



# COVID-19 Vaccine Clinic Program

December 7, 2020

 **CVS**Health<sup>®</sup>

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# Thank you for selecting CVS Health as your vaccine partner!

## Today's Agenda:

- Review of Onsite COVID-19 Vaccine Clinic Process
- Introduce key communications
- Review important action items for your Facility
- Review common FAQs, timelines, and available support resources
- Q & A



# Introduction to our Speakers



**Derek Darling**  
Vice President,  
Strategy, Marketing  
and Internal Ops.,  
Omnicare



**Ryan Jeanneret**  
Senior Director,  
Omnicare Lead  
COVID-19 Vaccine  
Program for LTC



**Dr. Sree Chaguturu**  
Chief Medical Officer,  
SVP CVS Caremark



**Nancy Losben**  
Senior Director, Quality  
Omnicare

## Vaccine Program Partners



**Ruth Link-Gelles, PhD, MPH**  
Lieutenant Commander, U.S. Public Health Service  
Lead, COVID-19 Vaccine Rollout Planning LTC



**Dr. David Gifford**  
Chief Medical Officer,  
AHCA/NCAL



# COVID-19 vaccine clinic program will be supported by several **CVS Health** brands

**Omnicare**  
a **CVS** Health company

**National leader in pharmacy services to Long Term Care**  
serving chronic care patients across the nation

**CVS**  
pharmacy<sup>®</sup>

**9K+ retail locations nationwide**  
with proven logistics and system management, as well as 33K+ immunizers

**minute clinic<sup>®</sup>**

**1,100+ full-time clinics in 33 states**  
providing access to high-quality, lower-cost care

**Coram<sup>®</sup>**  
a **CVS** specialty infusion services

**Established networks with access to special populations**



# COVID-19 Vaccine Clinics Opening Thoughts



**Ruth Link-Gelles, PhD, MPH**

Lieutenant Commander, U.S. Public Health Service  
Lead, COVID-19 Vaccine Rollout Planning LTC



**Dr. David Gifford**

Chief Medical Officer,  
AHCA/NCAL



**Dr. Sree Chaguturu**

Chief Medical Officer, SVP  
CVS Caremark



# Introduction to Key Program Features

## Contact Information:

In order for us to better serve your facility, please provide your up-to-date facility contact information by completing the **Contact Information Form** – [CLICK HERE](#) to access form.

## Consent Requirements:

Consent forms will be mailed directly to your facility and need to be completed by each individual planning to participate in the clinic (patient & employee), along with photocopies of insurance cards.

## Clinic Scheduling:

To accommodate all interested facilities and to streamline operations for a positive experience, COVID-19 vaccine clinics will be automatically scheduled for pre-selected clinic dates and times, based on location, staffing and vaccine availability into specific geographies.

