

Overview

By scheduling a COVID-19 immunization clinic, you are taking proactive measures to help ensure your residents and staff are protected from COVID-19.

Walgreens is **required to report** details of every COVID-19 vaccine administration back to the Centers for Disease Control (CDC). Facilities must use the **LTCF COVID-19 Registration Portal** (URL below) to **enter details for every resident and staff member** who intends on receiving a COVID-19 vaccination. It is important that patient registration is **completed at least 72 hours prior** to your first clinic date. This LTCF Registration Guide will help walk you through the registration process.

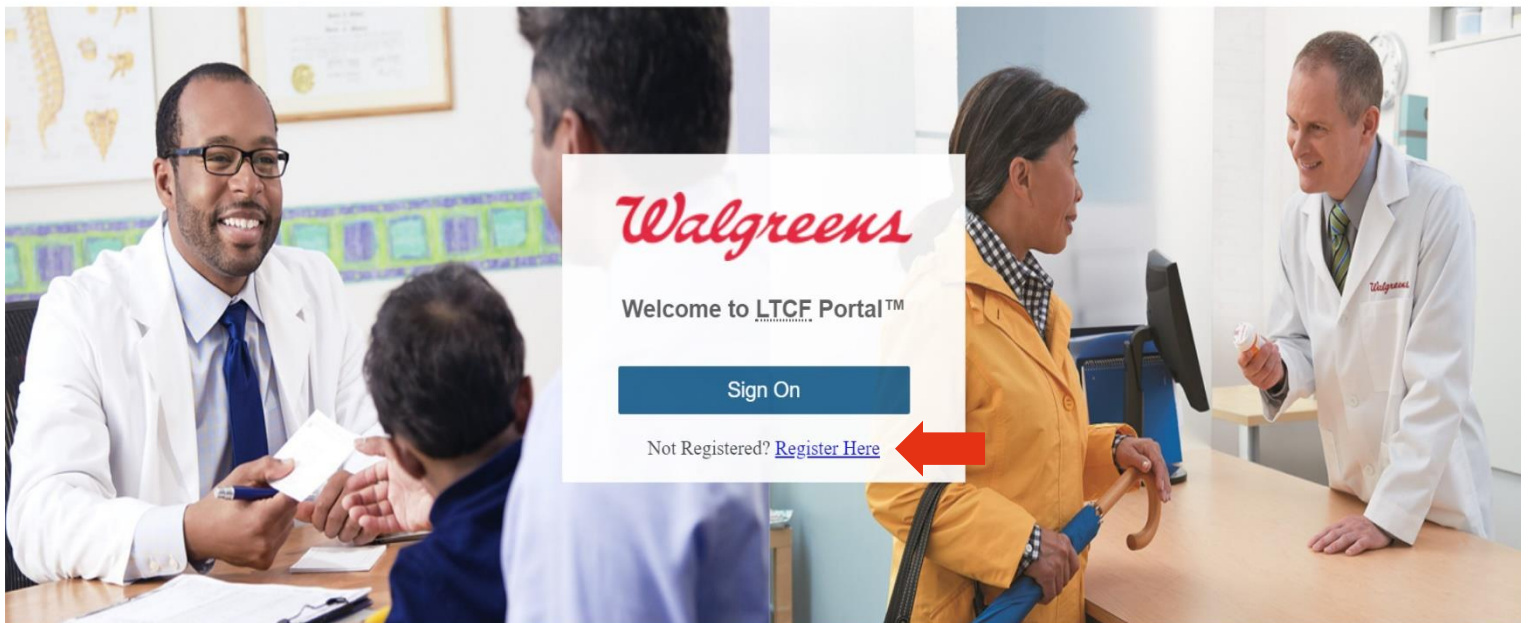
Access the LTCF COVID-19 Registration Portal here:

<https://covid19vaccineregistration.walgreens.com>

Step 1 | Registering your Facility

1. After clicking on the LTCF COVID-19 Registration Portal link provided, a Welcome screen will appear asking the LTCF Admin to Sign On.

