COVID-19 Vaccine Provider Agreement System (VPAS) Training

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Citywide Immunization Registry (CIR) Access

• Access to the CIR Online Registry is necessary to complete the COVID-19 Vaccination Program Provider Agreement
  o Covid-19 vaccine ordering will also be done in the Online Registry
• Each site should setup CIR Online Registry Site Security Administrator (SSA) access if they haven’t already
  o SSAs can set up accounts (username, password) for access to the Online Registry
  o You may request Online Registry access from the CIR directly: complete, scan, and send these forms to cir-reset@health.nyc.gov:
    o Security Administrator (User Manager) User ID/Password Request Form (Facilities)
    o Security Administrator (User Manager) Confidentiality Statement for Online Access and Acceptable Use Protocol
Accessing the Vaccine Agreement Invitation in the CIR

- To begin enrollment, a designated staff member should log on to the CIR Online Registry (nyc.gov/health/cir)

- Next, navigate to the VIM/COVID icon and select the COVID-19 Vaccination Program tab

- An invitation link to begin the enrollment process will be sent to your email address after clicking Start COVID-19 Vaccination Program Enrollment
COVID-19 Vaccination Program Application

Hello,

Click Here to Sign In

https://nyc.vaccineacception.org?&zum?
appKey=a11a9yCnnnWc4d8PVlWv6JGOMNY?e=UfAO_HxVTq&node=&sqlis&code=831edmmu6d6IlSbuvDr9F_D-
7Ca_sbiQ0BN1BjMFeB7W12&continue=https://nyc.vaccineacception.org/provider/b8b9991b07?c=69301b89448/dashboard?lass=on

Your network should complete just one Provider Agreement. One Section A of the Provider Agreement will be completed per network. One Section B will be completed for each vaccination location within your network.

Please note that you will be able to share this link with others in your facility to respond to the specific questions and to add their signatures, if required. You will be able to save and return to the Agreement to modify or update information after submission.

If you are not advised@health.nyc.gov or need additional assistance, please contact:

nycemunzresa@health.nyc.gov

Thank you.

Bureau of Immunization
New York City Department of Health and Mental Hygiene
Vaccine Provider Agreement System (VPAS)

- Use the email associated with your Online Registry account to enter the system

- Staff can add additional collaborators to work on the documents via an email invitation

- Networks should complete a single COVID-19 Vaccination Provider Agreement

- VPAS users will need to add COVID-19 vaccine administration sites to the system so that separate Provider Profiles can be created for each location

- After submission of the COVID-19 Vaccination Provider Agreement and Provider Profile, users can return to the system to add additional administration sites and make changes to the documents in VPAS
VPAS Overview

• Section A
  • Provider requirements and legal agreement
  • Requires e-signatures:
    • Chief Medical Officer (CMO) or Equivalent and
    • Chief Executive Officer (CEO) or Chief Fiduciary
  • One Section A should be completed per network or group

• Section B
  • A separate Section B is required for each vaccine administration site in a group or network
  • Identify COVID-19 Vaccine Coordinators
    • Primary and Back-Up Required
  • Shipping location and hours
  • Size and type of population served
  • Type of facility
  • Vaccine storage capacity
  • Provider information
  • E-signature of Medical/Pharmacy Director or location’s Vaccine Coordinator
We’re in this together.

Your participation in the CDC COVID-19 Vaccination Program will help protect our community.

PROGRAM APPLICATION FORMS

Provider Requirements and Legal Agreements

To participate in the CDC COVID-19 Vaccination Program, your organization’s Chief Medical Officer (or equivalent) and Chief Executive Officer (or Chief Fiduciary) must review the requirements in this section and provide electronic signatures.

Provider Profile Information – Vaccination Clinic Locations

On your Provider Profile, designate the COVID-19 vaccine coordinators and provide the following information: delivery address and times, storage capacity. Information about the health care personnel and patient populations served at this location, and a list of vaccinating providers. This information is required for each facility or location that will participate in this program.

Application Administrators

Need others to complete a section of the Provider Agreement? You can invite your colleagues to contribute to completion of the Provider Agreement. You will be able to grant access to all in-progress forms, the ability to create new locations, and invite other collaborators.

