

Capsule – Mount Sinai Discharge Program

April 2020



Mount Sinai / Capsule Rx Discharge Workflow



Capsule Hours of Operation		
Days	Hours	Same-day Delivery Cutoff
Mon-Fri	8AM – 10PM	7:15PM
Sat-Sun	10AM – 6PM	3:15PM

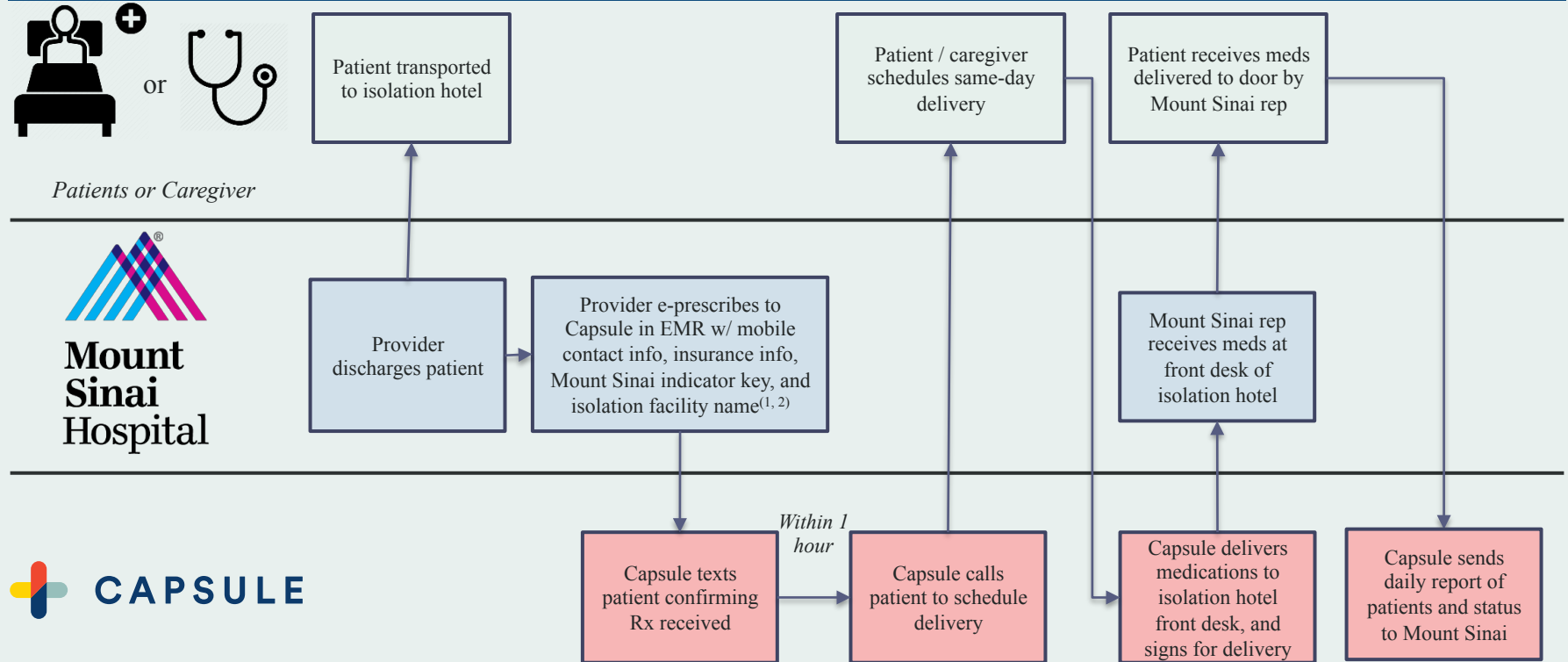
Capsule Contact Information

Address: 20 W 36th St New York, NY 10018
 Phone: (212) 675-3900
 Fax: (844) 965-9882

Any Questions? Contact:

Mansi Patel (Chief of Staff) mansi@capsule.com
Amit Goel (Snr. Manager of Partnerships)
agoel@capsule.com

