Chancellor-CAD Belfast' with a 'Due' amount of 255.80. A red arrow points to the 'Patient Responsibility' button under the 'Include' section. Below, a table lists 'Hospital / Visit Accounts' (2 of 4 accounts selected). The table has columns for 'Acct ID', 'Self-Pay Status', 'Visit', 'Acct Status', 'Adm Date', 'Dis Date', 'Total Chgs', 'Due', and 'Distributed'. The first two rows are checked, and the 'Distributed' column shows 90.07 and 109.93 respectively. A red box highlights the 'Distributed' column values.

Acct ID	Self-Pay Status	Visit	Acct Status	Adm Date	Dis Date	Total Chgs	Due	Distributed
70008120	No Stmt	Appointment Visit at UCSF Family Medicine Center at Lakeshore with No...	BILLED	02/21/2020	02/21/2020	241.00	35.94	
70008121	No Stmt	Appointment Visit at UCSF Family Medicine Center at Lakeshore with No...	BILLED	02/17/2020	02/17/2020	544.00	109.93	90.07
70008122	No Stmt	Appointment Visit at UCSF Family Medicine Center at Lakeshore with No...	BILLED	02/10/2020	02/10/2020	544.00	109.93	109.93
70008123	No Stmt	Appointment Visit at UCSF Family Medicine Center at Lakeshore with No...	BILLED	02/03/2020	02/03/2020	267.00	0.00	

- A list of HARs and PB Visit accounts appear.
- By default, the system will match the amount you are collecting to the **oldest outstanding** HARs and PB Visit Accounts
 - ✓ Checkmarks indicate the money will be applied to that specific Date of service [DoS])
 - APeX defaults full amount collection and applies it (via checkboxes) to all bills. When collecting a payment for a lesser amount than due, APeX automatically selects the oldest charge first, moving to the newest.
 - If none of the visits are not automatically check marked, select/deselect desired check boxes to change which HARs and PB Visit accounts the payments will be applied to.

9. Chancellor-CAD has due balances on several HARS and PB Visit accounts, and he wants to pay on his **02.19.25** visit.

Hospital / Visit Accounts (1 of 4 accounts selected)										
	Acct ID	Self-Pay Status	Visit	Acct Class	Acct Status	Adm Date	Dis Date	Total Chgs	Due	Distributed
On Payment Plan										
☐	 30006701	Pmt Plan	Appointment Visit at TRN UCSF Family M...	Outpatient	BILLED	02/15/2025	02/15/2025	544.00	109.93	
☐	 30006702	Pmt Plan	Appointment Visit at TRN UCSF Family M...	Outpatient	BILLED	02/08/2025	02/08/2025	544.00	109.93	
Outstanding but Not on Statement										
☒	 30006700	No Stmt	Appointment Visit at TRN UCSF Family M...	Outpatient	BILLED	02/19/2025	02/19/2025	255.80	255.80	163.35 
☐	 30006703	No Stmt	Appointment Visit at TRN UCSF Family M...	Outpatient	BILLED	02/01/2025	02/01/2025	267.00	0.00	
 Reset  Clear Distribution								Total due in list:  475.66		

Additional Info: Advanced Filters

The Payment Collection activity for collecting past due balances (also referred to as Self-Pay payments) has filters based on account statuses for manual distribution. Click Other, or Advanced Filters for a variety of other context-specific filters. Staff can de-select or select accounts to distribute the payment appropriately as needed.



Include: Patient Responsibility All Balances **Other** Remaining 0.00

[Advanced Filters](#)

Acct Class

Appointment Visit at Pediatric N... Outpatient

☒ Outstanding
☒ Statement Sent
☐ Excluded From MyChart
☐ Statement Sent
☐ In Progress

[Apply](#) [Cancel](#)

Include: Patient Responsibility All Balances Other Remaining 0.00

Advanced Filters

From Start Date To End Date HB/PB Both HB PB

Patient Statement # Last

Provider

[Filters restrict the distribution to qualifying accounts and charges](#)

[Apply Filters](#) [Cancel](#)

10. Click **Collect Payment**

Collect Payment Now

Payment of \$200.00 Previous balance

Payment Method: Cash Check **Card**

Receipt: [Print Receipt](#) [Print & Mail Statement](#)

Reference # 1000

Comment

[Collect Payment](#) [Go Back](#)

11. **Payment Method:** Card

12. In **Reference #** field, enter transaction reference #

(This is not necessary if you are using bluefin)

13. Check off **Print receipt**

14. Select the **Null** printer

In clinic, printers are set to default to local printers

15. **Collect Payment**

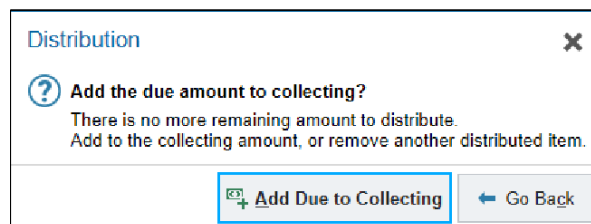
Note: If the collected amount is not entered before statements are selected, the Distribution window appears.

Options:

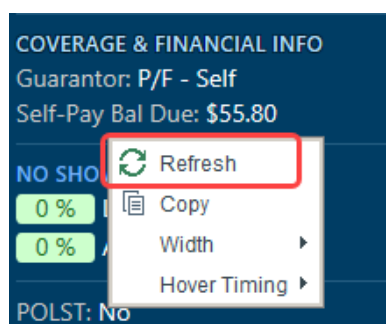
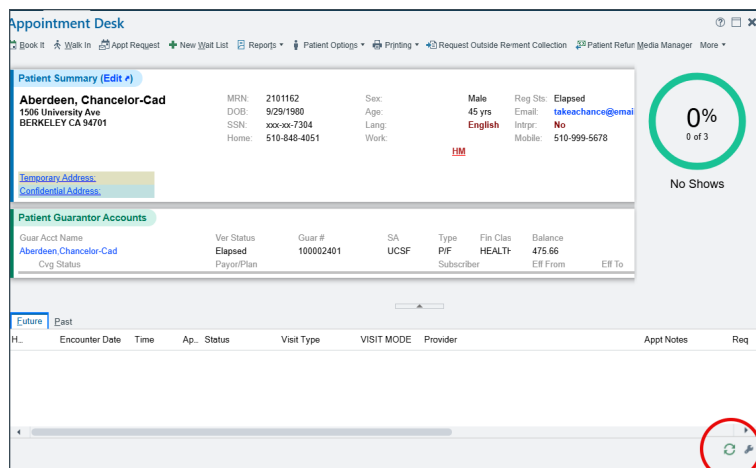
- **Go back** and enter the amount being collected



- **Add Due to Collecting** will add the amount of statement to the Due amount



16. **Refresh Appt Desk**



17. On Chancelor-CAD's Appointment Desk the **balance updated**

The screenshot shows the 'Appointment Desk' interface. At the top, there is a navigation bar with icons and labels for 'Book It', 'Walk In', 'Appt Request', 'New Wait List', 'Reports', 'Patient Options', 'Printing', 'Request Outside Records', 'Payment Collection', and 'Patient Refund'. Below this is the 'Patient Summary (Edit)' section for 'Aberdeen, Chancelor-Cad' at '1506 University Ave, BERKELEY CA 94701'. Patient details include MRN: 2101162, DOB: 9/29/1980, Sex: Male, Age: 45 yrs, Reg Sts: Elapsed, Email: takeachance@email.c*, SSN: xxx-xx-7304, Lang: English, Intrpr: No, Home: 510-848-4051, Work: HM, and Mobile: 510-999-5678. There are links for 'Temporary Address' and 'Confidential Address'. Below this is the 'Patient Guarantor Accounts' section, which contains a table with columns: Guar Acct Name, Ver Status, Guar #, SA, Type, Fin Class, Balance, and Eff To. The table has one row for 'Aberdeen, Chancelor-Cad' with Ver Status 'Elapsed', Guar # '100002401', SA 'UCSF', Type 'P/F', Fin Class 'HEALTHNET', a 'Balance' of '312.31' (highlighted with a red box), and an 'Eff From' date. The 'Cvg Status' is 'Subscriber'.

Guar Acct Name	Ver Status	Guar #	SA	Type	Fin Class	Balance	Eff To
Aberdeen, Chancelor-Cad	Elapsed	100002401	UCSF	P/F	HEALTHNET	312.31	
Cvg Status	Payor/Plan			Subscriber		Eff From	

18. Close Chancelor-CAD's Appointment Desk

This workflow can also be completed during the **Check- in** or **Check- out** workflow.

Review Questions

1. True/False: Balance due can only be collected if the patient doesn't have an upcoming appointment.
2. Without Check- in, how do you access the Payment Collection screen?

Walk-in Appointment and Collect Medi-Cal Share of Cost Balance (Delaney)

Learning Objectives

In this section you will learn how to:

- ☐ Schedule a Walk-in appointment
- ☐ Define Share of Cost for a Medi-Cal patient
- ☐ Collect Share of Cost payment during check-in

Medi-Cal Information

What is Share of Cost (SoC)?

Medi-Cal, California's Medicaid program, provides health coverage with a Share of Cost to people with income and assets that are too high to qualify for a free Medi-Cal program.

These Medi-Cal recipients must agree to pay a monthly dollar amount toward their medical expenses referred to as a **Share of Cost** (SoC) before they qualify for Medi-Cal benefit payments.

SoC is paid only for the month(s) a patient incurs medical expenses; it is not a monthly premium.

How do we know what is the SoC amount due?

When a RTE query is sent in APeX, SoC information should pull into **Response History / Benefit Collection**.

The **Medi-Cal eligibility verification system** can always be used to determine a subscriber's SoC status including the SoC amount due if there is any concern.

The eligibility verification system is accessed through the Point of Service (POS) device, automated Eligibility Verification System (AEVS), state approved vendor software and/or the Medi-Cal website <https://www.medical.ca.gov/Eligibility/Login.asp>. To obtain a User ID and password, consult your leadership team.

When do I enter the SoC into APeX?

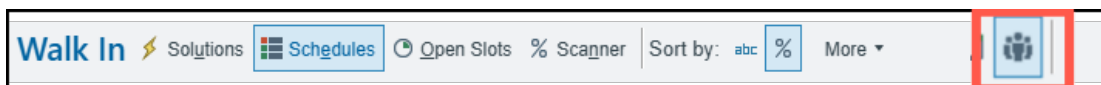
Please note this workflow occurs within registration for an appointment (e.g., scheduling, Check- in, or Check- out). SoC must be updated for **EVERY** visit as SoC information is not shared between visits.



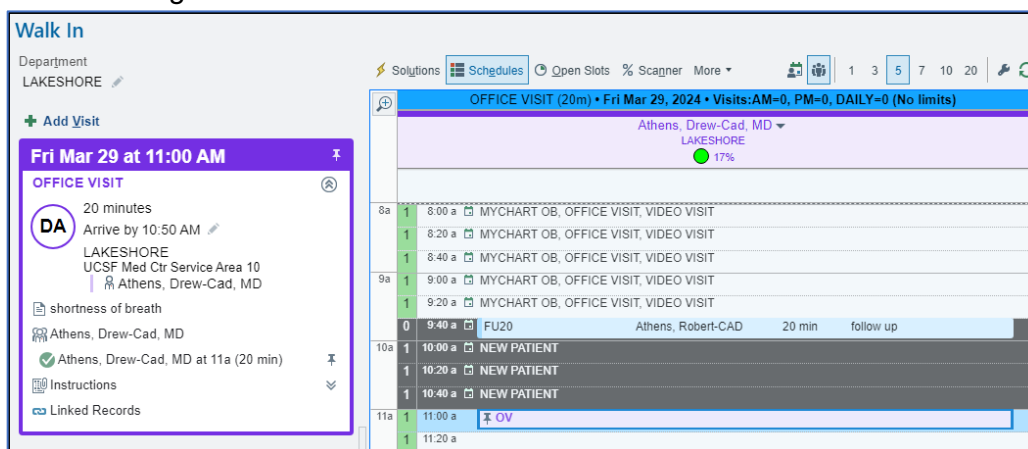
Scenario: Delaney-CAD is a Medi-Cal patient who arrives to the Lakeshore department without an appointment. She tells you she's an Asthma patient and would like to see Dr. Drew today for Shortness of Breath.

You schedule an Office Visit via the Walk-in workflow and verify registration information. Delaney confirms everything is the same, she still has Medi-Cal coverage with a Share of Cost, and she wishes to Opt In to receive text messages. The patient is going to pay the Share of Cost in Cash.

1. **Appts** > Look up the patient.
2. Click **Walk In** on the DAR activity toolbar
3. If desired, collapse the sidebar
4. **Enter Appointment information**
 - **Visit type:** *Office Visit* [1004]
 - If it appears, complete the **Decision Tree:** (*No, No, Schedule In Person*) and **Apply**
 - **Notes:** *Asthma, Shortness of Breath*
 - **Provider:** *Dr. Drew-CAD*
5. To see a list of slots for today only click on the filter



6. **The next available slot is automatically selected by default** with the Walk-In workflow
 - If you are unable to schedule due to block conflict, double-click on available time with matching block.



7. Click **Schedule, Mark as Confirmed** and continue with the scheduling process

Form Navigator

8. The **Registration Form Navigator** opens
9. Collapse the **Checklist**.
10. Review the navigator forms. Address incomplete or incorrect fields

Especially watch for the following:

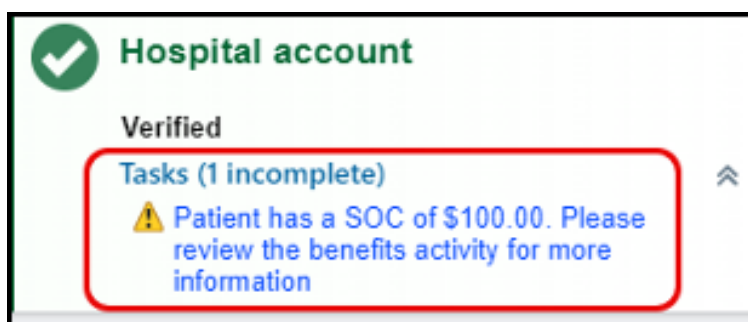
- **Demographics:** Make sure check the “Star” for **mobile** is selected
- **Appt Details:** Referring provider = .pcp
- **Encounter Guar & Cvgs** ask for a copy of the patient’s insurance card and ID
- **Communication Preferences:** update this panel for future appointment reminders as *Text* message. Later on from the Checklist select Opt in
- **Payments:** Skip this for a moment.
- **Documents:** Since Walk-In is a combination of the Scheduling and Check in workflows, be sure to mark the 5 required documents.

(Tip: Drag the **type** column to the right to make it easier to determine which of the Terms and Conditions documents to address).

Share of Cost

11. Open the **Checklist**
12. Click **✓Verify All**; RTE Query is sent
13. **Photo:** Patient Declined
14. **RTE:** Check the coverage verification status or re-run RTE
15. **View the Share of Cost in the Checklist**

This RTE message tells you that the patient has \$150 share of cost with \$100 remaining



16. **-OR- View the Share of Cost in Response History.**

- Click **Response History** (Member > Medical Cal panel).
- Note:** Staff should also search manually in Benefit Collection when verifying eligibility on the **Medi-Cal Website**
- SoC amounts should populate automatically from **RTE**
- Click **Not Specified** in Response History **Table of Contents**

Table of Contents	
Query Status	
Subscriber Info	
Covered Services	
Health Benefit Plan Coverage	
Not Specified	

- RTE tells you that the SoC for the month is \$ 150 with **\$100** remaining

Not Specified					Expand Section
Benefits					
Benefit Type	Network	Time Period	Quantity	Amount/Percent	
Spend Down	—	—	—	\$150.00	—
	—	Remaining	—	\$100.00	—
Miscellaneous					
Benefit Type	Plan Description	Time Period	Amount/Percent		
Coverage Basis	—	—	—		—

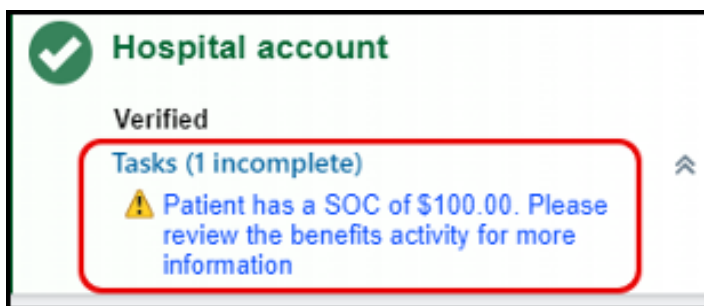
Scenario: Delaney-CAD agrees to pay the remaining Share of Cost amount today by cash.



SOC and other payments can be collected during the Check- in or Check- out process.

After collecting the Share of Cost, log into the Medi-Cal website to update the payment collected, as this information is used by all organizations providing medical services to the patient.

17. Click on the **SOC message** in the **Checklist**.



a. The **Benefit Collection** form appears

A screenshot of the 'E-MEDI-CAL/MEDI-CAL' form. The title bar is purple with a pencil icon circled in red. The form is divided into two sections: 'Coverage Information' and 'General Benefits'. The 'Coverage Information' section contains fields for Subscriber Name (GOMEL, DELANEY-CAD), Patient Rel to Subscriber (Self), Member ID (98765432A), Effective From (4/13/2021), Group Number, Group Name, Verification Status (E-Verified), and Pre-cert Status. The 'General Benefits' section shows 'Last updated: 5/31/2026' and 'Share of Cost Amount: 150.00'. The 'Share of Cost Remaining' is listed as 100.00.

b. **Collapse** the Checklist

c. View the **E-MEDI-CAL / MEDI-CAL** panel and click on the **pencil** 

d. **Fill out** the E-MEDI-CAL / MEDI-CAL form as follows

A screenshot of the 'E-MEDI-CAL/MEDI-CAL' form with the 'General Benefits' section expanded. A red oval highlights the 'Checked by user' field (containing 'ANTWERP, SALLY-CAD...'), the 'Checked on date' field (containing 'T + TAB'), the 'Checked with contact' field (containing 'RTE and phone'), and the 'Checked with phone' field (containing '415-555-1111'). Below these, the 'Share of Cost Remaining' is set to 100.00 and the 'Share of Cost Amount' is set to 150.00.

18. **Scroll down** to the **Payments** panel

A screenshot of the 'Payments' panel. It has a green header with a wallet icon and the text 'Payments'. Below the header, it shows 'Prepay due' followed by the amount '100.00'. In the top right corner, there is a blue link that says 'Collect Payment' with an external link icon.

19. Click **Collect Payment**

20. The **Payment Posting** form appears

The screenshot shows the 'Payment Collection' window. The 'This Visit' section displays a visit for 'Gomel, Drew-CAD (TRN UCSF Family Medicine Center at Lakeshore)' with a due amount of 100.00. The 'Previous Balance' section shows an 'Outstanding Self-Pay' for 'Delaney-CAD Gomel' with a total due of 0.00. Both sections have 'Pay Now' buttons and 'Add' buttons for visit and balance payments.

- Click **Pay Now**
- Click on the pencil **Distribute** **MANUAL**
- From the list, select **PB Share of Cost**
- Collecting:** 100 + TAB
- Collect Payment**
- If this pop-up appears, select **Continue**.

A warning pop-up message states: 'You have not distributed the entire previous balance payment'. It includes a warning icon and text: '100.00 of this payment has not been distributed and will be posted using the method: For Later Distribution (Pre-Payment). Are you sure you want to continue without distributing the payment?'. The buttons 'Continue', 'Distribute Payment', and 'Go Back' are at the bottom.

- A form appears
 - Payment Method:** Cash
 - Cash Received:** \$100.00
 - [X] Print Receipt**
 - Collect Payment**
- Click on the **X** to close the **Benefit Collection** form
 - If needed, click on the **X** to close **Response History**.

21. Enter the information from above into the **Medi-Cal website**
22. From the **Checklist**, select **Check-in**
23. **Print the receipt(s)**

Review Questions

1. Define Share of Cost
2. True or False: All Medi-Cal patients must pay a Share of Cost.
3. True or False: Staff are only required to complete the Share of Cost workflow if APeX fires a warning message.
4. When can SOC payments be collected?
5. True/False: Patients must pay their Share of Cost before they can be seen

Complete Appointments (Workers Comp)

Check-in, covered in a previous lesson included tasks, such as collecting documents, copays, and updating registration information.

The Check-in process changed the appointment status from 'Scheduled' to 'Arrived', notifying clinical staff.

Many of the same tasks are done at Check-out.

UCSF utilizes Check Out to update registration if needed, maintain accurate statistics for patient timing, and another opportunity to collect payment and schedule follow up appointments. In this lesson, Check-out an appointment for a patient and schedule a future appointment.

Learning Objective

In this section you will learn how to:

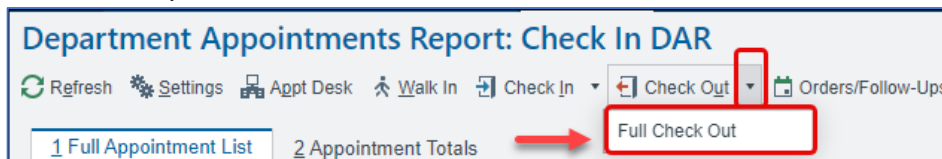
- ☐ Define Silent Check Out and Full Check Out
- ☐ Complete check-out and schedule a follow-up appointment

Check Out Appointment



Scenario: Sophie-CAD completed her visit and needs to be checked out. She needs to schedule an Office Visit a week from today with Dr. Drew-CAD for her W/C injury and needs to update email address to Sophieboss@mail.com.

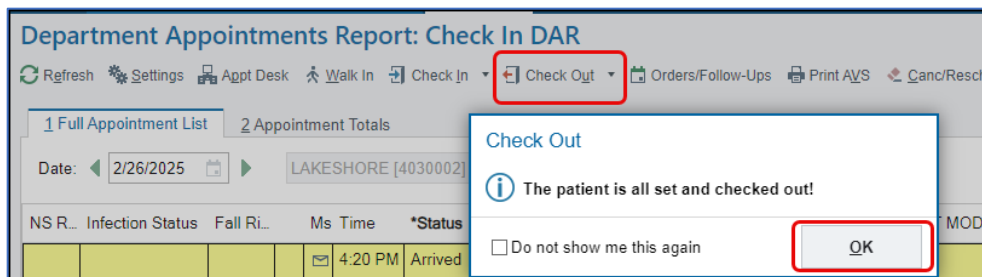
1. On DAR, select Sophie-CAD's appointment [Jim-CAD for BCH Oakland if W/C lesson skipped]
2. Click the drop-down arrow next to Check Out and select **Full Check Out**



Silent Check Out

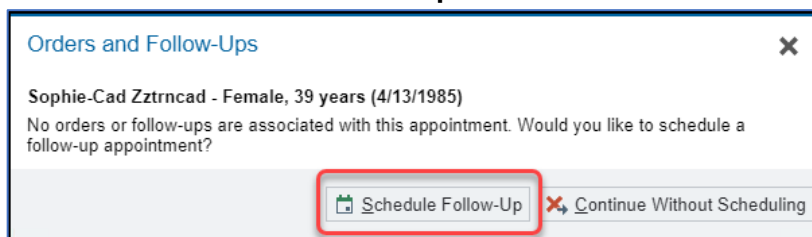
Click **Check Out** (or Check In) on the DAR toolbar or Appointment Desk to change an appointment's status without jumping to registration, whenever there is no registration warnings or errors to address.

A message "The patient is all set and checked out (or in)" appears when an appointment is silently checked in, or checked out, so staff receive confirmation that the workflow is complete.



To manually launch **Full Check Out** and jump to registration, use dropdown menu next to Check Out.

3. When there are no orders or follow-ups associated with the visit, a pop-up displays
 - You can schedule a follow-up or continue Check-Out without scheduling
 - Click **Schedule Follow-Up**

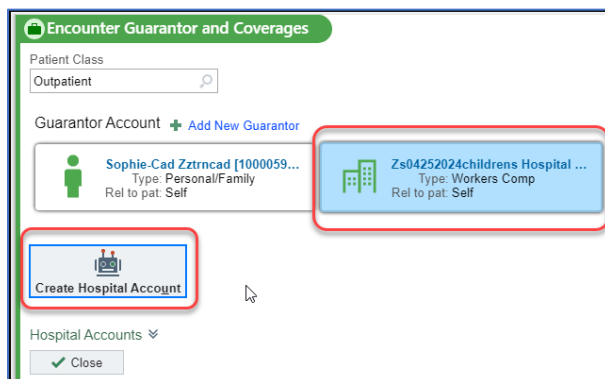


If the clinician has entered orders that need scheduling, an *Orders to Schedule* section will display along with Follow-up Information entered by the ordering provider.

4. **Book It** opens; schedule an *Office Visit* a week from today and complete Decision Tree (No, No, In-person), notes *W/C left arm injury follow-up with Dr. Drew*
5. Finalize scheduling the appointment and move to the Registration **Form Navigator**
6. Click Demographics and update email address to *Sophieboss@mail.com* and click **Close**.
7. Click **Enc Guar & Cvgs**

Create a HAR and link the appropriate WC Guarantor Account to the Visit.

- Select the **W/C guarantor account**
- Click **Create Hospital Account**
- Confirm Workers' comp/Children's Hospital Oakland coverage attached to HAR



8. Click **Enc Details**

- **Referring Provider:** *Provider None, Per Patient*
- **Accident Related:** **Yes**

9. Go to Checklist and verify any remaining registration information

10. **Associate** the **Claim Information Record** to the HAR (*Hint: click on the error or in the toolbar or More in Enc Guar & Cvgs section*)

11. Click **Accept** and *Continue Anyway* through warnings

12. Click **Check Out** and **Continue Anyways** through warnings

13. Appointment Status is updated to Comp (complete)

NS R...	Infection Status	Fall RI...	Ms Time	Status	Registration Status	Arrival Status	Pt Info	MRN	Procedure	VISIT MODE	Co...	Last Auto Outr...	Provider	A...	Appt Notes	F
			10:10 AM	Comp	Completed	Completed	Aberdeen, Sophie-Cad DOB: 4/13/1985 Age: 40 years	2002713	NEW	In Person [1]			Drew-Cad Aberdeen [CAD21000]	60	W/C Left arm injury	

<i>Action</i>	Book It	→	Check- in	→	Check- out
<i>Status</i>	Scheduled	→	Arrived	→	Comp



Note: If you need to make a follow up appointment you can also use the **Copy into Book It** option from Appointment Desk to make a future appointment using same appointment details.



Note: A message may appear when an appointment is silently checked in or checked out if there are no registration warnings or errors to address.

Accurate Appointment Statistics via End-of-Day-Processing

Learning Objectives

In this section you will learn how to:

- ☐ Describe the key concept of EOD (End of Day) processing
- ☐ Add appointment to the End of Day Status list



Note: End-of-Day-Processing changes appointment _____ according to _____.

This lesson discusses how to add an appointment to the EOD processing list manually.

What is EOD?

EOD stands for “End of Day” and APeX updates appointment statuses according to system settings when End-of-Day processing runs nightly automatically. End-of-Day processing is designed to help track and manage completed appointments, no shows, and cancelled appointments.

When does EOD run?

End-of-day processing **can be done manually** but it **automatically runs nightly**, updating appointments that occurred four days prior to today’s date. Example: Monday appointments process through EOD on Friday. This is a four-day opportunity to update appointment registration or statistics (i.e., visit type, change provider, change status).

- It’s only possible to edit appointment information for appointments that are on the current day or in the past three days before end-of-day processing runs.
- A warning will display if attempting to edit the end-of-day statistics for a future appointment or one that has gone through end-of-day processing.

Why have EOD?

EOD maintains accurate appointment data for patients and your department. For example, staff can manually update the status if a patient has been checked in but ends up leaving before being seen by the provider.

EOD can also be used to indicate a patient did not show up for the appointment as well as updating the visit type and/or provider.

Essentially, End-of-Day processing ensures patient, and appointment statistics are accurate, and any unnecessary data is removed to reduce clutter, which is important for effective management and reporting. All this helps keep departments running smoothly and improves continuity of care via appropriate patient follow up.

Update Status of Appointment

Occasionally, appointment statistics need to be changed after the appointment time has passed. If an appointment is not updated immediately, or if the information is entered incorrectly, correct the statistics before end-of-day processing runs by adding the appointment to the APeX End-of-Day Status List.

This behind-the-scenes tool:

- Allows for accurate maintenance of patient statistics (i.e., how many new patients were seen today vs. follow up visit vs. procedures)
- is used to edit appointment information when automated end-of-day processing runs
- allows editing of appointment status, provider, and/or visit type



Scenario: Mary-CAD's appointment was checked in earlier, however while waiting in the lobby she received an urgent phone call, and she needs to leave before she is seen.

1. **IF** Mary is not on your DAR, create an appointment for her and while you are setting up the appointment collect a payment of \$ 10.00 cash.
2. Select Mary-CAD's appointment on DAR and click **EOD** button

Department Appointments Report: Check In DAR

Refresh Settings Appt Desk Walk In Check In Check Out Orders/Follow-Ups Appt Prescreening **EOD** Photo Declaration

3. The End of Day Status list form appears.

End of Day Status List

Patient: Mary-Cad Zztrncad [2003405]

Thu 4/25 at 2:00 PM

DZ OFFICE VISIT 20 Minutes LAKESHORE
ZZTRNCAD, DREW

End of Day Status List LAKESHORE

Status
Left without seen

Visit Type

Current Provider ZZTRNCAD, DREW in LAKESHORE Change to Provider Enter a Provider

Accept Cancel

4. In **Status** field and select *Left without seen*
5. Click **Accept**

- When you click Accept after making changes, click the appointment is added to the End-of-Day Status list. When End-of-Day Processing runs for the date of the appointment, APeX looks at this list and incorporates the changes.

Time	Status	Re...	Arrival Status	Pt Info	MRN	Procedure	VISIT MODE
2:00 PM	Arrived	✓	On-site - Good to go!	Aberdeen, Mary-Cad DOB: 10/27/1971 Age: 53 years	2003370	OV	In Person [1]

- After editing the EOD status, appointment text should appear **red** on the DAR indicating the EOD information has been changed. Click to another row to see red text. Double-click the appointment to see the appointment report to see the End-of-Day status change.

Expand

Appointment Information

Name:	Aberdeen, Mary-Cad	MRN:	2003370
Date:	6/4/2025	Status:	Arrived
Time:	2:00 PM (Arr: 1:50 PM)	Length:	20
Visit Type:	OFFICE VISIT [1004]	Copay:	\$10.00
Provider:	Drew-Cad Aberdeen, MD	Department:	LAKESHORE
Referring Provider:	MCQUEENIE, DIANA	CSN:	218253
Enc Form #:	26243	Appt Sched Mode:	Book It - Solutions View
Auto Confirm Status:		Last Auto Outreach:	
Notes:	Chronic headaches		
Arrival Time:	10:26 AM		
Made On:	6/4/2025 10:16 AM	By:	ZZTRNCAD, SALLY-CADSCHED [CADSCHED...
Checked In:	6/4/2025 10:26 AM	By:	ZZTRNCAD, SALLY-CADSCHED [CADSCHED...
EOD List:	6/4/2025 1:35 PM	By:	ZZTRNCAD, SALLY-CADSCHED [CADSCHED...
EOD Info:	OFFICE VISIT with Drew-Cad Aberdeen, MD in PCLSLKS	EOD Status:	Left without seen

- Double-click to review the appointment Expand window.

Toward the bottom of the report, you can view any changes made using the End of Day Status window. The end-of-day audit trail information on the Appointment Expand Information window lists when changes were made, who made the changes, and what was changed.

When the automated end-of-day processing processes the appointments listed on the End of Day Status List, the updated appointment information appears on the report and the appointment is no longer in red text.

Review Questions

- Why is the End-of-Day Status List used? _____

Process Refunds & Payments Entered in Error

Refunds for copays are only to be given on same day of service. Correcting an error in your cash drawer can be completed if the correction occurs on the day of the error. The following lesson covers processing a refund.

Learning Objectives

In this section you will learn how to:

- ☐ Process a refund for a copay collected the same day
- ☐ Initiate a refund request for payment not collected on the same day of the visit



Scenario: Mary-CAD would like a refund for today's copay since she must leave without being seen.

