



Department of Health

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Governor

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Executive Deputy Commissioner

December 3, 2020

Dear Healthcare Provider:

New York State healthcare provider practices (outside of the five boroughs of New York City) interested in administering COVID-19 vaccine must be enrolled in the New York State COVID-19 Vaccination Program to be ready to order and receive publicly supplied COVID-19 vaccine and ancillary supplies when the vaccine becomes available to you. An online enrollment application tool named “COVID-19 Vaccine Program Provider Enrollment” is now accessible through the Health Commerce System (HCS). Please refer to the instructions for [Accessing the Enrollment Application Tool in HCS](#).

Please review the information in this letter and each of the referenced resource documents (links provided) and complete the enrollment application in the HCS online application tool as soon as possible, but not later than close of business December 18, 2020.

If your practice is part of a larger organization, please confirm with your parent organization whether A) the parent organization has or will be enrolling your practice under its application or B) the parent organization prefers you to directly enroll your practice. If your parent organization has or will be enrolling your practice, then you do not need to take further action regarding enrollment.

- Refer to the [COVID-19 Vaccination Program Provider Agreement & Profile & Addendum](#) document to see the type of information you will need to enter in the online application tool.
- Carefully review the [Enrollment Instructions Guide](#) for a detailed explanation of key fields in the online application tool.
- You may also view a [record webinar](#) (approximately 30 minutes long) for a walk-through of the online application tool.

The online enrollment application tool includes the following sections:

The **CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement** (Section A) specifies the conditions of participation for vaccination provider organizations and their affiliated facility locations. The chief medical officer (or equivalent) and chief executive officer (or chief fiduciary officer or equivalent) signing this agreement must be the individuals who will be held accountable for and responsible for compliance with the conditions outlined in the agreement. This section of the form will only be completed once, regardless of the number of locations you are enrolling. Each location will be entered under the profile section. (Note: In the HCS online application tool, signatures are obtained using an attestation check box.)

The **CDC COVID-19 Vaccination Program Provider Profile and NYSDOH Addendum** (Section B) outlines key minimum data elements required to be collected from every vaccination provider location receiving COVID-19 vaccine and ancillary products, such as receiving site address information, practice type, and patient population size and volume. This information must be

completed and signed (electronically) for **each** location covered under the Organization listed in Section A.

New York State Immunization Information System (NYSIIS) accounts:

Every COVID-19 Vaccine Program provider vaccination location entered under Section B (Provider Profile) will need a NYSIIS account. If a vaccination provider location does not have a NYSIIS **organization account** one will be set up by the NYS COVID-19 Vaccine Program upon processing the enrollment. It is important to ensure that appropriate staff, including the primary and backup vaccine coordinators listed in the application, have NYSIIS **administrative user account** access.

Functions that administrative users perform in NYSIIS include placing vaccine orders; monitoring vaccine inventory; entering doses administered and/or performing data exchange (uploading and downloading data) between the provider's electronic health system and NYSIIS; entering vaccine returns and wastage; and generating reports for internal review (e.g. doses administered).

Please take the following steps to obtain access for new users (this may be done before or after your enrollment application is submitted):

1. NYSIIS is located on the Health Commerce System. If responsible staff do not yet have an HCS account, they must apply for one. Please refer to the [Instructions for requesting and HCS account](#).
2. Take the NYSIIS Administrative User training located [here](#). You must have an HCS ID (step 1 above) to register for the training. Please refer to the [NYSIIS Standard and Admin Users Directions](#).

Submission deadline:

Enter the Provider Agreement and Profile information **in the online Health Commerce System application tool** as soon as possible, but before close of business **December 18, 2020**.

Any questions about the enrollment process should be sent to COVID19Vaccine@health.ny.gov

Sincerely,



Debra S. Blog, MD, MPH
Director, Division of Epidemiology

Resources:

[COVID-19 Vaccination Program Provider Agreement & Profile & Addendum Enrollment Instructions Guide](#)
[Instructions for requesting and HCS Account](#)
[Accessing the Enrollment Application Tool in HCS](#)
[NYSIIS Standard and Admin User Directions](#)
[Recorded online application walk-through](#)

Live "Office Hours" Enrollment Process Q&A Webinars. Click on the date and time below to register.

[12/08/20, 3 pm- 4 pm](#)

[12/10/20, 4 pm- 5 pm](#)

[12/15/20, 2 pm- 3 pm](#)

[12/17/20, 1 pm- 2 pm](#)

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). In addition, the CDC COVID-19 Vaccination Program Provider Profile Information (Section B) must be completed for each vaccination location (Location) covered under the Organization listed in Section A.

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

Organization identification

Organization's legal name:

Number of affiliated vaccination locations covered by this agreement:

Organization telephone:

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

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Responsible officers

For the purposes of this agreement, in addition to Organization, Responsible Officers named below will also be accountable for compliance with the conditions specified in this agreement. The individuals listed below must provide their signatures after reviewing the agreement requirements.

