

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

### **Q: Who is eligible to enroll as a COVID-19 Vaccine Provider?**

**A:** To be eligible to enroll in the COVID-19 Vaccine Program, providers must be credentialed/licensed in the state of Ohio through the Ohio Board of Pharmacy. Eligible providers would have a valid Terminal Distributor of Dangerous Drugs (TDDD) license.

- If a site does not have a (TDDD) because there is only one prescribing authority in the location, then the prescribing authority at the site must have a valid, current medical license.
- All providers must sign and agree to the conditions in the CDC and Ohio COVID-19 Vaccination Program Provider Agreements.
- A provider is defined as a physical location in which one or more persons licensed to order vaccines works, and where vaccine can be appropriately stored.

### **Q: How does my facility become an Ohio COVID-19 Vaccine Provider?**

**A:** To successfully enroll in the program, each facility must:

1. Complete all required agreements
  2. Meet program standards for vaccine storage and handling
  3. Review and be familiar with training components of COVID-19 vaccine administration
- ODH will review all enrollment requests. ODH will approve enrollment based on the facility's ability to meet the above requirements. ODH may deny or cancel any application due to incomplete submissions, or breach of any terms or conditions of agreements.

### **Q: As a health care provider, should I enroll for my patient population and staff separately? *\*New Question***

**A:** To be eligible to enroll in the COVID-19 Vaccine Program, providers must be credentialed/licensed in the state of Ohio through the Ohio Board of Pharmacy. Eligible providers would have a valid Terminal Distributor of Dangerous Drugs (TDDD) license.

- A provider is defined as a physical location in which one or more persons licensed to order vaccines works and where vaccine can be appropriately stored.
- If employee health has a separate (TDDD) and will be administering and storing the vaccine in a different location than the location used for patients, then employee health should enroll separately.

**Q: Is there an enrollment deadline? \* [New Question](#)**

**A:** There is no current deadline for enrolling. The enrollment tool will remain open for providers to access and enroll. Those providers who might be candidates to receive vaccine in earlier phases will want to ensure that they complete the agreements, as soon as possible.

**Q: I am a Vaccine for Children (VFC) Provider. Do I still need to complete the COVID-19 Vaccine Provider Agreements?**

**A:** Yes, all facilities that want to receive and administer the COVID-19 vaccine must enroll in the COVID-19 Vaccine Program.

**Q: How do providers who want to participate submit the COVID-19 Vaccine Program Agreements?**

**A:** Visit OHID webpage: <https://ohid.ohio.gov>

- Log-in using your OHID or create a new account
- Request access to the Vaccination Program (COVID-19) application
- Complete, sign, and submit all required forms electronically through the application

**Q: I don't have an OHID account. Can I still submit the COVID-19 Vaccine Program Agreements?**

**A:** All agreements must be completed and submitted through the OHID online tool. If you do not have an account, you can create a new account. Once you have completed your account registration, you can access the Vaccination Program (COVID-19) application in OHID.

**Q: Can I complete enrollment agreements for two facilities with the same OHID login? \*[New Question](#)**

**A:** Yes, an OHID is tied to an individual user. That user can complete enrollment agreements for multiple facilities that would like to participate in the COVID-19 Vaccination Program.

**Q: There are several agreements listed in the application tool. Which agreements do I need to complete?**

**A:** Each facility must complete, sign, and submit the following forms:

**1. (Section A) CDC COVID-19 Vaccination Provider Agreement**

- The facility must provide its (TDDD) license number on this form. The (TDDD) license number is a requirement of submission. Please see next question for more information on the (TDDD) license number.
- (Section A) Provider Agreement must be completed and submitted before a facility can proceed on to the next forms.
- This agreement must be signed electronically by your Facility's Chief Medical Officer and Chief Fiduciary Officer, or equivalents.

**2. (Section B) CDC COVID-19 Vaccination Provider Profile**

- This agreement collects Vaccination Provider Profile elements.