- a) **If this is the first time they are accessing this link, they will need to click on "Register Here" to begin the facility registration process.**



2. The LTCF User will need to complete the required information to register the facility:
- a) Once all required fields have been completed, select the "Register Facility" button to submit the registration.
 - i. Required Fields are designated by an "*".
 - ii. At this time, Users will not be able to edit or update this information once submitted; if additional assistance is required, please reach out to your Walgreens Vaccine Lead
 - b) **NOTE:** Though a CMS Certification Number (CCN) is not required – however, if your facility has one, we ask that you provide it for consistent reporting.




Welcome to LTCF Registration™

LTCF Name *	LTCF Type *	CCN (CMS Certification)#
<input type="text"/>	--Select Facility Type--	<input type="text"/>
Phone *		
<input type="text" value="1233456789"/>		
Address Line 1*	Address Line 2	City *
<input type="text"/>	<input type="text"/>	<input type="text"/>
State *	Zip *	
--Select State--	<input type="text"/>	
Point of Contact First Name *	Point of Contact Last Name *	Point of Contact Email *
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Upon successful completion of the registration process, a confirmation screen will appear and a verification link will be sent to the email entered during LTCF registration.

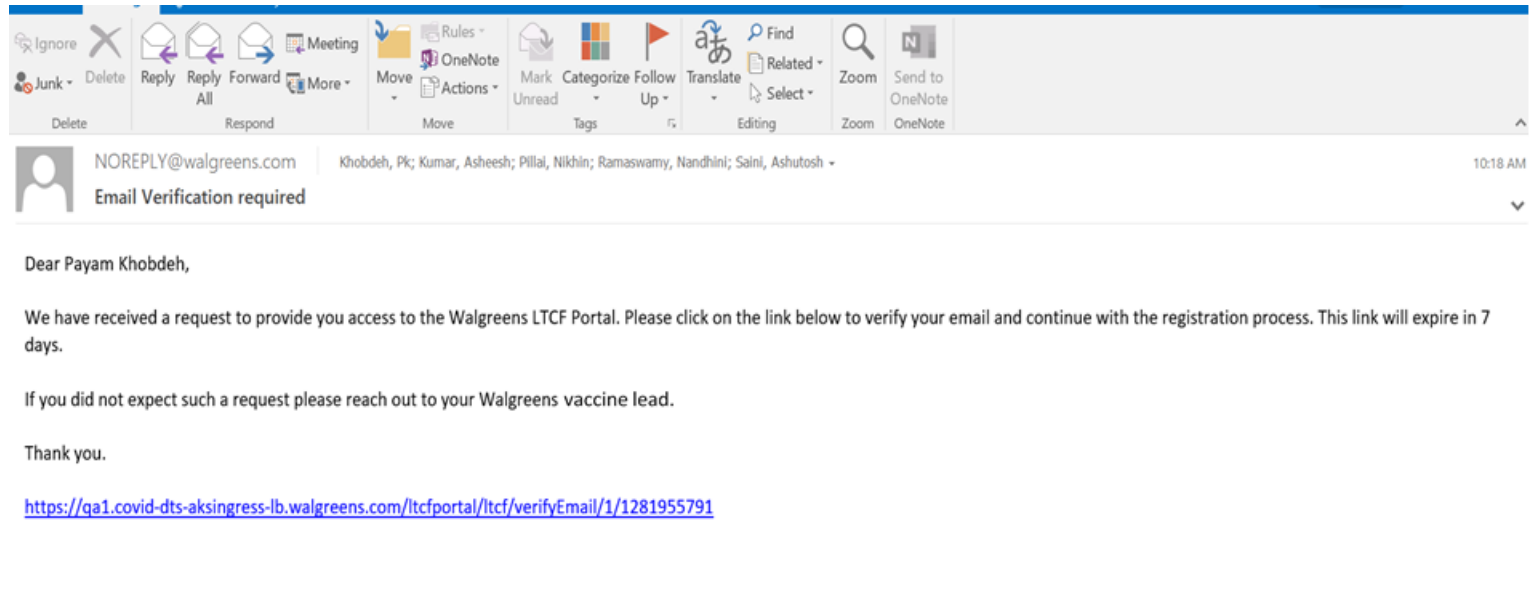


Welcome to LTCF Registration™

 Facility add request submitted successfully, Verification link has been sent your email id.

4. The verification link sent via email will ask the LTCF User to verify their email and create their own unique password.

- a) **IMPORTANT:** This link will only be **valid for 7 days** - if the link has expired please reach out to your Walgreens point of contact for further assistance.




