

In this job aid, users will learn how add a registrant as a walk-in. This guide applies to the Front Desk and administrative roles.

VASE+ Homepage

Today's clinic summary (figure 1) on the VASE+ homepage shows the following statistics:

- Self appointments made
- Call center appointments made
- Total appointments made
- Total opted out
- Yet to make appointments

This dashboard allows for quick review of appointment scheduling status at a high-level.

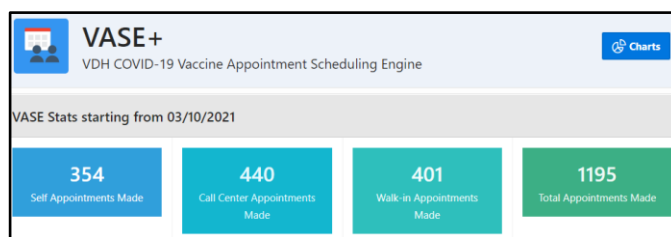


Figure 1 – Today's Clinic Summary

The clinic summary (figure 2) on the home screen displays real-time data to monitor their real-time stats for today's community events. The dashboard features a color-coded status report which displays the following:

- Clinic capacity
- Appointments scheduled (including walk-ins)
- Walk-ins
- Vaccinated
- Checked-ins not yet vaccination
- No-shows. This section displays individuals whose appointment times have passed, and they are yet to check in
- Yet to check-in. This section shows the number of unexpired/active appointments of registrants yet to be checked-in.
- Doses accounted for. This section displays the sum of the vaccinated, yet to check in, and checked-in but not yet vaccinated counts

Today's Clinic Summary												
Site Name	Clinic Location	Clinic Type	Clinic Date	Clinic Timings	Clinic Capacity	Appointments Scheduled (Including Walk-ins)	Walk-ins	Vaccinated	Checked-ins Not Yet Vaccinated	No-shows	Yet To Check-in	Doses Accounted For
Hanover Cafe 13185 Hanover Courthouse Road Hanover VA 23069	POLE GREEN ELEM. - IMMUNIZATION	COMMUNITY VACCINATION	09/05/2023	08:00 AM - 05:00 PM	192	0	0	0	0	0	0	0
Hanover Museum 7496 County Complex Road Hanover VA 23069	PATRICK PONTIAC - IMMUNIZATION	COMMUNITY VACCINATION	09/05/2023	08:00 AM - 05:00 PM	96	1	1	1	0	0	0	1

Figure 2 – Today's Clinic Summary Dashboard

To access a community event, click on the community event name (figure 3) found in the clinics listing on the home page.

Clinic	Clinic Type	Clinic Date	Clinic Timings	Open POD	Clinic Capacity	Self Scheduled	Call Center Scheduled	Walk-in Scheduled	Total Appyts Scheduled	% Filled	Unfilled Slots	Vaccine Name
PATRICK PONTAC - BARRINGTON	COMMUNITY VACCINATION	08/05/2023	08:00 AM - 05:00 PM	Yes	56	2		2	5	9%	51	HPV

Figure 3 – Clinics listing

Upon clicking the clinic name, the user will be guided to the clinic’s waitlist page, which shows a list of patients awaiting scheduling. Users can search registrants by the following criteria:

- Appointment confirmation no.
- First Name
- Last Name
- Email Address
- Phone Number

Once on this screen, the user will be able to see a list of all active appointments, along with an option to “Add Walk In Registrant” (figure 4).

Search Registrants

Confirmation # First Name Last Name Email Address Phone Number

Note: System supports wild card search for First Name and Last Name fields. For example, if you want to search for last name "Rodriguez", you can type "Rod*" and click search. System will show the results with last name starting with "Rod".