**3. ODH Outbreak Response Immunization Initiative Agreement**

**4. Impact Statewide Immunization Information System Security Agreement** (if not a registered facility)

**(Section A) CDC COVID-19 Vaccination Program Provider Agreement**

**Q: Which providers need to be listed as 'Providers Practicing at the Facility'? *\*New Question***

**A:** Please list all licensed healthcare providers (i.e. MD, DO, NP, PA RPh) at this location who will oversee the administration of the COVID-19 Vaccination Program and who have prescribing authority at your facility.

**Q: What is a Terminal Distributor of Dangerous Drugs (TDDD)?**

**A:** A Terminal Distributor of Dangerous Drugs (TDDD) is a person (individual, partnership, association, limited liability company, corporation, or government agency) who is engaged in the sale of dangerous drugs at retail or any person other than a wholesale distributor or a pharmacist, who has possession, custody, or control of dangerous drugs for any purpose other than for that person's use and consumption. You can find your (TDDD) by visiting the State of Ohio Board of Pharmacy:

[https://elicense.ohio.gov/oh\\_verifylicense](https://elicense.ohio.gov/oh_verifylicense)

- You must enter your (TDDD) license number on (Section A) CDC COVID-19 Vaccination Program Provider Agreement Form and submit this form before you can begin any other required form.
- All forms completed for a location must include the same (TDDD) license number and address.

**Q: What if my office is planning to do single-day “pop-up” vaccine clinics? *\*New Question***

**A:** If the facility is planning to do a single-day pop-up clinic, then the location of the pop-up clinic should be included under the vaccination settings question.

**Q: What email should I use for my organization?**

**A:** Please use an email address that is monitored regularly, and that can serve as a dedicated contact method for the COVID-19 Vaccination Program.

**Q: The same individual serves as Chief Medical Officer and Chief Executive Officer at my organization. Do we need to complete both fields, and do they need to sign twice?**

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

**Q: How do the Chief Medical Officer and Chief Executive Officer electronically sign the documents?**

**A:** Once the agreements are ready for signatures, you will mark the checkboxes at the bottom of the page 'Request digital signatures.' You can send the CMO and CEO this request at the same time. They will receive a request for a signature at their email address listed in the agreement. The email will come from [DONOTREPLY@odh.ohio.gov](mailto:DONOTREPLY@odh.ohio.gov). If they do not receive an email, please check your security settings and Junk Email or Spam Folder.

- Agreements must be completed and signed by the required individuals before they are submitted.
- The initiator (owner of agreement) will receive an email any time items have been 'updated' on your agreements.

**(Section B) CDC COVID-19 Vaccination Program Provider Profile**

**Q: Who should I list as the Primary and Back-up COVID-19 Vaccine Coordinator?**

**A:** Your location coordinators will be responsible for managing all vaccine usage, completing required training, reporting data to Impact, ordering vaccine, reconciling inventories, monitoring vaccine storage conditions, assuring vaccine loss is minimal, and **vaccine receipt is managed according to current policy**. Either the Primary or Back-up Coordinator should be on-site each day that the clinic is open.

**Q: For 'Settings where this location will administer COVID-19 vaccine', should we list ANY place we might give vaccine? What if all the potential sites still need to be determined?**

**A:** Select all of the locations that your facility potentially intends to administer COVID-19 vaccine. This may include any single day off-site "pop-up" clinics.

**Q: I am not able to find my (TDDD) or facility name in the drop-down box in any other form (Section B, ODH Agreement, SIIS Agreement). What should I do? *\*New Question***

**A:** Facilities must complete and submit a (Section A) form with the (TDDD) and facility name for the information to populate in the drop-down menus of the other forms. *Please check to assure that your (Section A) form has been completed, signed, and submitted. This can be done using the link in the email with a subject "Your form has been updated- COVID-19 Vaccination Program Provider Agreement". The individual who started the form will receive this email from [DONOTREPLY@odh.ohio.gov](mailto:DONOTREPLY@odh.ohio.gov).*

**Q: For the question about 'Number of Patients/Clients routinely served by this location,' is that a weekly, monthly, or yearly number?**

**A:** Enter the approximate number of unique patients seen in one year.

**Q: How do I determine the number of 'Patients/Clients routinely served by this location'?**

**A:** Use your electronic medical record or billing system to estimate this number. Please remember to provide 'unique' patient, and not double-count patients served more than once a year. The number of patients routinely served can be an approximate count.