Chief Medical Officer (or Equivalent) Information

Last name:

First name:

Middle initial:

Title:

Licensure state:

Licensure number:

Telephone:

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Chief Executive Officer (or Chief Fiduciary) Information

Last name:

First name:

Middle initial:

Telephone:

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Agreement requirements

I understand this is an agreement between Organization and CDC. This program is part of a collaboration under the relevant state, local, or territorial immunization program'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).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.²
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 or coverage status. Organization may seek appropriate reimbursement from a program or plan that covers COVID-19 Vaccine administration fees for the vaccine recipient. Organization may not seek any reimbursement, including through balance billing, from the vaccine recipient.
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.³
7. Organization must comply with CDC requirements for COVID-19 vaccine management. Those requirements include the following:
 - a) Organization must store and handle COVID-19 vaccine under proper conditions, including maintaining cold chain conditions and chain of custody at all times in accordance with the manufacturer's package insert and CDC guidance in CDC's *Vaccine Storage and Handling Toolkit*, which will be updated to include specific information related to COVID-19 vaccine;
 - b) Organization must monitor vaccine storage unit temperatures at all times using equipment and practices that comply with guidance in CDC's *Vaccine Storage and Handling Toolkit*;
 - c) Organization must comply with each relevant jurisdiction's immunization program guidance for dealing with temperature excursions;
 - d) Organization must monitor and comply with COVID-19 vaccine expiration dates; and
 - e) Organization must preserve all records related to COVID-19 vaccine management for a minimum of 3 years, or longer if required by state, local, or territorial law.
8. Organization must report the number of doses of COVID-19 vaccine and adjuvants that were unused, spoiled, expired, or wasted as required by the relevant jurisdiction.
9. Organization must comply with all federal instructions and timelines for disposing of COVID-19 Vaccine and adjuvant, including unused doses.⁵
10. Organization must report any adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS) (1-800-822-7967 or <http://vaers.hhs.gov/contact.html>).
11. Organization must provide a completed COVID-19 vaccination record card to every COVID-19 vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative. Each COVID-19 vaccine shipment will include COVID-19 vaccination record cards.
12. a) Organization must comply with all applicable requirements as set forth by the U.S. Food and Drug Administration, including but not limited to requirements in any EUA that covers COVID-19 vaccine.
b) Organization must administer COVID-19 vaccine in compliance with all applicable state and territorial vaccination laws.

This agreement expressly incorporates all recommendations, requirements, and other guidance that this agreement specifically identifies. Organization must monitor such identified guidance for updates. Organization must comply with such updates.

¹ www.cdc.gov/vaccines/hcp/acip-recs/index.html

² www.cdc.gov/vaccines/programs/iis/index.html

³ www.cdc.gov/vaccines/pandemic-guidance/index.html

⁴ <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>

⁵ The disposal process for remaining unused COVID-19 vaccine and adjuvant may be different from the process for other vaccines; unused vaccines must remain under storage and handling conditions noted in Item 7 until CDC provides disposal instructions; website URL will be made available.

⁶ See Pub. L. No. 109-148, Public Health Service Act § 319F-3, 42 U.S.C. § 247d-6d and 42 U.S.C. § 247d-6e; 85 Fed. Reg. 15,198, 15,202 (March 17, 2020).

By signing this form, I certify that all relevant officers, directors, employees, and agents of Organization involved in handling COVID-19 vaccine understand and will comply with the agreement requirements listed above and that the information provided in sections A and B is true.

The above requirements are material conditions of payment for COVID-19 vaccine administration claims submitted by Organization to any federal healthcare benefit program, including but not limited to Medicare, Medicaid, and the Health Resources and Services Administration COVID-19 Uninsured Program. Reimbursement for administering COVID-19 vaccine is not available under any federal healthcare benefit program if Organization fails to comply with these requirements with respect to the administered COVID-19 vaccine dose. Each time Organization submits a reimbursement claim for COVID-19 vaccine administration to any federal healthcare benefit program, Organization expressly certifies that it has complied with these requirements with respect to that administered dose.

Non-compliance with the terms of Agreement may result in suspension or termination from the CDC COVID-19 Vaccination Program and criminal and civil penalties under federal law, including but not limited to the False Claims Act, 31 U.S.C. § 3729 et seq., and other related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349.

By entering Agreement, Organization does not become a government contractor under the Federal Acquisition Regulation.

Coverage under the Public Readiness and Emergency Preparedness (PREP) Act extends to Organization if it complies with the PREP Act and the PREP Act Declaration of the Secretary of Health and Human Services.⁶

Organization Medical Director (or equivalent)

Last name: First name: Middle initial:

Signature: Date:

Chief Executive Officer (chief fiduciary role)

Last name: First name: Middle initial:

Signature: Date:

For official use only:

IIS ID, if applicable:

Unique COVID-19 Organization ID (Section A)*:

**The jurisdiction's immunization program is required to create a unique COVID-19 ID for the organization named in Section A that includes the awardee jurisdiction abbreviation (e.g., an organization located in Georgia could be assigned "GA123456A." This ID is needed for CDC to match Organizations (Section A) with one or more Locations (Section B). This unique identifier is required even if there is only one location associated with an organization.*

Section B. CDC COVID-19 Vaccination Program Provider Profile Information

Please complete and sign this form for your Organization location. If you are enrolling on behalf of one or more other affiliated Organization vaccination locations, complete and sign this form for each location. Each individual Organization vaccination location must adhere to the requirements listed in Section A.

