New York State
COVID-19
Vaccination
Program Provider
Enrollment
Presentation Overview

- The NYSDOH COVID-19 Vaccination Program
- CDC Pharmacy Partnership for Long Term Care Program
- NYSDOH and NYCDOHMH enrollment processes
- Overview of vaccine development and distribution assumptions
- Walk through: Key sections of the NYSDOH online enrollment system
COVID-19 Vaccine Development

- Six vaccine manufacturers have received funding from the federal program “Operation Warp Speed” to produce a COVID-19 vaccine to be available in early 2021

- Four vaccines are in phase III trials in the U.S. to assess safety and whether the vaccine can prevent COVID-19
  - Moderna mRNA vaccine
  - Pfizer mRNA vaccine
  - Oxford/AstraZeneca DNA vaccine – trial paused
  - Johnson & Johnson/Janssen DNA vaccine – trial paused
COVID-19 Vaccines Expected to Become Available First

**Pfizer mRNA vaccine**
- Shipped at -70°C
- Can be stored in shipping container with replenishment of dry ice
- Can be stored at 2-8°C for up to 5 days
- 1000 dose order minimum
- 5 dose vials
- Requires reconstitution

**Moderna mRNA vaccine**
- Shipped and stored at -20°C
- Can be stored at 2-8°C for up to 14 days
- Minimum 100 dose orders
- 10 dose vials
- No preservative or reconstitution needed
COVID-19 Vaccine Assumptions

• Vaccine will only be available through CDC or NYSDOH initially
• Distribution will be limited by vaccine storage and handling requirements
• Two doses will be required
  • Interval is either 21 days (Pfizer) or 28 days (Moderna)
• Intramuscular administration
• Products will not be interchangeable
• Shipped with vaccination supplies
COVID-19 Vaccine Availability

Expect vaccine to become available in two phases:

• I: Limited availability for highest priority groups
• II: Greater availability for general public
COVID-19 Vaccine Availability Phase 1

• Limited supply for the country
  – Initially, 10-20 million doses by end of November
  – Another 10 million doses by end of December

• Vaccine would likely be available under an FDA Emergency Use Authorization and not be a licensed product

• CDC will likely distribute vaccine to
  – Federal locations (e.g., Veterans Health Administration sites)
  – Other national entities (e.g., chain pharmacies)

• Vaccine is likely to be offered at a smaller number of sites that can reach the target populations (e.g., hospitals and large medical facilities for administration to health care personnel)

• NYS allocation is not known
COVID-19 Vaccine Availability Phase 2

- A licensed vaccine is expected as early as 2021
- This will mean greater availability to general public
- Production expected to start before vaccine is licensed
- NYSDOH would oversee vaccine distribution
- Broad distribution and availability
- Will expand on existing vaccination infrastructure to include providers such as independent health care providers, pharmacies, FQHCs, etc.
COVID-19 Vaccine Distribution

- LHDs, medical facility networks, individual facilities, etc. and all administration sites will be required to complete a federal provider agreement and profile(s), available through the Health Commerce System.
- Vaccine will be ordered through the New York State Immunization Information System (NYSIIS).
- Orders will be reviewed and approved by NYSDOH Vaccine Program staff.
- Initially, shipments will likely be partial.
- Orders will be sent to CDC by NYSDOH using VTrckS, a CDC application.
- Vaccine will be shipped directly to the facility from the vaccine manufacturer or CDC distributor.
- Reporting of all administered COVID vaccine doses is expected to be required.
Are you ready?

- How will you allocate initial doses of vaccine?
- Consider those at higher risk of severe COVID-19 illness
- Are you set up in NYSIIS?
- Are you reporting adult vaccine doses in NYSIIS?
CDC COVID-19 VACCINATION PROGRAM
PROVIDER AGREEMENT

NYSDOH Enrollment in the
Health Commerce System
How to access application on HCS

https://commerce.health.state.ny.us/hcs/index.html

Login to HCS using your User ID and Password

If you don’t have an HCS account, click Sign Up Here link to fill out the account request form
Add the COVID-19 Vaccine Enrollment Application

1. Go to My Content in the top menu bar and choose All Applications

2. Click the letter C in the browse menu
Add the COVID-19 Vaccine Enrollment Application

3. Scroll down until you see COVID-19 Vaccine Program Provider Enrollment

Click the in the column to the right to add to your My Applications menu on the HCS home screen for easy access next time you login. You will see a message at the top of the screen.

