



October 20, 2020

COVID-19 TOWN HALL

Agenda

- COVID-19 State and National Updates
- ROPA-Guest Speakers
 - *Joni Shipman: AHCCCS-Assistant Director of the Division of Member and Provider Services*
 - *Patricia Santa Cruz-AHCCCS-Administrator Provider Enrollment Unit*
- COVID-19 Provider Onboarding
- Q & A



State and National Updates

Kelly Fine

Executive Director | Arizona Pharmacy Association

Worldwide Cases

Global Cases

40,862,940

Cases by Country/Region/Sovereignty

8,275,168 US
7,651,107 India
5,273,954 Brazil
1,438,219 Russia
1,018,999 Argentina
988,322 Spain
974,139 Colombia
973,275 France
870,876 Peru
860,714 Mexico
765,500 United Kingdom
706,304 South Africa
545,286 Iran

Admin0 Admin1 Admin2



Cumulative Cases Active Cases Incidence Rate Case-Fatality Ratio Testing Rate

100

Lancet Inf Dis Article: [Here](#). Mobile Version: [Here](#). Data sources: [Full list](#). Downloadable database: [GitHub](#), [Feature](#)

Global Deaths

1,126,251

221,083 deaths
US

154,837 deaths
Brazil

115,914 deaths
India

86,893 deaths
Mexico

44,057 deaths
United Kingdom

36,705 deaths
Italy

Global Deaths

US State Level

Deaths, Recovered

33,366 deaths, **78,530**
recovered
New York US

17,558 deaths, **733,758**
recovered
Texas US

17,069 deaths, **recovered**
California US

16,227 deaths, **36,005**
recovered
New Jersey US

16,105 deaths, **recovered**
Florida US

US Deaths, Recovered

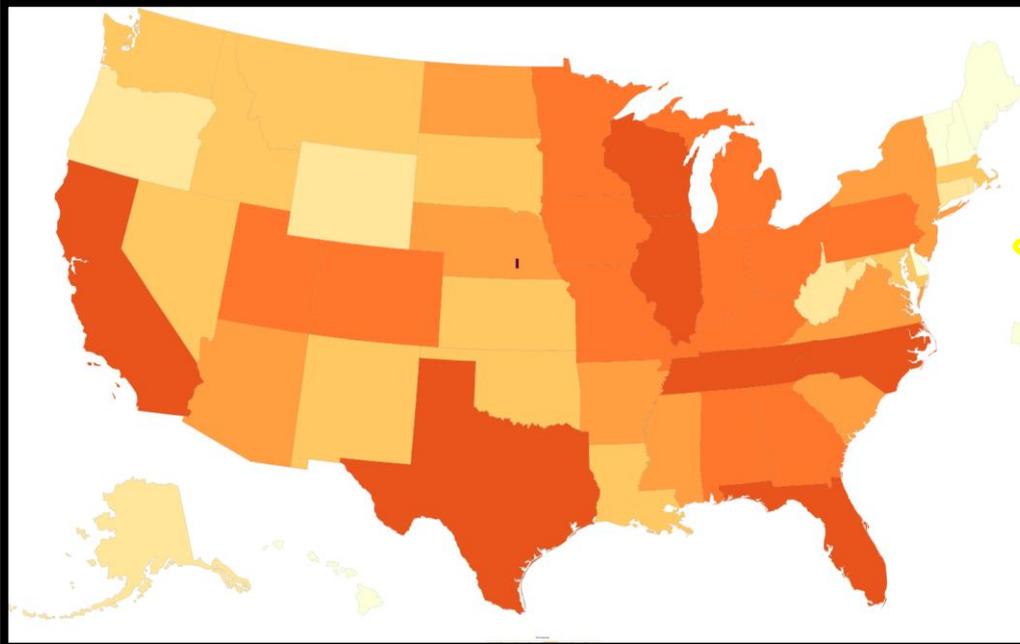


National Cases



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

US COVID-19 Cases Reported to the CDC in the Last 7 Days, by State/Territory



TOTAL CASES

8,188,585

+60,061 New Cases

CASES IN LAST 7 DAYS

401,139

TOTAL DEATHS

219,499

+513 New Deaths

Cases per US State (Deaths)

882,579 California (17,009)

861,817 Texas (17,549)

760,389 Florida (16,105)

486,480 New York (33,366)

354,457 Illinois (9,537)

342,438 Georgia (7,674)

248,750 North Carolina (3,992)

233,569 Tennessee (2,952)

232,937 Arizona (5,837)

222,193 New Jersey (16,227)

189,970 Pennsylvania (8,516)

185,639 Ohio (5,083)

178,482 Wisconsin (1,633)

176,681 Louisiana (5,772)

174,528 Alabama (2,805)

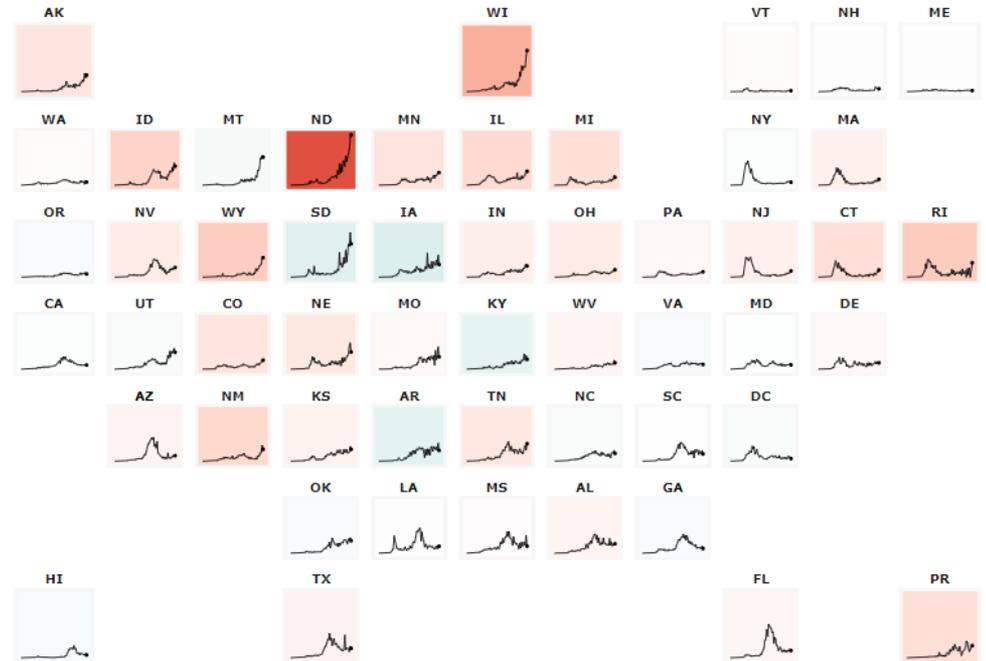
167,270 Virginia (3,482)

Daily confirmed new cases (3-day moving average)



- Line shows 3-day moving average of **new cases per day** in this state. Dot corresponds to most recent day.
- The **greener** the background, the bigger the **downward trend** of new cases in this state.
- The **redder** the background, the bigger the **upward trend** of new cases in this state.

Daily New Cases per 100k people. Data shown from 1/22/20 to 10/20/20.