Process Refund

- Highlight Mary-CAD's appointment on the DAR and click **Patient Refund**
(Hint: click *More* if Patient Refund doesn't appear on toolbar)
- The **Patient Refund** form appears:

Patient Refund

Payments Collected Today

Paid By Cash Give Back

\$10.00 Source: Cash Post Date: Jun 4, 2025 Receipt Number: 38

Office Visit at UCSF Family Medicine Center at Lakeshore with Aberdeen, Drew-CAD, MD on Jun 4, 2025

Type	Guarantor Account	Posting User	Transaction Number	Amount
SBO PATIENT COPAYS	ABERDEEN, MARY-CAD ...	ZZTRNCAD, SALLY-CAD...	1	\$10.00

Total Give Back Amount: **\$10.00**

Give Back Cash: **\$10.00**

Reason: **Left Without Being Seen**

Comment:

Receipt and Confirmation

Print receipt Print 1 copy NULL PRINTER

Give Back and Close Clear

- You have two options depending on the timing:
 - Select Give Back to refund same day payments
 - Select Request Refund when give back is not an option (because refund is being processed on a different day)
- Select the **Reason** *Left Without Being Seen* and add a Comment as needed
- Confirm that Print receipt is selected

- ✓ Give Back and Close

SBO PATIENT COPAYS ABERDEEN, MARY-CAD ...

Refund Request

As the refund workflow is in process APeX determines if the copay is a “Give Back” directly to patient or if it is a “Refund Request” for which a check will be mailed.

Patient Refund				
Payments Collected Today				
Paid By Cash			Request Refund	
\$10.00	Source Cash	Post Date Oct 11, 2025	Receipt Number 46	
Office Visit at UCSF Family Medicine Center at Lakeshore with Dublin, Drew-CAD, MD on Oct 11, 2025				
Type	Guarantor Account	Posting User	Transaction Number	Amount
SBO PATIENT COPAYS	DUBLIN, MARY-CAD [100011...	LEE, EARL	2	\$10.00

Request Refund - example screenshot

- ⚠️ **Alert:** If “**Give Back**” option displays and states “*Give Back Check (or other payment method)*”. This payment CAN be given directly back to the patient, then return payment to patient.
- ⚠️ **Alert:** If “**Request Refund**” option displays and states “*Submit Refund Request*”. This payment can **NOT** be given directly back to the patient. A refund request will be generated for review. A check will be mailed. **DO NOT** return money to the patient or they will be refunded twice.

If correcting an error, remember to re-post the payment correctly through **Payment Collection**. Example: you entered a credit card payment, but the patient paid with cash. Refund the credit card transaction; then Check- in or Out to re-enter the payment with the correct values.

Refund Not the Same Day as Visit

If a patient needs a legitimate refund that is outside of the parameters indicated above, contact Patient Financial Services/Customer Service @ 866-433-4035 or email

PatientFinancialServices@ucsfmedctr.org

If a payment was collected in error at UCSF Medical Center (e.g., wrong dollar amount or source) contact Yolanda Maldonado-Rodriguez at Yolanda.Rodriguez@ucsf.edu.

Review Questions

1. True/False: You can refund any payment taken at your clinic.
2. The copay column on the DAR WILL or WILL NOT update after a refund?

Balance Cash Drawer in APeX

Balancing and closing the cash drawer at the end of the day keeps an accurate record of the money collected during the day and ensure all payments collected are posted. All items in step two below should be checked off indicating removed from the cash drawer. Posting errors show on 'Closed Cash Drawer' report as long or short cash drawer. The cash drawer must be closed at the end of each cash collector's shift. Select Print Previous Closing Reports button on bottom left to access previous closing reports.

Learning Objectives

In this section you will learn how to:

- ☐ Balance your cash drawer in APeX
- ☐ Resolve discrepancy and close your drawer
- ☐ Print closing report

Balance Cash Drawer



Scenario: Today you collected (and refunded) patient payments in the form of cash, check, and credit cards and posted those payments in APeX. You must reconcile those collections daily, close and balance your cash drawer at the end of your shift. The payments were:

\$100 Check for Share of Cost balance for Delaney-CAD

\$290 Credit Card charge for Robert-CAD's self-pay visit

\$200 Credit Card charge for Chancellor-CAD's outstanding balance payment

\$10 Refund in cash for Mary-CAD who left without being seen

You have a total of \$590 in APeX drawer. Close and balance your cash drawer before you end your day.

1. Click **Cash Drawer** on Main toolbar

Cash Drawer: Zztrncad,Sally-CADSCHEd

Enter Cash Counted cash: 0.00

Bills/Coins	Quantity	Total
100.00	0	0.00
50.00	0	0.00
20.00	0	0.00
10.00	0	0.00
5.00	0	0.00
1.00	0	0.00

Beginning balance: 0.00 Net cash: 0.00

Enter Other Sources

Source	Amount

Summary

0.00
Drawer Amount

0.00
Selected Payments

0.00
Difference

Source	Drawer Amount	Payments	Difference
Cash	0.00	0.00	0.00

Enter Closing Information ☐ Print closing report

Envelope #: Envelope amount: 0.00

Collector:

Discrepancy reason:

Comment:

Match Drawer Contents to Posted Payments

Select All Unselect All

Source	Amount	Referen...	Guarantor ID	Patient	Date	Receipt T...
☒ Cash	10.00 /...		100006610	ABERDEEN,MARY-...	06/04/2025	42
☐ Credit Card	290.00	6137	100015962	ABERDEEN,ROBER...	06/04/2025	39
☐ Credit Card	200.00	0303	9322	ABERDEEN,CHANC...	06/04/2025	40
☐ Check	100.00	1342	100008108	ABERDEEN,DELAN...	06/04/2025	41

Remove cash, check, and credit card receipts from physical drawer - *follow department protocol for removing physical drawer payments.*

2. Record cash received in the **Enter Cash** section, Cash table, enter *number of bills and coins*
NO CASH WAS COLLECTED IN CLASS TODAY because we refunded cash payment

Example: Displays Quantity field with 2 next to 10.00 Bills/Coins and 1 in Quantity field for 5.00 Bills/Coins column.

Enter Cash Counted cash: 25.00

Bills/Coins	Quantity	Total
100.00	0	0.00
50.00	0	0.00
20.00	0	0.00
10.00	2	20.00
5.00	1	5.00

Beginning balance: 0.00 Net cash: 25.00

Beginning balance field may display a value if there is cash at the start of the day. Amount in Counted cash total field screen updates as bills from drawer are entered.

3. In **Enter Other Sources** section, enter *Source of Check, and Credit Card, or other non-cash payments*, one per row. Enter correct amounts for each source to match the Contents displayed in Step #2 section.

Credit Card payments are recorded as Credit Card.

Source	Amount
Check	100.00
Credit Card	290.00
Credit Card	200.00

4. Match Cash Drawer Contents to Payments Posted in Apex

Use **Select All** button to select all the payments in the **Match Drawer Contents to Posted Payments** section. The difference between the payments posted in APeX during the day and the payments recorded appears in the Difference field.

In **Match Drawer Contents to Posted Payments** section, click **Select All**. APeX attempts to match payments with cash and checks entered.

Refund transactions are represented as a dollar symbol and left facing arrow; these transactions do not require any action. APeX voids that amount from the cash drawer.

Source	Amount	Referen...	Guarantor ID	Patient	Date	Receipt	T...
Cash	10.00 /...		100006610	ABERDEEN,MARY-...	06/04/2025	42	

- In **Summary** section if **Difference** field is 0.00 continue to step 7. If not, resolve the difference to balance your cash drawer
- In **Envelope #** field enter *department's bank location* code (e.g., 4088) or otherwise as directed
- In **Collector** field enter *username (CADSCHED##)* from Classroom Information Sheet
- Check box for **Print closing report** in your department as needed – *we do not print in Training*

Enter Closing Information

☐ Print closing report

Envelope #: 4088 Envelope amount: 590.00

Collector: ZZTRNCAD, SALLY-CADSCHED

Discrepancy reason:

Comment:

Refresh Save Close Drawer

9. Click **Close Drawer** on bottom right of activity

The Cash Drawer can be closed without any payments collected. To enable the **Close Drawer** button, select **No Money Collected** check box, which appears when cash drawer is empty. The zero-dollar deposit appears on deposit tools and cash drawer reports.

The screenshot shows two instances of the 'Enter Closing Information' form. The top form has the 'No money collected' checkbox unchecked. The bottom form has the 'No money collected' checkbox checked, and the 'Close Drawer' button is highlighted with a red box. A red arrow points from the unchecked checkbox in the top form to the checked checkbox in the bottom form.

Resolve Discrepancies and Close Your Cash Drawer

A negative or positive dollar amount appears in red text in the Difference field of the Summary for an unbalanced drawer. Attempt to resolve the discrepancy by:

- Recounting the money and verifying it matches what was entered in the Cash table
- Verifying posted payments match the payments collected. Confirm non-cash payments listed in Match Drawer Contents to Posted Payments section match those entered in the Enter Other Sources section.

If unable to resolve discrepancy, a reason is required. Add details in Comment field.

The screenshot shows the 'Summary' section with three buttons: 'Drawer Amount' (50.00), 'Selected Payments' (0.00), and 'Difference' (50.00). Below this is a table with columns: Source, Drawer Amount, Payments, and Difference. The table has two rows: 'Cash' (0.00, 0.00, 0.00) and 'Check' (50.00, 0.00, 50.00). The 'Difference' value of 50.00 is highlighted in red. Below the table is the 'Enter Closing Information' section, which includes fields for Envelope # (5000), Envelope amount (50.00), Collector (DRESDEN, SALLY-CADSCHED), Discrepancy reason (with a red exclamation mark icon), and Comment.

&&&

REFERRALS & AUTHORIZATIONS

REFERRALS AND AUTHORIZATION

Learning Objectives

In this section you will learn how to:

- ☐ Define Referral and Authorization Guiding Principles
- ☐ Describe the UCSF 5602 of Referral Excellence
- ☐ Pitch referrals to Referred To (catching) departments
- ☐ Manage Referral/Authorization workqueues
- ☐ Process authorized referrals

When a patient requires services beyond what a PCP can provide, or services that are not offered by an organization, a referral is utilized. “Referral” means different things to different people. Patients think of a referral as a direction to go see another facility or provider. Providers think of a referral as an order placed in APeX, just like orders for medications or x-ray; the referral is created automatically in APeX. Scheduling and referrals processing staff think of a Referral as a place to document authorizations or denials and review related scheduling.

Referrals are orders for medical services, such as evaluation by a physical therapist or a cardiac specialist. Referrals save time. Patients are not wasting their time or a provider's time going to appointments that are not appropriate for their condition(s). Referrals also save money. Avoiding unnecessary appointments helps utilization management by cutting down on managed care costs. These effects lead to an overall improvement in patient care and experience. Here at UCSF, patient-centered care coordination is one of our top priorities. Referrals are key in how we coordinate patient care.

In APeX, a referral record connects information used for billing, reporting, and clinical care. Some procedures require an authorization from an insurance company in order to be reimbursed; the authorization number is in the Referral record. A referral record is also used to track physician-to-physician referrals to ensure patients see the correct providers for their care. Physicians and their staff can also review appointments to confirm a patient was seen.

This lesson covers the processes used to authorize referrals and schedule or link related appointments. Referrals are an important part of UCSF business. Clinically, referrals ensure patients receive the right kind of care needed for their conditions, and that clinical information is shared appropriately between providers. Financially, referrals ensure that approval is obtained when necessary. Operationally, referrals allow leadership to determine where requests for services come from and where our providers send patients to receive specialty care.

Referrals can be managed from one of three places: via Referral Entry, Referral/Authorization Workqueues (WQ) or patient's Appointment Desk; we will look at all three. This lesson focuses on how to manage referrals and procedures request, authorizations, as well as expectation standards and steps.

Referral and Authorization Guiding Principles

- Patient care coordination is a top priority
- Standardized work and uniformity for referral efforts and within workqueues is essential to be efficient and reduce confusion
- The expectation is everyone follows these guiding principles and standard. They are NOT optional; they are mandatory.
- With shared data in APeX, it is our collective responsibility to ensure accuracy, timeliness, and clear documentation

UCSF 10 Standards of Referral Excellence

1. Workqueues must be worked at least **twice daily** to ensure urgent referrals are noticed and processed the same business day
2. Referrals must be sent (pitched) even if authorization is not yet secured. The referred by department's referral coordinator (pitcher) is then required to submit for authorization and follow up prior to the patient appointment in the receiving department (catching).
3. The REFERRING PRACTICE (pitcher) is required to pitch (send) the referral to the RECEIVING 5602Authurgent referrals. Urgent referrals generated at the end of the day can be processed first thing the following business day.
4. Authorization must be documented within the referral record along with all relevant CPT or Diagnosis codes.
5. **All** communication about a referral or authorization must be documented within the referral record. Email and staff messages are not acceptable.
6. Receiving (catcher) departments are required to make a minimum of one attempt to contact the patient, within three business days of receiving the referral for scheduling. All contact attempts must be documented in the Referral Record.
7. Direct Access Scheduling- One practice scheduling directly into another practice's schedule is preferable and should be done whenever possible to reduce steps and expedite referral processing
8. Administrative staff can create a referral record for the purpose of documenting an authorization, but they may **NOT** create a referral record for the purpose of referring a patient to a practice or provider. The latter is considered a referral order and is not within the scope of work of administrative staff.
9. Misrouted Referral Records should be re-routed (not returned to the pitcher) to the correct department, when possible to avoid delays.
10. Auto-Pitching should be configured whenever there is a one-to-one relationship between a Referral Order and the receiving Department.

Referral Workqueues

What is a Referral?

A referral is a way to document authorization for a patient to receive services (consult or procedure) and a way to track patients as they are seen by different providers.



Define a referral.

Types of Referral Workqueues

To locate all referrals requiring follow up, do not look up patients individually. Instead, use a Referral/Authorization workqueue (WQ) to find all patients that require referral follow up. A **workqueue** is a certain kind of **list of work** that requires follow up. It is equivalent to any “to-do” list. Workqueues can be seen and accessed from the **Workqueue List**. This workspace may be your default home page, or it can be accessed at any time.

There are three types of referral/authorization workqueues for UCSF Medical Center: Consult In, Consult Out, and Procedures.

- **Consult Out** - Ambulatory referral orders providers generated to be either sent (pitched) and/or authorized so another department can schedule, including outgoing referrals to coordinate
- **Consult In** – In house Ambulatory and discharge referral orders sent to a practice for scheduling a new patient consult/appointment
- **Procedures** – may auto-generate a Referral if authorization is needed. Orders for services (e.g., colposcopy, MRI, cochlear device implant) must be scheduled and/or authorized by ordering department.



There are six types of referral/authorization workqueues for **BCH Oakland** locations: Referring Department Needs Auth Review, Referred to Specialty Needs Auth Review, Referred to Specialty needs to be Scheduled, Referred to Specialty Needs Auth Review & Ready to Schedule combined, Referred to Department Needs Clinical/Authorization Review, and Central Auth Dept-CE Incoming Referrals workqueues.

- **Referring Department Needs Auth Review** – referrals in an unauthorized status used by Referring Department staff to review and update authorization status
- **Referred to Specialty Needs Auth Review**- Ambulatory referral orders internal providers generated, or external providers (MD Link or transcribed) sent that require review by authorization staff to follow up with patient's referring provider or referring department, and/or payor to obtain valid authorization approval information
- **Referred to Specialty Needs to be Scheduled** – authorized referrals that are ready to be scheduled by the Referred to Specialty staff
- **Referred to Specialty Needs Auth Review and Ready to Schedule** – referrals in an unauthorized status and/or authorized referrals that need to be scheduled managed by the same staff
- **Referred to Department Needs Clinical/Authorization Review** –
- **Central Auth Dept-CE Incoming Referrals** – captures referrals from external providers via Care Everywhere, worked by Central Auth Department staff only

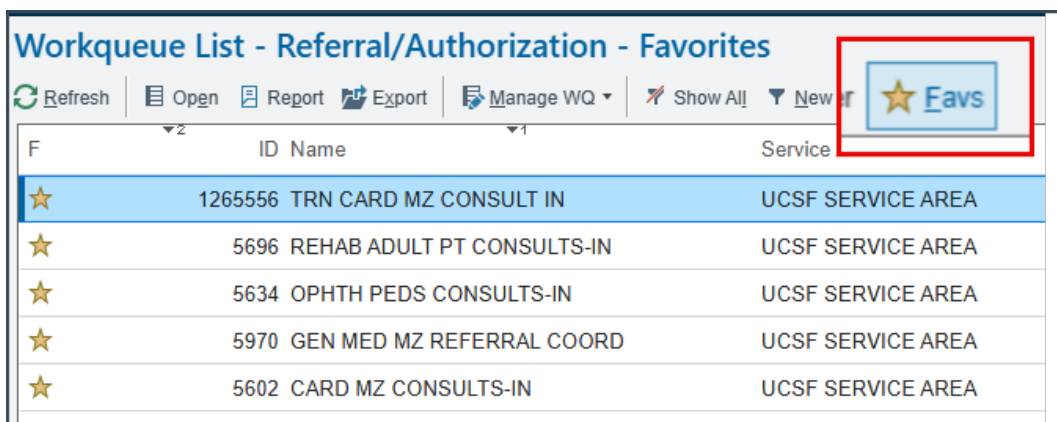


Scenario: You manage several workqueues. To make it easier to access needed workqueues you will make them favorites.

Card MZ Consult-In [5602]
Ophth Peds Consult-In [5634]
Rehab Adult PT Consult-In [5696]
Gen Med MZ Referral Coord – Consults Out [5970]

Favorite A Workqueue

1. From **Workqueue List** locate the above workqueue(s)
2. To see a **Favorite** workqueue, click **Favs**. (or later, click **Show All** to view all workqueues)

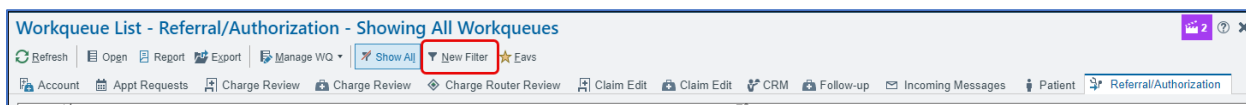


Workqueue List - Referral/Authorization - Favorites		
F	ID Name	Service
★	1265556 TRN CARD MZ CONSULT IN	UCSF SERVICE AREA
★	5696 REHAB ADULT PT CONSULTS-IN	UCSF SERVICE AREA
★	5634 OPHTH PEDS CONSULTS-IN	UCSF SERVICE AREA
★	5970 GEN MED MZ REFERRAL COORD	UCSF SERVICE AREA
★	5602 CARD MZ CONSULTS-IN	UCSF SERVICE AREA

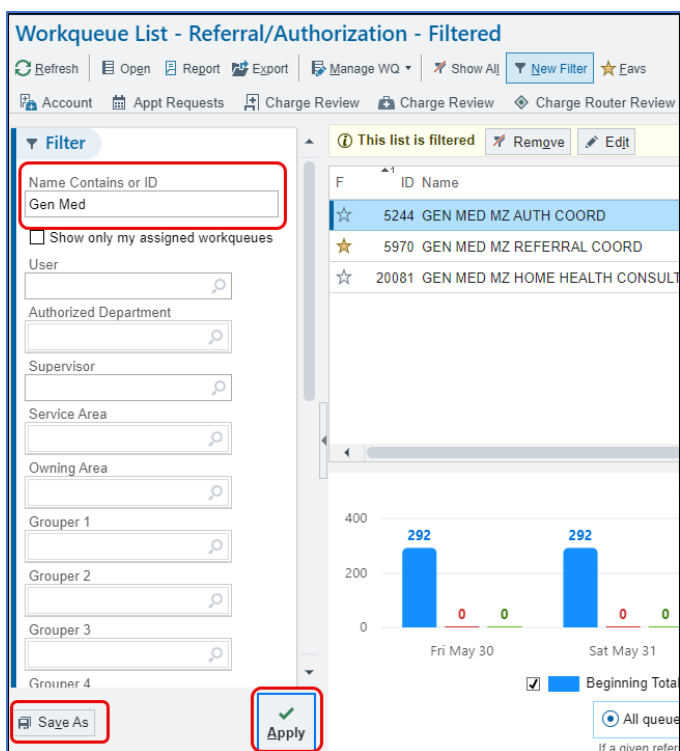
3. One at a time, make each of the workqueues above a **favourite** by clicking on the **Star**.

How to Create a Filter

1. In Workqueue List click **New Filter**



2. In Filter sidebar, enter key word in Name Contains or ID field (using clinic or department name is common) or select other filter parameters and click **Apply**
3. Evaluate filter, if it's not appropriate, make a change and click **Apply** again to see the update. Once it filters as desired, click **Save As**
4. Enter a **Name** and click **Accept**



5. Filter appears on the toolbar for single-click application. Click **Show All** or Remove to remove filter and view all workqueues

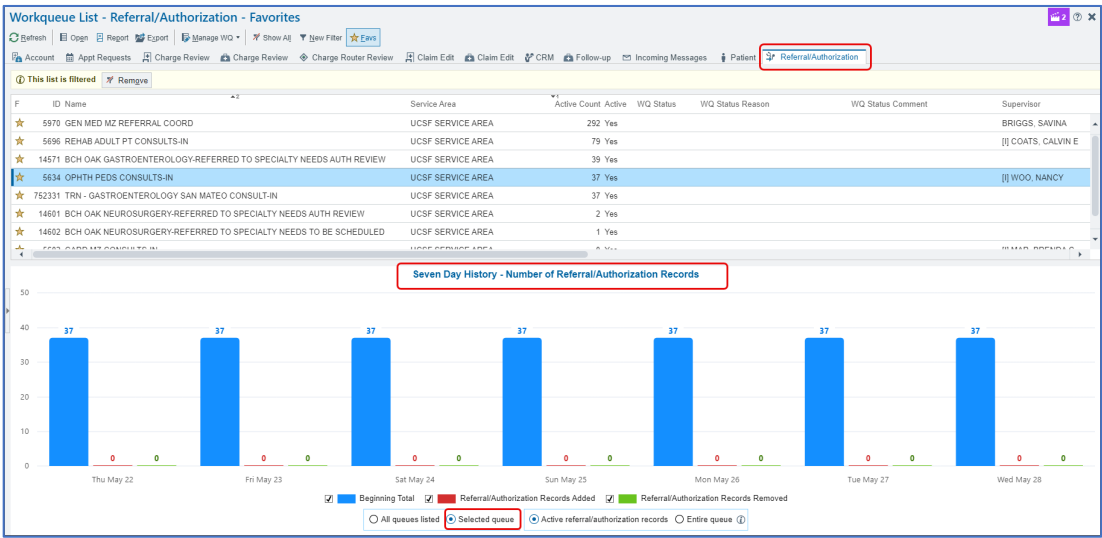
Referral Coordinator workqueues (WQ 5970 GEN MED MZ REFERRAL COORD - Consults-out)

Typically, referrals are ordered by the referring physician prior to scheduling an appointment for the requested services electronically in APeX. Once the provider signs the referral order the referral will display in appropriate workqueues real-time.

Referral/Authorization workqueues are a centralized location for referrals requiring additional work, such as authorization or scheduling. Referral staff have a consistent way to perform referral-related tasks. Referrals users can access referral/authorization workqueues and other workqueues from the Workqueue List activity.

GP#1: Workqueues must be worked at least 2x daily to ensure urgent referrals are noticed and processed the same business day.

View Seven Day History of Selected queue to see number of referral/authorization records added and/or removed from workqueues.

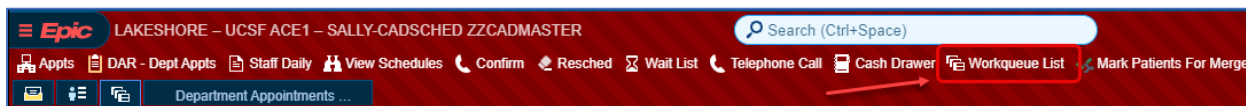


Scenario: You are a referral coordinator in GEN MED MZ department and are responsible for making sure the patients who are referred out have authorizations and the referral is sent to the referred to department.

Use **workqueue 5970** to find the referrals needing follow up.

1. Find workqueue 5970 in or **Favourites**
- OR –

- a. Click **Workqueue List** button on Hyperspace toolbar



- b. Select **Referral/Authorization** tab



The Referral/Authorization Workqueues list has two sections; the upper window displays a list of workqueues by department/specialty and the lower portion of the window displays a seven-day bar graph displaying the number of referrals at the start of the day (blue), referrals added that day (red), and referrals removed that day (green). There are two radio buttons at the bottom of the graph for all queues listed or selected queue.

If the Referral/Authorization Workqueues list is long, and you may be assigned to manage workqueues that apply to your department.

There are two ways to limit the visible workqueues, selecting Favorites and Filtering. This does not change anyone else's view or accessibility to the workqueues, it simply hides them from your view until you select Show all to see all workqueues again.

- c. Make sure you have selected the **Referral / Authorizations** tab

- d. Click on the **ID** column header

F	ID	Name	Service Area	Active Count	Active
☆	5247	AUDIOLOGY MZ CONSULTS-IN	UCSF SERVICE AREA	0	Yes
☆	5248	OHNS COCHLEAR IMPLANT CONSULTS-IN	UCSF SERVICE AREA	0	Yes
☆	5250	OHNS GEN OTOLARYNGOLOGY CONSULT...	UCSF SERVICE AREA	0	Yes

- e. Type **5970** into your keyboard

- f. Workqueue **5970** appears in the list

F	ID	Name	Service Area	Active Count	Active	WQ Status	WQ Status Reason	WQ Status
☆	5602	CARD MZ CONSULTS-IN	UCSF SERVICE AREA	0	Yes			
☆	5634	OPHTH PEDS CONSULTS-IN	UCSF SERVICE AREA	37	Yes			
☆	5696	REHAB ADULT PT CONSULTS-IN	UCSF SERVICE AREA	79	Yes			
☆	5970	GEN MED MZ REFERRAL COORD	UCSF SERVICE AREA	378	Yes			

- g. Double-click on **[5970] - GEN MED MZ REFERRAL COORD** to open the workqueue

Optional: Select the **Selected Queue** radio button to see stats for this workqueue

2. **WQ 5970 Workqueue appears**

3. **Collapse** the sidebar

The sidebar displays information about a Transcribed or imported order

4. **Column widths:** If needed, click on the **separation bar** between the Name and MRN column and **drag right**

Referral/Authorization Workqueue GEN MED MZ REFERRAL COORD [5970] Refreshed at 9:04

Refresh Filter Edit Defer Assign stnd Rfls Sched St Upd Preauth Assign Appts Chart Pa

Active (Total: 123) Deferred (Total: 92)

Entry Source	Ref Priority	Create Dt	Next Appt	MyC Status	Appt Reques...	Name	MRN	Procedure
EpicCare	Routine	10/24/2024		Activated	No	ZZCADMAS...	2004...	ulator
EpicCare	Routine	10/24/2024		Activated	No	ABERDEEN,...	2004...	oi
EpicCare	Routine	10/24/2024		Activated	No	ANTWERP,D...	2004...	oi
EpicCare	Routine	10/24/2024		Activated	No	ASTRAKHA...	2004...	itor

5. Single click on the **Name column** to alphabetize.

6. **Sort:** The **triangle** indicates names are listed from A-Z. Click triangle A at the top. A second click reverses the list from Z-A. list.

Name
ABERDEEN,CHARLIE-CAD

Name
ZZTRNCAD,RUDY-CAD

7. Once you have sorted the Name column, **type your assigned last name, Jean** into your keyboard

8. Highlight **Jean**

Referral/Authorization Overview (WQ View)

Referral/Authorization workqueues display in two sections:

The **Top section** displays referral details in columns. Storyboard appears on the left and displays patient information for selected referral. Sort WQ columns, ascending/descending order by clicking column header. Review [Workqueue Filters and Favorites](#) for additional tips on using WQ filters to narrow results or create custom logic

The screenshot shows the 'Referral/Authorization Workqueue' for 'GEN MED MZ REFERRAL COORD [5970]'. The interface includes a sidebar with patient information for Jean-Cad Dresden (Female, 58 y.o., 05/03/1965, MRN: 2003885) and a main table of workqueue items. The table has columns for Entry Source, Ref Priority, Create Dt, Next Appt, Appt Time, SMS Status, MyC Status, Name, MRN, Ref Class, CE Records, and Ref By Dept. The table shows five entries, all with 'Pending Acti...' status and 'Internal' referral class.

Entry Source	Ref Priority	Create Dt	Next Appt	Appt Time	SMS Status	MyC Status	Name	MRN	Ref Class	CE Records	Ref By Dept
EpicCare	Routine	03/05/2024				Pending Acti...	DRESDEN,JEAN-CAD	2003885	Internal		GEN MED M...
EpicCare	Routine	03/05/2024				Pending Acti...	DUBLIN,JEAN-CAD	2003886	Internal		GEN MED M...
EpicCare	Routine	03/05/2024				Pending Acti...	DUDLEY,JEAN-CAD	2003887	Internal		GEN MED M...
EpicCare	Routine	03/05/2024				Pending Acti...	EDINBURGH,JEAN-CAD	2003888	Internal		GEN MED M...
EpicCare	Routine	03/05/2024				Pending Acti...	ESSEN,JEAN-CAD	2003889	Internal		GEN MED M...

The **Bottom section** displays additional details about selected referral, such as referral type, priority, referral status, scheduling status, Order-specific questions and answers completed by the ordering provider, and Error message describing the reason the referral qualified for the workqueue.

The screenshot shows the detailed view for 'CARDIFF,JEAN-CAD' (MRN: 20050152, Referral/Authorization: 7525). The interface is divided into several sections: 'Workqueue Information' (Error Message: This Referral has not been authorized., Rule ID: 116559), 'Workqueue Notes' (No user workqueue notes were found.), 'General Information' (Authorized From: 4/18/2025, First Appointment By: —, Expires: 4/18/2027, Type: Consultation, Class: Internal, Priority: Routine, Status: New Request, Scheduling Status: Pending Authorization, Flags: —, Reasons: Specialty Services Required), 'Procedures' (Description: REF12 - REFERRAL TO CARDIOLOGY & SUBSPECIALTIES, Rev Code: —, Mod: —, Provider: —, Appr/Req: 1 / 1), 'Diagnoses' (Code: I49.9 (ICD-10-CM), Description: Ventricular arrhythmia; R07.9 (ICD-10-CM), Description: Chest pain, unspecified type), and 'Order Specific Questions' (Destination: UCSF Health [1], Subspecialty: Electrophysiology, Reason: Ventricular Tachycardia / Supraventricular Tachycardia, Has the patient established care with a general cardiologist?: No, Clinical question).

Send Referral to “Referred To” Department and approve it (WQ 5970 Referral Coordinator Consults-out)

Process Authorized Referrals



Scenario: A doctor in the department has ordered a referral for Jean-CAD to go to Cardiology for her heart palpitations and chest pain. She has a referral to Cardiology for a consultation that needs authorization before being sent to the Cardiology Department. Her referral is in Workqueue

GEN MED MZ REFERRAL COORD [5970] WQ

9. A request to work a Referral has come into your workqueue
10. Make sure you have highlighted **your Jean**
11. **Double-click** or click **Edit** button
12. The **Referral Navigator** opens

- The Referral Activity toolbar provides quick access to activities from the referral
- The Referral Navigator table of contents shows the sections of the referral
- The Scroll wheel allows you to move seamlessly through the Referral table of contents to update necessary information. *You can also use Next to move to the next section.*

13. Collapse the Order in the sidebar

General panel



14. The top panel is for the **General** panel which opens by default

15. **Review** information from provider's order

16. **Type:** *Consultation (the selection may come in by default from the order)*

17. **Priority:** Every referral is assigned a **Priority**.

- The default **Priority** is Routine – leave Routine
Providers can change the Priority if desired.
- There are seven priorities, the first two are the most common:
 - 1) Routine: Default.
 - Referring department must send within 24 hours
 - Receiving department must attempt to contact the patient within three business days after receipt
 - 2) Urgent: **Must be followed up same business day**
 - 3) eConsult: Department specific, training in department
 - 4) Urgent Referral Services Requested: Falls to Executive services WQ
 - 5) Urgent Referral Services Resolved: Falls out of Executive services WQ
 - 6) Elective: Not used
 - 7) Emergency: Not used

18. **Class:** Internal

Referral Class defines where referral originated and was sent.

