



# NYS Vaccines for Children (VFC) 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
<b>Submission:</b>	
<ul style="list-style-type: none"> <li>Submit in NYSIIS</li> </ul>	<ul style="list-style-type: none"> <li>Submit via <a href="#">survey</a> <ul style="list-style-type: none"> <li>The survey link will remain valid during the Provider Annual Review Period.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>All providers submitting recertification prior to deadline</li> </ul>	<ul style="list-style-type: none"> <li>Providers will be completing their survey in the timeframe for their county           <ul style="list-style-type: none"> <li>See table on page 6</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>All Providers (VFC, VFA and Birthing Hospitals) statewide submitted recertification prior to the deadline</li> </ul>	<ul style="list-style-type: none"> <li>VFC providers and Birthing Hospitals will submit the survey in winter/spring 2026, staggered based on provider county.</li> <li>VFA providers will submit a different survey in summer 2026. A separate communication will be sent to VFA providers regarding timing.</li> </ul>
<b>Provider Agreement:</b>	
<ul style="list-style-type: none"> <li>Facility name</li> <li>Delivery and facility address</li> <li>Delivery hours</li> <li>Medical director</li> <li>Primary and backup coordinator</li> <li>Additional provider practicing at the facility</li> <li>VFC annual training</li> </ul>	<ul style="list-style-type: none"> <li>Facility name</li> <li>Delivery and facility address,</li> <li>Delivery hours</li> <li>Medical director</li> <li>Primary and backup coordinator</li> </ul>
<b>Provider Profile:</b>	
<ul style="list-style-type: none"> <li>Provider Population – VFC and non-VFC</li> <li>Source of Data Used to Determine Provider Population</li> <li>Provider Type</li> <li>Vaccines Offered</li> </ul>	<ul style="list-style-type: none"> <li>Provider Population – VFC and non-VFC</li> <li>Source of Data Used to Determine Provider Population</li> </ul>

### Storage and Handling Plan:

- Vaccine Program Storage Unit(s)
- Primary and Back-up Data Logger
- Vaccine Emergency Plan

- Information not required for the survey.
  - This information will continue to be reviewed at routine compliance and storage handling site visits.

### 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**

### Descriptions of survey fields

The 2026 Vaccines for Children 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) **VFC 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.

The screenshot shows the 'Search NPI Records' interface. At the top, it states 'Effective 6/25/2024: To ensure the best experience, NPPES has limited the amount of NPI Registry queries that can be completed per hour' and includes a note: 'Bulk NPI Registry queries must use the DDS file.' Below this is a search form with the following fields:

- NPI Number:** Text input field.
- NPI Type:** Dropdown menu with options: Any, Individual, Organization. 'Any' is currently selected.
- Taxonomy Description:** Text input field.
- for individuals:** Section header.
- Provider First Name:** Text input field.
- Provider Last Name:** Text input field.
- for organizations:** Section header.
- Organization Name (LBN, DBA, Former LBN or Other Name):** Text input field.
- Authorized Official First Name:** Text input field.
- Authorized Official Last Name:** Text input field.
- City:** Text input field.
- State:** Dropdown menu with 'Any' selected.
- Country:** Dropdown menu with 'Any' selected.
- Postal Code:** Text input field.
- Address Type:** Dropdown menu with 'Any' selected.

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) **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 close.
- 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 Children (VFC) registered healthcare provider authorized to administer pediatric 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 VFC 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 (VFC and Non-VFC Eligible Children) Section

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

You must provide the number of children (not counting a child more than once), broken down by age <1, age 1-6, and age 7-18, by the following eligibility categories:

- a. Enrolled in Medicaid
- b. No health insurance/Uninsured
- c. American Indian/Alaska Native
- d. Underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only); a child whose insurance does not include first-dollar coverage for a vaccine.
- e. Privately Insured
- f. Enrolled in the Children's Health Insurance Program (CHIP); also known as Child Health Plus

Provider population: This data must be updated to accurately reflect your entire patient population, including those that are privately insured. If you use NYSIIS for this information, enter a one-year date range (e.g., 01/01/2025 – 12/31/2025). For assistance on how to run a VFC Report in NYSIIS, please see these instructions: [Request VFC Reports](#) (you will need to be logged into NYSIIS to access the instructions).

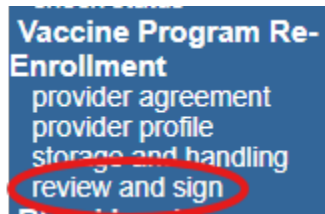
Please be aware that if you encountered any issues in reporting doses administered to NYSIIS and opt to use NYSIIS to populate this data, you might underestimate your patient population. We recommend that you also manually review your electronic medical record or billing system to

confirm the numbers of patients in each category. 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*”



VFC Provider Re-Enrollment Packet	
Report Name	Started
<a href="#">VFCProviderAgreement_Report</a>	01/15/2026 11:09 AM
<a href="#">* Reason for Submit/Description of Changes</a>	

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 (based on county) 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.
- 6) Providers should complete a survey during the timeframe designated for their county for each enrolled PIN as shown in the table below.

Counties		Timeframe for Survey Submission
<ul style="list-style-type: none"> <li>• Dutchess</li> <li>• Nassau</li> <li>• Orange</li> <li>• Putnam</li> <li>• Rockland</li> </ul>	<ul style="list-style-type: none"> <li>• Suffolk</li> <li>• Sullivan</li> <li>• Ulster</li> <li>• Westchester</li> </ul>	January 26-February 27, 2026
<ul style="list-style-type: none"> <li>• Allegany</li> <li>• Cattaraugus</li> <li>• Chautauqua</li> <li>• Chemung</li> <li>• Erie</li> <li>• Genesee</li> <li>• Livingston</li> <li>• Monroe</li> <li>• Niagara</li> </ul>	<ul style="list-style-type: none"> <li>• Ontario</li> <li>• Orleans</li> <li>• Schuyler</li> <li>• Seneca</li> <li>• Steuben</li> <li>• Wayne</li> <li>• Wyoming</li> <li>• Yates</li> </ul>	March 2-March 31, 2026
<ul style="list-style-type: none"> <li>• Broome</li> <li>• Cayuga</li> <li>• Chenango</li> <li>• Cortland</li> <li>• Herkimer</li> <li>• Jefferson</li> <li>• Lewis</li> </ul>	<ul style="list-style-type: none"> <li>• Madison</li> <li>• Oneida</li> <li>• Onondaga</li> <li>• Oswego</li> <li>• St. Lawrence</li> <li>• Tioga</li> <li>• Tompkins</li> </ul>	April 1-April 30, 2026
<ul style="list-style-type: none"> <li>• Albany</li> <li>• Clinton</li> <li>• Columbia</li> <li>• Delaware</li> <li>• Essex</li> <li>• Franklin</li> <li>• Fulton</li> <li>• Greene</li> <li>• Hamilton</li> </ul>	<ul style="list-style-type: none"> <li>• Montgomery</li> <li>• Otsego</li> <li>• Rensselaer</li> <li>• Saratoga</li> <li>• Schenectady</li> <li>• Schoharie</li> <li>• Warren</li> <li>• Washington</li> </ul>	May 1-May 29, 2026