

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.](#)

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New and Updated FAQs



Q: How are COVID-19 vaccine Providers notified when approved in the TPA network?

A: Until a Provider is approved by the TPA (aka: “the flag is flipped”), Location Coordinators should check each Wednesday afternoon in myCAvax under “Locations”-Section B for the TPA indicator. Non-TPA-approved Providers will see a red circle with an X, and TPA-approved Providers will see a green circle with a check mark. Note: The Provider’s location does not need to be in “Approved” status to be in the TPA network.



Q: When are Providers eligible to attend a TPA training through myCAvax?

A: Once the TPA notifies myCAvax that a Provider is TPA-approved, myCAvax sends a training invitation to the Provider. The one-hour training is an overview of the program, a demonstration of the “Vaccination Capacity Report”, and an opportunity for questions and answers.



Q: Should COVID-19 vaccine Providers puncture a new vial to vaccinate a small number of patients when all doses cannot be administered?

A: CDC recommends Providers administer the COVID-19 vaccine to all eligible patients at vaccination sites even if this requires puncturing a new vial without administering all doses. Providers should minimize waste, when possible, and continue to report any waste. Please see [Repositioning Vaccines: Guidance for Clinics](#) for complete guidance.



Q: Who should patients call to arrange transportation services to and from COVID-19 vaccination clinics?

- A: Transportation services are available for one-way and round-trip rides to and from COVID-19 vaccination clinics through the following ways:
1. If a patient does not have an existing reservation and needs transportation services, they should contact the CDPH COVID-19 Hotline at 1-833-422-4255 to make a My Turn reservation for a transportation appointment. Please note that the patient may need to wait for up to two hours for transport depending upon the transportation service type, location, and availability.
 2. If a patient has an existing transportation services reservation and needs a return ride, they may contact the “Call the Car” service at 844-573-6535 to request a ride home. The transportation service will not wait for residents during the appointment. If residents do not have a mobile phone, they may check with staff at their clinic site to borrow a phone.





Q: Will in-home COVID-19 vaccine administration services be billed back to the patient's insurance if the patient is insured?

A: If a patient is insured, in-home COVID-19 vaccine administration services will not be billed to a patient's insurance. For further CDC guidance on in-home vaccination see [Vaccinating Homebound Patients](#).



Q: Where can Providers find an overview of electronic systems used in the California COVID-19 Vaccination Program?

A: Providers may access a comprehensive electronic system overview at [California COVID-19 Vaccination Program System Overview](#).



Q: When will the federal government transition to the larger volume Moderna vial?

A: The Moderna COVID-19 vaccine changes from a 10-dose vial to a 14-dose vial by the end of May. Providers should alert all staff and review the new national drug code (NDC) that will distinguish 10-dose and 14-dose vials.



Q: When a Provider is able to extract an additional dose for Moderna and Pfizer COVID-19 vaccines, how do we report extra doses?

A: As of May 2021, Providers should report the Moderna COVID-19 vaccine as either 10 doses or 14-doses based on the national drug code (NDC) labels. Providers should consider labeling vial trays for orders submitted on or after May 1, 2021 to ensure accurate reporting of either 10-dose or 14-dose vial. For the Pfizer COVID-19 vaccine, please report Pfizer vials as 6 doses. The Janssen vaccine from Johnson & Johnson is a 5-dose vial and should be administered and reported as 5-doses. Please refer to fact sheets for [Moderna](#), [Pfizer-BioNtech](#), and [Janssen](#) for further information.



Q: Where can Providers find order status updates in myCAvax?

A: COVID-19 vaccine order status can be found in myCAvax in "Vaccine Orders" under the "Status" heading. If additional assistance is needed, please contact the COVID-19 Provider Call Center by email at covidcallcenter@cdph.ca.gov or by telephone at 833.502.1245, M-F 8AM-8PM.





Q: *How can TPA-approved Providers place a COVID-19 vaccine order through myCAvax?*

A: Once their location(s) are approved, TPA-approved COVID-19 Vaccine Providers will submit a COVID-19 Vaccine Capacity Report each Monday by 4:00PM through myCAvax. Once allocation is approved, Providers will receive a notification and should expect their COVID-19 vaccine shipments within 24-48 hours of the notice.



Q: *What should I do if I need to transfer doses of a COVID-19 vaccine?*

A: To prevent waste and minimize transfers, identify, and vaccinate all individuals that meet current eligibility guidelines at your location. If doses remain, contact your Local Health Department to initiate a transfer. Additional information is located here: [COVID-19 Vaccine Transfer](#).

Vaccine Program Management

1.2 Q: *What is My Turn Clinic?*

A: My Turn Clinic is a web platform that provides California Local Health Jurisdictions and Providers with an all-in-one application for clinic management, dose accountability and reporting, public eligibility, public scheduling, and walk-in registration for vaccine clinics. Enrollment information, demos, and training can be found at [My Turn Onboarding](#). Help Desk support is available for Providers, including clinic staff, clinic managers, vaccine administrators, and volunteers, at 1.415.621.9494, 7AM-7PM, seven days a week, or by email at MyTurn.Clinic.HD@Accenture.com.

1.3 Q: *Who can Providers contact if they don't know their My Turn Clinic Ops Lead for coded clinic support?*

A: Providers who are currently active in My Turn may contact codeczars@accenture.com to be connected with their My Turn Clinic Ops Lead. All coded clinic requests must be routed through a Provider's assigned My Turn Clinic Ops Lead.

1.4 Q: *What is My Turn Public?*

A: My Turn Public allows Californians to register for COVID-19 vaccine notifications and is available in multiple languages. When an individual is eligible, and vaccine appointments are available, they are notified by My Turn and can schedule an appointment. The public can sign up at [My Turn Public Registration](#) or by calling 1.833.422.4255.