Back Search Add Walk In Registrant

Wait List Checked In Checked Out Search Results

Action	Number	Client Method	Invoice Verified	Confirmation	Appointment Slot	First Name	Last Name	Date of Birth	Gender	Vaccine Type	More Info
Check In	5053	✓	✓	5053	08/05/2023 04:00 PM	JANE	DOE	01/01/2010	TMHP	HPV	More Info
Check In	5052	✓	✓	5052	08/05/2023 04:00 PM	RODRIGUEZ	JOE	01/01/2010	TMHP	HPV	More Info
Check In	5051	✓	✓	5051	08/05/2023 04:00 PM	JANE	DOE	01/01/2010	TMHP	HPV	More Info
Check In	5054	✓	✓	5054	08/05/2023 04:00 PM	GEORGE	WASHINGTON	01/01/2010	TMHP	HPV	More Info

Figure 4 – Community Event Waitlist

Adding a Walk-in

Clicking on the “Add Walk In Registrant” (figure 4) button will navigate the user to the registrant information (figure 5) screen. This is where key demographic information is to be collected and entered. *Note: Items marked with a red triangle on the top left indicates required fields.*

Figure 5 – Registrant Demographic information

Once the registrant information is collected, the user shall proceed forward by click on “Save and Continue”, the next screen will take the user to select the vaccine(s) they would like to receive at the community event (figure 6)

Figure 6 – Selecting vaccine(s) offered at the Community Event

After vaccine(s) are confirmed, the user moves to the next screen by clicking on “Save and Continue”. They will be guided to the Insurance selection screen (figure 7). Here the user shall verify and input corresponding information. *Note: Multiple insurance information can be selected*

Figure 7 – Selecting Insurance type

Depending on the registrant’s information, the multiple insurance information may need to be filled. Figure 8 displays corresponding information that will need to be filled. The user should verify insurance priority (between 1, 2, and 3) if multiple insurance options are selected.

The form contains the following elements:

- Checkbox: is not insured (not covered by private insurance, Medicare, Medicaid, Medicaid MCO or FAMS)
- Checkbox: has Medicaid or Medicaid MCO:
 - Medicaid Plan: -- Select One --
 - Insurance Priority: -- Select Insurance Priority --
 - * Member ID or Medicaid # as shown on your card: [Text Input]
 - Group ID: [Text Input]
 - * Is this a FAMS Plan? Yes No
- Checkbox: has Medicare Part B or Medicare Advantage:
- Checkbox: has other insurance not listed above:
 - Insurance: --- Select ---
 - Insurance Priority: -- Select Insurance Priority --
 - * Policy ID#: [Text Input]
 - Group ID: [Text Input]
 - * Policy holder's:
 - First Name: [Text Input]
 - Middle Name: [Text Input]
 - Last Name: [Text Input]
 - * Date of Birth: [Text Input] [Calendar Icon]

Figure 8 – Collecting insurance information

Once all insurance information has been collected, the user will then have the option to upload images of the insurance card or provide the insurance company address and phone numbers (figure 9)

The form is split into two sections by an 'OR' separator:

- Left section: 'Attach photo(s) of the front and back of insurance card(s):' with an 'Upload Insurance Card' button and a search icon.
- Right section: 'Provide insurance company address(es) and phone number(s)' with input fields for Medicaid Address, Medicaid Phone, Provider Address, and Provider Phone.

Figure 9 – Collecting insurance information (cont.)

After insurance images or addresses are capture, the user will then need to confirm that they have verified all insurance details (figure 10)

The form includes the following elements:

- Confirmation checkbox: I have verified the insurance details. Please check that you have verified the insurance details.
- Navigation: Back button (left) and Save and Continue button (right).

Figure10 – Confirmation of verified insurance details

Once insurance information has been provided and matched, the user will click on “Save and Continue” to move onto the “Health Questionnaire” (figure 11) screen. Here, all corresponding questions with the associated vaccines will be displayed for the user to fill out for the registrant. Once done, user shall click on “Save and Continue” to move onto the next screen.

