



# COVID-19 VACCINATION PROGRAM ENROLLMENT

# Enrollment Process

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- Health care partners will need to complete an online form to participate in the COVID-19 Vaccination Program
- WA Department of Health is using REDCap for provider enrollment
- The online form is based off the Provider Agreement Package documents from the Centers for Disease Control and Prevention (CDC)



# Provider Enrollment Forms

- COVID-19 Vaccination Program Provider Agreement
- COVID-19 Vaccination Program Provider Profile Form

- Provider agreement
  - Pre-screening survey
  - Agreement & signatures
- Provider profile
  - Organization information
  - Facility information
  - Facility storage
  - List of providers

**Survey Queue**

Listed below is your survey queue, which lists any other surveys that you have not yet completed. To begin the next survey, click the 'Begin survey' button next to the title.

| Status                                      | Survey Title                      |
|---|-----------------------------------|
| ✓ Completed                                 | Pre-Screening Survey              |
| ✓ Completed                                 | Org Info                          |
| ✓ Completed                                 | Facility Information              |
| <input type="button" value="Begin survey"/> | <b>Facility Storage</b>           |
| <input type="button" value="Begin survey"/> | <b>List Of Providers</b>          |
| <input type="button" value="Begin survey"/> | <b>Agreement &amp; Signatures</b> |

# COVID-19 Vaccination Program Provider Agreement

- Organizations must sign and agree to conditions of participation in the program with CDC
- Signed by Chief Medical Officer and Chief Executive Officer (or equivalent positions)

# COVID-19 Vaccination Program Provider Agreement

CDC COVID-19 Vaccination Program Provider Agreement

By signing this form, I certify that all relevant officers, directors, employees, and agents of Organization involved in handling COVID-19 vaccine understand and will comply with the agreement requirements listed above and that the information provided in sections A and B is true.

The above requirements are material conditions of payment for COVID-19 vaccine administration claims submitted by Organization to any federal healthcare benefit program, including but not limited to Medicare, Medicaid, and the Health Resources and Services Administration COVID-19 Uninsured Program. Reimbursement for administering COVID-19 vaccine is not available under any federal healthcare benefit program if Organization fails to comply with these requirements with respect to the administered COVID-19 vaccine dose. Each time Organization submits a reimbursement claim for COVID-19 vaccine administration to any federal healthcare benefit program, Organization expressly certifies that it has complied with these requirements with respect to that administered dose.

Non-compliance with the terms of Agreement may result in suspension or termination from the CDC COVID-19 Vaccination Program and criminal and civil penalties under federal law, including but not limited to the False Claims Act, 31 U.S.C. § 3729 et seq., and other related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349.

By entering Agreement, Organization does not become a government contractor under the Federal Acquisition Regulation.

Coverage under the Public Readiness and Emergency Preparedness (PREP) Act extends to Organization if it complies with the PREP Act and the PREP Act Declaration of the Secretary of Health and Human Services.\*

## Organization Medical Director (or equivalent)

Last name:  First name:  Middle initial:   
Signature:  Date:

## Chief Executive Officer (chief fiduciary role)

Last name:  First name:  Middle initial:   
Signature:  Date:

### For official use only:

IIS ID, if applicable:   
Unique COVID-19 Organization ID (Section A)\*:

\*The Jurisdiction's Immunization program is required to create a unique COVID-19 ID for the organization named in Section A that includes the awardee jurisdiction abbreviation (e.g., an organization located in Georgia could be assigned "GA123456A"). This ID is needed for CDC to match Organizations (Section A) with one or more Locations (Section B). This unique identifier is required even if there is only one location associated with an organization.

# COVID-19 Vaccination Program Provider Agreement

- **What to prepare:**
  1. Review agreement conditions
  2. Organization identification information
  3. Contact information for Chief Executive Officer and Chief Medical Officer

# Provider Agreement Conditions

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1. Administer COVID-19 vaccine in accordance with all requirements and recommendations of CDC and CDC's Advisory Committee on Immunization Practices (ACIP).<sup>1</sup>
2. With 24 hours, submit vaccine administration data through either:
  - a. Immunization information system (IIS) of the state or
  - b. Another system designated by CDC according to CDC documentation and data requirements<sup>2</sup>

Organization must preserve these records for at least 3 years following vaccination, or longer if required by state, local, territorial, or tribal law.

1. <https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>

2. <https://www.cdc.gov/vaccines/programs/iis/index.html>



# Provider Agreement Conditions

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3. Must not sell or seek reimbursement for COVID-19 vaccine and any adjuvant, syringes, needles, or other constituent products and ancillary supplies that the federal government provides without cost to organization.
4. Administer COVID-19 vaccine regardless of the vaccine recipient's ability to pay COVID-19 vaccine administration fees.