1.5 Q: Where can Providers find information about the My Turn Vaccine Clinic Translation Line?

A: The Vaccine Clinic Translation Line (VCTL) enables My Turn Clinic Providers to communicate and provide vaccinations and related care to residents who need translation services. Service includes translations in over 150 languages and there is no cost to Providers and vaccine recipients. Translation service is available M-F 8AM-8PM, and S-S 8AM-5PM by calling 833.980.3933.

1.6 Q: Can Providers send mass notifications to patients through My Turn?

A: My Turn offers three options for Providers to send mass notifications: 'Self-service', 'Requested', and 'Automated'. Each category offers Providers the opportunity to send mass emails and SMS messaging through the My Turn system. Providers can find detailed information at [My Turn Email and SME Notifications](#).

1.7 Q: What is My Turn Volunteer?

A: My Turn Volunteer is a digital platform designed to register Californians as volunteers in support of statewide COVID-19 vaccination efforts. Through My Turn Volunteer, Clinic Vaccination Directors can recruit, vet, match, and request both medical and general support volunteers to support their event needs. Further information can be found at [My Turn Volunteer](#) and questions may be addressed to [Email My Turn Volunteers](#).

1.8 Q: Where can Providers find Volunteer Support?

A: Providers using [My Turn Clinic Volunteers](#) can set up direct shifts, engage the vetting process, manage the volunteers, and utilize the reporting functionality through My Turn Volunteer. For Providers who are not using My Turn Volunteer, Volunteer Match can be utilized to create volunteer listings through [California Volunteers](#).

1.9 Q: Where can Providers find My Turn trainings, demonstrations, and resources?

A: To learn about My Turn, California COVID-19 vaccine Providers can watch My Turn demonstrations and sign-up for Introductory My Turn trainings [here](#). Trainings are offered MWF, 1:00PM-2:30PM, PST. Provider questions can be emailed to myturnonboarding@cdph.ca.gov.

1.10 Q: Can you provide information on the myCAvax vaccine management system?

A: The myCAvax vaccine management system simplifies and streamlines vaccine management processes. The myCAvax system offers enhanced reporting, ordering, and inventory services that improves the online experience with a fully centralized vaccine management system. COVID-19 vaccine Providers can login into myCAvax at the [myCAvax website](#). If you have not received a log-in email from myCAvax, or are having other technical issues, please contact myCAvax.HD@Accenture.com or 833.502.1245 option 2 to be connected directly to the technical help team. For further questions, please refer to [myCAvax FAQs](#).



1.11 Q: Will Providers need a new username to access myCAvax?

A: Yes. Providers and other system users will receive a new username to align with the system name change from CalVax to myCAvax. This username will be identical to a Provider's current email except the suffix (e.g., [yourusername@email.com.CalVax](#) becomes [yourusername@email.com.myCAvax](#)). Details, including a timeline, transitional waves, and support opportunities will be sent to Providers from myCAvax.

1.12 Q: How can Providers change contacts in VaccineFinder?

A: Because VaccineFinder pulls contacts from the myCAvax provider agreement data, Organization Coordinators and Location Coordinators can be edited once the enrollment application has been approved. To make changes, contact myCAvax Technical Support 833.502.1245, option 2 for assistance.

1.13 Q: Can Providers activate their locations on VaccineFinder's public-facing map?

A: Yes. Provider locations may now be activated on VaccineFinder's public-facing map so patients can [locate COVID-19 Vaccines](#). Provider locations will also appear in Google and Facebook searches and will be translated into [Spanish Translation Provided by Univision](#). Providers can activate their profile and provide updates by referring to our [Manual log-in](#) or [File Upload](#) quick-start guides. Updates submitted before 7:00AM will display the same day. Please visit the [VaccineFinder Provider Portal](#) for additional training videos and documents.

1.14 Q: Where can Providers direct TPA-related questions?

A: Providers can email general questions to TPA_Inquiry@blueshieldca.com, allocation questions to TPA_allocations@blueshieldca.com and questions specific to signing the TPA agreement to CovidVaccineNetwork@blueshieldca.com. Note: There is an underscore between 'TPA' and 'Inquiry', and 'allocations'.

Provider Enrollment

2.1 Q: Who is eligible to become a Provider in the California COVID-19 Vaccination Program?

A: Blue Shield of California, the State's Third-Party Administrator, will be working closely with onboarding partners to identify prospective COVID-19 vaccine Providers. All current and prospective COVID-19 vaccine Providers must hold the appropriate credentials and licensing in the jurisdiction where vaccination will take place, meet federal and state requirements, and have the capacity to properly maintain and administer the COVID-19 vaccine. To learn more about becoming a California COVID-19 Vaccine Provider, please visit [California COVID-19 Vaccination Program Enrollment Requirements](#).



2.2 Q: Has the TPA specified a date that Providers must be enrolled in the TPA network to receive the COVID-19 vaccine?

A: The TPA has not provided a specific deadline for enrollment in the TPA network. Interested Providers are encouraged to partner with their Local Health Jurisdictions and to contact the covidvaccinenetwork@blueshieldca.com for more information.

2.3 Q: How can a Provider find information on the status of their TPA agreement?

A: If a Provider sends an inquiry directly to CovidVaccineNetwork@blueshieldca.com, their question has reached the TPA Network Contracting team. Because the TPA is processing a high volume of requests, the TPA asks Providers to wait, at least, an additional two weeks after submission before inquiring about their status.

2.4 Q: Are Providers required to sign an agreement with the TPA to be able to use My Turn Clinic?

A: According to the TPA, yes, Providers must sign the TPA agreement, after which their information will be given to the My Turn Clinic onboarding team for next steps.