Organization identification for individual locations

Organization location name:

Will another Organization location order COVID-19 vaccine for this site?

☐ If YES; provide Organization name:

Contact information for location's primary COVID-19 vaccine coordinator

Last name:

First name:

Middle initial:

Telephone:

Email:

Contact information for location's backup COVID-19 vaccine coordinator

Last name:

First name:

Middle initial:

Telephone:

Email:

Organization location address for receipt of COVID-19 vaccine shipments

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Telephone:

Fax:

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

(if different from receiving location)

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Telephone:

Fax:

Days and times vaccine coordinators are available for receipt of COVID-19 vaccine shipments

Monday	Tuesday	Wednesday	Thursday	Friday
AM:	AM:	AM:	AM:	AM:
PM:	PM:	PM:	PM:	PM:

For official use only:

VTckS ID for this location, if applicable:

Vaccines for Children (VFC) PIN, if applicable:

IIS ID, if applicable:

Unique COVID-19 Organization ID (from Section A):

Unique Location ID**:

**The jurisdiction's immunization program is required to create an additional unique Location ID for each location completing Section B. The number should include the awardee jurisdiction abbreviation. For example, if an organization (Section A) in Georgia (e.g., GA123456A) has three locations (main location plus two additional) completing section B, they could be numbered as GA123456B1, GA123456B2, and GA123456B3).

COVID-19 vaccination provider type for this location *(select one)*

- | | |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Commercial vaccination service provider | <input type="checkbox"/> Medical practice – other specialty |
| <input type="checkbox"/> Corrections/detention health services | <input type="checkbox"/> Pharmacy – chain |
| <input type="checkbox"/> Health center – community (non-Federally Qualified Health Center/
non-Rural Health Clinic) | <input type="checkbox"/> Pharmacy – independent |
| <input type="checkbox"/> Health center – migrant or refugee | <input type="checkbox"/> Public health provider – public health clinic |
| <input type="checkbox"/> Health center – occupational | <input type="checkbox"/> Public health provider – Federally Qualified Health Center |
| <input type="checkbox"/> Health center – STD/HIV clinic | <input type="checkbox"/> Public health provider – Rural Health Clinic |
| <input type="checkbox"/> Health center – student | <input type="checkbox"/> Long-term care – nursing home, skilled nursing facility, federally
certified |
| <input type="checkbox"/> Home health care provider | <input type="checkbox"/> Long-term care – nursing home, skilled nursing facility, non-federally
certified |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Long-term care – assisted living |
| <input type="checkbox"/> Indian Health Service | <input type="checkbox"/> Long-term care – intellectual or developmental disability |
| <input type="checkbox"/> Tribal health | <input type="checkbox"/> Long-term care – combination (e.g., assisted living and nursing home
in same facility) |
| <input type="checkbox"/> Medical practice – family medicine | <input type="checkbox"/> Urgent care |
| <input type="checkbox"/> Medical practice – pediatrics | <input type="checkbox"/> Other <i>(Specify: _____)</i> |
| <input type="checkbox"/> Medical practice – internal medicine | |
| <input type="checkbox"/> Medical practice – OB/GYN | |

Setting(s) where this location will administer COVID-19 vaccine *(select all that apply)*

- | | |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Child care or day care facility | Pharmacy |
| College, technical school, or university | Public health clinic (e.g., local health department) |
| Community center | School (K – grade 12) |
| Correctional/detention facility | Shelter |
| Health care provider office, health center, medical practice, or
outpatient clinic | Temporary or off-site vaccination clinic – point of dispensing (POD) |
| Hospital (i.e., inpatient facility) | Temporary location – mobile clinic |
| In home | Urgent care facility |
| Long-term care facility (e.g., nursing home, assisted living,
independent living, skilled nursing) | Workplace |
| | Other <i>(Specify: _____)</i> |

Approximate number of patients/clients routinely served by this location

Number of children 18 years of age and younger:	<i>(Enter "0" if the location does not serve this age group.)</i>	Unknown
Number of adults 19 – 64 years of age:	<i>(Enter "0" if the location does not serve this age group.)</i>	Unknown
Number of adults 65 years of age and older:	<i>(Enter "0" if the location does not serve this age group.)</i>	Unknown
Number of unique patients/clients seen per week on average:		Unknown
Not applicable (e.g., for commercial vaccination service providers)		

Influenza vaccination capacity for this location

Number of influenza vaccine doses administered during the peak week of the 2019–20 influenza season:	Unknown
<i>(Enter "0" if no influenza vaccine doses were administered by this location in 2019-20.)</i>	

Population(s) served by this location (select all that apply)

- | | |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| General pediatric population | Pregnant women |
| General adult population | Racial and ethnic minority groups |
| Adults 65 years of age and older | Tribal communities |
| Long-term care facility residents (nursing home, assisted living, or independent living facility) | People who are incarcerated/detained |
| Health care workers | People living in rural communities |
| Critical infrastructure/essential workers (e.g., education, law enforcement, food/agricultural workers, fire services) | People who are underinsured or uninsured |
| Military – active duty/reserves | People with disabilities |
| Military – veteran | People with <u>underlying medical conditions</u> * that are risk factors for severe COVID-19 illness |
| People experiencing homelessness | <u>Other people at higher risk for COVID-19 (Specify: _____)</u> |

Does your organization currently report vaccine administration data to the state, local, or territorial immunization information system (IIS)?

