



Indiana
Department
of
Health

ZOTEC Training 101

By:

Eric Beers

Kaitlyn Kruse

Patricia Truelove

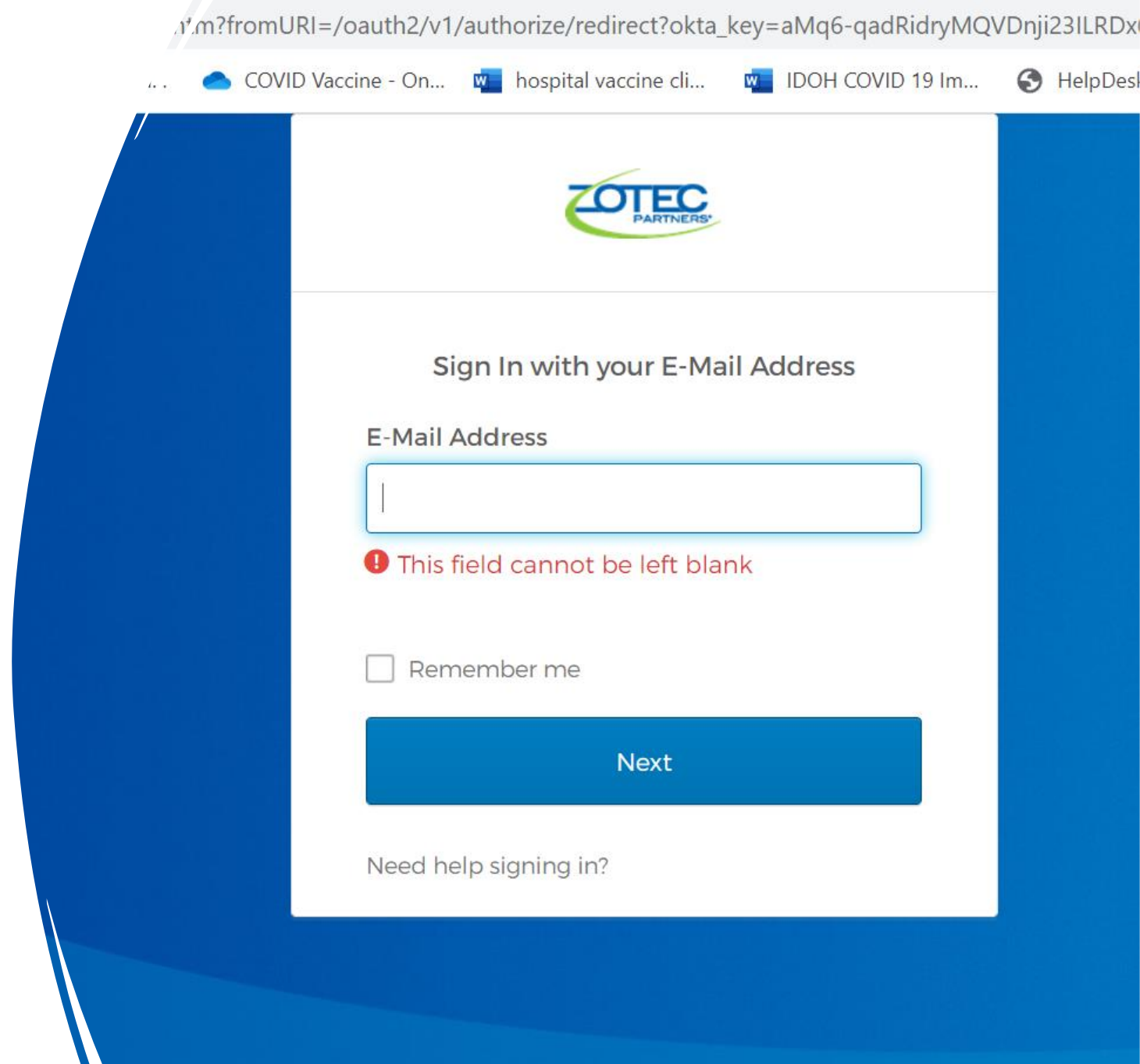
3 Types of Users in Zotec

- Registration User – Can Check-in and Check-out a Patient. Cannot access the Vaccination Administration or Vaccine Documentation
- Vaccination Administrator – Can access the Vaccination Administration and Vaccine Documentation. (This is the medical professional delivering the vaccine)
- Dual Access User – Can access Check-in, Check out, Vaccine Administration and Vaccine Documentation.
- User type was assigned by your Hospital.

These following steps are for the Registration Admin user OR the Dual Access user.

Those that are only “Vaccine Administrators” will not be able to access the screens covered in this document.

Please review the document for Vaccine Administrators.



m?fromURI=/oauth2/v1/authorize/redirect?okta_key=aMq6-qadRidryMQVDnji23ILRDx

COVID Vaccine - On... hospital vaccine cli... IDOH COVID 19 Im... HelpDesh

ZOTEC
PARTNERS

Sign In with your E-Mail Address

E-Mail Address

! This field cannot be left blank

Remember me

Next

Need help signing in?