2.5 Q: What is the difference between an application and an account in myCAVax?

A: To use the myCAVax system, organizations must submit an application and meet CDPH guidelines to participate in the California COVID-19 Vaccination Program. Organizations set up their account by completing the application in myCAVax (an organization's information is in Section A, and location information is in Section B). After the application is submitted, myCAVax creates an account in the system. The account status remains pending and is not active until the CDPH Enrollment Team reviews and approves the application. After the application is approved, the application is archived in the system. No changes can be made to the application. Once the account is established as active, transactions and updates are made through the account by the location coordinator in myCAVax. Resources for myCAVax enrollment can be found at [myCAVax Enrollment Guidance](#). If additional assistance is needed, please contact the COVID-19 Provider Call Center by email at covidcallcenter@cdph.ca.gov or by telephone at 833.502.1245, M-F 8AM-8PM.

2.6 Q: Where can I access support tools for myCAVax enrollment and other functions?

A: Once enrolled, COVID-19 vaccine Providers may access a variety of resources and training materials such as job aids, videos, weekly Office Hours, and recorded demos to support system users as they navigate through the myCAVax platform. Information and resources may be found at [myCAVax](#).



2.7 Q: What is VaccineFinder and where can I get enrollment assistance?

A: VaccineFinder is a system operated by the U.S. Centers for Disease Control and Prevention (CDC) to track vaccine inventory. Onboarding to VaccineFinder is currently a manual process. Please refer to Provider Enrollment and Reporting Inventory at [Provider Enrollment](#) in VaccineFinder for assistance with initial onboarding, as well as daily reporting of doses on hand. This job aid includes links to a training video that addresses account setup and reporting.

If your location has received or is expecting to receive COVID-19 vaccine in the next two weeks but has not received the initial email to complete onboarding, please email eocevent522@cdc.gov for assistance with onboarding.

For technical assistance, once onboarding is complete, email vaccinefinder@castlighthealth.com or call 855.886.4317 for assistance with account login issues, password resets, file upload errors, and more.

To change a Provider's contact information or location in VaccineFinder, contact the COVID Call Center at covidcallcenter@cdph.ca.gov to update the Section A or Section B email information in the CDC Provider Agreement. Once the data is forwarded to the CDC, VaccineFinder will be updated with the new email.

2.8 Q: Do we need to enroll in myCAvax if we are receiving doses from the Federal government?

A: No. Only COVID-19 vaccine Providers receiving doses from the State or their Local Health Department are required to enroll in myCAvax. If you are an approved COVID-19 vaccine Provider only receiving doses from the Federal government, contact them for enrollment questions and instructions.



Allocation

3.1 Q: Can you please explain the TPA's new "site-level direct allocation" process?

A: Under the TPA's new site-level direct allocation process for distributing vaccines to Providers in the California COVID-19 Vaccine Network, vaccines will no longer be ordered by Providers through their Local Health Jurisdiction or county and fulfilled in response. Instead, the California COVID-19 Vaccination Program will obtain data from "in-network" (TPA-contracted) Providers via a "Capacity Form," which will include details about capacity for scheduling appointments based on staffing, space constraints, storage, and other vaccine-related site conditions. The TPA will combine this data with information solicited from the Local Health Department to produce an allocation recommendation to the State. The recommendation will include consideration of equitable distribution to support timely allocations to those communities heavily impacted by COVID-19. The State will make the final determinations for allocation that will be sent directly to the Provider at the site level, based on the Provider's capacity for a two-week period.

This approach differs from the previous process where a Local Health Department would receive the vaccines that were requested ("ordered") by Providers via myCAVax and then allocate them to the Providers. The ordering system will be eliminated once the system has been fully established.

3.2 Q: When will the TPA and the State begin allocating the COVID-19 vaccine using the "site-level direct allocation" process?

A: Beginning Tuesday, March 30, the State, with assistance from the TPA, will allocate COVID-19 vaccines using a direct allocation process for Providers who have signed the TPA agreement and been onboarded to the My Turn Clinic system. Those who have not yet completed the TPA agreement and been onboarded to the My Turn Clinic system will continue to have the ability to submit vaccine requests via myCAVax and be allocated COVID-19 vaccine by Local Health Departments until they are transitioned to the new system. Once the transition is fully completed throughout the State, only Providers who have elected to sign the TPA agreement and be onboarded to My Turn, either directly or through their electronic medical record (EMR) or electronic health record (EHR), will be able to receive first dose allocations to their site-level addresses that appear in myCAVax.

3.3 Q: If Providers do not sign the TPA agreement, does that mean they will no longer be eligible to receive COVID-19 vaccine allocations?

A: According to the TPA, second doses will be provided to ensure no interruption of vaccination for patients. After the network is established, if a Provider has elected not to sign the TPA agreement and participate in the network, first doses will no longer be provided.



3.4 Q: To receive COVID-19 vaccine allocation, are Providers required to sign both a TPA agreement AND enroll in My Turn Clinic?

A: Yes, all Providers who want to receive allocations once the network is established must have signed a TPA agreement AND be enrolled in My Turn Clinic.

Track 1: For Providers who are NOT using an electronic medical record or electronic health record to connect to My Turn Clinic and will be manually entering information into My Turn Clinic (direct onboarding).

Track 2: Those Providers who will connect to the My Turn Clinic platform using “Track 2” if they are going to connect to My Turn using their current EMR/EHR system.

Please visit the [Program Enrollment Page](#) for detailed information.

3.5 Q: How much discretion will Local Health Jurisdictions have in determining distribution of the COVID-19 vaccine to Providers within their county after the TPA makes the allocation?

A: Local Health Jurisdictions will participate in discussions with the TPA and State regarding allocations, and the LHJ’s feedback will be considered by the TPA and the State for allocation determination. The TPA will provide recommendation based on current vaccine supply and state-wide equity, safety, and accessibility considerations. Final allocation decisions are made by the State and then allocations will be made from the TPA directly to the Providers at the site-level.

Ordering

4.1 Q: How do non-TPA Providers submit COVID-19 vaccine order requests?

A: Providers not yet in the TPA Network will continue to submit vaccine order requests in myCAvax and be allocated vaccine by their Local Health Department. Once Providers are in the TPA network, they will transition from submitting vaccine order requests to submitting vaccination capacity reports through myCAvax.