Health Questionnaires

- * Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? (This would include a severe allergic reaction [e.g. anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that caused hives, swelling, or respiratory distress, including wheezing.) Yes No Don't know
- * Do you have a history of myocarditis or pericarditis? Yes No Don't know
- * Have a history of Multisystem Inflammatory Syndrome (MIS-C or MIS-A)? Yes No Don't know
- * History of an immune-mediated syndrome defined by thrombosis and thrombocytopenia, such as heparin-induced thrombocytopenia (HIT) Yes No Don't know
- * Have a history of thrombosis with thrombocytopenia syndrome (TTS)? Yes No Don't know
- * Has the person to be vaccinated ever had a serious reaction to a previous dose of Tdap, HPV, or Meningococcal vaccine in the past? Yes No Don't know
- * Have a history of COVID-19 disease within the past 3 months? Yes No Don't know
- * Do you have a history of Guillain-Barré Syndrome (GBS)? Yes No Don't know
- * Does the person to be vaccinated have a health condition or is undergoing treatment that makes them moderately or severely immunocompromised? This would include, but not be limited to, treatment for cancer, HIV, receipt of organ transplant, immunosuppressive therapy or high-dose corticosteroids, CAR-T-cell therapy, hematopoietic cell transplant (HCT), or moderate or severe primary immunodeficiency. Yes No Don't know
- * Is the person to be vaccinated pregnant? If yes, the person will not receive the HPV vaccine, but may receive the other vaccines. Yes No Don't know

[← Back](#)
[Save and Continue →](#)

Figure 11 – Health Questionnaire

In the next section, the user will need to go over the consent form with the registrant. If multiple vaccines are selected, then consent verbiage will be updated accordingly, along with the display of all associated documents (figure 12). Once the consent form is reviewed, the consent giver must select what the relationship is to the registrant. The “Relationship to Registrant” (figure 12.1) is dynamic and will update by age, i.e., under 18-year-old will not see “Self” as an option. The consent form acknowledgement also includes two options, a “Sign My Name (Figure 12.1) and a “Type My Name (Figure 12.2).

REGISTRANT'S CONSENT FOR VACCINATION(S) - YOU MUST SIGN HERE FOR YOU/YOUR FAMILY TO BE VACCINATED

MODERNA FALL 2023 6 MONTHS THROUGH 11 YRS
MRNA, LNP-S, PF, 25 MCG/0.25 ML

I hereby authorize the administration of the COVID-19 vaccine to myself or to the person named below for whom I am the legal representative. I have read or have had explained to me the 2020-21 Vaccine Information Statement or Emergency Use Authorization Fact Sheet for the COVID-19 vaccine and understand the risks and benefits. I have had the opportunity to ask questions about this immunization. I believe the benefits outweigh the risks, and I accept full responsibility for any reactions that may result from my receipt of the immunization or the receipt of the immunization by the person named below for whom I am the legal representative. I agree that the immunization record may be shared as stated in the Notice of Privacy Practices, which includes sharing with health care providers and to support the application for payment by Medicare, Medicaid, and other third party payer. I request the third party payer to pay any authorized benefits to VDH on my behalf. The Notice of Deemed Consent for blood borne diseases has been explained to me and I understand it. I acknowledge that I have received the Notice of Privacy Practices from the Virginia Department of Health. Notice of Deemed Consent for HIV, Hepatitis B or C Testing VDH is required by § 3.21-45.1 of the Code of Virginia (1950), as amended, to give you the following notice: (1) If any VDH health care professional, worker or employee should be directly exposed to your blood or body fluids in a way that may transmit disease, your blood will be tested for infection with human immunodeficiency virus (HIV), as well as for Hepatitis B and C. A physician or other health care provider will tell you the result of the test. Under Va. Code § 3.21-45.1(A), you are deemed to have consented to the release of the test results to the person exposed. (2) If you should be directly exposed to blood or body fluids of a VDH health care professional, worker or employee in a way that may transmit disease, that person's blood will be tested for infection with human immunodeficiency virus (HIV), as well as for Hepatitis B and C. A physician or other health care provider will tell you and that person the results of the tests.