Login at

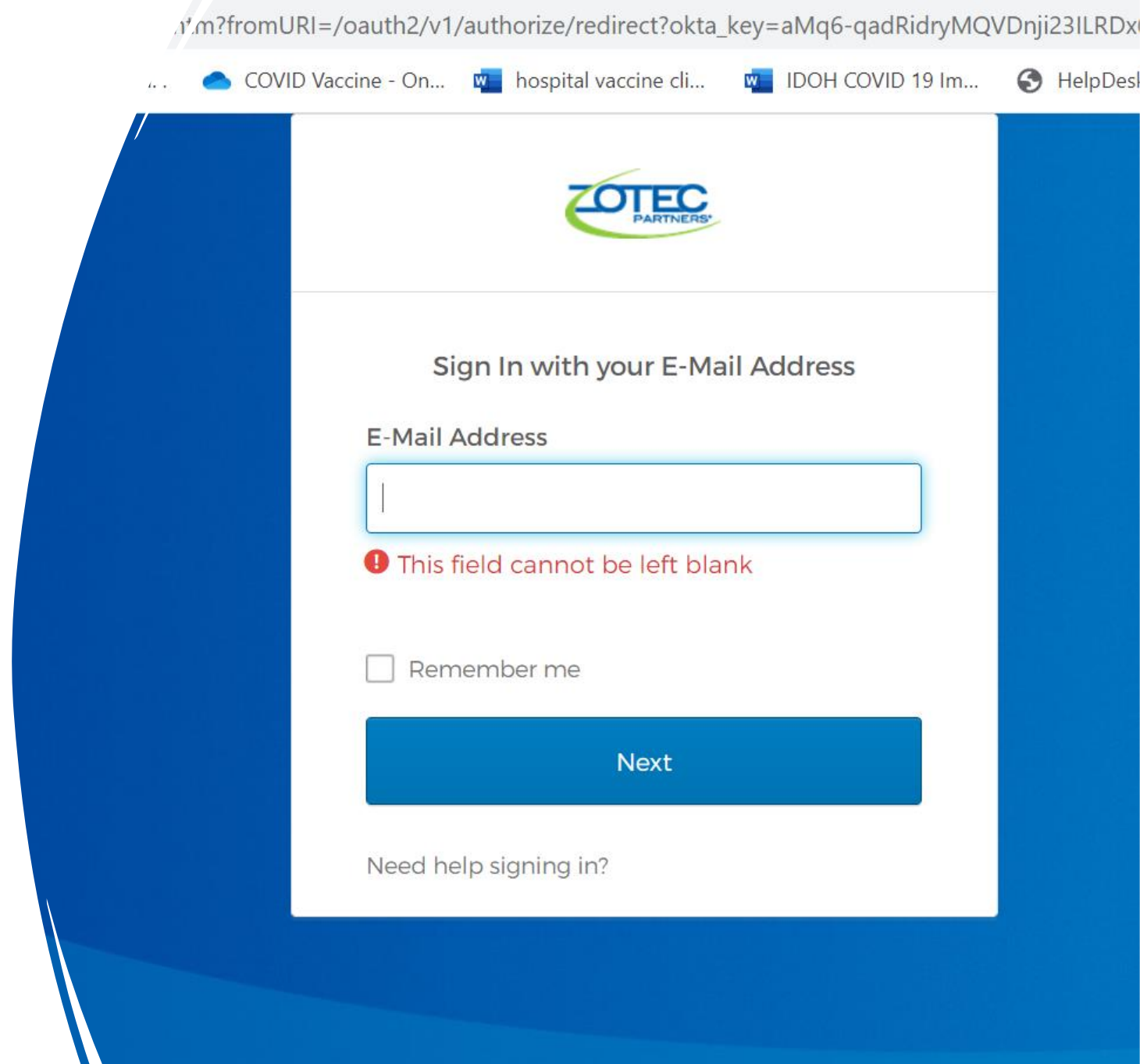
<https://checkin.coronavirus.in.gov>

If you do not have login access, your hospital can request it for you.

If your hospital did so, the email to create an account comes from.

reply@zotecpartners.com

User accounts take 1 hours to sync so please create your account before you start your work.



COVID Vaccine - On... hospital vaccine cli... IDOH COVID 19 Im... HelpDes

ZOTEC PARTNERS

Sign In with your E-Mail Address

E-Mail Address

! This field cannot be left blank

Remember me

Next

Need help signing in?



Wednesday, Dec 09, 2020 10:35 PM



Phone (123-456-7890), first name, last name, or DOB (mm/dd/yyyy)



Schedule Appointment

Your location appears here →

HANCOCK REGIONAL

Time	First Name	Last Name	DOB	Service	Appointment Type	Status
8:10 AM	Mark	Training9	05/12/1983	Immunizations	COVID VACCINE	Checked Out

What to check before proceeding:

- ✓ Location is correct
- ✓ Date is correct



Wednesday, Dec 09, 2020 10:35 PM



Phone (123-456-7890), first name, last name, or DOB (mm/dd/yyyy)



Schedule Appointment

HANCOCK REGIONAL

Time	First Name	Last Name	DOB	Service	Appointment Type	Status	
8:10 AM	Mark	Training9	05/12/1983	Immunizations	COVID VACCINE	Checked Out	>
8:20 AM	Suzanne	Training9	05/12/1983	Immunizations	COVID VACCINE	Checked Out	>

You can change your location here.

The image shows a side-by-side comparison of a mobile application interface. On the left is a 'Check-In App' sidebar menu. It features a 'Location' section with a search input field containing 'BAPTIST HEA', which is circled in red. Below this is a user profile for 'Beers, Eric' and a 'Logout' button. At the bottom, it says 'Powered by ZOTEC PARTNERS Ver 20.25.00.09'. On the right is the main app screen. The top bar shows the date and time: 'Saturday, Dec 12, 2020 5:06 PM'. Below that is a search bar with the placeholder text 'Phone (123-456-7890), first name, last name, or DOB (mm/dd/yyyy)'. A search button with a magnifying glass icon is to the right of the search bar. Below the search bar is a dropdown menu showing 'BAPTIST HEALTH FLOYD'. Below that is a table with columns: 'First Name', 'Last Name', 'DOB', 'Service', 'Appointment Type', and 'Status'. The table content shows 'No Appointments For Today'.

You can change your location here by typing! The drop-down function works with what it typed in this box!

- You should see the list of patients that have started their registration to be test that day.

- Some will be in the STATUS "Registered" which means they filled out all the registration questions and consents before-hand and will just need their information verified and to be checked in.

- If they are "Unregistered," then you will need to see what questions were missed and complete the process.