If **YES** [List IIS Identifier: _____]

If **NOT**, please explain planned method for reporting vaccine administration data to the jurisdiction's IIS or other designated system as required:

If **NOT APPLICABLE**, please explain:

Estimated number of 10-dose multidose vials (MDVs) your location is able to store during peak vaccination periods (e.g., during back-to-school, influenza season) at the following temperatures:

Refrigerated (2°C to 8°C):	No capacity OR	<u>Approximately</u>	<u>additional 10-dose MDVs</u>
Frozen (-15°C to -25°C):	No capacity OR	<u>Approximately</u>	<u>additional 10-dose MDVs</u>
Ultra-frozen (-60°C to -80°C):	No capacity OR	<u>Approximately</u>	<u>additional 10-dose MDVs</u>

Storage unit details for this location

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

1. _____
2. _____
3. _____
4. _____
5. _____

I attest that each unit listed will maintain the appropriate temperature range indicated above (*please sign and date*):

Medical/pharmacy director or location's vaccine coordinator signature:

Date:

Providers practicing at this facility (additional spaces for providers at end of form)

[illegible]

NYS COVID-19 Vaccine Provider Profile Addendum

Is your facility willing to vaccinate individuals that are not established patients (walk-in clinics, mass vaccination clinics, employee clinics, etc.)? ☐ YES ☐ NO

IF YES, please estimate number of individuals that are not established patients you may be able to vaccinate through additional clinics:

	Age 0-18	Age 19-64	Age 65+	Total
Health Care Worker Estimates				
ICU Personnel				
Emergency Department Personnel				
High-risk Personnel, not listed above				
Other (non high-risk) Health Care Workers				
EMT/First Responders				
Total Health Care Workers				
Employee 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.

Essential workers: <https://esd.ny.gov/guidance-executive-order-2026>

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

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.

Can your facility administer 1,000 doses of COVID-19 vaccine over the course of 10 days?

- ☐ YES
☐ NO
☐ UNKNOWN

How many health care workers/personnel could your facility vaccinate within 10 days? _____

Format of distribution (point-of-dispensing)?

Closed POD: ☐ YES ☐ NO ☐ UNKNOWN

Open POD: ☐ YES ☐ NO ☐ UNKNOWN

How to Enroll with New York State Department of Health (NYSDOH) COVID-19 Vaccination Program 11/22/20

Background

New York State healthcare organizations (with locations outside of New York City) interested in administering COVID-19 vaccine must enroll in the NYSDOH COVID-19 Vaccination Program to be ready to order and receive publicly supplied COVID-19 vaccine and ancillary supplies. The enrollment process is completed through the Health Commerce System (HCS) online application tool named COVID-19 Vaccine Program Provider Enrollment. The online tool contains the Provider Agreement and Profile sections outlined below. The sections in the tool mirror the CDC COVID-19 Vaccination Program Provider Agreement and include an addendum with NYSDOH questions. This **Enrollment Instructions Guide** provides a detailed explanation and important information about completing the application fields.

Note: Only vaccination provider locations outside the five boroughs of New York City (NYC) may enroll with NYSDOH. Providers located within NYC must seek guidance from the New York City Department of Health and Mental Hygiene (NYCDOHMH) regarding enrollment.

There are TWO sections to the enrollment:

Section A: COVID-19 Vaccination Program Provider Requirements and Legal Agreement

This section specifies the conditions of participation for vaccination provider organizations and their constituent facilities in the federal COVID-19 vaccination program. The medical (or equivalent role) and chief executive officer (or chief fiduciary) signing this agreement must be the individuals who will be held accountable for and responsible for compliance with the conditions outlined in the agreement. (Note: In the online tool signatures are obtained using an attestation check box.)

Section B: CDC COVID-19 Vaccination Program Provider Profile and Addendum

This section outlines key minimum data elements required by CDC to be collected from every *vaccination provider location receiving COVID-19 vaccine and constituent products, such as receiving site address information, practice type, and patient population size and volume. An addendum includes questions required by NYSDOH.

*Only provider locations that will receive (through shipments) and administer vaccine should be included in Section B. **Do not** include point-of-dispensing sites (i.e. sites where an enrolled vaccination provider will bring vaccine for administering to a targeted population on the same day).

A vaccination provider parent organization with multiple facility locations may enroll those facility locations by either:

1. Completing Section A and adding each facility that will receive and administer vaccine under one application by completing a Section B for each; or
2. Having each facility location enroll independently by completing a Section A and Section B.

Step by Step Guide to completing the enrollment fields in the online system

Important: Remember to periodically click on the save icon in the lower right corner of the screen while working on the application.



Note: Select one individual to data enter the information in the online enrollment tool. The online system does not allow more than one user to work on the same application. The individual that begins an application must also complete the application (although it does not have to be completed in one sitting).

SECTION A: COVID-19 Vaccination Program Provider Requirements and Legal Agreement

1. **Organization Identification:** This section should be filled in with the provider organization information (i.e. health system, medical group, parent organization).