Referral Class	Origin	Destination	Example
Incoming	Non-UCSF	UCSF Specialty Dept.	CPMC à UCSF Cardiology
Internal	UCSF	UCSF Specialty Dept.	Pediatrics Acute Care à Pediatrics Allergy
Outgoing	UCSF	Non-UCSF location	UCSF à SFGH

UCSF internal locations include Benioff Children's Hospital, BCH Oakland, UCSF Marin Health, and UCSF Community Affiliates locations.

Referral Type defines kind of service requested, e.g., consultation, treatment, or home health care. Type does not always default in. If Type is not entered by provider in order, staff enter when processing the referral.

19. Click **Next** to move to the **Referred By/To** section or use the Form Navigator

[Referred By/To Panel](#)

The **Referred By/To** section displays information about ordering provider and where the patient is to go for the service.

Referred By/To

☐ Override referred by and to restrictions

Referred By

Location/POS: MZ - OSHER - 1545 DIVI...
Department: GEN MED MZ 1545 1
Provider & Address: DIANA MCQUEENIE, 1701 Divisadero St., ...

Referred To Clear

Vendor:
Location/POS:
Department Specialty: Cardiology
Department:
Provider Specialty:
Provider & Address:

Close Previous Next

[Referred By](#)

20. The **Referred By** section populates automatically when the order is placed by the provider. Verify all info

[Referred To](#)

21. **Department:** TRN Card MZ

Meaningful use is met when a Referred To provider, not just location, is added.

Referred To Clear

Vendor:
Location/POS:
Department Specialty: Cardiology
Department:
Provider Specialty:
Provider & Address:

- If staff try to leave the referral without completing this field, it turns into a hard stop.
- Once you select the Department other fields may auto-populate

Referred To: This section indicates where a patient is to go for services. The department field moves a referral from Referred By department to Referred To department. **This must be completed to send referral to receiving department workqueue.** Meaningful use is met when a **Referred To** provider, not just location, is added.

GP#2: Referrals must be sent (pitched) even if authorization is not yet secured. The referred by department referral coordinator (pitcher) is then required to submit for authorization and follow up prior to the patient appointment in the receiving department. The referral record will stay in the pitching department's WQ until it is authorized or marked as no authorization needed.

GP#3: The REFERRING PRACTICE (pitcher) is required to pitch (send) the referral to the RECEIVING PRACTICE (catcher) within 24 hours for routine referrals and the same business day for urgent referrals. Urgent referrals generated at the end of the day can be processed first thing the next business day.

22. Click **Next** to move to **Diagnoses** section

Diagnoses panel

The **Diagnoses** panel holds information about patient's diagnoses. The diagnosis code is required for processing.

The Diagnoses panel displays a list of patient diagnoses. In this screenshot, two diagnoses are listed: 'I49.9 ICD-10-CM Ventricular arrhythmia' and 'R07.9 ICD-10-CM Chest pain, unspecified type'. Each entry has a small 'x' icon to its right for removal. At the top right, there are buttons for '+ Diagnosis' and '+ Free Text'. At the bottom right, there are 'Previous' and 'Next' navigation buttons. A 'Close' button is located at the bottom left.

23. **Confirm** that a Diagnosis (Dx) populates

- If you need to add additional diagnoses, click **+ Diagnosis** (to enter ICD-10-CM code) or **+ Free Text** (to free text a diagnosis)
- If you need to remove a diagnosis, click **x** at the end of the row to remove it.

24. Click **Next** to move to **Services** panel

Services panel



Scenario: After reviewing the provider's notes in Chart Review, you notice the visit requires a Holter monitor- 48 hours (CPT CAR03) for the stress test and the visit should be a new patient consultation visit for 60 minutes (CPT 99244).

The Services panel displays a table of requested services. The table has the following columns: Service, Provider, Requested, Approved, Covered Status, and Auth Required. One service is listed: 'REF12 (Custom) - REFERRAL TO CARDIOLOGY & SUBSPECIALTIES' with a provider of '—', 1 requested, 1 approved, and no covered status or auth required. Below the table, it says 'No free text procedures entered'. At the top right, there are buttons for '+ Service' and '+ Free Text'. At the bottom right, there are 'Previous' and 'Next' navigation buttons. A 'Close' button is located at the bottom left.

The **Services** panel holds the requested procedure (i.e., CPT) codes for the referral.



Note: Check with department leadership for questions about missing CPT codes.

Referral Templates: Specialty departments (e.g., Cancer Center) and Central Auth staff may select **Apply Template** to add commonly used procedure codes as indicated on the [Referral Templates](#) tip sheet available on KB.

25. **Service:** REF 12 appears by default.

26. **Add more services** as follows:

27. Click  **Service**

- **Procedure:** Type *Holter* in **Procedure** and select **CAR03-Holter Monitor-48 Hour**
- Click **+ New** (or **+ Service** a second time) to add procedure **99244- PR Office Consultation**
- Click **Confirm** to save procedures

28. Click **Next** to move to **Authorization** section



Scenario: Dr. McQueenie requested a consultation visit with a Cardiologist for Jean-CAD.

You contact Humana via their website and submit an authorization request which is instantly approved.

[Defer if needed](#)

29. If you do not receive an immediate Authorization, **Defer** this referral in the WQ and complete the next few pages once the Auth is obtained.

OR follow the Authorization is approved workflow below:



Scenario: You follow up with Humana on auth request for Jean-CAD's consultation visit with a cardiologist and obtained an approval for two visits, authorization number of 453999 good for 6 months.

Authorization is Approved workflow:

Authorization

1 Remaining Counts
0 Completed
0 Scheduled

1 Authorized Counts
1 Authorized
1 Requested

Referral Counts ☐ Recurring

Requested: 1

Authorized: 1

Referral-Level Authorization Information

Default Dates

Start Date: 4/18/2025

Expiration Date: 4/18/2027

IBNR Date: 4/7/2029

Reference #

Auth #

Comments

☐ Send electronic auth

Coverages as of 04/18/2025

Check Network

Req?	St	Coverage	Member ID	Verification Status	Effective Dates	Reference #	Auth #
☒ Use	—	Y	E-CHOICE CARE NETWORK/HUMANA HLT...	934993384	New	01/01/2016 —	—

Close

Previous

Next

GP#4: Authorization must be documented within the referral record along with any relevant CPT or Diagnosis codes.

The **Authorization** panel contains relevant authorization information.

- a) The **Referral Counts** records the number of visits requested by the provider and the number of those visits authorized by the insurance company. (i.e., authorization number, referral status, and effective date ranges).
- b) The **Referral-Level Authorization Information** records the **Start Date** and **Expiration Date** of the Authorization. It also shows the authorization number entered.
- c) The **Coverages as of ##-##-####** shows the coverage(s) attached to the referral. The authorization from the insurance company is recorded in the Auth# field.



Note: If the patient’s insurance is not automatically displayed on the authorization form as it appears in Registration, validate the Referred By and Referred To departments. Update if needed. Save the changes to the referral by clicking **Accept and Stay** and the available insurance should appear in the Referral record.

The **Default Dates** button populates the fields with time frames specific to the type of referral. For example, referrals for certain imaging procedures have a default expiration date of 13 months. Always check the default dates to confirm they are appropriate for the referral and match the dates the payor has authorized. Change dates as needed to align with payor authorization when auth is required.

Update the Authorization



Note: Each authorization scenario is dependent on a few factors: the services being requested, the department specialty, the payor requirements, etc. You will learn more about how to manage all those intricate scenarios on the job. The exercises here help you understand why a referral appears in a workqueue and where to document information once you have obtained it.



Note: Some authorizations can be obtained electronically (i.e., website, RTA, eSAR). Be sure to update verification status of insurance if coverage verification duration has elapsed.



Note: If you cannot get a hold of Humana now, send the Auth but **Defer** it in your workqueue until an authorization from Humana can be obtained

30. Make sure that you are in the **Authorization section** of the referral

31. Click on the green **pencil** icon.

Authorization

2 Remaining Counts
0 Completed
0 Scheduled

2 Authorized Counts
2 Authorized
2 Requested

Referral Counts ☐ Recurring

Requested: 2

Authorized: 2

Referral-Level Authorization Information **Default Dates**

Start Date: 4/18/2025

Expiration Date: 8/2/2026

IBNR Date: 7/22/2028

Reference #:

Auth #:

+ Comments

Coverages as of 04/18/2025

Req?	St	Coverage	Member ID	Verification Status	Effective Dates	Reference
☒	Use	Y	E-CHOICE CARE...	934993384	New	01/2016 -

32. **Requested:** 2

33. **Authorized:** 2

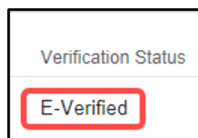
34. **Start Date:** T + TAB

35. **Expiration Date:** M+6

36. The **Verification Status** of the Coverage is showing as **New**.

Run RTE as follows:

- Find **Appt Desk** in your Referral buttons
- **Patient Options > Registration > Checklist > Member Panel**
- Run **RTE** or mark the **Coverage as Verified by Website**



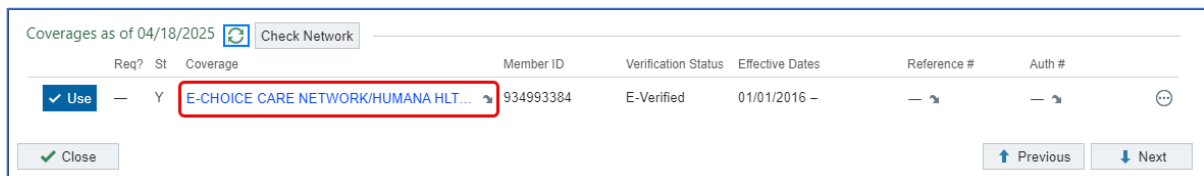
- **Close Registration**
- If needed, close **Appt Desk**
- Return to **Referral Entry**

37. The **Referral form** re-appears

38. Click  to save and update the form

-  is at the *Bottom right next to* Accept
- This updates the coverage verification status in the Referral form
- The Authorization section may re-appear.

39. Click on the **coverage link** to open the **Coverage Authorization** panel



Coverage Authorization

General
Referred By/To
Diagnoses
Services
Authorization
Communications
Scheduling
Flags
Appointment List
Questionnaire
Referral Details

CHOICE *HUMANA *
Coverage Auth
LOA

Coverage Authorization: E-CHOICE CARE NETWORK/HUMANA HLTHCARE PLANS CHOICE CARE NTKW

Member ID: 934993384 (Effective from 01/01/2016)

Auth Snapshot

Reference # Auth #

Auth Comments

Close

Previous Next

LOA: E-CHOICE CARE NETWORK/HUMANA HLTHCARE PLANS CHOICE CARE NTKW

40. Auth#: 453999

Auth Snapshot

41. Click  Auth Snapshot

42. The **Auth Snapshot** appears in a sidebar

GEN MED MZ REFERRAL COORD [5970] Cardiff, Jean-Cad

Referral for Cardiff, Jean-Cad

Cardiff, Jean-Cad

MRN: 20050152
Insurance: CHOICE CARE NETWORK / HUMANA HLTHCARE PLANS CHOICE CARE NTKW
Pre-Auth: 800-523-0023

Coverage Authorization: E-CHOICE CARE NETWORK/HUMANA HLTHCARE PLANS CHOICE CARE NTKW

Member ID: 934993384 (Effective from 01/01/2016)

Auth Snapshot

Reference # Auth #

Auth Comments

Close

Previous Next

LOA: E-CHOICE CARE NETWORK/HUMANA HLTHCARE PLANS CHOICE CARE NTKW

The following indicators must be accompanied with a Note Type of 'LOA Requested' within the Communication Section.

> For more Process Information

Letter of Agreement Requested Date: Transaction # LOA Uploaded to APeX Date:

Requested Obtained Denied

7525 Status: New Request Reason: Accept

Referral Sidebar

Auth Snapshot

Tips

Copy & Paste

Customize Your View

Pop Out the Sidebar

E-CHOICE CARE NETWORK/HUMANA HLTHCARE PLANS CHOICE CARE NTKW

Member: Cardiff, Jean-Cad

First name: Jean-Cad
Last name: Cardiff
DOB: 5/3/1965
Sex: Female
SSN: xxx-xx-3824
MRN: 20050152
Member ID: 934993384
Effective from: 1/1/2016
Verification status: E-Verified on

Subscriber (Self)

Subscriber ID: 934993384

Coverage

Prior auth phone: 800-523-0023

Referral

Referred By

Location/POS: MZ - OSHER - 1545 DIVISADERO ST
Department: GEN MED MZ 1545 1
Provider: Diana McQueenie

Referred To

Specialty: Cardiology

Authorization staff can utilize **Auth Snapshot** to quickly copy data into insurance authorization portals to save time that might otherwise be spent digging through the referral or a patient's chart.

Click the Auth Snapshot quick button in coverage-level navigator section and the Auth Snapshot report opens in a sidebar and it includes the following information:

CADENCE
Scheduling & Registration
Community Affiliates

- Coverage information, including member and subscriber details
- Referral and provider details
- Recent and upcoming appointments
- Diagnoses
- Service-level authorizations

Referral coordinators can simply click on data and use links to copy to their clipboard for easy pasting into a payor portal auth website. Use the **Show/Hide** menu to personalize the report.

43. Collapse the **Auth Snapshot** sidebar

[Explore the Chart](#)

44. If needed, **explore the Chart** as follows:

45. Click **Chart** in the toolbar

46. Navigate to **Chart Review**

47. Select the **Notes** sub-tab

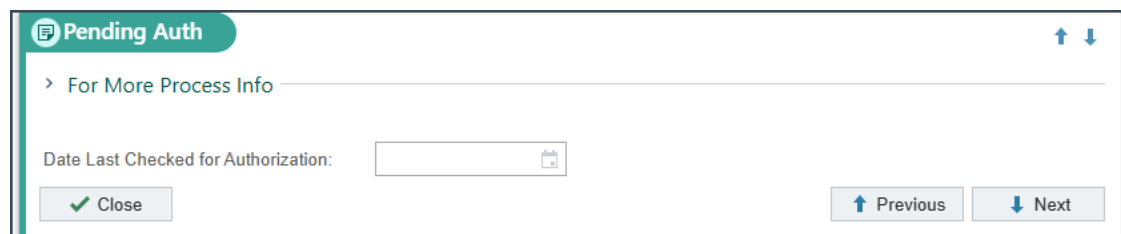
48. **Highlight** the date of service

49. **Review the Chart**

50. As needed, **update the Referral**

51. Click **X** to close the Chart

[Pending Auth](#)



52. Navigate to **Pending Auth** in the Referral Navigator

Authorization staff use this section to record the date of the last status check. If this date is within three business days of the next linked appointment, an automatic In Basket message has the potential to notify the Referred-To department that the authorization is still pending.

Communications



53. Navigate to **Communications** section in Referral Navigator

Communications, notes, notifications, and any progress regarding a referral must be documented in the Communications section.

The Communication section adds date, time, and user information automatically to keep an audit trail of all documentation.

When all communication is documented within the referral record, all practices and staff can locate information and view the status of a referral or authorization.

Additionally, if the provider has documented any notes during ordering, that information displays in the referral as well.

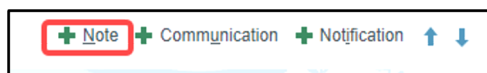
Document all relevant information and update clearly, concisely, and frequently.

- **You are required to document all Authorization information** (e.g., Auth submitted 5/7/21 via phone spoke to Jill Smith at Aetna 800-444-5656 reference # 12345 ETA 5/14/21 my call back number is 415-885-2678)
- Include direct phone numbers so receiving department can call with questions
- Patient preferences for time or date limitations
- Other appointments or tests to coordinate (e.g., mammogram at 10AM prefers appointment at 11AM)
- Family or others involved in patient scheduling (e.g., Patient's daughter Joan schedules all her appointments for her. Call Joan at 925-999-3434)
- Radiology Orders - clinical providers communicate via Expected Date within the order
- Status of referral (e.g., being reviewed by MD)
- If appointment is not scheduled, why not? (E.g., Patient went to CPMC, patient will call when ready to schedule)
- All Attempts to reach the patient and schedule
- Any Notifications sent to the patient via MyChart

GP# 5: All communication about a referral or authorization must be documented within the referral record. Email and staff messages are not acceptable.

54. Review any existing communications that exist on the referrals

55. Click **+ Note** to create a new note



56. **Note Type:** General

All referral notes by Scheduling & Registration staff are General type

57. **Summary:** *Auth approved*

If a summary is not entered it will auto populate with text entered in the note

58. **Deselect the Display as page button**

59. In **text box** type “Auth submitted (enter date auth submitted) via phone, spoke to Jill Smith at Humana 800-444-5656 reference #12345, auth number is 435999 expires (enter date provided by medical group). My call back number is 415-885-S[3678.”



Note: Right-click in Comments box to access department SmartPhrases or Spell Check

60. Click **Confirm**

61. APeX stamps the date, time, and username.

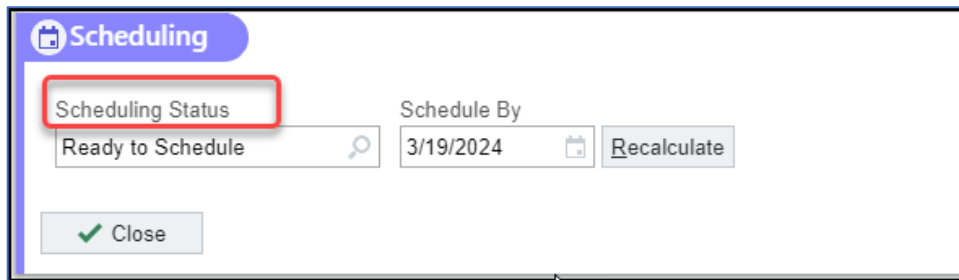
62. Navigate to the **Scheduling** section in the Form Navigator

Scheduling – Ready to Schedule status

Use this section to track scheduling status of open referrals that need to be scheduled. This form also drives workqueue actions when some or all visits are scheduled and/or track calls related to scheduling.

63. **Since you have received approval, you are going to change this section as follows:**

64. Update **Scheduling Status** to *Ready to Schedule*



65. The **Scheduling Status** causes the Referral to also appear in a “Catching” Department workqueue



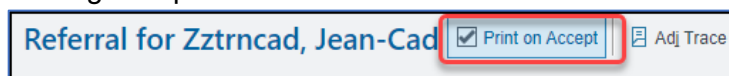
Note: In certain departments, referrals are configured to automatically update Scheduling Status upon clicking Accept. Do not update to Ready to Schedule if your department requires Clinical Review before scheduling. See department leadership for Clinical Review protocol.

Stamp the Referral as Authorized

66. Update the bottom-left **Status** to Authorized



- Note: To print a copy of the referral, click **Print on Accept** button on toolbar before clicking accept.



67. Click **Accept** to close the referral and return to the workqueue

68. Leave this workqueue open for the next couple of exercises

Because the authorization status and department were updated, the referral dropped off ***pitching*** WQ (Gen Med MZ Referral Coord) and now appears on ***catching*** WQ for **Card MZ Consults** In department.

Once a referral is pitched to Referred-To department with status of Authorized or No Auth Required, it drops out of pitcher's WQ.

Other Information

[Flags](#)

Referral flags are used by staff to flag the progress of referrals in workqueues. For example, if coverage has changed and a new auth has been requested, staff can flag referrals to see the status without leaving the workqueue.

[Appointment List](#)

Any appointments attached to Referral will show here.

[Referral Audit History Report](#)

To view full audit history of changes made to referral, navigate to **Epic > My Reports > Library > Referral Audit History**

[Referral Entry Section Table](#)

<i>RFL Entry Section</i>	<i>Description</i>
General	Contains Referral Type, Priority, Class, Referral Status, Referred On date
Referred By/To	Contains the Referred By and Referred To information
Diagnosis	Holds information about patient's diagnosis
Services	Holds information about the requested procedure
Authorization	Contains number of requests included in provider's order, authorization documentation including authorization numbers, approval dates
Auth Snapshot	Contains coverage information, referral and provider details, recent and upcoming appointments, Diagnoses, and Service-level authorizations
SAR	Service Authorization Request details documented by CCS Auth Unit ; SAR form only appears when patient has qualifying coverage
TAR	Treatment Authorization Request details: TAR form only appears when patient has qualifying coverage
Pending Auth	Section for Authorization staff to record the date of the last status check. If this date is within three business days of the next linked appointment, an automatic In Basket message has the potential to notify the Referred-To department that the authorization is still pending.
Communications	Holds all communication efforts concerning referral including provider comments, and general comments from Front Desk and Referral Coordinators about the referral. Track various incoming and outgoing

	communication associated with the referral. Example: Sent In Basket to (internal) Provider requesting additional clinical information. Generate Referral notifications (including Hello World SMS text messages) on Accept or view history of existing referral notification events
Scheduling	This form is used to update scheduling status of referral
Flags	Contains category list for miscellaneous flags used by staff to flag contacts in RFL/Authorization workqueues
Appointment List	Show all appointments attached to referral
Referral Details	Contains all details of referral
Coverage Auth	Shows Authorization information for attached coverage
LOA	Letters of Agreement (LOA) are contracts between the patient's coverage and UCSF for a specified duration or procedure. Use the LOA section to track status from beginning to end. The LOA section will appear in Referrals for all coverages attached to the Referral, even if it's a contracted payor and no LOA is required.
Referral Sidebar Report	Displays patient demographics, coverages, Response History when query sent, encounters, orders, current workqueues, and other information related to referral record when available.

Review Questions

1. True/False: You can print the referral from Referral Entry.
2. To move a referral off a Consults Out workqueue a referral must have _____ and _____.
3. What is one way to access a patient's Chart?

Explore Chart Review – Independent Exercise

Learning Objectives

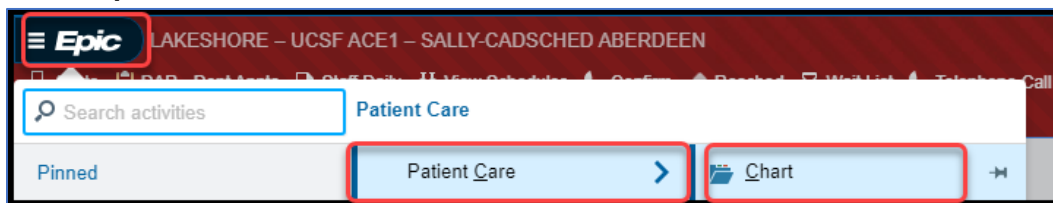
In this section you will learn how to:

- ☐ Access a patient's chart using different paths in APeX
- ☐ Navigate a patient's chart to find pertinent referral information
- ☐ Route/Print referral directly from APeX to send to payer/medical group needed for authorization

Chart Review offers easy access to information ranging from the patient's test results to summaries of entire encounters for that patient. All information in Chart Review is report based, lots to view. Multiple users can look at a chart at the same time. Each tab has its own toolbar that assists with viewing that type of information.

Chart Review can be helpful if additional clinical information is required to obtain insurance authorization for a referral or to send along with an outgoing referral to a specialist not on Epic. If documentation, like provider notes, recent lab test or imagining is needed for an outgoing referral, it can often be found in Chart Review.

1. Select **Epic** button, click **Patient Care**, then **Chart**

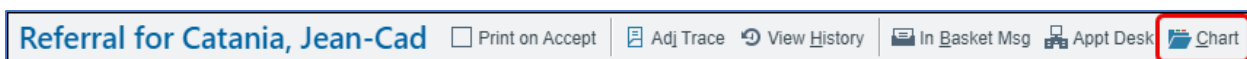


2. Enter your *Jean-CAD* patient in **Search for a Patient** Window and select correct patient
 - a. Alternatively, access a patient's chart from within a Referral/Authorization Workqueue, select Patient's referral and click **Chart**

A screenshot of the 'Referral/Authorization Workqueue GEN MED MZ REFERRAL COORD [5970]' window. The window title bar indicates it was refreshed at 6:13 PM. The toolbar includes buttons for Refresh, Filter, Edit, Defer, Assign, Show Mine, Notes, Edit w/ Related Rfcs, Sched St, Upd Preauth, Assign, Appts, Chart (highlighted with a red box), Patient Station, In Basket Msg, and More. Below the toolbar, there are tabs for 'Active (Total: 196)' and 'Deferred (Total: 92)'. A table of referrals is displayed with columns: Entry Source, Ref Priority, Create Dt, Next Appt, Appt Time, SMS Status, MyC Status, Name, MRN, Ref Class, CE Records, Ref By Dept, and Ref By P. Two rows are visible: one for CATANIA, DELANEY-CAD and another for CATANIA, JEAN-CAD. The second row is highlighted in blue.

Entry Source	Ref Priority	Create Dt	Next Appt	Appt Time	SMS Status	MyC Status	Name	MRN	Ref Class	CE Records	Ref By Dept	Ref By P
EpicCare	Routine	10/24/2024				Activated	CATANIA, DELANEY-CAD	20045680	Internal		GEN MED M...	ZZTRNC
EpicCare	Routine	04/18/2025				Activated	CATANIA, JEAN-CAD	20050160	Internal		GEN MED M...	MCQUEI

- b. Another way to access a patient's chart is from the Referral Entry toolbar.

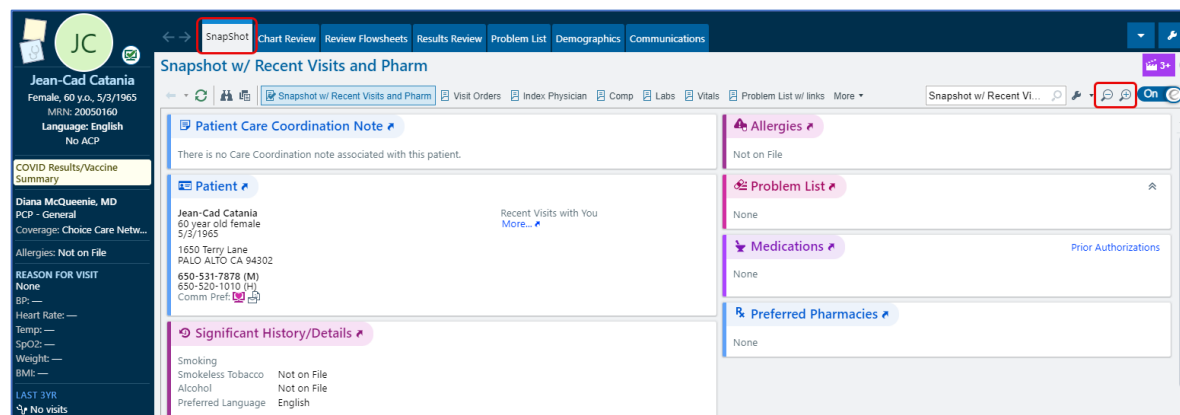


3. The **Referral** activity appears.

When viewing a patient's chart, **Storyboard** opens to the left and will contain information including, but not limited to: Name, Age, Sex, MRN, PCP, Payor, MyChart status, coverage, and other clinical information.

Snapshot tab

SnapShot report is the default view.



SnapShot displays patient information, clinical history details, allergies, problem list, and recent visit information depending on the report view selected next to the wrench icon. Click + or – magnifying glass to Zoom In or Zoom Out to increase or decrease font size.

Chart Review tab

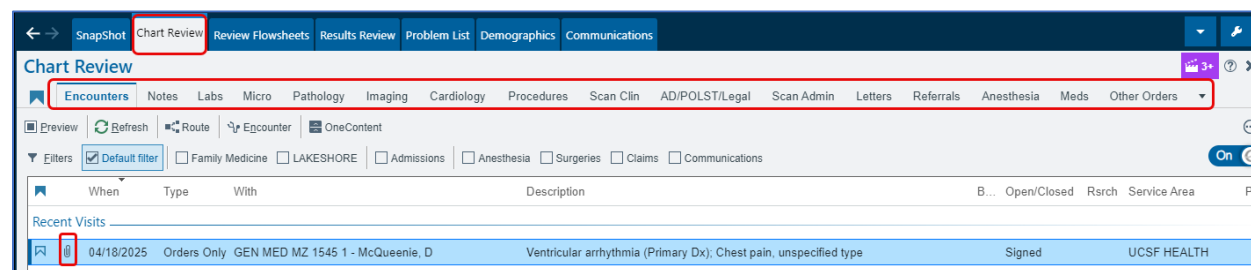


Chart Review display a patient's historical, current, and future visits, medications, hospitalizations, immunizations, and other information vital to the patient's care. It offers easy access to information ranging from patient test results to summaries of entire encounters.

4. Click **Chart Review** tab on the top of screen

5. Click the **Encounters** sub-tab

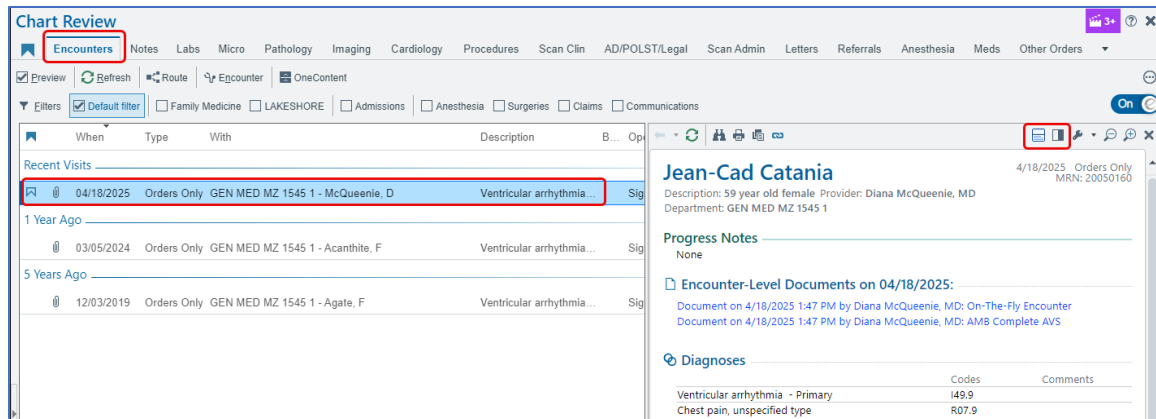
Different APeX users will see different other sub-tabs (i.e. Labs, Pathology, Imaging, etc) based on their job role or specialty.

Each tab in **Chart Review** has its own toolbar and different columns, such as When (Encounter Date), Type (Encounter), With (Provider/Specialty). After a selection, click on a column header to sort the rows in ascending or descending order.

A **paperclip** on the far left of a row means there is an **attachment**. Attachments includes (but are not limited to): scans, result notes, annotated images, documents, etc.

When you work on any tab in Chart Review, there are two ways to see reports:

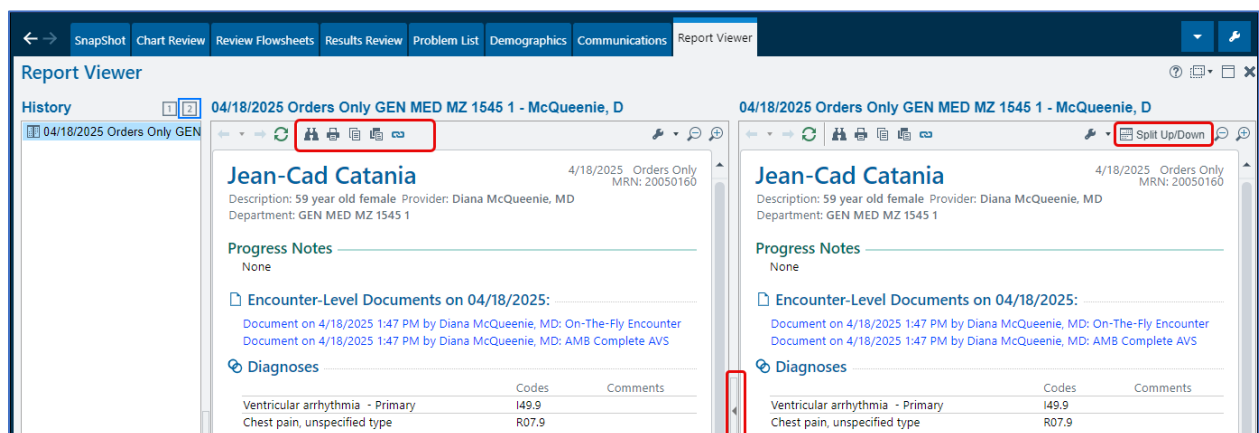
6. **Single-click on a row to view the report** in a preview pane on the bottom, right, or display in Chart sidebar (depending on the view selected)



7. Double-click a recent visit to view the information in a full pane in **Report Viewer**



8. Click "2" to open pane two as needed (see red box in the screenshot above)
9. Select **Split Up/Down** to change report layout. Click the back arrow to return to **Chart Review**



- Use arrow to show/hide pane as needed.