BAPTIST HEALTH FLOYD

Time	First Name	Last Name	DOB	Service	Appointment Type	Status	
2:00 PM	Kerry	Test	12/31/1980	Immunizations	COVID VACCINE	Unregistered	>
2:30 PM	Darla	Test	01/01/1980	Immunizations	COVID VACCINE	Registered	>
2:40 PM	C	Tincher	04/18/1969	Immunizations	COVID VACCINE	Registered	>
2:50 PM	Test	Test	11/05/1960	Immunizations	COVID VACCINE	Unregistered	>
2:50 PM	Test	Test	11/05/1960	Immunizations	COVID VACCINE	Unregistered	>
3:00 PM	BROOKLYN	TEST	04/21/2001	Immunizations	COVID VACCINE	Unregistered	>
3:10 PM	BRIAR	TEST	04/21/2001	Immunizations	COVID VACCINE	Unregistered	>

BAPTIST HEALTH FLOYD

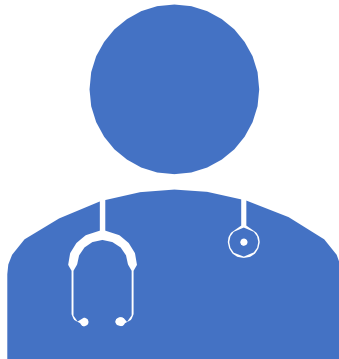
Time	First Name	Last Name	DOB	Service	Appointment Type	Status	
2:00 PM	Kerry	Test	12/31/1980	Immunizations	COVID VACCINE	Unregistered	>
2:30 PM	Darla	Test	01/01/1980	Immunizations	COVID VACCINE	Registered	>
2:40 PM	C	Tincher	04/18/1969	Immunizations	COVID VACCINE	Registered	>
2:50 PM	Test	Test	11/05/1960	Immunizations	COVID VACCINE	Unregistered	>
2:50 PM	Test	Test	11/05/1960	Immunizations	COVID VACCINE	Unregistered	>
3:00 PM	BROOKLYN	TEST	04/21/2001	Immunizations	COVID VACCINE	Unregistered	>
3:10 PM	BRIAR	TEST	04/21/2001	Immunizations	COVID VACCINE	Unregistered	>

- Click on the patient that you want to CHECK-IN to access the PATIENT INFORMATION SCREEN

A new screen will open and will show you the "Patient Information"

Complete the following by selecting "Edit":

- ✓ Demographics
- ✓ Additional Demographics
- ✓ Medical Insurance Information
- ✓ Consents



A screenshot of a mobile application interface. At the top, there is a blue header with a back arrow and the text "Schedule Appointment". Below the header, the screen is divided into two main sections. The left section is titled "Patient Information" and contains a yellow warning box at the top that says "Patient Registration is not complete. Complete the information below to enable check in, or complete registration on patient tablet." Below this, there are three expandable sections: "DEMOGRAPHICS" (showing patient name Patricia Test, date of birth 11/11/2011, sex Female, and contact information), "ADDITIONAL DEMOGRAPHICS" (showing preferred language, ethnicity, and race), and "MEDICAL INSURANCE" (showing self-pay status). Each of these sections has a blue "Edit" button. A red arrow points to the "Edit" button in the Demographics section. The right section is titled "IMMUNIZATIONS APPOINTMENT" and shows details for a COVID vaccine appointment on Thursday, December 10, 10:30 AM, at Hancock Regional. It includes a "Patient Intake Form" button, a "Document Vaccination" button, and a "Check In" button. A red arrow points to the "Edit" button in the Additional Demographics section. At the bottom right, there is a "Cancelled/Rescheduled" section with a count of 0. A red arrow points to the "Complete Consents" button in a separate box that also contains the text "The patient must complete the consent forms on a patient tablet".

Address

- Type street address on “Street Address”
- For apartment, building, suite, or floor numbers use line “Street Address Cont.”
- Type zip code in “Zip Code”
- County will auto populate – If it does not please verify zip code. Some zip codes that share a city/town may need to be manually entered

Street Address Cont.

Floor 3

Zip Code

46204

County

MARION

Contact Preference

Text message and auto-dialed call

E-Mail

Mobile Phone

3172348167

E-Mail Address

Street Address

2 N Meridian St

Street Address Cont.

Floor 3

Zip Code

46204

County

Cancel

Save

DEMOGRAPHICS

Patricia Test

Date of Birth
11/11/2011

Sex
Female

Address
2 N Meridian St
Floor 3
Indianapolis, IN 46204

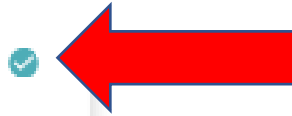
County
MARION

Contact Mobile Phone
[\(317\) 234-8167](tel:(317)234-8167)

Contact Email Address
--

Preferred Communication Method
Text Message and auto-dialed call

[Edit](#)



When you are complete you will see the green check mark in the corner

Complete “Additional Demographics”

ADDITIONAL DEMOGRAPHICS

Preferred Language
Prefer not to say

Ethnicity
Prefer not to say

Race
Prefer not to say

 Edit

Additional Demographics

What is the patient's preferred language?

- English
- Spanish
- Prefer not to say
- Other

What is the patient's preferred ethnicity?

- Hispanic or Latino/Spanish
- Not Hispanic or Latino
- Prefer not to say

What is the patient's preferred race?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other race
- Prefer not to say

Cancel

Save

MEDICAL INSURANCE

Self Pay

[Edit](#)

DENTAL INSURANCE

Self Pay

[Edit](#)

VISION INSURANCE

Self Pay

[Edit](#)

Select “Edit” for Medical Insurance. By law, no patient will be billed for a vaccine.

There is no need to complete the DENTAL or VISION INSURANCE

Complete fields or select Continue Without Insurance No patient will be billed for a COVID Vaccine.

