New York State Department of Health Vaccines for Adults (VFA) Program Online Enrollment Instructions Guide

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Enrollment Steps

New York State (NYS) healthcare organizations (with locations outside of New York City) who administer vaccines to adults age 19 and older who are eligible for publicly funded vaccine can enroll in the NYS Vaccines for Adults (VFA) Program. The enrollment process is completed through a Health Commerce System (HCS) online application tool, the Vaccine Program Provider Enrollment Portal (https://vpr.health.ny.gov/#/). This **Enrollment Instructions Guide** provides a detailed explanation and important information about completing the application fields.

To enroll in the NYS VFA program, providers must:

- Maintain an active Health Commerce System (HCS) account per instructions here: https://www.health.ny.gov/prevention/immunization/information_system/providers/hpn_account_instructions.htm
- Set up your site and staff for the New York State Immunization Information System (NYSIIS) per instructions here: https://www.health.ny.gov/prevention/immunization/information_system/initial_setup.htm
- Determine the annual number of uninsured, underinsured, special population (adults who are incarcerated in a jail, prison, or other detention facility who have been arrested, detained, held, or convicted by a criminal justice agency or court; American Indian and Alaska Native adults whose only source of health care is provided by an Indian Health Service, Tribal, or Urban Indian health care organization; and students of any age, regardless of insurance, that are enrolled in or entering a post-secondary institution in New York State receiving measles, mumps, and rubella (MMR) vaccine), and insured adult patients expected to be served. This information will determine the amount of publicly funded vaccine a you may order.

  Please be aware that if you encountered any issues in reporting doses administered to NYSIIS and opt to use NYSIIS to populate this data, you might underestimate your patient population. We recommend that you also manually review your electronic medical record or billing system to confirm the numbers of patients in each category. Adult providers who have not entered vaccine administration into NYSIIS will have to estimate their population from other sources such as their electronic medical record or billing system.
- Possess functioning vaccine storage and temperature monitoring equipment which meet NYS VFA requirements as listed here: https://www.health.ny.gov/prevention/immunization/vaccines_for_children/storage_and_handling.htm.
- Identify staff who will serve the following roles as described here: https://www.health.ny.gov/prevention/immunization/vaccines_for_children/vaccine_personal.htm:
  - Medical director (or equivalent)
  - VFA coordinator
  - VFA back-up coordinator

- Submit a VFA application in the HCS system. There are six steps in this process:

    1. **Step 1 submission**: the medical director (or equivalent), VFA coordinator, VFA back-up coordinator, or practice administrator of your site must review the VFA provider agreement, and submit facility, staffing, and patient counts by age group and VFA eligibility status in Step 1 of the application. The medical director (or equivalent) must attest to the information and sign Step 1 of the application.

    2. **Step 1 review:** NYS Vaccine Program staff will review Step 1 of the application. They will verify that all providers listed on the application have valid NYS medical license numbers, are not listed on the Medicaid exclusion list, and ensure that your site serves VFA-eligible patients. If your site meets eligibility criteria for the VFA program, NYS Vaccine Program staff will notify staff listed as email contacts to complete Vaccine Program training for new providers and provide your site with a VFA PIN number. If your site does not meet criteria for the VFA program, or if your submission requires updating, NYS Vaccine Program staff will provide further instruction.

    3. **Mandated Vaccine Program training:** If your site is approved under Step 1 of the application, the application will progress to Step 2. The medical director (or equivalent), VFA coordinator, and VFA back-up coordinator must complete Vaccine Program training as noted here: https://www.health.ny.gov/prevention/immunization/vaccines_for_children/vaccine_personal.htm#training. After the medical director, VFA coordinator, and VFA back-up coordinator for your site have completed the training, you can return to the HCS portal to complete Step 2 of the application.

    4. **Step 2 submission:** The medical director (or equivalent) or VFA coordinator (as listed in Step 1 of the application) must submit the dates staff completed mandated training for new VFA providers, and vaccine storage and handling information under Step 2 of the application.

    5. **Step 2 review:** NYS Vaccine Program staff will verify that the site's storage and handling equipment listed in Step 2 of the application meet NYS VFA requirements as posted to: https://www.health.ny.gov/prevention/immunization/vaccines_for_children/storage_and_handling.htm. If your site meets these requirements and has completed mandated Vaccine Program training, NYS Vaccine Program staff will notify all staff listed in the application via email that the application has been approved and you should prepare for the onboarding virtual meeting. If your site does not meet criteria for the VFA program, or if Step 2 of the application requires updating, NYS Vaccine Program staff will provide further instruction.

    6. **Onboarding Virtual Meeting:** VFA staff will contact your site to set up a time for an onboarding virtual meeting. This virtual site visit includes an initial assessment to verify

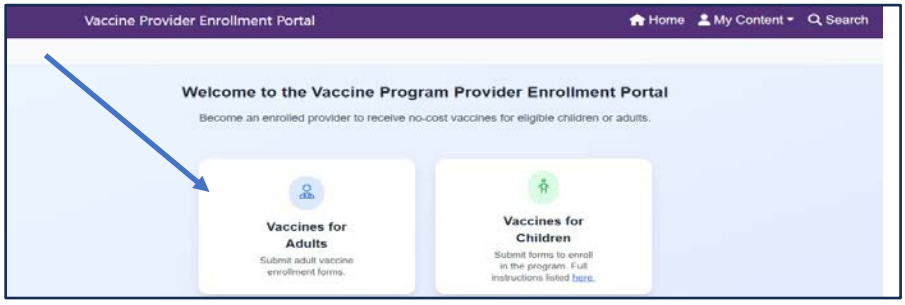
that the provider has the capacity to adequately store and administer vaccine to eligible adults, and that staff demonstrate a willingness and ability to follow VFA program requirements. If the onboarding virtual meeting is successful, Vaccine Program staff will notify you via email that you can begin ordering VFA vaccine via NYSIIS. If the enrollment site visit is not successful, Vaccine Program staff will provide you with feedback on how to comply with program requirements.

