



COVID-19 VACCINATION PROGRAM PROVIDER AGREEMENT INSTRUCTIONS & FREQUENTLY ASKED QUESTIONS (FAQs)

The COVID-19 Vaccination Program Provider Agreement is required to be completed by any provider receiving and administering COVID-19 vaccine. All components of the Provider Agreement and Profile should be completed and submitted to MSDH based on the following instructions.

Section A-Instructions

Steps to open and complete Provider Agreement:

1. The COVID-19 Vaccination Provider Agreement form should be downloaded from https://msdh.ms.gov/msdhsite/_static/14,0,71,975.html .
2. The Agreement form must be completed in Adobe Acrobat. If you do not have this application, a free copy can be downloaded from the internet.
3. To open the form in Adobe, right click on the saved file and click, Open With, select Adobe.
4. After successfully opening this form in Adobe, organization identification and the responsible officer sections need to be completed before being signed by the organizations' Chief Medical Officer (CMO).
5. After the CMO digitally signs section A, a prompt will appear to save the document. You cannot proceed until document is saved.
6. The form is now ready to be forwarded to the Chief Executive Officer (chief fiduciary role) to be signed and saved by said person.
7. Section A will be locked after receiving these two signatures.
8. Once Section A has been completed, the parent organization can email the form to each of the facilities within the organization for completion of Section B.
9. Please note that every section must contain a response.

Section A- FAQ's

1. **What email address should be provided in the "Organization Identification Email" field?**

The email address provided in this field will be the main contact method used by the



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Immunization Program when communicating with the organization. It should be routinely monitored to allow for quick correspondence with the Immunization Program.

2. We do not have a Chief Medical Officer. Can someone else be listed for this field?

Yes, the person who signs in this role can be the Chief Medical Officer (CMO) or equivalent, such as a chief physician leader.

3. The same individual serves as Chief Medical Officer and Chief Executive Officer for our facility. Do both fields need to be filled out?

Yes. Both sections must be filled out and signed, even if one person serves both roles.

Section B-Instructions

Steps to open and complete Provider Profile:

This section should be completed by all facilities who plan to receive/administer COVID-19 vaccines under the parent organization (section A).

1. After receiving Provider Agreement from parent organization, the facility is now responsible for completing section B: Provider Profile.
2. The COVID-19 Vaccination Provider Agreement form must be completed in Adobe Acrobat. If you do not have this application, a free copy can be downloaded from the internet.
3. Once Adobe is downloaded, the facility Vaccine Coordinator is responsible for filling out section B of the form.
4. Please note that every section must contain a response
5. When form is completed, the coordinator needs to digitally sign document on page 6.
6. User will be prompted to save document, this is not optional, the form must be saved before it can be submitted.
7. When the submit button is selected, the user will be prompted to submit the form through their email client.

Section B-FAO's

1. Who are the COVID-19 Vaccine Coordinators?

COVID-19 Vaccine Coordinators should be designated by the organization as the points of contact for receiving vaccine shipments, monitoring storage unit temperatures, managing vaccine inventory, reporting temperature excursions, etc. If the facility participates in the Vaccines for Children (VFC) Program, the VFC Coordinator of that



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facility may serve as the Vaccine Coordinator as they already have extensive experience with Immunization Program vaccine storage and handling procedures. Either the Primary or Back-up should be on-site each day that the clinic is open.

2. The form does not allow me to click checkboxes indicating “COVID-19 vaccination provider type for this location.” How do I complete this section of the form?

Choose your provider type from the drop-down menu on the right of the question. Your response will not auto-populate to the checkboxes in the form, but your response will be recorded in the dropdown menu.

3. Am I restricted to only vaccinating at locations I specify in the “Setting(s) Where This Location Will Administer COVID-19 Vaccine” field?

To the best of your ability select any settings where you are currently considering offering COVID-19 vaccine. You are not bound to only administering vaccines at those locations.

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

For a traditional provider, age statistics should be reported over the course of a year. For commercial partners or health systems who are vaccinating staff, age statistics should be reported as the number they intend to vaccinate.

5. Our facility does not have vaccination statistics broken down by age readily. If I check unknown, will this cause any problems?

We would prefer the providers include the numbers if possible. However, if the information is unknown, it is okay to send as unknown.

6. What is the “peak week” of the 2019-2020 influenza season?

This week will vary depending on the organization and refers to the week during the 2019- 2020 influenza season where the highest number of influenza vaccine doses were administered.

7. Our organization services a large portion of the population in our area that encompasses most of the groups in the Populations Served by this Location field. How should we answer this question?

Select all groups that your facility serves, even if patients/clients that you see may be counted in multiple groups.