The Application was successfully added to your MyApps list

TIP: You may need to click Refresh My Applications List for it to appear
CDC COVID-19 Vaccination Program Provider Agreement

Please complete Sections A and B of this form as follows:

The Centers for Disease Control and Prevention (CDC) greatly appreciates your organization's (Organization) participation in the CDC COVID-19 Vaccination Program. Your Organization's chief medical officer (or equivalent) and chief executive officer (or chief fiduciary) —collectively, Responsible Officers—must complete and sign the CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A). CDC COVID-19 Vaccination Program Provider Profile Information (Section B) must be completed for each vaccination Location covered under the Organization listed in Section A.

### Section A. CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement

**ORGANIZATION IDENTIFICATION**

Organization's legal name: * Required

Number of affiliated vaccination locations covered by this agreement: 1

Organization telephone number: * (999) 999-9999 x99999

Email: * Required

(must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program)

Address line 1: * Required

Address line 2: Optional
Two sections of the Enrollment

Section A: Provider Requirements and Legal Agreement
• Specifies the conditions of participation and must be filled out for the organization (i.e. network, health system, or medical group)

Section B: Program Provider Profile Form
• Must be filled out for every vaccination provider location receiving COVID-19 vaccine
• Collects info on address, practice type, patient population, storage capacity

If you are a group, you will submit a single Section A and multiple Section Bs together
If you are a single practice or clinic, you will have one Section A and one Section B
# Section A: Organization Identification

**ORGANIZATION IDENTIFICATION**

- **Organization’s legal name:**
  - Required

- **Number of affiliated vaccination locations covered by this agreement:** 1

- **Organization telephone number:** *(999) 999-9999 x99999*
  - Required

- **Email:** *(must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program)*
  - Required

- **Address line 1:** *
  - Required

- **Address line 2:**
  - Optional

- **City:** *
  - Required

- **County:** *
  - Select county

- **State:** *
  - Select state

- **ZIP code:** *
  - 99999

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This information will be filled out for the organization.

The email address entered here is important as it will be the contact method to communicate enrollment determination and next steps.
Section A: Responsible Officers

The Chief Medical Officer (or Equivalent) and the Chief Executive Officer (or Chief Fiduciary) are accountable for overall compliance with the agreement and are required to sign the agreement (for all locations included)

• For small practices that do not have both a CMO and CEO/CFO one person may be listed in both areas
Section A: Redistribution Agreement Request

• Supplemental COVID-19 Vaccine Redistribution Agreement will only be furnished to certain organizations and must be requested by answering the question in this section or contacting the NYS COVID-19 Vaccine Program

• Submissions will be reviewed by the NYS COVID-19 Vaccine Program to make a determination

• All locations receiving COVID-19 vaccine, constituent products, and ancillary supplies must have a completed and approved *CDC COVID-19 Vaccination Program Provider Profile form* (Section B)

• CDC does not pay for or reimburse awardees, COVID-19 vaccination provider organizations, facilities, or other entities for any redistribution beyond the initial designated primary CDC ship-to location, or for any vaccine-specific portable refrigerators and/or qualified containers and pack-outs.

COVID-19 vaccine will be shipped in minimum order quantities no smaller than 100 doses. NYS will allow some healthcare organizations to redistribute vaccine to sites not receiving direct shipments. To redistribute vaccine a COVID-19 Vaccine Redistribution Agreement must be submitted and approved. All costs associated with redistribution are the responsibility of the organization. All locations receiving redistributed vaccine must complete a Provider Profile (Section B).

Question: Are you interested in receiving a COVID-19 Vaccine Redistribution Agreement?

☐ Yes
☐ No
Section A: Agreement Requirements and Signatures

When checking the Agreement Requirements box all conditions of the agreement are displayed.

