

EXHIBIT C

FAQ's on Vaccine MOU

- 1. The MOU addresses counties as providers to “patients.” How does this apply at mass vaccine sites where those who arrive for vaccine may not have an existing provider/patient relationship with the County?**
 - A. The term patient in this MOU is intended broadly to mean any person who the County is administering a vaccine to. A pre-existing provider/patient relationship is not required. The MOU avoided using the term “person” or something broader than “patient” to recognize the sensitivity of counties around “geofencing,” and did not want to imply that counties have to vaccinate all persons, even those who do not reside or work in the County. The geofencing issue is not addressed directly in this MOU, and is being resolved separately.

- 2. If a County does not directly administer vaccines, does it need to sign this MOU?**
 - A. No. This MOU is only meant for Counties that are providers of vaccine. If your County does not administer vaccines itself, the County does not need to sign the agreement.

- 3. If a County has a public hospital, does the hospital have to sign its own MOU? Does it have to contract directly with Blue Shield?**
 - A. The State envisions that one MOU would cover the entire County, including its constituent parts. However, if you believe that your public hospital is a separate legal entity (i.e., not a constituent part of the “County,”), the hospital can execute its own MOU. The MOU is intended as an alternative to the Blue Shield provider agreement for public providers, so public hospitals, to the extent they may not be covered by the County MOU, can sign their own MOU. They does not need to contract with Blue Shield.

- 4. This MOU specifies that Counties cannot reallocate or distribute vaccine to other providers. Does it also prohibit the County from contracting with providers to supplement county-owned systems in order to assist Counties in implementing their vaccination and equity strategies?**
 - A. Yes. The MOU is drafted to implement the State’s Third Party Administrator process. The process is fundamentally based on centralizing distribution, data, eligibility, and priority of vaccine through the Third Party Administrator. The MOU’s prohibition on County reallocation or contracting with other providers to administer vaccine is consistent with the State’s view of the TPA model. The State recommends that medical providers and clinics that have been working with the County in vaccinations execute a provider agreement directly with Blue Shield. There are no limits to the number of provider agreements that can be executed within a County. The State notes that while the initial emphasis for network contracts is on providers who can vaccinate a high volume of patients, a key element of the network strategy is to include providers who can administer vaccine in hard-to-reach communities, including smaller providers and independent practices.

- 5. Does the prohibition on reallocation prevent the County from sending vaccine to County-run programs (i.e., detention facilities, county-owned psychiatric facilities, county homeless shelters, etc.)?**
 - A. No. Counties can use their allocated vaccines to vaccinate the public, or to vaccinate persons in County-operated programs and services.

- 6. My County uses a certified electronic health record that is not specifically listed in the examples provided in the MOU. Can the County continue to use our system?**

- A. An electronic health record system does not need to be specifically listed in the MOU in order for it to be acceptable, so long as it meets the industry standards and is certified, and can interface with MyTurn.