Welcome to Provider Office Hours
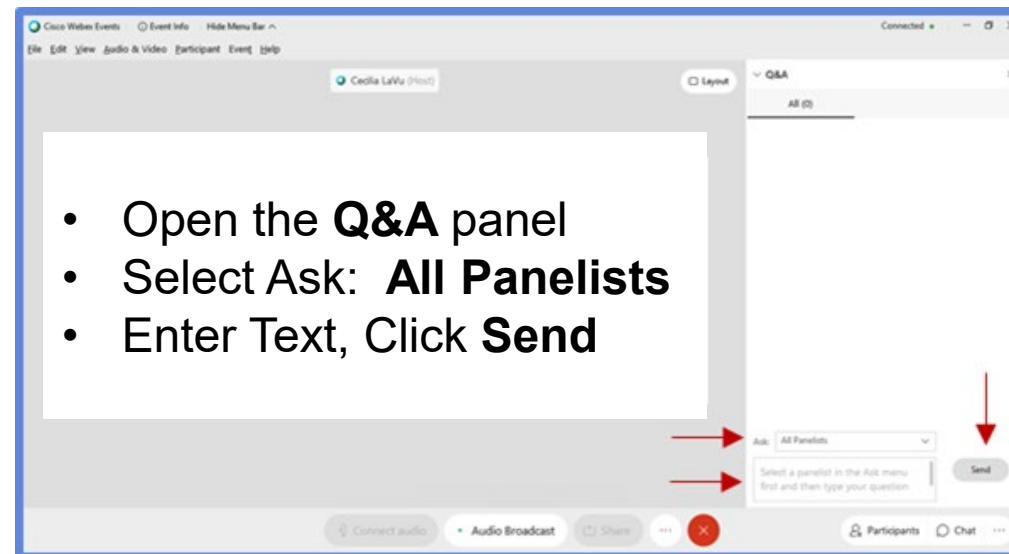
During the session, please use the Q&A panel to comment or ask a question:

Q&A Panel

- Open the **Q&A** panel
- Select Ask: **All Panelists**
- Enter Text, Click **Send**

Vaccinate ALL 58

Housekeeping

Reminder to Panelists:

Please mute yourself when not speaking.

Please monitor the Q&A panel for questions you may be able to answer.

Reminder to Participants:

Please access today's slides and archived presentations at: https://eziz.org/covid/

Agenda

Guest Speaker

- Allocation Update – Larry Hilty, Vice President, Enterprise Transformation & Operations
- Trust & Safety Team – Angela Eaddy

Announcements

- Weekly VA58 Newsletter – Amy Pine
- Janssen COVID-19 Vaccine Educational Webinars – Amy Pine
- My Turn in 12 Languages – Amy Pine
- Vaccinate All 58 communications report – Asbury Jones

Vaccine Updates

- Allocations – Amy Pine
- myCAvax – Claudia Aguiluz
- Storage & Handling – Kate McHugh
- Provider Call Center – Brenton Louie

Q&A

Vaccinate **ALL 58**

Allocation Update

Larry Hilty
Vice President, Enterprise Transformation & Operations

Accelerating Vaccine Distribution and Administration for Californians

March 26, 2021

Vaccinate ALL 58
Together we can end the pandemic.

California's Statewide Vaccine Network is designed to save more lives.

Delivering an improved and connected experience

MyTurn.ca.gov

More options to vaccinate Californians faster

- Statewide network of providers
- Geographically diverse mega sites
- Home visits
- Mobile providers
- Pharmacies

More resources to reach diverse communities

- Network designed to reach the most vulnerable and those disproportionately affected by COVID-19 infection and death
- Support to providers and local health jurisdictions for FEMA-eligible costs associated with supporting the transition to a new system and workflow
- Patient navigators
- Support services, including extended hours, language capacity, accommodations for physical accessibility and mobile clinics

More user data and reporting for transparency

- A more consistent and reliable user experience for all Californians
- Timely data sharing
- Daily allocation reports to ensure equity, efficiency, and speed of network
- Ongoing community and stakeholder engagement

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Without a dramatically improved data collection and performance management system, we will be unable to:

Maximize CA allocation of vaccine

Total doses delivered to CA[1]	10.5 million
Total doses administered in CA[1]	8.0 million
Total doses of inventory in CA[1]	**2.5 million**

First dose allocations to CA have been flat. We must demonstrate the ability to administer the vaccine supply we have, in advance of the federal government increasing supply rapidly

Hit our equity goals

- Consistently prioritize our highest risk populations for vaccinations
- Know precisely who has been vaccinated on the same day
- Understand equity performance at an individual provider/site level and make appropriate changes to improve it
- Reserve vaccination appointments statewide for target populations

1 As of 2/25/21

Current state

❌ Recorded on **multiple systems** (including paper-based at some sites)

❌ **Lags** in data reporting

❌ **Gaps** in data reported

❌ **Difficulty supporting real-time** decision-making

❌ **Missing or unaccounted** for vaccines

❌ **Inconsistent user experience** for access to and getting vaccinated

Future state

✓ **One system** for data collection – from appointments to vaccine administration

✓ **Enhanced availability of data** for data monitoring and tracking as well as reporting

✓ **User-friendly tool for the public** to register (via My Turn) for vaccinations

✓ Consistent **tracking for follow-up doses**

✓ Consistent and **integrated user experience**

How we will support…

Develop a rigorous, reliable, **statewide** performance management system	*and*	Maintain and enhance the performance of local health jurisdictions
Get all network providers to adopt the operational and technical changes needed to support the new performance management system	*and*	Position network providers to succeed without disruption
Vaccinate equitably, ensuring we are prioritizing the highest risk populations first	*and*	Vaccinate efficiently, effectively, and rapidly

<u>AND</u> TIME IS OF THE ESSENCE

Source: CA COVID-19 Vaccine Task Force

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Transition Plan to a State-Led Direct Allocation to Accelerate Vaccine Distribution and Administration

03/26/2021

Context

Overview of the TPA direct allocation process

Transition process to direct allocation

Context

The state is changing the way vaccines will be allocated by transitioning to direct-to-provider-site allocation ("push" model). The goals are to maximize distribution efficiency, have real-time transparency into where the vaccines are and to whom they've been administered, and ensure they are distributed to communities disproportionately impacted by COVID-19.

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Together we can end the pandemic.

DRAFT - AS OF MARCH 21, 2021

Throughout March the State will transition to allocate vaccines directly to providers and their vaccination site(s). Direct allocation supports three primary goals for all Californians:

Equity

- Promote the State's vaccine equity goals by consistently targeting the state's hardest hit communities. The State is setting aside at least 40 percent of vaccine doses for most impacted communities; seeks to reach 2 million vaccine doses in those communities to move counties through tiers and open more activities safely.