Arizona

Current R_t

1.10

Cases

231,895

Tests

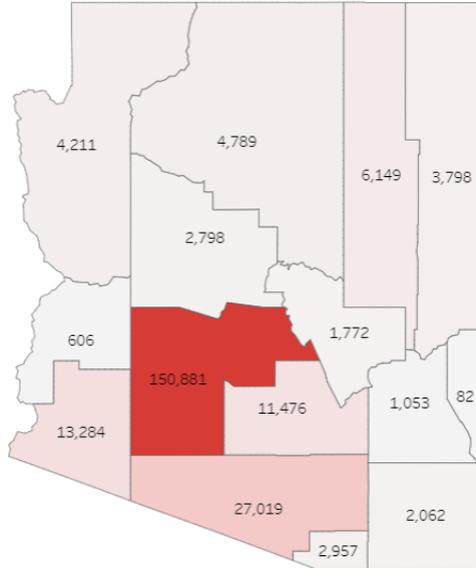
1,639,756

R_t

9/2/20: 0.81

9/9/20: 0.92

9/15/20: 1.01

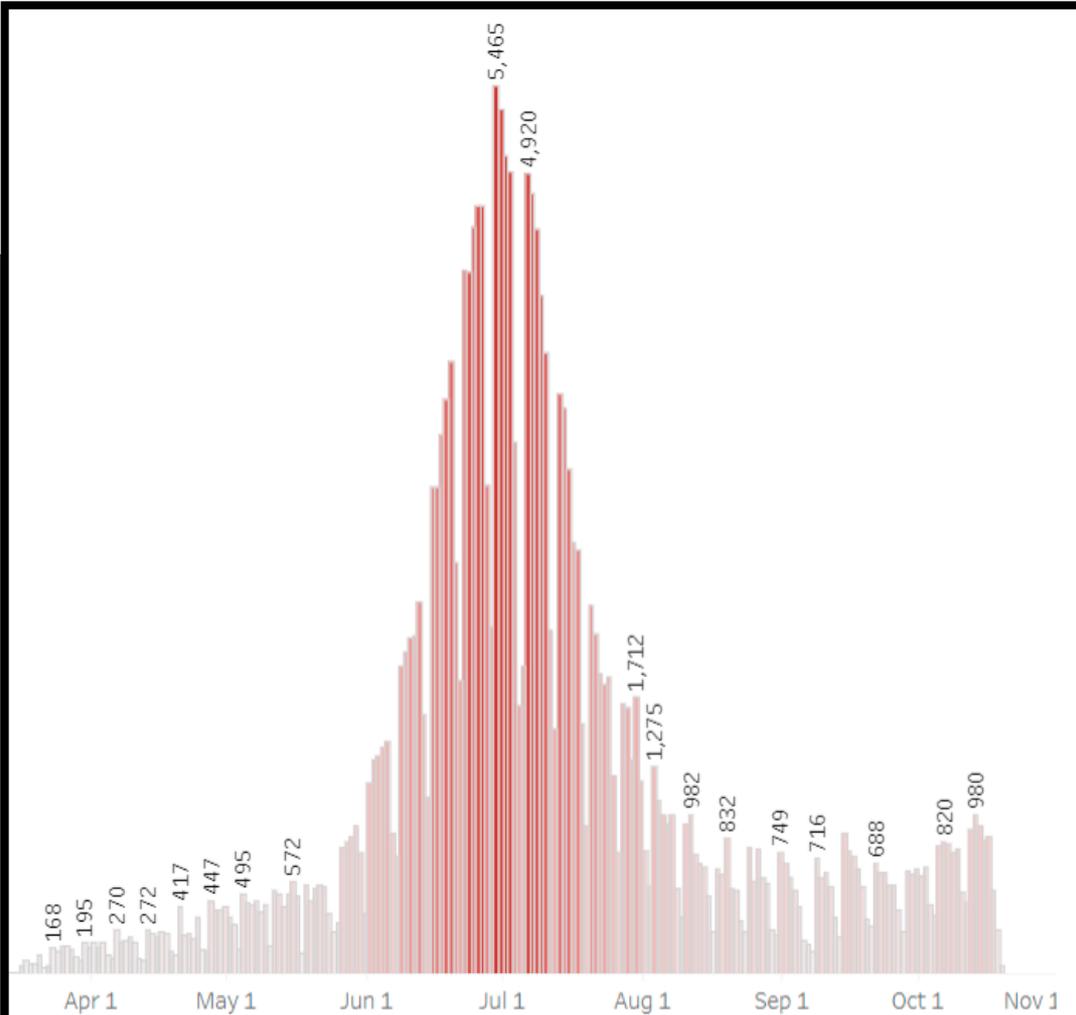
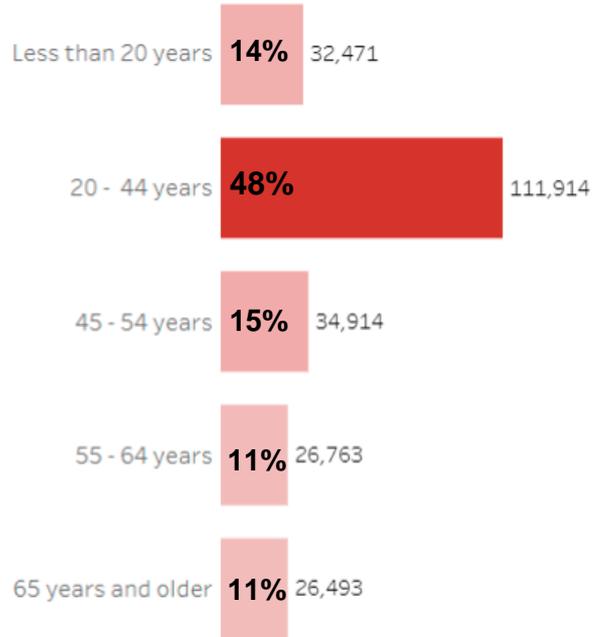


Number of Cases 232,937	Number of Deaths 5,837	Number of COVID-19 Tests 1,956,791
Number of New Cases reported today* 1,040	Number of New Deaths reported today* 7	Number of New Tests reported today* 7,999
Rate of cases, per 100,000 population 3,240.2	Rate of fatalities, per 100,000 population 81.19	Total Percent Positive** 9.9%
Total COVID-19 Diagnostic Tests*** 1,647,345	New Diagnostic Tests reported today* 7,560	Diagnostic Tests Percent Positive** 10.4%
Total COVID-19 Serology Tests 309,446	New Serology Tests reported today* 439	Serology Percent Positive** 6.5%

*Counts of new cases, deaths, and numbers tested reflect increases in the total numbers compared to the

Cases by Day & Age Group

COVID-19 Cases by Age Group



Laboratory Testing



ARIZONA DEPARTMENT OF HEALTH SERVICES
Health and Wellness for All Arizonans

All tests completed for COVID-19

1,956,791

All tests reported yesterday in Arizona

7,999

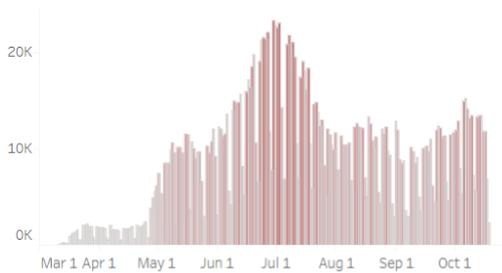
Total % Positive COVID-19 All Tests

9.9%

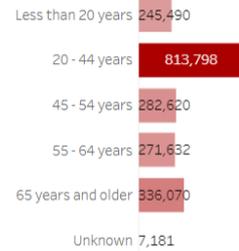
PCR Positivity %

- 6/28/20 = 21%
- 7/5/20 = 19%
- 7/12/20 = 16%
- 7/19/20 = 12%
- 7/26/20 = 10%
- 8/2/20 = 8%
- 8/9/20 = 6%
- 8/23/20-10/4/20: 4%
- 10/11/20: 6%
- 10/18/20: 8%