HUMAN PAPILLOMAVIRUS VACCINE, 9-VALENT

I hereby authorize vaccinators working under the direction and supervision of licensed health care providers of the Virginia Department of Health to immunize me or my child named below. I understand the risks and benefits of the immunizations checked below and have had the opportunity to ask questions. I have received VACCINE INFORMATION STATEMENTS or information sheets about the immunizations. I agree that my or my child's immunization record and date of birth may be shared with other health care providers. I understand that this information will be used by health care providers for the care of me or my child. I understand that this information will be kept confidential. The Deemed Consent for blood borne diseases has been explained to me and I understand it. I understand that medical records must be kept for a period of 5 years after my last visit or until age 21, if a minor. Notice of Deemed Consent for HIV, Hepatitis B or C Testing VDH is required by § 3.21-45.1 of the Code of Virginia (1950), as amended, to give you the following notice: (1) If any VDH health care professional, worker or employee should be directly exposed to your blood or body fluids in a way that may transmit disease, your blood will be tested for infection with human immunodeficiency virus (HIV), as well as for Hepatitis B and C. A physician or other health care provider will tell you the result of the test. Under Va. Code § 3.21-45.1(A), you are deemed to have consented to the release of the test results to the person exposed. (2) If you should be directly exposed to blood or body fluids of a VDH health care professional, worker or employee in a way that may transmit disease, that person's blood will be tested for infection with human immunodeficiency virus (HIV), as well as for Hepatitis B and C. A physician or other health care provider will tell you and that person the results of the tests.

ie="text-align:right";>I hereby authorize vaccinators working under the direction and supervision of licensed health care providers of the Virginia Department of Health to immunize me or my child named below. I understand the risks and benefits of the immunizations checked below and have had the opportunity to ask questions. I have received VACCINE INFORMATION STATEMENTS or information sheets about the immunizations. I agree that my or my child's immunization record and date of birth may be shared with other health care providers. I understand that this information will be used by health care providers for the care of me or my child. I understand that this information will be kept confidential. The Deemed Consent for blood borne diseases has been explained to me and I understand it. I understand that medical records must be kept for a period of 5 years after my last visit or until age 21, if a minor. Notice of Deemed Consent for HIV, Hepatitis B or C Testing VDH is required by § 3.21-45.1 of the Code of Virginia (1950), as amended, to give you the following notice: (1) If any VDH health care professional, worker or employee should be directly exposed to your blood or body fluids in a way that may transmit disease, your blood will be tested for infection with human immunodeficiency virus (HIV), as well as for Hepatitis B and C. A physician or other health care provider will tell you the result of the test. Under Va. Code § 3.21-45.1(A), you are deemed to have consented to the release of the test results to the person exposed. (2) If you should be directly exposed to blood or body fluids of a VDH health care professional, worker or employee in a way that may transmit disease, that person's blood will be tested for infection with human immunodeficiency virus (HIV), as well as for Hepatitis B and C. A physician or other health care provider will tell you and that person the results of the tests.

Figure 12 – Dynamic Consent Forms

Figure 12.1 –Consent Forms Acknowledgement (1 of 2)

Figure 12.2 –Consent Forms Acknowledgement (2 of 2)

Once the consent form has been acknowledged, the user will then press on “Save and Continue”. Once done, the user will be prompted to review all information with the registrant prior to adding them to a wait list. At this time, the staff can perform client matching functionality. In order to client match, the user will navigate to the top of the screen and click on “Client Lookup” (figure 13)

Figure 13 –Performing Client Lookup

The WebVISION Client Lookup field (figure 14) allows for client record lookup and matching with existing WebVISION records. Client record lookup allows for search based on the following criteria:

- First Name*
- Middle Name
- Last Name*
- Date of Birth
- Gender

*At least three characters are required in these fields. Wildcard search can be denoted using the percent symbol (%) to include leading or trailing characters in the search.

Pin is also included in the WebVISION Client Lookup search. This search field is display only. By default, the page displays a WebVISION record if there is an exact pin match.

