# PeopleSafe - Retail Pharmacy Vaccine & Flu Shot Administration

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**Description:** Process to determine if a client offers vaccine coverage, and if so the cost to the member, through this program.

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| Determining Vaccine Coverage |

We offer retail pharmacy vaccine processing for commercial clients and Med D clients who choose to offer influenza (flu) and pneumococcal (pneumonia) vaccine coverage. The trend with clients is to move vaccine coverage from medical to pharmacy benefit managers for cost control.

For participating clients, our PBM’s vaccine processing supports flat pricing that covers the cost of the vaccine, the dispensing fee, and the cost to administer the vaccine shot at the retail pharmacy. Refer to the CIF to determine how the client participates in vaccines.

 Effective 08/01/24, there will be a limit of 2 (two) flu vaccines per year allowed. If the member exceeds 2 (two) flu vaccines within a rolling calendar year, the claim will reject with a reject 76 message.

* If the pharmacy is calling regarding processing vaccine claims, transfer the call to the Pharmacy Help Desk Department [Phone Numbers (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad) and [Basic Call Handling (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) for Talk Tracks.

If the member has questions regarding needing a prescription for a vaccine, advise them to discuss this with their doctor; the requirement can vary depending on the state and vaccine type.

Perform the steps below:

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| **Step** | **Action** | |
| **1** | Ask the caller for the name of their vaccine and if the local pharmacy has attempted to process the claim.  **Example Drug name:** List of Vaccines.  **Influenza:** Flumist, Afluria, Fluarix, Flulavel, Fluvirin, Fluzone, Fluad, Fluzone High Dose  **Pneumococcal:** Pneumovax 23, Prevnar 13   Callers inquiring about the COVID-19 Vaccine, refer to [Vaccines (008966)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=442488f7-4aaf-4f47-b1bf-97809946f909). | |
| **If the rejection is…** | **Then…** |
| Located | Determine reason for rejection and proceed to next step. |
| Not Located | Proceed to the next step. |
| **Note:**  For [Vaccines Covered](#VaccinesCoveredunderVaccine), the member may ask the pharmacy if they are able to split the transaction by billing their prescription benefit for the vaccine and the member pays the cash price for administration. Not all pharmacies are able to do this.  We cannot guarantee reimbursement outside of prescription coverage. | |
| **2** | From the Main screen, click the **Client Programs Offerings** hyperlink. | |
| **If the pop-up…** | **Then the client…** |
| Lists the program Vaccine Administration as an option | Participates in the vaccine program, continue to the next step. |
| Does not list Vaccine Administration as an option | Does not participate in this vaccine program, continue to the next step. |
| **3** | Ask the member for the name of the prescribed vaccine. | |
| **If the member…** | **Then…** |
| Provides the name of the vaccine | Continue to the next step. |
| Does not know the name of the vaccine | Advise the member to consult with their prescriber about which specific vaccine they are to receive. |
| **4** | Review the CIF to determine if vaccine coverage information is provided. | |
| **If…** | **Then…** |
| Yes | Provide the information to the caller about their vaccine coverage then continue to the next step. |
| No | Proceed to the next step – Notes section. |
| **5** | 1. Review the CIF and run a Test Claim ([Commercial (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) or [MED D Test Claim Index (021325)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f20952af-741c-41d5-a343-6132374dfe64))**.**   **Do not** ask the member for details beyond the vaccine’s name. Use your best judgement for the dosage form (vial or pen) when selecting a product in the medication database. Use the Package Size indicated when the vaccine is selected in the medication database for the POS Quantity of the Test Claim, use ‘1’ as POS Day Supply for the Test Claim. The member will not know these details because this information is not provided in the written prescription.  **Do not** run a Test Claim for vaccines unless pharmacy coverage is indicated in the CIF.     1. Advise the caller to contact their local pharmacy to verify copay information and coverage for the vaccine.   **Notes:**   * If the vaccine is not covered at the pharmacy, advise the member to contact their medical insurance provider to determine if the vaccine can be covered under those benefits. * If the CIF and Client Program Offerings indicate vaccines should be covered, but vaccines are not paying at the pharmacy, submit an [PeopleSafe - Account Executive Consideration Task (AE Task) (027240)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=497dcdb2-2c97-4a3a-afe9-1fa95f6dd734) to verify coverage. Follow normal escalation procedures for urgent requests.   FDA guidelines indicate the high dose flu vaccine is only approved for those 65 years and older. High dose flu vaccines are paid as a covered benefit when the client has elected the broader vaccination network or the CVS pharmacy vaccination network. State-by-state and FDA regulations are enforced at the pharmacy level and the high dose flu vaccine rejects at the pharmacy level for members under 65 years of age. Members, under age 65 who are enquiring about the high dose flu vaccine, should be directed to discuss their vaccination options with their physician and pharmacist. | |
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| Assisting the Pharmacy with a Rejected Claim |