Mount Sinai Discharge Workflow



(1) Providers may place prescriptions with Capsule via fax or phone if e-prescribing is unavailable
 (2) Providers to confirm mobile contact information for patient in EMR; if incorrect, input correct contact number in notes of EMR

FAQs



❖ **What additional work do I need to do in order to prescribe to Capsule?**

Simply prescribe to “Capsule -- New York” in your EMR as you normally would to any other pharmacy

In order to better serve the Mount Sinai isolation patient population, we ask that you include the following in the “Notes to Pharmacy” section in your EMR:

- 1) Isolation Facility Name
- 2) Mount Sinai indicator key (“MOUNTSINAI_2020”)
- 3) Patient’s insurance information (BIN, PCN, and Group ID numbers)
- 4) Patient’s mobile contact number (if number in EMR is incorrect)

These additional items do not need to be included for non-isolation patients

❖ **Does Capsule deliver controlled medications?**

Yes - Capsule will deliver all medications to designated Mount Sinai representatives at the isolation

❖ **When will my patient receive their medications?**

Patients will receive medications same-day for all orders placed before 7:15PM on weekdays, and before 3:15PM on weekends
All orders received thereafter will be fulfilled the following morning (before 10AM on weekdays, and 12PM on weekends)

❖ **What if I can’t e-prescribe?**

Fax or call Capsule at:

Fax: (844) 965-9882

Phone: (212) 675-3900

Prescriber Checklist



Please include the following in the “Notes to Pharmacy” section of your EMR when prescribing to the Capsule – Mount Sinai Discharge Program:

Complete?	Item
	Mobile Contact Information: Confirm Patient’s mobile contact information in EMR – if incorrect, please include the correct number in the Notes to Pharmacy section
	Insurance Information: Patient’s BIN, PCN, and Group ID numbers
	Mount Sinai Indicator Key: MOUNTSINAI_2020
	Isolation Facility: names to be provided by Mount Sinai

Physician Product Flow

Prescriber Instructions



1) Ensure mobile number phone number is correct in contact information on patient profile (if not, include in Step 5)

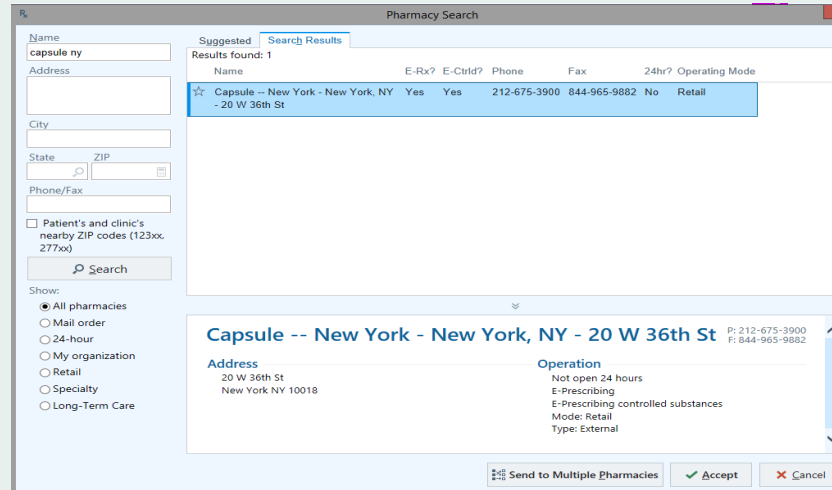
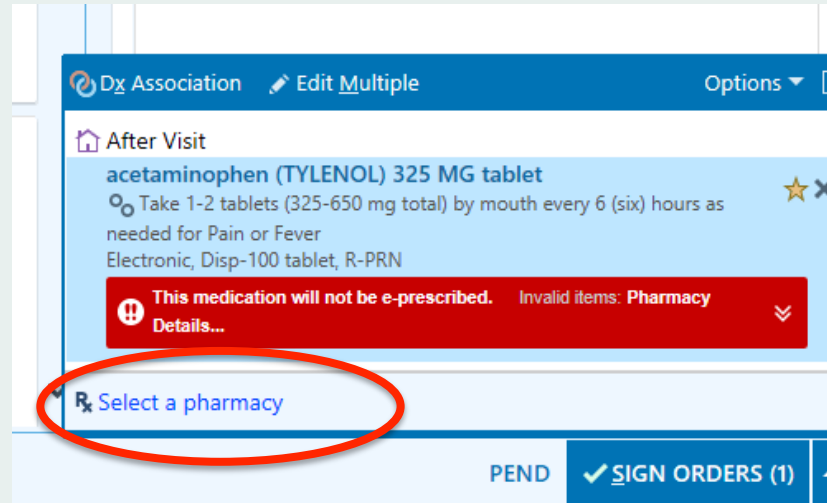
The screenshot shows the Epic EMR interface for a patient named Mickey Mouse. The patient's profile is displayed in the 'Demographics' section, which is divided into four tabs: Contact Information, Clinical Information, Additional Information, and Advance Directives. The 'Contact Information' tab is active, showing fields for Name, Sex, Birth date, Aliases, Patient status, Marital status, Ethnic group, Patient IDs, Patient type, and Preferred form of address. A red circle highlights the 'Contact Information' section, specifically the 'Contact Information' table. This table lists three contact types: Home Phone, Work Phone, and Mobile. The Mobile phone number is 919-470-1000. The 'Patient Contact' section shows 'No Contact' and the 'Employment Information' section shows 'No Contact'.