Question	Description/Important Info
Organization's legal name	Legal name of the organization
Number of affiliated vaccination locations covered by this agreement	This is the number of Section B vaccination provider locations submitted with the agreement. When completing on the Health Commerce System (HCS) this will auto-populate based on number of Section B Profiles submitted.
Organization telephone	Contact phone for the main organization
Email	Will serve as dedicated contact method for COVID-19 Vaccination Program. This email will receive the confirmation of submission and PDF copy of the completed application.
Street address/ City/County/State/Zip	Address of main organization

2. **Responsible Officers:** These individuals are accountable for compliance with the conditions specified in the agreement.

Question	Description/Important Info
Chief Medical Officer (or Equivalent)	Must hold a medical license. Equivalent may include roles such as Public Health Director, Director of Nursing, Pharmacist
Chief Executive Officer or Chief Fiduciary (or Equivalent)	If your organization does not have a CEO, the CMO can be listed in both places.

Note: In the online tool the signatures are obtained through an attestation by typing the name where indicated and checking an attestation box. This is the equivalent of a handwritten signature. The typed name must be the CMO and CEO/CFO listed in the application.

SECTION B: CDC COVID-19 Vaccination Program Provider Profile Form

All locations listed in this section must adhere to all requirements outlined in Section A, including having capacity to store and monitor vaccine and a prescribing provider and medical staff to administer vaccine. In the online tool, each time you enter complete information for a location, you will have the option to click a button to add information for another location.

3. Organization identification for individual locations

Question	Description/Important Info
Organization location name	Name of this vaccination location (i.e. Practice name)
Will another Organization location order COVID-19 vaccine for this site	If you anticipate needing to receive vaccine from another provider due to minimum order quantity (at least 100 doses) please indicate YES.
If YES, provider Organization name	If you answer YES, provide the name of the organization location you anticipate ordering vaccine for this location.

4. **Contact information for location's primary COVID-19 vaccine coordinator:** The primary vaccine coordinator is the person located **on-site** at the vaccination location that has overall responsibility for the vaccine including receiving shipments, monitoring storage unit temperatures, and managing inventory. If enrolling multiple sites, there should be different vaccine coordinators (do not list the same vaccine coordinator on each Section B).

5. **Contact information for location's backup COVID-19 vaccine coordinator:** The backup vaccine coordinator will serve as the vaccine coordinator when the primary coordinator is not available. This individual should be on-site when primary coordinator is not available.

6. **Organization location address for receipt of COVID-19 vaccine shipments:** This is the address where deliveries would be made to **this location**. We must have the shipping address for the vaccination provider location, so they have the ability to order and receive direct shipments. PO Boxes are not allowed. Do not list another vaccination provider address even if you anticipate another provider receiving vaccine and redistributing to this location.

Only addresses in the 57 counties outside of NYC are allowed. If the location is within the five boroughs of NYC enrollment must be done through the NYCDOHMH.

7. **Organization address of location where COVID-19 will be administered:** This is the vaccination provider's address. It will almost always be the same as the shipping address above. An example where they may differ is if shipments are received at a loading dock and the provider's office is in another suite.

Only addresses in the 57 counties outside of NYC are allowed. If the location is within the five boroughs of NYC enrollment must be done through the NYCDOHMH.

8. **Days and times vaccine coordinators are available for receipt of COVID-19 vaccine shipments:** List all hours Monday through Friday that shipments may be received. At least one day must have hours to receive shipments.
 - In the PDF worksheet, the hours and minutes input format is HH:MM-HH:MM. For example, you can enter 08:30-04:30, but NOT just 8:30-4:30 without the “leading zeros”.
 - In the HCS online tool you may choose any hour/minute and am/pm for time open and time closed each day.
9. **COVID-19 vaccination provider type for this location (select one):** Please choose the provider type that best fits this vaccination provider location. Please carefully review and select from the choices listed in the provider type. In the rare event you cannot find your provider type, you may choose “other” and specify your provider type in the box. Only one selection is allowed.
10. **Setting(s) where this location will administer COVID-19 vaccine (select all that apply):** Choose all settings this vaccination provider location will administer vaccine. If you choose “Other”, you must specify the other setting not listed. Multiple selections are allowed.
11. **Approximate number of patients/clients routinely served by this location:** This question is used to understand the population you routinely serve that may be targeted for vaccination. It is specific to patients/clients (including residents for LTCFs or individuals receiving services in other congregate settings). **Do not report employees/staff in this area.**

Question	Description/Important Info
Number of children 18 years of age and younger	Estimated non-duplicated patient population over the last 12 months in each age group. For each age group you must enter a number or check ‘Unknown.’ If you routinely serve patients, please try to enter a number rather than selecting ‘Unknown.’ If you are a non-traditional provider that does not have a routine patient population, you may enter 0.
Number of adults 19-64 years of age	
Number of adults 65 years of age and older	
Number of unique patients/clients seen per week on average	This is the average non-duplicated number of patients/clients seen/served weekly. If you are a commercial vaccination provider (such as pharmacy, essential worker employee health services) you may choose ‘Not applicable.’ Must enter a number, check ‘Unknown’ or check ‘Not applicable’

12. Influenza vaccination capacity for this location:

Question	Description/Important Info
Number of influenza vaccine doses administered during the peak week of the 2019-2020 influenza season	The peak week is not a defined week of the year, but rather the week in which the most flu vaccines were administered by this vaccination provider location. This number may include vaccines administered to employees if that was the peak week.