AGREEMENT 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).1

2. 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.2

Organization must submit Vaccine-Administration Data through either (1) the immunization information system (IIS) of the state and local or territorial jurisdiction or (2) another system designated by CDC according to CDC documentation and data requirements.3

Organization must preserve the record for at least 3 years following vaccination, or longer if required by state, local, or territorial law. Such records must be made available to any federal, state, local, or territorial public health department to the extent authorized by law.

3. Organization must not sell or seek reimbursement for COVID-19 Vaccine and any adjuvant, syringes, needles, or other constituent products and ancillary supplies that the federal government provides without cost to Organization.

4. Organization must administer COVID-19 Vaccine regardless of the vaccine recipient’s ability to pay COVID-19 Vaccine administration fees.

5. Before administering COVID-19 Vaccine, Organization must provide an approved Emergency Use Authorization (EUA) fact sheet or vaccine information statement (VIS), as required, to each vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative.

6. Organization’s COVID-19 vaccination services must be conducted in compliance with CDC’s Guidance for Immunization Services During the COVID-19 Pandemic for safe delivery of vaccines.4
Section A: Agreement Requirements and Signatures

In the HCS application an attestation box is checked to electronically sign the agreement. Both CMO and CEO/CFO must attest and type their name.

Attestation

By typing name where indicated, checking this box, and clicking the Submit button, I understand and agree that:

- I am electronically signing and filing the COVID-19 Vaccination Program Provider Agreement ("Agreement");
- Electronically signing and filing this Agreement is the legal equivalent of having placed my handwritten signature on the submitted Agreement and this attestation;
- In addition to certifying that all relevant officers, directors, employees, and agents of the Organization involved in handling COVID-19 vaccine understand and will comply with this Agreement's requirements, I further certify such individuals have been directed to comply with New York State law, including but not limited to laws governing scope of practice related to administration of vaccinations, where applicable.
- By entering this Agreement, Organization does not become a State government contractor.
- I am affirming that the statements made in this Agreement are true under the penalties of perjury and are subject to verification.
Section B: Organization Identification for Individual Locations

In the agreement “locations” refer to each physical site (i.e. practice, clinic, hospital, pharmacy) that will receive and administer COVID-19 vaccine.

If the location is planning to have vaccine redistributed from another location rather than receiving vaccine directly shipped from the CDC, they must answer ‘Yes’ to this question and give the name of the location that will order vaccine for them.
Section B: Primary and Back-up COVID-19 Vaccine Coordinator

- The vaccine coordinator listed on this form is the individual who will be responsible for receiving vaccine shipments, monitoring storage unit temperatures, managing inventory, etc.
- It is encouraged that these individuals have New York State Immunization Information System (NYSIIS) administrative user access for the location’s ordering and inventory management but another person at the location may be the NYSIIS user.

CONTACT INFORMATION FOR LOCATION’S PRIMARY COVID-19 VACCINE COORDINATOR

<table>
<thead>
<tr>
<th>Field</th>
<th>Required/Optional</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>Required</td>
</tr>
<tr>
<td>Middle Initial</td>
<td>Optional</td>
</tr>
<tr>
<td>Telephone:</td>
<td>(999) 999-9999 x99999</td>
</tr>
<tr>
<td>Last Name:</td>
<td>Required</td>
</tr>
<tr>
<td>Email:</td>
<td>Required</td>
</tr>
</tbody>
</table>

CONTACT INFORMATION FOR LOCATION’S BACK-UP COVID-19 VACCINE COORDINATOR

<table>
<thead>
<tr>
<th>Field</th>
<th>Required/Optional</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>Required</td>
</tr>
<tr>
<td>Middle Initial</td>
<td>Optional</td>
</tr>
<tr>
<td>Telephone:</td>
<td>(999) 999-9999 x99999</td>
</tr>
<tr>
<td>Last Name:</td>
<td>Required</td>
</tr>
<tr>
<td>Email:</td>
<td>Required</td>
</tr>
</tbody>
</table>
Section B: Organization Location Addresses