A Consistent Experience for Eligibility and Appointments

- A single platform, MyTurn, that allows Californians to learn when they are eligible to be vaccinated and a place to make an appointment when eligible. The State will incorporate MyTurn data into the direct allocation methodology to ensure demand meets supply.

Provider Performance

- The State and TPA will use consistent key performance metrics for all providers to maximize efficiency in the delivery of vaccine (no doses sitting in freezers).

Source: TPA supply chain and communications workstreams

Context

Overview of the TPA direct allocation process

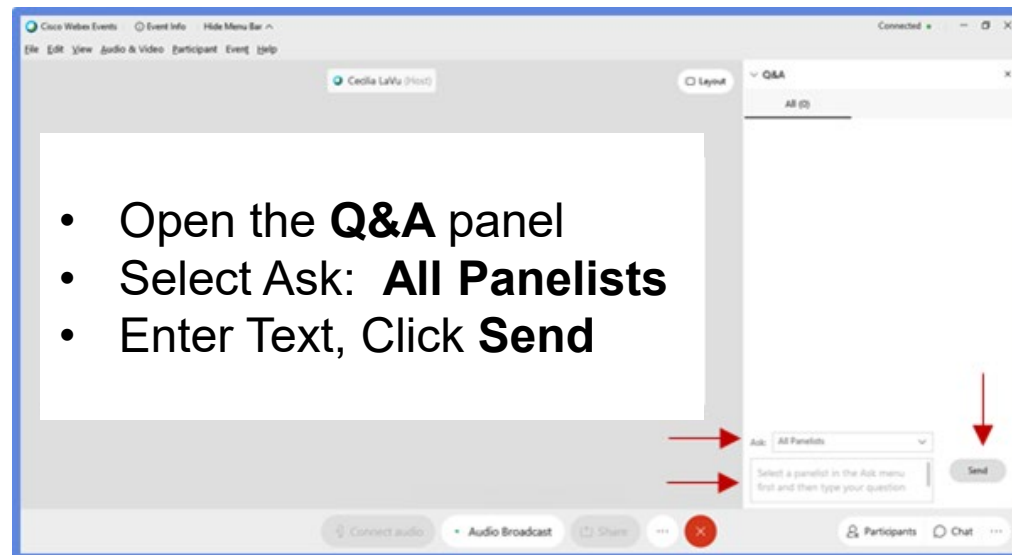Transition process to direct allocation

How the process for allocating vaccines is changing

Current process

CDPH gives an allocation of vaccine doses to LHJs/MCEs based on CA state-wide allocation

Providers request orders of vaccine for individual sites

LHJ/MCEs review order requests and allocates to sites, based on total allocation and capacity

CDPH compiles LHJ/MCE site level allocation and submits orders to manufacturers

Manufacturers ship vaccine to providers

Direct allocation process for 1st and 2nd doses

1. Providers submit site-level capacity, scheduled 2nd dose appointments and inventory each week in myCAvax

2. TPA in collaboration with LHJs runs site-level allocation model based on state guidance to allocate vaccine to TPA network

3. TPA recommends and State approves allocation

4. State compiles full allocation and submits orders to manufacturers

5. Manufacturers ship vaccine to providers

LHJ/MCEs will be asked for recommendations during step 2 (see slide 7)

Source: TPA supply chain and allocation workstreams

Vaccinate ALL 58

DRAFT - AS OF MARCH 21, 2021

Overview of process

The TPA will partner with LHJs/MCEs to identify providers and allocation amount for those providers in their jurisdiction for the next allocation.

The TPA will run an initial site-level allocation, based on the state's criteria and include other data inputs (e.g. inventory levels), to update previous projections.

TPA will seek additional feedback from the LHJs/MCEs after the draft allocation is available.

Once the final CDC allocations are released, the TPA will run a final allocation model.

State makes final decisions.

Inputs into the allocation model

- The total doses available for allocation
- Overall weighting based on State criteria (e.g. 16+)
- Equity weighting to reflect the State's equity priorities[1]
- LHJ provider recommendations
- Site level metrics, including zip codes served, performance (including success in vaccinating target populations), capacity, storage, inventory-on hand, compliance to network requirements

1 Will be allocated using an HPI weighting

Source: TPA supply chain and allocation workstreams

DRAFT - AS OF MARCH 21, 2021

Individual providers and sites will **no longer request an order through their LHJ;** the State will conduct direct site-level allocation, based on known site-level information.

Each provider site is required to **submit information on a weekly basis through myCAvax**, which will be used to ensure an appropriate allocation for that week and projections for future allocations[1]

LHJs will provide feedback on providers' site(s) in their area

Providers report administration metrics to help improve future allocations

1 Sites must be in myCAvax and have capacity data provided in order to receive an allocation

Source: TPA supply chain and communications workstreams

Context

Overview of the TPA direct allocation process

Transition process to direct allocation

- Partner weekly with each LHJ to obtain the LHJs' recommendations for allocation to providers in their communities.

- Develop a detailed transition plan based on dialogue with each local health jurisdiction.

- Maintain account managers for each local health jurisdiction who will function as day-to-day contacts for any issues that arise.

- Collaborate as much as possible with the LHJs given the urgency of our collective situation.

- Ensure there is a reliable, fully staffed process for onboarding to My Turn

- In partnership with the state, develop and communicate a release schedule of additional capabilities in My Turn (e.g., electronic medical record interface, ability to block off appointments and target them to specific populations)

- All while also hitting aggressive deadlines we agreed to with the state.

- For allocations on Tuesday, March 30th, the TPA will begin a push model for all providers that have signed contracts with the TPA. For the time being, providers who have not yet signed a contract with the TPA can still receive allocations via the LHJ.

- By first week of April, only providers who have signed a contract with the TPA or LHJs who signed an MOU with the state will be able to receive allocations. Any 2nd dose requirements will be fulfilled.

- For the March 23rd allocation ordered by Thursday, the normal process of allocation by the LHJ to providers will occur. The only exception are those counties who have already transitioned as Wave 1 counties.

- In addition to this normal work, LHJs are asked to fill out a spreadsheet by Wednesday, March 24 of this week indicating how much vaccine should be allocated to each provider in their jurisdiction for the March 30th allocation. The information provided by the LHJ will be a key driver of the allocations.