- You will see optional carriers once you start typing
- Leave Dental and Vision Insurance as self-pay
- Collect the patients Medical Insurance is available
- Patients **WILL NOT** be charged
- IDOH will bill insurance and reimburse vaccination locations on the back end.

Would you like to add insurance for your Medical appointment?

[Add Medical Insurance](#)

[Continue Without Insurance](#)

Primary Insurance

Secondary policies can be added later

Carrier

ANTHEM BCBS HEALTHCARE SOLUTION

Policy Number

NOTTODAY

Group ID (if present)

WHAT

Policy Holder

Myself

[Add Secondary Insurance](#)

[Cancel](#) [Done](#)

Select “Complete Consents”

Select “Collect Manually”

CONSENTS

The patient must complete the consent forms on a patient tablet

[✍ Complete Consents](#)

Edit Consents

Collect on Patient Tablet

Collect Manually

Cancel

What you need:

- ✓ Patient's Name
- ✓ Relationship
- ✓ Accepted Consent for vaccination
- ✓ Acknowledgement of Privacy Practices

Collect Consents Manually

Please record the patient's choices below.

Consenting Party Name

Patricia

Relationship to Patient

Patient

Spouse

Parent

Other

[View Consent Text](#)

Accepted

Declined

Notice of Privacy Practices

[View Consent Text](#)

Acknowledged

Declined

Cancel

Save

Consenting Party Name

Patricia's Mom

Relationship to Patient

Parent

PATIENT CONSENT FOR COVID-19 VACCINATION

[View Consent Text](#)

Accepted

Declined

Notice of Privacy Practices

[View Consent Text](#)

Acknowledged

Declined

CONSENTS



PATIENT CONSENT FOR COVID-19
VACCINATION

Accepted

Notice of Privacy Practices
Accepted

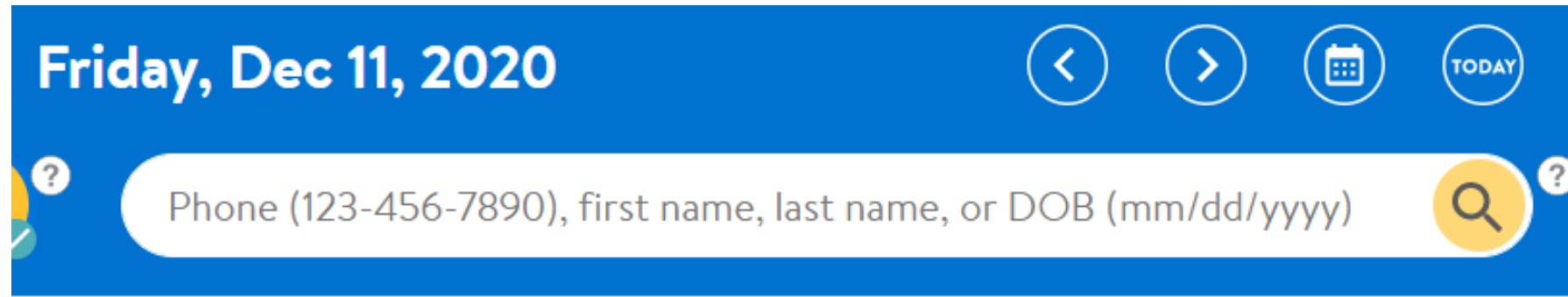
Signed by
Patricia's Mom

Relationship to Patient
Parent or Guardian

Manually Collected by
ebeers@isdh.in.gov

[Revisit Consent Forms](#)

A check mark
will be visible
once
completed.



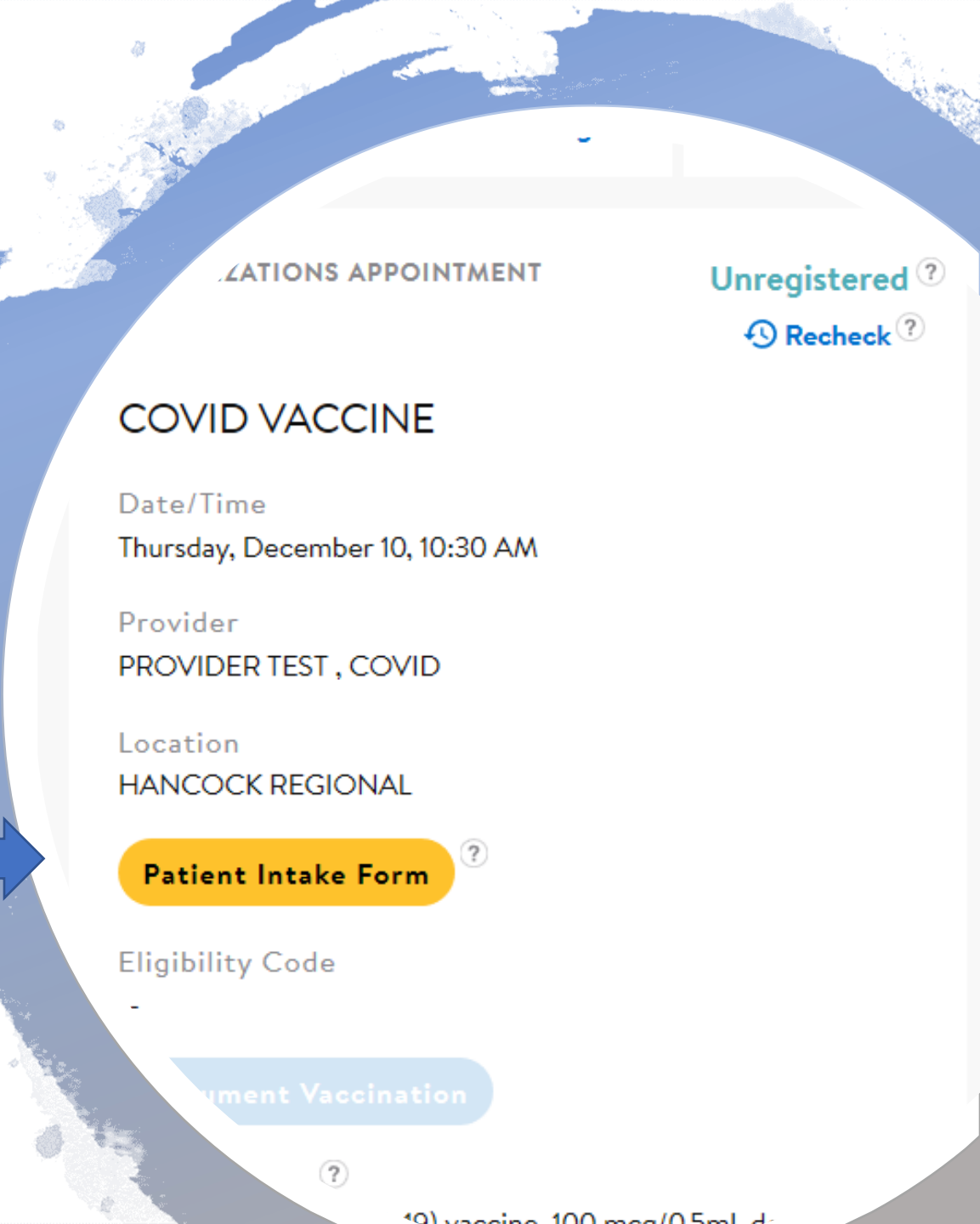
- If you do not see the patient use the search bar at the top to find them in the system.
- They may have scheduled at the wrong location or a different date.
- Exhaust the search options to be sure to not create 2 of the same user in the system
- Search by:
 - Phone number
 - First name
 - Last name (Ask for the correct spelling)
 - DOB