**Q: We have seen a decrease in patient care during 2020 due to COVID-19. Should we provide the past 12 months or 2019 numbers?**

**A:** Many providers have seen a decrease in patient visits. Please use your best description of possible patient counts for a non-pandemic year.

**Q: When asking about 'peak flu,' does this mean the most vaccine we administer in one week, or the number administered during the week of peak influenza disease?**

**A:** Please enter the highest flu vaccine doses that you gave in one-week, last flu season. This number can be an estimate if you do not have the exact information.

**Q. What if my office did not administer influenza vaccine during the 2019-2020 flu season?**

**A:** Enter "0" into this field.

**Q: What is my IIS Identifier, and how do I find it?**

**A:** Your IIS Identifier is your ImpactSIIS facility ID. You can find this by logging into ImpactSIIS under the Facility details.

- This facility ID is prefixed by OH- or SIISCLIENT-
- It is three to five digits in length

**Q: How do I know each form was submitted successfully? [\\*New Question](#)**

**A:** After each form is successfully submitted, the OHID user who started the form will receive an email from [DONOTREPLY@odh.ohio](mailto:DONOTREPLY@odh.ohio). The subject of the email will indicate the name of the form and that it was submitted successfully. For example: "Section A. COVID-19 Vaccination Program Provider Agreement Submission".

**Q: We currently do not have storage for the vaccine. Do I need this to complete the agreement?**

**A:** To enroll in the program, facilities must have the appropriate storage (non-dorm style units) on-site with temperature monitoring devices.

**Q: We do not have Ultra-Cold storage at our facility. Should we purchase an Ultra-Cold storage unit? Will our vaccine allocations be affected if we do not have Ultra-Cold storage?**

**A:** At this time, it is not a requirement for facilities to purchase Ultra-Cold storage units. Vaccine requiring ultra-cold temperatures will ship in containers with dry ice. Facilities will need to follow manufacturer recommendations for when to replenish dry ice in order for these containers to be used for vaccine storage.

**Q: Do we need temperature monitoring devices in each storage unit? What are the minimum requirements for temperature monitoring devices?**

**A:** Yes, facilities will be required to have a temperature monitoring device in each storage unit used for the COVID-19 vaccine. Temperature monitoring devices should have the Minimum Required Functionalities:

- A temperature probe or sensor
- An active temperature display on the outside of the unit that shows current, minimum, and maximum temperatures
- Resettable min/max functionality
- Alarm for out-of-range temperatures

**Q: What storage units should be listed in our agreements?**

**A:** Please list any unit that will store the COVID-19 vaccine, include storage units that may be used in a temporary or satellite clinic.

**Troubleshooting:**

**Q: I am not able to find my (TDDD) or facility name in the drop-down box in any other form (Section B, ODH Agreement, SIIIS Agreement). What should I do? [\\*New Question](#)**

**A:** Facilities must complete and submit a (Section A) form with the (TDDD) and facility name for the information to populate in the drop-down menus of the other forms. *Please check to assure that your (Section A) form has been completed, signed, and submitted. This can be done using the link in the email with a subject "Your form has been updated- COVID-19 Vaccination Program Provider Agreement". The individual who started the form will receive this email from [DONOTREPLY@odh.ohio.gov](mailto:DONOTREPLY@odh.ohio.gov).*

**Q: When I click the link in the Signature Request email, the signature page isn't loading. What do I do? [\\*New Question](#)**

**A:** To view and sign the agreements, you must use the *latest version* of [Google Chrome](#), [Mozilla Firefox](#), [Microsoft Edge](#), or for Apple devices, [Safari](#). Using older versions of these browsers may result in issues.

**Q: I started my forms in OHID but haven't submitted them. Now, I can't find the form to complete it. Where can I find it?**

A: Each time a form is saved or updated, the individual who started the form will get an email from [DONOTREPLY@odh.ohio.gov](mailto:DONOTREPLY@odh.ohio.gov) with a subject "Your form has been updated- COVID-19 Vaccination Program Provider Agreement". There will be a link in this form. To access and update the form, the user should use the link in the email.

**Please check this FAQ document regularly for the most up to date information.**

Revised 11/6/20