- The push model for the week of March 30th will be a combination of direct allocation by the State / TPA for providers who have signed onto the TPA network, and the remainder of allocations going through the normal LHJ allocation process. *Note: This dual workload will continue for a couple of weeks until the system is completely transitioned to the statewide TPA network.*

Provider Office Hours Q&A

Please use the Q&A panel to comment or ask a question:

Q&A Panel

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- Select Ask: **All Panelists**
- Enter Text, Click **Send**

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CA Department of Public Health
Trust & Safety Team

Local Health Jurisdictions and Providers

Friday, March 26, 2021
For Discussion Purposes Only

CDPH Trust and Safety Team Overview

Mission

The California Department of Public Health (CDPH) Trust and Safety Team identifies, analyzes, and provides options for responding to misinformation and disinformation (mis/dis) and other narratives in online and social media that pose risks to public COVID-19 vaccine acceptance in California.

Key Activities

The CDPH Trust and Safety Team consists of Sensing & Analysis and Partnerships teams that perform two key sets of functions:

1. Use social listening tools and analytical methodologies to identify, analyze, and report on mis/dis and other narratives that pose risks to public COVID-19 vaccine acceptance in California.

2. Provide response options to address mis/dis and other narratives; establish and strengthen partnerships with community-based organizations, federal, state, local, territorial, and tribal governments, social media platforms, academia, and law enforcement.

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Defining Misinformation and Disinformation (Mis/Dis)

- **Misinformation** is <u>unknowingly</u> false or misleading information crafted and disseminated <u>without</u> the intent to harm, deceive, or manipulate an audience.

- **Disinformation** is <u>deliberately</u> false or misleading information crafted and disseminated <u>with</u> the intent to harm, deceive, or manipulate an audience.

Misleading Content

Fabricated Content

Imposter Content

False connections

Parody

Manipulated Content

False Context
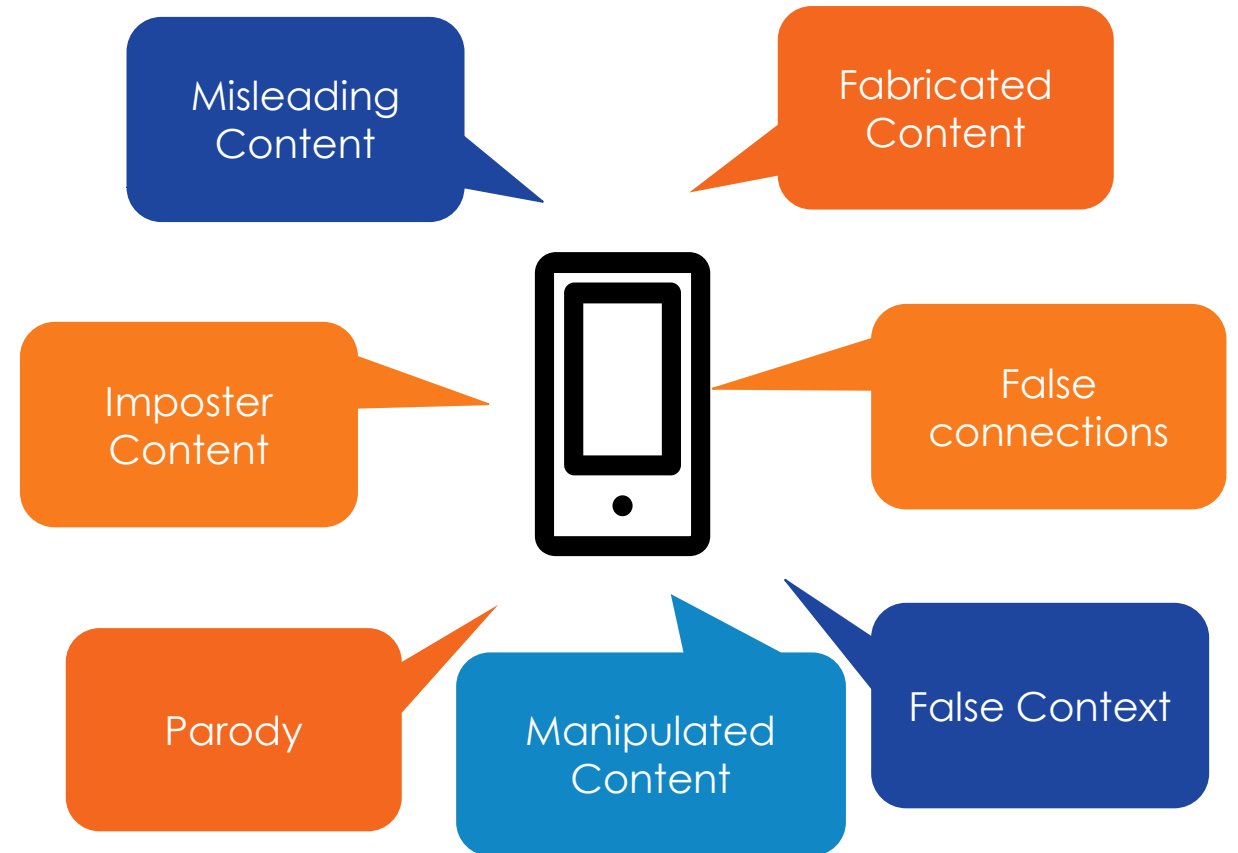
Examples of Content to Report

 The following posts are examples of content that should be shared with the Trust and Safety Team through the Rumors Inbox for awareness and possible action.
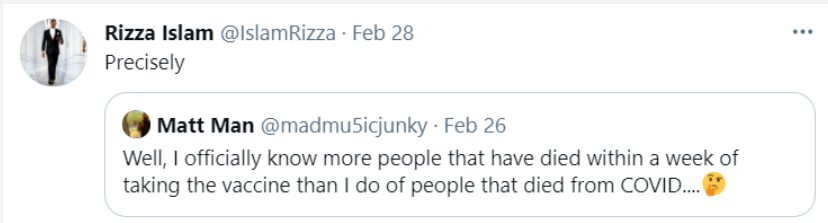
Personal "word-of-mouth" accounts that could sow doubt in CDPH operations.
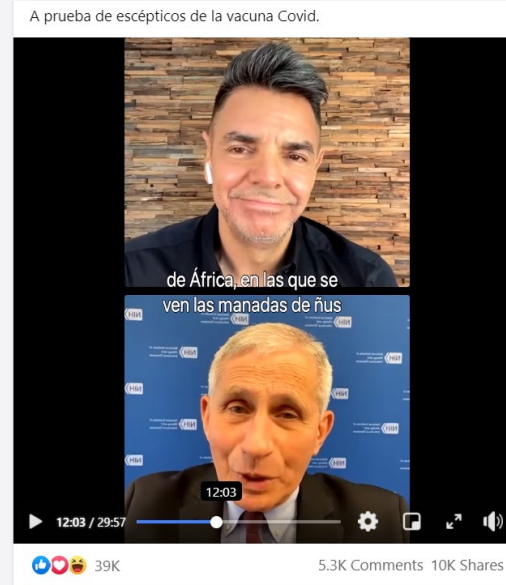
Unfounded doubts about the safety and efficacy of COVID-19 mRNA vaccines, particularly if promoted by prominent celebrities or community influencers.

