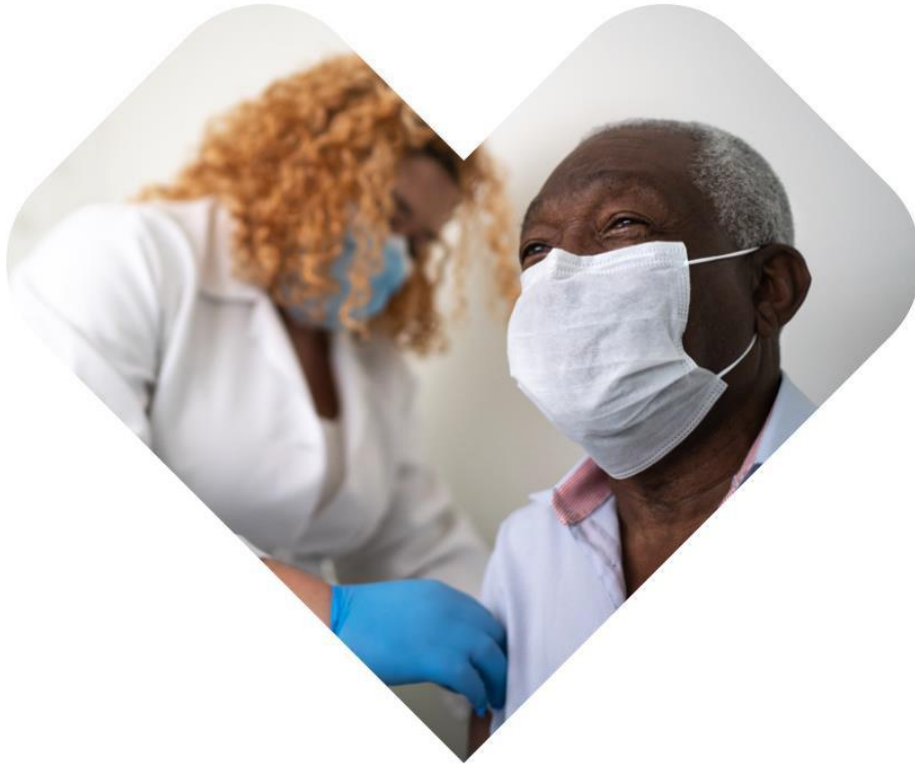


# On-site Vaccine Clinics



## Client Guide

Revised July 27, 2022

# On-site Vaccine Clinic Guide



## General Program Facts:

- Facility must be within 30 miles of a CVS Pharmacy® in the same state.
- The minimum number of immunizations for a vaccine clinic is 30.
- Clinic length is determined by the rate of 12 immunizations per hour per immunizer.
- Digital appointment registration for clinic participants, which includes consent. Otherwise, a PDF version of the consent form can be located on our webpage for download and print.

## Clinic Program Enrollment and Contracting:

CVS requires a signed contract to schedule an on-site vaccine clinic. You will be required to digitally sign a contract and will be provided with a contract code to proceed with the scheduling process.

- 3 Billing Options:
  - Bill the vaccine(s) to each participant's individual insurance plans.
  - Bill insurance for participants who have it, invoice the company (voucher\*) for those without insurance.
    - If uninsured participants choose not to use the voucher, they will need to pay the usual and customary price for the vaccine (except COVID-19), using check or exact cash onsite.
  - Invoice (voucher\*) the company for all vaccines.
- When scheduling an onsite clinic, the client must specify the types of vaccines and number of vaccine doses to be administered at each onsite clinic. This is called "Capacity Commitment." If your organization does not meet the Capacity Commitment for any onsite clinic, CVS will charge an Unused Capacity Fee of \$15 for each unused vaccination at the clinic.

\*Client will be invoiced for all vaccines billed to the voucher. Client is responsible for voucher distribution to members.

