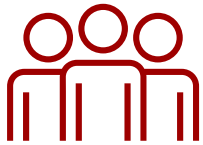




### What to Expect Throughout the Clinic Process



#### Gather the Right Information

- Before submitting a clinic request, your site should have at least 24 participants.
- We will ask questions about insurance billing and payment, so please have this information available prior to requesting a clinic.



#### Access the Vaccine Clinic Scheduler

- Our online tool allows you to request and manage your clinics.
- First time users will need to create an account. Returning users can log in using previously created username and password.



#### Create the Clinic Request

- You can submit single or multiple clinic requests at one time.
- Once your clinic request(s) is submitted, you will receive email confirmations.
- A local CVS Pharmacy<sup>®</sup> team member will call the clinic contact to confirm clinic details.



#### Prepare for your Clinic

- If your site requires visitors to check in with security or other site logistics, inform the pharmacy team prior to the clinic date.
- Our pharmacy teams will bring the vaccines, consent forms, and all supplies necessary for immunizations.
- Clinic sites should be prepared with a table, chairs, and trash cans for the immunizers.



### Table of Contents

<a href="#">Billing &amp; Payment</a>	3
<a href="#">Direct Invoice</a>	4
<a href="#">Accessing the Vaccine Clinic Scheduler</a>	5
<a href="#">Submitting a Clinic Request</a>	6-11
<a href="#">After Submitting a Clinic Request</a>	12
<a href="#">On-site Clinic Checklist</a>	13
<a href="#">Important Contacts</a>	14



### Billing & Payment

CVS Pharmacy® offers a variety of billing and payment options at on-site clinics to meet the needs of your organization. We accept most major pharmacy benefit plans and some medical plans. Direct invoicing can also be arranged if your organization would like to cover the cost of the vaccines.

We will ask you questions about insurance plans and who is responsible for payment, so it will be helpful to have this information ready when submitting a request.



#### **PBM and Medical Insurance**

For any participants using their PBM or medical insurance to cover the cost of the vaccines, please advise them to bring their insurance cards to the clinic and present it to the immunizer before receiving their vaccination.



#### **Direct Invoice**

Your organization has the option to cover the cost of the vaccine for all or some of the clinic participants. A letter of agreement must be signed with CVS prior to being directly invoiced.



#### **Cash/Out of Pocket**

Clinic participants have the option to pay out of pocket for their vaccines if insurance does not cover the cost of the vaccine. The cost of each vaccine varies. It is important to discuss cash payments with your local CVS Pharmacy® prior to the clinic date.



### Direct Invoice

In order to receive an invoice from CVS Pharmacy<sup>®</sup>, a Letter of Agreement (LOA) is required. The LOA will be sent via email. Please carefully review the document and reach out to the Flu Shot Clinic Inquiries team ([FluShotClinicsQuestions@CVSHealth.com](mailto:FluShotClinicsQuestions@CVSHealth.com)) with any questions regarding direct invoicing or the LOA.

The fully signed LOA needs to be emailed back to the Vaccine Contracting team. It is important to ensure that all fields are accurately and entirely filled out. Any missing fields may result in a processing delay.

Once the signed LOA is received and processed, the Vaccine Contracting team will email a voucher to whomever at your organization is responsible for managing the voucher. Your organization is responsible for distributing it to the participants who will be utilizing the voucher at the clinic. It is important that each participant has their own copy of the voucher to present to the immunizer at the clinic so the vaccines can be billed appropriately.

A monthly invoice will be sent to a designated person listed on the letter of agreement.

The voucher can only be used for Standard Dose Flu, the Quadrivalent (4 strain) preservative and latex-free vaccine. The High Dose flu vaccine, which is recommended for people 65 and older, is not available via voucher.



### Accessing the Vaccine Clinic Scheduler

- The Vaccine Clinic Scheduler can be accessed from <https://vaccineclinicscheduler.cvs.com>
- First time users will need to select **“Create New Account”**
- Returning users can log in using previously created username and password\*
  - Select **“Forgot Password”** and follow the steps to reset your password
  - Select **“Forgot User ID”** and follow the steps to retrieve your user ID

### Creating a New Account

- Select **“Create New Account”** and fill out all required fields.
- **Please note** that if your site is a Senior Living or Assisted Living facility, please answer “Yes” to the question **“Is your site a Senior Living facility?”**

\*If 3 unsuccessful login attempts are made, you will be locked out for 24 hours.

\*After 30 minutes of inactivity, your session will expire and you will be automatically logged out

\*Passwords expire every 90 days.



### Submitting a Clinic Request

After logging into the Vaccine Clinic Scheduler, select “**Create Clinic Request**” to begin submitting a clinic request. You can submit single or multiple clinic requests based on your organization’s needs.