Use of manufactured medical data or misuse of actual medical data that could increase doubt in the COVID-19 vaccines' safety.

Working Together

Your Role

- **Help identify COVID-19 vaccine rumors** – Share potential false claims, confusing information, and potential mis/dis that you hear or see in your communities with Rumors@cdph.ca.gov.
- **Share out the facts** – Share COVID-19 vaccine facts, information, and content across your channels from authoritative sources to inform and educate the public.

Our Role

- **Provide regular reporting** – We will provide a regular bi-weekly report on narratives that pose risks to public COVID-19 vaccine acceptance in California.
- **Identify authoritative content** – We will pass along timely and accurate information about COVID-19 vaccines and the vaccination campaign to share back with your communities.

Thank you

Questions?

Trust and Safety Partnerships Team

Hayley Cain: Hayley.cain@cdph.ca.gov
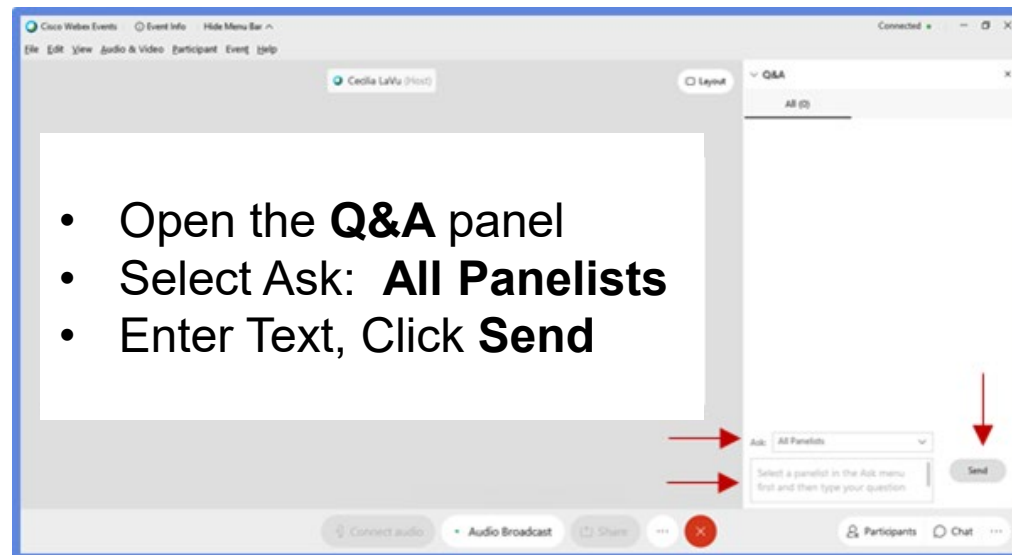
Angela Eaddy: Angela.eaddy@cdph.ca.gov

Lindsay Sapienza: Lindsay.Sapienza@cdph.ca.gov

Provider Office Hours Q&A

Please use the Q&A panel to comment or ask a question:

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- Select Ask: **All Panelists**
- Enter Text, Click **Send**

Core Areas of Sensing: Themes

The Trust and Safety Team has identified the following themes with related narratives that may pose risks to public COVID-19 vaccine acceptance in California. These themes will likely evolve over time.

COVID-19 vaccine distribution and administration is flawed

- Ex. Narrative: California is prioritizing vaccinating the rich and powerful.
- Ex. Narrative: Undocumented individuals will have to pay for a COVID-19 vaccine out of pocket.

Concern about COVID-19 is not justified

- Ex. Narrative: COVID-19 is a hoax by "elites and insiders" for personal gain and profit.
- Ex. Narrative: COVID-19 vaccines are unnecessary because treatments already exist for those who contract COVID-19.

COVID-19 vaccines cause adverse effects

- Ex. Narrative: The safety and efficacy of the COVID-19 vaccines can't be trusted because the development timelines were rushed and used new and unproven technologies.
- Ex. Narrative: The COVID-19 vaccines have caused allergic reactions in the elderly and killed hundreds of people.

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Announcements

Weekly VA58 Newsletter – Amy Pine

- ✓ **Top California doctors** tout Johnson & Johnson COVID vaccine

- ✓ New **expanded** vaccination eligibility

- ✓ All nine Bay Area counties issue **joint statement on Johnson & Johnson** COVID-19 vaccine

- ✓ There's **no such thing** as a second-class COVID vaccine

To subscribe, email VA58@cdph.ca.gov and put "please add me to the weekly VA58 newsletter list" in subject line.

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Janssen COVID-19 Vaccine Educational Webinars
— Amy Pine

- Information for healthcare providers administering vaccine

- Multiple time/date options

- To register, please visit
  JanssenCOVID19VaccineWebinar.com

My Turn available in Multiple Languages – Amy Pine

Full Functionality in 12 Languages!

- ✓ Armenian
- ✓ Simplified Chinese
- ✓ Traditional Chinese
- ✓ Japanese
- ✓ Khmer
- ✓ Korean
- ✓ Punjabi
- ✓ Russian
- ✓ Spanish
- ✓ Tagalog
- ✓ Vietnamese
- ✓ English

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VaccinateALL58:Communications Report – Asbury Jones

CDPH "Let's Get to Immunity" Campaign

Multicultural & African American Social Media Ads
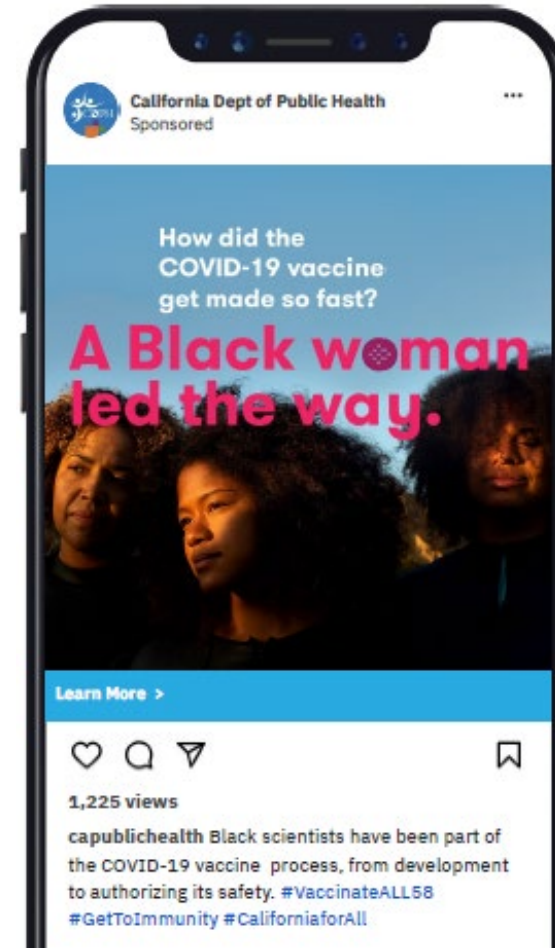
VaccinateALL58:Communications Report
— Asbury Jones

Multicultural TV Ad

It's okay to have hope

https://youtu.be/eyhaxTinO8c

Vaccine Updates

Administration and Allocation

Amy Pine

Eligibility Expansion is Coming Soon!