1-Permanent	2-Temporary	3-Confidential	4-Dependence
Address:	1000 MAIN ST		
City (or ZIP):	SCHENECTADY		
State:	NY	ZIP: 12345	
County:			
Country:	United States of America		

Number Type	Number
1 Home Phone	919-470-1000
2 Work Phone	
3 Mobile	

Prescriber Instructions

2) Select pharmacy and search for "Capsule -- NY"



Name	E-Rx?	E-Ctid?	Phone	Fax	24hr?	Operating Mode
☆ Capsule -- New York - New York, NY - 20 W 36th St	Yes	Yes	212-675-3900	844-965-9882	No	Retail

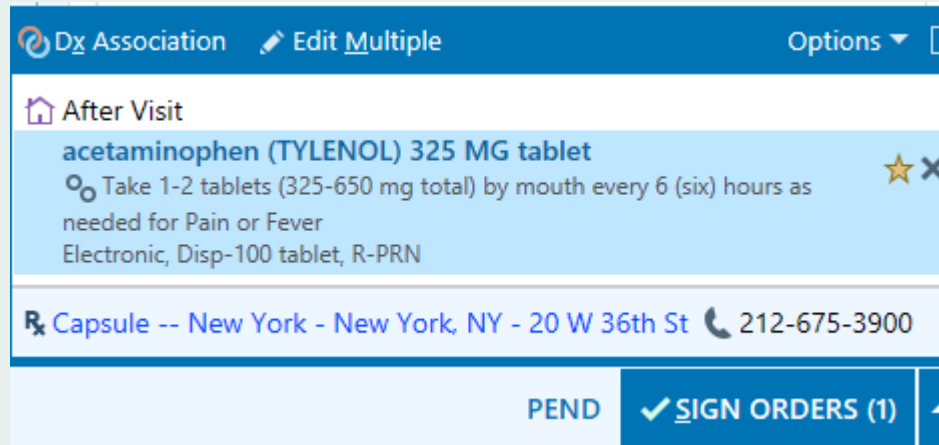
Capsule -- New York - New York, NY - 20 W 36th St
P: 212-675-3900
F: 844-965-9882

Address
20 W 36th St
New York NY 10018

Operation
Not open 24 hours
E-Prescribing
E-Prescribing controlled substances
Mode: Retail
Type: External

Prescriber Instructions

3) Click on medication before signing order to edit pharmacy notes.



