NYS Vaccines for Adults (VFA) Program

2026 Provider Annual Review Survey Instructions

Side by Side Comparison:
The table below gives a side-by-side comparison of what has been collected in last year's Recertification process compared to this year's Provider Annual Review process. Items in red will not be requested in 2026.

2025 Recertification	2026 Provider Annual Review
Submission:	
• Submit in NYSIIS	• Submit via survey ○ The survey link will remain valid during the Provider Annual Review Period.
• All VFA Providers statewide submitted recertification prior to the deadline	• VFA providers will submit the survey from July 1st till July 31st. This survey is different from the VFC survey 2026.
Provider Agreement:	
• Facility name • Delivery and facility address • Delivery hours • Medical director • Primary and backup coordinator • Additional provider practicing at the facility • Annual Vaccine Program training	• Facility name • Delivery and facility address, • Delivery hours • Medical director • Primary and backup coordinator
Provider Profile:	
• Provider Population – VFA and non-VFA • Source of Data Used to Determine Provider Population • Provider Type • Vaccines Offered	• Provider Population – VFA and non-VFA • Source of Data Used to Determine Provider Population
Storage and Handling Plan:	
• Vaccine Program Storage Unit(s) • Primary and Back-up Data Logger • Vaccine Emergency Plan	• Information not required for the survey.
Required Signatures:	
• Medical Director	• Medical Director signature not required.

	○ **If the Medical Director has changed, the new Medical Director must electronically sign the Provider Agreement in the NYSIIS Vaccine Program Re-Enrollment module before submitting this survey**

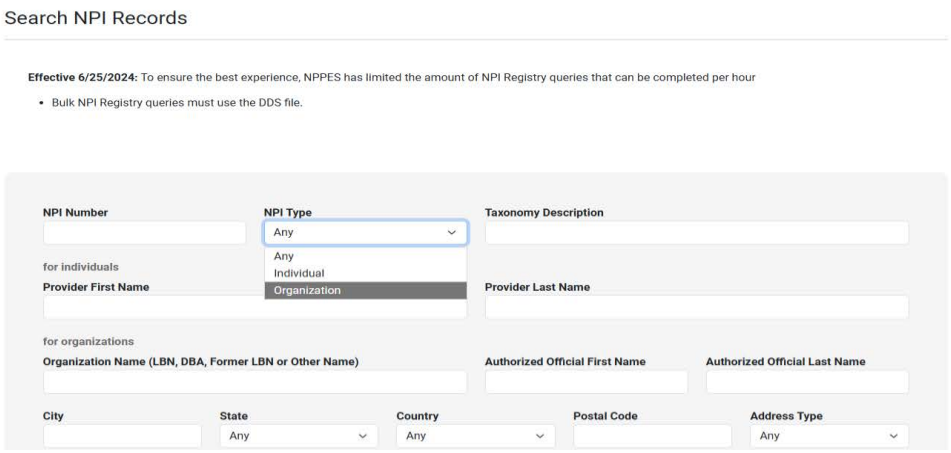
Descriptions of survey fields

The 2026 Vaccines for Adults Provider Annual Review survey will collect the following information. Please work with your staff to ensure only one survey is submitted for each enrolled provider PIN.

1. Facility Information Section

a) **VFA PIN #:**
This is your unique provider PIN used in NYSIIS

b) **Org NPI Info:**
This is specific to the organization, not the licensee. This field is optional but should be provided if available. This information can be obtained at the NPI registration located at https://npiregistry.cms.hhs.gov/search. A screenshot of the registry search tool is provided below.



c) **Facility Name:**
This is the name of your enrolled site. It should match the name affiliated with the PIN in NYSIIS.

d) **Global Location Number (GLN):**
The GLN is specific to the delivery address. This field is optional but should be provided if available. You may obtain the GLN by contacting your private vaccine supplier, or you may use the GLN lookup tool https://www.gs1us.org/upcs-barcodes-prefixes/global-location-number.

e) **Health Industry Number (HIN):**
The HIN is specific to the delivery address. This field is optional but should be provided if available. You may obtain the HIN by contacting your private vaccine supplier, or you may apply for an HIN here https://www.hibcc.org/hin-system/apply-for-a-hin/.

f) **Address Section (street, city, county, state, and zip):**
This is the physical address of the facility, where vaccine is administered.

g) **Office Phone#**:

This is the phone number for your office. Please provide the direct extension for the main coordinator, preferably their work cell number.

h) **Special Delivery Instructions:**

These are special instructions for the delivery drivers e.g. attention pharmacy

i) **Delivery Address:**
This will usually match your facility address. If it differs you will be asked to enter the delivery address info. The delivery address cannot be a P.O box. The delivery address must be a physical address of a facility with the personnel available to accept the vaccine delivery.

2. Facility Delivery Hours Section:

Providers must be on site with appropriate staff available to receive the vaccine at least one day per week other than Monday, and for at least four consecutive business hours between 8 am and 5 pm local time. For each day (Monday to Friday) answer all questions with the following details:

- Please indicate the times when the vaccine may be delivered for the indicated day. If you are closed on that day, write 'closed'.
- If your office closes for lunch and you are unable to accept deliveries during that time, please indicate the time when your office will be closed.
- If your office is not open on a given day, please choose the option indicating that the office will be closed.