5. After clicking on the verification link from the email – the LTCF User will be taken to an Account Setup page to create a new password.



Welcome to LTCF Registration™

Account Setup

 Your email has been verified, please set your password to setup your account

Create Password

New password [Password help](#)

Minimum 8 characters; atleast one letter and one number; case sensitive.

Confirm password

[Terms of Use](#)
[Online Privacy and Security](#)


6. Once a password has been created, the following screen will appear.

NOTE: It may take up to 10 minutes to activate the account. Once activated, they will be able to sign into the LTCF COVID-19 Registration Portal.

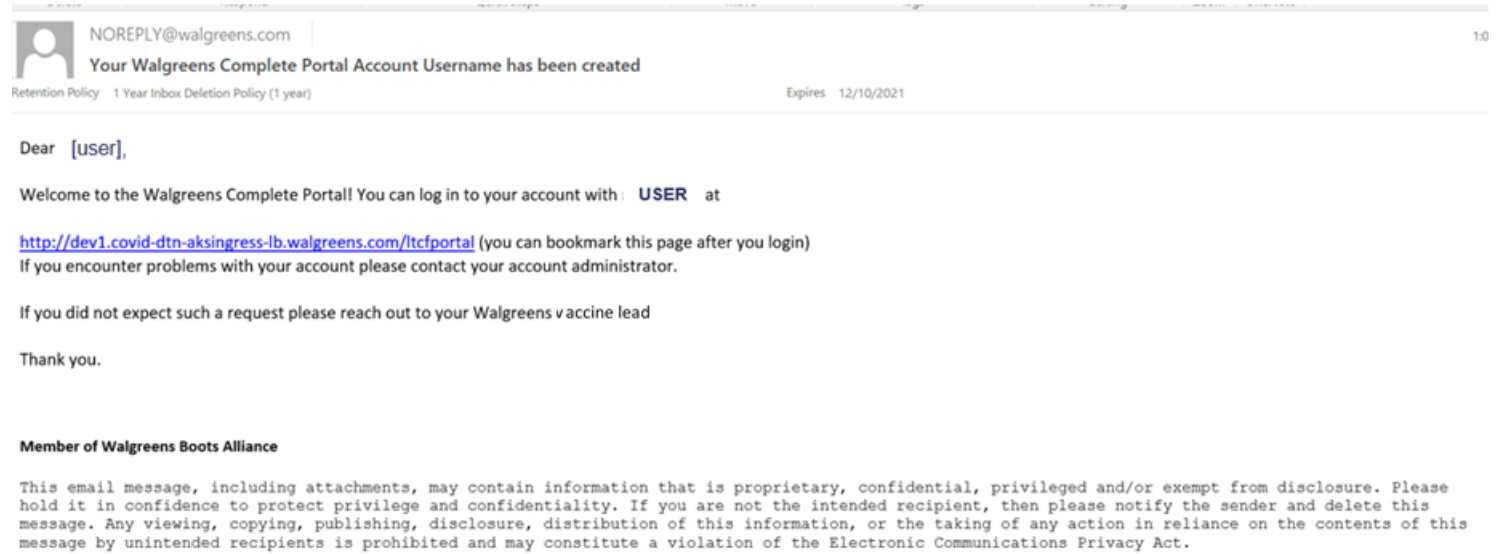


Welcome to LTCF Registration™

Account Setup

 Your Walgreens LTCF Portal Account with Username maminexy has been created and it may take up to 10 minutes to activate.
<http://dev1.covid-dtn-aksingress-lb.walgreens.com/lcfportal>