General Tips

- Only the person who initiated the application in HCS can complete it.
- Applications in progress can be saved and found under the Vaccine Provider Enrollment Portal. It does not need to be completed in one sitting. Save your work often by clicking on Save Draft
- Most fields are mandatory as noted by a red asterisk (*).
- Optional fields should be completed when applicable.
- Some fields have specific requirements for length or types of entries before the application can be submitted.
- Clicking on the purple bars will open the fields for each section.

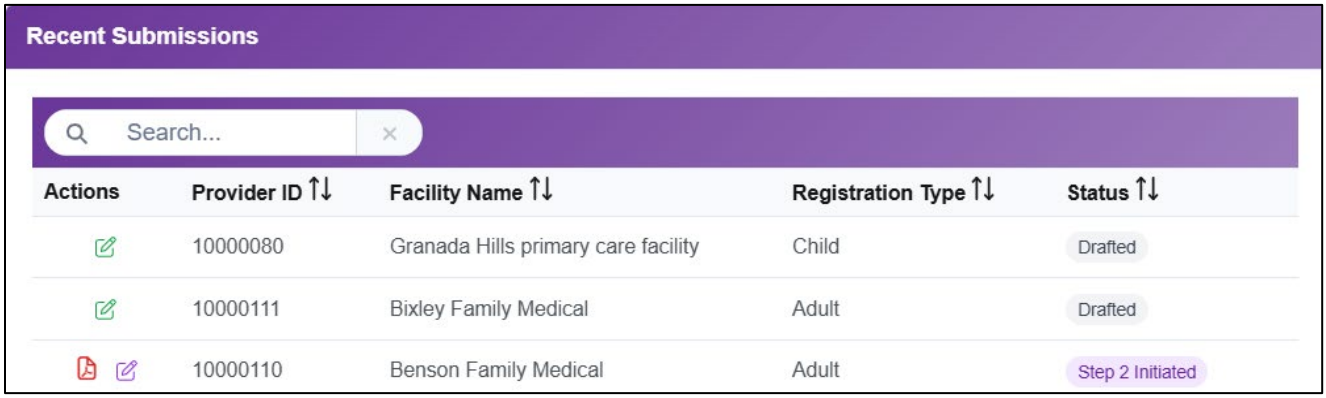
Application Initiation

To access the Vaccine Program Provider Enrollment Portal, you must be logged into the HCS. The portal allows users to create an application for the Vaccines for Children or Vaccines for Adults program. The portal landing page pictured below has menu options at the top right (Home, My Content, Search, Help Center, Log out) that allow you to move within the HCS or obtain information about your HCS account. When you click on Vaccines for Adults, you will be brought to the first part of the VFA application: the provider agreement. While you are working on an application, you can return to the Portal landing page by clicking on the Home button.



Application Status

After you have initiated an application and saved your work, you can return to it in the Vaccine Provider Enrollment Portal home page under Recent Submissions. Below is a key to the information under Recent Submissions.



Key:

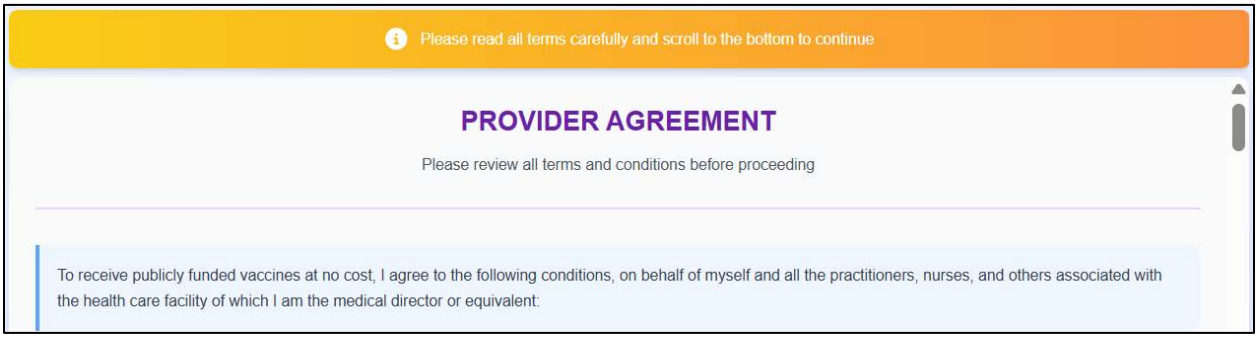
Column heading	Description
Actions	Edit draft application
	View submitted application
	Download pdf of application (not available for applications in Denied or Under Review status)
	Edit submitted application
Provider ID	Application number
Facility Name	Facility name as entered on the application
Registration Type	Child (for VFC application) or Adult (for VFA application)
Status	Drafted Newly initiated application
	Under Review Application submitted and being reviewed
	Step 2 Initiated Step 1 approved, Step 2 in progress
	Approver Feedback Application requires edits before resubmission
	Complete Application is complete and approved
	Denied Your site is ineligible for the program

Completing the Application

Step 1

The medical director (or equivalent) must complete and sign Step 1 of the VFA enrollment application.