When you can get vaccinated

California is allocating COVID-19 vaccines as they become available to ensure equitable distribution. Vaccinations are prioritized according to risk and age.

Healthcare workers and long-term care residents (Phase 1A)	**Now vaccinating**
People with a high chance of exposure and those 65 or older (Phase 1B) Sector populations with high chance of exposure: • Agriculture and food • Education and childcare • Emergency services	**Now vaccinating**
Individuals age 16 or older at higher risk People with certain significant high-risk: • Medical conditions • Disabilities • Illnesses • Living spaces • Work environments	**Now vaccinating**
Individuals 50 or older	**Starts April 1, 2021**
Every Californian 16 or older	**Starts April 15, 2021**

Vaccination of people younger than 16 will start as soon as the COVID-19 vaccines are approved for them

See CDPH's Updated COVID-19 Vaccine Eligibility Guidelines ⊡ for details.

Doses Administered (3/24)
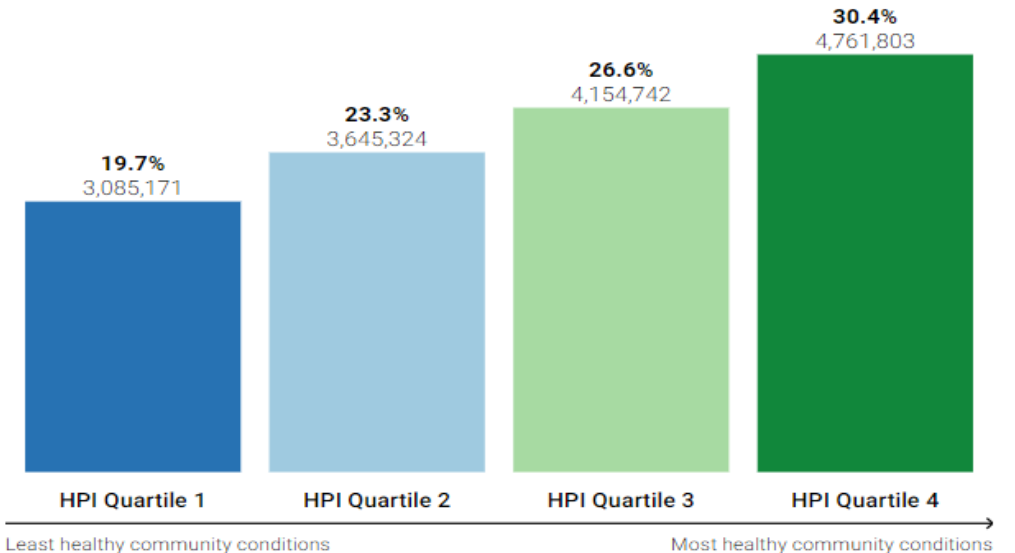
Vaccines - Coronavirus COVID-19 Response (ca.gov)

Vaccine administration by county of residence

COVID-19: Vaccine Dashboard

Statewide

15,979,099 (**78.9%**) Doses administered
287,047 Average doses per day

5,086,395 (**15.7%**) People partially vaccinated
5,671,706 (**17.5%**) People fully vaccinated

2,378,145 Doses on hand
(8 days of inventory)

20,244,790 Doses Delivered

3,190,240 CDC Pharmacy Doses Delivered

Doses Administered by County of Residence

County
(All)

County	
Los Angeles	3,911,209
San Diego	1,538,675
Orange	1,280,586
Riverside	808,773
Santa Clara	783,458
Alameda	782,180
San Bernardino	630,417
Contra Costa	570,511
Sacramento	561,513
San Francisco	459,998
San Mateo	393,292
Ventura	360,057
Fresno	343,096
Sonoma	266,118

See Data Dictionary for Details.

Note: Doses delivered includes the CDC Long Term Care (LTC) Pharmacy Partnership Program and Federal Retail Pharmacy Partnership Program. This does not include doses delivered to the following federal agencies: Indian Health Service, Veterans Health Administration, Department of Defense, and Federal Bureau of Prisons. The CDC LTC Pharmacy and Federal Retail Pharmacy Partnership Program doses are a subset of the doses delivered.

Data: 3/24/2021 11:59pm | Posted: 3/25/2021

+ableau

Vaccinations by doses administered

Number of vaccine doses given in California

■ % of total and number of doses administered

19.7%
3,085,171

23.3%
3,645,324

26.6%
4,154,742

30.4%
4,761,803

| HPI Quartile 1 | HPI Quartile 2 | HPI Quartile 3 | HPI Quartile 4 |

Least healthy community conditions → Most healthy community conditions

Updated March 25, 2021 with data from March 24, 2021. Excludes doses without an HPI score, including out-of-state residents or records with missing zip codes. Percentage for doses calculated as doses administered in a quartile divided by total doses administered statewide.

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CA's Allocation (3/23)

	Doses	Boxes
Janssen	44,000	440
Pfizer	644,670	551
Moderna	380,300	3803
Total	**1,068,970**	**4,794**

✓ Supply remains limited for eligible population
✓ Supply expected to INCREASE mid-April
✓ **Prioritize second doses** over immunizing additional patients with first doses