Figure 14 – The client matching search dialog with wildcard search in the First Name field

WebVISION records that match the search criteria will display under the search. The compare button can be selected to view addition details regarding the client record.

The top portion of the compare screen (figure 15) will display a Client Details Report and a Guarantor Details report. These reports each display VASE+ and WebVISION columns that compare the information in each system. Data elements that are an exact match are highlighted in green. Data elements that are not an exact match are highlighted in red.

Registrant Name: SALLY COTTON, DOB: 01/20/2011, Gender: FEMALE

Client Details Report			Guarantor Details Report		
Attribute	VASE+	WebVISION	Attribute	VASE+	WebVISION
First Name	SALLY	SALLY	First Name	JANE	SALLY
Middle Name			Middle Name		
Last Name	COTTON	COTTON	Last Name	COTTON	COTTON
Date of Birth	01/20/2011	01/20/2011	Date of Birth	01/01/1980	
Gender	FEMALE	FEMALE	Gender		FEMALE
PIN	None	SSN-444443832	PIN	534797322	SSN444443832
Email	ma122@email.com		Phone	LG	
Phone			Address		3222 OAK ST RICHMOND, VA-23225
Address	3222 OAK ST RICHMOND VA 23219	3222 OAK ST RICHMOND VA-23225	Race		
Race	Do not wish to disclose		Ethnicity		
Ethnicity			Relationship		
Encounter Date					

Figure 15 – The Client Details and Guarantor Details reports

The bottom portion of the screen (figure 16) contains the Insurance Details report. This report displays the insurance details on file in VASE+ and in WebVISION.

Insurance Details										WebVISION								
Insurance Provider	Other Insurance Provider	Policy ID	Provider Address	Provider Phone #	Policy Holder First Name	Policy Holder Middle Name	Policy Holder Last Name	Policy Holder DOB	Priority	Guarantor Name	Relationship	Insurance Name	Policy Number	Group Number	Plan Number	Effective Date	End Date	Priority
Carefirst Blue Cross Blue Shield		423654657			JANE		COTTON	01/01/1980	1									

Figure 16 – The Insurance Details report

Once all details have been reviewed, clinic staff can choose to match the current VASE+ registrant information with the WebVISION record by selecting the check box indicator.

Clinic staff will also indicate if the policy holder information should be updated in WebVISION based on the VASE+ registration information by selecting the appropriate radio button. After selections have been made, the record can be matched.

Match current VASE+ registrant information with WebVISION record

Close

Update the policy holder information in WebVISION
 Do not update the policy holder information in WebVISION

Figure 17 – Record matching selections

If VASE+ information (first name, last name, DOB, gender) & pin and pin type is an exact match with a WebVISION record, user will be required to select the match.

If VASE+ information (first name, last name, DOB, gender) is a match with a WebVISION record but pin and pin type do not have a value, or the values do not correspond, user may select a match OR add the client as a new record. Before a client can be added as a new record, all matching records must be reviewed in VASE+.

If all search results have been compared but none are a match, the client can be added as a new WebVISION record by selecting the check box at the bottom of the page.

Web Vision Client Lookup

Client Look Up for First Name = DISCO; Last Name = DANCE

First Name: DISCO% Middle Name: Last Name: DANC% Date of Birth: Gender: Female PIN: NONE

Reset Search

Compared	First Name	Middle Name	Last Name	Date of Birth	Gender	PIN	Race	Ethnicity	Address	Last Encounter Date	Guarantor
<input checked="" type="checkbox"/> Compare	DISCO		DANCER	03/21/1981	Male	SSN-126858797			9080 RICHMOND VA-23228	09/23/2013	<input type="button" value="Guarantor"/>

1 - 1

Close No Match Found. Add this VASE+ registrant as a new client in WebVISION.

Figure 18 – The “compare” action button and the new client check box

After all pre-check-in tasks have been completed, a check-in action button will become available.

The user will then have the option to either “Add to Wait List” or “Check In” an individual (figure 19)

Back Add to Wait List Check In

Figure 19 – The “compare” action button and the new client check box