Organization location address for receipt of COVID-19 Vaccine Shipments

- This must be accurate since this is where deliveries will be made

**Organization location address for receipt of COVID-19 Vaccine Shipments**

<table>
<thead>
<tr>
<th>Street address 1: *</th>
<th>Street address 2:</th>
<th>City: *</th>
<th>County: *</th>
<th>Optional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required</td>
<td>Optional</td>
<td>Required</td>
<td>ZIP code:</td>
<td>Select county</td>
</tr>
<tr>
<td>City: *</td>
<td>County: *</td>
<td>New York</td>
<td>ZIP code:</td>
<td>New York</td>
</tr>
<tr>
<td>State: *</td>
<td>County: *</td>
<td>Optional</td>
<td>ZIP code:</td>
<td>Optional</td>
</tr>
<tr>
<td>Telephone: *</td>
<td>Optional</td>
<td>(999) 999-9999</td>
<td>Fax:</td>
<td>(999) 999-9999</td>
</tr>
</tbody>
</table>

Organization address of location where COVID-19 vaccine will be administered

- This will usually be the same as your delivery address

**Organization address of location where COVID-19 vaccine will be administered (if same as receiving location check here)**

<table>
<thead>
<tr>
<th>Street address 1: *</th>
<th>Street address 2:</th>
<th>City: *</th>
<th>County: *</th>
<th>Optional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required</td>
<td>Optional</td>
<td>Required</td>
<td>ZIP code:</td>
<td>Select county</td>
</tr>
<tr>
<td>City: *</td>
<td>County: *</td>
<td>New York</td>
<td>ZIP code:</td>
<td>Select county</td>
</tr>
<tr>
<td>State: *</td>
<td>County: *</td>
<td>Optional</td>
<td>ZIP code:</td>
<td>Optional</td>
</tr>
<tr>
<td>Telephone: *</td>
<td>Optional</td>
<td>(999) 999-9999</td>
<td>Fax:</td>
<td>(999) 999-9999</td>
</tr>
</tbody>
</table>
Section B: Days and Times for COVID-19 Vaccine Shipments

Providers **must** be available to accept shipments during all hours selected.

**DAYS AND TIMES VACCINE COORDINATORS ARE AVAILABLE FOR RECEIPT OF COVID-19 VACCINE SHIPMENTS**

<table>
<thead>
<tr>
<th></th>
<th>Closed</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>☐</td>
<td>08:30 AM</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Must be open at least one day*

This box enables you to apply hours you have listed for one day to all days not marked as closed.

Same hours for all days
Section B: Provider Type

Choose the provider type that best describes this location

<table>
<thead>
<tr>
<th>COVID-19 VACCINATION PROVIDER TYPE FOR THIS LOCATION (SELECT ONE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select Provider Type</td>
</tr>
<tr>
<td>Commercial vaccination service provider</td>
</tr>
<tr>
<td>Corrections/detention health services</td>
</tr>
<tr>
<td>Health center – community (non-Federally Qualified Health</td>
</tr>
<tr>
<td>Center/non-Rural Health Clinic)</td>
</tr>
<tr>
<td>Health center – migrant or refugee</td>
</tr>
<tr>
<td>Health center – occupational</td>
</tr>
<tr>
<td>Health center – STD/HIV clinic</td>
</tr>
<tr>
<td>Health center – student</td>
</tr>
</tbody>
</table>

This is just a portion of the 28 provider type options. Use the scroll bar to see other choices.

If your type is not listed, you may choose ‘Other’ and type a description in the box that appears.
Section B: Setting(s) Where this Location will Administer COVID-19 Vaccine

Select all settings you plan to administer COVID-19 vaccine

This is just a portion of the setting choices. Use the scroll bar to see other choices.

If a setting is not listed, you may choose ‘Other’ and type a description in the box that appears.
Section B: Patient Population

Report the number of patients/clients routinely served in each age category and average unique patients/week. This information will help us determine capacity, so enter a number if possible rather than ‘unknown’

<table>
<thead>
<tr>
<th>Approximate Number of Patients/Clients Routinely Served by This Location</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children 18 years of age and younger:</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>(Enter “0” if the location does not serve this age group.)</td>
</tr>
<tr>
<td>Number of adults 19–64 years of age:</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>(Enter “0” if the location does not serve this age group.)</td>
</tr>
<tr>
<td>Number of adults 65 years of age and older:</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>(Enter “0” if the location does not serve this age group.)</td>
</tr>
<tr>
<td>Number of unique patients/clients seen per week, on average:</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>Not applicable (e.g., for commercial vaccination service providers)</td>
</tr>
</tbody>
</table>