Part I: Provider Agreement



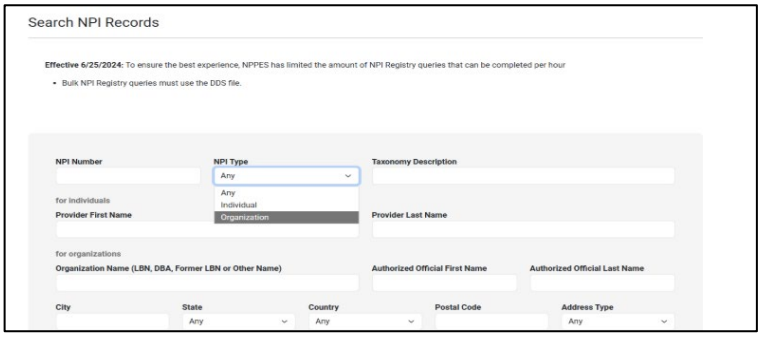
The medical director (or equivalent) must carefully read all terms listed in the provider agreement, which delineates responsibilities for VFA sites to receive publicly funded vaccines at no cost. You need to scroll down the entire provider agreement before you can click the box at the bottom left of the screen which reads “I have read and agree to all the terms and conditions above” before you can select “I agree and continue” at the bottom right to proceed (screenshot below).

Facility Name

Enter the public name of your site.

Org NPI

Organization National Provider Identifier (NPI) is a ten-digit number specific to the organization, not the licensee. This field is optional. This information can be obtained at the [NPI registration website]. A screenshot of the registry search tool is provided below:



Email Address, Telephone and Fax Number

Enter your email address as the person submitting the application. The telephone number should be a direct line to your site, with an extension provided if needed, so that the NYS Vaccine Program staff may reach you quickly. Fax number, Telephone Extension, and Address Line 2 are optional fields.

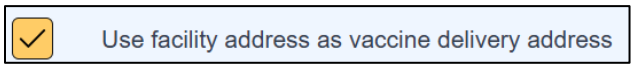
NYSIIS ID number

If your site already has a NYSIIS Organization ID number to enter vaccinations administered, enter it here. Data entry allows up to six digits. This is an optional field. For instructions on how to locate your site's NYSIIS Organization ID, see the Appendix.

Note: Every vaccination provider location must have their own NYSIIS Organization ID for reporting; NYSIIS Organization IDs cannot be shared.

Facility Address: Street, City, State, Zip Code

Enter the physical address of the facility where vaccine is administered. Address Line 2 is an optional field. You cannot make entries into the State field—this is automatically entered as New York. You can only select counties in New York State outside of New York City. You can only enter five-digit zip codes within New York State. If your delivery site is the same as your facility address, you can check the box "Use facility address as vaccine delivery address" as shown below:



Contact person

Enter the delivery point of contact for the NYS VFA program here: first name, last name, middle initial, email address, telephone number (with extension if needed) and fax number. Middle initial, telephone extension, and fax number are optional fields. The delivery point of contact should also be the VFA Coordinator.

Shipping Address: Street, City, County, State, Zip Code

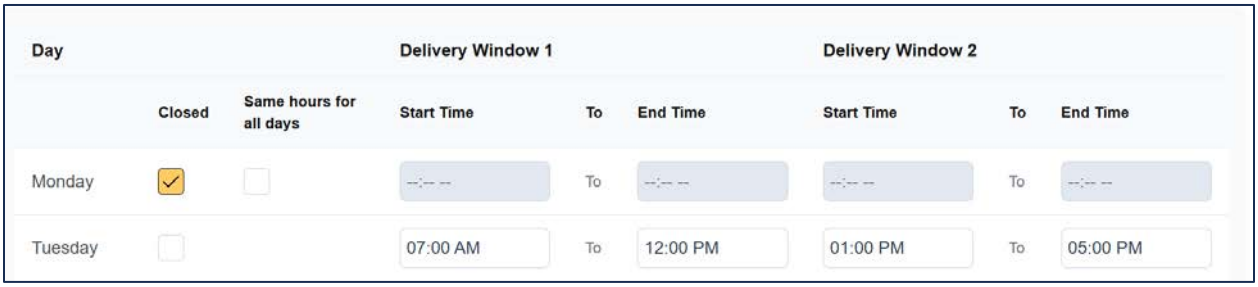
If you indicated under facility address that the delivery address is the same, these fields will be pre-populated. Enter the delivery address of the facility, where vaccine should be shipped. You cannot make entries into the State field—this is automatically entered as New York. Only counties in New

York State outside of New York City may be selected. Enter the five-digit zip code for your facility. Address Line 2 is an optional field.

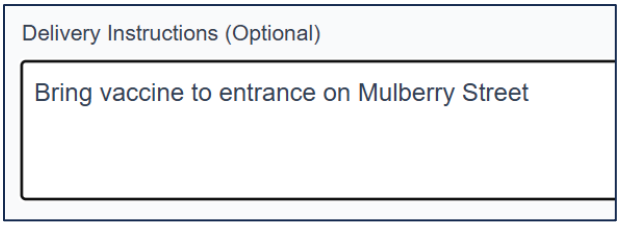
Delivery Windows

VFA vaccines are shipped by CDC's centralized distributor McKesson via UPS. Vaccine delivery windows must meet CDC criteria: 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, during that day.

Enter the times when vaccines can be delivered to the shipping address. In the example below, vaccines cannot be delivered on Mondays because the office is closed. On Tuesdays the site is open from 7 AM until 5 PM with a one-hour period (noon to 1 PM) when the site is closed for lunch and cannot accept deliveries.



The field for delivery instructions is optional. Below is an example:



The VFA medical director (or equivalent) must be authorized to prescribe adult vaccines under state law. The medical director will be held accountable for the entire organization and its VFA providers—responsibilities are outlined in the provider enrollment agreement. The word equivalent is used due to the allowance of non-medical doctors (DO, NP, PA and PharmD) designated for oversight of a VFA program at a facility. **The individual listed under medical director or equivalent must sign the provider agreement.**

For the enrollment portal, enter the following information on the medical director (or equivalent): first name, last name, middle initial, email address, title, medical specialty, email address, NYS

medical license number and Medicaid or NPI number. The NYS Medical License Number is a six-digit number should match what can be found on the New York State Education Department Office of the Professions website.

Middle initial and EIN (employee identification number) are optional fields. Information can be found about the EIN on the website.

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.