Posted on Vaccinate all 58 website:
- Doses on-hand **by provider**
- Weekly allocations of vaccine by health jurisdiction and multi-county-entity (MCE)
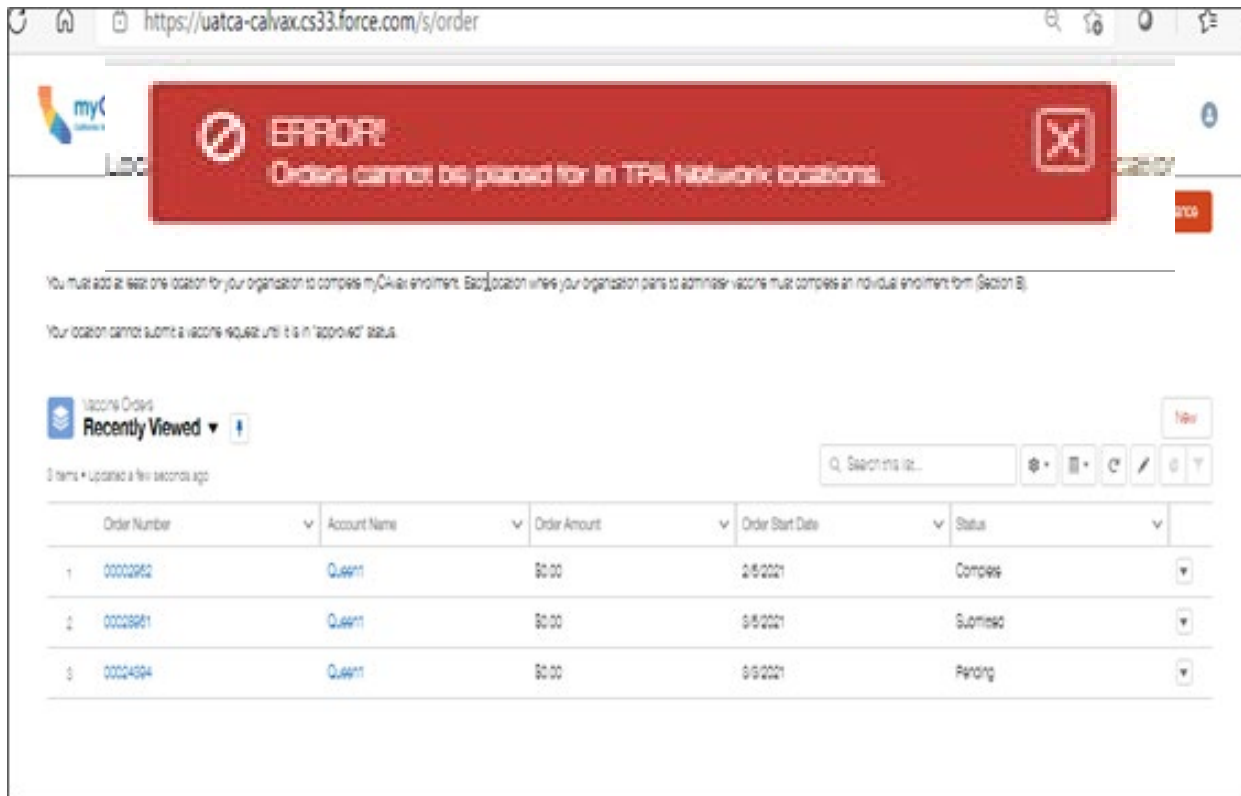
myCAvax

Claudia Aguiluz

TPA Transition & myCAvax functionality
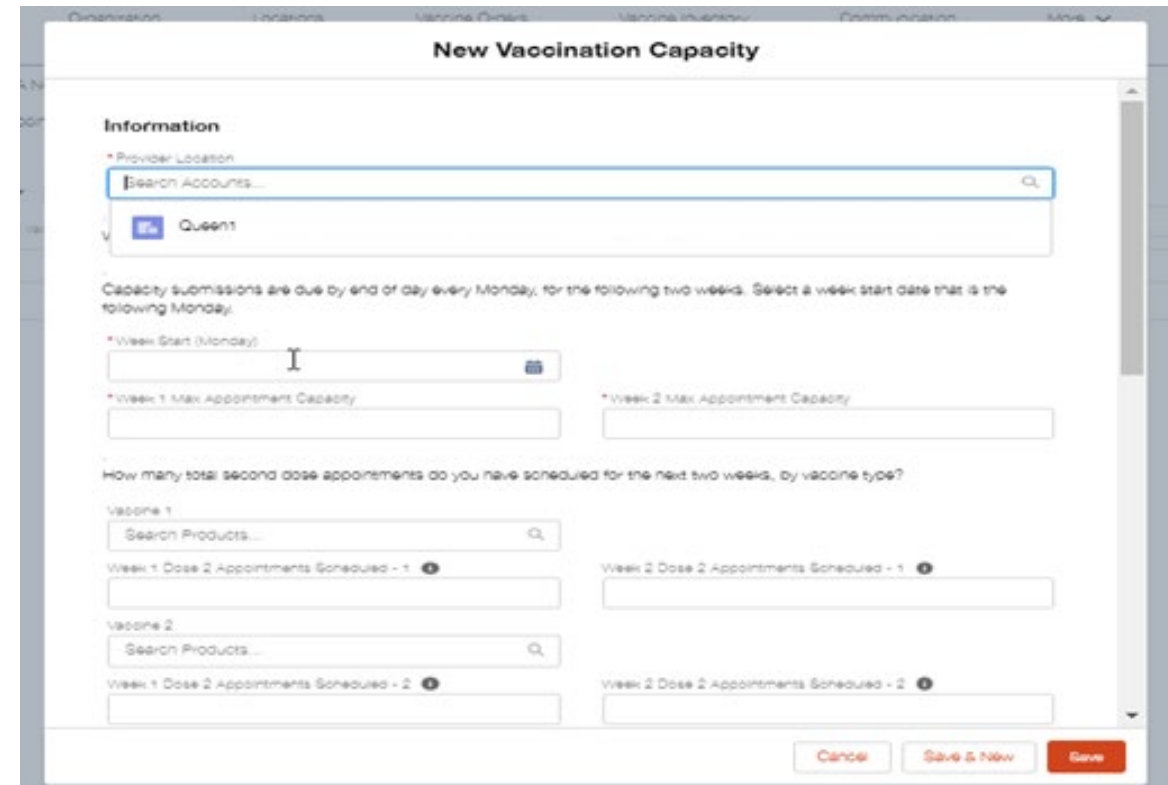
Error Message: Order cannot be placed for in-TPA-network locations

Once in the TPA network, orders functionality will be disabled. Instead, sites will be submitting a Weekly Vaccination Capacity Form

TPA Transition & myCAvax functionality

Reporting Shipping Incidents

Reporting Shipment Incidents

California COVID-19 Vaccination Program

Vaccinate ALL 58

Vaccine shipments must be received and inspected immediately upon arrival. (See Receiving & Storing Pfizer | Moderna | Janssen Vaccine for details.) Report all shipment incidents for vaccine product or kits (including product viability, damage or packing slip discrepancies) the same day the shipment arrived at the office as documented by the carrier.

Centrally Distributed Vaccines (McKesson)

Moderna and Janssen vaccines and standard ancillary supply administration kit ship from McKesson. McKesson requires that shipment incidents be reported the day of receipt for resolution.