3. Provider information – Medical Director or Equivalent Section

If you have a new Medical Director, please submit an updated provider agreement through NYSIIS Vaccine Provider Re-Enrollment module before submitting this survey. The Medical Director is the official Vaccines for Adults (VFA) registered healthcare provider authorized to prescribe adult vaccines under state law who is held accountable for compliance with the responsible conditions outlined in the provider agreement.

The following information is required for the Medical Director:

a. Name
b. Title
c. Specialty

d. Email
e. NYS medical license number
f. Medicaid or NPI number

4. Provider Information - Vaccine Program Coordinators:

Each VFA provider must designate a primary vaccine coordinator and a back-up vaccine coordinator. The vaccine coordinators will be responsible for ensuring that 1) vaccines are handled and stored appropriately, 2) all necessary documentation is completed, and 3) all office staff are properly trained in the handling and storage of vaccines. The primary coordinator is the designated person who will receive email notifications of vaccine shipments and shipping labels for vaccine returns.

The following information is required for each coordinator:

a. Name
b. Telephone number – when possible, this should be the **direct line or extension** to reach the individual regarding questions on vaccine orders, temperature excursions, etc. This information may not be shared publicly.
c. Email address

5. Provider Population (VFA and Non-VFA Eligible Adults) Section

Report the number of adults who received vaccinations at your facility during the previous twelve months, by age group. Only count an adult once based on their status at the last immunization visit, regardless of the number of visits made.

You must provide the number of adults (not counting an adult more than once), broken down by age 19-34 years, age 35-49 years, and age 50+ years, by the following eligibility categories:

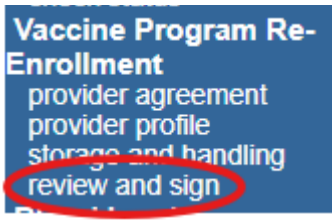
a. No health insurance/Uninsured
b. Underinsured: An adult who has health insurance, but the coverage does not include vaccines; an adult whose insurance covers only selected vaccines (VFA-eligible for non-covered vaccines only); an adult whose insurance does not include first-dollar coverage for a vaccine.
c. VFA Special Population: An adult who is incarcerated in a jail, prison, or other detention facility used to house people who have been arrested, detained, held, or convicted by a criminal justice agency or a court (eligible to receive all VFA vaccines); an American Indian and Alaska Native adult whose only source of health care is provided by an Indian Health Service, Tribal, or Urban Indian health care organization; or a student who is enrolled in post-secondary education in New York State (eligible to receive MMR vaccine only).
d. Privately insured Provider population: This data must be updated to accurately reflect your entire patient population, including those that are privately insured (commercial insurances, Medicare, medicaid).

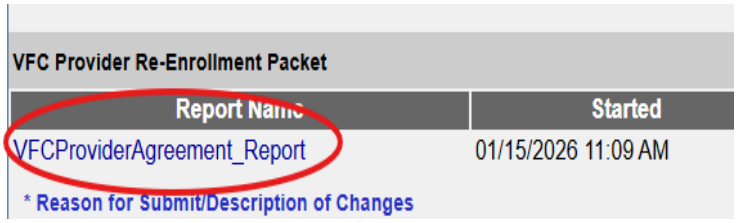
We recommend that you manually review your electronic medical record or billing system to confirm the numbers of patients in each category. Providers who are new to the program may have to estimate their population from other sources to complete this part of the survey.

6. Changes Submitted Since 2025 Recertification Section

Please indicate if the information entered in the survey differs from your last recertification. To check your 2025 Provider Agreement Report, please see below instructions:

- Login into NYSIIS
- On the left blue ribbon click "*review and sign"* under the Vaccine Program Re-Enrollment module
- Click the blue hyperlink for *"VFC Provider Agreement Report"*





Please list all the changes since your last 2025 recertification that you provided in the 2026 Provider Annual Review Survey (e.g., new medical director, new delivery hours, etc.). If you enrolled within the past 12 months and have not previously submitted a recertification in the NYSIIS Vaccine Program Re-Enrollment module, you may not have this info in NYSIIS and should instead refer to your enrollment application.

Helpful Reminders:

1) Please work with your staff to ensure only one survey is submitted for each enrolled provider PIN.
2) If changes to staff, location or delivery hours occur outside of the provider annual review period or after the survey is submitted, providers should update these fields in the NYSIIS Vaccine Program Re-Enrollment module. Please note that if your digital data loggers have expired calibration dates, you will be required to update this information in NYSIIS as well.
3) Any time there is a change in medical director, a new submission in the NYSIIS Vaccine Program Re-Enrollment module is required. This must include review and electronic signing of the provider agreement by the new medical director.
4) After you submit the 2026 Provider Annual Review survey, anyone whose email was included in the survey (i.e., Medical Director, Primary Coordinator, Backup Coordinator, and person submitting the survey) will receive an email confirming the receipt of your submission along with the information entered in the survey. Please monitor your email. If you do not receive a message within 24 hours of submission, make sure to check your spam/junk folder.
5) The provider agreement information in the NYSIIS Vaccine Program Re-Enrollment module will not automatically update with submission of the 2026 Provider Annual Review survey. Kindly

refer to the email sent to you after you completed the survey as record of your most current information. It is advisable to save the email for your records and share it with the appropriate staff. If you update the NYSIIS Vaccine Program Re-Enrollment module, the packet generated will continue to be dated 2025 since full recertification will not take place until 2027.

For questions or concerns, contact the NYS VFC Program at nyvfc@health.ny.gov