- 13. Population(s) served by this location (select all that apply):** Choose all applicable populations this vaccination provider location will serve. If you choose Other people at higher risk for COVID-19, you must specify the other population not listed. Multiple selections are allowed.

- 14. Does your organization currently report vaccine administration data to the state, local, or territorial immunization information system (IIS)?** All enrolled providers must use the New York State Immunization Information System (NYSIIS) for ordering vaccine and reporting vaccine administration.

Question	Description/Important Info
If Yes, List IIS Identifier	If this vaccination provider location already has a NYSIIS account, please provide the NYSIIS Org ID. See attached instructions on how to find a NYSIIS Org ID. Note: Every vaccination provider location must have their own NYSIIS Org ID for reporting; NYSIIS Org IDs cannot be shared
If NOT, please explain planned method for reporting vaccine administration data to the jurisdiction's IIS or other designated system as required	If you do not currently have a NYSIIS Organization, one will be set up for you when completing the enrollment. NYSIIS staff will work with vaccination provider locations to get users access and set up data exchange, if necessary. If you already have a NYSIIS Org ID for data exchange that you want the new Org linked to, you may note that in this area. (NOTE: data exchange is not required but is a method some providers use to send data from their EHR).
If NOT APPLICABLE, please explain	All Organizations will be required to use NYSIIS for ordering, so this option should not be used for a response.

- 15. 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 season) at the following temperatures:** This is the capacity currently at this vaccination provider location to store vaccine at the temperatures listed. Each vaccination provider location **MUST have storage capacity on-site for at least one of the temperature ranges** listed to be eligible to enroll. Capacity at each temperature will be used to determine which vaccine product your vaccination provider location may receive. The units must be monitored to ensure consistent temperatures within the defined range can be maintained. Household combination units are discouraged but may be used if temperatures have been monitored

and shown to maintain appropriate temperatures. Dorm style refrigerators are NOT permitted for vaccine storage.

Question	Description/Important Info
Refrigerated (2°C to 8°C)	<p>For each of the temperature ranges listed, you must indicate either 'No Capacity' or fill in the approximate capacity in 10-dose MDVs. Be careful to convert total dose capacity to quantity of 10-dose MDVs.</p> <p>If you have more than one unit at a temperature you may add together total capacity for all units that may store COVID-19 vaccine at that temperature. If you have a unit but it is already at full capacity and cannot take additional products, do not include it in capacity.</p> <p>NOTE: Ultra-frozen units are not common. This is a special pharmaceutical grade unit.</p> <p>NOTE: Do not list capacity for any units you have purchased but not yet received. If you purchase a unit and receive it after your application is submitted, you may notify the COVID-19 Vaccine Program of the update.</p>
Frozen (-15°C to -25°C)	
Ultra-frozen (-60°C to -80°C)	

16. **Storage unit details for this location:** List the brand/model/type of storage units to be used for storing COVID-19 vaccine at this location. You should list each unit that was used in the prior question to determine capacity. Please include the following in the details.

- Type of unit: Refrigerator, Freezer, or Ultra-Cold Freezer
- Make/model: description of the unit
- Grade of unit: Household/commercial stand alone, Household/commercial combination, or Pharmaceutical

17. **Location Attestation:** Each vaccination provider location must attest that each unit listed will maintain appropriate temperature range. This must be signed by the medical/pharmacy director or the location's vaccine coordinator.

18. **Providers practicing at this facility:** List all licensed healthcare providers at this location who have prescribing authority. For large facilities, only list the providers that will prescribe or issue a standing order for COVID-19 vaccination. A subset of no more than 25 providers with this authority is recommended. Healthcare providers must be licensed in New York State. You must provide the license number of each individual. In the Title, please list the specific license type issued by the New York State Department of Education, Office of the Professions. Allowable professions include:

<ul style="list-style-type: none"> • Medicine • Medicine, limited license • Pharmacist • Pharmacist, limited license • Registered Physician Assistant 	<ul style="list-style-type: none"> • Nurse Practitioner, Oncology • Nurse Practitioner, Pediatrics • Nurse Practitioner, Perinatology • Nurse Practitioner, Psychiatry • Nurse Practitioner, School Health
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<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Nurse Practitioner, Women's Health • Nurse Practitioner, Acute Care • Nurse Practitioner, Palliative Care • Nurse Practitioner, Holistic medicine • Nurse Practitioner, Anesthesia
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ADDENDUM: NYS COVID-19 Vaccine Provider Profile Addendum

Responses are required for every vaccination provider location.

- 19. Is your facility willing to vaccinate individuals that are not established patients (walk-in clinics, mass vaccination clinics, employee clinics, etc.)?** If the vaccination provider location is willing to vaccinate individuals that are not established patients, including the provider's employees, answer YES to this question.

If you answer YES, fill in the table to estimate the number of individuals that are not established patients you may be able to vaccinate. If you have health care workers at your location, please categorize them into the age and risk groups listed. If you are not planning to target any of specific groups listed, include your estimates in the "Clinics for general population" category.