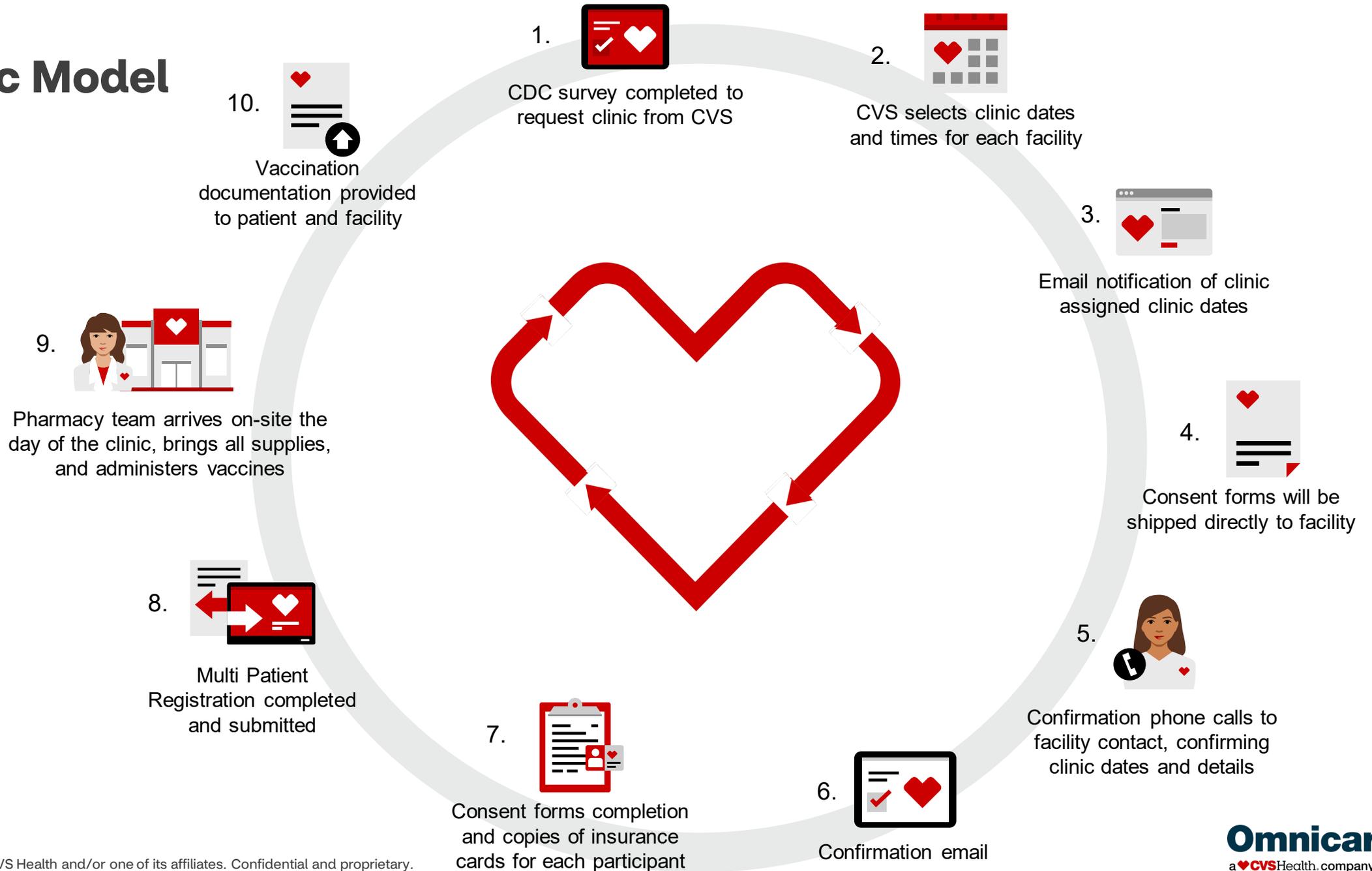
A minimum of 3 clinics will be scheduled for each facility, to accommodate both vaccine doses and potential new admissions and/or new hires.