You can also invite multiple collaborators to individual forms, including the ability to restrict editing capabilities to specific sections, by using the “Share” button at the top of each form.

Invite Admin
Section A Overview

Working towards Submission

Once your organization has completed this form, you may submit it for review by the awardee that invited you to participate in this program. If additional information is required from your organization, an email will be sent with details to all collaborators on this form.

Organization Information

Responsible Officers

Agreement Requirements & Signatures

Additional Questions from NYC DOHMH
Organization Information

Organization Information

Organization's legal Name:*  

Number of affiliated vaccination locations covered by this agreement:*  
This field cannot be "0"

Organization Address:*  
Street Address
City  
Select County...  
NY  
ZIP Code

Telephone number:*  
Email:*  

Must be monitored, and will serve as dedicated contact method for the COVID-19 Vaccination Program
Responsible Officers

- CMO (or equivalent) and
- CEO (or chief fiduciary)
I understand this is an agreement between Organization and CDC. This program is a part of collaboration under the relevant state, local, or territorial immunization's cooperative agreement with CDC.  

To receive one or more of the publicly funded COVID-19 vaccines (COVID-19 Vaccine), constituent products, and ancillary supplies at no cost, Organization agrees that it will adhere to the following requirements:

1. Organization must administer COVID-19 Vaccine in accordance with all requirements and recommendations of CDC and CDC’s Advisory Committee on Immunization Practices (ACIP).  

Within 24 hours of administering a dose of COVID-19 Vaccine and adjuvant (if applicable), Organization must record in the vaccine recipient’s record and report required information to the relevant state, local, or territorial public health authority. Details of required information (collectively, Vaccine Administration Data) for reporting can be found on CDC’s website.

**Chief Medical Officer (or Equivalent)**

<table>
<thead>
<tr>
<th>E-Signature*</th>
<th>Date*</th>
</tr>
</thead>
<tbody>
<tr>
<td>I agree to the requirements and terms as outlined above, and affirm that the information provided in this document is accurate.</td>
<td>[MM/DD/YYYY]</td>
</tr>
</tbody>
</table>

**Chief Executive Officer (or Chief Fiduciary)**

<table>
<thead>
<tr>
<th>E-Signature*</th>
<th>Date*</th>
</tr>
</thead>
<tbody>
<tr>
<td>I agree to the requirements and terms as outlined above, and affirm that the information provided in this document is accurate.</td>
<td>[MM/DD/YYYY]</td>
</tr>
</tbody>
</table>
• For the purpose of this section, Healthcare Personnel (HCP) refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. These HCP may not be directly involved in patient care but potentially may be exposed to infectious agents that can be transmitted among HCP and patients. Include emergency medical service (EMS) staff, contract staff, medical students, and medical residents.
Submitting Section A for Review

- Be sure to **Save** each subsection
- Scroll to the top of the form to submit for review
- Submit for Review button will remain disabled
  - If each subsection is not **saved**
  - If there are **incomplete** fields as indicated here
Adding a Section B
Adding a Section B

• A CIR Facility Code is needed to add a section B
• Each section must have a separate, distinct Facility Code
Managing Section B Submissions

- Multiple section Bs may be submitted for each network.
- You are able to add, edit or delete section Bs at any time by clicking on the 3 dots.
Section B Overview

Working towards Submission
Once your organization has completed this form, you may submit it for review by the awardee that invited you to participate in this program. If additional information is required from your organization, an email will be sent with details to all collaborators on this form.