10. When finished with the Split view, click on the **X** to return to the simple view

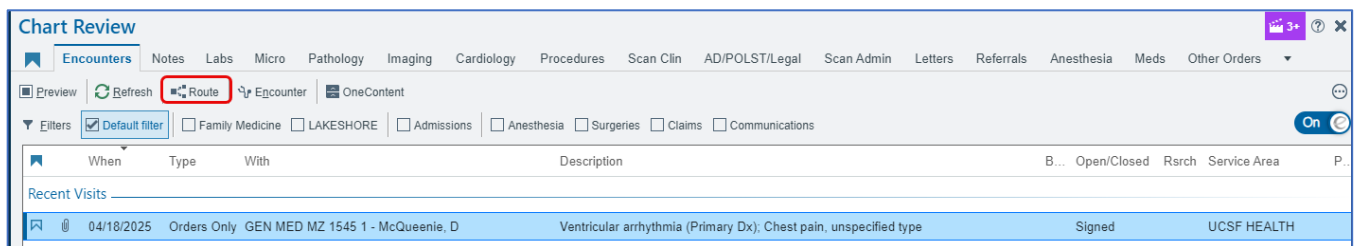
View additional information in a report by using hyperlinks in reports to view attachments (i.e., scans and images) or more details. Click the small blue back arrow to close and return to the main report.

Route or Print from Chart

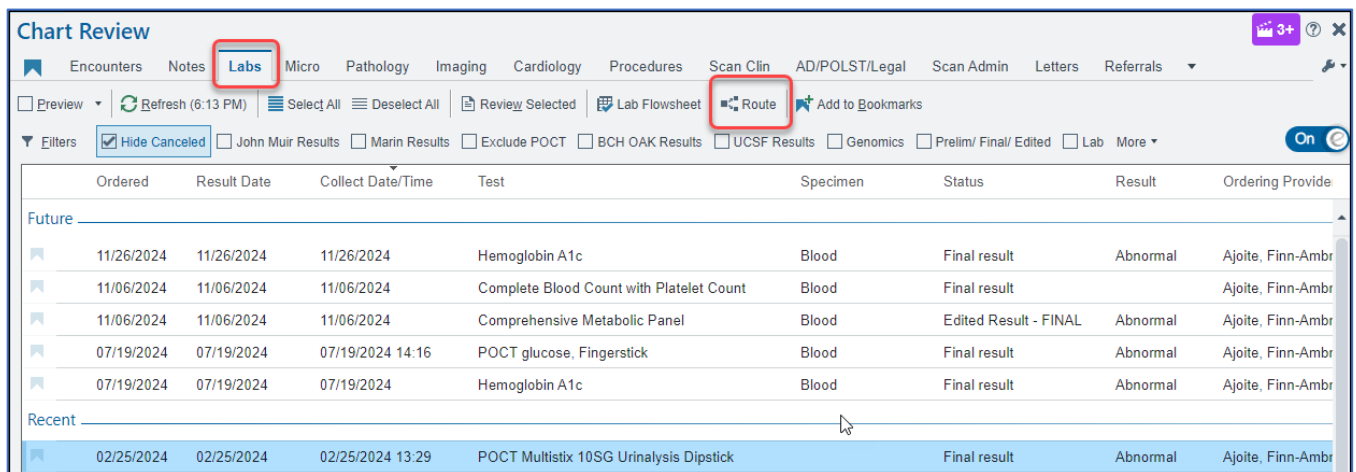
Information in a patient's chart can be faxed or routed to In Basket of a recipient. This is more efficient and environmentally friendly than printing. Printing is also available when necessary.

Route to In Basket:

11. Select item to print. To select multiple, hold down **CTRL** key and click to select.



12. Click



Example screenshot of patient with labs

13. A window appears

The 'Route Encounters' window is displayed. It has a title bar with a close button. The 'Recipients' section shows a list of recipients: 'PCP 1', 'Care Team 3', 'Free Text 1', and 'Remove All 0'. Below this is a search bar with 'Diana McQueenie, MD' entered. The 'Information to Include' section shows 'Attachments (1)' with 'Orders Only 04/18/2025'. The 'Cover Page' section has a toolbar with icons for undo, redo, insert smart text, and a zoom dropdown set to 100%. At the bottom are 'Preview', 'Send', and 'Cancel' buttons.

14. To route within UCSF and Affiliates, select appropriate speed button (PCP, Referring, Care Team, OB Providers, Last). To add another person not on a speed button from UCSF or affiliate, search by name in **Add recipients** field.

Route to fax:

15. Repeat the steps above. In Routing window click **Free Text**

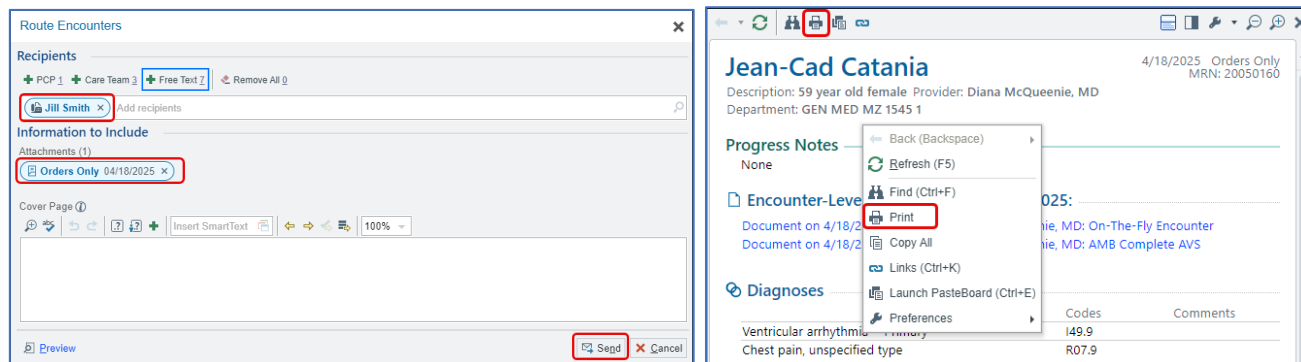
The 'Route Encounters' window is shown again. The 'Free Text 1' button in the 'Recipients' section is highlighted with a red box. The 'Add recipients' search bar is empty. The 'Information to Include' and 'Cover Page' sections are the same as in the previous screenshot. At the bottom, a message states 'No recipient is selected. Add one or more recipients.' before the 'Send' and 'Cancel' buttons.

16. In Recipient Editor window, enter recipient's name and fax number (no other information is necessary for faxing) then click **Accept**.

The 'Recipient Editor' window for 'Jill Smith' is shown. It has a title bar with a close button. The 'Contact Information' section includes fields for 'Name' (Jill Smith), 'Address' (Begin typing here to search for an address), 'Phone Number', and 'Fax Number' (8774862621). The 'Fax Number' field is highlighted with a red box. There is an 'Enter Manually' button next to the address field. At the bottom right, the 'Accept' button is highlighted with a red box, along with a 'Cancel' button.

- Confirm fax number before routing as an incorrect fax number that sends patient records to a non-authorized user is a HIPAA violation.

- Recipients (UCSF or Free Text) will appear in the Add recipients row. Hover mouse to see how this information will be sent. Icons for In Basket and Fax are distinct.

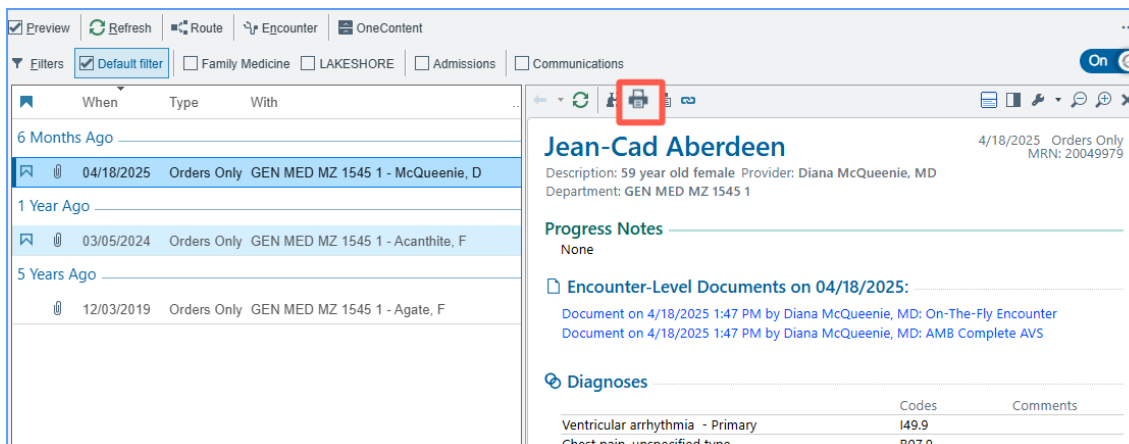


- Add a Cover page message if desired. Click **Send** to send via In Basket or fax.

Print:

Select item(s) from chart, look for the printer icon in that report or right-click and click **Print** and exit the chart. We do not print in training.

17. Return the main chart window



18. Click on the **Printer** Icon

19. **Select** items to print

20. **Printer panel:** Select the **Null** printer – if no Null printer appears, is click **Cancel**. If a Null printer is available, click Print.

21. Go to **Misc Reports** tab to view *Chart Review: Routing History* to confirm report was sent

22. **Close** all workspace folders

Review Questions

- True/False: Reports can be routed or printed from a patient's chart to accompany a referral.
- What are two ways to access a patient's Chart?

Process Denied Referrals (WQ 5970 Gen M) (Charlie) Independent Exercise

The workflow used for a denied referral is the same as for an approved referral except a denial reason must be entered in addition to entering the status. When a request is denied, follow the standard operating procedure to notify the patient and provider of the denial.

Referrals can be denied for a variety of reasons including but not limited to the request being a non-covered benefit or out of network.

Learning Objectives

In this section you will learn how to:

- ☐ Process a denied referral
- ☐ Notify ordering/referring provider of denial via In Basket
- ☐ Identify duplicate referrals



Scenario: Charlie-CAD has a referral with insurance that requires authorization. You call Anthem to get a decision. **GEN MED MZ REFERRAL COORD [5970] WQ**

1. You are working from the same Workqueue as the previous lesson
[5970] GEN MED MZ REFERRAL COORD
2. **Look for Charlie as follows:**
 - From the Worklist check the **Deferral** tab and look for Charlie. Charlie is NOT THERE
 - Check on the **Active** tab for Charlie
(Click on the Name column header and type your last name for the day into your keyboard)
 - Find Charlie.
3. Scan through the Report at the bottom of the Workqueue list screen.
 - After review of the **Report** it appears that the patient's referral has been previously processed and it is merely awaiting approval or denial.
 - *Charlie is in your Active tab because the time for the Deferral has expired.*
4. **Double-click** on Charlie

Check and Update the Referral form

5. The Referral form appears
6. Review information in **Diagnoses** and **Services** sections.



Scenario: You call the insurance company and spoke to Raúl. He informs you UCSF is out of Charlie-CAD's network so the request for authorization is denied.

7. If needed, **collapse the sidebar**
8. In the **General** section:

Referral Status

Status

New Request

Title	Number
Authorized	1
Canceled	4
Denied	5

9. Change the **Status** from New Request to *Denied*
10. **Denial Reason:** *Facility/POS Not in Patient's Network* and **Close**

Note You can customize and add status quick buttons, by clicking the wrench



Referral Status

Status

Denied

Denial Reason

Facility/POS Not in Patient's Network

Last Updated: 4/18/2025

Deny

11. The **General** section now shows the Denied status and reason for denial.

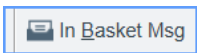
General

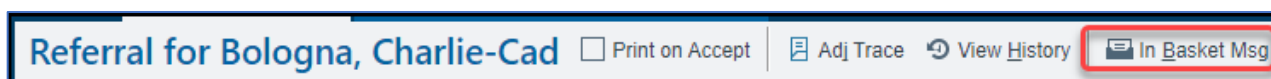
Service Area: UCSF SERVICE AREA

	Denied Facility/POS Not in Patient's Network 4/18/2025	Referral # 7677 Referral Reasons Specialty Services Required	Type Consultation Referred On 4/18/2025	Priority Routine	Class Internal
--	---	---	--	---------------------	-------------------

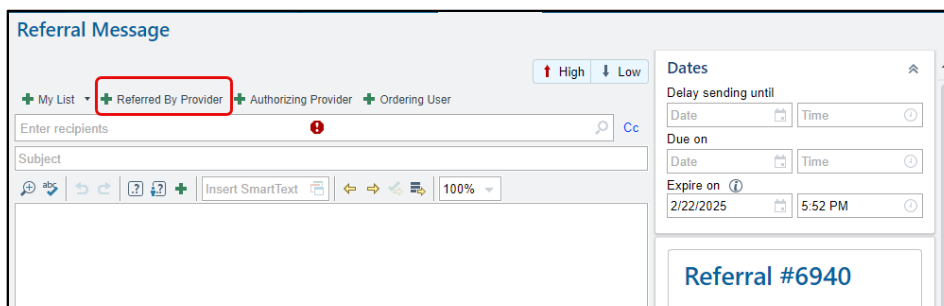
12. Move to the **Communications** section and click **+ Note** to create a note
13. **Note Type:** *General*
14. **Summary:** Enter *Referral Denied/Out of Network*
15. **Enter note** *Contacted Anthem BX Covered California EPO at 800-627-8797, spoke to Raul Johnson, was advised UCSF is out of network, referral denied. My call back number is 415-453-4017.*
16. **Copy** the note to your computer's clipboard (CTL + C)
17. Click **Confirm**

In Basket the Provider

18. Click  (it's a button on the top-right)



19. An in Basket messaging form appears
20. Click **+ Referred By Provider** and the provider's name will populate in the **To** field
 - Click CC to copy another user and enter your username for the day (cadschedxx)



21. **Subject:** type *Referral Denied.*

22. In **Message** field paste your previous note, plus *“Please advise of next steps”*

The screenshot shows the 'Referral Message' window. At the top, there are tabs for 'My List', 'Referred By Provider', 'Authorizing Provider', and 'Ordering User'. Below these is a 'To:' field with 'Drew Zatzmad, MD' selected. A 'Referral Denied' button is visible. The main text area contains the message: 'Charlie-Cad Astrakhan referral denied, UCSF is not an in-network provider for Anthem BX Covered California EPO. Please advise of next steps or options for patient to receive care.' A red callout bubble points to this text with the instruction: 'Consult local department leadership for guidance for communicating denials and next steps.' On the right, there are 'Dates' fields for 'Delay sending until', 'Due on', and 'Expire on'. Below these is a summary for 'Referral #6940', including the request dates, patient information (Charlie-Cad Astrakhan, Female, 45 yo, 10/14/1979, MRN: 20046945), and the referring and referred-to providers (Drew Zatzmad, M.D. and OBGYN MZ 5). At the bottom right, there are 'Send' and 'Cancel' buttons.

23. Click **Send**

24. Click **Accept** to exit referral and return to workqueue

25. The scheduling Status will update to “Do Not Schedule”

26. **Close** all workspaces

When to Notify Referring Provider?

- When patient declines to be seen
- When patient cannot be seen due to insurance denial or other reasons
- When there is an access issue (e.g., next available is far into the future or longer than clinically recommended or beyond service expectation)

When patient is not going to be seen, be sure to:

- Document the outcome on the Notes form in the referral record
- Send an In Basket message from within the referral to the ordering provider
- Change the status to Close to remove it from the workqueue
- Do not close the referral record if it is assigned to a future visit

[Duplicate Referral Warning](#)

APeX will notify you if there are duplicate referrals in the UCSF system. Potential Duplicate referral notification appears when a patient has another referral for the same specialty, authorized visits, procedure within UCSF. The lower portion of the window identifies the duplicate referral and its status. If these are duplicate referrals, close out one referral and enter a note to view referral # and type in the referral number. If not a duplicate, click **Continue Anyway**.

Potential Duplicate Referrals Found

This referral has been identified as a potential duplicate. You are viewing 1 potential duplicate out of a total of 1.

Weig...	Referral ID	Created	Creator	Status	Type	Referred To	Orders
30.00	7072	11/24/2024	ZZTRNCAD, DREW	New Request	Consultation	OBGYN MZ 5	REF30 - AMB ...

Search Criteria	Referral 10556 (Current)	Referral 7072 (Potential Duplicate)	Warning
Provider			
Provider Specialty			
Authorized Visits	1	1	Exact Number of Authorized Visits
Procedure(s)	REF30 - AMB REFERRAL TO GYNE...	REF30 - AMB REFERRAL TO GYNE...	Exact Procedure Codes
Class	Internal	Internal	Exact Class
Misc Flag			
Referral #	10556	7072	

Go Back

Continue Anyway

Denials - RFI Follow Up Workqueues (Informational)

Insurance Follow-up workqueues capture denied (and no-response) claims and allow billing staff to Request for Information (RFI) from front-end department staff to correct denied claims. All Home Teams are responsible for their Auth-related RFIs at UCSF.

If Billing transfers the RFI to the front-end, the front-end department staff is responsible for reviewing and updating the claim in the appropriate Follow-up WQ. If the update does not resolve the denial, or if front-end staff is only responding to an inquiry, the claim will be routed back to the billing agent office.

To access **Insurance Follow Up** workqueues,

- click the **Follow-up** tab from **the Workqueue list**.

Refer to the [RFI-Workqueues-for-Front-Desk](#) tip sheet on Knowledge Bank for step-by-step instructions.

Review Questions

1. True/False: Denials can only be processed by supervisors.
2. Why is it important to notify a provider if a referral is denied?
3. True/False: Referrals can only be accessed once; all information must be recorded then.

Process No Auth Required Referrals (WQ 5696 REHAB ADULT PT CONSULT IN) (Brooks) - Independent Exercise

Learning Objectives

In this section you will learn how to:

- ☐ Process a referral that doesn't require prior authorization
- ☐ Update Referral status and Auth reason in Referral Entry



Scenario: You are a “catcher” working in a Physical Therapy practice. Brooks-CAD’s referral has been sent to **your department** without an authorization.

You recognize the patient does not require an authorization based on his insurance. You need to update the referral status.

Rehab Adult PT Consults-In WQ [5696]

Process No Auth Required Referrals

1. All your previous workqueues should be closed.
2. Navigate to the **Workqueue List** screen by selecting  from the main toolbar at the top of your screen
3. Find (Consult in) **Auth WQ 5696** as follows:
 - a. Make sure that you are still on the **Referral / Authorization** tab of the worklist.

Workqueue List - Referral/Authorization - Showing All Workqueues						
ID	Name	Service Area	Active Count	Active	WQ S	
☆ 5970	GEN MED MZ REFERRAL COORD	UCSF SERVICE AREA	301	Yes		
☆ 5958	MHOP PODIATRY SRF PROCEDURES	MARIN HEALTH OUTPA...	0	Yes		
☆ 5957	MHOP PODIATRY SRF CONSULTS - OUT	MARIN HEALTH OUTPA...	0	Yes		
☆ 5956	MHOP PODIATRY SRF CONSULTS - IN	MARIN HEALTH OUTPA...	0	Yes		
☆ 5955	SOD GEN DENT PRE-D CDC - CONSULTS - ...	UCSF SOD SERVICE A...	0	Yes		

- b. Try looking in your **Favourites** and double-click – OR –



Note: As an alternative to steps 4-5 see if you can find WQ 5696 in your **Favs** tab

- Click on the **ID** column header
- Type **[5696]** into your keyboard
- Open **[5696] Rehab Adult PT Consults-In**

4. **The Workqueue opens**

5. Use **Completion matching** to find your patient.

- a. Click on the **Name** column header to sort
- b. **Type your assigned last name** into your keyboard
- c. **Search** for your **Brooks-CAD's** referral

6. Brook has been sent you your Department workqueue from a Referral Coordinator workqueue, and you recognize the patient. You know from previous experience Brooks does NOT require an Auth

7. **Double-click** on Brooks

8. The **Referral form** appears – collapse the sidebar

9. In **General** panel change the **status** field from New Request to *Authorized*

General

Service Area: UCSF SERVICE AREA

Referral # 6212 Type Consultation Priority Routine Class Incoming

Referral Reasons

Specialty Services Required

Referral Status

Status Authorized Auth Reason No Auth Required

Last Updated: 9/10/2024

Auth CANCEL Deny

- Enter **Auth Reason:** *No Auth Required*

10. Go to **Communications** panel; select + Note and enter a *General* note indicating *no authorization is required from this payor for this procedure*.

- Click **Confirm** to save the note.

11. Click **Accept** to save and exit referral



Is the referral in the WQ after updating the referral status? Why or why not?

12. **Close** all workspaces

Schedule a Referral from a WQ (WQ 1265556 TRN CARD MZ CONSULT-IN) (Jean)

Once a referral is sent, the receiving department is responsible for reviewing the referral with all applicable notes and scheduling the appointment. The receiving (Referred To or catching) department is required to make a **minimum** of one attempt to contact the patient for scheduling, within **three business days** of receiving the referral.

Learning Objectives

In this section you will learn how to:

- ☐ Schedule a referral from the workqueue
- ☐ Define different contact methods used to attempt to schedule a referral
- ☐ Describe UCSF best practice for the number of contact attempts needed for a referral

Schedule Referral From WQ

GP#6: Receiving (catching) departments are required to make a minimum of one attempt to contact the patient, within three business days of receiving the referral, for scheduling and all attempts must be documented in the Referral Record.

- Contact attempts can be made by phone, MyChart, or secure email
- UCSF best practice is to attempt to contact the patient three times over a few days via different methods (e.g., home phone, mobile, MyChart)
- If unable to make contact (e.g., no way to leave a message, the contact information is incorrect), document as a note in Referral Entry in the Notes section
- If the referral is an urgent referral call the emergency contact



Note: Radiology does not call non-urgent patients. Patients are instructed to call Radiology to schedule, or the ordering practice can call Radiology on patient's behalf.



Efficiency Tip: After each attempt, defer the referral; set Defer To date which brings referral back to Active tab for additional attempts. **Do not** defer urgent referral. These must be actively worked and coordinated until an appointment is made and the patient is seen.

This section walks through the steps required upon receiving an incoming referral.

Once the Referring department (the “pitcher”) updates the referral with Referred To department and an authorization status of approved, the referral appears in the receiving department’s workqueue for scheduling. (The “catcher”).

Referrals are assigned (aka associated or linked) to an appointment. It can be assigned to an existing appointment or a newly created appointment. When a referral is assigned, APeX can keep count of completed visits for a single referral.

This is important for billing and auditing purposes. If a referral is assigned and authorized at the time of scheduling, the appointment will not show up on an Authorization WQ and is more efficient processing.

The **Assign** button assigns a referral to a previously scheduled appointment or allows scheduling of a new appointment.

The Appointment List includes all appointments within the referral service date range, regardless of appointment status, which match the referral's Referred To department. Appointments that cannot be attached to the referral do not display by default. Select **Remove Filters** to view ALL appointments.

If there is an appointment matching the referral information, select appointment and click **Assign** on activity toolbar.

If there are no appointments matching the referral, schedule a new appointment by clicking **Book It** on activity toolbar.

If a new appointment must be scheduled, information from the referral defaults into the **Book It** activity. Department, appointment notes (pulls from referral **Reasons** field), and provider pulls in from the referral. If Referred To Provider is specified in referral, this information defaults as well; however, if only the Referred To department is listed then provider information does not appear.



Scenario: Time has passed; you are a “catcher” working the WQs at MZ Cardiology department. Open the Trn Card MZ Consult In WQ [1265556].

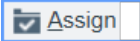
Jean-CAD’s referral appears as authorized and ready to be scheduled.

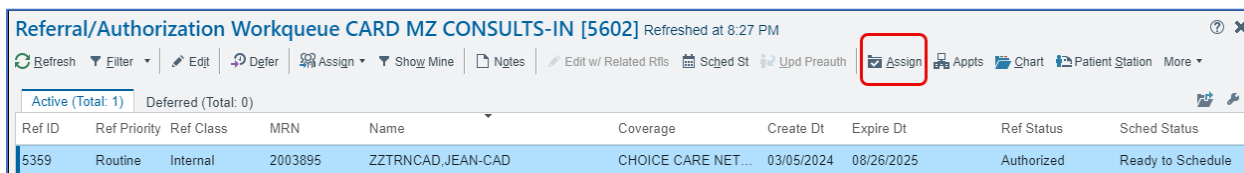
You contact Jean-CAD; she is available one week from today.

1. Open the **Workqueue List**
2. Make sure you are still on the **Referrals / Authorizations** tab of the Workqueue List screen
3. Find the **WQ in your Favs** or click on the **ID** column header and type **Trn** into your keyboard.
4. Double-click to open **[1265556] Trn Card MZ Consults In WQ**
5. Find your **Jean-Cad** patient.

(If she is not there then you did something wrong on a previous exercise and you cannot complete this lesson)

6. From the Worklist screen review the referral information in the **Report** at the bottom half of the screen

7. Click 



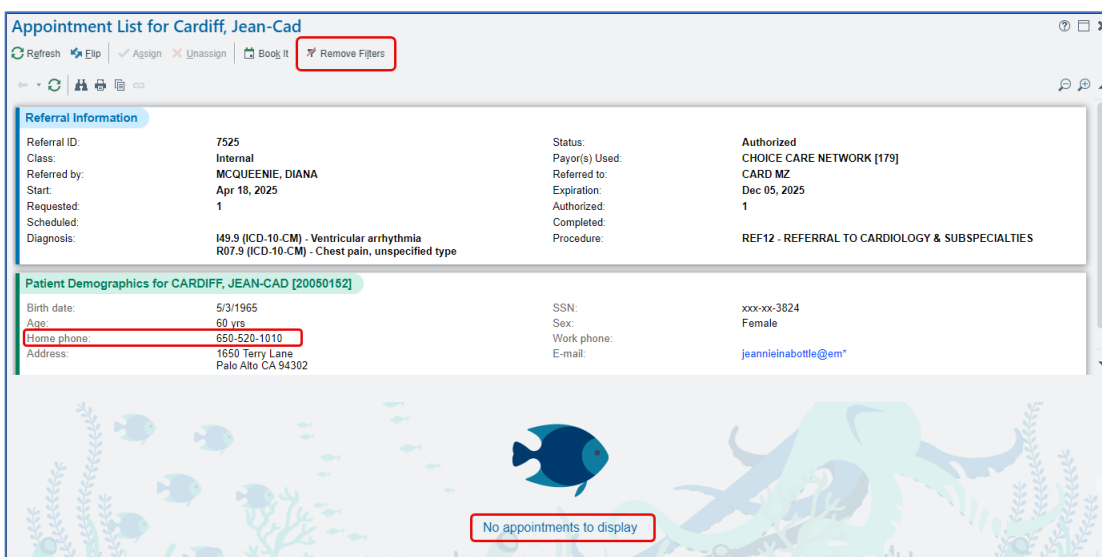
The screenshot shows the 'Referral/Authorization Workqueue' for 'CARD MZ CONSULTS-IN [5602]'. The 'Assign' button in the top toolbar is highlighted with a red box. Below the toolbar, there are tabs for 'Active (Total: 1)' and 'Deferred (Total: 0)'. A table lists one active referral with the following details:

Ref ID	Ref Priority	Ref Class	MRN	Name	Coverage	Create Dt	Expire Dt	Ref Status	Sched Status
5359	Routine	Internal	2003895	ZZTRNCAD, JEAN-CAD	CHOICE CARE NET...	03/05/2024	08/26/2025	Authorized	Ready to Schedule



Note: Appointment List will display any related appointments already scheduled. APeX looks only for appointments specific to the department listed in the referral.

8. The Appointment List for patient window appears



The screenshot shows the 'Appointment List for Cardiff, Jean-Cad' window. The 'Remove Filters' button in the top toolbar is highlighted with a red box. The window displays referral and patient information:

Referral Information

Referral ID:	7525	Status:	Authorized
Class:	Internal	Payor(s) Used:	CHOICE CARE NETWORK [179]
Referred by:	MCQUEENIE, DIANA	Referred to:	CARD MZ
Start:	Apr 18, 2025	Expiration:	Dec 05, 2025
Requested:	1	Authorized:	1
Scheduled:		Completed:	
Diagnosis:	I49.9 (ICD-10-CM) - Ventricular arrhythmia R07.9 (ICD-10-CM) - Chest pain, unspecified type		
Procedure:	REF12 - REFERRAL TO CARDIOLOGY & SUBSPECIALTIES		

Patient Demographics for CARDIFF, JEAN-CAD [20050182]

Birth date:	5/3/1965	SSN:	xxx-xx-3824
Age:	60 yrs	Sex:	Female
Home phone:	650-520-1010	Work phone:	
E-mail:	jeannielinabottle@em*		
Address:	1650 Terry Lane Palo Alto CA 94302		

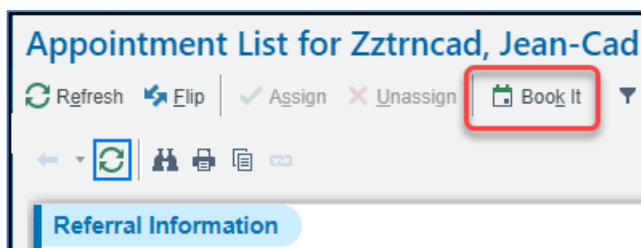
At the bottom of the window, a message states: "No appointments to display".

9. If you see a **Remove Filters** button, click on it to look for other Cardiology appointments not displayed by default.

10. There are **no appointments** to display.

11. Since the Patient's contact information is attached to the referral so you can **reach out to patient** and schedule.

12. Click **Book It** to schedule Jean-CAD

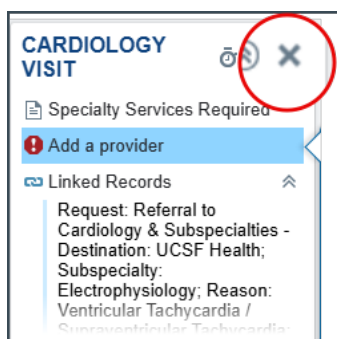


13. If needed, **collapse the Sidebar**

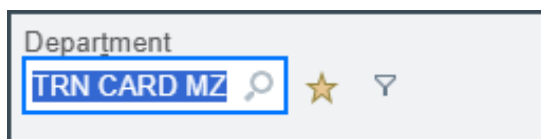
14. The **Book It** screen appears

15. In Production you would schedule a Cardiology visit, but for training today we are going to use a department of **TRN LAKESHORE**

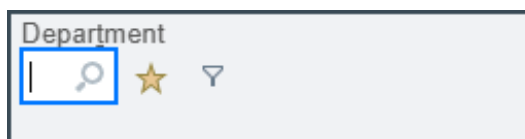
a. Click on the **X** to set up a new visit type



b. **Department field:** Click in the Department field



c. **Backspace** to delete TRN CARD MZ



d. Type **Trn** + TAB

e. Double-click on **TRN LAKESHORE**

16. **Provider:** Select your Dr. Drew

17. **Date:** Select any date and time

18. Follow your **normal steps** to complete the **Registration and Checklist** workflows.

Reminder: You are making an appointment so you don't have to collect Documents!