- 20. Can your facility administer 1,000 doses of COVID-19 vaccine over the course of 10 days?**

This question is used primarily to assess the vaccination provider location's ability to use a specific vaccine product that has ultra-cold storage requirements. The information may also be used more broadly to assess vaccine administration capacity regardless of product type.

- 21. How many health care workers/personnel could your facility vaccinate within 10 days?**

This question is used primarily to help identify early vaccination providers that may use the ultra-cold vaccine product to vaccinate health care workers in the first phase of vaccine availability. The information may also be used more broadly to assess vaccine administration capacity regardless of product type.

- 22. Format of distribution (point-of-dispensing)?** This question is specific to the format of distribution for the number of health care workers you could vaccinate within 10 days.

A Closed POD is one where you plan to only vaccinate your own health care workers.

An Open POD is one where you will vaccinate your own health care workers as well as health care workers from other organizations.

Submitting your enrollment and downloading a PDF copy

Important: Do NOT click the Submit button until you have entered and saved all information for all locations. If you have more than one vaccination provider location, click the blue button “Add Another Location Provider Profile (Section B)” to add information about each additional site.

+ Add Another Location Provider Profile (Section B)

Once you click Submit you will not be able to return to your form to make changes.

To save your application, click on the icon on the bottom right of the application screen.



After all information has been entered for all locations, you will be ready to click the Submit button. When you click the Submit button one of the following will occur:

1. **Errors:** If the system detects errors in your submission, you will receive a message that error(s) must be corrected. These errors will appear in RED throughout the application. You will need to review and correct the errors, save the updated information and click Submit.
2. **Submission Successful:** If no errors are found, you will receive a message that your COVID-19 Vaccine Program Provider Agreement and Profile has been submitted. The message will contain a **Reference ID** number. Please retain this number for communicating with the NYSDOH COVID-19 Vaccine Program regarding your enrollment. An email, with the reference ID number and a PDF of the submission, will be sent to the email address entered under organization contact information under Section A and to the email address of the HCS user submitting the application.

Downloading a PDF of your submitted enrollment

Before leaving the submission page, you may click the Download PDF button and save a copy of your submitted enrollment.

NYSDOH Review

NYSDOH will review your submission. Please monitor your inbox for emails regarding enrollment status and next steps.

Changes or Questions

If you have questions about the enrollment application or need to request a change after you have submitted your application, please email Covid19vaccine@health.ny.gov. Please include your Reference Provider ID from the submission if the question is about a submission.

Paperless HCS Medical Professions Account

The Health Commerce System (HCS) Medical Professions account request has gone paperless! No more signatures and notary. Applying for an HCS account is as simple as filling out an online form and having a NYS DMV Driver License or NYS DMV Non-driver Photo ID. Medical Professionals that do not have a NYS DMV Driver License or NYS DMV Non-driver Photo ID can still apply for an HCS medical professions account using the existing process which requires signatures and a notary.

Important information!

To enroll using the paperless process you must have a:

- NYS DMV Driver License or NYS DMV Non-driver Photo ID
- NYS Education Department registered medical professional license

Where do I go to apply for an HCS account?

1. Open your web browser and enter this website in the address bar

<https://apps.health.ny.gov/pub/top.html>

How do I apply for an account?

1. Click '**Apply**' for an HCS Medical Professions account'
2. Click '**I have a NYS DMV driver license or NYS DMV Non-driver Photo ID**'

NOTE: If you do not have a NYS driver license, you can still apply by clicking 'I do not have a NYS DMV driver license or NYS DMV Non-driver Photo ID'

3. Enter your medical profession information, click **Submit**
4. Enter your DMV information from your driver license or non-driver photo ID exactly as it appears on your driver's license, click **Submit**

Important! Your first and last name, license type, Professional license number, and SSN must match what is in the NYSED Office of the Professions

Important! Your first and last name, license number, date of birth, gender, and zip code must match what is on your NYS driver license or NYS Non-driver photo ID

5. Enter your contact information (fields marked with an asterisk are required)
6. Agree to the terms outlined in the Security and Use Policy (SAUP), check the box, and **Submit**
7. Create your new password, confirm the password, click **Submit**
8. Congratulations, you have an HCS account. Keep your userid as it will be required for all HCS access

How do I sign on the HCS?

1. Click the HCS website link in your congratulations page when applying OR your congratulations email that you received

<https://commerce.health.state.ny.us>

2. Enter your **User ID** in the appropriate field
3. Enter your **Password** in the appropriate field
4. Click **Sign in**



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

Adding COVID-19 Vaccine Program Provider Enrollment Application in the Health Commerce System

- Log into HCS portal (<https://commerce.health.state.ny.us/hcs/index.html>)
- At top of page, click “My Content”
- Select “All Applications”
- Browse by the letter “C”
- Select “COVID-19 Vaccine Program Provider Enrollment”
- Click the green “+” button to the right
- The application is now added and available in “My Applications”

New York State Immunization Information System for Standard / Admin Users Directions

To be granted access to review immunization information for patients, Users first need to complete the mandatory NYSIIS Training provided by the Department of Health. The training video is about 30 to 45 minutes long. The training provides a visual example of how the system is used. Below are the instructions for accessing the training information.

