

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 [here](#)).

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.

Hello,

Your request for an on-site vaccine clinic has been **confirmed**.

The pharmacy team below has been assigned to your clinic and can be contacted with any questions regarding your event.

Pharmacy Information:
CVS Pharmacy #00590
1054 CASS AVENUE
WOONSOCKET, RI 02895
(401) 767-3600

Clinic Information:
Clinic Date/Time: November 10, 2020, 10:00 AM – 12:00 PM
Clinic Contact: Shannon Hulton
SMITH COMPANY
One CVS Drive,
Woonsocket, RI 02895
Phone Number: (123) 456-7890
Email Address: name@email.com

Pharmacist Contact Information:
Name: Mia M
Phone: (401) 555-1234

Clinic ID: CI001512

Clinic Registration Link for Participants: [Click here to register](#)

Multi-Patient Clinic Registration: Access the [Vaccine Clinic Scheduler](#), search by Clinic ID (number in red above), enter the access code below OR primary contact email.

Multi-Patient Access Code: SYTEM GENERATED CODE (alphanumeric)

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.

Vaccine Clinic Scheduler

Log In

User ID

Password

[Forgot Password?](#)

[Forgot User ID?](#)

Don't have an account? [Create New Account](#)

CVS Health Vaccine Clinic Scheduler

Active Clinics | Past Clinics | Reports | **Multi-Patient Registration** | [Create Clinic Request](#) | SH | 0001493


Clinic Search

Search by: Clinic ID and Company Name

Clinic ID	Company Name	Clinic Date	Clinic Time
CI005703	DL MULTICLINIC,HSJ	05/22/2020	10:00 AM


Download Template

Download the template below and complete all required fields. Maximum of 100 clinics per spreadsheet. Refer to the instructions in the spreadsheet for formatting requirements.

[Click here to download template](#) 

Multi-Patient Upload

Verify that all required fields are populated and meet formatting requirements before uploading. Only one file can be uploaded at a time.

[Drag & Drop Excel file here](#)  or

CVS/pharmacy Customer Service: 1-800-SHOP-CVS (1-800-746-7287)
Chrome is the preferred web browser for optimal performance.

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.

A	B	C	D	E	F	G	H	I	J	K	L	
* Indicates Required Field		Enter patient demographic information										
1	Is the patient a Resident or Staff member of the Longterm Care Facility?*	Which dose of COVID vaccine will the patient be receiving?*	Patient First Name*	Patient Last Name*	Date of Birth*	Sex of Patient (for registry purposes)*	Street Address*	City*	State (Two-Letter Abbreviation)*	Zip Code*	Patient Email address (if applicable)	Patient Phone Number*
2												
3												
4	Resident											
5	Staff											
6												
7												

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

CVS Health Vaccine Clinic Scheduler

Active Clinics Past Clinics Reports **Multi-Patient Registration**

The Multi-Patient Registration search function will ONLY locate confirmed COVID vaccine clinics with a future date.

Clinic Search

Search By : Clinic ID and

Company Code
Company Code
Clinic Confirmation Email

Click the magnifying glass to search for your clinic, once the search fields are complete.

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”*

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

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

TIP: only confirmed clinics are accessible here

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 *)

	A	B	C	D	E	F	G	H	I	J	K	L
1	* Indicates Required Field		Enter patient demographic information									
1	Is the patient a Resident or Staff member of the Longterm Care Facility?*	Which dose of COVID vaccine will the patient be receiving?*	Patient First Name*	Patient Last Name*	Date of Birth*	Sex of Patient (for registry purposes)*	Street Address*	City*	State (Two-Letter Abbreviation)*	Zip Code*	Patient Email address (if applicable)	Patient Phone Number*
2												
3												
4												
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.

Download Template

Download the template below and complete all required fields. Maximum of 100 participants per spreadsheet. Refer to the instructions in the spreadsheet for formatting requirements.