We are getting
close!!



For Zotec Training Environment Only

Select "Patient Intake Form" in the yellow oval



Continue to complete fields using the “Edit” Button

- Select “Edit”
- Complete Fields
- Select “Save”

Patient Intake Form

INTAKE DEMOGRAPHICS

Employer Name

Employed In Healthcare

Is the Patient Pregnant

No

[Edit](#)

HEALTH HABITS

Is patient sick today?

Does patient have allergies to medication, food, vaccine component or latex?

Has patient ever had a serious reaction after receiving a vaccination?

Risk Factors

None

Vaccine Reasons

None

[Edit](#)

[Return to Appointment](#)

Intake Form Demographics

Please enter the following patient demographics

Employer Name

N/A

Is the patient employed in the healthcare industry?

Yes

No

Unsure

Is the patient pregnant?

Yes

No

Cancel

Save

Health Habits

The information provided will help us better understand the virus and how it affects people.

Is the patient sick today?

Yes

No

Does the patient have allergies to medications, food, a vaccine component, or latex?

Yes

No

Has the patient ever had a serious reaction after receiving a vaccination?

Yes

No

Risk Factors (Check all that apply)

- Obesity
- Over the age 65
- Diabetes
- Chronic Kidney Disease
- COPD
- Serious Heart Condition
- Sickle Cell Disease
- Other

Cancel

Save

Patient Intake Form

INTAKE DEMOGRAPHICS

Employer Name
N/A

Employed In Healthcare
No

Is the Patient Pregnant
No

[Edit](#)

HEALTH HABITS

Is patient sick today?
Yes

Does patient have allergies to medication,
food, vaccine component or latex?
No

Has patient ever had a serious reaction after
receiving a vaccination?
No

Risk Factors
Diabetes
Sickle Cell Disease

Vaccine Reasons
Long Term Care Resident

[Edit](#)

*Once both forms have the
check mark you can select
"Return to Appointment"*

Return to Appointment

Though the patient is now **Registered**. Before we are able to “Check-in” the patient, we need to Update Eligibility.

Patient Information

DEMOGRAPHICS

Patricia Test

Date of Birth
11/11/2011

Sex
Female

Address
2 N Meridian St
Floor 3
Indianapolis, IN 46204

County
MARION

Contact Mobile Phone
[\(317\) 234-8167](tel:(317)234-8167)

Contact Email Address
--

Preferred Communication Method
Text Message and auto-dialed call

[Edit](#)

ADDITIONAL DEMOGRAPHICS

Today 1

Upcoming ?

Past ?

IMMUNIZATIONS APPOINTMENT

COVID VACCINE

Date/Time
Thursday, December 10, 10:30 AM

Provider
PROVIDER TEST , COVID

Location
HANCOCK REGIONAL

[Patient Intake Form](#) ?

Eligibility Code
--

[Document Vaccination](#)

Accession IDs ?

SARS-COV-2 (COVID-19) vaccine, 100 mcg/0.5mL dose : ---
SARS-COV-2 (COVID-19) vaccine, 30 mcg/0.3mL dose : ---

[Cancel](#)

[Reschedule](#)

[Update Eligibility](#) ?

[Check In](#)

Registered ?

Select the patient's IIS eligibility status

All Adults are "317 Eligible" regardless of their insurance status

Patient IIS Eligibility

<input type="radio"/>	Ineligible (V01)
<input checked="" type="radio"/>	317 Eligible (V23)

<input type="button" value="Cancel"/>	<input type="button" value="Save"/>
---------------------------------------	-------------------------------------

[← Back](#)
[Schedule Appointment](#)

Patient Information

[Today 1](#)
[Upcoming ?](#)
[Past](#)

DEMOGRAPHICS ✓

Patricia Test

Date of Birth
11/11/2011

Sex
Female

Address
2 N Meridian St
Floor 3
Indianapolis, IN 46204

County
MARION

Contact Mobile Phone
[\(317\) 234-8167](tel:(317)234-8167)

Contact Email Address
--

Preferred Communication Method
Text Message and auto-dialed call

[Edit](#)

ADDITIONAL DEMOGRAPHICS ✓

Preferred Language
Prefer not to say

IMMUNIZATIONS APPOINTMENT Registered ?