For the enrollment portal, the primary vaccine coordinator name is automatically filled from the Delivery Contact Person section. You must enter a back-up coordinator name as well. The following fields are required for VFA coordinator and back-up VFA coordinator: first name, last name, email address, and telephone number with direct line. Middle initial and telephone extension are optional fields.

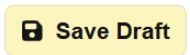
If you have licensed healthcare providers (MD, DO, PA, NP, pharmacist) other than the medical director (or equivalent) at your facility who have prescribing authority, you must add them by clicking on 

All of the following fields for each additional provider are required: Provider first name, provider last name, title, license number, and Medicaid or NPI number. The information must match the license issued by the New York State Department of Education. Middle initial and EIN number are optional fields.

You can add or remove a provider you have entered by clicking the appropriate button at the bottom left of the page:

To continue to next section, click 

at the bottom right of the page:

Reminder: Click on 

at the lower left side to save your work.

Part II: Provider Profile

Select the options which best apply to your facility under the required drop-down fields “Provider Type” and “Facility Type.”

You must select “Yes” or “No” to the question “Is this facility a mobile facility, or does this facility have mobile units.” Mobile units are defined as a dedicated vehicle with a primary purpose of providing medical services (e.g., immunization services). This definition will appear if you hover over the linked term “mobile units.”

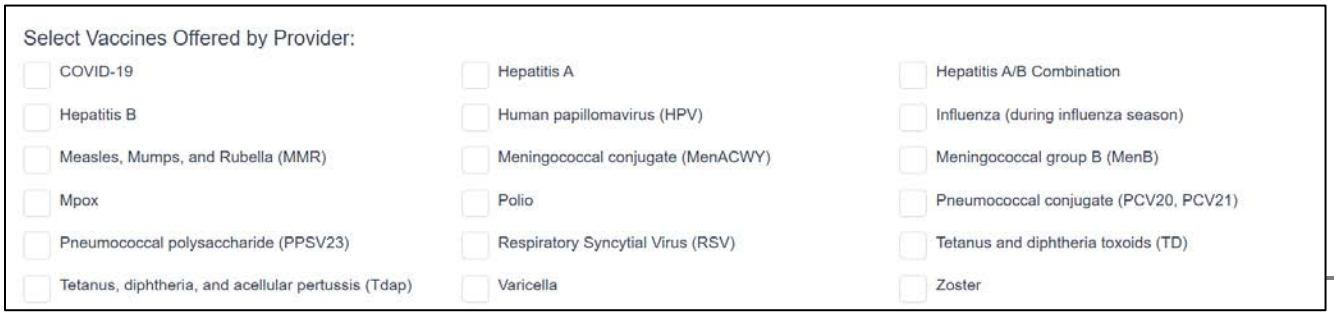
You can check the appropriate boxes for medical specialties represented at your facility under the field, “If applicable, indicate the specialty of the provider/practice (select all that apply).” This is an optional field.

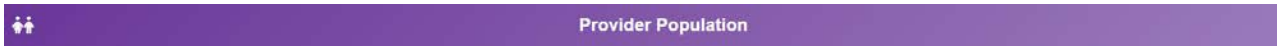
Further explanation of each option under the “Provider Type” and specialty fields can be found by clicking on What do these mean? at the right side of the screen:

You must select an option (“Yes,” “No,” or “N/A or don’t know”) under the drop-down for “Is this provider site part of a hospital/healthcare system?”

Under the VFA provider agreement, “For the vaccines identified and agreed upon in the provider profile, [VFA providers] must comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) or recommended by New York State Department of Health, and included in the Vaccines for Adults program unless medically inappropriate or contradicted by state law.

Select at least one vaccine you plan to offer to your patient population.





Report the number of adults 19 years and older who received vaccinations at your facility, by age group (19-34, 35-49, 50+), over the last 12 months. Only count an adult once based on their eligibility at the last immunization visit, regardless of the number of visits made.

Please be aware that if you encountered any issues in reporting doses administered to NYSIIS and opt to use NYSIIS to populate this data, you might underestimate your patient population. We recommend that you also review your electronic medical record or billing system to confirm the numbers of patients in each category. Providers who have not entered vaccine administration into NYSIIS will have to estimate their population from other sources.

You must provide the number of adults (not counting an adult more than once), broken down by age group and by insurance status:

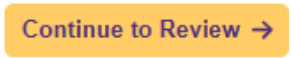
- VFA eligible:
  - Individuals with no health insurance
  - Underinsured: Adults (age 19+) with health insurance, but the coverage does not include vaccines; whose insurance covers only selected vaccines (VFA-eligible for non-covered vaccines only); or whose insurance does not provide first-dollar coverage for vaccines. First-dollar coverage includes copays, coinsurance, or deductibles.

  - Special Population: includes people in correctional facilities; American Indian and Alaska Native adults whose only source of health care is provided by an Indian Health Service, Tribal, or Urban Indian health care organization; and MMR for college students.

- Non-VFA eligible:
  - Privately or publicly insured individuals (commercial insurance, Medicaid, or Medicare Part B and D

More information about these categories can be found by clicking on:

