# Thank you for selecting CVS Health to conduct your COVID-19 vaccine administration!

The purpose of this document is to provide additional information and helpful tips to support your staff in securing the necessary documentation prior to the scheduled resident and staff COVID-19 vaccine clinics.

Collecting all participant insurance information prior to the COVID -19 vaccine clinics is crucial to ensuring efficiencies at point of care including streamlining the real-time claim billing process to the participant's applicable prescription or medical insurance.

#### **Consent Forms**

A packet of consent forms will be mailed directly to your facility for the first and second clinics. A staff member at your facility should be tasked with ensuring that all participants (residents and staff) have completed their consent forms and provided you with all insurance information.

### Copies of each participant's insurance cards

FRONT and BACK copies of each participant's current insurance cards should also be obtained and attached to the consent form, to allow our teams access to unique claim billing details and avoid interruptions to your staff at point of care. Sample ID cards on pages 5 & 6 of this guide.

### **Multi-Patient Registration**

All participants, both residents and any staff members, must be registered for the clinic through the Multi-Patient Registration process, which must be completed by your facility at least 10 days prior to each clinic. This ensures we are prepared with the right number of vaccines and supplies, and initiates the electronic data migration of patient demographic and insurance information into our pharmacy management system.

 The Multi-Patient Registration process can be started by navigating to the CVS.com Vaccine Clinic Scheduling tool (link included in your clinic confirmation email or found <u>here</u>).

#### **Key Points:**

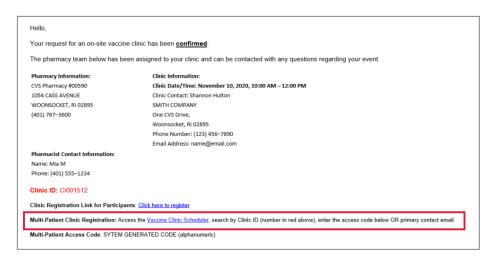
- If the participant is age 65 or older, their Medicare Part A/B ID Number (MBI) must be entered
- If the participant has prescription and/or medical insurance in addition to Medicare Part A/B, that information must be provided
- If the participant is not Medicare A/B eligible, enter in all their medical and prescription insurance information
- If the participant is uninsured (such as Self-Pay), the uninsured status must be validated and the applicable participant identifiers provided

### See next page for step by step instructions



### **Multi-Patient Registration Steps**

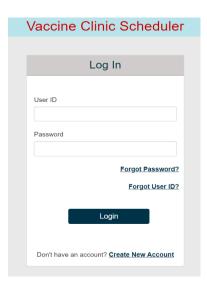
1. **Follow the link to the Vaccine Clinic Scheduler** from your confirmation email or through https://vaccineclinicscheduler.cvs.com. Make note of the Clinic ID in red text.

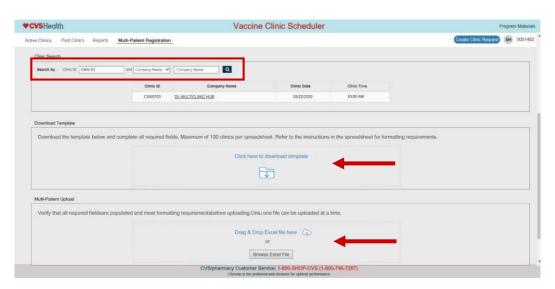


Make note of the Clinic ID in red text, link to the Vaccine Clinic Scheduler, and system generated Company Code.



**2. Create an account by** choosing a username and password and entering in all required account information.





**3. Search by Clinic ID and the clinic's primary contact email or Clinic ID and Company Code** (all of these items are found in the confirmation email) and download the blank spreadsheet.