## LTC Facility Collaboration:

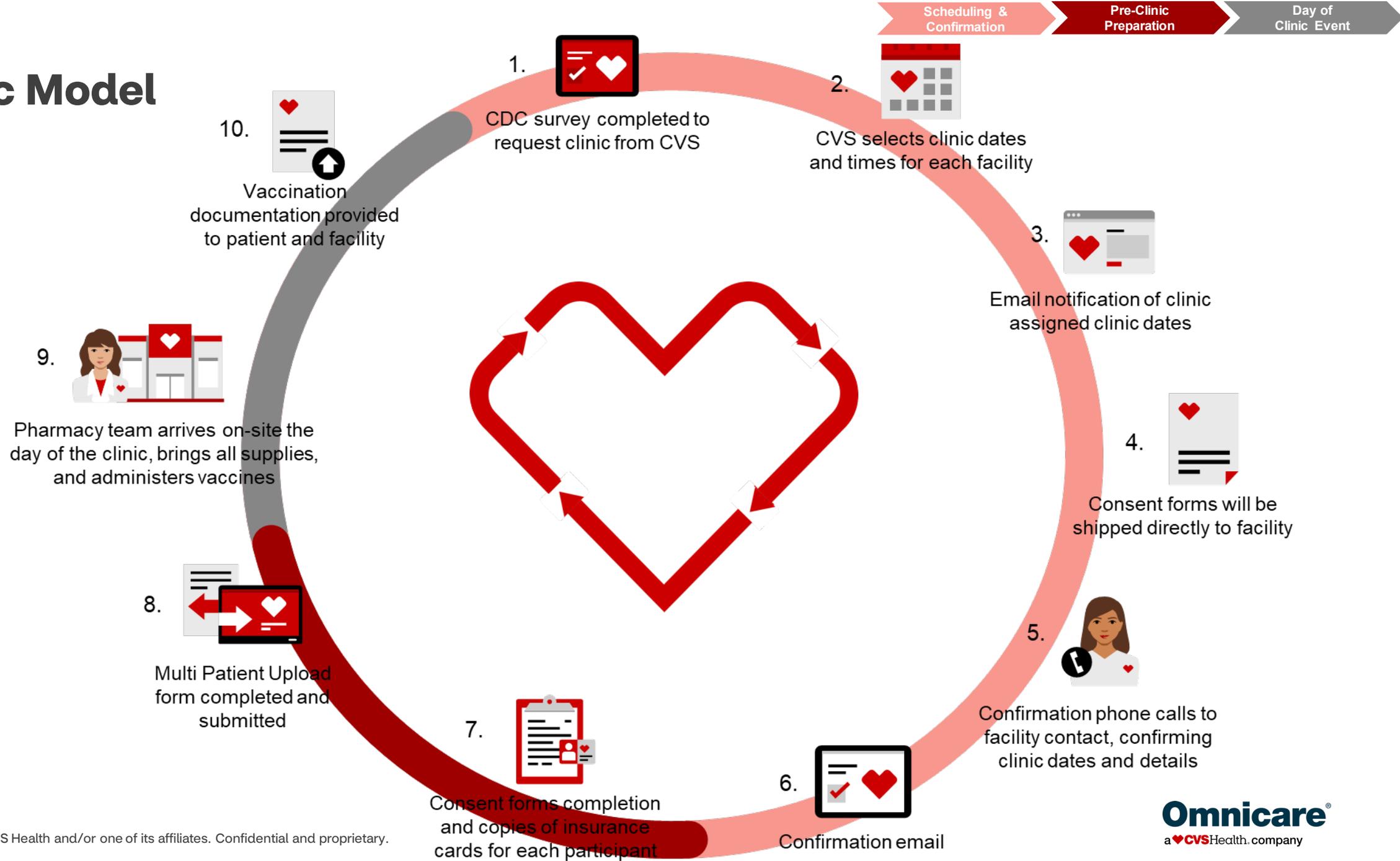
A partnership will be required between our pharmacy team and your facility staff, to ensure a successful clinic event.