4.2 Q: When placing order requests, should Providers order first and second doses together?

A: No. Providers should not request COVID-19 vaccine by first dose and second dose when placing order requests. Please keep first and second dose order requests separate.

4.3 Q: Can a COVID-19 vaccine order request be edited in myCAvax?

A: No. Order requests cannot be edited in the myCAvax system. However, users may submit another vaccine order request through myCAvax with the correct information. The new order request will then replace the first request, as only the most recently submitted order request in myCAvax is considered for COVID-19 vaccine allocation.

4.4 Q: Can California COVID-19 vaccine Providers change, update, or delete inventory information in myCAvax?

A: No. Inventory information can only be changed by contacting the myCAvax Help Desk at myCAvax.HD@accenture.com.

4.5 Q: Can Providers place an order in myCAvax for the COVID-19 vaccine if they don't have a frozen or ultra-cold storage unit?

A: Currently, the myCAvax system is programmed to reflect manufacturer specific cold storage requirements and will not allow orders to be placed without the required storage units.

4.6 Q: Can Providers request COVID-19 vaccine from a specific manufacturer through myCAvax?

A: Yes. Providers can request COVID-19 vaccine from a specific manufacturer when ordering through myCAvax. Currently, a selected choice is not guaranteed as Provider storage capacities are considered and allocations are determined from limited COVID-19 vaccine supply.

4.7 Q: If a TPA-approved Provider doesn't need additional COVID-19 vaccine doses, should they complete the weekly vaccine capacity report on Mondays by 4:00PM?

A: Yes. Providers should complete the weekly capacity report in myCAvax and if additional COVID-19 vaccine doses are not needed, they should enter a zero in the field.

4.8 Q: Can a COVID-19 vaccine order request be edited in myCAvax?

A: No. Order requests cannot be edited in the myCAvax system. However, users may submit another vaccine order request through myCAvax with the correct information. The new order request will then replace the first request, as only the most recently submitted order request in myCAvax is considered for COVID-19 vaccine allocation.

4.9 Q: Can California COVID-19 vaccine Providers change, update, or delete inventory information in myCAvax?

A: No. Inventory information can only be changed by contacting the myCAvax Help Desk at myCAvax.HD@accenture.com.

4.10 Q: Can Providers place an order in myCAvax for the COVID-19 vaccine if they don't have a frozen or ultra-cold storage unit?

A: Currently, the myCAvax system is programmed to reflect manufacturer specific cold storage requirements and will not allow orders to be placed without the required storage units.

4.11 Q: Can Providers request COVID-19 vaccine from a specific manufacturer through myCAvax?

A: Yes. Providers can request COVID-19 vaccine from a specific manufacturer when ordering through myCAvax. Currently, a selected choice is not guaranteed as Provider storage capacities are considered and allocations are determined from a very limited COVID-19 vaccine supply.

4.12 Q: Where can Providers find information, including ordering guidelines, for Moderna, Pfizer-BioNTech and Janssen from Johnson & Johnson COVID-19 vaccines?

A: Product information is can be accessed for [Moderna](#), [Pfizer BioNTech](#), and [Janssen from Johnson & Johnson](#) by clicking on the corresponding link. The minimum order request varies by manufacturer. For the Moderna vaccine, the minimum request is 100 doses. For the Pfizer-BioNTech vaccine, the minimum request is 1,170 doses. For the Janssen COVID-19 vaccine from Johnson & Johnson, the minimum request is 100 doses. For manufacturer COVID-19 Vaccine Fact sheets and ordering details, view [Moderna COVID-19 Vaccine Product profile](#), [Pfizer-BioNtech Product Profile](#) and [Janssen COVID-19 Vaccine Product Profile](#).

4.13 Q: Do I need to order ancillary vaccination supplies?

A: Ancillary supplies will be packaged in kits and will be automatically ordered in amounts to match vaccine orders and shipped to the Provider. Because of cold chain requirements, kits will ship separately from the vaccine, but should arrive before or on the same day as the vaccine. It is anticipated that ancillary supplies will be provided for all allocation phases of the COVID-19 vaccine.

4.14 Q: What ancillary supplies are in the supply kits?

A: The Federal government has updated the ancillary supply kits to include enough supplies for a sixth dose. The kits include needles of various sizes for the population served, syringes, alcohol prep pads, surgical masks, face shields for vaccinators, COVID-19 vaccination record cards for vaccine recipients, vaccine needle length and guide, diluent, and mixing supplies based on the vaccine product. Ancillary kits do not include N-95 masks, sharps containers, gloves, and bandages.

4.15 Q: How should Providers handle Ancillary kits issues?

A: Ancillary supplies are shipped separately from the COVID-19 vaccine and will arrive within 24-hours of vaccine delivery. When ancillary supplies are received, Providers should immediately inventory the number of kits and all supplies within each kit to confirm they match the vaccine order. If there are any discrepancies, or if you did not receive the ancillary supplies, this should be reported immediately by logging into your [myCAvax](#) account and create a new "Shipping Incident" in the Vaccine Inventory section. Then, contact at report to McKesson at SNSSupport@McKesson.com or by calling 833.272.6634, M-F, 5AM-5PM, PST.

Distribution/Redistribution

5.1 Q: Will COVID-19 vaccine Providers receive a notification from McKesson when an order is approved and shipped?

A: Providers will receive a new order acknowledgement email from McKesson once an order is received into the McKesson system. When the order is shipped from the McKesson depot, McKesson will send a second email with an advance shipment notification that includes carrier tracking details. Providers should whitelist CDCNotifications@McKesson.com to ensure emails are received.