If you already have a Health Commerce account, please continue to step 2.

1. To obtain a HPN ID (Health Commerce ID)

Call the Commerce Acct Management Unit at 866-529-1890 or Email at hinweb@health.state.ny.us (Access Can take 3-7 days, must be granted before proceeding).

The state will send you an email once your account has been created. This gives you access to sign into the Health Commerce Website.

If you are having password issues or having problems logging into the Health Commerce System (HCS), please contact the Commerce Account Management Unit (CAMU) at 866-529-1890. You can also email them at hinweb@health.state.ny.us.

2. Download the WebEx Network Recording Player (.ARF file) @ <https://www.webex.com/play-webex-recording.html> (Internet Explorer / Microsoft Edge is recommended)



Get the Webex Player and Recording Editor

There are two types of Webex recording files – .ARF and .WRF. Choose the right player for your recording.

	File Type	.ARF File	.WRF File
➡ Watch Get the Webex Player for your operating system and file type		↓	↓
		Windows	Windows
		Mac OSX	Mac OSX

This software requires installation. It is possible that you might not have the necessary privileges on work computers to install applications. You may be required to contact your local IT representative to have this software installed prior to continuing to the next step.

You also have the option of completing the training from a personal computer to get around those access restrictions. Simply forward this email to your personal email account and access the links from your own computer. The computer you use must have Windows or Mac OS installed. Smartphones, Tablets and Chromebooks cannot be used. (Internet Explorer / Microsoft Edge is recommended)

If you have trouble installing the WebEx Player software, please consult your local IT representative or you can contact [WebEx Support at 866-229-3239](tel:866-229-3239)

After installing the WebEx software, you can now continue to the registration process to access the training video. The registration process asks for your Health Commerce Username also referred to as an HPN Login ID. This username is how the Department of Health verifies completion of the training video.

The Department of Health will then link the Health Commerce ID to NYSIIS Production.

3. Please click on the link below to complete the registration process and to access the training video.

[NYSIIS Standard User Training](#) & [NYSIIS Administrative User Training](#)

Next, select the View button which will take you to the Registration screen.

Enter your contact information into the (*Required) text fields. Click Register on the bottom right of the page and the training video should begin playing after a few seconds depending on the speed of your internet connection. *If the video does not play you may need to verify that the WebEx Player and Recording software is installed correctly.*





TIP: IF THE TRAINING REGISTRATION ASKS YOU FOR YOUR VFC PIN # AND YOU DON'T HAVE ONE – JUST TYPE N/A – THE REGISTRATION DOESN'T LET YOU MOVE PAST REQUIRED FIELDS.

Below are instructions available for adding NYSIIS Production as a shortcut on the Health Commerce Website as well as other information pertaining to resolving browser issues and accessing refresher training material if needed.

Instructions for adding NYSIIS Production to My Applications on the Health Commerce Website.

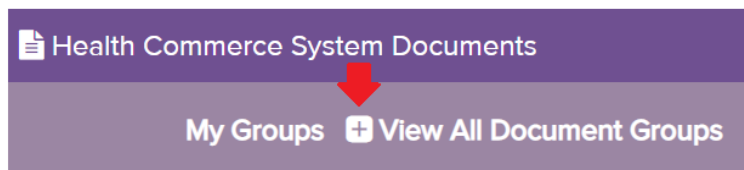
1. Log into HCS at <https://commerce.health.state.ny.us/>
2. Click on My Content in the top menu
3. Click on All Applications
4. Click on first letter of application name (N), scroll down and look for the application name (e.g. NYSIIS - Production)
5. Click on the green "+" to add to your homepage (green "+" will turn into a red "-"). See Below For Details. Application name (NYSIIS-Production). Now your shortcut will appear in your "My Applications" on the home screen.

My Applications and Contact Information:

1. If you have questions about any application, click on the blue  to the right of the application name, this is the application profile and will provide information on how to access the application, and a comment form you can use to communicate with the program area.
2. If you see a green plus sign  in the right column:
 - A. Click on the green plus sign  to add the application to your My Applications List
 - B. To remove it, click on the red minus  sign, which appears only if it has been previously added.

To access NYSIIS ADDITIONAL TRAINING TUTORIALS, follow the path below:

1. Log into Health Commerce System (HCS) at <https://commerce.health.state.ny.us/>
2. Click on "My Content" (on the top of the screen), select "Documents by Group" from the menu



[Click the Plus sign to expand the menu options.](#)

3. Click on "Health Care"
4. Click on "NYSIIS"
5. Click on "Training"
6. Click on "Self-Guided NYSIIS Training Tutorials"

Select the desired Tutorial from the list.

Web Browser Set-up

Please Note: NYSIIS is optimized for Internet Explorer version 10 or above (excluding Microsoft Edge browser), with compatibility view enabled. You may not see the full functionality of the system, if you use other browsers.

Sometimes the settings on your computer may hinder your experience with NYSIIS. In this case, you may want to clear out your browsing history in Internet Explorer. You may do so by simultaneously pressing "Ctrl" + "Shift" + "Delete" keys on your keyboard while you are in Internet Explorer. We would also recommend that you try logging on from a different machine, if you have the means to do so.

Please feel free to call us if you have any questions