- 4. Enter each participant's demographic and insurance information
- 5. Save the file and upload into the Vaccine Clinic Scheduler



### **Multi-Patient Registration Helpful Tips**



Please note that **Clinic ID** provided in your email confirmation and is a capital "C" and capital "I" followed by 6 numbers (ex: C1123456) – the second letter is NOT a lowercase "L" or the number "one"

**TIP:** copy and paste your Clinic ID directly from your email notification

**TIP**: only confirmed clinics are accessible here

In addition to entering Clinic ID, you will also need to provide your **Company Code** OR the **Primary Contact Email Address**. The Company Code is autogenerated and provided in your confirmation email. You can enter the primary contact's email address, even if you are not the primary contact for the clinic.

**TIP:** be sure to click the dropdown to select which option to use for your search (either Company Code or Email)

#### NOTE: the system only allows for a maximum of 100 participants to be uploaded at one.

If you have more than 100 participants, you will need to split them up into separate files and upload each, separately.

To avoid upload errors, please do not alter the downloaded template in any way and ensure you complete all required fields at a minimum (those marked with \*)

1	A	В	С	D	E	F	G	Н		J	K	L
	* Indicates Required Field			Enter patient demographic information								
1												
			Patient First Name*	Patient Last Name*		Sex of Patient (for		City*		Zip Code*		Patient Phone
		vaccine will the patient be				registry purposes)*			Letter			Number*
	Longterm Care Facility?*	receiving?*							Abbreviation)		applicable)	
									1			
2												
3	Resident											
4	Staff											
5												
6												
7												

Column A: dropdown by patient type

Column B: enter "1" or "2" for patient dose

**Column C & D:** patient name, character limit of 19 **Column E:** patient DOB in format MM/DD/YYYY

**Column F:** dropdown of patient sex

Column G: patient address (could be the facility

address), character limit of 100

Column H: patient city, character limit of 20

Column I: two letter state abbreviation

**Column J:** zip code, 5 numbers, no zip code extension **Column K:** (OPTIONAL) email, character limit of 30

**Column M**: dropdown yes/no for Medicare eligibility **Column N**: if "yes" is selected in Column M, provide

Medicare A/B ID (alpha-numeric only, no hyphens)

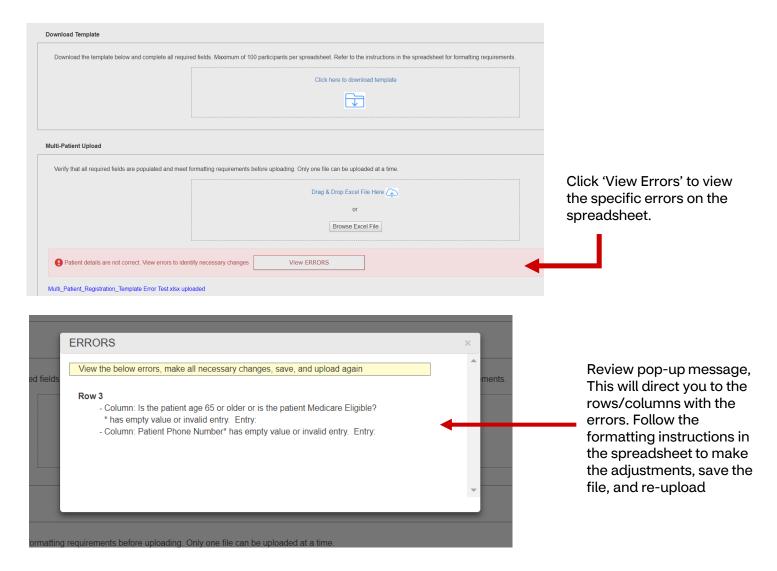
TIP: make sure there are no unnecessary spaces, causing fields to exceed their character limits

TIP: make sure there are no special characters throughout the file, this may cause errors.



### **Multi-Patient Registration Helpful Tips**

NOTE: The system will notify you of the specific changes required to upload the Multi-patient Registration successfully.



## NOTE: When the clinic has been successfully uploaded, you will receive the below pop-up message.

**TIP**: You will **NOT** receive an email confirmation or be able to view your submitted files. This pop-up is confirmation that your file has been received.





