INSTRUCTIONS FOR ENROLLING IN THE COVID-19 VACCINATION PROGRAM

NYC PROVIDERS
COVID-19 VACCINATION PROGRAM

ENROLLMENT

- Medical facility networks and individual facilities are required to sign a federal provider agreement
- Stepwise approach to facility enrollment to reach priority populations
  - 55 acute care hospitals and specialty hospitals have enrolled
  - FQHC enrollment almost complete
  - Enrollment for remaining NYC vaccination providers opened 12/7
- Almost all nursing homes and adult care facilities in NYC are enrolled in CDC’s Pharmacy Partnership for Long-term Care Program
COVID-19 VACCINATION PROGRAM

VACCINE ALLOCATION

• COVID-19 vaccine is still in limited supplies
• General providers and facilities should not anticipate being able to order COVID-19 vaccine until spring or summer of 2021
ROLE OF NYC CITYWIDE IMMUNIZATION REGISTRY (CIR)

- Provider agreement must be completed and signed in the CIR
- Vaccine will be ordered via an online system
  - System is a part of the CIR
  - Currently used by all providers enrolled in the Vaccines for Children Program
- Vaccine will be shipped directly to the facility from the vaccine manufacturer or CDC distributor
- Reporting of all administered COVID vaccine doses to the CIR is required
COVID-19 Vaccine Provider Agreement System (VPAS) Training

Georgia Elysee, MPH, Coordinator of Data Analysis and Training
Melissa Mickle-Hope, MPH, Unit Chief
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

• 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 Online Registry

• 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 your email address after clicking ‘Start COVID-19 Vaccination Program Enrollment’
Invitation Email

Please click on the link below to complete the COVID-19 Vaccination Program Provider Agreement.

https://nyc.vaccineagreement.org/ibaum?
apiKey=AlzaSyDrmnDMc5PvVv5D9OMNYAsjUVE=O_NyATjyk&mode=sigin&oobCode=FG4Mo_2ymuQjkx4SI.ScpI.Log:1M1.5vu5Ir7dXF1pYAAAF1j6h4AO&continueUrl=https://nyc.vaccineagreement.org/provider/5f871498509851001a14f07d/dashboard&lang=en

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 mmickle@health.nyc.gov or need additional assistance, please contact: ctr@health.nyc.gov.
Vaccination 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
- Hospital networks should complete a single COVID-19 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:
    • CMO (or Equivalent) *and*
    • 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

Section A 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.

Section II 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.
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.

Submit for Review

Organization Information>

Responsible Officers>

Agreement Requirements & Signatures>

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
- Facility Storage Guidelines
- Facility Demographics & Supplemental Information
- Providers Practicing at Facility
- Additional Questions from NYC DOHMH

Cancel
Send Invite
Organization Information

Organization’s legal Name:*  
Ari’s COVID Vaccine Test Clinic

Number of affiliated vaccination locations covered by this agreement:*  
5

Organization Address:*  
4209 28th street  
Long Island City  
Queens  
NY  
11428

Telephone number:*  
(347) 396-5411

Email:*  
viaw@health.ny.gov

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

Save

Next Section
# Responsible Officers

- CMO (or equivalent) and
- CEO (or chief fiduciary)

<table>
<thead>
<tr>
<th>Chief Medical Officer (or Equivalent) Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Last name</strong></td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td><strong>Title</strong></td>
</tr>
<tr>
<td>Project Manager</td>
</tr>
<tr>
<td><strong>Telephone number</strong></td>
</tr>
<tr>
<td>(SALT) 304-0689</td>
</tr>
<tr>
<td><strong>Address</strong></td>
</tr>
<tr>
<td>4209 6th Street</td>
</tr>
<tr>
<td>Long Island City</td>
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</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td><strong>Telephone number</strong></td>
</tr>
<tr>
<td>(SALT) 306-2400</td>
</tr>
<tr>
<td><strong>Address</strong></td>
</tr>
<tr>
<td>4209 6th Street</td>
</tr>
<tr>
<td>Long Island City</td>
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Agreement Requirements & Signatures

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.

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Chief Medical Officer (or Equivalent)

<table>
<thead>
<tr>
<th>E-Signature*</th>
<th>Date*</th>
</tr>
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<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>
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Chief Executive Officer (or Chief Fiduciary)

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</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 from HCP and patients. Please include emergency medical service (EMS) staff, contract staff, medical students, and medical residents.
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.
Adding a Section B

- A CIR Facility Code is needed to add a Section B
- Each section must have a separate, distinct Facility Code
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.

Submit for Review

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
Press "enter" after adding each email address to invite as collaborators of this form.

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

Send Invite
Location Demographics & Supplemental Information (1)

• Select appropriate setting(s) where this location will administer vaccine
• Choose multiple options if appropriate
• Complete separate Section Bs for additional vaccine administration sites
Location Demographics & Supplemental Information (2)

- Select population(s) 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*:

1,000

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:

- **Refrigerated (2° to 8°C)**:
  - 0 capacity
  - Approximately 1,000 additional 10-dose MDVs

- **Frozen (-15° to -25°C)**:
  - 0 capacity
  - Approximately 1,000 additional 10-dose MDVs

- **Ultra-Frozen (-60° to -80°C)**:
  - 0 capacity
  - Approximately 0 additional 10-dose MDVs

### Storage Unit Details

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

<table>
<thead>
<tr>
<th>Brand/Model/Type</th>
<th>Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helmer 5/65</td>
<td>Refrigerator (2° to 8°C)</td>
</tr>
<tr>
<td>IUFD26 6/65</td>
<td>Freezer (-15° to -25°C)</td>
</tr>
<tr>
<td>Helmer 5/65</td>
<td>Refrigerator (2° to 8°C)</td>
</tr>
<tr>
<td>Series</td>
<td>Refrigerator (2° to 8°C)</td>
</tr>
</tbody>
</table>

### COVID-19 Vaccine Storage Agreement

**E-Signature**

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

*The date of signature is **10/14/2020**.
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 (i.e., MD, DO, NP, PA, RPh).

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Title</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>MD</td>
<td>000000</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>MD</td>
<td>111111</td>
</tr>
</tbody>
</table>

Add Additional Provider

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
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:
  ○ https://nyc.vaccineagreement.org
Contact Information

• CIR
  • CIR hotline at 347-396-2400
  • Email nycimmunize@health.nyc.gov