# On-site Vaccine Clinic Guide



## Voucher Pricing

Vaccinations Available	2022 Voucher Pricing
<input type="checkbox"/> Influenza Standard (under age 65)	\$47.00
<input type="checkbox"/> Influenza Senior (65 & older)	\$90.00
<input type="checkbox"/> COVID-19	\$40.00
<input type="checkbox"/> Hepatitis A	\$110.00
<input type="checkbox"/> Hepatitis B	\$98.00
<input type="checkbox"/> Hepatitis A & B	\$152.00
<input type="checkbox"/> Human Papillomavirus (HPV)	\$295.00
<input type="checkbox"/> Measles, Mumps, and Rubella (MMR)	\$112.00
<input type="checkbox"/> Meningococcal (Meningitis)	\$188.00
<input type="checkbox"/> Pneumococcal (Pneumonia)	\$290.00
<input type="checkbox"/> Shingles (Shingrix)	\$208.00
<input type="checkbox"/> Tetanus, Diphtheria, and Pertussis (Tdap)	\$76.00

## Recommendations:

- Promote your clinic to ensure high attendance! Strategies can include:
  - Using signs in your building/facility
  - Sending email reminders
  - Posting registration links to your internal portal/website
- Secure appropriate clinic space/setup
- For COVID-19: Remind participants to bring their CDC Vaccine Card

## COVID-19 Vaccine Booster:

Additional booster shots are now available to select individuals. Please visit the CDC website to determine eligible recipients.

[Get CDC details here](#)

\*Client will be invoiced for all vaccines billed to the voucher. Client is responsible for voucher distribution to members.

# On-site Vaccine Clinic Guide



## INITIATING THE CONTRACTING PROCESS:

Log in or create an account on the Vaccine Clinic Scheduler (VCS) using the link: <https://vaccineclinicscheduler.cvs.com>.

Once logged in, select Request a Contract Code to begin the contracting process.

After signing your contract, you will receive your contract code and can begin the clinic request process through the Vaccine Clinic Scheduler.

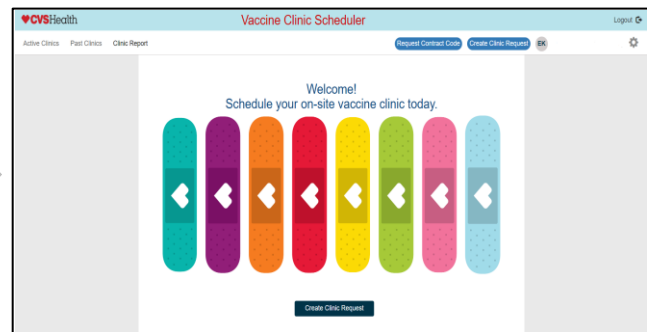
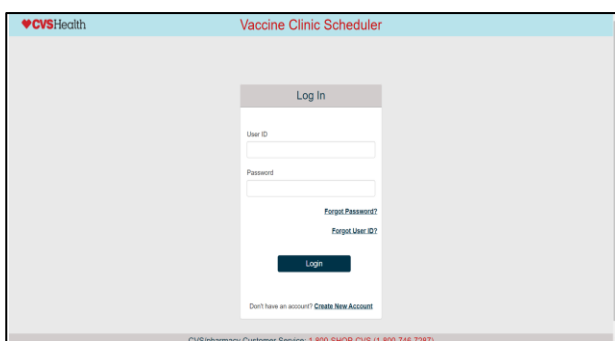
## Returning Users

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.



## HELPFUL TIPS

- 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.

# On-site Vaccine Clinic Guide



## REQUESTING A CONTRACT CODE

Once **“Request Contract Code”** has been selected, follow the steps to acknowledge the contract, submit billing information, and input organization information.

CVSHealth Vaccine Clinic Scheduler

Active Clinics Past Clinics Clinic Report

Request Contract Code Create Clinic Request EK

Contract Acknowledgement

CVSHealth Vaccine Clinic Scheduler

Active Clinics Past Clinics Clinic Report

Request Contract Code Create Clinic Request EK

Thank you for your interest in a Vaccine Onsite Clinic and/or Vaccine Voucher through CVS Pharmacy. In order to ensure a smooth implementation, please answer a few questions about your organization.

Yes - Onsite Clinic

Which best describes your organization?

How will your organization be paying for these vaccinations?

