

## Tennessee Department of Health COVID-19 Vaccination Program Provider Agreement Frequently Asked Questions (FAQs)

Please refer to the following Frequently Asked Questions (FAQs) when completing your Provider Agreement. If you have additional questions, contact the Vaccine-Preventable Diseases and Immunization Program at [VPDIP.Pandemic@tn.gov](mailto:VPDIP.Pandemic@tn.gov).

### General Questions

**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 complete and sign a COVID-19 Provider Agreement and Profile.

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

Some organizations may have already received an email from the Tennessee Vaccine-Preventable Diseases and Immunization Program (VPDIP) that contained a link to a survey version of the Provider Agreement. You may either complete that survey (preferred) or complete the PDF version of the Agreement that is found on the COVID-19 vaccine resource webpage and email it to [VPDIP.Pandemic@tn.gov](mailto:VPDIP.Pandemic@tn.gov).

**Can the organization listed on the Provider Agreement redistribute vaccine 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 accept direct shipment of vaccine. The organization listed on the Provider Agreement may hold satellite, temporary, and off-site clinics, as long as the vaccines are still in their possession. If multiple facilities exist under the same healthcare system, the CMO/CFO may sign one copy

of Section A of the Agreement, but a separate Section B must be filled out for each location storing vaccines.

**If an organization enrolls as a COVID-19 Vaccine Provider is it required to vaccinate the community, or can it choose to only vaccinate staff or their own patients?**

While we encourage providers to vaccinate as much of the population as possible, there is no requirement to provide vaccine to the public.

## **Provider Agreement Section A Questions**

**What email address should be provided in the “Organization Identification Email” field?**

The email address provided in this field will be the main contact used by the VPDIP when communicating with the organization. It should be routinely monitored in order to allow for quick correspondence with VPDIP.

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

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

**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.

## **Provider Agreement Section B Questions**

**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 is in the Vaccines for Children (VFC) Program, the VFC Coordinator of that facility may serve as the COVID-19 Vaccine Coordinator as they already have extensive experience with VPDIP vaccine storage and handling procedures. Either the Primary or Back-up COVID-19 Vaccine Coordinator should be on-site each day that the clinic is open.

**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 at this time, select any settings you are considering offering COVID-19 vaccine. You are not bound to only administering vaccines at those locations.

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

Please provide an estimate of the number of patients in each age group that your facility serves within **one week**.

**How do I determine the average number of patients/clients per week?**

Your billing and/or appointment information can be used to estimate this number. When determining this number, ensure that you are only counting **unique** individuals and not double-counting people that may have visited the clinic multiple times in a week. The number does not need to be an exact count of patients but should be as educated an estimate as possible to ensure appropriate vaccine allocation.

**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.

**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 sees, even if patients/clients that you see may be counted in multiple groups.

**How do I find my IIS identifier?**

Tennessee does not utilize this field to identify providers in TennIIS. It is not required to complete the Provider Agreement, and you may select “Not applicable.”

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

Please complete the Provider Agreement with the equipment that you currently have. If there are any concerns, VPDIP will reach out directly to you.

**Will having no capacity for storing vaccine at ultra-frozen temperatures affect my vaccine allocation? Should I purchase vaccine storage units that are capable of maintaining 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.

**Which providers need to be listed in the “Providers Practicing at This Location” section?**

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

**Which providers listed in “Providers Practicing at This Location” will be responsible for adverse events stemming from vaccine?**

The [Declaration Under the Public Readiness and Emergency Preparedness Act \(PREP Act\) for Medical Countermeasures Against COVID-19](#) provides liability immunity to covered persons.