COVID VACCINE

Date/Time
Thursday, December 10, 10:30 AM

Provider
PROVIDER TEST , COVID

Location
HANCOCK REGIONAL

[Patient Intake Form](#) ?

Eligibility Code
V22 [Clear Code](#)

[Document Vaccination](#)

Accession IDs ?
SARS-COV-2 (COVID-19) vaccine, 100 mcg/0.5mL dose : ---
SARS-COV-2 (COVID-19) vaccine, 30 mcg/0.3mL dose : ---

[Cancel](#)
[Reschedule](#)
[Update Eligibility](#) ?
 Check In

WE DID IT!!!

We have what we need when the "Check In" option is available

Select Check In and verify information before completing

Verify with the information with the Patient and check the boxes.

Please verify with the patient that their Demographic and Insurance is correct before continuing.

Verified

DEMOGRAPHICS

Test Testtesttest

Date of Birth
01/01/1900

Sex
Male

Address
test
Indianapolis, IN 46202

County
MARION

Text Message and auto-dialed call

Edit

Verified

MEDICAL INSURANCE

Self Pay

Edit

Verified

IIS ELIGIBILITY

Eligibility Code
317 Eligible (V23)

Edit

Cancel

Check In

Patient Information

Today 1 | **Upcoming ?** | **Past ?**

Checked In ?

DEMOGRAPHICS ✓

Patricia Test

Date of Birth
11/11/1986

Sex
Female

Address
2 N Meridian St
Floor 3
Indianapolis, IN 46204

County
MARION

Contact Mobile Phone
[\(317\) 234-8167](tel:(317)234-8167)

Contact Email Address
--

Preferred Communication Method
Text Message and auto-dialed call

[Edit](#)

IMMUNIZATIONS APPOINTMENT

COVID VACCINE

Date/Time
Thursday, December 10, 10:30 AM

Provider
PROVIDER TEST , COVID

Location
HANCOCK REGIONAL

Patient Intake Form ?

Eligibility Code
V23

Document Vaccination

Accession IDs ?
SARS-COV-2 (COVID-19) vaccine, 100 mcg/0.5mL dose : ---
SARS-COV-2 (COVID-19) vaccine, 30 mcg/0.3mL dose : ---

[Cancel](#)

[Reschedule](#)

[Check In](#)

[Print Labels](#)

ADDITIONAL DEMOGRAPHICS ✓

Preferred Language

NEXT: The patient will move to the vaccination station to receive the vaccine and the Vaccine Administrator will complete the “Document Vaccination” Steps. All document vaccination steps **MUST BE** completed by the person administering the vaccine.

REGISTRATION IS DONE!!

- Those individuals who are DUAL Users will see a “Document Vaccination”. Those that are not will not be allowed to select this option.
- “Document Vaccination” will be selected once the vaccine has been administered.
- If the vaccinator only has vaccination access the patient will only appear on their screen once the patient has been checked in on the registration side.

What if You Could NOT
find the Patient?

Friday, Dec 11, 2020



Phone (123-456-7890), first name, last name, or DOB (mm/dd/yyyy)





- If you do not see the patient uses the search bar at the top to find them in the system.
- They may have scheduled at the wrong location or a different date.
- Search by:
 - Phone number
 - First name
 - Last name (Ask for the correct spelling that was entered)
 - DOB

Search for a patient

Test test ✕ 🔍 Submit

Search results for Test test

First Name	Last Name	DOB	Sex	Mobile Phone	Notes
test	test	01/01/1900	Male	(317) 719-3456	
Test	TEst	10/12/1990	Male	(317) 601-4749	
Test	Test	12/12/1990	Male	(317) 601-4749	
test	test 123	01/01/1900	Male	(317) 719-3456	