5.2 Q: What are the guidelines and resources for receiving a shipment of the COVID-19 vaccine?

A: When the COVID-19 vaccine is distributed, maintaining the cold chain is the critical first step in vaccine inventory management. Vaccine deliveries should only be scheduled at times when staff will be present. To support efficient distribution of the COVID-19 vaccine, Providers should be available throughout the full business day to receive vaccine. When that is not possible, locations receiving vaccine and ancillary supply shipments must be available during a four-hour window Monday through Friday. All COVID-19 vaccine and ancillary kit deliveries will require a signature. For detailed guidance, please refer to the CDC's [Vaccine Storage and Handling Toolkit](#). For storage and handling for current COVID-19 vaccines, also refer to [Moderna](#), [Pfizer-BioNTech](#), and [Janssen](#) guidance.

5.3 Q: Can a Provider refuse a COVID-19 vaccine shipment?

A: Providers should never refuse a COVID-19 vaccine shipment. Providers should accept the shipment, verify the shipment and content, store the vaccine according to storage and handling guidelines, and report any discrepancies immediately using the [Reporting Shipping Incidents job aid](#). Providers should contact the Provider Call Center at 833.502.1245 or their Local Health Department for help in transferring vaccine to another Provider.

5.4 Q: I need to redistribute COVID-19 vaccines, but don't have approval. What should I do?

A: You must submit a signed [CDC Redistribution Agreement](#) and a [Redistribution Vaccine Management Plan](#) to CDPH and receive a notice of approval prior to redistributing vaccines. This is a one-time application to routinely redistribute vaccines and you may only redistribute to other fully enrolled COVID-19 Vaccination Providers. Redistribution of the COVID-19 vaccine must not begin until approved. Please see the [Guide to Redistribution, Repositioning, or Transfer](#) for examples of redistribution events.

5.5 Q: I received redistribution approval for the COVID-19 vaccine. Now what?

A: Currently, you do not need additional approval prior to each redistribution event. Report all vaccine redistribution or transfer events to the CA Department of Public Health within 24 hours of the event. It is the responsibility of the sending site to report redistribution events. Additional redistribution information can be found [here](#).



Vaccine Storage & Handling

6.1 Q: Can Providers transport punctured COVID-19 vaccine vials to homebound patients?

A: Yes. A punctured COVID-19 vaccine vial may be transported from one homebound location to another by the same healthcare professional if the cold chain is properly maintained. However, a partially used vial cannot be transferred from one Provider to another or across state lines. For detailed guidelines see [Vaccinating Homebound Persons With COVID-19 Vaccine](#).

6.2 Q: Where can I find detailed information on storage and handling of the COVID-19 vaccine?

A: For detailed guidance of storage and handling for the COVID-19 vaccines currently available, please refer to the CDC's [Vaccine Storage and Handling Toolkit](#) and to [Moderna](#), [Pfizer-BioNTech](#), and [Janssen](#) guides.

6.3 Q: How do I monitor temperature with Controlant?

A: Please read and respond to the Controlant email upon receipt of the Pfizer vaccine. If you will store the COVID-19 vaccine in thermal shippers, activate continued temperature monitoring of the shipping container. If you will store COVID-19 Vaccine in an ultra-low freezer, please communicate that you will not need Controlant to monitor thermal shipper temperatures to avoid false alarms.

6.4 Q: What are the guidelines for monitoring storage unit temperatures?

A: Storage unit temperatures must be checked and recorded twice daily to help prevent the loss of vaccines and the potential need for revaccination of patients. Any out-of-range temperatures must be documented and immediately reported. First complete the [Report Temperature Excursion Worksheet](#) to gather the information the vaccine manufacturer will need to determine whether doses may be administered. Then contact the manufacturer and report the excursion and stability determination through [myCAvax](#). See [Reporting Temperature Excursions](#) for additional guidance.

6.5 Q: How do I return Vaccine Shippers?

A: Please return the Pfizer thermal shipper and temperature monitoring device within 30 days of delivery. Return instructions are provided in the [Shipping & Handling Guidelines](#) brochure, which ships with vaccines. For Moderna vaccine, follow the [McKesson Vaccine Shipper Return Instructions](#). According to the CDC, Providers are not required to return Janssen from Johnson & Johnson Vaccine Shippers.



Phases & Tiers

7.1 Q: What are the current Phase and Tier guidelines to administer the COVID-19 Vaccine?

A: On April 15, 2021 eligibility expanded to include all persons aged 16 and older. Providers should refer to California's updated [COVID-19 Phase and Tier Guidelines](#) that address accelerating the pace of COVID-19 vaccinations. Additional details can also be found at [California's Vaccination Plan](#) and an updated [CDPH Provider Bulletin](#).

Vaccine Administration

8.1 Q: What are current Provider recommendations for administering the Janssen from Johnson & Johnson COVID-19 vaccine?

A: After a thorough review, CDPH states [Providers can resume administration](#) of the Janssen from Johnson & Johnson COVID-19 vaccine provided they offer appropriate educational materials to inform patients of the Janssen vaccine's low-risk of associated health-effects, and other COVID-19 vaccine options. Further information can be found at [CDC and FDA joint statement](#) and [Western States Scientific Safety Review Workgroup](#).

8.2 Q: Do Providers need consent to administer the vaccine to non-emancipated minors?

A: In most cases, yes. Non-emancipated minors need the consent of the parent, legal guardian, or other adult having legal custody of the minor to receive the COVID-19 vaccine. COVID-19 vaccine Providers are responsible for verifying that informed consent has been obtained for non-emancipated minors, either in person or in writing. Emancipated minors do not need parental consent to receive the COVID-19 vaccine.

8.3 Q: Is it permissible for parents or guardians to provide written and signed consent if they are not accompanying minors being offered the COVID-19 vaccine?

A: Yes. Providers may accept written and signed consent from a parent or guardian if they are unable to accompany the non-emancipated minor who is being offered the COVID-19 vaccine.

8.4 Q: Does a provider who currently has a parent or guardian's written and signed authorization for general medical care of a non-emancipated minor on file require additional consent to provide the COVID-19 vaccine to that minor?