All tests by date of collection



All Testing by Age Group

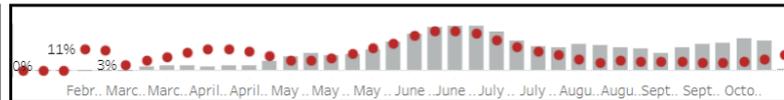


Positive by week

Positive test result, reported electronically out of all people with COVID-19 testing reported electronically completed in AZ. Diagnostic tests

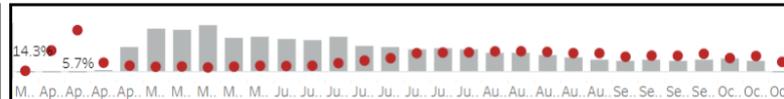
Total % Positive COVID-19 Diagnostic Tests

10.4%



Total % Positive COVID-19 Serology Tests

6.9%



Date	Total % Positive	PCR % Positive	Sero % Positive
6/17/20	7.1%	8.7%	3.1%
6/24/20	8.6%	10.5%	3.0%
7/1/20	9.9%	12%	3.2%
7/8/20	11.3%	13.6	3.4%
7/15/20	11.9%	14.2%	3.7%
7/22/20	12.4%	14.6%	4.4%
7/29/20	12.7%	14.6%	4.9%
8/5/20	12.6%	14.4%	5.3%
8/11/20	12.4%	13.9%	5.7%
9/1/20	11.5%	12.6%	6.4%
9/8/20	11.2%	12.2%	6.5%
9/15/20	11%	11.9%	6.6%
10/20/20	9.9%	10.4%	6.9%

Hospitalizations

INPATIENT BED USE		
Date	Total (in use %)	# COVID
6/15/20	6,231 (81%)	1,506
6/22/20	6,469 (83%)	2,136
6/29/20	6,488 (85%)	2,793
7/6/20	6,472 (82%)	3,356
7/13/20	6,721 (85%)	3,517
7/20/20	6,636 (83%)	3041
7/27/20	6,386 (81%)	2564
8/3/20	6,487 (81%)	2024
8/11/20	6,476 (81%)	1469
8/31/20	6435 (81%)	729
9/7/20	6300 (79%)	657
9/14/20	6352 (80%)	550
10/19/20	7175 (83%)	777

ICU BED USE		
Date	Total ICU (in use%)	# COVID
6/15/20	1,307 (80%)	502
6/22/20	1,412 (84%)	614
6/29/20	1,435 (86%)	683
7/6/20	1,481 (90%)	869
7/13/20	1,498 (88%)	970
7/20/20	1,448 (85%)	865
7/27/20	1,433 (84%)	814
8/3/20	1443 (83%)	638
8/11/20	1378 (80%)	510
8/31/20	1289 (77%)	253
9/7/20	1265 (76%)	212
9/14/20	1294 (78%)	138
10/19/20	1355 (81%)	170

VENTILATORS IN USE		
Date	Total Vents. (in use%)	# COVID
6/15/20	707 (38%)	340
6/22/20	716 (41%)	386
6/29/20	773 (45%)	455
7/6/20	895 (51%)	544
7/15/20	996 (52%)	674
7/20/20	952 (49%)	608
7/27/20	920 (47%)	574
8/3/20	795 (41%)	474
8/11/20	679 (36%)	346
8/31/20	556 (30%)	150
9/7/20	541 (29%)	112
9/14/20	460 (25%)	76
10/19/20	463 (25%)	91

October 19, 2020

Dear Maricopa County Healthcare Providers,

Schools are steadily re-opening for in-person instruction in Maricopa County. With more people coming together in the school setting while COVID-19 is circulating in the community, we are all concerned about the safety of students and staff. Public health has instituted [new guidance for schools](#) regarding children, teachers and staff with viral symptoms, including the requirement for a child, teacher, or school staff member who exhibits COVID-19 related symptoms to [isolate according to our criteria](#) with a few specific exceptions.

COVID-19 symptoms in children

Since the spring, when schools first closed to in-person instruction, we have all learned a great deal about COVID-19. We now know that there is a long list of [COVID-19 symptoms](#) reported by people who test positive and that the illness mimics many common infections in children. While symptomatic individuals are more likely to infect others, asymptomatic people also spread COVID-19. Numerous publications have also confirmed that even young children, with or without symptoms, do spread COVID-19 to others.

Children with ANY COVID-19 related symptoms MUST be isolated at home

Children with COVID-19 related symptoms should be sent home to isolate away from others. Any of the symptoms listed below that are not related to an already-diagnosed chronic condition, are a reason for exclusion from school until Maricopa County Department of Public Health isolation criteria are met.

- Fever ($\geq 100.4^{\circ}\text{F}$ or 38°C)
- Subjective chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue (not as only symptom in school setting)
- Diarrhea
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting

There are **3 ways** for a child with symptoms to return to school before the 10-day isolation period.

- 1) If the child **tests negative** for COVID-19 (please have a low threshold to test) OR
- 2) The child has a **laboratory-confirmed alternative diagnosis** from a healthcare provider (e.g. Strep throat or influenza) OR
- 3) The symptoms are related to a known chronic condition, such as allergies, belly pain, asthma, or chronic headaches.

[CLICK HERE](#)

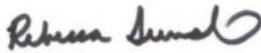
Preliminary data – symptoms in Maricopa County children

Maricopa County disease investigators have been learning more about COVID-19 symptoms in children as they have talked with the families of over 7000 school-aged children who have tested positive for COVID-19. Here is what we have learned so far.

- The majority (over 75%) of all children reported with COVID-19 reported at least one symptom.
- Pre-school children have fewer symptoms overall, with fever being the most common symptom.
- More than half of symptomatic elementary school aged children reported fever and/or headache, with other symptoms such as fatigue, cold symptoms, muscle aches, diarrhea, and loss of taste or smell occurring less than half of the time.
- Children aged 12 and over reported more symptoms overall with the majority reporting fatigue, headache, muscle aches and loss of taste and smell. Fever and cough were reported less than half the time.
- Less than 1 in 10 children diagnosed with COVID-19 reported difficulty breathing or shortness of breath.

So, please remind parents to keep children home when they have ANY COVID-19 symptoms. We all need to exercise excess caution to keep our families safe. And encourage parents to teach their kids to wash their hands, avoid touching their face, cover their coughs and sneezes, and keep those masks in place, especially while at school.

Stay healthy,



Rebecca Sunenshine, MD, FIDSA
Medical Director



Marcy Flanagan, DBA, MPH, MA
Executive Director

Please review guidance for Healthcare Providers on a regular basis. Guidance is updated frequently:

- [Maricopa County Department of Public Health](#) | 602.506.6767
- [Arizona Department of Health Services](#) | 844.542.8201
- [Centers for Disease Control and Prevention](#) | 800.CDC.INFO

Businesses-Updated 10/15/20



Transmission categories are defined by:

BENCHMARKS	MINIMAL	MODERATE	SUBSTANTIAL
Cases per 100,000	<10 cases	10-100 cases	>100 cases
Percent Positivity	<5%	5-10%	>10%
COVID-like Illness	<5%	5-10%	>10%

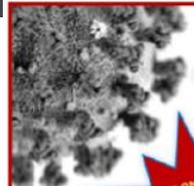
All businesses will remain **CLOSED** during **Substantial transmission**. Phased reopening can begin once Moderate and Minimal transmission benchmarks are achieved.