You must enter a number between 0 and 99,999 or check ‘unknown’
Section B: Influenza Vaccination Capacity

Report the number of influenza vaccine doses administered during peak week of 2019-20 influenza season. This information will help us determine peak administration capacity, so enter a number if possible rather than ‘unknown’

INFLUENZA VACCINATION CAPACITY FOR THIS LOCATION

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 2019-20)

☐ Unknown
☐ Not applicable

You must enter a number between 0 and 999,999 or check ‘Unknown’ or ‘Not applicable’
Section B: Population(s) Served by this Location

Select all populations you regularly serve or plan to target for COVID-19 vaccination. This information will help us identify whether you serve a group prioritized for vaccination.

This is just a portion of the population choices. Use the scroll bar to see other choices.

If a population is not listed, you may choose ‘Other’ and type a description in the box that appears.
Section B: Reporting Vaccine Administration Data
(New York State Immunization Information System)

You are required to report administration of COVID-19 vaccine within 24 hours.

Does your org currently report vaccine administration data to NYSIIS?

- Yes List NYSIIS Org ID
- No
- Not applicable

If you answer ‘Yes’ a box will pop up requiring you to enter your NYSIIS Org ID. This is your unique ID and can be found in the NYSIIS Edit Org screen. It is up to 6 digits (see next slide on how to find NYSIIS Org ID)

If your organization is not currently set up in NYSIIS, select No. The box above will appear to explain how you will report. NYSIIS is required for ordering vaccine, managing inventory, and reporting doses administered. Your organization will be entered in NYSIIS upon enrollment.
How to find your Org ID in NYSIIS

1. Log into NYSIIS-Production and access the NYSIIS Portal page
   a) If a user has access to more than one org in NYSIIS, they will automatically land on the NYSIIS Portal page when logging in.
   b) If a user has access to only one org in NYSIIS, they bypass the Portal and land on the homepage for their org when they click NYSIIS – Production from HCS. These users need to click the ‘Manage Access/Account’ tab to access the NYSIIS Portal.

2. On the left side menu panel of the NYSIIS Portal Page, click ‘Edit Organization.’ **Note** – this menu item is only available to Administrative Users in NYSIIS.
3. Click the org you’d like to view

4. Org ID is the first field on the Edit Organization screen
Section B: Storage Unit Capacity

You must have capacity for at least one storage unit type. Which COVID-19 vaccine product(s) you may order will be based on this capacity.

<table>
<thead>
<tr>
<th>ESTIMATED NUMBER OF 10-DOSE MULTIDOSE VIALS (MDVs) YOUR LOCATION IS ABLE TO STORE DURING PEAK VACCINATION PERIODS (E.G., DURING BACK-TO-SCHOOL OR INFLUENZA VACCINE SEASON) AT THE FOLLOWING TEMPERATURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigerated (2°C to 8°C)</td>
</tr>
<tr>
<td>Frozen (-15° to -25°C)</td>
</tr>
<tr>
<td>Ultra-frozen (-60° to -80°C)</td>
</tr>
</tbody>
</table>

You must either select ‘No Capacity’ or ‘Approximately’ for each type (approximately means you do have capacity for this storage unit type).

If you choose ‘Approximately’ you must enter a capacity number. Make sure this is TOTAL capacity – if you have more than one unit that could store COVID-19 vaccine, add capacity for all units of that type/temperature.

IMPORTANT: This is number of 10-dose multidose vials, not total doses (i.e. if you have capacity for 5,000 doses you would enter 500 in the box).
Section B: Storage Unit Details for this Location

Please add information for each storage unit that will be used for storing COVID-19 vaccine at this location. You should list each unit you included in the storage unit capacity question.