19. The **Appointment List** screen re-appears

20. You can now see an appointment attached to the Referral

Appointment List for Zzcadmodel, Jean

Refresh Flip Assign Unassign Book It Remove Filters

Referral Information

Referral ID:	2578	Status:	Authorized
Class:	Internal	Payor(s) Used:	CHOICE CARE NETWORK [179]
Referred by:	MCQUEENIE, DIANA	Referred to:	TRN CARD MZ
Start:	May 03, 2026	Expiration:	Nov 30, 2026
Requested:	1	Authorized:	1
Scheduled:	1	Completed:	
Diagnosis:	I49.9 (ICD-10-CM) - Ventricular arrhythmia R07.9 (ICD-10-CM) - Chest pain, unspecified type		
Procedure:	REF12 - REFERRAL TO CARDIOLOGY & SUBSPECIALTIES 99214 (CPT®) - PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN		

Patient Demographics for ZZCADMODEL, JEAN [2101203]

Birth date:	5/18/1966	SSN:	xxx-xx-4433
Age:	60 yrs	Sex:	Female
Home phone:	650-520-1010	Work phone:	
Address:	1650 Terry Lane Palo Alto CA 94302	E-mail:	jeannieinabottle@em*
Permanent comments:			

Appointment Information

Name:	Zzcadmodel, Jean	MRN:	2101203
Date:	6/1/2026	Status:	Sch
Time:	8:15 AM	Length:	30
Visit Type:	OFFICE VISIT [1004]	Copay:	\$0.00
Provider:	Drew-Cad Aberdeen	Department:	TRN LAKESHORE

Visit Date	Time	Appt Status	Type	Loc/Plt	Provider/Resource	Referral ID	Status
06/01/2026	8:15 am	Scheduled	OV [1004]	TRNPCLSLKS [1...	Drew-Cad Aberdeen [CAD...	2578	Authorized

21. Notice that the appointment displays the **Referral ID**.



Note: On Appointment List the appointment just scheduled appears. The Referral ID column indicates which referral is associated with the appointment.

22. Click **X** on **Appointment List** to close it

23. The **workqueue list** screen re-appears

24. The nowscheduled patient is off of your workqueue

25. Look up the patient in **Appointment Desk**

26. Click on the Referrals sub-tab and confirm that appointment is **Assigned** [HINT: same Referral ID appears in column one, it has a status of Authorized and Unassign option is available]

NOTE: BCH Oakland location staff Assign referrals to appointments from BCH OAK Specialty NEEDS TO BE SCHEDULED referral/authorization Workqueues



From Appointment List, what indicates a referral is assigned to a scheduled appointment?

When a patient's referral has been assigned to an appointment, it no longer appears in Referral/Authorization workqueue. Referral/Authorization workqueues only include referrals needing processing. If it is authorized and scheduled, it does not qualify for a workqueue.

27. Click **X** to close

GP#7: Direct Access Scheduling- One practice schedules directly into another practice's schedule is preferable and should be done whenever possible to reduce steps and expedite referral processing.

28. Because Jean is scheduled, she **drops from your workqueue**

Manage Referrals with Treatment Authorization Request or Service Authorization Request (TAR or SAR)

Learning Objectives

In this section you will learn how to:

- ☐ Identify when a TAR or SAR is needed for referral processing
- ☐ Define CCS program and its purpose
- ☐ Document TAR and SAR information in referral entry

An authorization is typically required before rendering service for commercial insurance coverages. Medi-Cal and California Children's Services coverage require authorization, each with their own special section. These appear similarly in the referral based on the coverage on the account. If there is Medi-Cal on a patient's registration, a **TAR** automatically appears on referrals. If there is CCS on a patient's registration, a **SAR** automatically appears. Read about both TARs and SARs below, then select one exercise to try or both if you have time.

Treatment Authorization Request

TAR - When a patient has government issued Medi-Cal coverage a Treatment Authorization Request (TAR) is required for services requested. The TAR form in the referral record must also be updated. Obtaining TAR authorization requires logging in to the Medi-Cal website at least twice. First log into the Medi-Cal website to request the TAR. Enter the required information and get a TAR control number. Log In again in the future to view the response to the request. TAR responses typically take ten days. Information from the website must then be transcribed into the referral record on the TAR form.

Service Authorization Request

SAR - California Children's Services (CCS) coverage requires Service Authorization Requests to be completed. CCS is a state program for children with certain diseases or health problems. CCS connects patients with doctors and trained health care people who know how to care for children with special health care needs.

CCS Service Authorization Requests (SARs) are:

- equivalent to Medi-Cal TAR
- used in place of a TAR when billing CCS
- to be obtained prior to treatment
- available for CCS eligible conditions only

The CCS program provides diagnostic and treatment services, medical case management, or physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions. Examples of CCS-eligible conditions include but are not limited to chronic medical conditions such as

cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing major conditions that are the consequence of a previous disease or injury. The CCS program is administered as a partnership between county health departments and the California Department of Health Care Services (DHCS).

At UCSF SF locations, the CCS Auth Unit is responsible for retrieving authorizations for **all** patients with CCS coverage and takes the lead on the initial referral status. At BCH Oakland locations, responsibility for SARs vary from department staff to Central Authorization staff.

Once the CCS Auth Unit makes a determination, they update the Service Authorization Request (SAR) form with required information and set the referral status to Authorized, then update the Auth Reason to CCS Approved. If the SAR is pending, the referral status is set to Pending and the Pend Reason is CCS Pending. If the SAR is denied, the referral status is Denied and Denial Reason is CCS Denied. After the CCS Auth Unit updates the referral, the referring department will continue the workflow.

When working CCS referrals from the referral/authorization workqueue, review the details in the bottom of the screen for the selected referral and check the Authorization code. This is where “CCS Authorized” will appear when the referral auth reason is CCS Approved.



Note: When CCS/MCAL RTE response indicates “CCS” without a unique AID code, it’s because the plan is no longer associated with the coverage and Medi-Cal is inactive. To help avoid denials, Medi-Cal eligibility should be confirmed before providing service.



Note:  **BCH Oakland staff may be required initiate SAR and TAR request based on department workflow.**

Record TAR Documentation (WQ 5970 GEN MED MZ REFERRAL COORD) (Consults-Out) (Delaney)



Scenario: 10 days ago, you logged into the Medi-Cal website and entered the required information for Delaney-CAD's TAR request. Time passed and you need to see if the TAR was approved.

The Medi-Cal website provided a TAR control number (98648375622) and an approval. Transcribe this into APeX.

GEN MED MZ REFERRAL COORD [5970] WQ

1. Make sure all workspaces are **closed**
2. **Select Workqueue [5970]** as follows:
3. Make sure you are still on the **Referral / Authorizations** tab
4. From **Favs** or the worklist, double-click to open **[5970] Gen Med MZ Referral Coord WQ**
5. The **workqueue** appears
6. Click on the **Name** column header
7. Use **completion matching** to find YOUR Delaney-CAD patient.
8. Double-click on **Delaney-CAD's** referral
9. The **Referral form** opens
10. In **General** section, select "Authorized" in the **Status** field

11. Auth Reason: Covered Benefit

Notice that these fields also activates a status of Authorized at the bottom of the form

12. In the **Referred By / To Section**, Headache MZ is populated in the **Referred to** field

13. Navigate to the **TAR** section of the Form Navigator

Referral for Catania, Delaney-Cad

MyChart Status: Active

MRN: 20045680
Insurance: MEDI-CAL / MEDI-CAL
Pre-Auth Phone: 800-541-5555

Member ID: 98765432A (Effective from 10/01/2019)

Treatment Authorization Requests: E-MEDI-CAL/MEDI-CAL

TAR Control #: 98648375622 Tax ID #: 024899346 Provider: ADAMITE, FINN-AMBMD Provider #:

Comment:

Service Lines

+ Service Line

There are no service lines. Use the above button to create a new service line.

Close Previous Next

- **TAR control #:** 1234567891

(The first two digits indicate the Medi-Cal field office number. The next eight digits are the sequence numbers of the TAR form. The last digit is a pricing indicator).

- **Tax ID #:** 024899346
- **Provider:** field type Adamite, Finn-AMBMD (**Provider #** field defaults after provider entry. This does not happen in training.)
- Click **+ Service Line** button

14. In the **Service Line** section that appears

Service Line

Service Code: 99215 Modifier: Units: From: 6/5/2025 To: 6/5/2026 Status: Approved

Service Control #: 98648375622 Copy TAR #

Description: Reason:

Confirm Discard Changes

- **Service Code:** 99215
- **From:** T
- **To:** Y+1
- **Status:** Approved
- **Service Control #:** click Copy TAR #
- Click **Confirm** to save documentation

15. Navigate to the **Communications** section, from here you would need to add a note to document TAR approval and click Confirm to save the note.

16. Then you would need to scan copy to **Media Manager** (you cannot scan in training)

17. Click **Confirm** to save note

18. Confirm that the **Status** field (at the bottom left) has been updated to *Authorized*; otherwise, referral remains in WQ
19. Click **Accept** to exit referral and return to workqueue



[Record Sar Documentation \(Consult-In WQ 5634\) \(Greg\)](#)



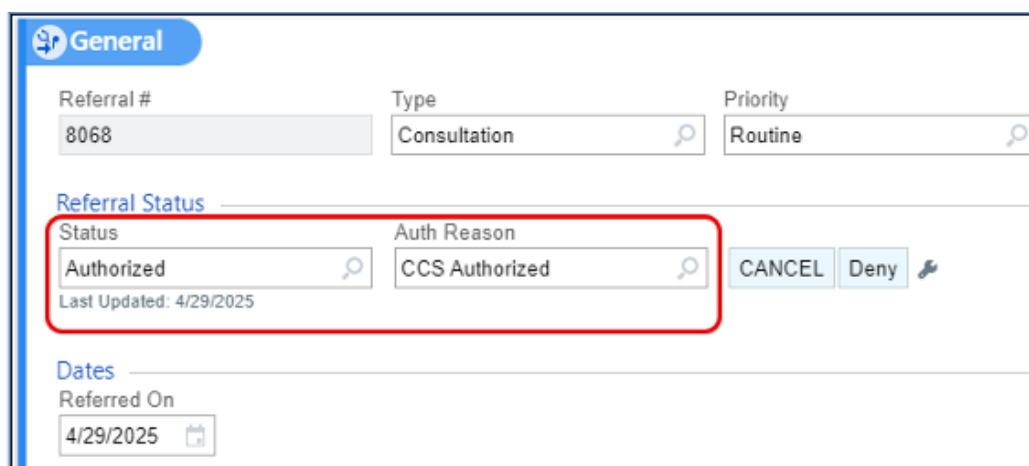
Scenario: Greg-CAD was referred to the pediatric ophthalmology clinic from primary care. CCS Auth Unit updated the referral's SAR form and referral status to Authorized, with Auth Reason as CCS Approved.

[OPHTH PEDS CONSULTS-IN [5634] WQ]

1. **Close** all workspaces
2. **Search and select** [5634] *Ophth General Consults-In WQ*
3. Use completion matching to find YOUR Greg.
4. Double click on your **Greg-CAD's** referral
5. The **Referral form** opens



What is the status of the Referral in the General section and at the bottom left? ____



6. **Referred To Department** field defaults with OPHTH PED MB

- Click **SAR** form and review the information



What is the status of the SAR?

MyChart Status: Code Expired

Service Authorization Requests: E-CCS/M-CAL/SAN FRANCISCO CCS/M-CAL Member ID: 98712345E (Effective from 01/01/2022) Auth Snapshot

SAR # 58765432011 Case # 12746400 County San Francisco Provider DE ALBA CAMPOMANES... Provider # 1003028580

Facility # Department Provider Group # Referring Provider

Diagnoses E11.8 (ICD-10-CM) - Type 2 diabetes mellitus with unspecified c...
E13.10 (ICD-10-CM) - Other specified diabetes mellitus with keto...

Service Lines

	From Date	To Date	Status
Group: SAR GROUP 2 Groups: SAR GROUP 2 Description: PED DIABETES	4/29/2025	4/29/2026	Approved

Close Previous Next



Scenario: You call Greg-CAD's mother to schedule the appointment but there was no answer. Document the call attempt.

- Click **Scheduling** section in the Form Navigator

- Scheduled Status:** *Call 1x*

Scheduling

Scheduling Status
Called 1x

Close

- Go to the **Communications** section and create a brief note documenting the call.

- Copy the note** to your computer's clipboard (CTL + C)

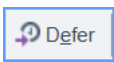
- Click **Accept** to save referral.

- The workqueue updates the **Sched Status** to Called 1x

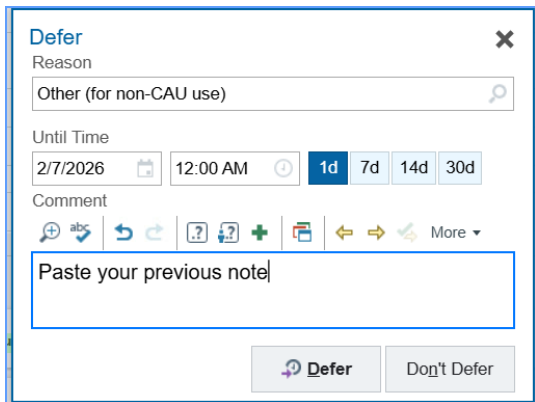
Ref ID	Ref Priority	Ref Class	MRN	Name	Coverage	Create Dt	Expire Dt	Ref Status	Sched Status	Ref By
5988	Routine	Internal	20041226	ZZTRNCAD.GREG	CCS/M-CAL/SAN FR...	04/26/2024	04/26/2025	Authorized	<u>Called 1x</u>	KOBAS
5841	Routine	Internal	10009430	ZZCADMASTER.GREG	CCS/M-CAL/SAN FR...	04/26/2024	04/26/2025	Authorized	Ready to Schedule	KOBAS
5984	Routine	Internal	20041218	GRODNO.GREG-CAD	CCS/M-CAL/SAN FR...	04/26/2024	04/26/2025	Authorized	Ready to Schedule	KOBAS

- Your **worklist** reappears and you should still be on Greg.

15. You need to **defer Greg** until tomorrow as follows

16. Click 

17. A window appears

A screenshot of a 'Defer' dialog box. The title bar says 'Defer' with a close button. The 'Reason' field contains 'Other (for non-CAU use)'. The 'Until Time' section shows a date of 2/7/2026, a time of 12:00 AM, and duration buttons for 1d, 7d, 14d, and 30d, with '1d' selected. The 'Comment' section has a rich text editor toolbar and a text area containing 'Paste your previous note'. At the bottom are 'Defer' and 'Don't Defer' buttons.

- Reason: Other
- Until Time: 1d
- Comment: Paste your note
- Defer

19. Greg routes to the Deferred tab of the worklist



Note: The Scheduling status does not replace the requirement of documenting a note. Per department policy, departments can schedule an appointment without the CCS status.

Other Information: Referral Defer Reason (informational)

A **Defer Reason** will be required for all Referral WQs, along with a default and maximum deferral date. This is intended to prevent missed authorizations caused by referrals being deferred for extended periods without a clear reason or explanation.

Referral/Authorization Workqueue OPTH PEDS CONSULTS-IN [5634]

Refresh Filter Edit **Defer** Assign Show Mine Ngtes Edit w/ Related Rls

Active (Total: 37) Deferred (Total: 0)

Ref ID	Ref Priority	Ref Class
8053	Routine	Internal
8058	Routine	Internal
8063	Routine	Internal
8068	Routine	Internal
8073	Routine	Internal
8078	Routine	Internal
8083	Routine	Internal
8088	Routine	Internal
8093	Routine	Internal
8098	Routine	Internal

Defer

Reason

Until Time

Comment

Defer Don't Defer

Reason	Create Dt	Expire Dt
AL/SAN FR...	04/29/2025	04/29/2026

Title	Number
Other (for non-CAU use)	510099
Waiting for Appeal - from Home Team	510011
Waiting for Appeal - from Insurance	510010
Waiting for Info from Referring Office - Clinical Details	510031
Waiting for Info from Referring Office - Prior Auth Details	510030
Waiting for Information from Patient - Other	510069
Waiting for Prior Auth from Ins - Auth Requested	510000
Waiting for Prior Auth from Ins - Pending Auth Check	510001
Waiting for Prior Authorization Additional Information	3
Waiting on Escalation to Supervisor for Assistance	510079
Waiting on Home Team - Other	510029
Waiting on IT Support - No Auth Required	510050
Waiting on IT Support - Other Issues	510059
Waiting on IT Support - SLA Issues	510051
Waiting on LOA	510049

UCSF WQ Defer Reason Category List

Defer Synonym	Defer Reason	Default Days	Max Days	Comments Required?
REF00	Waiting for Prior Auth from Ins - Auth Requested	2	14	
REF01	Waiting for Prior Auth from Ins - Pending Auth Check	2	14	
REF10	Waiting for Appeal - from Insurance	2	3	
REF11	Waiting for Appeal - from Home Team	30	60	
REF29	Waiting on Home Team - Other	2	7	Yes
REF30	Waiting for Info from Referring Office - Prior Auth Details	2	5	
REF31	Waiting for Info from Referring Office - Clinical Details	2	5	
REF49	Waiting on LOA	2	7	
REF50	Waiting on IT Support - No Auth Required	9	30	Yes (INC or RITM Required)
REF51	Waiting on IT Support - SLA Issues	9	30	Yes (INC or RITM Required)
REF59	Waiting on IT Support - Other Issues	9	30	Yes (INC or RITM Required)
REF69	Waiting for Information from Patient - Other	7	14	Yes
REF79	Waiting on Escalation to Supervisor for Assistance	2	3	Yes
N/A	Waiting for Prior Authorization Additional Information	2	14	Yes
REF99	Other (for non-CAU use)	7	30	Yes

Review Questions

1. True/False: Staff must have special access to process TAR and SAR referrals.
2. Who is responsible for CCS patient referrals at SF locations?
3. How can you quickly tell if a patient has CCS or Medi-Cal coverage in a referral?

Transcribe Order to Create Appointment Request and Linked Referral (Audrey)

The following explains the process that must take place for a Referral for an organization outside of UCSF to route to a Referral Coordinator's workqueue

Use Transcribe Orders to create an Appointment Request and linked Referral in one workflow when an outside faxed referral is received. An outside referral can be received via email or faxed directly to a department.

When this occurs, the Referrals Coordinator manually transcribes an order into APeX which **automatically creates a linked appointment request and referral**. This allows Appointment Requests to be worked the same whether ordered within APeX (from a provider's order) or transcribed from a fax.

The path to Transcribe Order is ***Epic>Referrals>Transcribe Order***

Appointment requests are orders that need to be scheduled for a patient. You can schedule resources from the appointment request. A resource can be a person or a machine. Often resources share a generic schedule.

Learning Objectives

In this section you will learn how to:

- ☐ Transcribe order for incoming referral to create an appointment request and referral in APeX
- ☐ Edit scheduling information in an appointment request
- ☐ Schedule appointment from appointment requests and apply decision tree

Appointment requests are used to:

- Track appointments that cannot be scheduled immediately (due to tasks required beforehand, lack of availability, or a requested date beyond the template release date)
- Track tasks that need to be completed, such as collecting medical records or completing imaging
- Use decision tree logic to determine where to route the patient for scheduling and/or triage (primarily relevant for centralized groups such as the Referral Center)

An appointment request is unnecessary when appointments can be scheduled right away and there are no required tasks (i.e., imaging needed before scheduling) needed prior to scheduling.

There are other ways referrals can be entered into the system. For example, referrals can be automatically triggered by certain internal orders as previously discussed or appear directly into Epic when sent by external providers using MD Link. In Cadence, referrals may also be pulled from RightFax and entered APeX manually by BCH Oakland Central Authorization staff and Schedulers via Transcribe Orders during appointment entry.

It is common for administrative staff to use referral records to document authorization for patients being seen for long term follow up care when their original authorization has expired but they are still receiving services from the specialist. Obtaining authorization for a specific procedure generally

requires a telephone call to patient's insurance carrier. To help facilitate this call, the referral record pulls together the information typically needed to share with the payor, such as the procedure ordered, and the diagnosis entered by the provider.

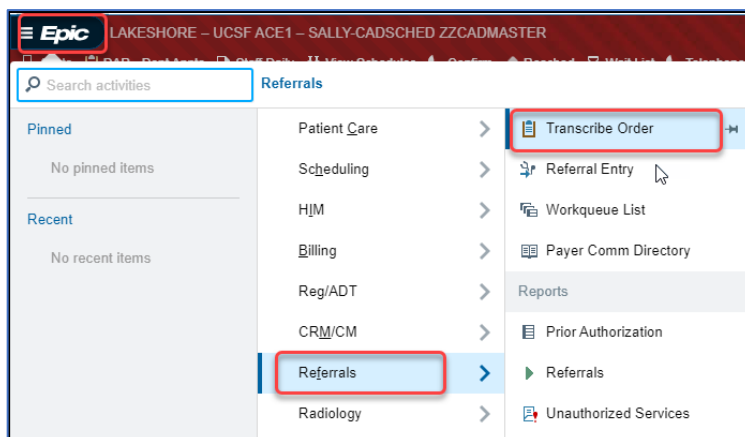
GP#8: Administrative staff can create a referral record for the purpose of documenting an authorization, but they may NOT create a referral record for the purpose of referring a patient to a practice or provider. The latter is considered a referral order and is not within the scope of work of administrative staff. Exception to this is transcribing an order from a non-UCSF provider referring a patient to UCSF for services.

Transcribe Order



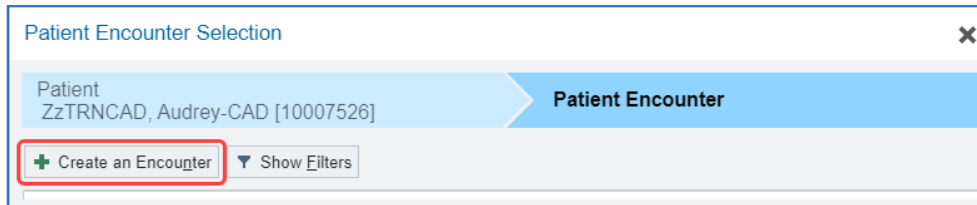
Scenario: You are working in **Rehab Ped OP PT MB Parn** and receive an outside of UCSF **fax referral** for Audrey-CAD. Dr. David Russell Allen at a facility in Los Angeles treated Audrey-CAD while she was visiting family and is referring Audrey to UCSF for a consultation because of an ankle fracture. Transcribe this order into APeX to create a linked referral and appointment request.

1. **Change context to Rehab Ped OP PT**
 - **Epic > Change Context**
 - Search **Rehab Ped OP...**
 - Select **REHAB PED OP PT MB**
2. Epic Button: Search **Transcribe Order** or use the path Epic>Referrals>Transcribe Order

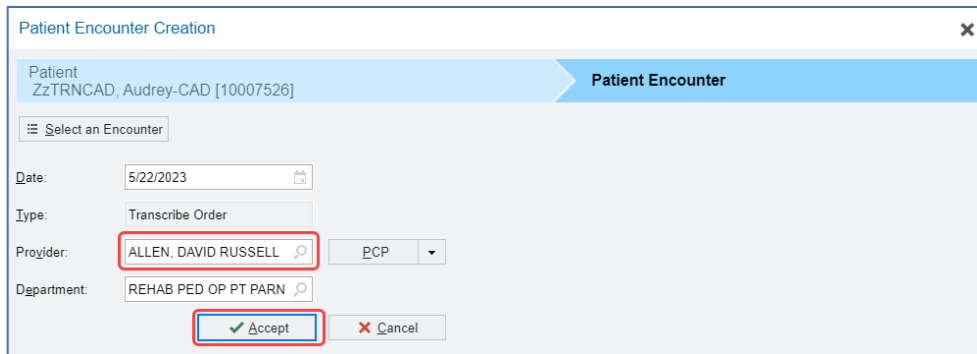


3. Lookup your **Audrey-CAD** patient in **Search for a Patient** window and click Accept after locating correct patient.

4. The **Patient Encounter Selection** window opens.
5. Click **+ Create an Encounter** (top-left)



6. The **Patient Encounter Creation** window opens.



- **Provider:** Enter the *REFERRING* provider.
- Use **Allen, David Russell** from Los Angeles
Make sure to use the three identifiers to identify correct referring provider.
- Click **Accept**



Note: When a referring provider does not have a record in APeX, enter Provider, Not in Dictionary in Referring Provider field and complete Provider Not in Dictionary workflow in Referral Entry.



Note: If your department allows a patient to self-refer without a referral from a physician. If a patient is a self-referral use **Transcribed Order, Self Referral** as the Referring Provider.



What are three identifiers that must be used to identify correct referring provider?

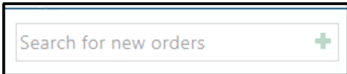


Why is it important to verify the referring provider when creating a referral record?

7. Click **+ ADD ORDER**  (bottom left side of screen)



Scenario: The faxed referral is for an initial consultation for Ambulatory Referral to Pediatric Physical Therapy for left closed ankle fracture.

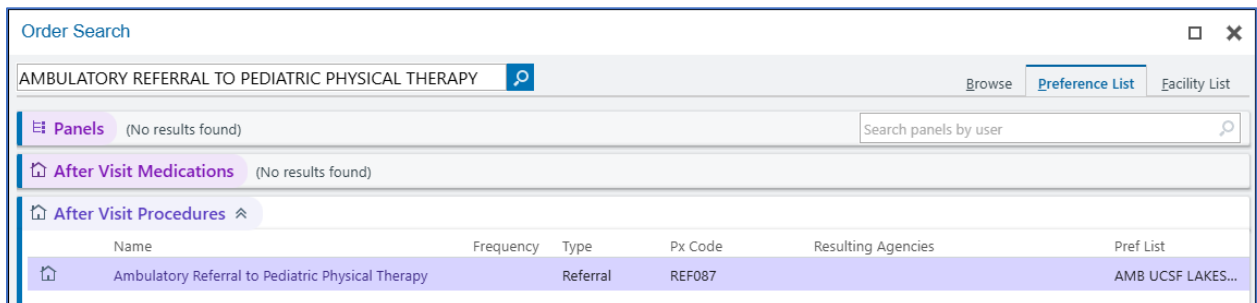
8. Look for  (bottom left).

9. Type “**Ref087**”

10. Click on the **+** sign

11. An **Order Search** screen appears

12. Double click on **Referral to Pediatric Physical Therapy**



Name	Frequency	Type	Px Code	Resulting Agencies	Pref List
Ambulatory Referral to Pediatric Physical Therapy	Referral		REF087		AMB UCSF LAKES...

13. If the **Referral Entry** form appears, fill it out as follows:

- **Class:** Internal defaults, update to *Incoming Referral* (because it is coming from L.A.)
- **Priority:** *Routine* defaults, change if needed based on referral order
- **Destination:** *BCH San Francisco*
- **Comments:** Enter 'Transcribed Order;' if Smart Text prompt appears delete
- **Select** **Additional Order Details**
- **Referral Type:** defaults to *Consultation* if not changed. Can also edit in the referral record
- **Referral Reason:** *New Patient*
- **Accept**

14. From the **Dx Association** panel...

15. Click **Dx Association** (window at the lower right corner of the screen)

16. The **Associate Diagnoses** window appears:

- Enter **Ankle Fracture**
- **+ Add**

17. A list may display

ID	Name	ICD-10 Codes
804455	Ankle fracture, left, closed, initial encounter	S82.892A
832255	Ankle fracture, left, closed, with delayed healing, subsequent encounter	S82.892G
732236	Ankle fracture, left, sequela	S82.892S
833660	Ankle fracture, bimalleolar, closed, left, with delayed healing, subsequent encounter	S82.842G
826902	Ankle fracture, Tillaux, closed, left, initial encounter	S89.132A
823605	Ankle fracture, Tillaux, closed, left, with malunion, subsequent encounter	S89.132P
829244	Ankle fracture, Tillaux, closed, left, with nonunion, subsequent encounter	S89.132K
832706	Closed bimalleolar fracture of left ankle, with delayed healing, subsequent encounter	S82.842G

Results limited due to common search phrase.

Accept

- Double-click on the Diagnosis from list: *Ankle fracture left, closed, initial encounter*
- Accept



Note: If the patient has multiple diagnoses, enter next diagnosis in Search for Diagnosis field. Once the order is signed you cannot edit to add additional diagnosis.

18. The Associate Diagnosis window opens.

Associate Diagnoses

Aberdeen, Audrey-Cad

Search for diagnosis + Add

Sort Diagnoses

By Name By Priority

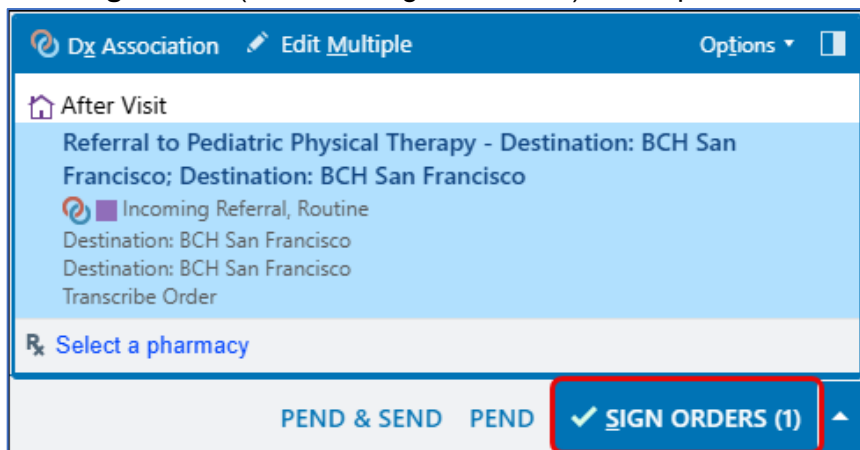
Fracture of ankle, left, closed, initial encounter

Referral to Pediatric Physical Therapy - Des...

Accept Cancel

- Click the checkbox to associate diagnosis to procedure. The  turns into  to show diagnosis has been associated with the procedure.
- Click **Accept**

19. Click **Sign Order** (on bottom right of screen) to complete the transcription workflow

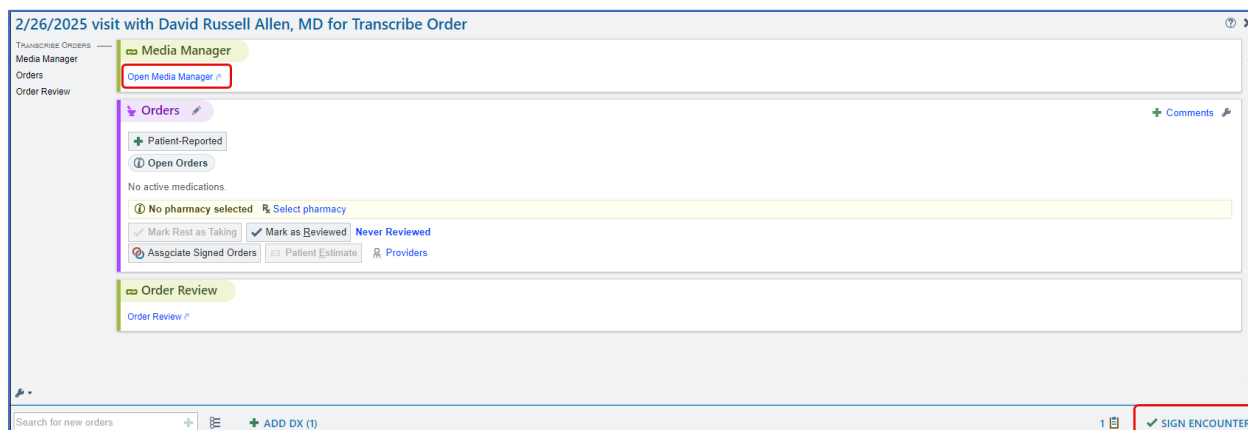


20. **In Production**, **upload** the original referral and any medical records into **Media Manager** (You can't scan or upload in Training)



Note: Upload all original documents received from the referring facility into Apex via Media Manager.

21. Click **Sign Encounter** (on bottom right of screen)



Note: This is the only workflow that a staff member can enter an Order for the clinician because we are transcribing the order from an external source into APeX.

22. **GO TO THE NEXT SECTION**

After the transcription workflow has been completed, both an Appointment Request and Referral have been created and linked. You can locate both on the patient's appointment desk.

Updating Appointment Request

After the Appointment Request is created it must be updated to ensure it appears on the appropriate Appt Request Workqueue, and contains any necessary tasks associated with the request.



Scenario: The faxed referral is for an in person initial consultation for Ambulatory Referral to Pediatric Physical Therapy for left closed ankle fracture. She can be scheduled with the first available provider in the department.