### **Documenting Participant's Insurance Information**

Collecting accurate participant's insurance information is critical due to government program and private insurance unique claim billing requirements for COVID vaccine administration

				Form	n 1 of 2 t	o be completed
COVID Vaccine I		<b>♥CVS</b> pharma				
Clinic Information						
Clinic ID Clinic Na	me		Т	elephone		Store Number
Address		City	S	tate		Zip
Patient Information						
Last Name	First N	ame		ate of Birth		Gender
Address	City		State	Zip		
Primary Care Provider (PCP) Name	e PCP P	hone Number	P	CP Fax Number		
PCP Address		City	S	tate		Zip
Insurance Information	(For onsite clinics, ple				d(s) was	s collected)
Is this the patient's first ( Insurance Information Prescription Insurance:	(For onsite clinics, ple	ase ensure a copy o	f the patient's			
Insurance Information Prescription Insurance:	(For onsite clinics, ple O Yes O No	ase ensure a copy o	f the patient's	insurance car		
Insurance Information Prescription Insurance: Prescription Benefit Plan Name Medicare Fields:	(For onsite clinics, ple O Yes O No Are you the Primary Ca	ase ensure a copy o	f the patient's	insurance car		er's DOB
Insurance Information Prescription Insurance: Prescription Benefit Plan Name Medicare Fields: O Yes O No Is the Patient age 65 or older or M	(For onsite clinics, ple O Yes O No Are you the Primary Ca Cardholder ID #	ase ensure a copy o	If No, included to the patient's of the	de the Primary C BIN I) s age 65 and old	ardholde	er's DOB PCN
Insurance Information Prescription Insurance: Prescription Benefit Plan Name Medicare Fields: O Yes O No Is the Patient age 65 or older or M	(For onsite clinics, ple O Yes O No Are you the Primary Ca Cardholder ID #	RX Group  Medicare Part A/B II  Note: MBI is require	If No, included to the patient's of the	de the Primary C BIN I) s age 65 and old	eardholde	er's DOB PCN
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Insurance Information Prescription Insurance: Prescription Benefit Plan Name Medicare Fields: O Yes O No Is the Patient age 65 or older or M Medical Insurance: Medical Insurance Carrier	(For onsite clinics, plead O Yes O No Are you the Primary Ca Cardholder ID #  Medicare Eligible?  Cardholder ID #	RX Group  Medicare Part A/B II  Note: MBI is require  Refer to your Medicare  Group ID	If No, included to the patient's of the patient's of the patient's of the patient	de the Primary C BIN  BIN  O Yes ( Are you Prima Cardho	er, or Me  No uthe ary ider?	PCN  PCN  dicare eligible.  If No, include the Primary Cardholder's Do
Insurance Information Prescription Insurance: Prescription Benefit Plan Name  Medicare Fields: O Yes O No Is the Patient age 65 or older or M  Medical Insurance:  Medical Insurance Carrier  If uninsured, you must check O I do not have any insurance,	(For onsite clinics, plead O Yes O No Are you the Primary Ca Cardholder ID #  Medicare Eligible?  Cardholder ID #  the box below to atteincluding but not limited administration fee paragram for Uninsured	RX Group  Medicare Part A/B II Note: MBI is require Refer to your Medicare Group ID  est that the following ed to Medicare, Medicare patients, please pro	If No, included in the patient's of ID  Description	de the Primary C  BIN  BIN  O Yes (  Are you  Prima  Cardho  In is true and a  other private of  Resources & S  a) a valid Soci	er, or Me O No uthe ary lder? ccurate r govern Services al Secur	PCN  dicare eligible.  If No, include the Primary Cardholder's DO: ment-funded



### **Helpful Tips to Document Participant's Insurance Information**

The COVID-19 vaccination is provided at no cost to patients, where the cost of the administration is covered by either their prescription or medical insurance.

Refer to the below guidelines to ensure accurate participant insurance information is collected and entered into Patient Consent and Multi-Patient Registration forms.