Perform the steps below:

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| **Step** | **Action** | | | |
| **1** | Ask the caller for the name of their vaccine and if the local pharmacy has attempted to process the claim. | | | |
| **If…** | **Then…** | | |
| Yes | Locate the rejection and proceed to the next step. | | |
| No | Advise the member to consult with their prescriber about which specific vaccine they are to receive. | | |
| **2** | Verify the rejection in PeopleSafe by viewing the prescription details and transmission. | | | |
| **If…** | **Then…** | | |
| The rejection is due to the medication administration not being covered or a Not Applicable value is present for vaccine administration | Continue to the next step. | | |
| Rejection indicates something else | Review the CIF and plan details to determine why the claim has rejected and educate the member on their vaccine benefits. | | |
| **3** | Ask the caller’s permission to contact the pharmacy running the vaccine. | | | |
| **If caller/member…** | **Then…** | | |
| Accepts | Contact the pharmacy and advise that they need to run the Test Claim and then separate the administration fee from the prescription and charge the customer for the administration fee separately. The plan will cover the medication, not an administration fee.   * If the pharmacy advises that they are unable to separate the administration fee or if they lack guidance on how to do so, suggest that they call their pharmacy help desk department. The CVS Pharmacy Help Desk number is 866-528-7272.     **Notes:**   * If the member paid out of pocket for a covered vaccination due to the administration fee not being separated, review the CIF to determine if the plan allows for Paper Claims, and the plan’s reimbursement policy. Refer to [PeopleSafe - Paper Claim Submission (042385)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6cb07dab-eeef-4ae1-85fc-d153ca009cbc). * Some clients allow for the administration fee to be added to the claim and at a cost to the member. Refer to the CIF to determine how the client participates in vaccines.      * If all efforts have been exhausted in attempting to separate the administration fee, including contacting other pharmacies, the member can contact the number on their medical card to discuss other vaccination coverage options. However, it is important not to suggest this until all available avenues have been explored to resolve the issue.   For clarification on rejection code 818, refer to [PHD - Vaccine Resolution for Reject 40 818 E3 E5  (091065)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4c3d25f6-731b-4c4d-ba7f-f5088b2efa16). | | |
| Declines | Advise the caller that the vaccine is rejecting because of the administration fee and the pharmacy should separate that cost out when running the prescription. | | |
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| Identifying if a Prescription is a Vaccine |

Perform the steps below:

**Note:**  This process requires a submitted claim, either paid or rejected.

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| **Step** | **Action** | |
| **1** | Access PeopleSafe and the Prescription Details screen for the prescription in question. Click **Show** next to the General field then review the Administration Type field. | |
| **If the field…** | **Then…** |
| Indicates Vaccine-only | Prescription is a vaccine, but only the cost of the vaccine would be included in the copay if covered by the plan. |
| Indicates Vaccine & Administration | Prescription is a vaccine, and both the cost of the vaccine and the pharmacy’s administration fee would be included in the copay if covered by the plan. |
| Is blank | Either the claim is not for a vaccine.  **or**  If a vaccine, the plan does not recognize it as being a vaccine that receives this special type of coverage. |
| **2** | **MED D Only:**Select the **View Client Financials** button to view the fee associated with the administration fee. Refer to [Viewing the Client Financials Screen in PeopleSafe (018520)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ec123c65-c6d3-4876-9be8-10376d16de4e).  **Note:**If the member has not been reimbursed for the administration fee, the member would need to submit a [MED D - Researching and Submitting Paper Claims (112394)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=74dceac6-a55f-4504-ab6b-0866bb52c601). | |
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| Vaccines Covered under Vaccine Administration Network |

Possibilities include:

* Zoster Vac Recombinant Adjuvanted Subcutaneous (Shingrix)
* Trivalent Inactivated Influenza Vaccine (TIV)
* Trivalent Inactivated Influenza Vaccine High-Dose (TIV-HD)
* Vaccine Intradermal (TIV-Intradermal)
* Live Attenuated Influenza Vaccine (LAIV)
* Pneumococcal Polysaccharide Vaccine (PPSV)
* Pneumococcal 13-Valent Conjugate Vaccine (PCV-13)

**Notes:**

* Review the CIF to confirm client coverage.
* Refer to [Vaccines (008966)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=442488f7-4aaf-4f47-b1bf-97809946f909) for list.

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| Related Documents |

[Log Activity/Capture Activity Codes (005164)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bdac0c67-5fee-47ba-a3aa-aab84900cf78)

[Customer Care Abbreviations, Definitions and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

**Parent Documents:**  [CALL-0049 Customer Care Internal and External Call Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049) and [CALL-0011 Authenticating Callers](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0011)

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