Obtain the Authorization

1. Open Audrey's **Appointment Desk** and go to **Active Requests** tab

Future

Active Requests

Referrals

ID	Days Sin...	Create Dt	Start/Req Dt
2192919	0	02/26/2025	02/26/2025

2. Collapse the **Sidebar** if needed.
3. Navigate to the **Active Requests** sub-tab.
4. Highlight Request and click **Edit** button on bottom toolbar.

Future

Active Requests

Referrals

ID	Days Sin...	Create Dt	Start/Req Dt	Sent to Pt?	Status	Type	Proc/Visit Type	Responsible Dept	Request Notes	Standing/...	Class	Priority
2192919	0	02/26/2025	02/26/2025		Need Sched	Outpatient Referral	Ambulatory Referral to Pediatric Physical Therapy	REHAB PED OP PT PARN		Future	UCSF	Routine

Schedule

Walk In

Add-on

Expand

Edit Notes

Cancel Request

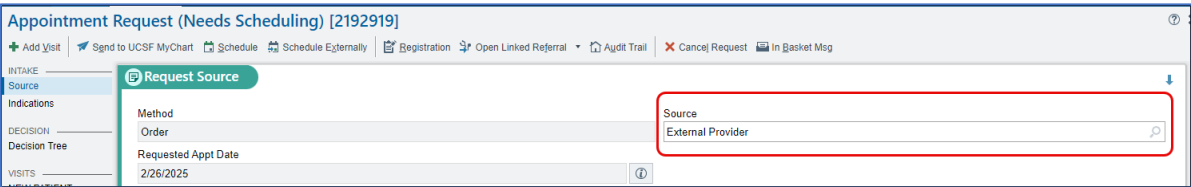
Edit

View

Open Linked Referral

In Basket Msg

5. The **Referral form** appears.
6. **Collapse** the Sidebar.
7. If **Source** has populated with *Internal Provider* update to *External Provider*



Appointment Request (Needs Scheduling) [2192919]

+ Add Visit | Send to UCSF MyChart | Schedule | Schedule Externally | Registration | Open Linked Referral | Audit Trail | Cancel Request | In Basket Msg

INTAKE
Source
Indications
DECISION
Decision Tree
VISITS

Request Source

Method
Order
Requested Appt Date
2/26/2025

Source
External Provider

8. Navigate to **New Patient** (it's under VISITS in the Form Navigator)

The screenshot shows the 'Appointment Request (Needs Scheduling) [41206]' form. The left sidebar has a 'VISITS' section with a 'NEW PATIENT' button highlighted. The main content area has a 'NEW PATIENT' section with an 'Override Defaults' button highlighted. The 'Override Defaults' button is also highlighted in the 'NEW PATIENT' section of the main content area. The 'Destination' field is set to 'Pediatric Physical Therapy'. The 'Request Routing' field is set to 'REHAB PED OP PT MB'. The 'Tags' field is empty.

9. Click Override Defaults

This allows you to update specifics for the visit including Visit Type, Start Date, End Date plus specific provider. Dates limit when a patient can schedule if sending to patient to schedule through MyChart.

The screenshot shows the 'Appointment Request (Needs Scheduling) [49615]' form. The left sidebar has a 'VISITS' section with a 'NEW PATIENT' button highlighted. The main content area has a 'NEW PATIENT' section with an 'Override Defaults' button highlighted. The 'Override Defaults' button is also highlighted in the 'NEW PATIENT' section of the main content area. The 'Destination' field is set to 'Pediatric Physical Therapy'. The 'Request Routing' field is set to 'REHAB PED OP PT PARN'. The 'Tags' field is empty.

10. Edit the **New Patient** section

NEW PATIENT

Default visit type from order: NEW PATIENT

Department: REHAB PED OP PT PARN

Visit Type: NEW PATIENT [2252]

Start Date: Start End Date: End

Notes:

Provider/Resource: Enter a Provider/Resource, Subgroup, Department, Specialty, or Center

Provider/Subgroup: Chris-Cad Zztrncad, PT in REHAB PED OP PT PARN

Discard Override

Previous Next

- **Department:** *Rehab Ped OP PT Parn*
(This should have auto populated. Update if needed)
- **Visit Type:** the correct selection is *New Patient [2252]* but enter *:Follow Up* and select **Follow Up 30** from the list.
- **Search for Providers:** enter your *Chris-CAD* physical therapist provider
- **Provider/Resource:** enter your *Chris-CAD* physical therapist provider
Alternatively, enter "All" to allow appointment to be scheduled with any available provider
- Click **Next**

11. Next took you to the **Destination** section

Destination

Specialty: Pediatric Physical Therapy

Subspecialty:

Previous Next

- **Specialty:** *Pediatric Physical Therapy*

12. Navigate to the **Request Routing** section

Request Routing

Responsible Department: REHAB PED OP PT PARN

Previous Next

- **Responsible Department:** REHAB PED OP PT PARN

Appointment Request Tags and Tasks

Tags may appear by default or manually added as needed. Video Visit, In Person or Telephone tags will cause the equivalent visit mode to default when scheduling.

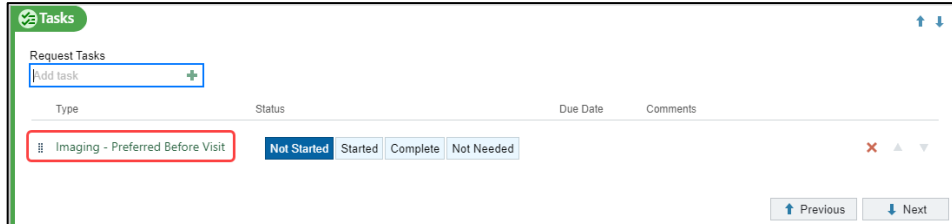
- If manually adding tasks, ensure any tasks required before scheduling are listed first. You can change the order of a task by selecting it and using the arrows to the right.
- The same tasks can be added multiple times. For example, if you need to track two distinct types of labs use the Labs task twice and enter additional information in the Comments to distinguish them.

13. Navigate to **Tags**



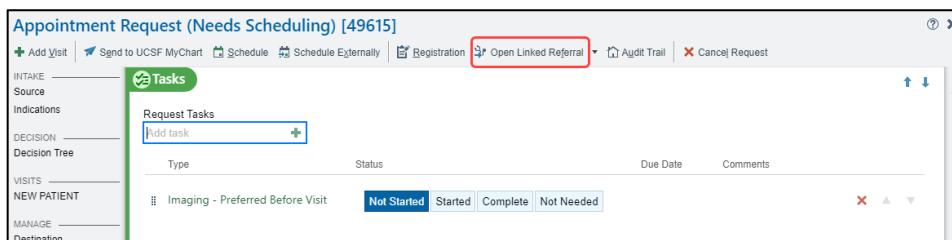
- If needed, click on the **pencil** icon
- Tags: Select **In person**

14. Navigate to **Tasks**



- **Request Tasks** field:
- Type **Imaging Preferred...**
- Select **Imaging – Preferred Before Visit** and enter comments as needed

15. Click Open Linked Referral on Appointment Request toolbar.



When you Transcribe an order both the Appointment Request and the Referral are created and automatically linked.

16. Go to the next page

[Update Referral Information](#)

When the referral is automatically generated from an internal order or manually from appointment request, certain information (i.e., Diagnoses, Services, Referring Provider, and Specialty) will pull info the referral record.



Scenario: Audrey-CAD's referral states she should go to **REHAB PED OP PT PARN** department.

Additionally, Audrey-CAD's insurance company has approved six visits per the physician's request: authorization number 101403. She is approved to receive care at UCSF for six months, one visit per month.

17. **Collapse** the sidebar

18. The Referral opens to the **General** section

- Confirm **Priority** is *Routine*.
If a paper requisition indicates Urgent, update the priority accordingly.
- Notice the **Referral Type** defaulted as *Consultation*
- Confirm or Update **Class** to *Incoming*

19. Navigate to **Referred By/To** section

- **Referred By > Provider & Address field:** Verify David Russell Allen (*if your department populates in the Referred By Department, you can delete it.*)
- **Referred To > Department field:** Confirm or enter *REHAB PED OP PT PARN* if it is not there. (*In training you may have to clear field to input department*)



Scenario: Reminder: Authorization from Health Net is # 101403 from the fax with approval dates starting from today expires in 6 months.

20. Review **Diagnoses** panel

21. Review the.

This information pulled in from Transcribed Order.

22. Move to **Authorization** section.

The screenshot shows the 'Authorization' section of a software interface. It features two main columns: 'Remaining Counts' and 'Authorized Counts'. The 'Remaining Counts' column shows '6' in a large circle, with '0 Completed' and '0 Scheduled' below it. The 'Authorized Counts' column shows '6' in a large circle, with '6 Authorized' and '6 Requested' below it. Below these columns is a section for 'Referral Counts' with a 'Recurring' checkbox. Under 'Referral Counts', there are two input fields: 'Requested' and 'Authorized', both containing the number '6'. Below this is a section for 'Referral-Level Authorization Information' with a 'Default Dates' button. This section contains three date fields: 'Start Date' (2/26/2025), 'Expiration Date' (8/26/2025), and 'IBNR Date' (8/16/2027). A red rectangle highlights the 'Requested' and 'Authorized' input fields.

- Update **Referral Counts** in **Requested** and **Authorized** to 6
- Update **Expiration Date** to M+6

23. Click on the **coverage's name** (in blue ink) and the link will open a window

The screenshot shows a 'Coverage Authorization' window. The title bar reads 'Coverage Authorization: E-HEALTH NET/HILL PHYS MED GRP/SF UC HNET'. The window contains a 'Reference #' field and an 'Auth #' field. The 'Auth #' field contains the value '101403' and is highlighted with a red rectangle. Below these fields is a '+ Auth Comments' link. At the bottom left is a 'Close' button with a checkmark icon. At the bottom right are 'Previous' and 'Next' buttons with up and down arrows respectively. The top right corner displays 'Member ID: 919238171 (Effective from 05/01/2018)' and an 'Auth Snapshot' button with a magnifying glass icon.

- **Auth #:** 101403
- Click **Close**



Who requests visits? Who authorizes visits?

24. Navigate to **Communications**



Are there any notes in the history? If so, what is the note type?

25. + Note

- **The Note window appears**
- **Note Type:** General
- **Summary:** *Auth # 101403*
- **Put in a sample note -OR- Type:** “Received referral for PT via fax from Dr. Allen’s office, auth #101403 approved for 6 visits (1 per month), expires (enter 6 months from today). Scanned copy of referral in Media Manager, my call back number is 415-353-4017.” (Be sure to enter actual dates provided by payor if different from default dates)
- Click **Confirm**

26. The Note displays in the history for **Communications**

The screenshot shows the 'Communications' window. On the left, the 'History' tab is active, displaying a list of notes. The first note is highlighted with a red box: 'Sally-Cadsched Zzcadmaster' with a star icon and a timestamp of 'Today 09:12 PM'. The note text is 'General-Received referral for PT via fax from Dr. Allen's office, auth #101403 approved for 6 visi...'. Below it is another note from 'Sally-Cadsched Zzcadmaster' with a timestamp of 'Today 08:55 PM' and text 'Provider Comments-Provider Comments'. On the right, the 'Note' window is open, showing the same note text: 'Received referral for PT via fax from Dr. Allen's office, auth #101403 approved for 6 visits (1 per month), expires 8/26/2025. Scanned copy of referral in Media Manager, my call back number is 415-353-4017.' The note type is 'General'. The window title is 'Sally-Cadsched Zzcadmaster' and the timestamp is 'Today 09:12:08 PM'. There are icons for 'Edit Note', 'Open Note', 'Print Note', 'Print Text', and 'Delete'.

27. Navigate to **Scheduling**

- Update **Scheduling Status** to *Ready to Schedule*

28. Update referral **Status** to *Authorized* (box at the bottom left)

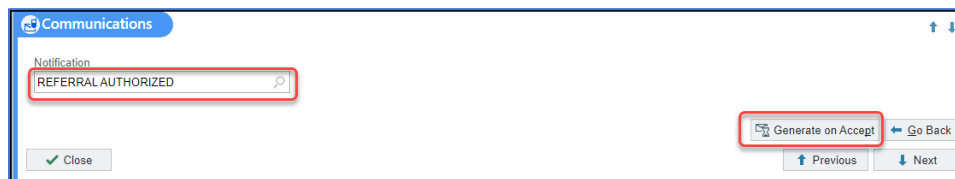
# 4794	Status: Authorized	Reason: None	★
--------	---	---	----------------------------------

29. Click **Accept** to close referral
30. Click **X** to close **Appointment Request**
31. Appointment Desk re-appears
32. **Skim / Read the next two pages and continue to work on patient Audrey at the “Scheduling from Appt Desk” section.**

Referral Communications Notification (Please Read - Informational)

Notification events within the Communications section of the referral allows information to be sent to external providers and patients. These notifications, which can be sent via fax or SMS, may include updates such as confirmation that a referral has been received or requests for additional information need to process the referral or obtain authorization.

1. From **Communications**
2. Click **+ Notification**.
 - Select appropriate Notification
 - Click **Generate on Accept**



Notification will be sent when you click **Accept** or **Accept & Stay** to save changes and/or exit referral.

Hello World SMS Referral Notifications

Hello World is Epic's integrated Text Management platform.

Referral coordinators can send standardized text messages to patients regarding the status of their referral. Patients must have a mobile phone number listed in the Mobile number field in Demographics of registration and must **opt in** to receive SMS text message notifications from UCSF.



Note: APeX will automatically **opt in** any patient who has signed a TACOS within the last three years to receive SMS text messages.

New patients who have never been seen at UCSF will be unable to receive SMS text communications until they opt in.



Note: SMS messages can be sent based on the referral status. Sending SMS messages will only work when you are logged into a department that has opted into the feature. Refer to the [SMS Text Messages for Patient Referrals](#) tip sheet for additional information.

[Provider Not in Dictionary Workflow \(Please Read - Informational\)](#)

Provider Not in Dictionary entries will be routed to the appropriate Provider Not In Dictionary – To Research patient workqueue. Follow these steps when using Provider Not in Dictionary as the Referring Provider.

1. Click **Communications** section
2. Click **+ Note**
3. Select **Note Type** Provider Not in Dictionary Request
4. Enter referring provider's first name, last name, address, and phone number in place of Wild Cards (asterisks).
 - Use **F2** move to next field where asterisks appear in Smart Text
 - Text will highlight; begin typing
 - If address or phone number is not known, delete asterisks to complete the note and click **Confirm** to save

The screenshot shows the 'Communications' window with the 'Note Type' dropdown set to 'Provider Not in Dictionary ...'. The form contains the following fields:

- Provider's first name: [***]
- Provider's last name: [***]
- Provider's address: [***]
- Provider's phone number: [***]

The 'Confirm' button is highlighted with a red box.

Scheduling from Appointment Request

The Appointment Desk has upper and lower toolbars. The toolbar to use depends on which half of the screen needs an action. When scheduling Appointment Requests, always select **Schedule** on the lower toolbar. This links the appointment request to the scheduled appointment and releases the order for the technician.

- Lower toolbar controls actions related to Future, Past, Active Requests, Finalized Requests, and Referrals tabs.
- Upper toolbar controls actions related to patient scheduling.

When scheduling Appointment Requests, review complete details of Request Summary and Scheduling Instructions as the provider enters answers to order specific questions. Schedulers need to know this information during the scheduling process.



Scenario: You contact Audrey's parent to schedule her initial visit, and they can bring her in any day next week.

1. Open Audrey's **Appt Desk**
2. Click **Active Request** tab and highlight the Appt Request
3. Click **Expand** to review the Summary. When you expand the request you can view the summary, history and the current workqueue for the request.

Expand

Book It

Patient: Aberdeen, Audrey-Cad [2003526] ID: 2875953

Procedure: Referral to Pediatric Physical Therapy - Destination: BCH San Francisco; Destination: BCH San Francisco

Status: Needs Scheduling

Requested appt date: 10/11/2025 (Approximate)

Authorizing: David Russell Allen, MD in REHAB PED OP PT PARN

Referral: 24533 (Authorized)

Responsible dept: REHAB PED OP PT PARN

Expires: 10/11/2026

Priority: Routine

Diagnosis: Fracture of ankle, left, closed, initial encounter [S82.892A]

Summary

Comments

Transcribe Order

Order Specific Questions

Destination: BCH San Francisco [2]

Date of onset

Destination: BCH San Francisco [2]

Triage Information

Status: Not Needed

Decision: None

Priority: Routine

Schedule by Date: 10/25/2025

Comments:

Request Tasks

Name	Status	Due date	Comment
Imaging	Not Started		
Preferred Before Visit			

Request History

Action	Date and Time	User	Details
Request Created	10/11/2025 20:54	Earl Lee	Responsible dept: REHAB PED OP PT PARN
Task Added	10/11/2025	Earl Lee	Imaging - Preferred Before Visit

Close

4. Click **Close** to close out of the expand window
5. Click **Schedule** from bottom-left tool bar

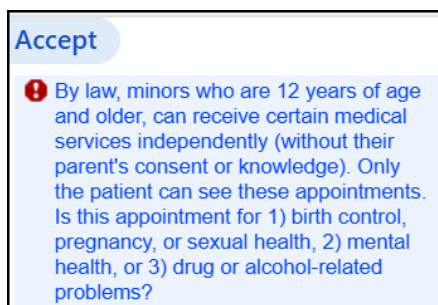
6. **Book It** opens
7. **From here you would follow the normal scheduling workflow:**
NO providers are available at this time in training. End here.
-OR-
8. click **Apply** on Decision Tree window
9. Update department to REHAB PED OP PT PARN
10. Enter a note, *New Patient consult for left ankle fracture*
11. In the Provider field, enter your *Chris-CAD* PT provider if not already populated from request
12. Update date field to **W+1**
13. Double-click on a **desired appointment**
14. Click **Schedule** and complete scheduling
15. Complete the **Form Navigator**
In **Enc Details**, confirm or update **Private Encounter** field to *No*



What provider populated in the Referring Provider field?

16. Click **Verify All** in the Checklist

- If the coverage is not verified, try clicking Refresh 
- **If this error appears:**



This error indicates that you neglected to set Private Encounter to No.

Click on the error and change the field.

17. Click **Accept** to exit registration
18. You are returned to the Appointment Desk. The request is scheduled and now appears on the **Finalized Requests** tab.

Future Referrals Finalized Requests								
Request ID	Days Sin...	Create Dt	Start/Req Dt	Days Until ...	Status	Type	Proc/Visit Type	Responsible Dept
2875953	0	10/11/2025	10/11/2025	13	Sched	Outpatient Referral	Referral to Pediatric Physical Therapy - Destination: BCH San Francisco; Destination: BCH San Francisco	REHAB PED OP PT PARN

19. Close **Appt Desk**

Review Questions

1. When might you Transcribe an Order in APeX?
2. What do you do if all the information you need is not included?
3. True/False: I can enter an order to prep it for a provider in my office.
4. Where can you document and track communication methods and outcomes in the Referral?

BCH Oakland Referral Workflow – SKIP UNLESS YOU ARE BCH



BCH Oakland Departments Only

Learning Objectives

In this section you will learn how to:

- ☐ Find BCH-Oakland location referral/authorization workqueues in APeX
- ☐ Define BCH-Oakland referral statuses, referral scheduling statuses, and workqueue actions

In the Referrals and Authorization lesson, we reviewed the Referral and Authorization Guiding Principles and UCSF Standards of Referral Excellence for UCSF SF and BCH Oakland locations.

As previously mentioned, there are six types of referral/authorization workqueues for BCH Oakland locations: Referring Department Needs Auth Review, Referred to Specialty Needs Auth Review, Referred to Specialty Needs to be Scheduled, Referred to Specialty Needs Auth Review & Ready to Schedule combined, Referred to Department Needs Clinical/Authorization Review, and Central Auth Dept-CE Incoming Referrals workqueues.

- **Referring Department Needs Auth Review** – referrals in an unauthorized status used by Referring Department staff to review and update authorization status
- **Referred to Specialty Needs Auth Review**- Ambulatory referral orders internal providers generated, or external providers (MD Link or transcribed) sent that require review by authorization staff to follow up with patient's referring provider or referring department, and/or payor to obtain valid authorization approval information
- **Referred to Specialty Needs to be Scheduled** – authorized referrals that are ready to be scheduled by the Referred to Specialty staff
- **Referred to Specialty Needs Auth Review and Ready to Schedule** – referrals in an unauthorized status and/or authorized referrals that need to be scheduled managed by the same staff
- **Referred to Department Needs Clinical/Authorization Review** -
- **Central Auth Dept-CE Incoming Referrals** – captures referrals from external providers via Care Everywhere, worked by Central Auth Department staff only

BCH Oakland Central Authorization Department support Bay Physicians and follow Standard Work Instruction for Referrals and Authorizations related tasks. See **BCH Oakland** department leadership for specific guidelines related to the specialties or departments you support. If reporting to **BCH Oakland** Central Authorization, see management and follow departmental standards, policies, and protocol as directed.

Use the Scheduling section to update to the appropriate Scheduling Status per your department policy.

BCH Oakland Referral Status Definitions and Workqueue Actions

Epic Referral Status	APeX Referral Status	Needs Auth Review WQ Action	Definition
Approved-Good-to Go	Status -Authorized Auth Reason -Approved-Good to Go	N/A	Imaging Department use only
Authorization Pending	Status -Pending Review Pend Reason -Authorization Pending	Remains in WQ until expiration date	New patient referral is awaiting authorization but is OK to schedule
Authorized	Status -Authorized	Will drop from WQ	Referral is authorized by payor and authorization information has been completely attached to referral
Canceled	Status -Canceled	Will drop from WQ	Referral has been canceled by the referring provider
Clinical Review Approved	Status -Pending Review Pend Reason -Clinical Review Approved	Remains in WQ	Referral has been approved by department-specific clinical review clinician
Clinical Review Denied	Status -Denied Denial Reason -Clinical Review Denied	Remains in WQ	Referral has been denied by department-specific clinical review clinician
Clinical Review Pending	Status -Pending Review Pend Reason -Clinical Review Pending	Remains in WQ	Referral has been submitted to department-specific clinical review clinician
Closed	Status -Closed	Will drop from WQ	Incomplete referral has expired or been closed for other reason
CSA-Auth Review	Status -Pending Review Pend Reason -CSA Auth Review	N/A	Central Scheduling and Authorization (CSA) department use only
Denied	Status -Denied	Will drop from WQ	Referral has been denied by CHO or payor and denial reason has been documented
Incomplete	Status -Incomplete	Remains in WQ	Do not use
Missing Information	Status -Pending Review Pend Reason -Missing Info	Remains in WQ until expiration date	Referral is missing key information prior to being scheduled

Epic Referral Status	APeX Referral Status	Needs Auth Review WQ Action	Definition
New Referral	Status -New Request	Remains in WQ	A new patient referral has been recently submitted through MD Link and requires review
New Referral-Reroute	Status -Pending Review Pend Reason -New Referral-Reroute	Remains in WQ	A new patient referral was initially sent to the incorrect department and has been recently re-routed to different department
New Request	Status - New Request	N/A	Default status of a referral prior to actual submission. Should never be used in a submitted referral.
No Authorization Required	Status -Authorized Auth Reason - No Auth Required	Will drop from WQ	Referral has been validated to not require an authorization
Referral Authorization-Clinical Review Required	Status -Authorized Scheduling Status -Referral Authorized-Clinical Review Required	Remains in WQ	Referral has been Authorized and awaiting required Clinical Review from the clinician
Open	Status -Open	Remains in WQ	Prefer that "Open" is not used as a Referral Status as it does not give us any information about the Referral
Pending Review	Status -Pending Review	Remains in WQ	A new patient referral has been recently submitted through Epic Referral Entry and requires review
Send to Central Auth	Status -Pending Review Pend Reason -Send to Central Auth	Will drop from WQ	Referral is ready (pending a scheduled appointment) to go to CSA for authorization validation (for CSA supported departments only)

General

Referral # 8482 Type Consultation Priority Routine

Referral Status

Status Pending Review Pend Reason CSA- Auth Review (used by) Deny

Last Updated: 10/29/2022

Example Referral Status and Pend reason – Pending Review /CSA-Auth Review

BCH Oakland Referral Scheduling Status Definitions

APeX Scheduling Status	Ready to Schedule Workqueue (WQ) Action	Definitions
All Visits Complete	Will drop from WQ	All authorized visits for this referral have been completed
All Visits Scheduled	Will drop from WQ	All authorized visits for this referral have been scheduled
Appointment Canceled	Remains in WQ	If all visits are scheduled on a referral, then someone cancels it, the scheduling status should change to this. This can alert users that they need to reschedule a visit.
Appt Pending	Remains in WQ	Used for Authorized visits when there are no appointments available in the department
Called 1x	Remains in WQ	A first attempt to schedule was made and a message was left
Called 2x	Remains in WQ	A second attempt to schedule was made and a message was left
Called 3x	Remains in WQ	A third attempt to schedule was made and a message was left
Do Not Schedule	Will drop from WQ	Do not need to be schedule anymore
Mailed - call us letter	N/A	Imaging Department use only
Patient Refusal	Will drop from WQ	Used when patient has refused a visit. The referral close reason should match this status
Pending Authorization	Will drop from WQ	Default Scheduling Status. Will not show up in <i>Ready To Schedule Workqueue</i> .
Ready to Schedule	Remains in WQ	Referral is ready to be scheduled. This status triggers a referral to move into the "To Be Scheduled" workqueue

APeX Scheduling Status	Ready to Schedule Workqueue (WQ) Action	Definitions
Referral Authorized – Clinical Review Required	Remains in WQ	Referral has been Authorized and awaiting required Clinical Review from the clinician
Scheduled	Will drop from WQ	Referral appointment has been scheduled
Some Visits Scheduled	Will drop from WQ	At least one visit has been scheduled against a referral authorized for multiple visits
Unable to Contact	Will drop from WQ	Three attempts to contact have been made. Referring physician has been notified that patient was unable to be contacted
Unknown	N/A	Do not use

Example Referral Status - Pending Review with Pend reason - Clinical Review Pending
Scheduling status – Referral Authorized – Clinical Review Required



Note: Check with your department for Referral Status being used when Clinical Review is required or pending, as some referral statuses will drop or remain in referral/authorization workqueues

Review Questions

1. Where do you indicate a referral has been authorized but requires clinical review?

Schedule Referral from Appointment Desk – Independent Exercise

Referrals are schedulable from various places in APeX. Previous exercises walked through scheduling referrals from a Referral/Authorization Workqueue. Referrals can also be scheduled directly from a patient's appointment desk.

This typically occurs when a patient contacts the department prior to the department contacting the patient. In this case the most efficient way to schedule the patient's referral is to go directly to the appointment desk and schedule from the Referrals tab.

Learning Objectives

In this section you will learn how to:

- ☐ Schedule a referral from a patient's appointment desk
- ☐ Assign a referral to an appointment



Scenario: Brooks-CAD has called in. His provider ordered a referral to Physical Therapy, and he would like an appointment for Thursday with Physical Therapist, Chris-CAD.

1. Open Brooks-CAD's **Appointment Desk**
2. Click **Referrals** tab and select Physical Therapy referral marked *Ready to Schedule*
3. Click **Schedule from Referral** on bottom toolbar

Appointment Desk

Patient Summary (Edit #)

Zzcadmaster, Brooks
8887 Garden Plot Way
SAN FRANCISCO CA 94144

MRN: 10039061
DOB: 2/25/1972
SSN: xxx-xx-3827
Home: 415-532-2626

Sex: Male
Age: 53 yrs
Lang: English
Work: 510-444-6789
HM

Reg Sts: Elapsed
Email: bdp123@mail.com
Intrpr: No
Mobile: 415-979-2326

Patient Guarantor Accounts

Guar Acct Name	Ver Status	Guar #	SA	Type	Fin Class	Balance
Zzcadmaster Brooks	Elapsed	7757	UCSF	P/F	HEALTHNET	0.00
Cvg Status	Subscriber					
Elapsed						

Referrals

Referral #	Created	Referred By	Referred To	Referred To ...	Class	Status	Status Reason	Sched/Co...	Sched Status	Payer	Orders
24534	10/12/2025	Diana McQueenie, MD	REHAB PT FP MB	Physical Therapy	Internal	New Request		0 / 0	Pending Authorization	ANTHEM [138]	REF87 - REFERRAL TO PHYSICAL THERAPY

Expand **Schedule from Referral** **View Referral** **Counts** **New Referral** **Edit Referral** **Copy Referral**

4. Department, visit type, and appointment notes automatically populate from referral
 - Confirm *New Patient [2252]* visit type, reason for visit and linked record in the visit card
5. In **Add a provider** field type your *Chris-CAD* (Physical Therapist listed on Classroom Information sheet) provider

6. Select **next Thursday** in date field above the calendar
7. Complete the Scheduling and Registration process. This visit is not Accident related or private. Notice that the Referring provider defaults from referral, and a auto-HAR is created with Therapy Series Patient Class and Personal/Family guarantor account type, update Communication Preferences for future appointment reminders via text message if needed, and verify checklist.



Why did the referring provider auto populate in Registration?

8. After scheduling, **complete registration** and continue through any **Checklist** confirmation warning messages that do not apply.
9. APeX returns to the **Referrals tab** of the Appointment Desk. Sched/Comp column now indicates 1/0 for one appointment schedule, zero complete. Sched Status column on Referral has automatically updated to All (or Some) Visits Scheduled.
10. The **Future tab** displays a red **X** or green check in the Auth Status column indicating the status of the referral assigned to the appointment. A green checkmark will display if linked referral was authorized.

Future	Referrals	Finalized Requests									
Visit Type	VISIT MODE	Provider	Dept	Appt Notes	Req	Disposition F...	Check Out C...	ABN STATUS	A...	RF...	Hosp Acct
NEW PATIENT [2252]	In Person [1]	Chris-Cad Dublin [CAD21386]	REHAB PT FP MB [3010013]	Acute shoulder pain						 	70075104

Assign Referral to Appointment If Needed – Please Read

There are occasions when there is an existing appointment and an existing referral but the two are not assigned (linked) to each other. It is important for referrals to be linked to an appointment to track number of authorized visits, to ensure accurate billing of services, and for auditing.

When this occurs, access the patient appointment desk, and link the existing appointment to the existing referral.

1. Open Brooks-CAD's appointment desk
2. On **Future** tab, select appropriate referral
3. Click **Assign Referral** on bottom toolbar

Future													Active Requests		Referrals	
H	Encounter Date		Time	Ap.	Status	Visit Type	VISIT MODE	Provider	Dept			Appt Notes	Req	Disposition F		
		9/12/2024 Thu	9:00 AM	60	Sch	NEW PATIENT [2252]	In Person [1]	Chris-Cad Ztrncad [CADCHRIS#]	REHAB PT FP MB [3010013]			Acute shoulder pain				

- In Appointment Information window, click **Assign** button

Referrals for Zztrncad, Brooks-Cad

Refresh Flip New Edit Copy Referral **Assign** Unassign Message Void Referral Counts Sched St Filter

Appointment Information

Name: Zztrncad, Brooks-Cad MRN: 20043024
 Date: 9/12/2024 Status: Sch
 Time: 9:00 AM Length: 60
 Visit Type: NEW PATIENT [2252] Copay: \$0.00
 Provider: Chris-Cad Zztrncad, PT Department: REHAB PT FP MB
 Referral #: Referral Status:
 Notes: Acute shoulder pain
 Made On: 9/11/2024 2:11 PM By: ZZCADMASTER, SALLY-CADSCHED
 Link to Requests: 9/11/2024 2:19 PM By: ZZCADMASTER, SALLY-CADSCHED

Filtering On: Appt Department

Referral ID	A. Ms Type	Class	Status	Status Reason	Referred By	Referred To	Starts	Expires	Visits Left	Sched/Com...	Payer
6212	Consultation	Incoming	Authorized	No Auth Required	Stephen Arn...	REHAB PT FP MB Physical Therapy	09/10/2024	09/10/2025	1	0 / 0	ANTHEM

- A checkmark icon appears indicating the referral is assigned to the appointment and how many appointments are schedule for this referral.