Bill Insurance - The vaccine(s) will be billed to each participant's individual insurance plans.  
Bill Insurance and Direct Bill - The vaccine will be billed to insurance for participants who have insurance, and the organization will be invoiced for those without insurance.  
Direct Bill - All vaccinations administered at onsite clinic or at CVS Pharmacy will be invoiced to the organization. Selecting this option means no insurance will be billed.

Back Next

CVSHealth Vaccine Clinic Scheduler

Active Clinics Past Clinics Clinic Report

Request Contract Code Create Clinic Request EK

Organization Information

Organization Name \*

Address \*

City \* State \* Zip Code \*

Name \*

First Name Last Name

Phone Number \*

Email \*

Email - Reply \*

Start Date \*

Billing Information

Address \*

City \* State \* Zip Code \*

After filling out the organizational information, the contract will be provided for digital signature.

Once the contract is signed, the contract and contract code will be sent via email.

Select **“Create Clinic Request”** and use your new contract code to request clinics.

# On-site Vaccine Clinic Guide



## SUBMITTING A CLINIC REQUEST:


After logging in to the Vaccine Clinic Scheduler, select “**Create Clinic Request**” to begin completing the clinic request form.

- **Clinic Contact Information** should be the Primary Contact that will answer logistical and/or billing questions. A Secondary Contact will receive the same notifications as the primary contact.
- **Clinic Location Information** is the location where the clinic will take place and used to assign a CVS Pharmacy<sup>®</sup>. Clinics must be **within 30 miles** of a CVS Pharmacy<sup>®</sup> **in the same state**.
- **Clinic Request Details** section is to request your preferred clinic date(s) and time(s). Your requested clinic date must be at least 4 weeks out from the day you are submitting your request to allow our pharmacy teams to prepare for your clinic.



### 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 \* Requested End Time \*

HH:MM  HH:MM 

**Please note that the dates and times requested are not finalized until confirmed by the pharmacy team**

## SCHEDULING TIPS:

Clinics are scheduled at a rate of 12 vaccinations per hour per immunizer.

Minimum of 30 vaccines needed for on-site vaccine clinics.

# On-site Vaccine Clinic Guide



Enter your assigned, unique **Contract Code** in requested field.

Complete the **Requested Vaccines** fields with the number of doses needed for each vaccine type.

- By entering the number of requested vaccines, you will be agreeing to pay fees if the number of vaccinations administered at the clinic does not meet the number of vaccinations entered in the clinic request form. This vaccination number is called the “Capacity Commitment.”
- By way of example only, if you commit to 50 vaccinations to be administered at the clinic, but only 40 vaccinations are actually administered at the clinic, you will be charged a \$15 fee for each unused vaccination. In this case, the Unused Capacity Fee would be \$150.00 (10 x \$15.00).

**NOTE:** There are specific fields for COVID-19 Primary and COVID-19 Boosters.

Requested Vaccines	
<small>The total number of vaccines requested (Flu, COVID, and Additional Vaccines) must be at least 25.</small>	
Contract Code *	
<input type="text"/>	
Influenza Vaccine	
Number of participants under the age of 65:	
<input type="text" value="0"/>	
Number of participants aged 65 and older:	
<input type="text" value="0"/>	
COVID Vaccine	
<small>An additional clinic may be created for a second dose of COVID, if necessary, when the requested COVID Series quantity is greater than 25 and as determined by vaccine product recommendation.</small>	
COVID Series	COVID Booster
<input type="text" value="0"/>	<input type="text" value="0"/>

# On-site Vaccine Clinic Guide



If facility employees are participating in the clinic, select “Yes” in the requested field. Then select your preferred billing option.

**Billing and Payment \***

Vaccines for residents of Senior Living facilities will be billed to the participant's insurance. Payment for any copays will need to be arranged in advance of the clinic date.

Will employees be vaccinated in addition to residents? \*

Yes  No

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

Once complete, click **Submit Request**.

---

After you submit your clinic request, you will receive an email acknowledgement, indicating your request has been received. This email will come from the address [no-reply@cvshealth.com](mailto:no-reply@cvshealth.com)

The local CVS Pharmacy team assigned to your clinic will call the primary and/or secondary contact in order to confirm the request. During this confirmation phone call, the pharmacy team will verify all clinic details, including number of participants and clinic location.

