

LOUISIANA 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 Immunization Program at la.links@la.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?

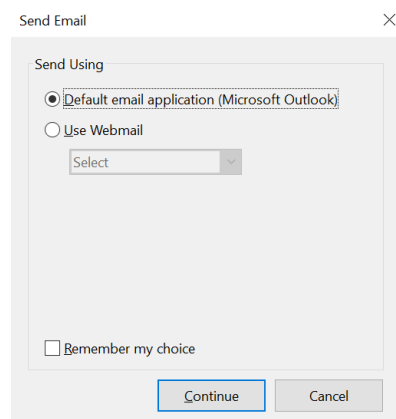
Yes. The VFC and COVID-19 Provider Agreements are separate agreements. Any provider receiving and administering COVID-19 vaccine will need to sign a COVID-19 Provider Agreement.

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

The Provider Agreement can be submitted through Adobe (preferred, see instructions below) or as an email attachment to la.links@la.gov. However, the form must be completed digitally through Adobe regardless of which submission method is chosen. We cannot process forms that are completed by hand and/or scanned.

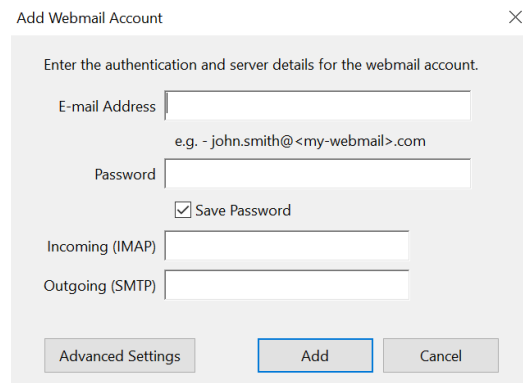
To submit the agreement through Adobe, follow the steps below:

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 a 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
 - i. A new internet browser will open
 - ii. Login to your Gmail account
 - iii. If a new message with the CDC form that you completed does not automatically pop up, go to your drafts folder
 - iv. Open the email draft with the completed CDC form
 - v. Click “Send”
 - b. **[NOT RECOMMENDED]** If you add a “Other” account,
 - i. A new window will pop up



- ii. Enter your email address and password
- iii. Complete the Incoming (IMAP) and Outgoing (SMTP) field. If you do not know this information, you will have to contact your IT department for more information.
- iv. Click “add” and proceed with sending the form

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

To sign the agreement, follow the steps below:

1. Open Adobe Acrobat
2. On the right toolbar, click “Fill & Sign”
3. Choose “Fill & Sign”
4. On the top toolbar, click “Sign”
5. Type in your name
6. Click “Apply”
7. Drag and drop your signature into the appropriate signature text box

How can I save my agreements to submit as an attachment?

Download your agreements and complete it from your computer (not a web browser). This will allow you to save the agreement and submit as an attachment.

Can independent pharmacies complete the Provider Agreement?

Yes, independent pharmacies may complete the Provider Agreement and will be included in allocations when the COVID-19 vaccine is readily available.

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, as long as 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.

We are a hospital with attached provider based clinics. Can we complete one agreement for the hospital?

A complete Provider Agreement needs to be completed for all clinics associated with an organization. All sections of the hospital that are in the hospital, for example emergency room, employee health, etc., will need to be included in the hospital application. Any clinics outside the hospital must have a complete application for each site.

Section A Questions

Does the number of affiliated vaccination locations covered by this agreement include affiliated clinics, or just locations that are part of the same organization?

This should be the number of locations the organization is signing the agreement on behalf of.

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

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.



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 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 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.

How do I enter time into the form?

Military time should be entered in the following format: XX:XX-XX:XX (e.g. AM: 08:30-11:59; PM: 13:00-18:00).

The form does not allow me to click on a “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 form, but your response will be recorded.

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.

Does the approximate number of patients/clients routinely served by this location include employees?

These numbers should include all patients/clients that vaccination services will be provided for. If vaccination services will be provided for employees and patients, employees should also be included in this count.

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.



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 they are able to pull them. However, if the information is truly unknown, it is okay to send as unknown.

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 questions?

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?

Login to LINKS at lalinks.org. At the top of the page, it will show your organization name and number. This number is your IIS identifier.

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?

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

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 on the Providers Practicing at This Location section?

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



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

Yes. You can attach an Excel spreadsheet for the hospital and each facility with more than the amount showing on the application. Please remember each clinic will have providers associated with that facility.

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

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