Referral ID	A. Ms Type	Class	Status	Status Reason	Referred By	Referred To	Starts	Expires	Visits Left	Sched/Com...	Payer
6212	Consultation	Incoming	Authorized	No Auth Required	Stephen Arn...	REHAB PT FP MB Physical Therapy	09/10/2024	09/10/2025	0	1 / 0	ANTHEM

- Click **X** to close. The Future tab displays a green checkmark and clipboard icon in the RFL column based on the status (authorized) of referral assigned to the appointment. A red X will display if the referral is awaiting authorization.

Visit Type	VISIT MODE	Provider	Dept	Appt Notes	Req	Disposition F...	Check Out C...	ABN STATUS	Auth Status	RFL	Hosp Acct
NEW PATIENT [2252]	In Person [1]	Chris-Cad Zztrncad [CADCHRIS#]	REHAB PT FP MB [3010013]	Acute shoulder pain							70063941

Green checkmark and clipboard icon will only display on Future tab if assigned Referral has a status of Authorized

Review Questions

- Where can a referral be scheduled from in APeX?
- True/False: a referral must be scheduled at the time of authorization.

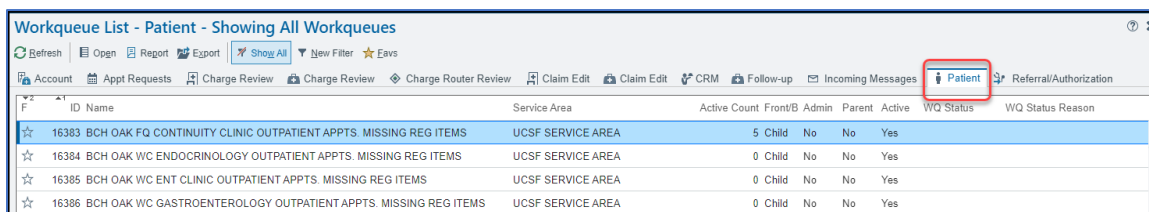
Patient Workqueues - TRAINER DEMO

APeX has many built in rules to assist staff in collecting information and completing all required and recommended fields during registration workflows. Occasionally it may not be possible to gather the information at the time of registration or scheduling, such as if the person making the appointment is not the patient, if the information is not present/available, if a call is disconnected, etc. In cases like this, the patient contact will appear on a **Patient Workqueue** indicating additional action is needed.

Patient workqueues capture missing registration items, encounters without a linked referral, e-rejected coverages, registration items that require any type of follow up or correction, and scheduled appointments that need authorization. Patient workqueues work similarly to Referral/Authorization workqueues. Filters and Favorites as outlined for Referrals Workqueues also apply for Patient workqueues.

Open **Patient Workqueues**:

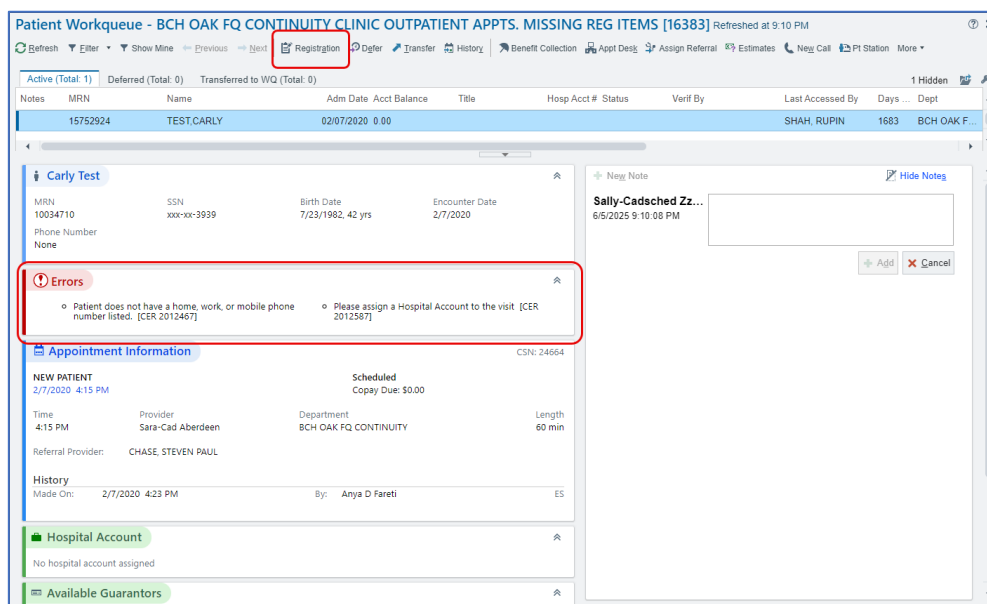
1. Click **Workqueue List** on the Epic Toolbar
2. Select **Patient** Tab



ID	Name	Service Area	Active Count	Front/B	Admin	Parent	Active	WQ Status	WQ Status Reason
16383	BCH OAK FQ CONTINUITY CLINIC OUTPATIENT APPTS. MISSING REG ITEMS	UCSF SERVICE AREA	5	Child	No	No	Yes		
16384	BCH OAK WC ENDOCRINOLOGY OUTPATIENT APPTS. MISSING REG ITEMS	UCSF SERVICE AREA	0	Child	No	No	Yes		
16385	BCH OAK WC ENT CLINIC OUTPATIENT APPTS. MISSING REG ITEMS	UCSF SERVICE AREA	0	Child	No	No	Yes		
16386	BCH OAK WC GASTROENTEROLOGY OUTPATIENT APPTS. MISSING REG ITEMS	UCSF SERVICE AREA	0	Child	No	No	Yes		

3. Double click Workqueue to enter

Workqueue will have a list of patients in the upper half. Select a patient to see report in lower half of screen with Details of missing information. Click **New Note** to enter documentation relevant information and use **New Call** to document communication, such as outgoing call resulting in a left message.



Active (Total: 1) | Deferred (Total: 0) | Transferred to WQ (Total: 0)

Notes	MRN	Name	Adm Date	Acct Balance	Title	Hosp Acct #	Status	Verif By	Last Accessed By	Days	Dept
	15752924	TEST CARLY	02/07/2020	0.00					SHAH, RUPIN	1683	BCH OAK F...

Carly Test

MRN: 10034710 | SSN: xxx-xx-3939 | Birth Date: 7/23/1982, 42 yrs | Encounter Date: 2/7/2020 | Phone Number: None

Errors

- o Patient does not have a home, work, or mobile phone number listed. [CER 2012467]
- o Please assign a Hospital Account to the visit. [CER 2012587]

Appointment Information CSN: 24664

NEW PATIENT 2/7/2020 4:15 PM | Scheduled Copy Due: \$0.00

Time: 4:15 PM | Provider: Sara-Cad Aberdeen | Department: BCH OAK FQ CONTINUITY | Length: 60 min

Referral Provider: CHASE, STEVEN PAUL

History

Made On: 2/7/2020 4:23 PM | By: Anya D Fareti | ES

Hospital Account

No hospital account assigned

Available Guarantors

Sally-Cadsched Zz... 6/5/2025 9:10:08 PM

Buttons: Add, Cancel

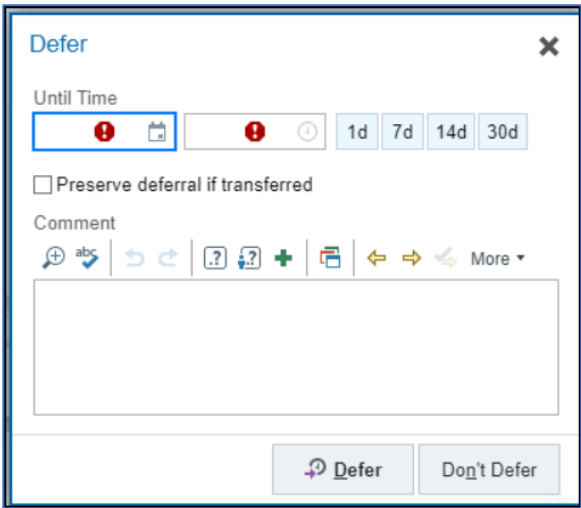
Example Patient Workqueue – Missing Reg Items

Click **Registration** to open Navigator and enter missing information or correct incomplete fields. Once missing items have been entered or corrected the contact will fall off the Patient workqueue. If any missing items remain, the bulleted item will display under Details section in bottom of workqueue.

Patient Workqueue Defer Options

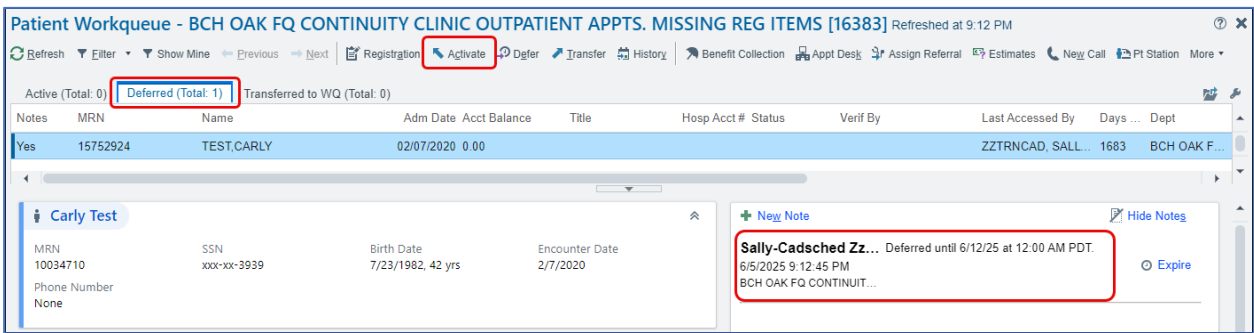
There are times when staff may need to follow up with the patient at a later date and/or time. Click **Defer** on workqueue activity toolbar to open Defer activity. Select appropriate speed button to defer for 1d, 7d, 14d, or 30d and enter a comment as to why contact is being deferred.

The Preserve deferral if transferred check box allows users to preserve deferral date and time of contact when transferred to another administrative Patient workqueue for escalation. Contacts in patient workqueue can only be transferred to administrative patient workqueues.



The image shows a 'Defer' dialog box with a close button (X) in the top right corner. It contains the following elements: 'Until Time' section with a calendar icon, a red exclamation mark icon, and buttons for '1d', '7d', '14d', and '30d'; a checkbox labeled 'Preserve deferral if transferred'; a 'Comment' section with a text area and a toolbar containing icons for undo, redo, help, insert, link, unlink, and a 'More' dropdown; and two buttons at the bottom: 'Defer' (with a circular arrow icon) and 'Don't Defer'.

Staff can use the **Activate** button on **Deferred** tab to move a deferred patient contact back to the **Active** tab with one click.



The screenshot shows the 'Patient Workqueue' interface for 'BCH OAK FQ CONTINUITY CLINIC OUTPATIENT APPTS. MISSING REG ITEMS [16383]'. The top navigation bar includes buttons for 'Refresh', 'Filter', 'Show Mine', 'Previous', 'Next', 'Registration', 'Activate' (highlighted with a red box), 'Defer', 'Transfer', 'History', 'Benefit Collection', 'Appt Desk', 'Assign Referral', 'Estimates', 'Neg. Call', 'Pt Station', and 'More'. Below the navigation bar, a summary row shows 'Active (Total: 0)', 'Deferred (Total: 1)' (highlighted with a red box), and 'Transferred to WQ (Total: 0)'. A table lists patient records with columns: Notes, MRN, Name, Adm Date, Acct Balance, Title, Hosp Acct #, Status, Verif By, Last Accessed By, Days, and Dept. One record is visible: 'Yes', '15752924', 'TEST, CARLY', '02/07/2020', '0.00', with last accessed by 'ZZTRNCAD, SALL...' and department 'BCH OAK F...'. The details section for 'Carly Test' shows MRN '10034710', SSN 'xxx-xx-3939', Birth Date '7/23/1982, 42 yrs', and Encounter Date '2/7/2020'. A 'Neg. Note' section contains a note: 'Sally-Cadsched Zz... Deferred until 6/12/25 at 12:00 AM PDT. 6/5/2025 9:12:45 PM BCH OAK FQ CONTINUIT...' (highlighted with a red box), with an 'Expire' button.

Appointment Requests Workqueues – Explore Exercise

Learning Objectives

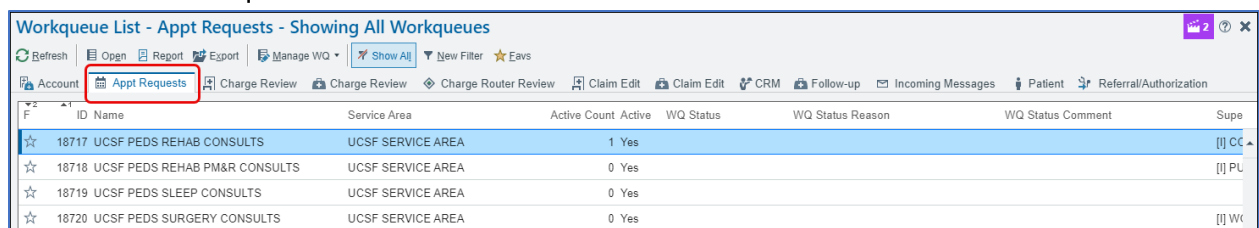
In this section you will learn how to:

- ☐ Navigate appointment requests workqueues
- ☐ Use filters and apply filter rules to workqueues

Use Appointment Request workqueues to find, schedule, and manage appointment requests. Staff can manage appointment requests in Appointment Request Consults, Procedures, or Follow Up workqueues and on the new **Active Requests** and **Finalized Requests** tabs on the Appointment Desk.

Explore Appt Request Workqueue UCSF PEDS REHAB CONSULTS-18717

1. Click **Appt Requests** tab on the Workqueue List and locate the UCSF PEDS REHAB CONSULTS workqueue.



ID	Name	Service Area	Active Count	Active	WQ Status	WQ Status Reason	WQ Status Comment	Supervisor
18717	UCSF PEDS REHAB CONSULTS	UCSF SERVICE AREA	1	Yes				[i] CC
18718	UCSF PEDS REHAB PM&R CONSULTS	UCSF SERVICE AREA	0	Yes				[i] PU
18719	UCSF PEDS SLEEP CONSULTS	UCSF SERVICE AREA	0	Yes				
18720	UCSF PEDS SURGERY CONSULTS	UCSF SERVICE AREA	0	Yes				[i] WC

2. Double-click workqueue 18717 (or select WQ and click **Open** on toolbar).

When viewing a list of appointment requests in the workqueue, the details about the selected request appear at the bottom of the screen. There are separate tabs for **Active** requests, **Deferred** requests, and request that were recently **Canceled**.

Appt Request Workqueue - UCSF PEDS REHAB CONSULTS [18717] Refreshed at 9:15 PM

Refresh

Defer

Filter

Transfer

Sched Assist

Schedule

Walk In

Reminder

Edit Request

Resp Department

Sched Ext

Appt Desk

Pat Demog

Edit Notes

More

Active (Total: 1)

Deferred (Total: 0)

Canceled (Total: 0)

Create Dt	Primary App...	Appt Dt	Next Incomplete Task	Pt Name (w Preferred)	Ins Contracte...	# Calls to Sched	Comm Outco...	Sent to Pt?	Decline Reas...	MyC Status	Procedure/Visit Type
06/05/2025	REHAB PED...	06/12/2025	Imaging - Preferred B...	Dublin, Audrey-Cad	No	0	No	No	Inactivated	Ambulatory Referral to Pediatr...	

Appointment requests can appear in multiple workqueues if meeting the criteria for multiple workqueues. Staff can take action (e.g., Defer, Filter, Transfer, Schedule, Edit Request) on appointment requests using the activity toolbar or right-click menu. Double-click a request to open Book It activity to schedule the appointment or add request to the fL.

Appointment Requests Workqueue Types

Consults – includes all requests created manually, via referral interface, via referral automation tool, or as a referral order, excluding those with a method of “Follow-up” or a follow-up visit type.

Follow-ups – includes all requests with a method of “Follow-up” or a follow-up visit type.

Procedures – includes all requests created by a provider placing a procedure order; workqueues will continue to use their current groupings for procedures.

[Review Related Appointments in Appointment Request Workqueue](#)

Before scheduling an appointment request from the workqueue, review request details and check for any related scheduled appointments with the same specialty and region (i.e., UCSF, BCH Oakland, Marin, or Affiliate) scheduled on or after the creation date of the request.

Related appointments will appear on the bottom of the screen in order from latest date to earliest date; click hyperlink to view additional appointment details. DO NOT schedule the request from the workqueue to create a new appointment when there is already a scheduled appointment. Link the request to existing appointments when appropriate.

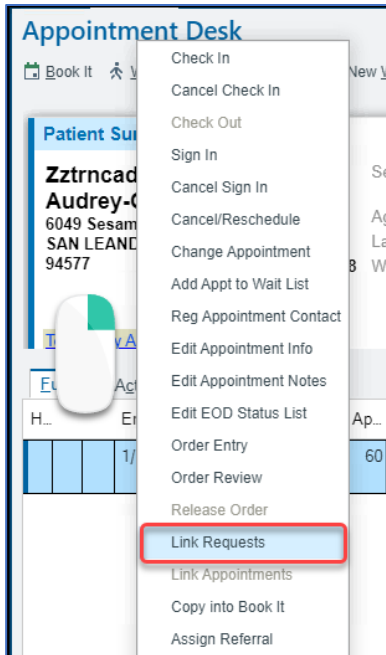
If you have questions or need additional clarification about a request before scheduling, send linked In Basket messages with the **In Basket Msg** button on the toolbar and view details about the message and provider responses in the In Basket Messages section of the report.

The screenshot displays the 'Appt Request Workqueue - UCSF REHAB ADULT REHAB CONSULTS [18743]' interface. The top toolbar includes buttons like 'Refresh', 'Filter', 'Transfer', 'Sched Assist', 'Schedule', 'Walk In', 'Reginder', 'Edit Request', 'Resp Department', 'Sched Ext', 'Appt Desk', 'Pat Demog', 'Edit Notes', 'Special Request', 'New Call', 'In Basket Msg', and 'More'. Below the toolbar, a table lists appointment requests with columns for Create Dt, Primary App, Appt Dt, Next Incomplete Task, Pt Name, Ins Contract, # Calls to Sched, Comm Outco, Sent to Pt?, Decline Reas, MyC Status, Procedure/Visit Type, Request Notes, Method, MRN, and St. Two requests for 'Zztrncadm, Julie-Ca...' are shown, both with a status of 'Activated' and a procedure of 'Ambulatory Referral to Physic...'. The left sidebar contains sections for 'Summary' (Patient: Aberdeen, Julie-Cadm, Procedure: Ambulatory Referral to Physical Therapy, Requested appt date: 9/16/2024, Referral: 6270, Expires: 9/16/2025, Diagnosis: Right knee pain, unspecified chronicity [M25.561]), 'Request History' (Action: Request Created, Date and Time: 09/16/2024 15:21, User: Drew Zztrncad, MD, Details: Orders Only Encounter, Responsible dept: LAKESHORE), and 'Referral (New Request)' (Created on: 9/16/2024, Referred by: Drew Zztrncad, MD, Referred to: Physical Therapy, Rehab Pt Fp Mb). The right-hand panel features 'Scheduling Instructions', 'In Basket Messages' (Pending Auth: Sally-Cadsched Zztrncad → Drew Zztrncad, MD, Received: Today), 'Order Specific Questions' (Reason for Referral: Right knee pain), and 'Patient's Appointment Requests (4/6/2025 to 8/4/2025)' (Thursday 06/12/2025, NEW PATIENT at 9:00 AM).

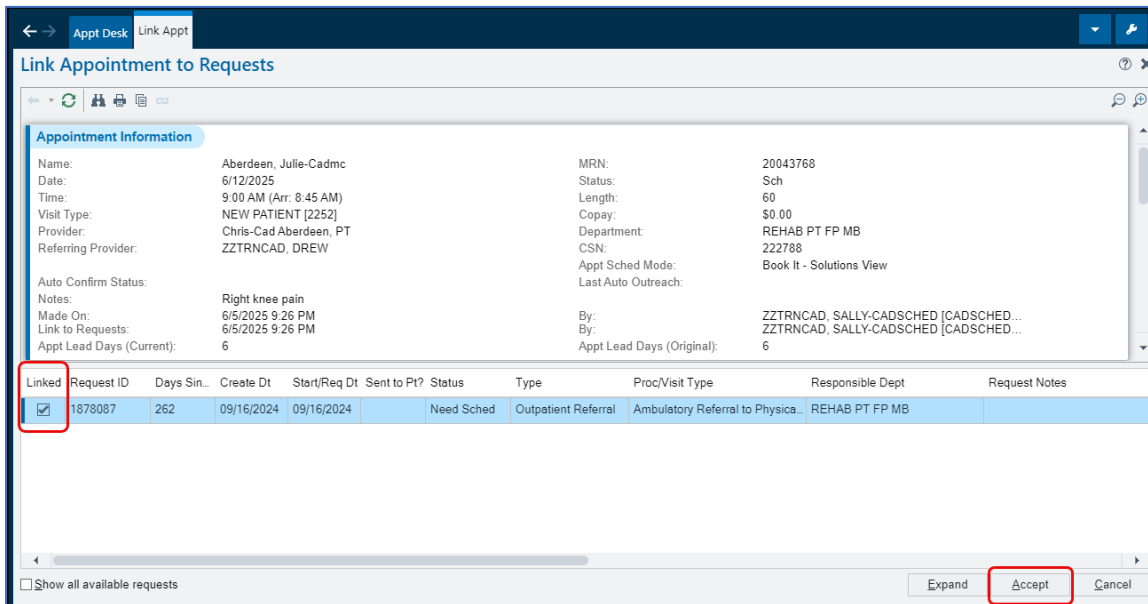
Example screenshot of Appt Request with In Basket Message and Linked Appointment

[Link Existing Appointment to Appointment Request From Workqueue](#)

Select appointment request and click **Appt Desk** on workqueue toolbar to open the patient's Appointment Desk. Locate scheduled appointment on Future or Past tab, right-click appointment that should be linked to appointment request and select **Link Request**.



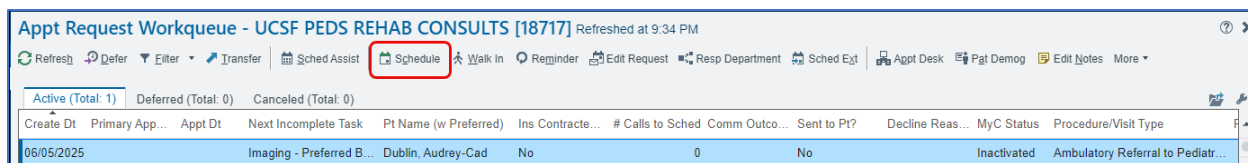
Appt Desk > right-click appointment > click Link Requests



Select checkbox in Linked column to link the appointment request and click **Accept**.

[Schedule Requests from Appointment Request Workqueue](#)

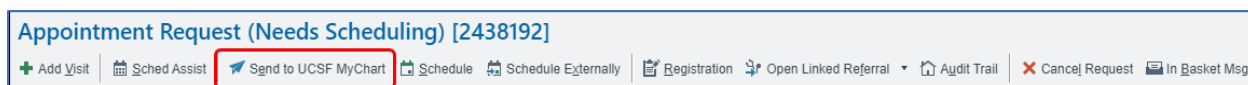
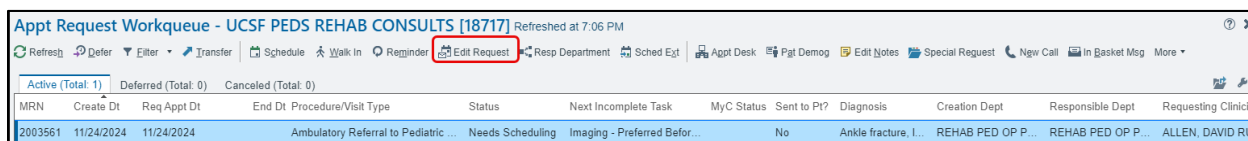
Review the request details and confirm there are no scheduled appointments related to the appointment request before scheduling an appointment. To schedule the appointment request from the workqueue, click **Schedule** on Appointment Request workqueue toolbar or double-click the selected request to open Book It activity.



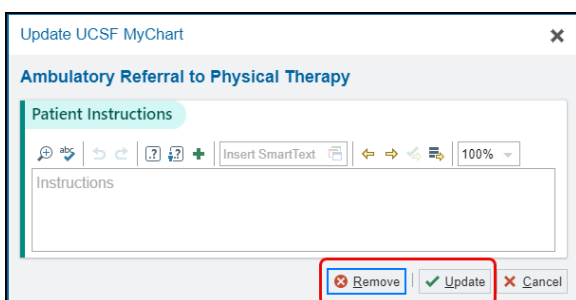
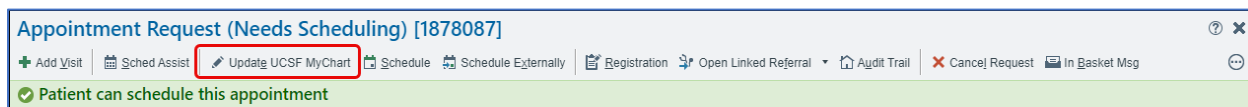
Release Appointment Requests to Patients in MyChart for Self-Scheduling

Providers can opt to enable self-scheduling for certain visits in their department(s). This feature allows staff to release approved visits to patients via MyChart for self-scheduling when there are no associated request tasks to complete before scheduling.

To release appointment requests to patients for self-scheduling in MyChart from the appointment request workqueue; select the appointment request, click Edit Request on workqueue toolbar, then click Send to UCSF MyChart on the appointment request toolbar, enter patient instructions as needed and click Send.



After the request has been released, this button changes to **Update UCSF MyChart**, which allows staff to Remove or Update the request if necessary.

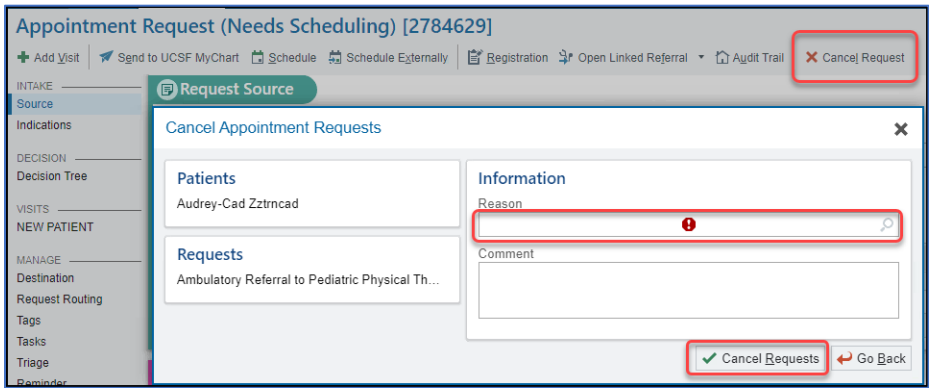


Use the **Schedule** button on Appointment Request toolbar (or Appointment Request workqueue toolbar) to schedule requests for patients without MyChart. Appointment Requests can also be scheduled from Active Requests tab of patient's Appointment Desk

Use the **Sched Assist** button to view an interactive report displaying key patient information, including previous encounters, communication, test/procedure results, scanned documents, and Care Everywhere Clinical Summaries. By consolidating this data in one place, the button reduces the time schedulers spend searching through patient charts.

Cancel Appointment Requests from Appt Request Workqueue

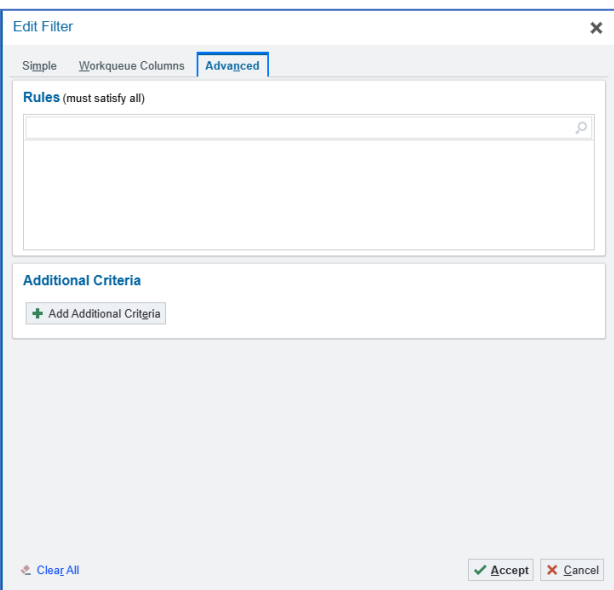
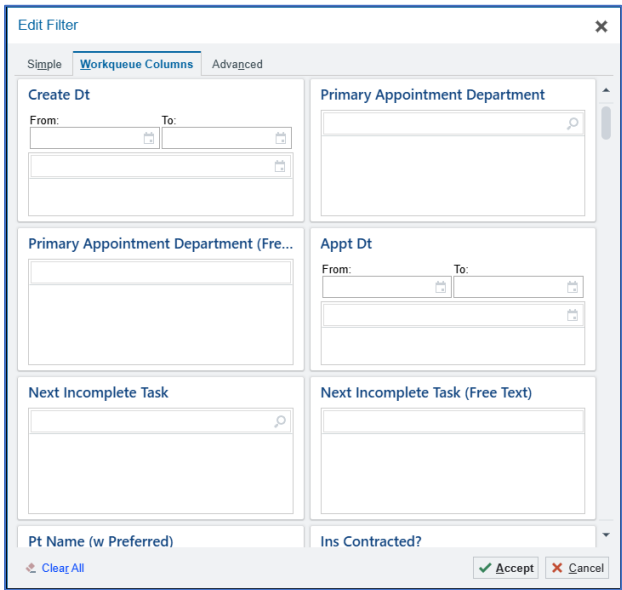
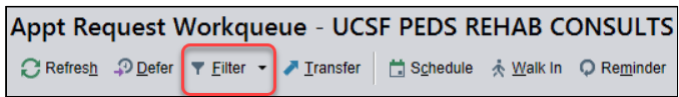
To cancel an appointment request from the workqueue, right-click the request and click **Cancel Request**, enter the **Reason**, then click **Cancel Requests**. This removes the request from MyChart and from other Hyperspace activities.



Appointment Requests Workqueue Filters

To filter appointment request displayed in the Appointment Request workqueues, follow the steps listed below.

1. Click **Filter** to Set/Edit or create a new Filter
 - Use Simple tab to filter by the most common filtered properties and active WQ columns
 - Choose Workflow Columns tab to filter results using column-specific criteria
 - Select Advanced tab to use existing filter rules or filter based on new criteria



[Appointment Requests Workqueue Filter Rules](#)

2. Enter the rule number(s) that corresponds with the appointment requests you wish to isolate.
 - Alternatively, search for existing rule(s) by name
 - To filter by new criteria, enter value in Search for new item field and click Add

Workqueue Filter Rules	
2028157	UCSF APPT REQ WQ FILTER - PATIENT IS MYCHART ACTIVE
2028158	UCSF APPT REQ WQ FILTER - PATIENT IS NOT MYCHART ACTIVE
2026071	UCSF APPT REQ WQ FILTER - REQUEST HAS INCOMPLETE BEFORE SCHEDULING TASKS
2026073	UCSF APPT REQ WQ FILTER - REQUEST HAS INCOMPLETE TASKS
2026075	UCSF APPT REQ WQ FILTER - REQUEST NEEDS SCHEDULING OR TRIAGE FOLLOW UP
2026074	UCSF APPT REQ WQ FILTER - REQUEST IS SCHEDULED OR NEEDS TRIAGE REVIEW

[Filter Appointment Requests Not Released to Patients in MyChart](#)

To apply a filter to display appointment requests that were not released to patients via MyChart, use existing rule to find patients with active MyChart accounts and add additional criteria to filter on appointment requests not sent to patients.