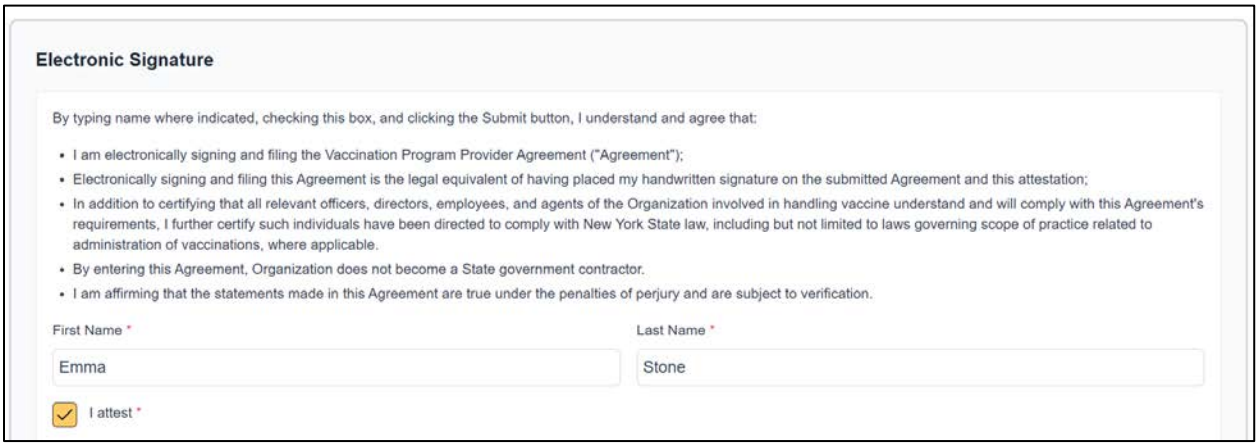
You can select all that apply to answer the question “Type of Data Used to Determine Provider Population.” This is an optional field.

When you have completed all entries, click on  at the lower right of the screen.

Review & Submit Step 1

On the Review & Submit screen, you can review all information you have entered into Step 1 of the application. If you need to update any fields, you can click on the icon on the right.

At the bottom of the screen, the medical director (or equivalent) is required to sign the VFA provider agreement and attest to the information provided in the application as shown below:



When the application is correct, complete, and signed, click on **Submit Application** at the bottom right.

If any required information is missing, you will not be able to submit the application. It will open up each section of the application with missing fields to prompt you to complete them.

After Step 1 is submitted, an automated email, with the title "NYS Vaccine Program: VFA Application Submitted," will be delivered to the contacts listed in the application. NYS Vaccine Program staff will review the application and notify you via email about its status (approved, needs correction, denied) and alert you to next steps.

If your application needs correction, you will receive an email with notes on what items need to be addressed. Return to the application in HCS. Navigate to the 'Review & Submit' page. Click on the purple pencil on the right side of the screen in the section(s) you want to change. Make the required changes. When you are finished, make sure you save your changes and resubmit the application.

Mandated Vaccine Training

If your site is approved under Step 1 of the application, the medical director (or equivalent), VFA coordinator, and VFA back-up coordinator must complete the Vaccine Program trainings for newly enrolled providers.

Step 2

When Step 1 is approved by NYS Vaccine Program, Step 2 will be accessible for the applicant. The medical director (or equivalent) or VFA coordinator must complete and sign Step 2 of the VFA enrollment application. Applicants can go into HCS to view their submission and status:

To continue with the application the provider will click on the button under Actions.

Step 2 includes attesting to completion of vaccine training and creating a vaccine management plan.

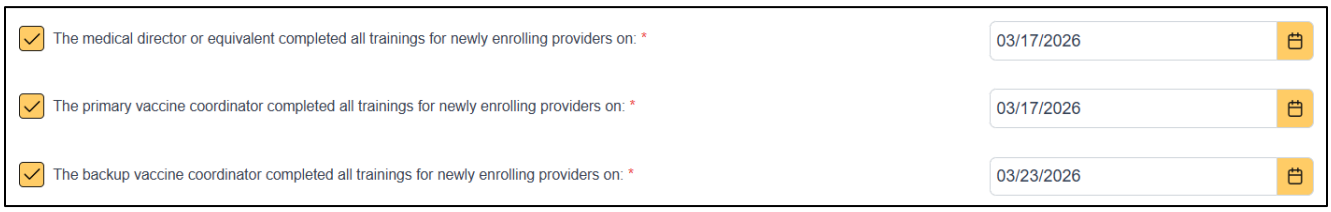
Vaccine Management Plan

The vaccine management plan outlines procedures for routine and emergency vaccine management according to NYS requirements. The vaccine coordinator, back-up coordinator, and medical director will review and update this plan at least once a year, when staff with designated vaccine management roles change, and/or when VFA Program requirements change. The annual review and any updates to the plan must be made using the Vaccine Management Plan template.

Part III: Vaccine Trainings, Coordinator Responsibilities & Required Equipment

Required Training

To attest that the VFC coordinator, back-up coordinator, and medical director (or equivalent) completed the training for newly enrolled providers, check each box and enter the date when the training was completed. You will need to show proof of training completion (certificates from the New York State Learning Management System) for your virtual onboarding meeting.



Vaccine Coordinator and Back-up Coordinator Responsibilities

Review the information for coordinator responsibilities. This information was also included in the required training for newly enrolled providers.

Vaccine Storage Units and Temperature Monitoring Devices

VFA providers need to enter at least one refrigerator. Ensure that your storage units meet the required NYS specifications for vaccine safety by reviewing the storage unit guidance.

Each vaccine storage unit must have a temperature monitoring device. NYS Vaccine Programs requires a specific type of temperature monitoring device called a “digital data logger” (DDL). A DDL provides the most accurate storage unit temperature information, including details on how long a unit has been operating outside the recommended temperature range. See the Digital Data Logger guidance for more information.

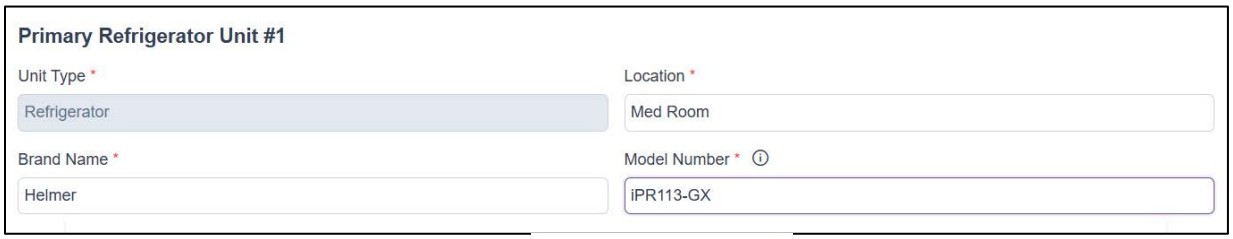
You must provide information about the vaccine storage units and temperature monitoring devices you will be using to store public vaccine. This information will be reviewed by NYS Vaccine Program staff to ensure the equipment meets NYS requirements.