Insurance Information	(For onsite clinics, please	ensure a copy	of the patient's ir	nsurance card(s) wa	as collected)			
Prescription Insurance:	○ Yes ○ No							
-	Are you the Primary Cardholder? If No, include the Primary Cardholder's DOB							
Prescription Benefit Plan Name	CardholderID#	RX Grou	ıp ID	BIN	PCN			
Medicare Fields:	3							
O Yes ○ No								
Is the Patient age 65 or older or			ID Number (MBI)					
Medical Insurance:		Note: MBI is required for all patients age 65 and older, or Medicare eligible. Refer to your Medicare Red, White, and Blue card						
			4	○ Yes ○ No				
Medical Insurance Carrier	Cardholder ID # G	roup ID	Payer ID	Are you the Primary Cardholder?	If No, include the Primary Cardholder's DO			
Conial Conveits Number	or State Identificat	on Number C	State	Debenda Lianana	Niversia C. Charte			
Social Security Number	or state identificat	on Number &	State	or Driver's License	Number & State			
<b>-</b>	ur facility has a copy e Clinic staff to refere	•	•	ance cards se	curely filed			
Participants shou Medical insuranc	ıld complete all requ e sections	ested fields	for Prescrip	tion, Medicare	e, and			
	ciary ID (MBI) is requi	red for all N	Лedicare eliç	ible patients (f				
Payer IDs are typi	card), as the tradition		are Part B pro					

Uninsured participants are required to acknowledge the uninsured attestation statement

Uninsured participants are requested to provide a personal unique identifier to allow

claim billing to the government's uninsured program (HRSA)

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### **Locating Insurance Information from ID Cards**

Prescription and medical benefit ID cards can be confusing as there are various formats used by payers. Please use the following tips to access the applicable information required on the Patient Consent and Multi-Patient Registration forms.

Member ID cards may be specific to the participant's prescription insurance, medical insurance or may include both (referred to as a combo card)

#### 1. Prescription Benefit ID Cards:

- ALWAYS include the following identifiers which are typically on the front of the card
  - RXBIN (6-digits, may be on back of combo card)
  - RXPCN (up to 10 characters, may be blank, may be on back of combo card)
  - RX Group (up to 15 characters, may be blank, may be on back of combo card)
  - ID Cardholder ID (up to 20 characters, may be on front of combo card)

#### 2. Medical Benefit ID Cards:

- May include both medical and prescription benefit information (combo card)
- Payer name/logo is located at the top left corner
- Member ID (ID, Subscriber ID) is required
- Group ID is optional
- Claim submission information is on the back of the ID card
  - Claim mailing address
  - Payer ID 5 digit ID used for electronic claim submission (see examples on next page)
  - · For United Health Care (UHC), Payer ID is also on the front of the card

#### 3. Medicare Cards

- Medicare Health Insurance card (red, white, blue card) is provided to all Medicare Part A
  eligible patients. The same ID card is used for Medicare Part B covered services when the
  patient purchases Part B coverage. This card contains the Medicare Beneficiary ID (MBI)
- Medicare Part D or Medicare Advantage plans with prescription coverage always include the 'Medicare RX' logo



### **Locating Medical Insurance Payer ID from ID Cards**

Payer ID, also referred to as the Electronic Data Interchange (EDI)# is used for electronic eligibility verification and claim billing between the provider and the payer

Payer ID (EDI #) is typically a 5-character code (all numbers, or letters and numbers)

Payer ID (EDI #) is generally located on the back of the card within the medical claim section



- It may also be on front of card (e.g. UHC), but must be clearly marked as the PAYER ID
- Payer ID IS NOT the Health Plan ID # of 80840





 When the Payer ID (EDI #) is not printed on the ID card (e.g. BCBS plans) be sure to capture the complete plan name/region and document as the 'Medical Insurance Carrier' name on the Patient Consent form and Multi-patient Registration template