8. How do I find my IIS identifier?



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Login to MIIX at <https://miixhealthmys.org>

At the top of the page, it will show your organization name and number. This number is your IIS identifier. If your organization is not a current user of MIIX, this information will not be available. You will need to complete a MIIX user agreement.

9. I am not sure if the storage units at my facility will meet the requirements for storing COVID-19 vaccine. Do you have recommendations for appropriate storage units?

Complete the Provider Agreement with the equipment that you currently have. If there are any concerns, the Office of Immunizations will reach out to you directly.

10. Will having no capacity for storing vaccine at ultra-frozen temperatures affect my vaccine allocation? Should I purchase vaccine storage units that can maintain these temperatures?

Most providers will be unable to store vaccines at this temperature range in their current vaccine storage units. Vaccines that require storage at ultra-cold temperatures will be shipped in containers that can be replenished with dry ice once received. It is not required to purchase ultra-cold vaccine storage units.

11. Which providers need to be listed on the Providers Practicing at This Location section?

All licensed health care providers (MD, DO, NP, CN, PA, or RPh) who will be prescribing COVID-19 vaccine must be listed on the Provider Agreement.

12. I have a long list of providers practicing at this facility. Can I attach an excel spreadsheet with the provider agreement when I submit it instead of filling it out?

Yes, once all the blanks on the application are completed. You can attach a spreadsheet to the email for the individual facility with more than the amount showing on the application. Please remember each clinic will have providers associated with that facility.

13. Which providers listed on Providers Practicing at This Location section are responsible for adverse events stemming from vaccine?

The <https://www.federalregister.gov/documents/2020/03/17/2020-05484/declaration-under-the-public-readiness-and-emergency-preparedness-act-for-medical-countermeasures> provides liability immunity to covered persons.

14. How do I submit the COVID-19 Vaccination Program Provider Agreement?

The Provider Agreement will be submitted through Adobe, or as an email attachment. However, the form must be completed digitally through Adobe regardless of which

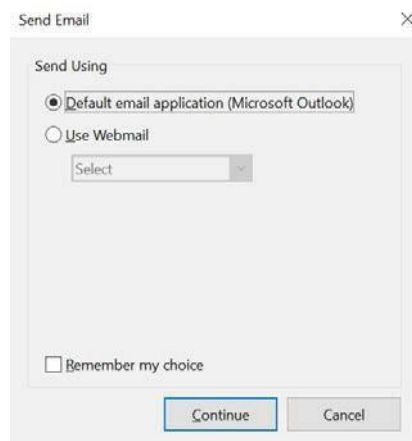


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submission method is chosen. We cannot process forms that are completed by hand and/or scanned.

To submit the agreement through Adobe, follow the steps below:

1. Click “Submit Form” located at the end of each document
2. A new window will pop up. You will have the option to send using default email application or using Webmail



3. If you choose to submit using a default email application, a new window will pop up and allow you to submit the form through your email account that is connected to your computer
4. If you choose to submit using Webmail, you will select your email server and complete the required information.
 - a. If you add a Gmail account
 - a. A new internet browser tab will open
 - b. Login to your Gmail account
 - c. If a new message with the completed provider agreement does not automatically pop up, go to your draft folders
 - d. Open the email draft with the completed provider agreement
 - e. Attach any other forms that will be submitted with provider agreement. Such as, Redistribution Agreement, MIIX User Agreement, and/or Excel spreadsheet.
 - f. Click “Send”



General Questions:

- 1. I am a Vaccines for Children (VFC) Provider and submit a Provider Agreement each year. Do I still need to fill out a COVID-19 Vaccination Program Provider Agreement?**

Yes. The VFC and COVID-19 Provider Agreements are separate agreements. Any provider receiving and administering COVID-19 vaccine will need to sign a COVID-19 Provider Agreement.

- 2. Does each individual facility of a parent organization need to complete a Section B: Provider Profile?**

Yes, once your organization completes section A and it is signed, section A will lock. Your organization can email this completed form to each of their facilities to complete section B. Then, submit the form to MSDH through process outlined in the instructions.

- 3. Can the organization listed on the Provider Agreement redistribute vaccines to other clinics?**

No, for the purposes of this Provider Agreement, the organization refers to each physical location that will receive direct shipments of COVID-19 vaccines from the federal government's distributor. Each physical location where federal COVID-19 vaccine will be stored/administered must have a separate Provider Agreement and have vaccine shipped directly there. The organization listed on the Provider Agreement may hold satellite, temporary, and off-site clinics, if the vaccines are still in their possession. If multiple facilities exist under the same healthcare system, the CMO/CFP may sign one copy of Section A, but a separate Section B must be filled out for each location storing vaccines. To be eligible for redistribution, the organization must complete the redistribution agreement.