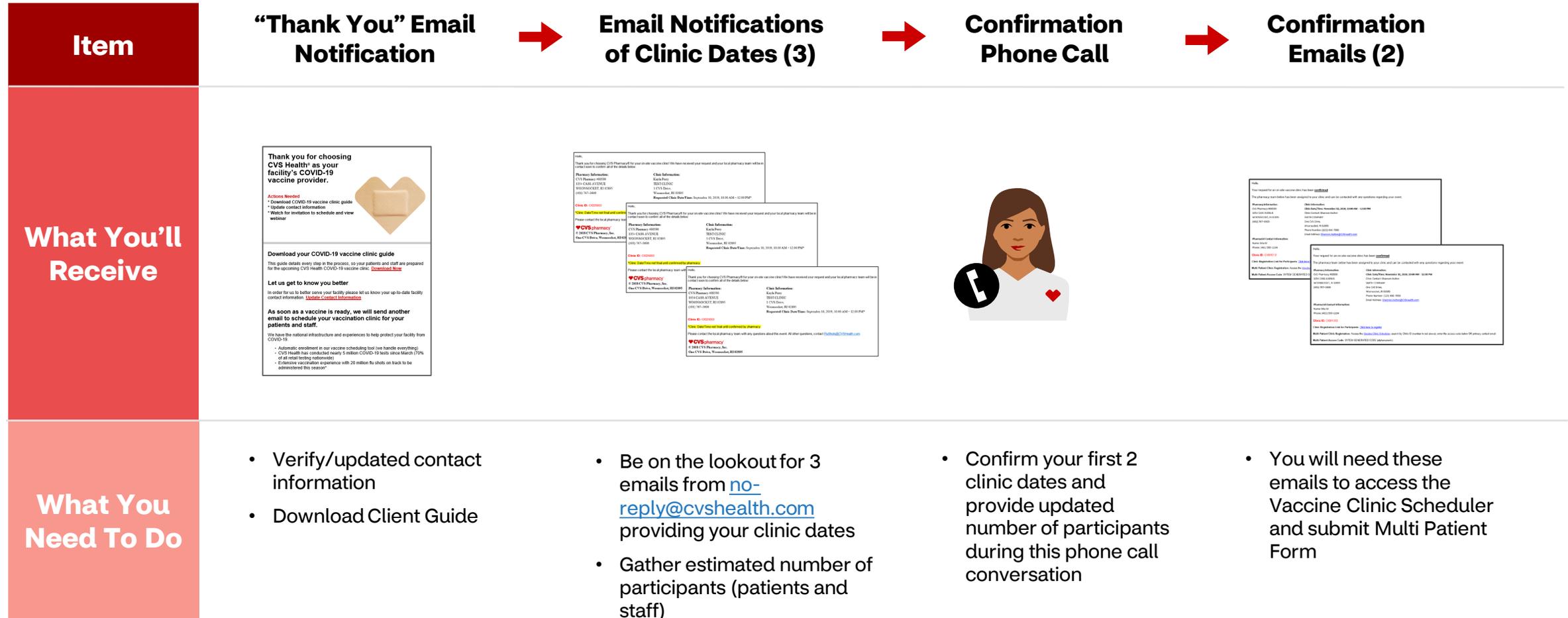
# Clinic Model



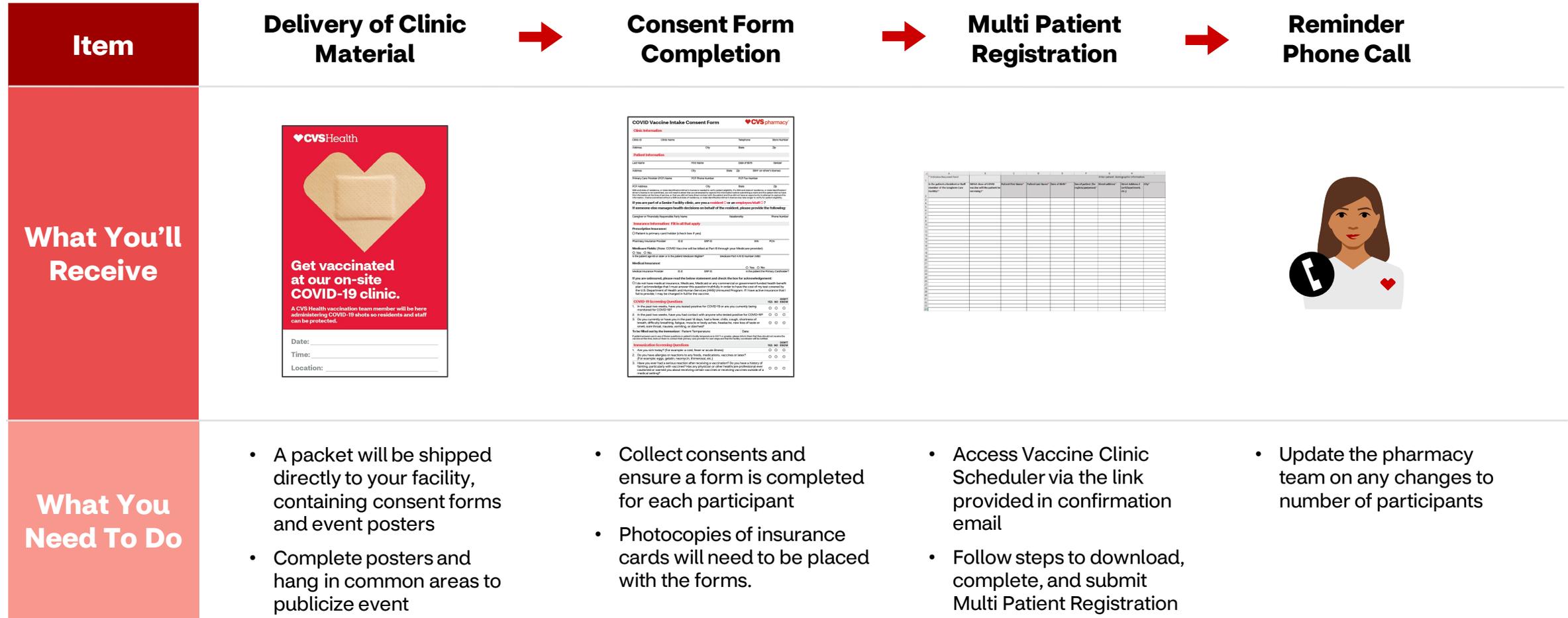
# Clinic Model



# What to expect first



# How to plan for a successful event



# How to plan for a successful event

**Item**

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**What You'll Receive**

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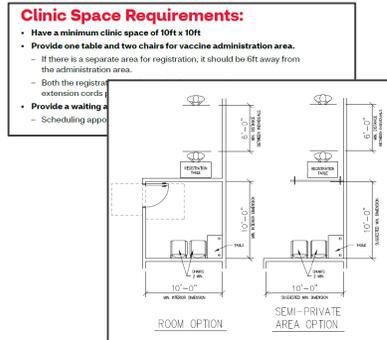
**What You Need To Do**

## Have Consent Forms Ready

- Have the stack of consent forms and photocopies of insurance cards ready to hand to CVS pharmacy team member



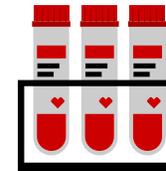
## Prepare Clinic Space



- Review space requirements on Client Guide for employee vaccinations
- Provide a rolling cart for room to room patient vaccinations



## Clinic Administration



- A facility colleague will need to be made available to go room to room with CVS team member during entire clinic



## Vaccine Documentation

- After administration, one copy of the completed consent form will be provided to the patient and one copy will be provided to the facility for documentation

# Communication Outline

email	phone call	email	phone call	email	phone call	email
“Thank You” email with PDF guide for download.	Phone call outreach from assigned Omnicare representative to assist with preparation and answer questions	Automated email notifications* (3) from Vaccine Clinic Scheduler, providing pre-selected clinic dates and times.	Confirmation phone calls from pharmacy team, confirming details and clinic date.	Automated email notifications* (2) from Vaccine Clinic Scheduler listing confirmation of first two clinic dates and link to Multi Patient Upload	Reminder phone call from pharmacy team, one week prior to clinic date.	Reminder email with “checklist” to prepare for upcoming event.

## Key Resources

[www.omnicare.com/covid-19-vaccine-resource](http://www.omnicare.com/covid-19-vaccine-resource)

\*The scheduling email notifications and the clinic confirmation email notifications will both come from the email address [no-reply@CVSHealth.com](mailto:no-reply@CVSHealth.com)

# Helpful Tools & Resources



**Visit our webpage!**

[www.omnicare.com/covid-19-vaccine-resource](http://www.omnicare.com/covid-19-vaccine-resource)