Location Details
Location Demographics & Supplemental Information
Facility Storage Capabilities
Providers Practicing at this Facility
Additional Questions from NYC DOHMH

Share Access to this Form

Collaborator Emails
Please enter one or many email addresses to invite

Sections they can edit
Location Details
Location Demographics & Supplemental Information
Facility Storage Capabilities
Providers Practicing at this Facility
Additional Questions from NYC DOHMH
### Location Details

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location Name</td>
<td>X</td>
</tr>
<tr>
<td>If another location will order COVID-19 vaccine for this location, please enter that location's name</td>
<td></td>
</tr>
<tr>
<td>COVID-19 Vaccination Provider Type</td>
<td></td>
</tr>
</tbody>
</table>

#### Primary COVID-19 Vaccine Coordinator Information

- **Please note that the Primary COVID-19 Vaccine Coordinator and the Back-up COVID-19 Vaccine Coordinator CANNOT be the same.**

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last name</td>
<td>First name</td>
</tr>
<tr>
<td></td>
<td>Middle Initial</td>
</tr>
<tr>
<td>Telephone</td>
<td>Email</td>
</tr>
</tbody>
</table>

#### Backup COVID-19 Vaccine Coordinator Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last name</td>
<td>First name</td>
</tr>
<tr>
<td></td>
<td>Middle Initial</td>
</tr>
<tr>
<td>Telephone</td>
<td>Email</td>
</tr>
</tbody>
</table>
### Location Details

#### Address for Receipt of COVID-19 Vaccine Shipments

If this facility code has a pre-existing Vaccine for Children (VFC) account, ensure that the shipping address for COVID-19 matches the address for VFC. If you would like to use a different address from your VFC account for COVID-19 vaccine shipments, you must create a new facility code.

**Address:**

- **Street Address**
- **City**
- **Select County:**
- **NY**
- **ZIP Code**

**Telephone number:**

- **Fax number:**

#### Address for Administration of COVID-19 Vaccine

Please complete this section if vaccine administration will occur at a different location than where shipments are delivered.

**Street Address**

- **City**
- **Select County:**
- **NY**
- **ZIP Code**

**Telephone number:**

- **Fax number:**

#### Days & Times Vaccine Coordinators are Available for Receipt of COVID-19 Vaccine Shipments

Every day (Monday-Friday) must be accounted for. If there are no shipping hours for a day and the office is closed, please leave it blank. Providers must be on site with appropriate staff to receive vaccine at least one day a week other than Monday, and for at least four consecutive hours on that day. If this facility code has a pre-existing Vaccine for Children (VFC) account, ensure that the shipping hours for COVID-19 match the hours for VFC.

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Morning</strong></td>
<td>From..</td>
<td>From..</td>
<td>From..</td>
<td>From..</td>
<td>From..</td>
</tr>
<tr>
<td></td>
<td>To..</td>
<td>To..</td>
<td>To..</td>
<td>To..</td>
<td>To..</td>
</tr>
<tr>
<td><strong>Afternoon</strong></td>
<td>From..</td>
<td>From..</td>
<td>From..</td>
<td>From..</td>
<td>From..</td>
</tr>
<tr>
<td></td>
<td>To..</td>
<td>To..</td>
<td>To..</td>
<td>To..</td>
<td>To..</td>
</tr>
</tbody>
</table>
Location Demographics & Supplemental Information

Setting(s) Where this Location will Administer COVID-19 Vaccine

- Childcare or daycare facility
- Community center
- Health care provider office, health center, medical practice, or outpatient clinic
- In-home
- Pharmacy
- School (grades K-12)
- Temporary or off-site vaccination clinic – point of dispensing (POD)
- Urgent Care facility
- Other (specify):

- College, technical school, or university
- Correctional/detention facility
- Hospital (i.e., inpatient facility)
- Long-term care facility (e.g., nursing home, assisted living, independent living, skilled nursing)
- Public health clinic (e.g., local health department)
- Shelter
- Temporary location – mobile clinic
- Workplace

Approximate Number of Patients/Clients Routinely Served by this Location

- Number of children 18 years of age and younger:
  - Enter "0" if location does not serve this age group.

- Number of adults 19–64 years of age:
  - Enter "0" if location does not serve this age group.

- Number of adults 65 years of age and older:
  - Enter "0" if location does not serve this age group.

- Select appropriate settings where this location will administer vaccines
- Choose multiple options if appropriate
Location Demographics & Supplemental Information

- Select populations served by this location
- Choose multiple options if appropriate
### Facility Storage Information and E-signature

#### Facility Storage Capabilities

### Influenza Vaccination Capacity

**Number of influenza vaccine doses administered during the peak week of the 2019-20 influenza season:**

Enter "0" if no influenza vaccine doses were administered by this location in the 2019-20 influenza season.