- **If you need to submit multiple clinic requests**, use the multiple clinic request upload, found on the top right corner of the clinic request page:

here'. The form is divided into two sections: 'Clinic Contact Information' and 'Clinic Location Information'. The 'Clinic Contact Information' section has fields for 'Primary Contact (Full name)\*' (with a sub-field for 'First Name Last Name'), 'Phone Number\*' (with three input boxes), and 'Email\*'. The 'Clinic Location Information' section has fields for 'Company Name\*', 'Address Line 1\*', and 'Address Line 2'. A large red arrow points from the right side of the page towards the 'here' link in the 'To create multiple clinic request' text."/>

- **Download the Microsoft Excel template**, fill in all the required fields, save the document to your computer, and then upload onto the Vaccine Clinic Scheduler.
- **The spreadsheet has specific formatting requirements**, which can be found in the first row of the spreadsheet. Ensure that the spreadsheet is formatted correctly, as errors in formatting will result in upload failure.



### Submitting a Clinic Request

- **Clinic Contact Information** should be the primary, on-site contact for the clinic. The pharmacy team will be contacting this person so he or she may have to answer logistical and/or billing questions.
- **Clinic Location Information** is where the clinic will take place. Your clinic is assigned to a local CVS Pharmacy® based on the information entered.
- **Clinic Request Details** is where you select your clinic(s) date and time(s). Your requested clinic date must be at least 2 weeks from today's date to allow our pharmacy teams to prepare for your clinic.
- **Please Note** that the dates and times requested are not finalized until confirmed by the pharmacy team.

#### Clinic Request Details

We make every effort to accommodate your requested date and time, but it is not finalized until confirmed by the pharmacist.

Requested Clinic Date \* (Requested Clinic Date must be at least two weeks from today's date)

MM/DD/YYYY



Requested Start Time \*

HH:MM



Requested End Time \*

HH:MM



#### Clinic Planning Tip

Our immunizers are able to administer up to 12 vaccinations per hour. To meet our minimum requirement of 24 participants for a clinic site, your clinic should be at least 2 hours long.



### Submitting a Clinic Request

- **Influenza Vaccine:** Enter an estimated number of participants under the age of 65 and an estimated number of participants aged 65 and older.
- **Additional Vaccines:** Select any additional vaccine(s) you would like to offer during your clinic.
- **Insurance coverage for the additional vaccines can vary.** Confirm insurance coverage and number of participants with your pharmacy team prior to the day of the clinic.

#### Requested Vaccines

---

##### Influenza Vaccine

Number of participants under the age of 65: \*

Number of participants aged 65 and older: \*

##### Additional Vaccines

In addition to the influenza vaccine, we are able to bring the below vaccines to a clinic by request. Insurance coverage for these vaccines can vary. Please confirm billing with the pharmacist during the planning phase.

<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Human Papillomavirus (HPV)
<input type="checkbox"/> Measles, Mumps, & Rubella (MMR)	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Tdap/ Whooping cough



### Clinic Planning Tip

Not sure how many participants to expect? Typically, 30-35% of a site's total population will participate in a clinic and receive the influenza vaccine. It may help to send out an organization-wide email to gauge the interest of your group!





### Submitting a Clinic Request

- For “**Billing and Payment,**” you can select from three options:
  1. **Bill each participant’s insurance plan:** the vaccine(s) will be billed to each participant’s individual insurance plans.
  2. **Bill insurance for participants who have it, invoice the company for those without insurance:** your organization will cover the cost of the vaccine for participants without insurance and participants with insurance will have the vaccine billed to their individual insurance plan.
  3. **Invoice the company for all vaccines:** your organization will cover the cost of the vaccines for all participants, even if they have insurance. Selecting this option means no insurance will be billed.

#### Billing and Payment \*

The information provided below will be used to determine how the vaccines administered at your clinic should be billed.

- Bill each participant’s insurance plan
- Bill insurance for participants who have it,  
- Invoice the company for those without insurance
- Invoice the company for all vaccines



### Submitting a Clinic Request

- If you selected **Bill each participant's insurance plan** or **Bill insurance for participants who have it, invoice the company for those without insurance**, please answer the following questions:
  - **Who is responsible for payment if a participant's insurance does not cover the cost of the vaccine(s)?** If a participant's insurance rejects or there is problem with insurance coverage, will your organization cover the cost of the vaccine or will the participant be responsible for the cost of the vaccine? If your organization will cover the cost, a letter of agreement must be signed.
  - **Medical Insurance:** select the medical insurance plan offered to the majority of the participants. For example, if you are an employer, select the plan you offer to your employees.
  - **Prescription Insurance:** select the prescription insurance plan offered to the majority of the participants. For example, if you are an employer, select the plan you offer to your employees.
  - **BIN:** a 6-digit number pharmacies use to process prescriptions and can be found on the medical or prescription insurance card.