A: No. If a Provider already has a parent or guardian's written and signed authorization for general medical care for a non-emancipated minor on file, a separate consent for the COVID-19 vaccine is not required. However, the Provider may request it at their discretion.



8.5 Q: *If a patient received their first dose of Pfizer or Moderna COVID-19 vaccine more than 42 days ago, how many more doses are recommended?*

A: The recommended interval between first and second doses is three weeks for Pfizer and four weeks for Moderna. However, according to CDC Clinical Guidance, if a patient received their first dose more than 42 days ago, one more dose, from the same brand of vaccine as the first dose, is sufficient. Beginning a new vaccine series is not needed, nor is a third dose required. For additional details, please review Appendix A in [CDC Interim Clinical Considerations](#).

8.6 Q: *How is the TPA planning to serve Californians who have limited mobility or have difficulty going to a Provider location to be vaccinated?*

A: The TPA is working with various COVID-19 vaccine Providers on various ways to get vaccines to people and communities who are unable to travel to a Provider or a mass vaccination site. Outreach efforts currently include local pop-up sites, mobile vaccination units, in-home vaccinations, or bringing vaccine clinics directly to farmworkers. For the latest on California's Enhanced COVID-19 Provider Network click [here](#).

8.7 Q: *Where can I find guidance for vaccinating homebound patients?*

A: CDC has developed guidance on vaccination for homebound patients or for patients residing in small group settings such as a residential facilities or group homes. Detailed guidance and information can be found at [Vaccinating Homebound Persons](#).

8.8 Q: *How do Providers prepare to administer the COVID-19 vaccine?*

A: COVID-19 vaccine products may have different preparation requirements. It is important to follow vaccine preparation instructions located in the [Moderna](#) and [Pfizer-BioNTech](#) and [Janssen](#) COVID-19 vaccine product's Emergency Use Authorization Fact Sheets for Healthcare Providers or the COVID-19 vaccine package insert.

8.9 Q: *How long is the COVID-19 vaccine viable once the vial is punctured?*

A: The Moderna and Pfizer-BioNTech COVID-19 vaccines must be administered within six hours once the vial is punctured. For the Janssen COVID-19 vaccine vials from Johnson & Johnson, once punctured, the Janssen vaccine must be administered within six hours if maintained at appropriate refrigerated temperature and within two hours at room temperature. Please see detailed storage and handling information for each vaccine by clicking on the appropriate COVID-19 vaccine link: [Moderna](#), [Pfizer-BioNTech](#), and [Janssen](#).

8.10 Q: *Where can I find updated CDC Clinical Guidance for COVID-19 vaccine administration?*

A: Please see [Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines](#).

8.11 Q: What is the time interval between first and second dose administration of the Moderna and Pfizer COVID-19 Vaccines?

A: Based on current data and science, the FDA strongly recommends that health care Providers follow the FDA-authorized dosing schedule for each COVID-19 Vaccine. For the Pfizer COVID-19 Vaccine, the interval is 21 days (3 weeks) between the first and second dose. For the Moderna COVID-19 Vaccine, the interval is 28 days (4 weeks) between the first and second dose. If there is a compelling delay to the second dose administration of the Moderna vaccine beyond 28 days, according to the CDC, it can be given up to 6 weeks after the first dose. To learn more, visit [COVID-19 vaccine dosing schedules](#).

8.12 Q: Does the second dose of the Moderna or Pfizer COVID-19 vaccine administered need to be from the same manufacturer as the first dose administered?

A: Yes. After a person receives a first dose of the COVID-19 vaccine, the second dose administration of the COVID-19 vaccine must come from the same manufacturer.

8.13 Q: Can we provide the second dose of the COVID-19 vaccine if we did not administer the first dose?

A: Yes. Using the Immunization Information System (IIS), verify the brand used and date of the first dose of the COVID-19 vaccine. Once verified, document that you are administering the second dose using the same brand as the first dose.

8.14 Q: If our first dose supply of the COVID-19 vaccine is about to expire, can we open a public clinic to not waste the vaccine?

A: Every effort should be made to preserve the COVID-19 vaccine. If you have extra COVID-19 vaccine doses, please contact your Local Health Department for assistance with finding people to vaccinate or to transfer the vaccine.

8.15 Q: If a patient has had COVID-19 should they receive the COVID-19 vaccine?

A: Defer the COVID-19 vaccination until the person has recovered from acute infection and met criteria to discontinue isolation. There is no minimum interval between infection and vaccination. Refer to [Vaccine Administration for persons infected or exposed](#) for further guidelines and information.

8.16 Q: Should a patient receive a second dose of the COVID-19 vaccine if they have a severe or immediate allergic reaction?

A: Persons with an immediate allergic reaction to the first dose of a COVID-19 vaccine should not receive additional doses of either of the COVID-19 vaccines. Providers should attempt to determine whether reactions reported following vaccination are consistent with immediate allergic reactions versus other types of reactions commonly observed following vaccination, such as a vasovagal reaction or post-vaccination side effects (which are not contraindications to receiving the second vaccine dose). Please refer to [Interim Clinical Considerations: Contraindications and Precautions](#).



8.17 Q: After administering the COVID-19 vaccine, how long should a patient be observed?

A: Persons with a history of an immediate allergic reaction of any severity to a vaccine or injectable therapy and persons with a history of anaphylaxis due to any cause should be observed for 30 minutes. All other persons should be observed for 15 minutes. For further details please visit [Interim Clinical Considerations: Contraindications and Precautions](#).

8.18 Q: What are required medications and supplies for the management of anaphylaxis after COVID-19 vaccination?

A: Appropriate medical treatment used to manage immediate allergic reactions must be immediately available in the event of an acute anaphylactic reaction following administration of the COVID-19 vaccine. Information on anaphylaxis management can be found in the interim considerations for the [Management of anaphylaxis following COVID-19 vaccination](#) and [Laboratory evaluation of persons who experience anaphylaxis after vaccination](#) and [Interim Clinical Considerations for Use of Pfizer-BioNTech COVID-19 Vaccine, all resources from the CDC](#).