**All program tools and resources can be found on our COVID-19 Vaccine webpage, including:**

- COVID-19 Vaccine Client Guide
- Link to recorded webinar
- Frequently Asked Questions
- Helpful links
- Program Timeline
- Information on Omnicare and CVS Health

**Questions?** Please contact [CovidVaccineClinicsLTCF@CVSHealth.com](mailto:CovidVaccineClinicsLTCF@CVSHealth.com)

**Thank you for selecting CVS Health as your preferred pharmacy provider for COVID-19 vaccine administration!**

Since March, CVS Health has led the fight against COVID-19. Now, we're ready to leverage our network of retail pharmacies and our 30,000 pharmacists to administer the vaccine. The purpose of this guide is to walk through the COVID-19 vaccination clinic journey and what to expect throughout this process.

**We come to you!** Our pharmacy teams will administer COVID-19 vaccinations through our on-site clinic model, making it easy and convenient for your facility's patients and employees to get vaccinated against the coronavirus.

and to streamline operations for a positive Health will be automatically scheduled. ed for your facility, for dates and times based on

modate the clinical requirements for the s will be conducted to administer both the first ith a third clinic date scheduled as a placeholder sting the vaccine series.

as a preferred pharmacy provider will receive pre-selected vaccine clinic dates and times as ered into our system. The email notifications will m) and be automatically sent to the facility point notifications will be followed up by confirmation d time work for your facility.

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information on your facility's vaccine clinic n phone call from the CVS Pharmacy team.

to complete both vaccine doses at the first two laceholder, to vaccinate any new admissions or needed. This third clinic date will be confirmed

onfirm the first two pre-selected clinic dates. his confirmation email will also come from the atically sent to the facility point of contact.

r web-based Vaccine Clinic Scheduler portal, heduling spreadsheet by the facility in advance can be found in section 4.