- Shipping packing slip must be compared against what was ordered and contents in the box; any discrepancies (e.g., missing doses or overage) must be reported immediately upon discovery
- Note the box (if multiple boxes were received) and its tracking number
- Scan and attach the packing list for all incidents
- Include picture of the TagAlert temperature monitoring device and its location in the shipping container (for temperature excursions only)

Login to the myCAvax provider system and click **Vaccine Inventory** to gather the information needed to resolve the shipping incident. Then contact the manufacturer or McKesson to resolve the incident directly and report the case number and any resolution in your shipment incident report.
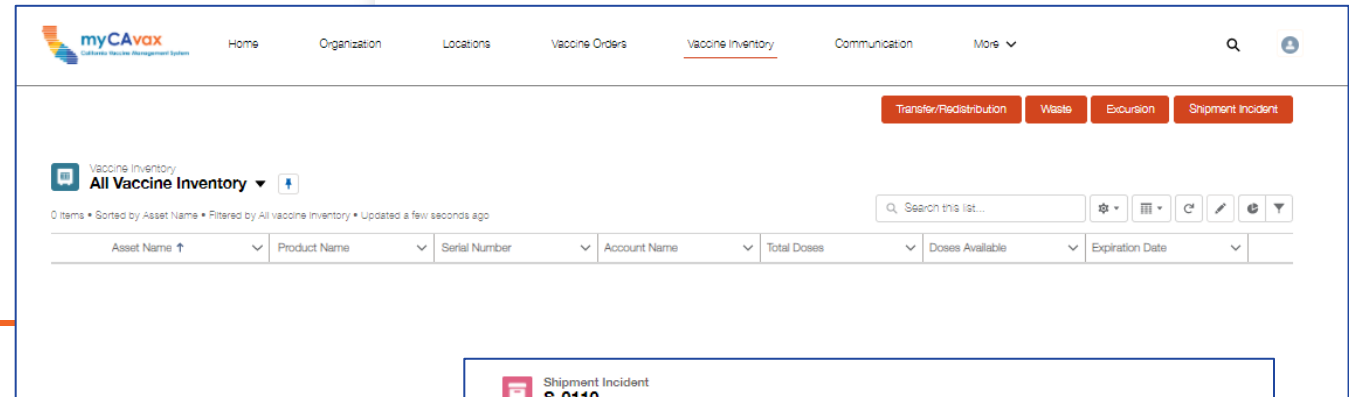
	Point of Contact	Contact Info
General Vaccine Shipment Issues	McKesson Customer Service	Phone: 833-343-2703
Temperature Excursions during shipment	McKesson Customer Service	**Vaccine Viability – Temperature Excursions during shipment for McKesson Specialty Distributed COVID Vaccine.** Questions/concerns about vaccine viability issues during shipment must be reported on the same day as delivery. **Phone:** (833) 272-6635 Monday – Friday, 8 a.m. - 8 p.m. ET **Email:** COVIDVaccineSupport@McKesson.com (only send email if after hours)
Ancillary kit issues	McKesson Customer Service	Phone #: 833-272-6634 Email: SNSSupport@McKesson.com

California COVID-19 Vaccination Program — IMM-1342 (3/16/21)

Vaccine shipments must be received and inspected immediately upon arrival.

✓ Report all shipment incidents for vaccine product or kits (including product viability, damage or packing slip discrepancies) ***the same day*** the shipment arrives at the office as documented by the carrier.

✓ Login to the myCAvax and click Vaccine Inventory to gather the information needed to resolve the shipping incident. Then, contact the manufacturer or McKesson to resolve the incident directly, and report the case number and any resolution in your shipment incident report.

Reporting Shipping Incidents

- Login to myCAvax and click Vaccine Inventory to gather the information needed to resolve the shipping incident.

- Then, contact the manufacturer or McKesson to report the incident directly and report the case number and any resolution in your shipment incident report.

- Important: If product is missing, you will need to document the # of missing products and the affected boxes (if multiple boxes were received).

Storage & Handling

Kate McHugh

Pfizer-BioNTech 6th Dose and Low Dead-Volume Syringes

- New FAQs released by United States Pharmacopeia (USP) address common questions related to low dead-volume (LDV) syringe and needle combinations in the Pfizer-BioNTech ancillary kit and extraction of a sixth dose per vaccine vial.

- Practice settings have reported success using a combination of 3 LDV syringes and 3 non-LDV syringes for vaccine withdrawal. To ensure success, the CDC is shipping ancillary kits with approximately 80% LDV syringes and 20% non-LDV syringes.

- This 5:1 ratio should ensure providers are able to obtain all six doses from the Pfizer-BioNTech vial. For additional information see: FAQ for Optimizing COVID-19 Vaccine Preparation and Safety (ashp.org).

Posted on EZIZ.org/COVID too!

Vaccine Waste

- It is required to track, document, and report! This is a requirement outlined in your provider agreement.
    - Report to myCAVax
    - Even one dose wasted should be reported!
    - Report when you can't pull 6 doses out of Pfizer
- Common reasons for waste:
    - Dilution errors (Pfizer) or syringes were drawn up with the incorrect dosage
    - Pre-drew too many doses and beyond use time was reached
    - Dropped syringes or syringe malfunctioned or leaked

Type of Wastage
- Expired
- Spoiled
- Wasted

Vaccinate ALL 58
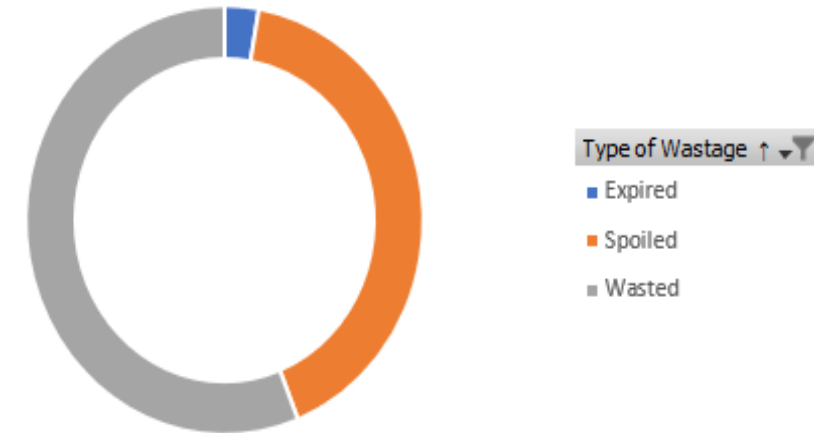
Preventing Vaccine Waste

- CDPH will release resources in the near future

- Pay careful attention to how many doses are being pre-drawn or removed from the refrigerator at mass vaccination clinics

- Have a list of potential patients on standby to call in at the end of the day for unused doses

- Inspect the syringe/needle prior to drawing up the vaccine, tighten if needed

- Staff training on dilution and drawing up doses

- Keep a close eye on Beyond Use and expiration dates
  - Contact your LHD if you have vials that will be expiring soon and need help with a plan

Vaccinate ALL 58

CDPH is Monitoring Vaccine Waste

- We are tracking waste by provider
- We will contact high-waste producing providers to help them work on improvement measures if waste events increase beyond levels that are deemed appropriate
- Vaccine inventory is very limited, so we all need to work to ensure we are wasting as little as possible to best serve the public
- Many providers are very diligent about reporting waste, please keep up the good work!