Inventory

9.1 Q: Do COVID-19 vaccine Providers need to prioritize COVID-19 vaccine inventory to use for second doses?

A: Yes. To promote the efficient utilization of inventory and series completion, Providers should subtract the number of second doses needed in the next seven days from their COVID-19 vaccine doses received to calculate how many first dose appointments can be scheduled. Immediately after first dose administration, schedule the second dose appointment to help forecast vaccine needs. Lastly, prioritize second doses over administering additional first doses, as vaccine allocation in some weeks may only permit second dose appointments.

9.2 Q: For inventory and reporting of the COVID-19 vaccine, do I count doses or vials?

A: Inventory reporting is based on **number of doses**, not the number of vials. Doses in inventory must be reported daily to the national [VaccineFinder](#) website, administered by the CDC.

9.3 Q: What does it mean to “zero out” COVID-19 vaccine doses each week?

A: To “zero out” means to use all COVID-19 vaccine first doses each week so that there is no leftover balance remaining. Each week, COVID-19 vaccine Providers should plan to use all first doses, or “zero out” first-dose inventory by the end of each 7-day period. The State will track the run-rate of vaccines that you are putting into arms daily to ensure Providers are tracking to zero out doses by the end of the week.



9.4 Q: How do we account for additional volume in COVID-19 vaccine vials after proper reconstitution and administration of the indicated doses?

A: CDPH and CDC recommend that it is acceptable to use every full dose obtainable from each vial. However, because vials are preservative-free, any remaining liquid that does not constitute a full dose should not be pooled from multiple vials to create a dose of the COVID-19 vaccine. Providers should account for the maximum number of doses currently outlined in the EUA as follows: 11 doses for Moderna, 6 doses for Pfizer, and 5 doses for the Janssen from Johnson and Johnson COVID-19 vaccines. For inventory and reporting purposes, Providers should report doses as follows: 10 doses per Moderna vial, 6 doses per Pfizer vial, and 5 doses per Janssen vial. Please refer to fact sheets for [Moderna](#), [Pfizer-BioNtech](#), and [Janssen](#) and further information is available at [Accounting of additional COVID-19 Vaccine doses](#).

9.5 Q: How do I manually adjust inventory?

A: For any questions regarding manually adjusting inventory in CAIR, please contact CAIRHelpDesk@cdph.ca.gov. If you are submitting data to CAIR electronically, please contact CAIRDataExchange@cdph.ca.gov.

9.6 Q: How does VaccineFinder help with COVID-19 vaccine inventory?

A: VaccineFinder is a CDC system that helps the public find vaccine Providers. As a California COVID-19 Vaccination Program Provider, it is a federal requirement to report on-hand COVID-19 vaccine inventory each day. More information can be found [here](#).

Reporting

10.1 Q: Are COVID-19 Vaccine Providers required to report a patient's race and ethnicity?

A: Providers who administer the COVID-19 vaccine in California are required to record the race or ethnicity of everyone who receives COVID-19 vaccine. For tips to ensure California's race and ethnicity is accurate and consistent please see Tips for Reporting Race & Ethnicity.

10.2 Q: Are COVID-19 vaccine Providers in the TPA network required to report through My Turn Clinic?

A: No. To ensure the State is meeting its equity targets Providers choosing to use their EHR system instead of My Turn Clinic will be required to report weekly aggregate information about who is being vaccinated through a survey link sent by the TPA.

10.3 Q: How should Providers fill out the weekly COVID-19 Vaccine Capacity report, if they do not have on-hand inventory?

A: Providers without on-hand inventory can fill in the "Lot Number" as "Not Applicable", the "Expiration Date" as today's date, and "On-hand Inventory" as zero. Further information can be found at [myCAVax Vaccine Management](#).



10.4 Q: Does My Turn Clinic interact with CAIR2?

A: Yes. My Turn Clinic automatically uploads COVID-19 vaccination data into CAIR2.

10.5 Q: Where can I find information, updates, and support for VaccineFinder?

A: For CDC reporting updates refer to [VaccineFinder Updates](#). For **step-by-step reporting instructions**, please refer to [Reporting Inventory to VaccineFinder](#) and watch the VaccineFinder [training video](#).

10.6 Q: What are the major reporting requirements for COVID-19 Vaccine Providers?

A: Within **24 hours of administering** a dose of COVID-19 vaccine, Providers must:

1. Report COVID-19 [doses administered](#) to your local immunization registry (e.g., CAIR2, Healthy Futures, or SDIR).
2. Submit [race and ethnicity](#) for every vaccinated patient.
3. Report COVID-19 vaccine [doses in daily inventory](#) to the [VaccineFinder](#) website.

Additional information is available in the COVID-19 Vaccine [Reporting Requirements](#).

10.7 Q: Given the new reporting functionality in myCAvax, do I have to continue reporting my daily on-hand inventory in VaccineFinder?

A: Yes, it is a Federal requirement that California COVID-19 vaccine Providers continue to report daily on-hand inventory in VaccineFinder. (VaccineFinder is a Federal system and myCAvax is a State system.) Providers should update their inventory in myCAvax only when creating a new vaccine request, reporting waste and excursion, or initiating a transfer request.

10.8 Q: Do Providers need to report on-hand inventory on weekends?

A: Yes. To maintain national COVID-19 vaccine inventory levels, Providers must report on-hand doses seven days a week including non-operating days. Exceptions include holidays explicitly announced by the CDC. For VaccineFinder updates, please visit [VaccineFinder Updates](#).

10.9 Q: I have received the COVID-19 vaccine but when our daily on-hand inventory is unchanged or is at zero doses, do I still need to report inventory daily?