### COVID-19 Vaccine Storage Capacity

Please enter the estimated number of 10-Dose Multidose Vials (MDVs) this location is able to store during peak vaccination periods (e.g., during back-to-school or influenza vaccine season) at the following temperatures:

<table>
<thead>
<tr>
<th>Temperature</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigerated (2° to 8°C):*</td>
<td>Approximately [ ] additional 10-dose MDVs</td>
</tr>
<tr>
<td>Frozen (-15° to -25°C):*</td>
<td>Approximately [ ] additional 10-dose MDVs</td>
</tr>
<tr>
<td>Ultra-Frozen (-60° to -80°C):*</td>
<td>Approximately [ ] additional 10-dose MDVs</td>
</tr>
</tbody>
</table>

Must indicate capacity at this temperature, or enter "0" to indicate no capacity.
Facility Storage Information and E-signature

Storage Unit Details

Please list the brand/model/type of storage units to be used for storing COVID-19 vaccine at this location.

Consider the following when entering your vaccine storage details:

- **Purpose Built/Pharmaceutical-Grade Storage Units** - Designed specifically for storage of biologics, including vaccines.
- **Combined Household Storage Units** - Only the refrigerator section of a combination unit should be used to store vaccines. The freezer compartment of this type of unit is not recommended to store vaccines.
- **Dorm-Style & Bar-Style Storage Units** - Not allowed for vaccine storage.

For more guidance on vaccine storage and handling requirements, refer to the Center for Disease Control & Prevention's Vaccine Storage and Handling Toolkit.

<table>
<thead>
<tr>
<th>Brand (e.g. CDC &amp; Co.)</th>
<th>Model (e.g. Red series two-door)</th>
<th>Select Unit Type</th>
</tr>
</thead>
</table>

Add Additional Storage Unit

COVID-19 Vaccine Storage Agreement

**E-Signature**

I, the medical/pharmacy director or vaccine coordinator for this location, attest that each storage unit listed will maintain the appropriate temperature range indicated above.

**Date**

MM/DD/YYYY

Next Section  Save
Providers Participating in COVID-19 Vaccine Program

Providers Practicing at this Facility

Please list below all licensed healthcare providers at this location who have *prescribing* authority or will have *oversight* of the handling or administration of COVID-19 vaccine (i.e., MD, DO, NP, PA, RPh). Only those with direct involvement with COVID-19 vaccine should be listed.

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Title</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Select a title...</td>
<td>......</td>
</tr>
</tbody>
</table>

Add Additional Provider

Next Section  Save

Additional Questions from NYC DOHMH

Is your facility willing to vaccinate patients other than your own?

- [ ] Yes, our facility is willing to vaccinate patients other than our own.

Save
Providers Participating in COVID-19 Vaccine Program

Providers Practicing at this Facility

Please list below all licensed healthcare providers at this location who have *prescribing* authority or will have *oversight* of the handling or administration of COVID-19 vaccine (i.e., MD, DO, NP, PA, RPh). Only those with direct involvement with COVID-19 vaccine should be listed.

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Add Additional Provider

Next Section  Save

Additional Questions from NYC DOHMH

Is your facility willing to vaccinate patients other than your own?

☐ Yes, our facility is willing to vaccinate patients other than our own.

Save
Your Organization’s COVID-19 Vaccine Program Section B application for 1555201 has been rejected

COVID-19 Vaccination Program Application

Dear Provider,

Thank you for your recent enrollment (Section B) of your network and individual facilities in the New York City (NYC) Department of Health and Mental Hygiene (Health Department) COVID-19 Vaccination Program using the Vaccine Provider Agreement System (VPAS). Unfortunately, your enrollment application for facility 1555201 has been rejected.

View Rejected Submission

Or copy and paste the following URL into your browser’s address bar:
https://nyc.vaccineagreement.org/form/89ae08c-c75f-3f1a-4b-2002-a237a10

Please log into VPAS using your email, navigate to your dashboard and select the form(s) in rejected status, review the rejection notes located at the top of your screen, then select the “withdraw submission and unlock” button to correct all errors identified and resubmit for review.