Refrigerator or Freezer Information

For each storage unit for public vaccine, enter the following information:

Unit Type: enter the appropriate section for either refrigerator or freezer
Location: the location of the storage unit at the site (e.g., 1st floor med room)
Brand Name: manufacturer of storage unit
Model Number: alpha numeric sequence typically located somewhere on the storage unit, or in the user manual

Below is an example of an entry of primary refrigerator information:



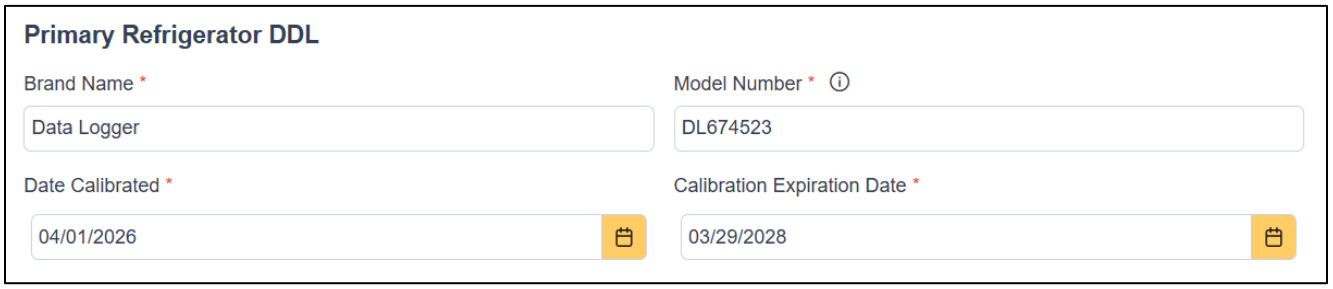
To add additional storage units, click on + Add Another Unit at the top of the screen.

Digital Data Logger (DDL) Information

Each unit storing public vaccine must have a DDL. A back-up DDL is required for each unit. It is recommended that the back-up have a different calibration date than the Primary DDL. For each DDL, enter the following information:

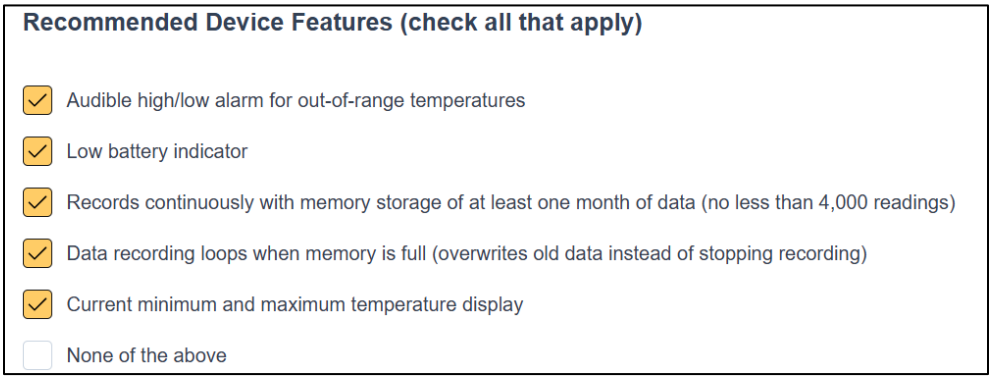
Brand Name: manufacturer of device
Model Number: alpha numeric sequence typically located on the device or packaging
Date Calibrated: date located on device or package insert
Calibration Expiration Date: Date that current calibration expires. If no date is present, enter the expiration as two years from initial calibration; this should be a rare occurrence.

Below is an example of an entry of primary refrigerator DDL information:



To add additional DDLs, click on + Add Another Unit at the bottom right of the screen:

Under "Recommended Device Features," check any/all features that the device exhibits. An example of an entry is shown in the screenshot below:



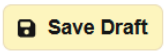
Additional DDL information

Our current calibration certificates are located here: describe where the calibration certificates are located at your site.

Enter instructions below for retrieving/recording the daily Minimum and Maximum (Min/Max) temperatures for the previous 24 hours. If the DDL needs to be reset after each Min/Max reading, include these instructions: describe min/max viewing and recording instructions for staff.

Enter instructions below for downloading the DDL data. Include where the data is saved/stored (preferably electronically in a folder on a computer, but paper copies are acceptable): describe processing for downloading and reviewing DDL information for staff.

*Reminder to save while filling out the application:

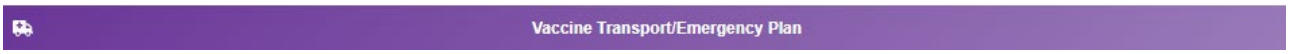


Part IV: Storage and Handing, Vaccine Ordering & Inventory Management

Part IV covers the procedures and protocols for managing vaccine storage and handling, temperature monitoring, emergency preparedness, ordering, and inventory.

Review the procedures for vaccine handling, administration, and documentation.

Review the temperature monitoring guidelines and information on identifying temperature excursions.