Provider Call Center

Brenton Louie

Correction from last week

Who can submit orders in myCAvax?

Location Coordinators and Organization Coordinators can both submit vaccine order requests in myCAvax on behalf of a location.

Update Account Info in myCAvax

- Ensure refrigerator and freezer information is up to date!
  - o Organization and Location Coordinators can log in to myCAvax to update account information
  - o Contact myCAvax Help Desk if you're unable to edit a field – myCAvax.HD@Accenture.com

- Shipment Incidents – report immediately!
  - o Count vaccines to verify they match the packing slip.
  - o Count ancillary supplies to verify they match the packing slip.

- Log in to your myCAvax account routinely to avoid deactivation.

Vaccinate ALL 58

COVID-19 Provider Call Center: Contact Us!

For questions from Providers/LHJs regarding the COVID-19 Vaccine Program:

Email: covidcallcenter@cdph.ca.gov
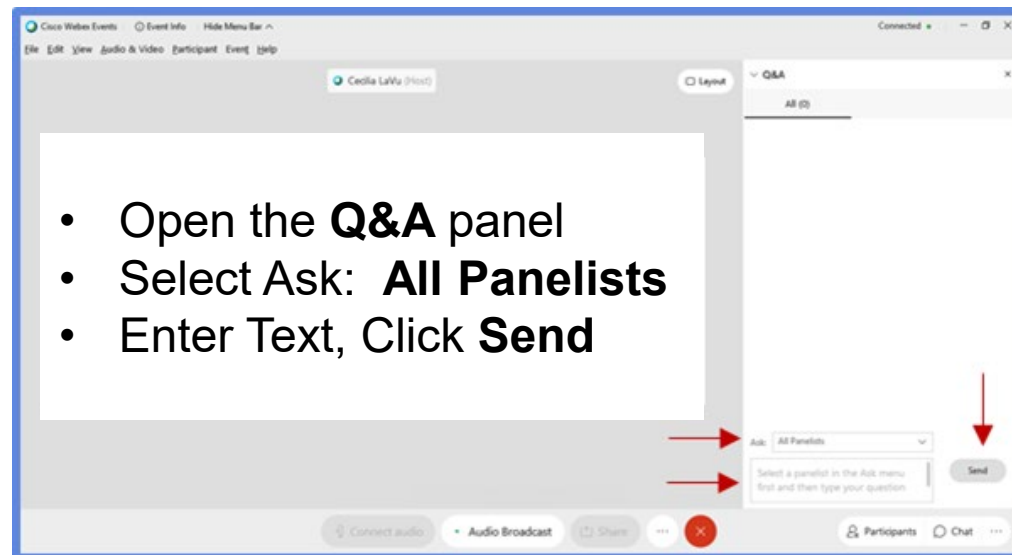
Phone: (833) 502-1245, M-F 8 AM – 8 PM

Provider Office Hours Q&A

Please use the Q&A panel to comment or ask a question:

Q&A Panel

- Open the **Q&A** panel
- Select Ask: **All Panelists**
- Enter Text, Click **Send**

Vaccinate
ALL 58

Your Feedback is Important to Us

Poll: How helpful was today's Provider Office Hours to your work?

A. Very helpful

B. Helpful

C. Somewhat helpful

D. Slightly helpful

E. Not helpful at all

LEAVE A REVIEW

Vaccinate ALL 58

Thank you

Join us

for our next weekly
Provider Office Hours
Friday, April 2nd
9:00 AM

Vaccinate ALL 58

Provider Resources

COVID-19 Provider Call Center – for questions related to the COVID-19 Vaccine Program
- Email: covidcallcenter@cdph.ca.gov
- Phone: (833) 502-1245
  Monday – Friday from 8 AM–8 PM

myCAvax Technical Help – for technical questions
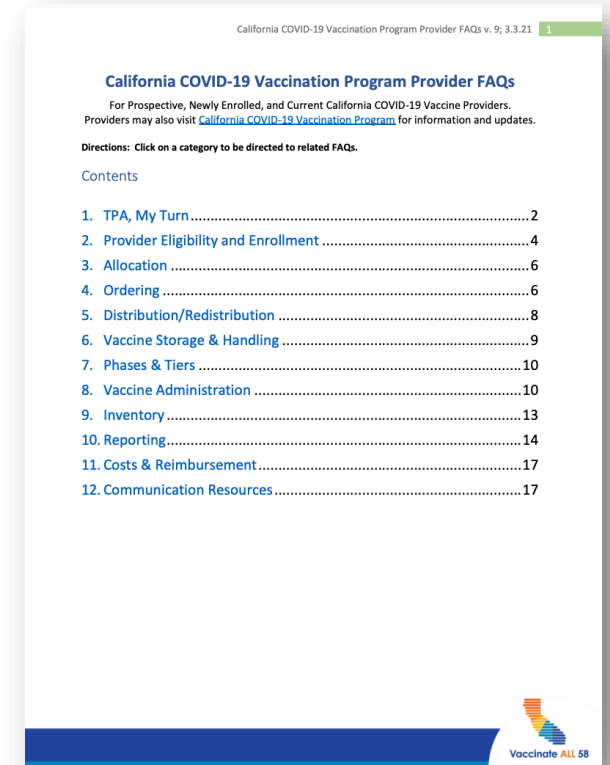- Email: myCAvax.HD@accenture.com

My Turn – for questions regarding My Turn application
- Email about onboarding: myturnonboarding@cdph.ca.gov
- Email about general questions: myturninfo@cdph.ca.gov

Third-Party Administrator Blue Shield of California
- TPA_Inquiry@Blueshieldca.com
  (Note: There is an underscore "_" between TPA and Inquiry.)

Provider FAQs

California COVID-19 Vaccination Program Provider FAQs v. 9; 3.3.21   1

California COVID-19 Vaccination Program Provider FAQs

For Prospective, Newly Enrolled, and Current California COVID-19 Vaccine Providers.
Providers may also visit California COVID-19 Vaccination Program for information and updates.

Directions: Click on a category to be directed to related FAQs.

Contents

https://eziz.org/assets/docs/COVID19/Vax58ProviderFAQs.pdf