BENCHMARKS	MINIMAL	MODERATE
Gyms	50% occupancy, must continue to implement ADHS mitigation requirements until <3% positivity	25% occupancy, must implement ADHS mitigation requirements
Movie Theaters, Water Parks and Tubing	50% occupancy, must continue to implement ADHS mitigation requirements until <3% positivity	50% occupancy, must implement ADHS mitigation requirements
Bars/nightclubs providing dine-in service	50% occupancy, only if converted to restaurant service per ADHS mitigation requirements until <3% positivity. Once <3% positivity, 50% occupancy operating as a bar with ADHS mitigation requirements.	50% occupancy, only if converted to restaurant service per ADHS mitigation requirements. Encourage outdoor dining.
Bars/nightclubs NOT providing dine-in service	Closed until <3% positivity. Once <3% positivity, operate at 50% occupancy with ADHS mitigation requirements.	Closed

County	Business Reopening Status
Apache	Moderate
Cochise	Moderate
Coconino	Moderate
Gila	Moderate
Graham	Moderate
Greenlee	Minimal
La Paz	Moderate
Maricopa	Moderate
Mohave	Moderate
Navajo	Moderate
Pima	Moderate
Pinal	Moderate
Santa Cruz	Moderate
Yavapai	Moderate
Yuma	Moderate

COVID-19 Home Isolation Guidance - Flow Chart for Non-Contacts[†]

Patient version - Revised - 07 October 2020



START HERE

TRY ME ONLINE AT:
Maricopa.gov/
COVIDisolationTool

[†]**Non-Contacts** are people who have had **no** known exposure to a person with COVID-19 while that person was infectious. If you have had contact with someone with COVID-19, consult the **QUARANTINE** guideline instead at: Maricopa.gov/COVIDQuarantine

SYMPTOMS

Have you experienced any symptoms consistent with COVID-19?

YES,
I have/had symptoms.

NO,
I have not had symptoms.

Symptoms of COVID-19 may include:

- Cough, shortness of breath or difficulty breathing
- Fever or chills
- Muscle or body aches, headache
- Fatigue (not as a sole symptom in the school setting)
- Nausea or vomiting, diarrhea
- Sore throat, congestion or runny nose
- New loss of taste or smell.

Symptoms can range from mild to severe illness and appear 2 to 14 days after exposure.

PCR or Antigen Test for COVID-19
Did you get a nose-swab or saliva test for COVID-19 and is your result available?

PCR or Antigen Test for COVID-19
Did you get a nose-swab or saliva test for COVID-19 and is your result available?

NO, including:
I'm waiting for my result, or I got a **blood** test for COVID, or I haven't been tested.

YES,
I've been tested and I have my test result.

YES,
I've been tested and I have my test result.

NO, including:
I'm waiting for my result, or I got a **blood** test for COVID, or I haven't been tested.

If you are waiting for your test result, **begin** by following the **POSITIVE** guideline, **then** re-evaluate when you know your result.

If you haven't had a nose-swab or saliva test, follow the **POSITIVE** guideline unless one of the special exceptions connected below applies to you.

NEGATIVE
Isolate until it has been at least:
24 hours since your last fever **without** the use of fever-reducing medication, **AND** your other symptoms have improved.

POSITIVE
Isolate until it has been at least:
10 days since your symptoms appeared, **AND** 24 hours since your last fever **without** the use of fever-reducing medication, **AND** your other symptoms have improved.

NEGATIVE
No isolation needed.
Reduce your risk of future exposure to COVID-19 by following everyday precautions.
See recommendations at: Maricopa.gov/COVID19

POSITIVE
Isolate for 10 days from when you were tested.
If you develop any symptoms during your isolation, follow the guidance for people with symptoms instead (left side of this chart).

If you are waiting for your test result, **begin** by following the **NEGATIVE** guideline, **then** re-evaluate when you know your result.

If you don't have symptoms, testing isn't recommended but it is available if desired. Follow **NEGATIVE** guideline, **then** re-evaluate if tested.

SPECIAL EXCEPTION:
Known Chronic
Non-infectious condition isolation is **not** necessary if your symptoms are caused by a known chronic **non-infectious condition** (e.g. allergies, asthma). A doctor should provide a note confirming this in the school setting **only**.

SPECIAL SCHOOL EXCEPTION:
Alternate Infectious Illness
If your doctor will provide a note attesting that you have a different, **lab-confirmed**, infectious illness (e.g. Strep throat, influenza) causing your symptoms, you may follow the **NEGATIVE** guideline.

SPECIAL EXCEPTIONS:
Serious illness** or *Severe Immunocompromise**
If you were admitted to an **ICU*** due to your **COVID-19** illness or you are **severely immunocompromised**** you should isolate until it's been at least:
20 days since your symptoms appeared, **AND** 24 hours since your last fever **without** the use of fever-reducing medication, **AND** your other symptoms have improved.

SPECIAL EXCEPTION:
****Severe Immunocompromise**
Isolate for **20 days** from when you were tested.
If you develop symptoms during isolation, follow the guidance for people with symptoms instead (left side of this chart).

PREVIOUS COVID?
If you had COVID-19 and completed isolation, then later tested **POSITIVE** within **3 months** of the onset of your symptoms (or date of your first positive test if you didn't have symptoms), additional isolation is **not** usually recommended.

^{*} **Serious illness** — e.g. hospitalized in an Intensive Care Unit (ICU). For more details, see: www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html

^{**} **Severe immunocompromise** may include being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, use of prednisone >20mg/day for more than 14 days, or hematopoietic stem cell or solid organ transplant in past year.

COVID-19 Home Quarantine Guidance - Flow Chart for Close-Contacts[†]

Patient Version - Revised - 07 October 2020



START HERE

SYMPTOMS

Have you experienced any symptoms consistent with COVID-19 since your exposure to a person with COVID-19?

YES,
I have/had symptoms.

Symptoms of COVID-19 may include:

- Cough, shortness of breath or difficulty breathing
- Fever or chills
- Muscle or body aches, headache
- Fatigue (not as a sole symptom in the school setting)
- Nausea or vomiting, diarrhea
- Sore throat, congestion or runny nose
- New loss of taste or smell.

Symptoms can range from mild to severe illness and may appear 2 to 14 days after exposure.

NO,
I have not had symptoms.

[†]Close-Contacts are people who were within 6 feet of a person with COVID-19 for more than 10 minutes (cumulative) while that person was infectious, or who had physical contact with someone with COVID-19 while that person was infectious.

TRY ME ONLINE AT:
Maricopa.Gov/
COVIDisolationTool

PCR or Antigen Test for COVID-19
Did you get a nose-swab or saliva test for COVID-19 since your exposure and is your result available?

YES,
I've been tested and I have my test result.

NO, including:
I'm waiting for my result, or I got a *blood* test for COVID, or I haven't been tested.

POSITIVE / NEGATIVE / UNTESTED

You should isolate until it has been at least: **10 days** since your symptoms appeared, **AND 24 hours** since your last fever *without* the use of fever-reducing medication, **AND** your other symptoms have improved.

If tested, a **NEGATIVE** result does *not* end your isolation earlier because of your exposure and the need to quarantine.

See the **ISOLATION** guidelines at:
[Maricopa.Gov/COVIDisolation](https://www.maricopa.gov/COVIDisolation)

SPECIAL EXCEPTIONS:

Serious illness** or *Severe Immunocompromise** If you were admitted to an ICU* due to your COVID illness or you are severely immunocompromised** you should isolate until it's been at least: **20 days** since your symptoms appeared, **AND 24 hours** since your last fever *without* the use of fever-reducing medication, **AND** your other symptoms have improved.

Did you have COVID-19 within the last 3 months?

If you tested positive for COVID-19, have recovered, and completed your COVID isolation period within the last 3 months:

- You **do not** need to quarantine if you are a close contact of someone with COVID-19.
- You **do not** need to isolate if you test positive for COVID again.

POSITIVE

Isolate for **10 days** from when you were tested.

If you develop any symptoms during your isolation, follow the guidance for people with symptoms instead (left side of this chart).