Who is responsible for payment if a participant's insurance does not cover the cost of the vaccine(s)? \*

The participant  Invoice the company

**Insurance Information**

In this section, select the name of the medical and prescription insurance offered to the majority of participants. For example, if you are an employer, select the insurance provided to your staff.

Medical Insurance: \*  Enter Medical Insurance: \*

Prescription Insurance: \*  Enter Prescription Insurance: \*

The BIN is used by pharmacies to process prescriptions. It can be found on your medical or prescription insurance card.

BIN:



### Submitting a Clinic Request

- If you selected ***Invoice the company for all vaccines***, please answer the following questions:
  - ***Are you an Aetna client?*** If your medical insurance plan carrier is Aetna, please select “Yes.”
  - ***Are you a Caremark client?*** If your prescription benefit plan carrier is Caremark, please select “Yes.”

Are you an Aetna client? \*

Yes

No

Not Sure

Are you a Caremark client? \*

Yes

No

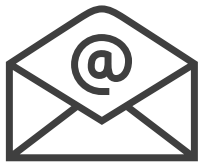
Not Sure

- Once all of the required fields have been filled out, you are able to submit your clinic request!



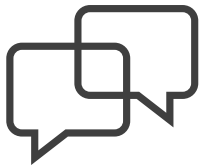
### What happens next?

#### Email Confirmation



- After you submit your clinic request, you will receive an email confirming that we have received your request.
- In this email, you will see your clinic request details and the contact information for a local CVS Pharmacy<sup>®</sup> assigned to your clinic.
- If you selected to be directly invoiced for some or all of the vaccines, you will receive a letter agreement from our team.

#### Pharmacy Confirmation



- The pharmacy team assigned to your clinic will call the contact person listed in the request within 3 business days of submitting the clinic request. If you do not hear from the pharmacy within three days, you can call the number listed in the confirmation email.
- They will confirm all clinic details, including the number of participants and clinic location.

#### Insurance Test Claim



- If you will be using insurance at your clinic, the pharmacy team may ask you for insurance information, including member and group ID, to run a test claim.
- This test claim will verify insurance coverage of the vaccines and can help avoid billing issues.



### Clinic Checklist

We've prepared a checklist to help you get ready for a successful clinic!

- Get a final headcount of participants as the clinic date nears**
  - Have more people expressed interest in the clinic? If so, please call your pharmacy team and let them know; they may need to prepare more supplies.
  
- Confirm insurance coverage** (if using insurance at the clinic)
  - Has the pharmacy team completed a test claim for you?
  - For participants that do not use your organization-provided insurance, encourage those individuals to check if the vaccines are covered under their insurance plans prior to the day of the clinic.
  
- Distribute the vaccine voucher to those using it** (if using direct invoice at the clinic)
  - Make sure each participant who will be using a voucher at the clinic has one.
  - If you don't have your voucher link, please contact Flu Shot Clinic Inquiries prior to the day of the clinic.
  
- Secure the space**
  - Ensure there is a space at your site that can offer privacy for immunizing. Examples could include a conference room or a staff break room.
  - Remind participants to dress so their arm is easily accessible to the immunizer.
  - Our immunizers will need a table, chairs (2 per immunizer), and trash cans.
  - Consider privacy when planning your clinic location for patients who request it.
  
- Advertise the clinic**
  - Get your organization excited about the clinic! Send out email reminders, post flyers, and spread the word that our immunizers will be on-site. We can provide a flyer upon request.
  
- Inform the pharmacy team about day-of-clinic logistics**
  - Is there a specific parking lot they should park in?
  - Will they need to check in at security?
  - Who should they be asking for when they arrive?
  - Resolving these logistics prior to the day of the clinic can help the clinic run on time!



### Important Contacts

- **Your assigned pharmacy team** is your first point of contact for all questions regarding your clinic. The contact information for your assigned pharmacy team can be found in your confirmation email or on your clinic request in the Vaccine Clinic Scheduler. .
- If you have any questions regarding direct invoicing, the Letter of Agreement, or vaccine vouchers, please contact the **Flu Shot Clinic Inquiries** team at [FluShotClinicsQuestions@CVSHealth.com](mailto:FluShotClinicsQuestions@CVSHealth.com)
- For questions the pharmacy team is unable to answer or general questions about the clinic program, please contact [FluShotClinicsQuestions@CVSHealth.com](mailto:FluShotClinicsQuestions@CVSHealth.com)