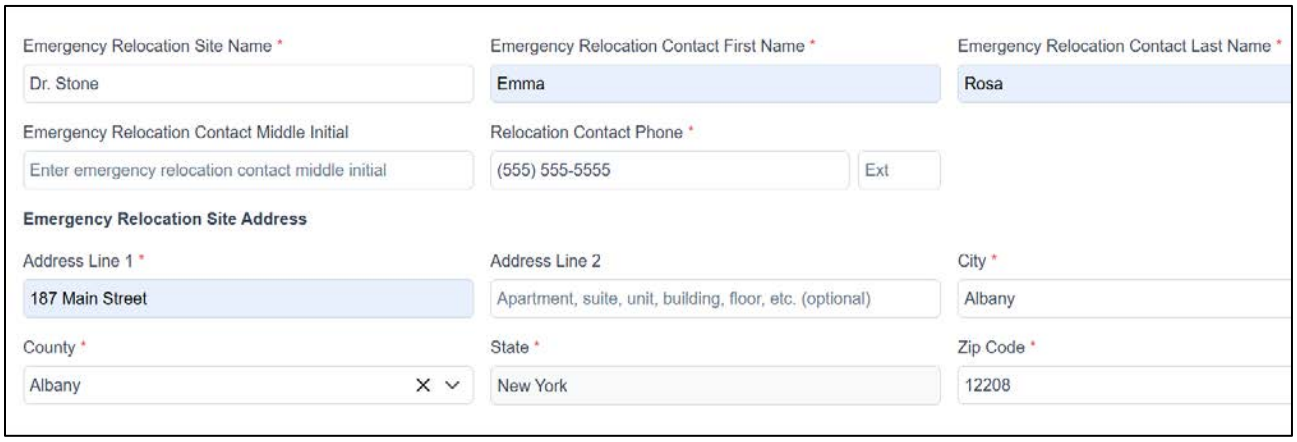


Detail the plan for safely transporting vaccines and managing emergencies like power outages.

- **Emergency Relocation Site Requirements:**
  - The site must be accessible 24 hours a day, 7 days a week.
  - It must have appropriate equipment (dedicated or shared vaccine storage units) to maintain required vaccine temperatures.
  - A calibrated digital data logger (DDL) must be used for continuous temperature monitoring at the relocation site.

Emergency Relocation Information: Location and Staff

Provide information about the person responsible for emergency transport (typically the VFA coordinator or back-up coordinator) and where vaccine will be stored in case of emergency. Vaccine cannot be stored in a household refrigerator. The telephone number should be a direct line to the site, with an extension provided if needed, so that NYS Vaccine Program staff may reach you quickly. A fax number, telephone extension, and Address Line 2 may be entered, but are not mandatory.



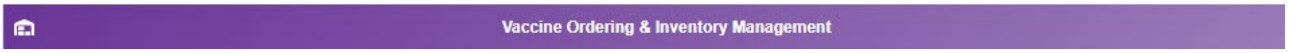
Emergency Additional Staff: list the person responsible for emergency transport, if the coordinator or back-up coordinator are not available. Fill out all applicable fields. If additional staff are needed, click on + Add Staff

If a staff member needs to be removed, click on Remove Staff

Vaccine Transport Guidelines

For comprehensive details, refer to the NYS Vaccine Program Guidance for Vaccine Transport.
The CDC Storage and Handing Toolkit also has resources on vaccine transport, including emergency transport guidance.

Following is/are our vaccine transport systems: Check all systems that your site plans to use in case of an emergency transport situation.



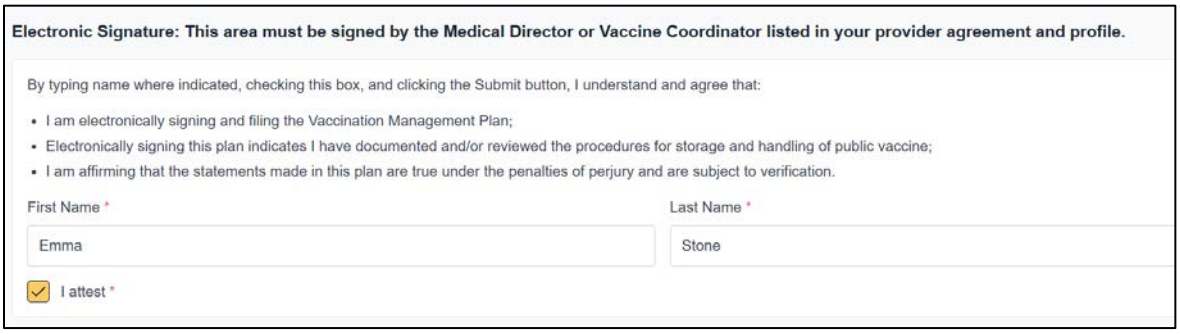
Review the instructions provided in the Vaccines Ordering and Inventory Management Guidelines.

When Part IV is complete the application should be saved and continue to Part V. Click on Continue to Review → at the bottom right.

Review & Submit Step 2

On this screen, you can review all information you have entered into Step 1 and Step 2 of the application, but you can only edit Step 2. To edit fields in Step 2, you can click on the icon.

At the bottom of the screen, the medical director (or equivalent) or VFC coordinator is required to sign the statement and attest to the information provided in the application as shown in the screenshot below:



When the application is correct, complete, and signed, you can click on Submit Application at the bottom right.

If any required information is missing, you will not be able to submit the application. It will open up each section of the application with missing fields to prompt you to complete them.

After Step 2 is submitted, a pop-up will indicate “Submission Successful! Your VFA Program provider application has been submitted successfully.” NYS Vaccine Program staff will review the application and notify you via email about its status (approved, needs corrections, denied) and alert you to next

steps. If your application is approved, the next step will be to schedule a virtual onboarding meeting with NYS VFA staff.

If your application needs correction, you will receive an email with notes on what items need to be addressed. Return to the application in HCS. Navigate to the 'Review & Submit' page. Click on the purple pencil on the right side of the screen in the section(s) you want to change. Make the required changes. When you are finished, make sure you save your changes and resubmit the application.

Questions about your application

If you have a question about your enrollment application or need to request a change after you have submitted your application, please email nyvfc@health.ny.gov. If possible, please include the Reference Provider ID from the application, which can be located on the Portal landing page (see screenshot below) or the VFA PIN number provided to you via email.