# Provider Agreement Conditions

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5. Before administering COVID-19 vaccine, provide an approved Emergency Use Authorization (EUA) fact sheet or vaccine information statement (VIS), as required, to each vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative
6. COVID-19 vaccination services must be conducted in compliance with CDC's Guidance for Immunization Services During the COVID-19 Pandemic for safe delivery of vaccines.<sup>3</sup>

3. <https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

# Provider Agreement Conditions

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7. Comply with CDC requirements for COVID-19 vaccine management:
  - Store and handle vaccine under proper conditions, including maintaining cold chain conditions and chain of custody at all times in accordance with the manufacturer's package insert and CDC guidance in CDC's *Vaccine Storage and Handling Toolkit*, which will be updated to include specific information related to COVID-19 vaccine.
  - Monitor vaccine storage unit temperatures at all times using equipment and practices that comply with guidance in CDC's *Vaccine Storage and Handling Toolkit*.<sup>4</sup>
  - Comply with state immunization program guidance for dealing with temperature excursions.
  - Monitor and comply with COVID-19 vaccine expiration dates.
  - Keep records for minimum of 3 years or longer if required by state, local, or territorial law.

4. <https://www.cdc.gov/vaccines/hcp/admin/storage-handling.html>

# Provider Agreement Conditions

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8. Report the number of doses of COVID-19 vaccine and adjuvants that were unused, spoiled, expired, or wasted as required by the relevant jurisdiction.
9. Comply with all federal instructions and timelines for disposing of COVID-19 vaccine and adjuvant, including unused doses.<sup>5</sup>
10. Report moderate and severe adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS).<sup>6</sup>
11. Provide a completed COVID-19 vaccination record card to every COVID-19 vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative (cards will be available in ancillary kits).

5. website URL will be made available.

6. <https://vaers.hhs.gov/reportevent.html>

# Provider Agreement Conditions

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- 12.A: Organization must comply with all applicable requirements as set forth by the U.S. Food and Drug Administration, including but not limited to requirements in any EUA that covers COVID-19 vaccine.
- B: Administer COVID-19 vaccine in compliance with all applicable state and territorial vaccination laws.

NOTE: Coverage under the Public Readiness and Emergency Preparedness (PREP) Act extends to organization if it complies with the PREP Act and the PREP Act Declaration of the secretary of Health and Human Services.

# COVID-19 Vaccination Program Provider Profile Information

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- Collects information related to management of the COVID-19 Vaccination Program
- Must be completed for **each site** that will receive or administer COVID-19 vaccine

# COVID-19 Vaccination Program Provider Profile Information

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- **What to prepare** (1 of 4):
  1. Location name
  2. Contact information for primary & backup COVID-19 vaccine coordinators
  3. Address for receiving and vaccination sites (if different)
  4. Days & times vaccine coordinators available to receive vaccine shipments

# COVID-19 Vaccination Program Provider Profile Information

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- **What to prepare** (2 of 4):
  5. Vaccination provider types (e.g., tribal health, IHS, hospital, FQHC, etc.)
  6. Vaccination setting (e.g., workplace, community center, mobile clinic, etc.)
  7. Approximate number of patients/clients routinely served
  8. Influenza vaccination capacity in 2019/2020 influenza season
  9. Populations served by this location (e.g., pregnant women, pediatric, persons over 65 years)



# COVID-19 Vaccination Program

## Provider Profile Information

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- **What to prepare (3 of 4):**
  10. Use of immunization information system (IIS)
  11. Storage capacity based on number of 10-dose multidose vials, at these temperature ranges:
    - Refrigerated, 2°C to 8°C
    - Frozen, -15°C to -25°C
    - Ultra-cold, -60°C to -80°C
  12. List of providers practicing at facility who have prescribing authority (include licensure number)

# COVID-19 Vaccination Program

## Provider Profile Information

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- **What to prepare (4 of 4):**
  13. List of brands/models/types of storage units to be used for storing COVID-19 vaccine
    - Images of the inside and outside of your storage units
    - Copy of your digital data logger or temperature monitoring system's calibration certifications (one per device in-use for COVID-19 storage)
    - Copy of three to five days of downloaded temperature data from your digital data loggers or temperature monitoring system

# Questions?

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## **COVID-19 Vaccine**

COVID.vaccine@doh.wa.gov



@WADeptHealth



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Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov). TTY users dial 711.