SPECIAL EXCEPTION:

****Severe Immunocompromise** Isolate for **20 days** from when you were tested. If you develop symptoms during isolation, follow the guidance for people with symptoms instead.

NEGATIVE

Quarantine for **14 Days** from the date of your last exposure to someone with COVID-19.

If you develop any symptoms during your quarantine, follow the guidance for people with symptoms instead (left side of this chart).

NEED TO KNOW HOW TO QUARANTINE?

See the **QUARANTINE** guidelines on the other side of this page, or at:
[Maricopa.Gov/COVIDQuarantine](https://www.maricopa.gov/COVIDQuarantine)

If you are waiting for your test result, **begin** by following the **NEGATIVE** guideline, **then** re-evaluate when you know your result.

*** If you haven't had a nose-swab or saliva test, **begin** by following the **NEGATIVE** guideline, **then** re-evaluate **if/when** you get tested and know your result.

* **Serious illness** – e.g. hospitalized in an Intensive Care Unit (ICU). For more details, see: www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html

** **Severe immunocompromise** may include being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, use of prednisone >20mg/day for more than 14 days, or hematopoietic stem cell or solid organ transplant in past year.

HHS Partners with CVS and Walgreens to Provide COVID-19 Vaccine to Long-Term Care Facilities

- [HHS and DOD announced a CDC partnership](#) with CVS and Walgreens to provide vaccine services in nursing homes and assisted living once a COVID-19 vaccine has been approved and authorized.
- **Facilities can partner with CVS, Walgreens, [or existing LTC pharmacy](#) and indicate what that is. The program is not limited to CVS and Walgreens.**
- Facilities need to sign up between October 19th-October 29th and indicate their pharmacy preference through the [NHSN portal](#). Assisted living facilities will indicate their pharmacy preference through an [online sign-up form](#).
- [FAQ](#)

* Facility ID#:

Vaccination Type: COVID19

Introduction

HHS is partnering with pharmacies to offer on-site COVID-19 vaccination services for LTCF residents once they are recommended for vaccination. LTCF staff who have not been previously vaccinated for COVID-19 will also be eligible for these services. This program is free for facilities and includes vaccine distribution, cold chain management, vaccine administration, and fulfillment of all reporting requirements to local, state/territorial, and federal jurisdictions within 24 hours of vaccine administration by the pharmacy partner.

* Please indicate which retail pharmacy partner your facility prefers:

- Free on-site clinic held by CVS
- Free on-site clinic held by Walgreens
- Free on-site clinic held by our existing pharmacy partner, if possible
- Our facility would like to opt out of receiving these services. We plan to receive vaccine and provide vaccination services in another way.

Note: Indicating interest in participating is non-binding. We will attempt to honor facility preferences but may reassign facilities depending on the various vaccine availability scenarios and to minimize vaccine wastage.

Existing Partner Questions

Name of existing pharmacy partner:

In the event your existing pharmacy partner is unable to obtain vaccine or host a free on-site clinic, please select a contingency option below.

Note: Indicating interest in participating is non-binding. We will attempt to honor facility preferences but may reassign facilities depending on vaccine availability and to minimize vaccine wastage.

- Free on-site clinic held by CVS
- Free on-site clinic held by Walgreens
- Our facility would like to opt out of receiving these services. We plan to receive vaccine and provide vaccination services in another way.

Facilities select one of the following options:

- Free on-site clinic(s) held by CVS
- Free on-site clinic(s) held by Walgreens
- Free on-site clinic(s) held by our existing pharmacy partner (Fill in existing pharmacy partner name)

NOTE:

- "In the event your existing pharmacy partner is unable to obtain vaccine or host free on-site clinic(s), please select a contingency option below (CVS, Walgreens, or opt-out)
- "Indicating interest in participating is non-binding. We will attempt to honor facility preferences but may reassign facilities depending on vaccine availability and to minimize vaccine wastage."

ROPA- (Referring, Ordering, Prescribing and Attending)

*Joni Shipman: AHCCCS-Assistant Director of the Division of Member and Provider Services
Patricia Santa Cruz-AHCCCS-Administrator Provider Enrollment Unit*

ROPA- (Referring, Ordering, Prescribing and Attending)

**PHARMACISTS DO NOT NEED
TO REGISTER AT THIS TIME**

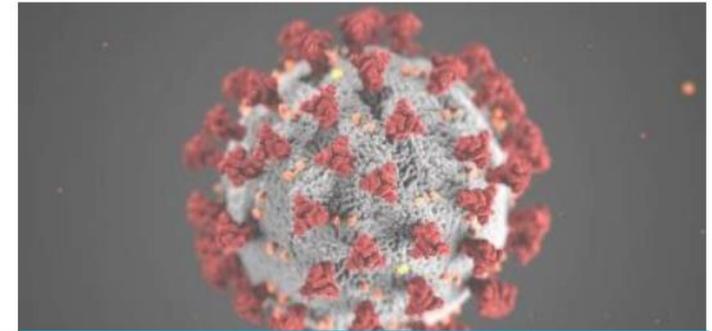
The [Patient Protection and Affordable Care Act \(ACA\)](#) and the [21st Century Cures Act \(Cures\)](#) require that all health care providers who provide services to, order (refer), prescribe, or certify health care services for AHCCCS members must be enrolled as an AHCCCS provider.

- Until these Acts passed, referring, ordering, prescribing and attending providers were required to obtain a National Provider Identifiers (NPI's) but were not required to be enrolled as an AHCCCS provider.
- **After Jan. 1, 2021 claims which include referring, ordering, prescribing or attending providers who are not enrolled with AHCCCS will not be reimbursed.**

**PHARMACISTS DO NOT NEED
TO REGISTER AT THIS TIME**

COVID-19 Vaccine

[Interim Guidance for Routine and Influenza Immunization Services During the COVID-19 Pandemic](#)



COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations

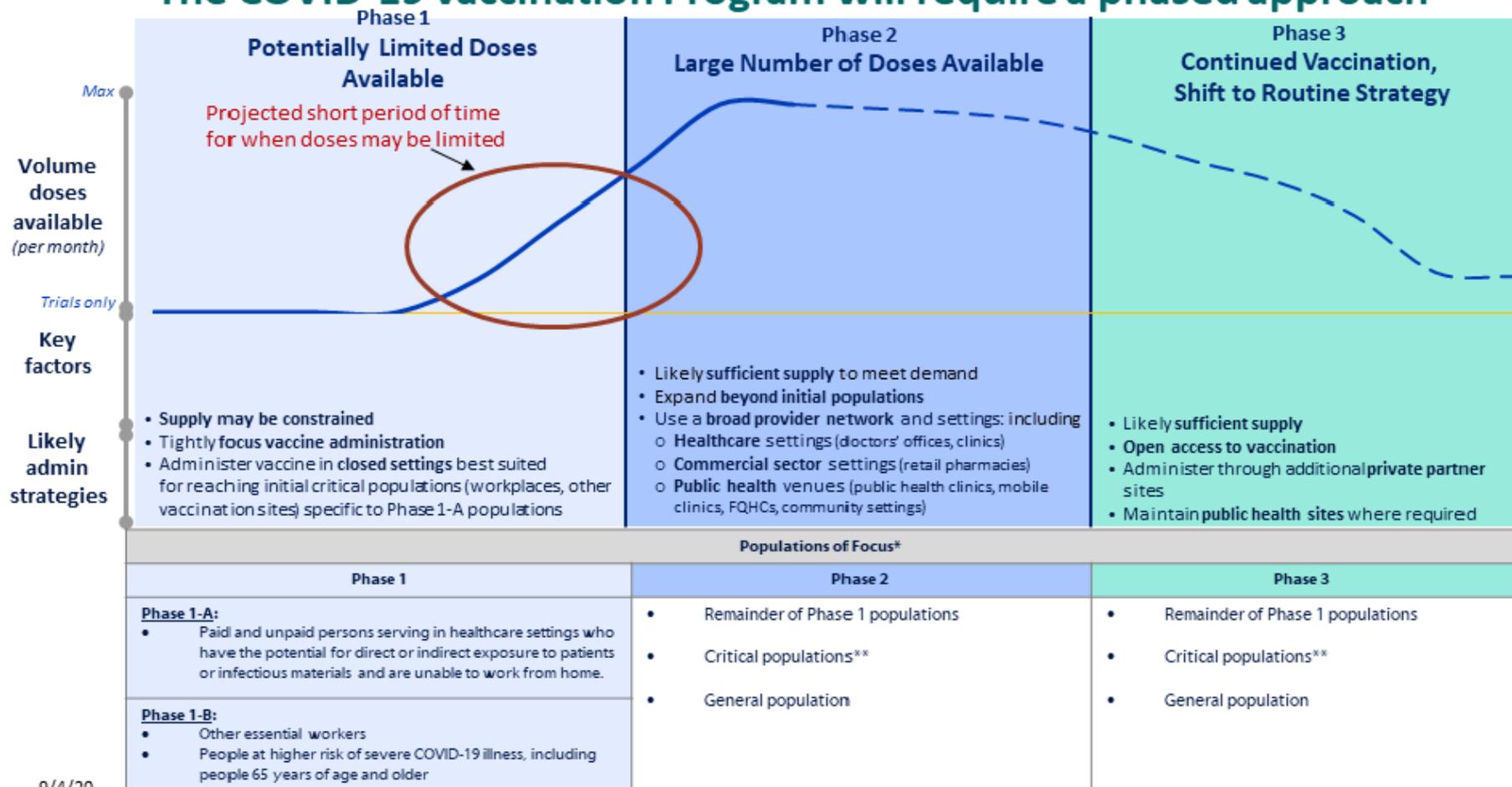
**Centers for Disease Control and
Prevention (CDC)**

September 16, 2020
Version 1.0

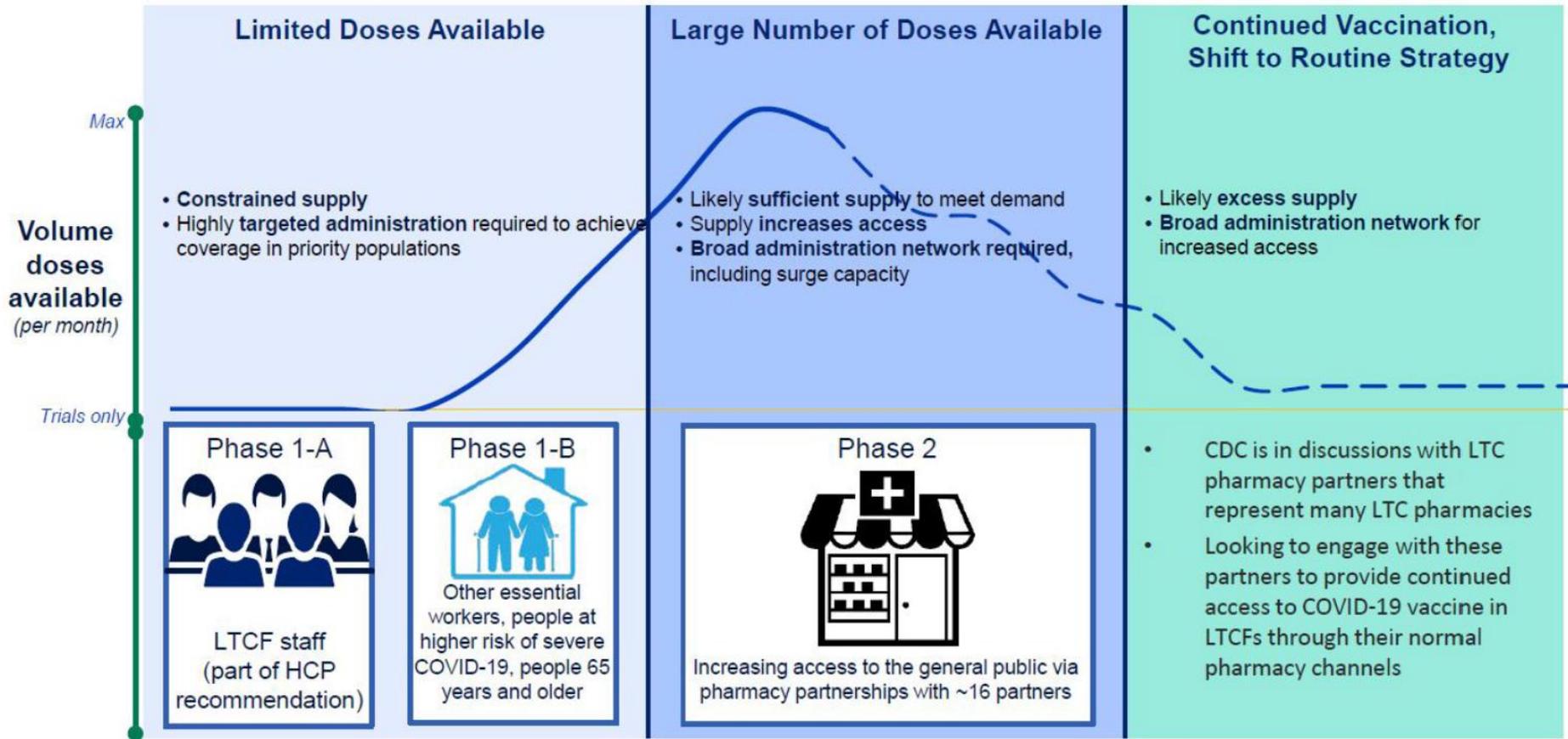


U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

The COVID-19 Vaccination Program will require a phased approach



Timeline for pharmacy partnerships



Engaging Pharmacies During Phase 1

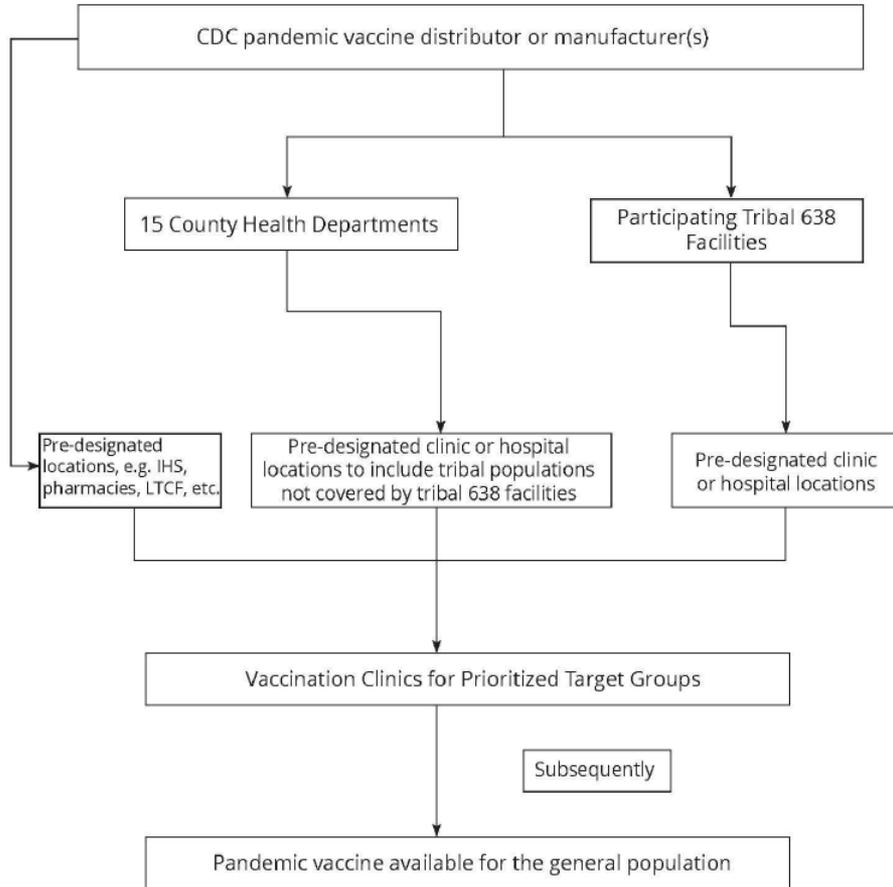
- CDC is not planning on providing direct allocation to pharmacy partners during Phase 1, except to support potential vaccination efforts in long-term care facilities*
- CDC will partner with national chains to provide vaccination services to long-term care facility residents
- Jurisdictions should consider reaching out to pharmacy partners that can provide off-site vaccination or mass vaccination clinic services to support Phase 1 efforts