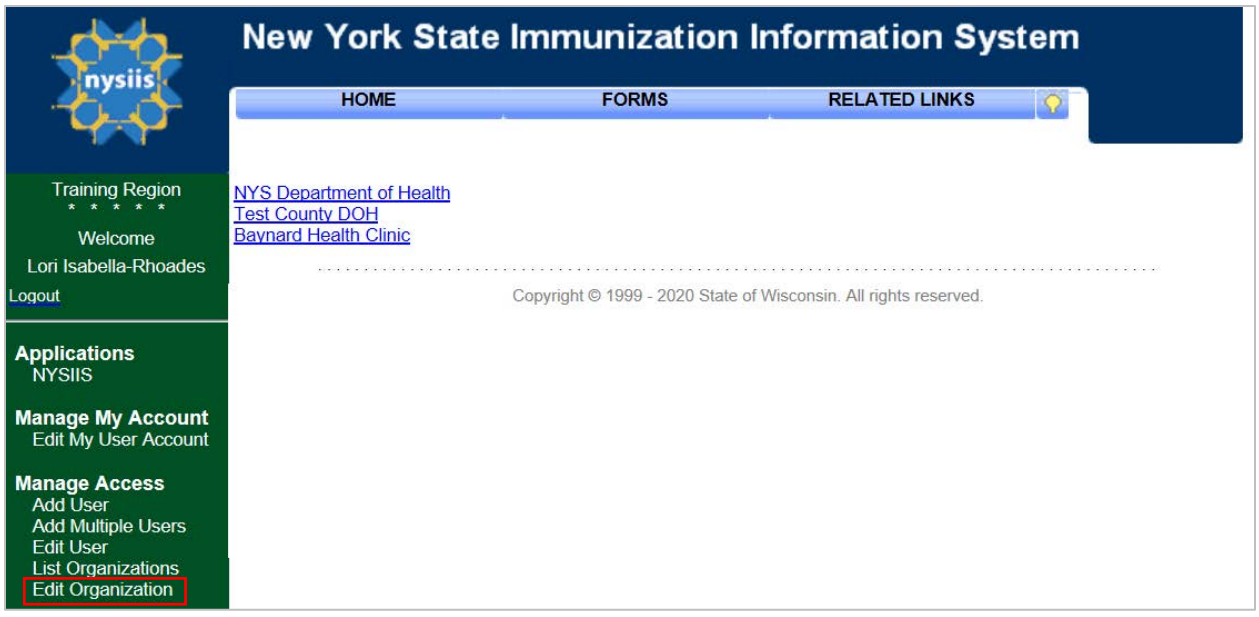
Appendix: Locating Your Org ID in NYSIIS

In the Health Commerce System, log into NYSIIS-Production and access the NYSIIS Portal page.

- If a user has access to more than one org in NYSIIS, they will automatically land on the NYSIIS Portal page when they click NYSIIS-Production from HCS.
- 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 'Mange Access/Account' tab to access the NYSIIS Portal.

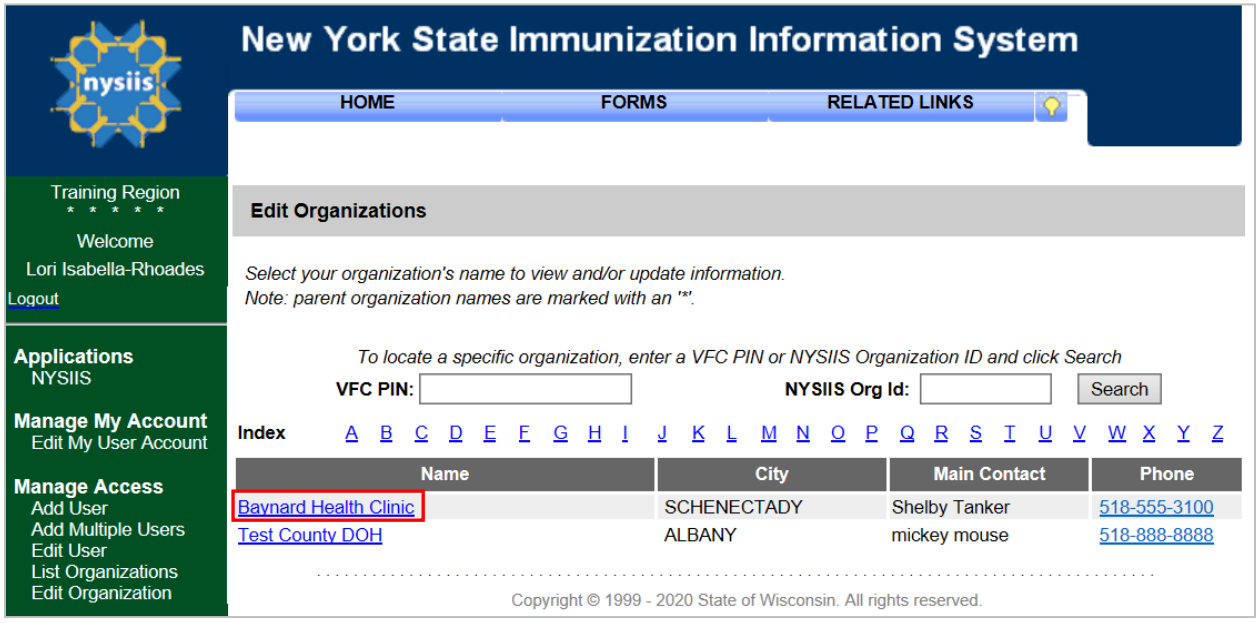
NYSIIS Portal Page

On the left side menu panel, click 'Edit Organization.' **Note** – this menu item is only available to Administrative Users in NYSIIS.



Edit Organizations Screen

Click the org you'd like to view.



Edit Organization

Org ID is the first field located on the Edit Organization Screen.