**STORAGE UNIT DETAILS FOR THIS LOCATION**

List brand/model/type of storage units to be used for storing COVID-19 vaccine at this location

- **Type of unit** *
  - Select unit type

- **Make/model** *
  - Required

- **Grade of unit** *
  - Select grade of unit

Use the Add Storage Unit button to add another unit

You should have at least one unit for each type listed in the capacity question (i.e. if you said you have freezer capacity you should have details on at least one freezer)

**Type of unit** = Refrigerator, Freezer, or Ultra Cold

**Make/model** = short description of unit

**Grade of unit** = household/commercial combination, household/commercial stand alone, or Pharmaceutical
Section B: Location Storage Attestation

In the HCS application an attestation box is checked to electronically sign the agreement and attest that each unit listed will be monitored for safe temperatures. The medical/pharmacy director or vaccine coordinator must attest and type their name.

I attest that each unit listed will maintain the appropriate temperature range indicated above:

Medical/pharmacy director or location’s vaccine coordinator name *

Attestation

By typing name where indicated, checking this box, and clicking the Submit button, I understand and agree that:

• I am electronically signing and filing the COVID-19 Vaccination Program Provider Agreement (“Agreement”);
• Electronically signing and filing this Agreement is the legal equivalent of having placed my handwritten signature on the submitted Agreement and this attestation;
• In addition to certifying that all relevant officers, directors, employees, and agents of the Organization involved in handling COVID-19 vaccine understand and will comply with this Agreement’s requirements, I further certify such individuals have been directed to comply with New York State law, including but not limited to laws governing scope of practice related to administration of vaccinations, where applicable.
• By entering this Agreement, Organization does not become a State government contractor.
• I am affirming that the statements made in this Agreement are true under the penalties of perjury and are subject to verification.
Part B: Providers Practicing at this Facility

List all healthcare provider at the location with prescribing authority

- **Provider first name**: Required
- **Provider middle initial**: Optional
- **License Number**: Required
- **Provider last name**: Required
- **Title**: Required

Use the Add Provider button to add another to the location. Organizations must report all providers that will prescribe or issue a standing order for COVID-19 vaccination. All other healthcare providers with prescribing authority are encouraged to be included.

Title dropdown is matched to SED license type to enable license verification. Options are listed on the next slide.
SED Profession Codes in dropdown

Pharmacist
Pharmacist, limited license
Registered Physician Assistant
Nurse Practitioner, Adult Health
Nurse Practitioner, College Health
Nurse Practitioner, Community Health
Nurse Practitioner, Family Health
Nurse Practitioner, Gerontology
Nurse Practitioner, Neonatology
Nurse Practitioner, Obstetrics & Gynecology

Nurse Practitioner, Oncology
Nurse Practitioner, Pediatrics
Nurse Practitioner, Perinatology
Nurse Practitioner, Psychiatry
Nurse Practitioner, School Health
Nurse Practitioner, Women’s Health
Nurse Practitioner, Acute Care
Nurse Practitioner, Palliative Care
Nurse Practitioner, Holistic medicine
Nurse Practitioner, Anesthesia Medicine
Medicine
Medicine, limited license
Addendum: Non-established Patients

This question is to assess capacity to vaccinate individuals that are not established patients, including priority populations, through walk-in clinics, mass vaccination clinics, employee clinics, etc.

Is your facility willing to vaccinate individuals that are not established patients (walk-in clinics, mass vaccination clinics, employee clinics, etc.)? *

☐ Yes
☐ No

If you answer ‘Yes’ a table will appear to estimate capacity for targeted groups (see next slide)
Addendum: Non-established patient population estimates

Please estimate number of individuals that are not established patients you may be able to vaccinate through additional clinics:

<table>
<thead>
<tr>
<th>Health Care Worker Estimates</th>
<th>Age 6–19</th>
<th>Age 19–64</th>
<th>Age 65+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU Personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Department Personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High-risk Personnel, not listed above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (non high-risk) Health Care Workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMT/First Responders</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Health Care Workers</strong></td>
<td>This row will automatically total based on data input in all rows above</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employer clinics for essential workers:

- [ ]
- [ ]
- [ ]
- [ ]

Clinics for medically high-risk:

- [ ]
- [ ]
- [ ]
- [ ]

Clinics for general population:

- [ ]
- [ ]
- [ ]
- [ ]

Health Care Workers are paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious material.