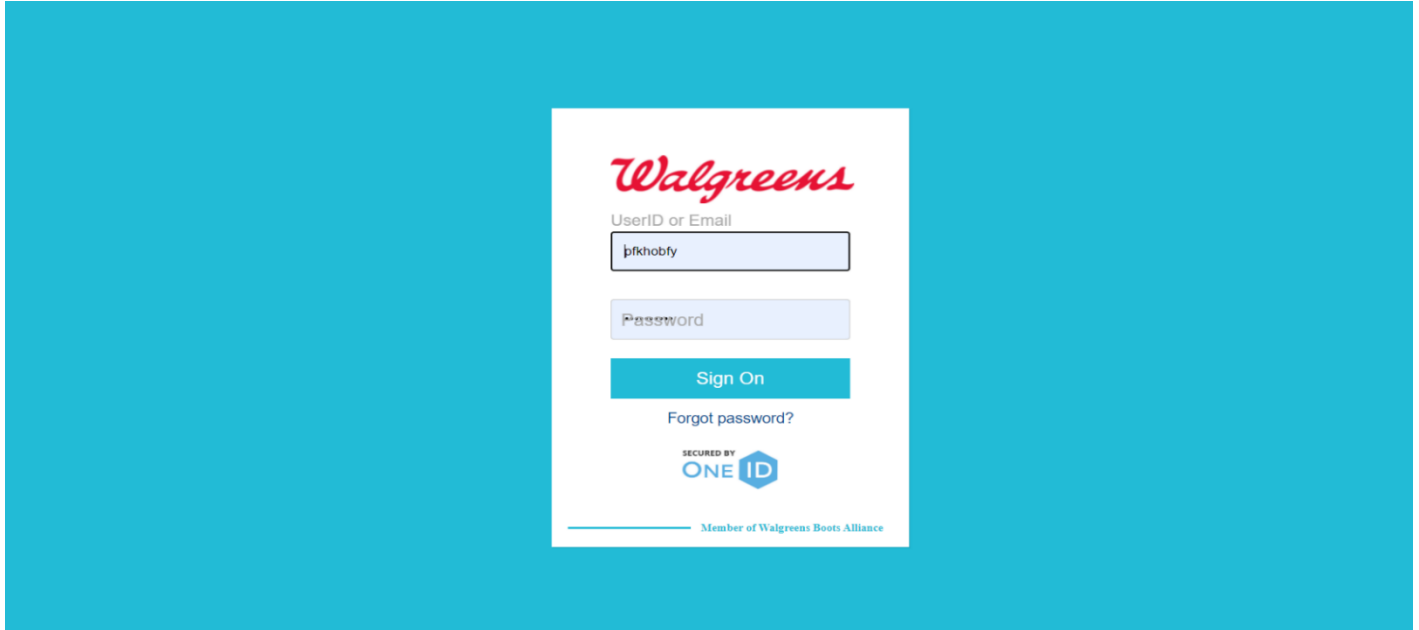
7. The LTCF User will receive an email confirming their account is ready to use and that they can now log in and begin the resident and patient registration.



Step 2 | Entering Resident and Staff Details

1. Using the credentials they created, the LTCF User can sign on to the LTCF COVID-19 Registration Portal and begin registering patients for their upcoming clinic.

a. <https://covid19vaccineregistration.walgreens.com>



2. After successfully signing on to the LTCF COVID-19 Registration Portal, the facility information provided by the LTCF User during facility registration will be displayed at the top of the page.



Logout

LTCF MEMBER ENROLLMENT FORM

SECTION A

FACILITY INFORMATION

Facility Name:	Long-term care facility chicago	Facility Type:	Long-term care – nursing home, skilled nursing facility, federally certified
Phone:	(847) 7777777	Phone Type:	Work
Email Address:	abc@lctf.com	CCN (CMS Certification Number) #:	123456
Address Street 1:	125 Madison st	Address Street 2:	
City:	Chicago	State:	IL
Zipcode:	60661		

SECTION B

● SELECT TO ENTER RESIDENT INFORMATION

● SELECT TO ENTER STAFF INFORMATION

3. The LTCF User can begin entering **Resident** information by selecting the correct radio button in Section B.

- a. Information should only be entered for residents intending to get vaccinated.
- b. Once all required fields have been completed, the LTCF User should select 'Submit'. This step must be repeated for every resident that needs to be entered.

NOTE: Required fields are indicated with an '*'.