Following the confirmation phone call, you will receive a clinic confirmation email from [no-reply@cvshealth.com](mailto:no-reply@cvshealth.com)



# On-site Vaccine Clinic Guide



## APPOINTMENT SCHEDULER:

The Clinic Appointment Scheduler is a tool offered to customers who want to offer appointment scheduling to their clinic participants.

The link for the Clinic Appointment Scheduler is provided in the confirmation email the primary and secondary contact receives once the clinic is confirmed.

Hello,

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

The pharmacy team below has been assigned to your clinic.

<b>CLINIC</b> One CVS Drive, Woonsocket, RI 02895 Phone Number: (XXX) XXX-XXXX <b>Clinic Contact:</b> John Smith Email Address: <a href="mailto:John.Smith@company.com">John.Smith@company.com</a>	<b>Clinic Information:</b> <b>Clinic ID:</b> CI009712 <b>Date/Time:</b> April 05, 2021, 12:00 PM – 02:30 PM
---	--

**Pharmacy Information:**  
CVS Pharmacy #68587  
ONE CVS DRIVE  
WOONSOCKET, RI 02895  
(XXX) XXX-XXXX

**Pharmacist Contact Information:**  
Name: TBD  
Phone: (XXX) XXX-XXX

**All clinic participants must be registered in advance using one of the following options:**

**1. Online Registration by participants** will collect all necessary information and allow the participant to choose their appointment time. This link is unique to your clinic and should be provided your participants. [Click here to register](#)

The registration link can also be found in the Vaccine Clinic Scheduler.

1. Login using your existing credential
2. Click on “Active Clinics” to view your submitted clinic requests
3. Select the clinic and scroll to the bottom of the page to view your link




## SCHEDULING AN APPOINTMENT:

Once the primary or secondary contact distributes the link to clinic participants, they will be able to begin the registration process. The participant will start by selecting a time for their appointment and then complete their demographic information.

### Schedule dose

Once you select a time, we'll hold it up to 30 minutes while you complete registration.

Can't find a good time? Contact your organization administration for potential alternative dates.

 **UAT TEST CLINIC MATT3**  
1901 PENNSYLVANIA AVENUE NORTHWEST, WASHINGTON, DC 20006  
Thursday, April, 22, 2021

Select dose time:

04:00 PM 04:15 PM 04:30 PM 04:45 PM 05:00 PM 05:15 PM 05:30 PM  
05:45 PM 06:00 PM 06:15 PM

[Continue scheduling](#)

[Cancel](#)

Once participants have registered for an appointment and completed all required fields including **insurance information, screening questions, and consent**, they will receive confirmation of their appointment.

## CONSENT PROCESS:

Participants who register digitally for an appointment do NOT need to complete a physical consent form, as the consent process is included in appointment registration.