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ing consent forms and clinic posters. Consent d at the same time.

mpleted by each individual planning to ation, including both patients and facility to receive the vaccine (either by the patient rance information for billing purposes. (Note: be completed prior to the event).

nt forms and copies of insurance cards ready for

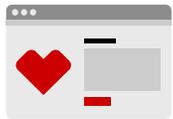
the CVS Pharmacy team member the day of your clinic. The information collected on the consent forms will also help streamline completion of the Multi Patient Upload form (more information in Section 4).

- After administration of the vaccine, the CVS Pharmacy team member will provide one copy of the consent form to the patient, as well as one copy of the form to the facility for documentation.
- Posters can be filled out and hung up around the building to assist with publicizing the clinic event and increase awareness to patients and employees when they can expect to receive their on-site vaccinations.

# Next steps

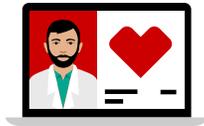
1

Verify and submit facility point of contact information



2

Inform your facility team on the process and what to expect



3

Download client guide and other helpful tools and resources



4

Wait for outreach from us on next steps



**Questions?**





**Thank you**

We appreciate your partnership in keeping the Long Term Care population healthy through on-site immunizations.

# Appendix

# “Thank You” Email Notification & Contact Update Form

**Thank you for choosing CVS Health® as your facility’s COVID-19 vaccine provider.**



**Actions Needed**  
\* Download COVID-19 vaccine clinic guide  
\* Update contact information  
\* Watch for invitation to schedule and view webinar

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**Download your COVID-19 vaccine clinic guide**

This guide details every step in the process, so your patients and staff are prepared for the upcoming CVS Health COVID-19 vaccine clinic. [Download Now](#)

**Let us get to know you better**

In order for us to better serve your facility please let us know your up-to-date facility contact information. [Update Contact Information](#)

**As soon as a vaccine is ready, we will send another email to schedule your vaccination clinic for your patients and staff.**

We have the national infrastructure and experiences to help protect your facility from COVID-19.

- Automatic enrollment in our vaccine scheduling tool (we handle everything)
- CVS Health has conducted nearly 5 million COVID-19 tests since March (70% of all retail testing nationwide)
- Extensive vaccination experience with 20 million flu shots on track to be administered this season\*

**Save the Date**  
**Upcoming Webinar November 24th, 4-5pm ET**

We encourage you to block this time as Omnicare will be hosting a webinar that covers important information about your upcoming clinic. We will send you registration details when available.

**Omnicare®**  
a CVS Health company

## Update Contact Information

Please take a moment to fill out contact information below so that we may better serve your needs. Thank you!

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<b>Primary Point of Contact</b>	<b>Secondary Point of Contact</b>
First Name: * <input type="text"/>	First Name: * <input type="text"/>
Last Name: * <input type="text"/>	Last Name: * <input type="text"/>
Email Address: * <input type="text"/>	Email Address: * <input type="text"/>
Facility Name: * <input type="text"/>	Facility Name: * <input type="text"/>
Title: * <input type="text" value="Select..."/>	Title: * <input type="text" value="Select..."/>
Phone Number: * <input type="text"/>	Phone Number: * <input type="text"/>
Address: * <input type="text"/>	Address: * <input type="text"/>
State: * <input type="text" value="Select..."/>	State: * <input type="text" value="Select..."/>
Zip Code: * <input type="text"/>	Zip Code: * <input type="text"/>
<input type="submit" value="Submit"/>	<input type="submit" value="Submit"/>

**Secondary Point of Contact**

First Name: \*

Last Name: \*

Email Address: \*

Facility Name: \*

Title: \*

Phone Number: \*

Address: \*

State: \*

Zip Code: \*

# Automated Email Notification with Clinic Dates - *sample*

Hello,

Thank you for choosing CVS Pharmacy® for your on-site vaccine clinic! We have received your request and your local pharmacy team will be in contact soon to confirm all of the details below:

**Pharmacy Information:**

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

**Clinic Information:**

Kayla Perry  
TEST CLINIC  
1 CVS Drive,  
Woonsocket, RI 02895

**Requested Clinic Date/Time:** September 10, 2019, 10:00 AM – 12:00 PM\*

**Clinic dates and times can be located here**



**Clinic ID:** CI025083

\*Clinic Date/Time not final until confirmed by pharmacy.