Thank you for your cooperation,

Bureau of Immunization
New York City Department of Health and Mental Hygiene

Submission Rejected

This form has been rejected by your awardee, please Withdraw your Submission, make the required adjustments, sign, and Submit again.

Your reviewer’s notes were:

“The COVID-19 primary and back-up vaccine coordinators cannot be the same person. Provider must edit and resubmit.”
COVID-19 Vaccine Program Application Approval

COVID-19 Vaccination Program Application

Dear Provider,

Thank you for your recent enrollment of your network and individual facilities in the New York City (NYC) Department of Health and Mental Hygiene (DOHMH) COVID-19 Vaccination Program. Your enrollment application (Section B) has been approved for Facility Code 1555291. Your PIN for the COVID-19 Vaccination Program is BAACV9999.

To place your COVID-19 vaccine order, log into the CIR Online Registry ONE HOUR after receiving this email. Be sure to use the Online Registry User ID that is associated with the CIR Online Registry Facility Code noted on this approved COVID-19 enrollment application. Please order enough vaccine to cover your healthcare personnel and patients when pre-booking COVID-19 vaccine. Partial vaccine shipments will be sent incrementally as vaccine becomes available.

Along with pre-booking COVID-19 vaccine your site will need for health care personnel and eligible patients and community members, you will now be asked to submit a partial order for the number of COVID-19 vaccines your facility is able to administer in one week. Going forward, place an order by Monday at 12pm to receive vaccine for the following week. If you did not receive vaccine for the current week, your request will rollover to the next week and you will not need to re-enter an order. After receiving vaccines, you are required to submit and reconcile your first and second dose on-hand COVID-19 vaccine inventory by lot number. Please see the attached guidance for ordering and managing inventory in the VIM.

Even though you may place a COVID-19 vaccine order, vaccine distribution will be based on priority groups put forth by the New York State Department of Health and it may take several weeks before your practice receives vaccine.

In addition, it is required that you report COVID-19 vaccinations to the Citywide Immunization Registry (CIR) within 24 hours of administration. You may report in one of 3 ways:

1. The preferred option is via direct connection from your electronic health record (EHR). You can connect your EHR directly to the CIR and report in real time as you are vaccinating. To achieve this, you will need to place a ticket with your EHR vendor to install an immunization interface with the CIR. The EHR vendor will need to reach out to us at cir_interop@health.nyc.gov to set up and test the interface before you can report your vaccinations. You must also complete the Healthcare Provider Confidentiality Agreement and email it to cir_interop@health.nyc.gov or fax it to (347) 396-2559.

2. Through the Online Registry (OR), the CIR’s web-based application. You already obtained access to the OR in order to sign the COVID-19 Vaccine Provider Agreement and to order COVID-19 vaccine. You can log into the OR and report COVID-19 vaccinations, one by one.

3. Via a flat file. If you have a programmer on site, they can compile a file from your electronic system and send it to us through a secure website. Please email dkahre@health.nyc.gov for more information.

Thank you for your cooperation,

Bureau of Immunization
New York City Department of Health and Mental Hygiene
COVID-19 Vaccine Program Application Withdrawal

A request to withdraw an application can be made via phone or email.

Some common reasons include:
- No longer interested in receiving or administering COVID-19 vaccines
- Staffing and scheduling conflicts
VPAS Reminders

• Access VPAS using the Google Chrome or Microsoft Edge browsers
• If your invitation is unopened for more than 6 hours the link will expire; a new link will be sent to you
• A new link will be sent to you if you change computers
• Once your invitation is activated you can access VPAS here:
  o https://nyc.vaccineagreement.org/
• Section A and B must be associated when submitted in order to be considered complete
• Vaccine ordering is only enabled when Section A and B are approved in VPAS
Contact Information

Questions?
CIR hotline at 347-396-2400
Email nycimmunize@health.nyc.gov
Thank you!

Questions?
Email COVIDVax@health.nyc.gov