Walgreens

Resident/Staff Registration

Welcome to Resident/Staff Registration™ 340B Demo Covered Entity

SECTION A FACILITY INFORMATION

Facility Name: Facility Type: Phone:
Phone Type: Email Address: CCN(CMS Certification Number #):
Address Street 1: Address Street 2: City:
State: Zipcode:

SECTION B

SELECT TO ENTER RESIDENT INFORMATION SELECT TO ENTER STAFF INFORMATION

First Name * Middle Initial Last Name *
FIRST NAME Middle Initial LAST NAME

Date of Birth * Gender *
MM/DD/YYYY -Select Gender-

Race 1 * Race 2 Race 3
Select Race1 -NA- -NA-

Race 4 Race 5 Race 6
-NA- -NA- -NA-

Ethnicity * Covid Vaccine Requested *
Select Ethnicity Select

Does the Patient have any Medicare plan *
-Select-

Does the Patient have any Chronic Health Condition such as Cancer, Chronic Kidney Disease, Immunocompromised, Chronic Lung Disease, Obesity, Sickle Cell Disease, Diabetes, Heart Disease, etc.
*
Select

Submit Cancel

4. The LTCF User can begin entering **Staff** information by selecting the correct radio button in Section B.

- a. Information should only be entered for residents intending to get vaccinated.
- b. Once all required fields have been completed the LTCF User should select 'Submit'. This step must be repeated for every staff member that needs to be entered.

NOTE: Required fields are indicated with an '*'.



Resident/Staff Registration | | 340bRun1 ...

Welcome to Resident/Staff Registration™ 340B Demo Covered Entity

SECTION A **FACILITY INFORMATION**

Facility Name:	Facility Type:	Phone:
Phone Type:	Email Address:	CCN(CMS Certification Number #):
Address Street 1:	Address Street 2:	City:
State:	Zipcode:	

SECTION B SELECT TO ENTER RESIDENT INFORMATION **SELECT TO ENTER STAFF INFORMATION**

First Name * <input type="text" value="FIRST NAME"/>	Middle Initial <input type="text" value="Middle Initial"/>	Last Name * <input type="text" value="LAST NAME"/>
Date of Birth * <input type="text" value="MM/DD/YYYY"/>	Gender * <input type="text" value="-Select Gender-"/>	Phone * <input type="text" value="2223334444"/>
Phone Type * <input type="text" value="Select Phone Type"/>	Address Line 1* <input type="text" value="address1"/>	Address Line 2 <input type="text" value="address2"/>
City * <input type="text" value="city"/>	State* <input type="text" value="-Select State-"/>	Zip Code * <input type="text" value="660232321"/>
Race 1 * <input type="text" value="Select Race 1"/>	Race 2 <input type="text" value="-NA-"/>	Race 3 <input type="text" value="-NA-"/>
Race 4 <input type="text" value="-NA-"/>	Race 5 <input type="text" value="-NA-"/>	Race 6 <input type="text" value="-NA-"/>
Ethnicity * <input type="text" value="Select Ethnicity"/>	Covid Vaccine Requested * <input type="text" value="Select"/>	

Does the Patient have any Chronic Health Condition such as Cancer, Chronic Kidney Disease, Immunocompromised, Chronic Lung Disease, Obesity, Sickle Cell Disease, Diabetes, Heart Disease, etc.
*

5. Upon the successful registration of each Resident and Staff member, the LTCF User will see a banner at the top of the screen that reads "Resident Successfully Enrolled" or "Staff Successfully Enrolled", respectively.
6. The LTCF user should repeat this process until all Residents and Staff members have been registered.
7. After the LTCF User has completed the registration for all Residents and Staff members who intend on getting a vaccination, they can select the user icon in the top right corner for a drop down menu to sign out.

NOTE: Resident and Staff information is captured and registered upon each entry. The LTCF User does not have to enter all Residents and Staff at one time, as long as all entries are completed 72 hours prior to the clinic date.

The screenshot displays the Walgreens Resident/Staff Registration interface. At the top left is the Walgreens logo. A blue navigation bar contains the text "Resident/Staff Registration". On the right side of the navigation bar, there is a notification bell icon and a user profile icon labeled "340bRun1 ...". Below the navigation bar, a light blue header area contains the text "Welcome to Resident/Staff Registration™" and a dropdown menu showing "340B Demo Covered Entity". A green success banner with a checkmark icon reads: "STAFF Successfully enrolled. Select a button below to continue enrolling patients." Below the banner, the interface is divided into two main sections: SECTION A and SECTION B. SECTION A is titled "FACILITY INFORMATION" and contains a grid of input fields: Facility Name, Facility Type, Phone, Phone Type, Email Address, CCN(CMS Certification Number #), Address Street 1, Address Street 2, City, State, and Zipcode. SECTION B contains two buttons: "SELECT TO ENTER RESIDENT INFORMATION" and "SELECT TO ENTER STAFF INFORMATION".