Please contact the local pharmacy team with any questions about this event. All other questions, contact [CovidVaccineClinicsLTCF@CVSHealth.com](mailto:CovidVaccineClinicsLTCF@CVSHealth.com)



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One CVS Drive, Woonsocket, RI 02895

# Automated Confirmation Email Notification - *sample*

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 Jane Smith |  
SMITH COMPANY  
One CVS Drive,  
Woonsocket, RI 02895  
Phone Number 401-555-1234  
Email Address Jane.Smith@smithcompany.com

**Pharmacist Contact Information:**

Name: Mary Adams  
Phone: (401) 555-1234

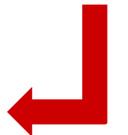
**Clinic ID:** C1001512

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)

**Link to access Vaccine Clinic Scheduler can be found here. This is where you will download, complete, and submit the Multi Patient Form**



# Clinic Packet Material – event posters & consent forms




**Get vaccinated at our on-site COVID-19 clinic.**

A CVS Health vaccination team member will be here administering COVID-19 shots so residents and staff can be protected.

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

**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 SSN* (or driver's license)
Primary Care Provider (PCP) Name		PCP Phone Number	PCP Fax Number
PCP Address		City	State Zip

SSN and state of residence, or state identification/driver's license is needed to verify patient eligibility. If a SSN and state of residence, or state identification/driver's license is not submitted, you will need to attest that you attempted to capture this information before submitting a claim and the patient did not have this information at the time of service, or that you did not have direct contact with the patient and thus did not have an opportunity to attempt to capture this information. Claims submitted without a SSN and state of residence, or state identification/driver's license may take longer to verify for patient eligibility.

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

**If someone else manages health decisions on behalf of the resident, please provide the following:**

Caregiver or Financially Responsible Party Name	Relationship	Phone Number
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**Insurance Information: Fill in all that apply**

**Prescription Insurance:**  
 Patient is primary card holder (check box if yes)

Pharmacy Insurance Provider	ID #	GRP ID	BIN	PCN
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**Medicare Fields:** (Note: COVID Vaccine will be billed at Part B through your Medicare provider)  
 Yes  No  
 Is the patient age 65 or older or is the patient Medicare Eligible? Medicare Part A/B ID Number (MBI)

**Medical Insurance:**  
 Yes  No  
 Medical Insurance Provider ID # GRP ID Is the patient the Primary Cardholder?

**If you are uninsured, please read the below statement and check the box for acknowledgement:**  
 I do not have medical insurance, Medicare, Medicaid or any commercial or government-funded health benefit plan I acknowledge that I must answer this question truthfully in order to have the cost of my test covered by the U.S. Department of Health and Human Services (HHS) Uninsured Program. If I have active insurance that I fail to provide, I may be charged in full for the vaccine.

**COVID-19 Screening Questions**

	YES	NO	DON'T KNOW
1. In the past two weeks, have you tested positive for COVID-19 or are you currently being monitored for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In the past two weeks, have you had contact with anyone who tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you currently or have you in the past 14 days, had a fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, nausea, vomiting, or diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**To be filled out by the immunizer:** Patient Temperature: \_\_\_\_\_ Date: \_\_\_\_\_

If patient answers yes to any of these questions or patient's bodily temperature is 100°F or greater, please inform them that they should not receive the vaccine at this time, instruct them to contact their primary care provider for next steps and that the facility coordinator will be notified.

**Immunization Screening Questions**

	YES	NO	DON'T KNOW
1. Are you sick today? (For example: a cold, fever or acute illness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have allergies or reactions to any foods, medications, vaccines or latex? (For example: eggs, gelatin, neomycin, thimerosal, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction after receiving a vaccination? Do you have a history of fainting, particularly with vaccines? Has any physician or other healthcare professional ever cautioned or warned you about receiving certain vaccines or receiving vaccines outside of a medical setting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Clinic Space Requirements

- **Have a minimum clinic space of 10ft X 10ft**
- **Provide one table and two chairs for vaccine administration area**
  - If there is a separate area for registration, it should be 6ft away from the administration area
  - Both the registration and immunization area require a power source or extension cords positioned in a way to safely provide power
- **Provide a waiting area(s) with room for social distancing**
  - Scheduling appointments is highly suggested to reduce crowds