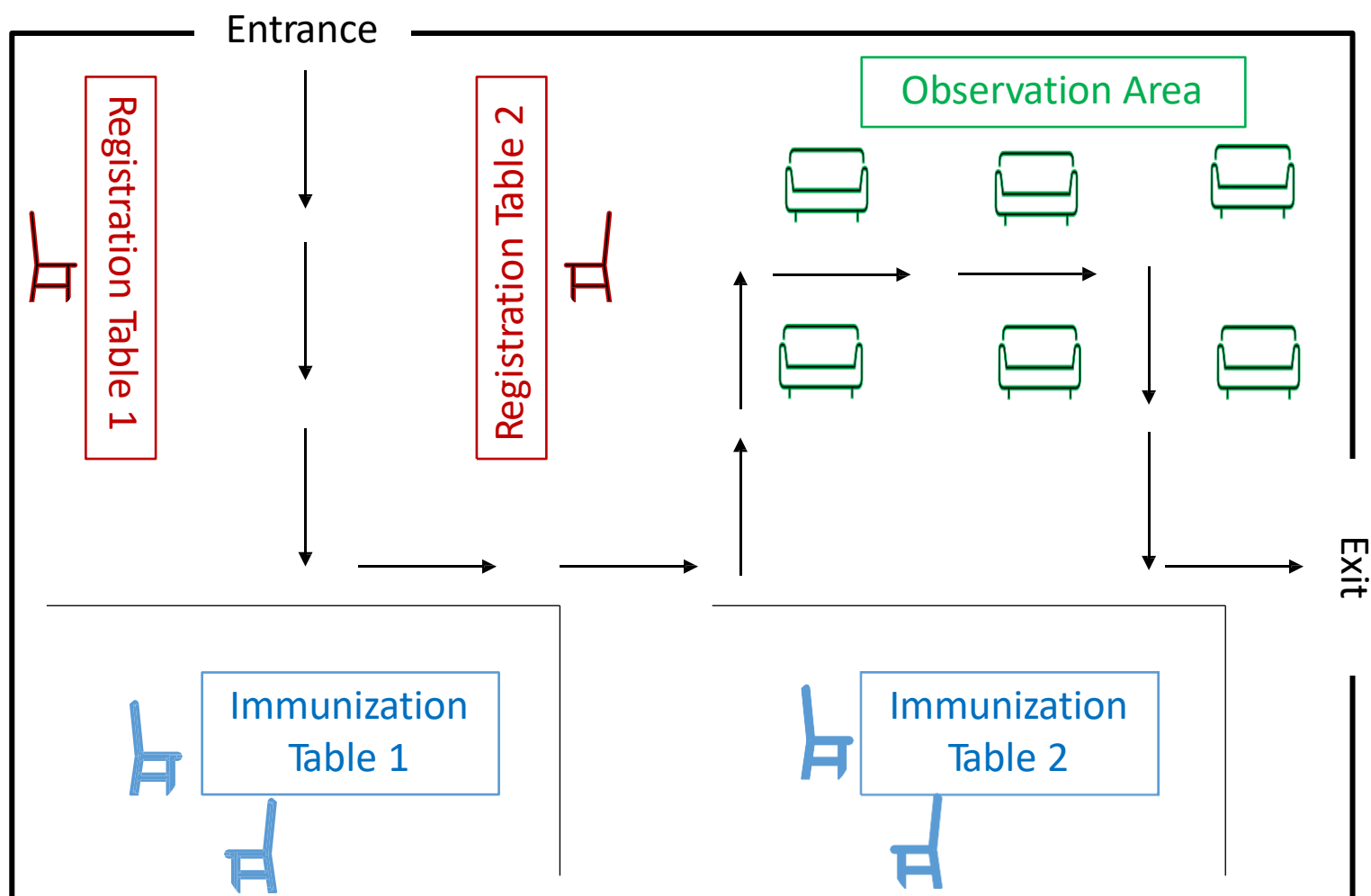
**Participants who do not register for an appointment will need to complete a consent form.** You can request paper consent forms in advance from your local point of contact.

# On-site Vaccine Clinic Guide



## Facility Requirements and Space Setup:

- A representative from the organization shall remain onsite for the duration of the clinic to help facilitate traffic flow and to address issues that arise.
- Location must meet the following requirements:
  - **Registration Area:** adequate number of tables and chairs (depending on clinic volume) spaced a minimum of 6' from the immunization area. Each registration station should have 1 table and chair, a small trash can and be easily accessible to power outlet.
  - **Immunization Space:** allows for an adequate number of immunization stations that shall be approximately 10' x 10' and spaced approximately 6' apart. Each station should have a table for immunization supplies, 2 chairs, and a small trash can.
  - **Observation Area:** for COVID-19 vaccines only, requires 3 chairs per immunizer.



# On-site Vaccine Clinic Guide



## 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.
- For questions, the pharmacy team is unable to answer or general questions about the clinic program, please reach out to [VaccineClinics@CVSHealth.com](mailto:VaccineClinics@CVSHealth.com)
- For issues enrolling in the voucher program, contact ScriptClaim at [Vaccines@Script-Claim.com](mailto:Vaccines@Script-Claim.com) or 877-403-4919 (7 am-9 pm ET Monday- Friday and 8 am-5 pm Saturday).