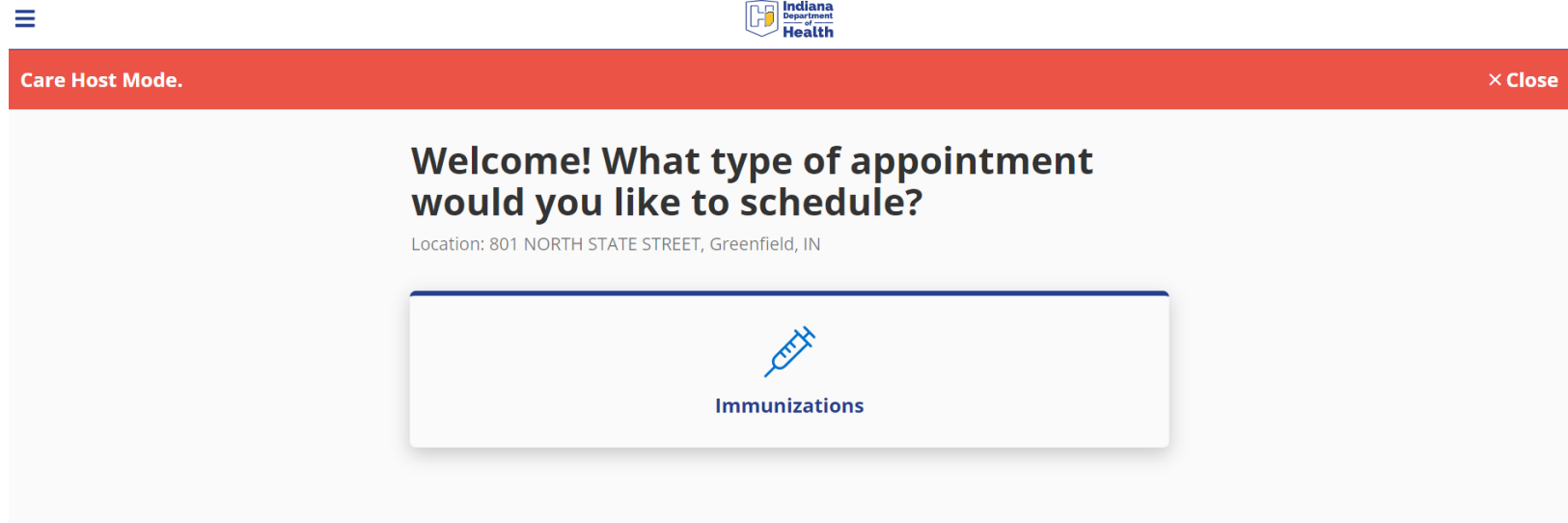
5 Results

Continue as New

Duplicate records cannot be merged

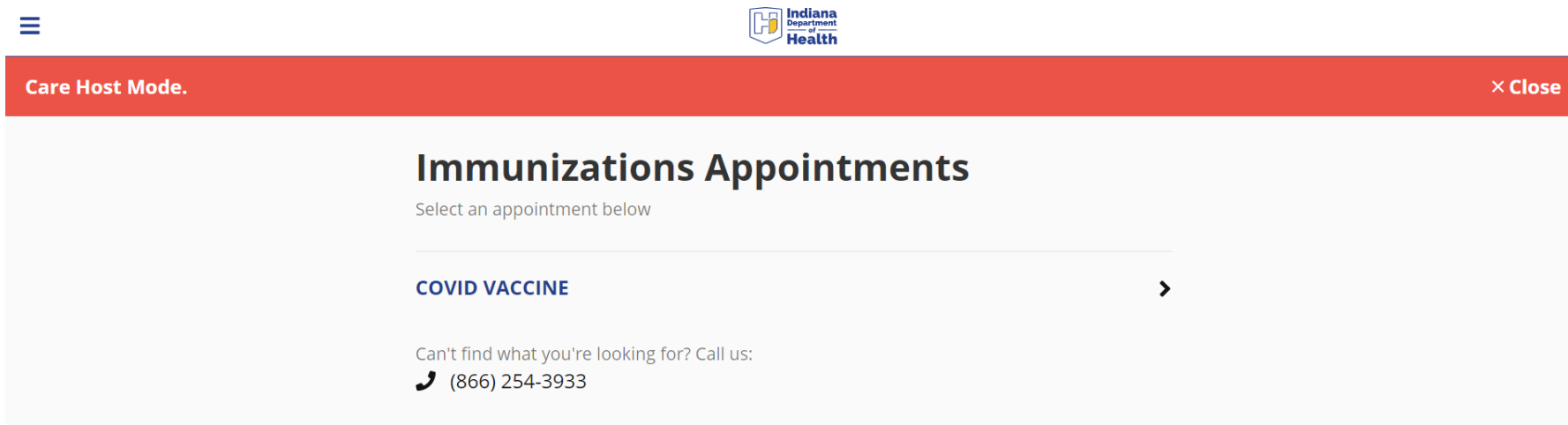
- Click on the patient you want to use.
- OR
- If you cannot find them use the “Continue as New”

Click "Immunizations"



The screenshot shows the top of the Indiana Department of Health website. A red header bar contains the text "Care Host Mode." on the left and "× Close" on the right. Below the header, the main content area has a white background. At the top left of this area is a hamburger menu icon. In the center, there is a large heading: "Welcome! What type of appointment would you like to schedule?". Below the heading is the location: "Location: 801 NORTH STATE STREET, Greenfield, IN". A prominent white button with a blue border and a syringe icon is centered, with the word "Immunizations" written below it.

Next click "COVID Vaccine"



The screenshot shows the "Immunizations Appointments" page on the Indiana Department of Health website. A red header bar contains "Care Host Mode." on the left and "× Close" on the right. Below the header, the main content area has a white background. At the top left is a hamburger menu icon. The heading "Immunizations Appointments" is centered, with the subtext "Select an appointment below" underneath. A white button with a blue border and a right-pointing chevron is centered, with the text "COVID VACCINE" written above it. At the bottom of the page, there is a text prompt: "Can't find what you're looking for? Call us:" followed by a phone icon and the number "(866) 254-3933".

Do not choose a provider. Click find a time.

The screenshot shows a web interface for booking a COVID vaccine. At the top, there is a red banner with the text "Care Host Mode." on the left and a "Close" button on the right. Below the banner, the heading "COVID VACCINE" is centered. Underneath the heading, there is a message: "Pricing currently unavailable. An estimate will be provided at check-in." Below this message is a form with a "Choose provider" dropdown menu. This dropdown menu is crossed out with a large orange circle and a diagonal slash, indicating that selecting a provider is not the intended action. A large orange arrow points downwards from the top of the page towards the "Find a Time" button at the bottom.

Find a Time

Select Your Appointment

- Verify Date
- Select “Allow Overbooking” if time is not available (happens when multiple patients are being seen at the same time)
- Select time
- Should be in the hour in which the vaccine is provided
- Click “Select This Time” to proceed

Indiana Department of Health

Select a time for your appointment

COVID VACCINE

No Provider Preference

Allow Overbooking

December ▾

Sun	Mon	Tue	Wed	Thu	Fri	Sat
6	7	8	9	10	11	12

7:00 AM 7:10 AM 7:20 AM 7:30 AM 7:40 AM

Select This Time



Select a time for your appointment

COVID VACCINE

No Provider Preference

Allow Overbooking

December ▼

Thu Fri Sat

When to use “Allow Overbooking”

- The time slot is **NOW** and is not listed **AND** you know you have enough vaccine available

When NOT to use “Allow Overbooking”

- When the date is in the past
- When the time is in the future and you aren't sure you will have enough vaccine



Please complete the fields below.