Click here to download template

Multi-Patient Upload

Verify that all required fields are populated and meet formatting requirements before uploading. Only one file can be uploaded at a time.

Drag & Drop Excel File Here

or

Browse Excel File

⚠ Patient details are not correct. View errors to identify necessary changes

View ERRORS

Multi_Patient_Registration_Template_Error_Test.xlsx uploaded

Click 'View Errors' to view the specific errors on the spreadsheet.

ERRORS

View the below errors, make all necessary changes, save, and upload again

Row 3

- Column: Is the patient age 65 or older or is the patient Medicare Eligible? * has empty value or invalid entry. Entry:
- Column: Patient Phone Number* has empty value or invalid entry. Entry:

Review pop-up message, This will direct you to the rows/columns with the errors. Follow the formatting instructions in the spreadsheet to make the adjustments, save the file, and re-upload

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.

Message

✔ Patients have been registered successfully.

Clinic ID	Company Name	Clinic Date	Clinic Start Time	Clinic End Time
CI471948	LTC FACILITY- CLINIC 1A	12/30/2020	10:00 AM	04:00 PM

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 1 of 2 to be completed

COVID Vaccine Intake Consent Form



Clinic Information

Clinic ID	Clinic Name	Telephone	Store Number
Address	City	State	Zip

Patient Information

Last Name	First Name	Date of Birth	Gender
Address	City	State	Zip
Primary Care Provider (PCP) Name	PCP Phone Number	PCP Fax Number	
PCP Address	City	State	Zip

If you are part of a Senior Facility clinic, are you a **resident** or an **employee/staff** ?

Is this the patient's **first** or **second** dose of the COVID-19 vaccination?

Insurance Information (For onsite clinics, please ensure a copy of the patient's insurance card(s) was collected)

Prescription Insurance: Yes No
Are you the Primary Cardholder? Yes No
If No, include the Primary Cardholder's DOB

Prescription Benefit Plan Name	Cardholder ID #	RX Group ID	BIN	PCN
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Medicare Fields:

Yes No
Is the Patient age 65 or older or Medicare Eligible? Yes No
Medicare Part A/B ID Number (MBI)
Note: MBI is required for all patients age 65 and older, or Medicare eligible. Refer to your Medicare Red, White, and Blue card

Medical Insurance:

Yes No
Medical Insurance Carrier Yes No
Cardholder ID # Payer ID Are you the Primary Cardholder? If No, include the Primary Cardholder's DOB
Group ID

If uninsured, you must check the box below to attest that the following information is true and accurate:

I do not have any insurance, including but not limited to Medicare, Medicaid or any other private or government-funded health benefit plan.

In order to have your vaccine administration fee paid for by the United States Health Resources & Services Administration's COVID-19 Program for Uninsured Patients, please provide either (a) a valid Social Security number, (b) state identification number and state of issuance, OR (c) a driver's license number and the state of issuance.

Social Security Number or State Identification Number & State or Driver's License Number & State



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 insurance card(s) was collected)

Prescription Insurance: Yes No

Are you the Primary Cardholder?

If No, include the Primary Cardholder's DOB

Prescription Benefit Plan Name

Cardholder ID #

RX Group ID

BIN

PCN

Medicare Fields:

Yes No

Is the Patient age 65 or older or Medicare Eligible?

Medicare Part A/B ID Number (MBI)

Note: MBI is required for all patients age 65 and older, or Medicare eligible. Refer to your Medicare Red, White, and Blue card

Medical Insurance:

Medical Insurance Carrier

Cardholder ID #

Group ID

Payer ID

Yes No

Are you the Primary Cardholder?

If No, include the Primary Cardholder's DOB

If uninsured, you must check the box below to attest that the following information is true and accurate:

I do not have any insurance, including but not limited to Medicare, Medicaid or any other private or government-funded health benefit plan.