High-risk personnel may include those caring for COVID-19 patients, cleaning areas where COVID-19 patients are admitted and treated, and performing procedures with high risk of aerosolization such as endotracheal intubation, bronchoscopy, suctioning, turning the patient to the prone position, disconnecting the patient from the ventilator, invasive dental procedures and exams, invasive specimen collection, and cardiopulmonary resuscitation.


Medically high-risk conditions:

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 or higher)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes mellitus
- COPD (chronic obstructive pulmonary disease)
- COPD (chronic obstructive pulmonary disease)

If you are not intending to hold targeted clinics for specific groups listed above, please enter your estimates in the Clinics for General Population category.

Estimates entered here are number of total individuals you may be able to vaccinate through mass vaccination and other clinic that are either targeted for a specific group or open to the public.
Addendum: High Throughput Capacity Assessment

Some vaccines will have a minimum order quantity of 1,000 doses with ultra cold storage. Cold chain can be maintained in the shipping container with dry ice replenishment for up to 10 days. To minimize waste this vaccine can only go to large, high-throughput locations unless there is ultra cold storage capacity.

Can your facility administer 1000 doses of COVID-19 vaccine over the course of 10 days? *

- Yes
- No
- Unknown
Addendum: High Throughput Capacity Assessment

Additional questions assess number of health care personnel (HCP) this location can vaccinate within 10 days and the format of point-of-distribution (POD).

Closed POD = will vaccinate your own HCP only
Open POD = will vaccinate your own HCP as well as HCP from other organizations

How many health care personnel could your facility vaccinate within 10 days? *

Format of distribution (POD)? *

- Closed POD
  - Yes
  - No
  - Unknown

- Open POD
  - Yes
  - No
  - Unknown

These questions are targeted mainly toward early enrolled providers such as hospitals and local health departments, but may be answered by all. If they do not apply to your provider type, enter ‘0’ in the box and select ‘No’ for distribution type questions.
Add Another Location Provider Profile

**IMPORTANT!!** There is functionality to save an incomplete form at any time by clicking the Save icon in the lower right of the screen. Once you click Submit you will not be able to return to your form.

You should enter all locations (Section B) under the organization *together*. If you do click submit and need to add another location you may either fill out another enrollment form (fill out Section A and Section B) or if you want it added to a previously submitted form you can fill out the PDF enrollment form and submit it via email for state users to add to your organization.

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You must submit a Provider Profile (Section B) for every provider location receiving COVID-19 vaccine under this organization. Press the add button to complete another Provider Profile. Do not press submit until all locations for this organization have been entered.

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Click the Save button at any time to save progress.
Save and Return to a Form

• The Save button will follow the screen in the bottom right corner of the screen.
• The only information that is required to Save is Organization name.
• When you click the Save button you will receive a message in the upper right that says indicates the save was successful.
• When you return to the application you will see the saved submissions. You can either edit, discard, or start a new application.

<table>
<thead>
<tr>
<th>Saved Drafts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization’s legal name</td>
</tr>
<tr>
<td>Test Provider Organization</td>
</tr>
</tbody>
</table>

• IMPORTANT: Only the same HCS user can access the draft.
• Once you submit you will no longer have access to the application.
Submit Your Enrollment

When you click the Submit button you will either receive a message that error(s) must be corrected (they will appear in RED throughout the application) or you will receive a notice that it has been submitted along with a button to download a copy of the completed enrollment.

Before leaving the page, click the Download PDF button and save a copy of your completed enrollment.
Downloaded Agreement

The first page of your downloaded agreement will look like this. Note that the Reference ID that was given on the submit message is at the top of the form.

CDC COVID-19 Vaccination Program Provider Agreement

Reference ID: 100124

Please complete Sections A and B of this form as follows:

The Centers for Disease Control and Prevention (CDC) greatly appreciates your organization’s (Organization) participation in the CDC COVID-19 Vaccination Program. Your Organization’s chief medical officer (or equivalent) and chief executive officer (or chief fiduciary) – collectively, Responsible Officers – must complete and sign the CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A). CDC COVID-19 Vaccination Program Provider Profile Information (Section B) must be completed for each vaccination Location covered under the Organization listed in Section A.

Section A. COVID-19 Vaccination Program Provider Requirements and Legal Agreement
Questions?

Questions can be emailed to COVID19Vaccine@health.ny.gov