How can we contact you with the results?

First Name

Last Name

Date of Birth

 / /
MM / DD / YYYY

Sex

- Male
 Female

Contact Preference

- Email
 Text message and auto-dialed call

Email Address (Optional)

Mobile Phone Number

Message and data rates may apply.

Submit Patient Information

- Input patient information
- Careful to correctly input:
 - Name
 - DOB
 - Contact Information
- If patient is a “female” an additional question on if the patient is currently pregnant will appear



*****Verify the information is correct
BEFORE proceeding**

Click “Confirm Appointment”

NOTE: A link will be sent to the patient prompting them to complete their registration.

Link will be sent either to the email or phone number provided.

If you are completing the information you will need to ask them to disregard.



Ready to confirm your appointment?

Review the details below

COVID VACCINE

Thursday, December 10, 7:00 AM

[✎ Edit](#) [+ Add services](#)

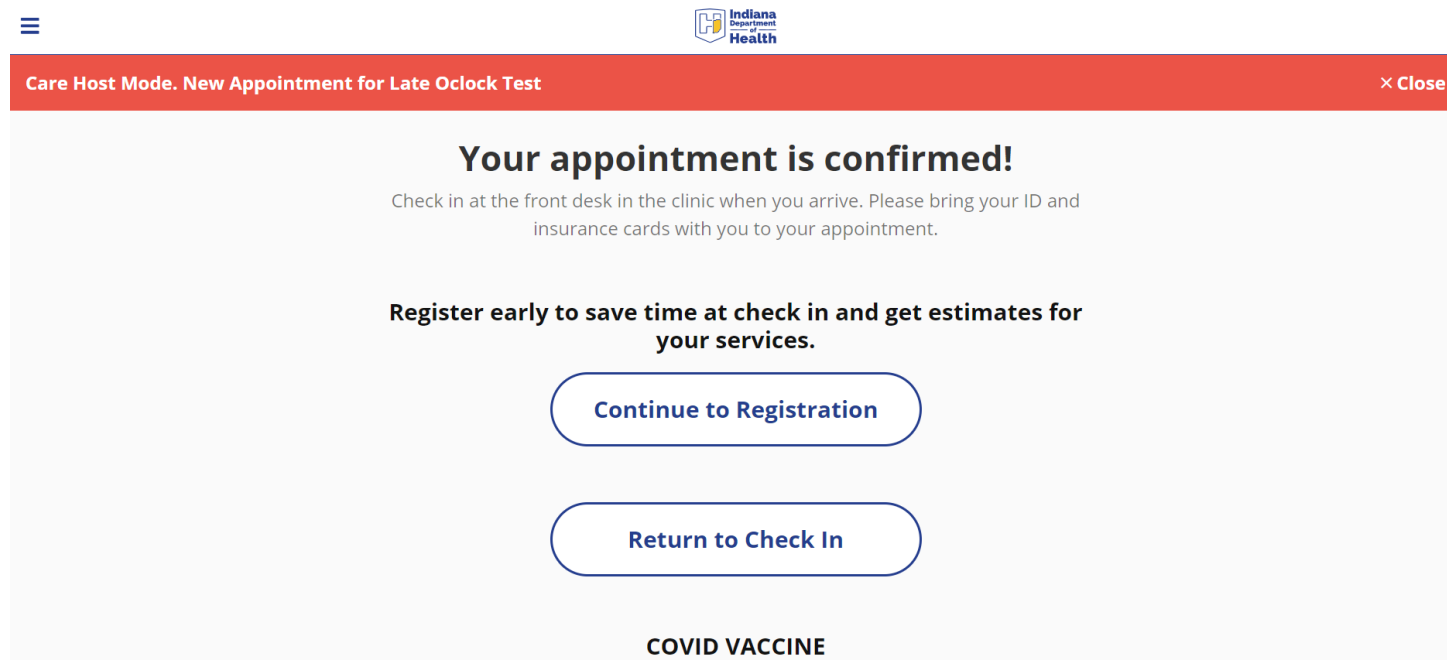
Patient Name	Late Oclock Test
Date of Birth	01/01/1900
Phone	(999) 999-9999

[✎ Edit](#)

Confirm Appointment

Once you've arrived at this screen you have two choices:

1. **RECOMMENDED:** Return to Check in – The Patient will have automatically received a Text or email from ZOTEC with a unique registration link. They patient can complete the registration on their own.
2. Continue to Registration – This will allow you to manually complete the next steps in the registration process. However, some questions may not appear, and the registration may need to be reviewed for completeness prior to checking the patient in.



The screenshot displays a patient portal interface for the Indiana Department of Health. At the top, there is a red notification bar with the text "Care Host Mode. New Appointment for Late Oclock Test" and a "Close" button. Below this, the main content area features the heading "Your appointment is confirmed!" followed by instructions: "Check in at the front desk in the clinic when you arrive. Please bring your ID and insurance cards with you to your appointment." Below the instructions, there is a prompt: "Register early to save time at check in and get estimates for your services." Two large, rounded buttons are centered on the screen: "Continue to Registration" and "Return to Check In". At the bottom of the screen, the text "COVID VACCINE" is displayed. The Indiana Department of Health logo is visible in the top right corner of the interface and in the bottom left corner of the overall image.

Go back the main screen and find your patient.

- If you have are experiencing high volume of patients, you may want to filter to show the status of your preference
- Patients will be placed in order of their appointment time

Thursday, Dec 10, 2020 10:21 AM

Phone (123-456-7890), first name, last name, or DOB (mm/dd/yyyy)

Schedule Appointment

HANCOCK REGIONAL

Time	First Name	Last Name	DOB	Service	Appointment Type	Status	
10:30 AM	Patricia	Test	11/11/2011	Immunizations	COVID VACCINE	Unregistered	>