A: Yes. Even if your inventory is zero or unchanged, COVID-19 vaccine inventory must be reported daily. Providers will receive reminder emails if they fail to report. For VaccineFinder information and updates, please visit [VaccineFinder Updates](#).

10.10 Q: What steps should be taken if we failed to report doses administered within 24-hours?

A: California COVID-19 Vaccination Program Providers who are not complying with the requirement to submit doses to their local Immunization Information System (IIS) within 24 hours of administration, may result in the clinic's expulsion from the California COVID-19 Vaccination Program. If you have unreported COVID-19 vaccine doses administered, make every effort to enter them into your local IIS immediately and bring your clinic into compliance.

10.11 Q: How do I report an adverse event to the COVID-19 vaccine?

A: Adverse reactions will continue to be reported through the Vaccine Adverse Event Reporting System (VAERS) by [Reporting an Adverse Event to VAERS](#).

10.12 Q: Is reporting COVID-19 vaccine daily inventory different than reporting redistributions?

A: Yes. The sending and receiving locations must ensure updated inventory counts are reflected in their daily reporting to VaccineFinder, a system run by CDC. There are two options when reporting on-hand inventory to VaccineFinder:

1. Centralized reporting - Organizations report doses on hand daily for all affiliated vaccination locations.
2. Location-level reporting - Organizations may delegate daily inventory reporting to their affiliated vaccination locations.

For CDC reporting updates refer to [CDC VaccineFinder Updates](#).

For **step-by-step instructions**, please refer to [Reporting Inventory to VaccineFinder](#) and watch the VaccineFinder [training video](#).

10.13 Q: How do I report a COVID-19 vaccine shipment incident?

A: Step 1: Log into [myCAvax](#), and click "Vaccine Inventory" to access the "Shipment Incident" button.

Step 2: Create a new Shipment Incident by clicking the "New" button and completing all the fields in the pop-up window.

Step 3: Contact the shipper (McKesson or Pfizer) to resolve the incident directly. Keep all paper and electronic records for three years.

Pfizer Customer Service: 800.666.7248

McKesson COVID-19 Temperature Excursion Hotline: 833.272.6635

Moderna incidents: McKesson requires that you scan and send the packing list for all incidents to COVIDVaccineSupport@McKesson.com. If an incident pertains to 'Temperature Excursion', you must also send a picture of the TagAlert temperature monitoring device and its location in the shipping container in addition to the packing list. See [Reporting Shipping Incidents](#) for further information.



10.14 Q: How long must COVID-19 vaccine records be kept?

A: Providers must maintain COVID-19 vaccine administration records for a minimum of three years, or longer if it is required by local, state, or territorial law.

Costs & Reimbursement

11.1 Q: Can California COVID-19 Vaccine Providers charge a vaccine recipient for the cost of vaccine administration or related services?

A: No. California COVID-19 Vaccination Program Providers shall not under any circumstances bill, charge, collect a deposit from, impose a surcharge on, directly or indirectly seek compensation, remuneration or reimbursement from, or have any recourse against any vaccine recipient for the cost of vaccine administration or related services.

11.2 Q: What are the costs for COVID-19 vaccine Providers?

A: Federally supplied COVID-19 vaccines, constituent products, and ancillary supplies will be distributed at no cost to approved COVID-19 Vaccination Program Providers. Providers will need to supply N-95 masks, sharps containers, gloves, and bandages and any additional supplies that may be needed.

11.3 Q: Can we sell or seek reimbursement for federally supplied COVID-19 Vaccination Program products and supplies?

A: Per the COVID-19 Vaccination Program Provider Agreement, a COVID-19 Vaccine Provider must not sell or seek reimbursement for COVID-19 Vaccine or any adjuvant, syringes, needles, or other constituent products and ancillary supplies that the federal government provides without cost to the Provider.

Communication Resources

12.1 Q: Are there Federal or California State requirements for individuals to sign a COVID-19 vaccine consent or declination form?

A: COVID-19 vaccine Providers may opt to use a consent or declination form at their discretion. The use of a consent form is not required for an Emergency Use Authorization vaccine. Persons receiving immunization should receive the Emergency Use Authorization Fact Sheet for Recipients [COVID-19 Vaccine Facts Sheet for Recipients and Caregivers](#) and COVID-19 Vaccine Providers may also want to provide additional information from the CDC toolkit available at [Provider Communication Toolkit](#).

12.2 Q: What is V-safe and where can I find information to share with my patients?

A: V-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through V-safe, you can quickly tell CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from CDC may call to check on you and get more information. V-safe will also remind you to get your second COVID-19 vaccine dose if you need one. To register, visit [V-safe Registration](#).

12.3 Q: Where can I find information and updates for COVID-19 Vaccine Providers?

A: Additional Information, including important website links and COVID-19 Call Center contact information is located at [EZIZ COVID-19 Information](#).

12.4 Q: Where can Providers find patient communications tools?

A: Providers can access COVID-19 vaccine communication tools, including multi-lingual and special population resources, at [Provider Communication Tools](#).

12.5 Q: How can Providers help patients register and schedule appointments with My Turn Public?

A: Providers can help patients register by directing them to [My Turn COVID-19 Vaccine Eligibility](#) or by calling the California COVID-19 vaccine information line at 1.833.422.4255, M-F 8AM-8PM, and S-S 8AM-5PM.

12.6 Q: What is the COVID-19 Call Center for Providers?

A: The COVID-19 Call Center for Providers is dedicated to assisting COVID-19 vaccine Providers in California. The Call Center specifically addresses questions about program requirements, enrollment, and vaccine distribution. To contact the COVID-19 Call Center for Providers send an email to covidcallcenter@cdph.ca.gov or call 833.502.1245 M-F, 8AM-8PM.

To receive Provider updates from the CDPH COVID-19 Provider Call Center, send an email to COVIDCallCenter@cdph.ca.gov and request to be added to the distribution list.