In order to have your vaccine administration fee paid for by the United States Health Resources & Services Administration's COVID-19 Program for Uninsured Patients, **please provide either (a) a valid Social Security number, (b) state identification number and state of issuance, OR (c) a driver's license number and the state of issuance.**

Social Security Number

or State Identification Number & State

or Driver's License Number & State

1 Please ensure your facility has a copy of all participants' insurance cards securely filed for the CVS Onsite Clinic staff to reference at point of care.

2 Participants should complete all requested fields for Prescription, Medicare, and Medical insurance sections

3 Medicare Beneficiary ID (MBI) is required for all Medicare eligible patients (found on their red, white, & blue card), as the traditional Medicare Part B program must be billed

4 Payer IDs are typically 5 characters and found on the back of the card. These IDs ensure claims are submitted to the appropriate payer. Refer to the sample ID cards below.

5 Uninsured participants are required to acknowledge the uninsured attestation statement

6 Uninsured participants are requested to provide a personal unique identifier to allow claim billing to the government's uninsured program (HRSA)

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

	Prescription Benefit Cards	Medical & Prescription Benefit Cards	Medical Benefit Cards
Commercial	 <p>CVS CAREMARK Prescription Card JOHN Q PROOF ID: 123456789 RxBIN: 610029 RXPCN: CRK RXGRP: CMCDX ISSUER: 80840</p>	 <p>HealthPartners ID: 99999999 Group: 0001 Renewal Mo: January Name: JANE K DOE Care Type: HealthPartners Open Access Office Visit: \$88.00 Urgent Care: \$24.00 Concurrence Care: \$24.00 KAREN 00088 RXPCN 24822 healthpartners.com</p>	 <p>Amerigroup RealSolutions Effective Date: _____ Date of Birth: _____ Member Name: _____ Member ID: _____ Member Services and Behavioral Health: 1-800-426-6421 Amerigroup Dr CallCenter HelpLine: 1-888-864-2344 Primary coverage through WebCare</p>
Medicaid	 <p>EXPRESS SCRIPTS www.express-scripts.com Member ID # RxBIN: 00888 RXPCN: AA RXGP: ASCA Issuer: _____ ID: 123456789 Name: SUBSCRIBER S DOE</p>	 <p>UnitedHealthcare Health Plan (80042): 911-87726-04 Member ID: 123456789 Group Number: 98765 Member: EMPLOYEE SMITH Spouse: SPOUSE SMITH Child: CHILD SMITH Child: CHILD SMITH Office S/S: \$100 ER: \$100 UrgCare: \$35 Spec: \$95 Customer Name: Sample with-Rx Payer ID: 87726 Rx Bin: 610279 Rx PCN: 9999 Rx Grp: UHEALTH</p>	 <p>Anthem Medicaid Member ID: _____ Primary Care Provider (PCP): _____ Program ID #: _____ Renewal Date: _____ Date of Birth: _____</p>
Medicare	 <p>AARP MedicareRx Plans Issuer (80042): 9151014609 Member ID: 123456789-11 Member: JOHN Q SAMPLE Rx Bin: 610087 Rx Grp: PQPND Rx PCN: 9999</p>	 <p>UnitedHealthcare Health Plan (80042): 911-87726-04 Member ID: 999999999-999 Group Number: 99999 Member: SUBSCRIBER BROWN Payer ID: 87726 Rx Bin: 610087 RXPCN: 9999 RXGRP: CCR6 Copy: PCP \$300 ER \$300 Special \$300 UnitedHealthcare Group Medicare Advantage (PPO) Plan subject to Medicare Limiting Charges</p>	 <p>MEDICARE HEALTH INSURANCE Member Name: JOHN L SMITH Medicare Number Numéro de Médicard: 1EG4-TE5-MK72 Coverage starts/Commence à: HOSPITAL (PART A) 03-01-2016 MEDICAL (PART B) 03-01-2016</p>

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

