

**Iowa Department of Public Health
COVID-19 Vaccine Provider Agreement - REDCap Survey
Frequently Asked Questions (FAQ)
October 2, 2020**

Changes from the previous version are highlighted in yellow.

COVID-19 Vaccination Program Provider Agreement

1. Is it possible to view the complete CDC COVID-19 Vaccination Program Provider Agreement prior to completing the survey?

Yes. The opening paragraph of the REDCap survey includes a link to the CDC COVID-19 Vaccination Provider Agreement in its entirety. To become a COVID-19 vaccine provider, the organization must complete the IDPH REDCap survey.

2. Can an organization fax the completed survey to the Iowa Immunization Program?

No. IDPH **will not** accept email, faxed, or mailed copies of the provider agreement. The COVID-19 Vaccination Provider Agreement must be submitted via the REDCap survey online.

3. Does the local public health agency (LPHA) need to complete the COVID-19 Vaccination Provider Agreement even if they do not plan to receive COVID-19 vaccine?

Yes. The COVID-19 Vaccination Provider Agreement must be completed to allow the LPHA to allocate doses of vaccines to other health care providers in the county. IDPH will use the completed form to set up the LPHA as the sole entity in the county responsible for the allocation of COVID-19 vaccines.

4. Can a corporate officer for an organization complete the COVID19 Vaccination Provider Agreement/REDCap survey for each of the individual clinic sites?

Yes. An individual at the corporate level can complete the enrollment for each of the individual clinics. The organization will need to coordinate with each of the individual clinics regarding this process and obtain required information specific to each clinic.

5. Does each health care provider within an organization (hospital, pharmacy, doctor's office) need to complete the COVID-19 Vaccination Program Provider Agreement?

No. The COVID-19 Vaccination Program Provider Agreement should be completed for each organization site (hospital, pharmacy, doctor's office). Information for health care providers practicing at the facility with prescribing authority should be provided as part of the organization's enrollment.

Provider Requirements and Legal Agreement

1. The survey asks for an Organization's email address, is there a certain role this contact will need to fulfill?

The email address listed needs to be monitored routinely. This email address will serve as the main contact method for the COVID-19 vaccination program.

2. Can the same individual be listed as the Chief Medical Officer and Chief Executive Officer?

Yes, if these roles are both filled by the same individual, it is appropriate to list the individual in both sections. However, even if the same individual fills both roles, both sections need to be completed in the survey.

3. What is a Chief Fiduciary Officer?

A chief fiduciary serves as a trustee to the healthsystem, hospital or clinic that employs them. This position often manages the finances of the organization.

4. The Chief Medical Officer or Chief Fiduciary Officer has a different address than the organization. Is this acceptable?

Yes. The Chief Medical Officer may not provide services at the location of the organization where they serve as Chief Medical Officer. A Fiduciary serves as a trustee to the healthsystem, hospital or clinic that employs them. This position often manages the finances of the organization and the address may be different from the facility.

5. Is a typed signature acceptable for the Chief Medical Officer and Chief Executive Officer signatures in the REDCap survey?

Yes. A typed signature is acceptable for all components of the COVID-19 Vaccination Provider Agreement.

6. Who should be listed as the Chief Medical Officer if the organization does not have someone in this position?

There may be circumstances when the organization does not have a Chief Medical Officer. For these agencies, the physician who is responsible for signing standing orders for the organization can be listed

Program Provider Profile Information

1. If the organization is a VFC Provider, does the Primary COVID-19 Vaccine Coordinator need to be the VFC contact for the organization?

Yes. When possible the Primary COVID-19 Vaccine Coordinator and the VFC Vaccine Coordinator should be the same individual. This role will be responsible for the receipt and storage of COVID-19 vaccine and the primary point of contact for the organization regarding any COVID-19 vaccine questions.

2. Can the Primary COVID-19 Vaccine Coordinator and the Back-up COVID-19 Vaccine Coordinator be the same person?

No. The primary and back-up COVID-19 vaccine coordinators must be different individuals.

3. What if my organization's provider type is not listed?

Select the provider type closest to the option representing your organization. "Other" may be selected and additional information regarding the provider type may be entered.

4. Our organization has not determined COVID-19 vaccination clinics locations. How should the field, *setting where an organization will administer COVID-19 vaccine*, be answered?

The Iowa Department of Public Health understands organizations are still in the planning stage of their COVID-19 vaccination response. If the organization is considering offering COVID-19 vaccine in any of these settings, select all that apply. Organizations will not be bound to offer COVID-19 clinics at the selected locations.

5. What timeframe should be used to determine the number of patients/clients served by the organization?

This question is asking for the health care provider organization's current patient population for each of the age groups. This question is not asking for the patients seen over a time period.

6. How should an organization estimate the average number of unique patients seen per week?

Health care provider organizations may use billing information or clinic appointment scheduling information to estimate the number of patients routinely served in a week. Unique patient refers to counting individual patients only once during the time. This information is intended to be an estimate and not an exact count of patients.

7. Should organizations use certain dates to calculate the number of patients/clients seen during the "peak week" of the 2019-20 influenza season?

Estimate the maximum number of influenza vaccine doses given in a one week period for the organization during the 2019-20 influenza season. The peak week will be different for each organization and should be based on the week when the highest number of influenza vaccine doses were administered.

8. Does answering “no” to the question if the organizations can store vaccine at the ultra-frozen temperature range exclude the clinic from receiving this vaccine?

No. It is understood most health care provider organizations are not capable of storing vaccines at this temperature range. This vaccine will be shipped in containers capable of storing the vaccine by replenishing dry ice. A "NO" response to this question does not exclude a health care provider from receiving ultra-cold vaccines.

9. Can the organization address and the vaccine delivery address be different?

Yes. The “Organization Address” may be the address for the organization’s corporate office. The vaccine shipping address should be for the individual organization/clinic where the vaccine will be shipped. Vaccine should be shipped to the organization/clinic address where it will be administered.

10. Whose signature is required for the section to attest each vaccine storage unit will maintain the appropriate temperature ranges to store COVID-19 vaccine?

The medical/pharmacy director or vaccine coordinator for the organization/clinic can sign for this section. A typed signature is acceptable.