The screenshot shows a software interface for a medical professional. At the top, there is a blue header bar with the text "Dx Association" and "Edit Multiple" next to a pencil icon. On the right side of the header is an "Options" dropdown menu. Below the header, there is a section titled "After Visit" with a house icon. The main content area displays a medication order for "acetaminophen (TYLENOL) 325 MG tablet". Below the medication name, there is a circular icon with a plus sign, followed by the instruction: "Take 1-2 tablets (325-650 mg total) by mouth every 6 (six) hours as needed for Pain or Fever". Below this instruction, it says "Electronic, Disp-100 tablet, R-PRN". To the right of the medication name is a star icon and a close 'X' icon. Below the medication order, there is a section for the pharmacy: "Capsule -- New York - New York, NY - 20 W 36th St" with a phone icon and the number "212-675-3900". At the bottom of the interface, there is a "PEND" button and a blue button with a checkmark and the text "SIGN ORDERS (1)".

Prescriber Instructions



4) Add Note to Pharmacy

acetaminophen (TYLENOL) 325 MG tablet ✓ Accept ✗ Cancel

Reference: 1. Lexi-Comp 2. Lexi-Peds
Links:
Order Inst.: .

Product: **ACETAMINOPHEN 325 MG TABLET** View Available Strengths

Sig Method: **Specify Dose, Route, Frequency** Use Free Text Taper/Ramp Combination Dosage

Dose: 325 mg 650 mg
Prescribed Dose: 325-650 mg
Prescribed Amount: 1-2 tablet

Route: Oral

Frequency: Q6H Q8H Q4H PRN **Q6H PRN** Q8H PRN

PRN reasons: Pain Fever
PRN comment:

Duration: Doses Days
Starting: Ending:

Dispense: Days/Fill: Full (0 Days) 30 Days 90 Days
Quantity: tablet Refill:

Do not send renewal requests to me
 Dispense As Written

Mark long-term: ACETAMINOPHEN

Patient Sig: **Take 1-2 tablets (325-650 mg total) by mouth every 6 (six) hours as needed for Pain or Fever**
+ Add additional information to the patient sig

Class: **Electronic** Print Historical Med Adjust Sig/Fill Later at Duke Do Not Send to Pharmacy

Note to Pharmacy: + Add Note to Pharmacy (F6)

Renewal Provider: + Add Note to Pharmacy (F6)

[Show Additional Order Details](#) ⌵

ⓘ Next Required ✓ Accept ✗ Cancel

Prescriber Instructions



5) Add “MOUNTSINAI_2020”, patient insurance information, isolation delivery location, and patient’s mobile contact information (if incorrect from Step 1)

acetaminophen (TYLENOL) 325 MG tablet ✓ Accept ✗ Cancel

Reference: 1. Lexi-Comp 2. Lexi-Peds
Links:
Order Inst.: .

Product: **ACETAMINOPHEN 325 MG TABLET** View Available Strengths

Sig Method: **Specify Dose, Route, Frequency** Use Free Text Taper/Ramp Combination Dosage

Dose: 325-650 mg 325 mg 650 mg
Prescribed Dose: 325-650 mg
Prescribed Amount: 1-2 tablet

Route: **Oral** Oral

Frequency: **Every 6 hours PRN** Q6H Q8H Q4H PRN Q6H PRN Q8H PRN

PRN reasons: Pain Fever
PRN comment:

Duration: Doses Days
Starting: 4/2/2020 Ending:
Dispense: Days/Fill: Full (0 Days) 30 Days 90 Days
Quantity: 100 tablet Refill: PRN

Do not send renewal requests to me
 Dispense As Written

Mark long-term: ACETAMINOPHEN

Patient Sig: **Take 1-2 tablets (325-650 mg total) by mouth every 6 (six) hours as needed for Pain or Fever**
+ Add additional information to the patient sig

Class: **Electronic** Print Historical Med Adjust Sig, Filter at Duke Do Not Send to Pharmacy

Note to Pharmacist: **Insurance name and Member ID; Delivery location name and address**

Next Required ✓ Accept ✗ Cancel

Prescriber Instructions



6) Sign and complete order

Dx Association Edit Multiple Options ▾

After Visit

acetaminophen (TYLENOL) 325 MG tablet

Take 1-2 tablets (325-650 mg total) by mouth every 6 (six) hours as needed for Pain or Fever

Electronic, Disp-100 tablet, R-PRN

Insurance name and Member ID; Delivery location name and address

Capsule -- New York - New York, NY - 20 W 36th St 212-675-3900

PEND ✓ SIGN ORDERS (1)