Initial vaccine will likely be the Pfizer ultra cold vaccine that ships in minimum of 1000 doses.

Characteristics of partners who receive federal direct allocation of COVID vaccines

- Single entity legally able to sign provider agreements on behalf of all their stores
 - Can reach at least 200 locations via a single pharmacy agreement
- Single point of ordering (one VTrckS account)
- Responsible for:
 - Proper storage/distribution of product from partner depot (e.g., cold chain)
 - Data Reporting (supply, administration/uptake data)
- Entities that cannot meet this requirement encouraged to be part of the COVID-19 vaccine program by working with their jurisdiction

State distribution will follow a local allocator model



- The CDC distributor will direct ship vaccine to providers that are approved to receive an allocation
- Per CDC, some federal entities with immunization infrastructure may receive a direct allocation of COVID-19 vaccine during Phase 1
- CDC reports meeting regularly with DOD, DOS, BOP, VHA, and IHS
- CDC is requesting population estimates from entities that will receive a direct allocation to share with states for planning purposes
- Providers that want to be eligible to receive a state allocation must complete the ADHS provider onboarding process

COVID-19 Provider Onboarding

Pharmacists MUST have an NPI Number



SEARCH NPI REGISTRY

Create a New Account

You need an Identity & Access Management System (I&A) User ID and Password to create and manage NPIs.



[Individual Providers](#), [Organization Providers](#), [Users working on behalf of a provider](#)

If you don't have an I&A account, need to update your existing I&A account, or don't remember your User ID or Password, select the CREATE or MANAGE AN ACCOUNT button below to go to I&A.



Once you have successfully created your I&A account, your existing Type 1 NPI will be associated with your I&A account.

After successfully creating your I&A account, return to NPPES and use your I&A User ID and Password to log into NPPES where you can create and maintain the NPI data associated with your provider(s).

[CREATE or MANAGE AN ACCOUNT](#)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



NPI: What You Need to Know





Pandemic Vaccine Provider Onboard Form 1

The Arizona Immunization Program Office (AIPO) does not know if/when COVID-19 vaccines will become available. However we want to be prepared and engage our partners now, so we are ready when vaccines are available for distribution in Arizona.

Both VFC and non-VFC providers who would like to administer future COVID-19 vaccines must complete the Pandemic Provider Onboarding survey forms.

After submitting this form, you will be sent to a page with a series of subsequent survey forms. The forms serve two purposes: 1) to ensure the signatory provider knows the requirements, and 2) to ensure the facility is able to meet each requirement. The signatory provider is required to complete all of the surveys and be approved by the AIPO before this facility will be able to order future potential pandemic vaccines.

As we learn more about future vaccines we may add additional survey forms to the onboarding tool to pass the information along.

Onboarding is not an instantaneous process. It will take AIPO time to add providers to ASIIS and review requirements. Onboard now. Plan for it to take time.

The onboarding tool has the high level requirements for the signatory provider. Provider staff can go to [AIPO Train](#) to learn how to order, receive, store, administer, document, and account for pandemic vaccines in ASIIS.

We appreciate your continued efforts to help Arizonans be healthy and vaccinated.

[CLICK HERE](#)

Every pharmacy that wants vaccine from the state allocation needs to complete the Pandemic Provider Onboarding Form.

You do not have to be a VFC provider to order COVID vaccine but will require many of the same requirements.

Pandemic Provider Onboarding Cont...

The signatory physician responsible for overseeing the vaccines (Kelly Fine) is required to complete a series of forms (surveys) before Arizona Pharmacy Association can order vaccines. The forms serve two purposes:

- 1) Ensure the signatory provider (Kelly Fine) knows the requirements.
- 2) Ensure the facility is able to meet each requirement.

Please click on the "Begin Survey" button below to complete the next form.

The CDC Agreement survey forms will appear after the first few forms are completed.

All survey forms must be submitted before they will be reviewed by the AIPO

As new information about pandemic vaccines becomes available, we may add more surveys to the survey queue.

Status	Survey Title
✔ Completed	Storage and Handling
✔ Completed	Arizona State Immunization Information System (ASIS)
<input type="button" value="Begin survey"/>	Vaccine Planning
<input type="button" value="Begin survey"/>	CDC Agreement Section A
<input type="button" value="Begin survey"/>	CDC Agreement Section B
<input type="button" value="Begin survey"/>	Prescribing Providers (part of CDC Agreement) – #1

COVID-19 Vaccination Program Provider Profile Information

What to prepare for Each Vaccinating Location

All initial doses of covid 19 vaccine will be Federally supplied. To order covid-19 vaccine all locations must sign up with ADHS including existing VFC/VFA providers. [Enrollment link](#)

Please have the following information ready:

- Location name
- Contact information for primary & backup COVID19 vaccine coordinators
- Address for receiving and vaccination sites (if different)
- Days & times vaccine coordinators available to receive vaccine shipments
- Vaccination provider types (e.g., tribal health, IHS, hospital, FQHC, etc.)
- Vaccination setting (e.g., workplace, community center, mobile clinic, etc.)
- Approximate number of patients/clients routinely served
- Identify groups for early phase vaccination. Identify and estimate the number of the following patients/employees:
 - o Health care personnel likely to be exposed to or care for people with COVID-19.
 - o Patients at increased risk for severe illness from COVID-19, including those with underlying medical conditions and people aged 65 and older.
 - o Health care personnel at risk of getting or transmitting COVID-19 to patients in their care who are at higher risk for severe illness from COVID-19.

- Influenza vaccination capacity in 2019/2020 influenza season
- Populations served by this location (e.g., pregnant women, pediatric, persons over 65)
- Use of immunization information system (IIS)
- Storage capacity based on number of 10-dose multidose vials, at these temperature ranges:
 - o Refrigerated, 2°C to 8°C
 - o Frozen, -15°C to -25°C
 - o Ultra-frozen, -60°C to -80°C
- List of brands/models/types of storage units to be used for storing COVID-19 vaccine
- List of providers practicing at facility who have prescribing authority & licensure number
- Signatures of Chief Executive Officer and Chief Medical Officer on Provider Agreement Conditions

Providers are also encouraged to partner with county health departments.