Efficiency Tip: Filter > Set/Edit Filter > Advanced > rule 2028157 > Appt Request sent to Patient

3. Click **Advanced** tab and enter UCSF APPT REQ WQ FILTER – PATIENT IS MYCHART ACTIVE [2028157] in Rules field

The screenshot shows a 'Filter Edit' window with a close button (X) in the top right. At the top, there are two tabs: 'Simple' and 'Advanced', with 'Advanced' being the active tab. Below the tabs, there is a section titled 'Workqueue Associated Rules (must satisfy at least one)'. Under this section, there is a 'Rules (must satisfy all)' field. This field contains the text 'UCSF APPT REQ WQ FILTER - PATIENT IS MYCHART ACTIVE [2028157]'. Below the text field is a search icon (magnifying glass) and a list of rules, which is currently empty.

4. Move down to Additional Criteria section and click **Add Additional Criteria**

5. Search “Appt Request sent to patient” and press ENTER, then select *Order >>Appt Request – Is Sent to Patient?* from Property tree and click **Use this Property**

6. Select equals Operator, enter No in Value field

7. Click **Accept** to apply filter.

Additional Criteria

Rule criteria:

1. Order > Appt Request - Is Sent to Patient? = No [0]

Clear

Clear All

Accept Cancel

To remove a property, access set/edit filter and remove the rule(s) and click **Clear** to remove customer criteria. Some patients in training environments do not have active MyChart accounts and may not show results in class.

Review Questions

1. How can appointment requests be scheduled from Appt Request workqueues?
2. It is possible an appointment has already been scheduled for the appointment request but not linked to the request. Where in the Appt Request workqueue, can you find a list of possible related appointments?
3. True/False: Staff should only link requests to (related) scheduled appointments with the same specialty, within the same region scheduled on or after the creation date of the appointment request.
4. If patients with MyChart are allowed to schedule their own appointments in your department, how can staff send the patient the appointment request from the Appt Request workqueue?
5. True/False: There is no way to tell if requests were already sent to patients for self-scheduling from appointment request workqueues.
6. True/False: Appointment requests cannot be canceled in APeX.

Appendix A – Best Experience Scripting Tool

Verify Guarantor and Coverage Information - when money meets healthcare, patients need help understanding how we bill for services. Please weave the following mandatory scripts into your patient contact.

Topic	Please say this to the patient
State the guarantor	<i>For this visit, I have (First Name, Last Name), listed as the guarantor, which means that the guarantor will receive any bills for any services that the insurance does not cover.</i>
Verbally state current coverage listed on guarantor account	<i>I have (state name of primary & secondary insurance on HAR) which will be billed for today's visit.</i>
Ask if there have been any recent changes to their coverage	<i>Have you had any changes to your insurance coverage since you last came to UCSF?</i>
Always ask if the patient has additional coverages (secondary and tertiary)	<i>Do you have any additional insurance that we should be billing?</i>
Confirm the address (patient and guarantor)	<i>Do you still live at (state listed street address, city, zip code)?</i>
Explaining payment information to the patient	<i>I see that you have a \$ ## copay for today. We'll collect that now. We are going to bill your insurance for the visit/service; however, you could receive bills from UCSF for copays and/or deductibles or for any services that your insurance does not cover based on the contract that you have with your insurance.</i>
Depending on the patient's responses, ensure the following: There is HAR created for visit HAR is linked to the correct guarantor account Appropriate coverages are linked to the HAR Filing order of coverages is correctly linked Insurance card is scanned -- select Media Manager button and view in APeX If new or a change, scan insurance card to from DOCUMENT LIST If insurance changed, create/update HAR by selecting Coverage Info hyperlink and follow RTE workflow Review RTE and ensure eligibility is validated	<i>Please remember to utilize AIDET in all interactions with our patients:</i> A: Acknowledge and address I: Introduce yourself D: Duration of the task at hand E: Explanation of task at hand T: Thank you

Appendix B – Work List: Reschedule and Follow Up

Worklists are a way APeX keeps track of appointments you might want to come back to or take another action on. Actions one staff member take from a worklist will appear for all users who access the report allowing an efficient process to work together without duplicating efforts.

1. **Resched** – these appointments were canceled manually by staff or automatically due to a change in provider's template. For example, if a provider is sick, schedulers can use the work list to call patients, notify them of the cancellation, and change the appointment to another day. Schedulers who are unsuccessful in contacting a patient can record the call attempt for other users to see in the report.

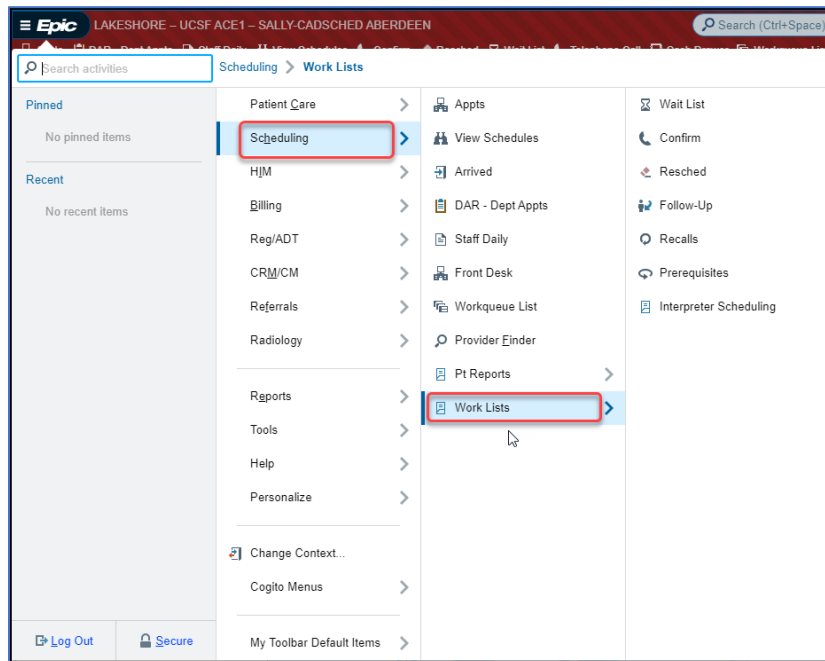
The Resched report shows appointments that are scheduled outside the provider's template, appointments that are scheduling during unavailable time on the provider's schedule, and appointments that take up partial slots on the schedule (also called split slots).

2. **Follow-up** – these are cancelled or no showed appointments that staff can follow up on to reschedule if needed and assist patients in obtaining the care they need.

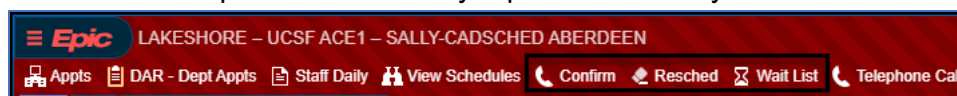
Confirm worklist is not used often as most departments use Televox for appointment confirmation but can be utilized by departments experiencing high ratio of No Shows.

Recall worklist is not used, as recall functionality has moved to appointment requests and all active recalls were converted to appointment requests in APeX.

Worklists can be accessed via **Epic > Scheduling > Worklist** or Epic > Reports > Scheduling Reports.



Customize Home workspace to include any reports not already available on main toolbar if needed.



Each report has customizable settings. Depending on your needs, you may be able to use a report without adjustment. If specific settings are required, all settings can be saved to a private report.

Resched

These appointments were cancelled manually by staff, automatically due to a change in provider's template, or appointments scheduled in unavailable time, outside of template, or appointments that take up partial slots (split slots).

- 1. Select **Resched** from Worklist menu
- 2. In Report Settings window, select **Reschedule report** under Available Reports section in the left pane
- 3. Adjust Date Range if necessary, then click **Run**

Reschedule Appointment - (New)

Search available reports

Available Reports

(New)

Cancer - Breast & Plastics

Cancer - HEMBMT

Cancer Reschedule

Cancer Reschedule - BO...

Reschedule Report

Criteria

Display

Appearance

Print Layout

General

Department

Login

List

Provider/Resource

All

List

Date Range

From Date

To Date

Rescheduling Filters

Reschedule Reason

All

Unavailable time

Outside template

Split slots

Include Appointments

☒ Scheduled into unavailable time

☒ Scheduled outside of template

☐ Splitting slots

☐ Marked do not call

☐ My default

Run

Save

Save As

Delete

Restore

Print

Cancel

If you work with multiple departments, select **List** speed button and enter each department individually. To avoid making this manual change each time, Click **Save As** and name the report you save for multiple departments. It will appear under the folder with your name and a private lock icon under the Available Reports section.

Appointments that need rescheduling appear with details such as original appointment date, time, provider, patient phone number, and appointment notes.

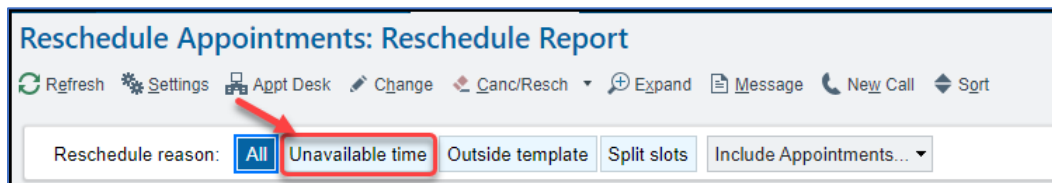
Reschedule Appointments: Reschedule Report													
Refresh Settings Agent Desk Change Cancel/Resch Expand Message New Call Sgtr													
Reschedule reason: All Unavailable time Outside template Split slots Include Appointments													
Ms Visit Date	DAY	Time	Dept	Provider/Resource	MRN	Patient	Phone #	Made on	Type	Appt Notes	Call	Ticket Schemi.	MyChart status
05/26/2024	Sunday	8:40	PCLSLKS	Drew-Cad Aberdeen	20096705	AperolSpritz, Darius-	Hm: 510-555-1241	05/12/2024	OV [1004]		0		Inactivated
05/26/2024	Sunday	8:40	PCLSLKS	Drew-Cad Aberdeen	20096748	Aviation, Darius-MC	Hm: 510-555-1241	05/12/2024	OV [1004]		0		Inactivated
05/26/2024	Sunday	8:40	PCLSLKS	Drew-Cad Aberdeen	20096764	BayBreeze, Darius-	Hm: 510-555-1241	05/12/2024	OV [1004]		0		Inactivated
05/26/2024	Sunday	8:40	PCLSLKS	Drew-Cad Aberdeen	20096810	Bellini, Darius-MC	Hm: 510-555-1241	05/12/2024	OV [1004]		0		Inactivated
05/26/2024	Sunday	8:40	PCLSLKS	Drew-Cad Aberdeen	20096861	BloodyMary, Darius-	Hm: 510-555-1241	05/12/2024	OV [1004]		0		Inactivated

Toolbar includes options to access patient's **Appt Desk**, **Change**, **Can/Resch** (Cancel or Reschedule) to either cancel or reschedule the appointment, **Change** to move the selected appointment to another provider in the department at the same date and time (if date or time change, reschedule much be used), or record a **New Call** to the patient/caregiver.

After Setting Day or Time Unavailable

When Time or Day is Set Unavailable, if there are already appointments scheduled during that day/time, a pop up will appear asking if the user wants to jump to the reschedule appointment.

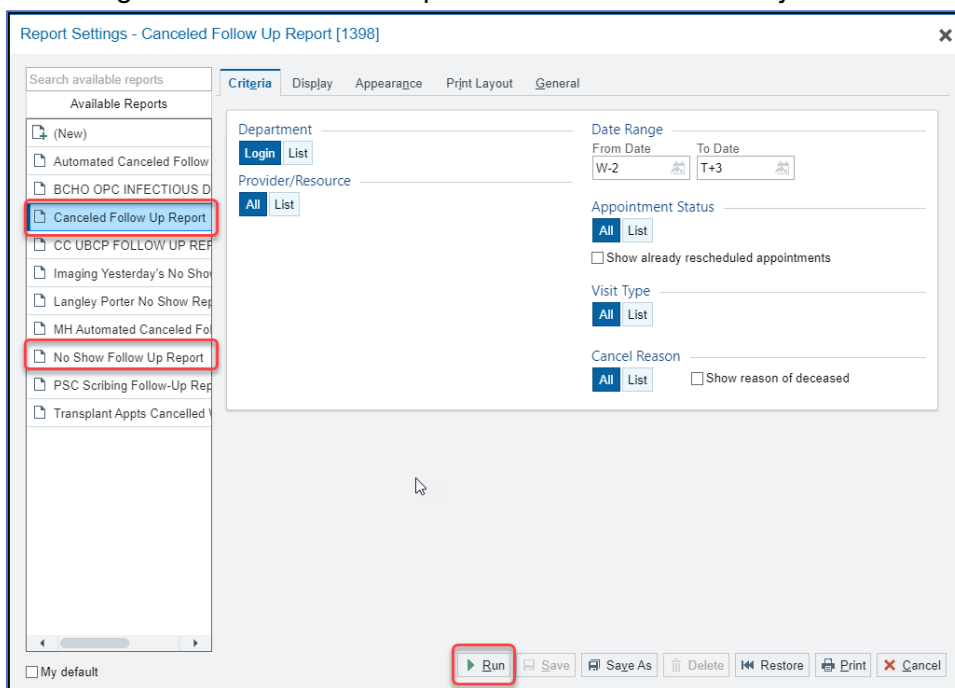
If **Yes** is selected, the Reschedule report opens to Reschedule reason of Unavailable time.



Follow Up

This report shows Canceled or No Showed appointments that staff can document calls to patients, access Appt Desk for more information or reschedule.

1. Select **Follow-up** from Worklist menu
2. In Follow-up Settings window, confirm your department appears as an Available report in the left pane
3. Select **Canceled Follow Up Report** or **No Show Follow Up Report** as needed from left pane. Date range defaults based on report selected. If no other adjustments are needed, click **Run**.



If you work with multiple departments, click **List**, and enter each department individually on Criteria tab. To avoid making this manual change each time, Click **Save As**, name the report and select My default. It will appear under the folder with your name in the Available Reports section.

Appointments that appear in the Canceled Follow Up Report include a Cancel Reason. Left Without Seen or No Show appointments will not have a reason listed.

Follow-Up: Canceled Follow Up Report											
Refresh Settings Sort Appt Desk Resched EOD Appt Info Expand Message Edit Rsn Remove Notes New Call Send Update											
Showing 5 of 5 entries											
Ms Visit Date	Time	Patient	Phone	Appt ...	Canc Rsn	Type	Provider/Resource	Appt Notes	Call ...	Ticket Sched...	MyChart status
05/03/2024	9:40 AM	Astrakhan, Robert-	Hm: 415-274-	Left		FU20	Drew-Cad Astrakhan	follow up	0		Inactivated
05/03/2024	11:00	Bratislava, Mary-Cad	Hm: 925-533-	Left		OV [1004]	Drew-Cad Bratislava	Chronic	0		Not Used
05/03/2024	2:00 PM	Bruges, Mary-Cad	Hm: 925-533-	Left		OV [1004]	Drew-Cad Bruges	chronic headaches	0		Not Used
05/03/2024	2:00 PM	Brussels, Mary-Cad	Hm: 925-533-	Left		OV [1004]	Drew-Cad Brussels	Chronic	0		Not Used
05/03/2024	2:00 PM	Zztrncad, Mary-Cad	Hm: 925-533-	Left		OV [1004]	Drew Zztrncad	Chronic	0		Not Used

Toolbars for both reports include options to access patient's **Appt Desk**, **Reschedule** the selected appointment, record a **New Call** to the patient/caregiver or even **Remove** the appointment from the list (appropriate if say, the patient is well and no longer needs to be seen).

Appendix C – Cash Guidelines (WB Only)

Cash Management Guidelines for Ambulatory Clinical Practice and POS Cash Collection Departments

Office of Origin: Ambulatory Services Executive Office Cindi Drew, Felicia Fulgencio, and Jan Mantle
Issue Date: 5/31/13

Purpose: These guidelines outline the responsibility for the operation of cash collection and depositing activities within Ambulatory Services and all POS Cash Collection and Access locations (ED, Admission/Registration, clinical services). All staff involved in cash management activities should have a thorough understanding of the guidelines and procedures set out in this document and must adhere to them fully. Failure to comply with guidelines may result in disciplinary action up to and including termination of employment.

Guidelines: Only UCSF career employees may be designated and authorized to collect cash and deposit monies. Exceptions may be granted upon notice and approval by the appropriate Directors of Ambulatory and Access Services. Every effort should be made to collect copayments and expected payments at the point of service. Receipts shall be generated and provided to patients.

There shall be a division of responsibilities to ensure effective internal control. No one employee shall be responsible for undertaking more than one of the following duties at any given time: Cash Collection, Depositing, Receipt Custody (system downtime receipts), and monthly auditing. Each cash collector/depositor must attend formal training to include background check and fingerprinting. Records confirming that the cash collector/depositor has received cash management training shall be maintained in the employee's local departmental file. Employees shall sign a written statement confirming their understanding of guidelines and procedures which comply with UC Bus 49 policy. Refresher training shall be required on an annual basis.

Each Cash Collector must attend formal Cash Drawer training and have his/her own cash box or deposit bag. Cash boxes or deposit bags may not be shared, and keys may not be duplicated or shared.

MB1 (ACC) Building Supervisor (for ambulatory clinical practices) must be notified when requesting a cash box or deposit bag; when cash box or deposit bag has been reassigned; or if the cash box or deposit bag is no longer in use due to staff termination.

Cash boxes and deposit bags must be secured in a lockable drawer during hours of operation. During the night and weekends, cash boxes and deposit bags must be kept in a secured lockable drawer or in a safe.

Collections at clinical practices shall be deposited every five (5) business days or when accumulated collections (cash) exceed \$500 whichever comes first.

Cash collectors will close and reconcile cash drawers at the end of the business day.

Credit card machines must be settled daily. A copy of credit card settlement machine tapes shall be sent to the Medical Center Accounting Office, and one copy shall be retained in the department in accordance with record retention requirements of two years.

Depositors shall take necessary precautions to adequately safeguard their personal security and cash deposits while in transit. Upon request, Security Services may be contacted at 885-7890 for escort.

An audit should be conducted by the Practice/Department Manager at least once a month. Audits are performed to ensure that deposits are made within established criteria, cash collectors and depositors have received appropriate training, validation of change funds and current monies reconcile with APeX Cash Drawer. Audits are performed on a unit-specific rotational basis if multiple practices/locations report up through one Administrative Director or Manager. Ambulatory Services Administration will monitor practices to ensure that regular audits are occurring.

Managers will monitor monthly copayment collection reports to ensure that practices/departments are meeting established collection targets.

Any incidents or knowledge of mishandling of cash or non-compliance with these stated guidelines must be reported to the Practice/Department Manager as soon as possible and by the end of the following business day. It is the Practice/Department Manager's responsibility to utilize the Cash Management Incident Report to record the incident and notify appropriate parties. Practice/Department Managers and Ambulatory Services Administration will maintain these confidential forms. Because signatures are required, these forms shall be completed and submitted in hardcopy as specified on the form.

Overview Quick Guide Number	Action	Owner
1	Determine who needs to manage cash (Only UCSF Career employees)	Practice/Dept. Manager
2	Enroll cash collector or depositor staff into the appropriate APeX class	Practice/Dept. Manager
3	Complete forms located on Ambulatory Services website http://ambulatoryservices.ucsfmedicalcenter.org Cash collection procedure & training verification Finger printing request Cash box or deposit bag & change fund request Cash Management Incident Report (as applicable)	Practice/Dept. Manager
4	Cash collector or depositor is fingerprinted	Campus Police 476-2088
5	Once background check is completed, AMD will reach out to Practice Management	HR 353- 4688
6	Once approved, a cash box or deposit bag will be given to cash collector (Ambulatory Clinical Practices)	MB1 (ACC) Building Supervisor 353-2932

Appendix D – Payment Card Standards

Payment Card Industry Data Security Standards

Payment Card Industry Data Security Standards (PCI DSS) are requirements or standards designed to ensure that all companies that process or store or transmit credit card data, maintain a secure environment that protects card holder data. This can be technical or operational in nature depending on the methods in which credit card payments are taken.

This is a mandatory program established through collaboration between the major credit card processors. Data compromises can result in significant fines and losses for UCSF and can damage UCSF's reputation. Below are listed some of the main points that individuals involved with credit card activity should be aware of in order that PCI standards are maintained.

1. Credit Card receipts must be securely held or stored and can be discarded after two years. Credit Card Receipts should be discarded in a secure manner or shredded.
2. Do not store any credit card information on your computer or on the file server. Also, no "excel" type spreadsheets or similar type schedules should be created with credit card information.
3. Credit Card data should not be sent or received via email.
4. Access to card account numbers must be restricted to users on a need-to-know basis ONLY. Such information must be kept under lock and key within the respective clinics and departments.
5. Credit card payments processed over the telephone should be done on a limited basis and only when absolutely necessary. **Full Credit Card #s should be shredded as soon as possible after payment has been processed.**
6. The biggest risk for Credit Card security involves the processing or storing of cardholder data. Cardholder data is defined as the full PAN (Primary Account Number or full credit card account numbers), expiration date, and Security Code. In most cases Credit Card payments are taken at the point of service with Credit Card terminals that show only the last four digits of the credit card. If credit card payments are either taken over the telephone, via Fax, US mail or any other method in which full credit card #s may be documented extreme caution should be exercised and the documentation of the full credit card # should be shredded as soon as possible.
7. Medical Center Credit Card swipe terminals are powered by a Telephone Analog line. Under no circumstances should an internet line be used as a substitute. Using an unauthorized internet line for a credit card terminal will substantially increase the risk of a credit card breach.
8. Efforts should be made to secure credit card terminals to prevent a theft of the terminal. In the event of a theft of the terminal immediately notify the UCSF Medical Center Controller's office and the Wells Fargo 800 # listed on the terminal.
9. In order that the proper assessment of PCI compliance be maintained all requests for Credit Card Terminals (including replacement terminals) or new methods of Credit Card processing, must go through the Medical Center Controllers office (353-3491 or 353-3263).
10. The completion of a Self – Assessment Questionnaire (SAQ) will be required by Wells Fargo for any method of Processing Credit Cards that involves the internet or does not involve the use of a Credit Card swipe terminal. It might also require a Network Penetration Test or a Scan to be

conducted by a 3rd Party Vendor. If there is a desire to implement the processing of Credit cards via the Internet or a method not using a Swipe Terminal than contact the Medical Center Controllers Office to determine next steps. (353-3263)

Prepared by: Marc Young
UCSF Medical Center Controllers Office
June 2014

Appendix E – Deposit Reconciliation & Bank Deposits

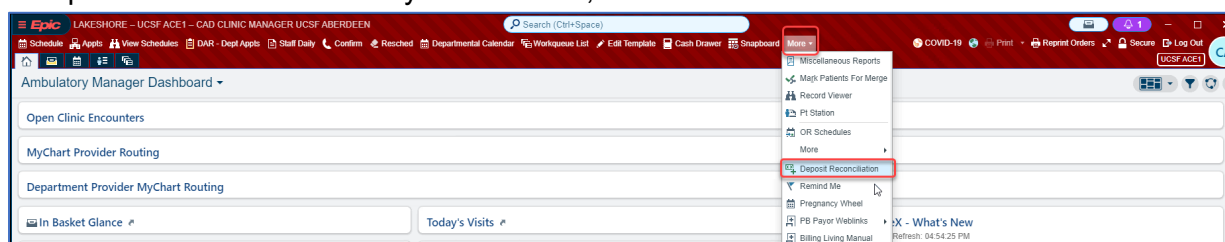
Recount the money in a deposit envelope to make sure you are sending the correct amount to the bank. Your department might consolidate individual deposit records/closed cash drawers into a single deposit. Most departments make a deposit every \$500 or five days, whichever comes first.

[Check for Outstanding Cash Drawer](#)

The Outstanding Drawers report displays all cash collectors per supervisor with open cash drawers.

1. Log in to Lakeshore Department
2. Click **Deposit Reconciliation** button on Hyperspace toolbar

If Deposit Reconciliation activity is not visible, click More to see hidden activities



CTRL+SPACEBAR and type Deposit in the Assistant Bar to search

3. Click Outstanding Drawers button and click Cash drawers I supervise

The screenshot shows the 'Deposit Reconciliation' screen. At the top, there are tabs for 'Generate', 'Confirm', 'Balance', and '7 items in list'. Below the tabs is a table with columns: 'Envelope #', 'Closing User', 'Created', 'Env Amount', 'Discrepancy Reason', and 'Comment'. The table contains three rows of data. A dropdown menu 'Outstanding Drawers' is open, showing 'Cash drawers in login service area' and 'Cash drawers I supervise' (which is highlighted with a red box).

Envelope #	Closing User	Created	Env Amount	Discrepancy Reason	Comment
100.1	Zzcadmaster, Sally-Cadsched	01/02/2020 02:55 PM	20.00		
100.2	Zzcadmaster, Sally-Cadsched	01/02/2020 02:55 PM	40.00		
100.3	Zzcadmaster, Sally-Cadsched	01/02/2020 02:55 PM	200.00		

The report opens with any outstanding cash drawers indicating a staff member has not closed their cash drawer. Before depositing and reconciling, cash collectors must close all cash drawers in APeX.

[Generate A Bank Deposit](#)



Scenario: You are a designated depositor for UCSF Primary Care. After collecting all cash and checks from the clinic, you are ready to create a deposit. You'll need to indicate in APeX you're about to make a deposit to the bank.

The Deposition Reconciliation section allows recounting and consolidation of money that has been closed out of individual cash drawers in preparation for bank deposit.

Collections that were automatically created by closing a cash drawer appear under Generate tab.

4. Check both boxes

Envelope # column displays location code entered by collector. Envelope # record number is appended: .1 for cash, .2 for checks, and .3 for credit cards.

Envelope #	Closing User	Created	Env Amount	Discrepancy Reason
100.1	Zzcadmaster, Sally-Cadsched	01/02/2020 02:55 PM	20.00	
100.2	Zzcadmaster, Sally-Cadsched	01/02/2020 02:55 PM	40.00	

Depositor should select all cash, checks, and credit cards that are part of this deposit even though only checks, and cash are sent to the bank. This assists in reconciling all payments received to post to patient accounts.

5. Verify dollar amounts for records are accurate; select check box when counted and click **Generate Deposit** on toolbar

Envelope #	Closing User	Created	Env Amount	Discrepancy Reason	Comment	Collector	Closing Department	Deposit
4088.1	Zzcadmaster, Sally-Cadsched	05/26/2022 02:32 PM	20.00			Zzcadmaster, Sally-Cadsched	UCSF Family Medicine C.	Cash
4088.3	Zzcadmaster, Sally-Cadsched	05/26/2022 02:32 PM	20.00			Zzcadmaster, Sally-Cadsched	UCSF Family Medicine C.	Credit C.
4088.1	Aberdeen, Sally-Cadsched	05/26/2022 02:33 PM	10.00			Aberdeen, Sally-Cadsched	UCSF Family Medicine C.	Cash
4088.2	Aberdeen, Sally-Cadsched	05/26/2022 02:33 PM	20.00			Aberdeen, Sally-Cadsched	UCSF Family Medicine C.	Check

Envelope Total: \$70.00 | Drawer Total: \$70.00 | Posted Total: \$70.00

Envelope #4088.2 Collected by Sally-Cadsched Aberdeen

Closed Drawer Summary

Name	Closing User	Closing Department	Closing Workstation
Aberdeen, Sally-CADSCHED	Sally-Cadsched Aberdeen	UCSF Family Medicine Center at Lakeside	MC8-123-LT

Drawer Close Date/Time: 5/26/2022 2:33 PM | Comment at Closing: ---

Payment Sources

Source	Drawer Amount	Posted Payments	Difference
Cash (Env. 4088.1)	10.00	10.00	0.00
Check (Env. 4088.2)	20.00	20.00	0.00

Payment Details

Cash: 1 payment collected
 PB Payments Reference # N/A Amount 10.00
 Guarantor ZZZENCADMARY-CAD (3004) #

Check: 1 payment collected
 PB Payments Reference # 5678 Amount 20.00
 Guarantor GGBLQVKA-JACOB (110000668) #

6. In Deposit # field type location code

7. In Deposit date field enter the date of deposit

8. In Counted amount field enter total amount counted

Generate New Deposit for 4 Envelopes

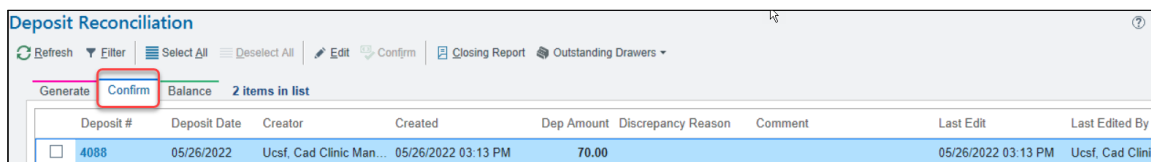
Deposit # 4088 | Deposit Date 5/26/2022

Balance: Counted Amount 70.00 | Total Envelope Amount \$70.00 | Difference \$0.00

Discrepancy Reason: | Comment: |

Calculated amount populated from the selected deposits. If there is an unresolved discrepancy, APeX requires an entry in the Discrepancy Reason field.

- Click **Generate Deposit** to close out; envelopes are removed from Generate tab and move to Confirm tab



- Verify appropriate deposits were removed from Cash Drawer Envelopes list

Correct Errors in Deposit Reconciliation Tool

If the contents do not match the dollar amounts in the Deposit Reconciliation (Example: cash amount is 100.00 and check amount is 50.00) you can Edit to correct it.

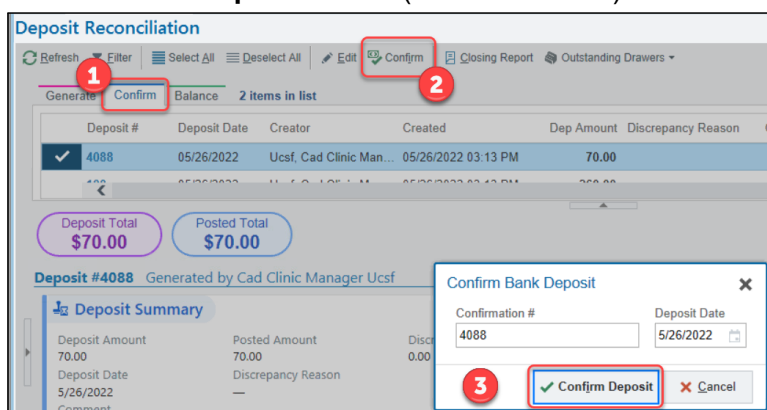
- Select record with error
- Click **Edit**
- In **Total amount** field type *correct amount, add comment*
- Click **Accept**

The record updates accordingly in the Cash Drawer Envelope.

Confirm Deposit

Confirming a deposit changes its associated deposit record status from Pending Bank to Deposited. Confirming Bank deposits can be done when you are ready to drop a deposit in the safe or after a deposit is made to the safe. It is assumed the deposit has been completed on the day that confirm bank deposit is clicked by the depositor.

- In Deposit Reconciliation click Confirm tab
- Click **check box** next to Bank Deposit previously deposited today
- Click **Confirm Deposit** button (**Edit** as needed)



Deposit records are removed from Confirm tab. Total amount listed in Confirm Bank Deposit section should match the total from Depositor Subtotal Report.

- Verify bank deposit was removed from Bank Deposits list

Appendix F Schedule and Check-in Appointment Review – Independent Exercise

APeX Training Day Two:

Take 15 minutes to complete the following independent exercise as a review for scheduling and Check In with a copay for an established patient.



Scenario: Mary-CAD, an established patient, calls to schedule an Office Visit with Dr. Drew-CAD for chronic headaches and she would like to be seen as soon as possible.

1. Click **Appts**; lookup your *Mary-CAD* patient and schedule an *Office Visit* in the Lakeshore department for today at 2:00 PM with your Drew-CAD provider
HINT: click ellipsis (3-dots) to find more solutions
2. Confirm registration information, enter '.PCP' as the Referring provider in **Enc Details** section and *Verify All* registration levels and HAR on **Checklist**
3. Click **Accept** to exit registration
4. From Appointment Desk, select appointment on Future tab and click **Check In**
5. Go to **Payments** section; click **Payment Collection** (or use Payment Collection link on Checklist) to collect Copay, record payment method as *Cash* and click **Accept**
6. Navigate to **Documents** section and collect all required documents
7. Click **Check In** to exit workflow
8. Use *Null* printer to print receipt, do not print Visit Labels
9. Confirm Mary-CAD's appointment has a status of Arrived