Storage and Handling

Storage and Handling Requirements

The vaccines must be stored in a unit with plenty of space for large quantities of vaccines, including routine vaccines and annual flu vaccines. Doses must be placed in the middle of the unit, away from the side and back walls. Vaccines must not be placed on the floor, in the door, in crisper drawers, or directly under cooling vents. Water bottles must be placed in areas where vaccines cannot be stored, such as in the door, under the cooling vent, and on the floor of the unit. Water bottles should be labeled do not drink. Water bottles help stabilize temperatures, including during a power outage, and are required when transporting vaccines. We encourage you to only plug one unit into an outlet. Do NOT plug units into surge protectors, an outlet that is controlled by a light switch, or outlets that have a reset button. These can be easily turned off, which can result in vaccine wastage. Providers are required to have a Do Not Unplug sign on the wall next to each outlet for all units that store vaccines. Providers are required to have a Do Not Turn Off Circuit Breaker sign on the circuit breaker with the number of the circuit breaker that corresponds to the number of the outlet that the unit is plugged into. If the circuit breaker sticker has a space for an emergency contact name and number, providers are required to have a valid contact name and number listed. Keep the doses in their original vaccine box. Keep the lid on the box closed to avoid exposure to light.



Stand alone unit

Combination
fridge/freezer unit with
separate temperature
controls for the fridge
and freezer

Combination
fridge/freezer unit with
one shared temperature
control

Dormitory/Bar style refrigerator



Vaccine Storage and Handling Toolkit



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Temperature Monitoring

In order to be approved by The Arizona Immunization Program Office (AIPO) to receive and administer pandemic vaccines, each facility/branch will be required to:

Monitor the temperatures of the vaccines twice daily using a data logger that meets AIPO requirements. Have a portable back up data logger readily available. Download and review the data logger data every two weeks. Retain the data logger reports and paper temp logs for 6 years. The facility must submit data logger reports to the AIPO upon request. If a provider office will be closed for more than four (4) days, someone must come in on the fifth and subsequent days to take the temperatures twice a day or call the Arizona Immunization Program Office (AIPO) to inquire about transporting the vaccine to another provider before the closure occurs. Follow the AIPO transfer policy, which includes getting approval in ASIIS before the transfer occurs. If the vaccines are exposed to out of range temperatures, immediately stop using them. Isolate the doses in the unit. Label them Do Not Use. The Arizona Immunization Program Office must be notified by submitting a Vaccine Incident Report and corresponding data logger data. The AIPO will review the submission and consult the vaccine manufacturer to determine the viability of the vaccines.

Digital Data Logger Requirements

The data logger must be equipped with:

- a temperature probe or sensor in a buffered material (usually glycol). The probe must be kept in the middle of the unit with the vaccines to ensure that the temperature of the air around the vaccines is being recorded.
- an active temperature display on the outside of the unit that can be easily read without opening the storage unit's door.
- continuous temperature monitoring and recording capabilities and the capacity to routinely download data.

The data logger must have a valid certificate of calibration which includes:

- model/device number
- serial number
- date of calibration (report or issue date)
- confirmation the instrument passed testing (or instrument in tolerance)

at least one of the following items in regards to the calibration testing: conforms to ISO 17025, was performed by an ILAC/MRA Signatory body accredited Laboratory, is traceable to the standards maintained by NIST, or meets specifications and testing requirements for the American Society for Testing and Materials (ASTM) Standard E2877 tolerance Class F ($\leq 0.5^{\circ}\text{C}$) or better

ASIIS-Arizona State Immunization Information System

Arizona will use [ASIIS, the online immunization registry](#), to order, receive, and account for pandemic vaccines.

After the onboarding forms are submitted and approved, the persons listed on the first form will be given ASIIS login accounts if they do not already have one.

This form reviews the ASIIS documentation/accounting requirements to ensure the facility can meet them. You can learn how to use ASIIS through AIPO Train, our learning management system.

Arizona providers use the Arizona State Immunization Information System (ASIIS) to document the following-

Patient Data:

- Patient first and last name
- Patient date of birth
- Patient gender
- Patient address (Street address, City, State, Zip)
- Medical ID number
- Guardian first and last name
- Mother's maiden name
- Multiple Birth Indicator (Y/N) and Multiple Birth Order (1,2,3...)
- Administration Route
- Administration Site

Administration data:

Federal law requires providers to document the following data elements in the patient's record:

- The name of the vaccine administered
- The vaccine manufacturer
- The date the vaccine is administered
- The lot number of the vaccine
- The name and title of the person who administered the vaccine
- The address of the clinic where the vaccine was administered
- The Vaccine Information Statement (VIS) publication date located in the lower right corner on the back of the VIS
- The date the VIS is given to the patient, parent, or guardian

Dose Accountability Data:

Providers are required to account for vaccines distributed through the Arizona Immunization Program Office (AIPO) in ASIIS. Inventory decrementation is the key to accounting for doses in ASIIS. When data is transferred from the EMR/EHR to ASIIS, the following data elements must be correct in ASIIS in order for the doses to decrement (deduct) from the ASIIS inventory and be accounted for:

- Funding source: Federal
- Lot number: Must match the lot number on the BOX
- Manufacturer: Must match the manufacturer on the BOX
- Vaccine code (NDC from the box or CVX code)
- ASIIS facility ID

Covid-19 Vaccine Provider Agreement Conditions

1. Administer COVID-19 vaccine in accordance with all requirements and recommendations of CDC and CDC's Advisory Committee on Immunization Practices.
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
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. AZ Admin Fee \$21.33
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.
7. Comply with CDC requirements for COVID-19 vaccine management:
 - a. 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.
 - b. Monitor vaccine storage unit temperatures at all times using equipment and practices that comply with guidance in CDC's Vaccine Storage and Handling Toolkit.
 - c. Comply with state immunization program guidance for dealing with temperature excursions.
 - d. Monitor and comply with COVID-19 vaccine expiration dates.
 - e. Keep records for minimum of 3 years or longer if required by state.

CDC Provider Agreement

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.
10. Report moderate and severe adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS).
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).
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.

VaccineFinder

COVID-19 VACCINE ADMINISTRATION DATA REPORTING

- Jurisdictions will be required to report CDC-defined data elements related to vaccine administration daily (i.e., every 24 hours). CDC will provide information on these data elements to jurisdictions.
- All vaccination providers may be required to report and maintain their COVID-19 vaccination information on CDC's [VaccineFinder](#).
- CDC has prioritized jurisdiction onboarding to the Immunization (IZ) Gateway* to allow Immunization Information Systems (IISs) to receive data directly from national providers, nontraditional vaccination providers, and other external systems, as well as to report vaccine administration data to CDC.
- Data Use Agreements (DUAs) will be required for data sharing via the IZ Gateway and other methods of vaccine administration data sharing with CDC and will be coordinated by each jurisdiction's immunization program.

To be determined:

- *Jurisdiction responsibility/involvement concerning reporting of data from multijurisdictional providers*
- *Method and frequency for vaccination providers to report information to VaccineFinder*

MY COURSES

<https://aipo.myabsorb.com/#/signup-form>



Date Enrolled ▾



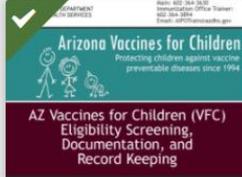
Dose Accountability Webinar
September 22nd

View ▶



ASIS Inventory Reconciliation
Online Course

Start ▶



Documentation and Record Keeping (Pandemic Providers)
Online Course

Completed ✓



How to Login to ASIS & Patient Record Management
Online Course

Start ▶



How to Place an Order in ASIS
Online Course

Start ▶



Mass Immunization (Pandemic Providers)
Online Course

Start ▶



Onboarding Resources (Pandemic Providers)
Online Course

Start ▶



Vaccine Inventory (Pandemic Providers)
Online Course

Completed ✓



Vaccine Storage and Handling (Pandemic Providers)
Online Course

Resume ↺



VFC 400 LogTag Data Logger Set Up Instructions & Training
Online Course

Start ▶



VFC 400 LogTag Online User Guide
Online Course

Start ▶

All COVID-19 vaccine providers need to complete this training

Questions?