NYS Vaccines for Children (VFC) Program

Enrollment Instructions Guide

Contents

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Enrollment Steps

New York State (NYS) healthcare organizations (with locations outside of New York City) who administer vaccines to children under age 19 who are eligible for publicly funded vaccine can enroll in the NYS Vaccines for Children program. The enrollment process is completed through a Health Commerce System (HCS) online application tool named 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 VFC 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 VFC, Children's Health Insurance Program (CHIP), underinsured and insured patients expected to be served. This information will determine the type of publicly-funded vaccine a provider may order. If your site is already reporting vaccine administration in NYSIIS, you can refer to the following guidance: https://www.health.ny.gov/prevention/immunization/vaccines_for_children/docs/estimating_patient_population.pdf. 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 have not entered vaccine administration into NYSIIS will have to estimate their population from other sources.
- Possess functioning vaccine storage and temperature monitoring equipment which meet NYS and CDC VFC 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)
    - VFC coordinator
    - VFC back-up coordinator
- Submit a VFC application in the HCS system. There are six steps in this process, which are detailed further later in this document:

    1. **Step 1 submission**: the medical director (or equivalent), VFC coordinator, VFC back-up coordinator, or practice administrator of your site must review the VFC provider agreement, and submit facility, staffing, and patient counts by age group and VFC 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 VFC 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 VFC-eligible patients. If your site meets eligibility criteria for the VFC program, NYS VFC staff will notify staff listed as email contacts to complete VFC training for new providers and provide your site with a VFC PIN number. If your site does not meet criteria for the VFC program, or if your submission requires updating, NYS VFC staff will provide further instruction.

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

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

5. **Step 2 review:** NYS VFC staff will verify that the site's storage and handling equipment listed in Step 2 of the application meet NYS and CDC VFC 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 VFC training, NYS VFC staff will notify all staff listed in the application via email that the application has been approved and you should prepare for an onsite enrollment visit from VFC staff. If your site does not meet criteria for the VFC program, or if Step 2 of the application requires updating, NYS VFC staff will provide further instruction.

6. **Enrollment site visit:** VFC staff will contact your site to set up a time for a VFC enrollment site visit. The site visit includes an initial assessment to verify that the provider has the capacity to adequately store and administer vaccine to eligible children and that staff demonstrate a willingness and ability to follow VFC program requirements. If the enrollment site visit is successful, VFC staff will notify you via email that you can begin ordering VFC vaccine via NYSIIS. If the enrollment site visit is not successful, VFC staff will provide you with feedback on how to comply with program requirements.

General Tips

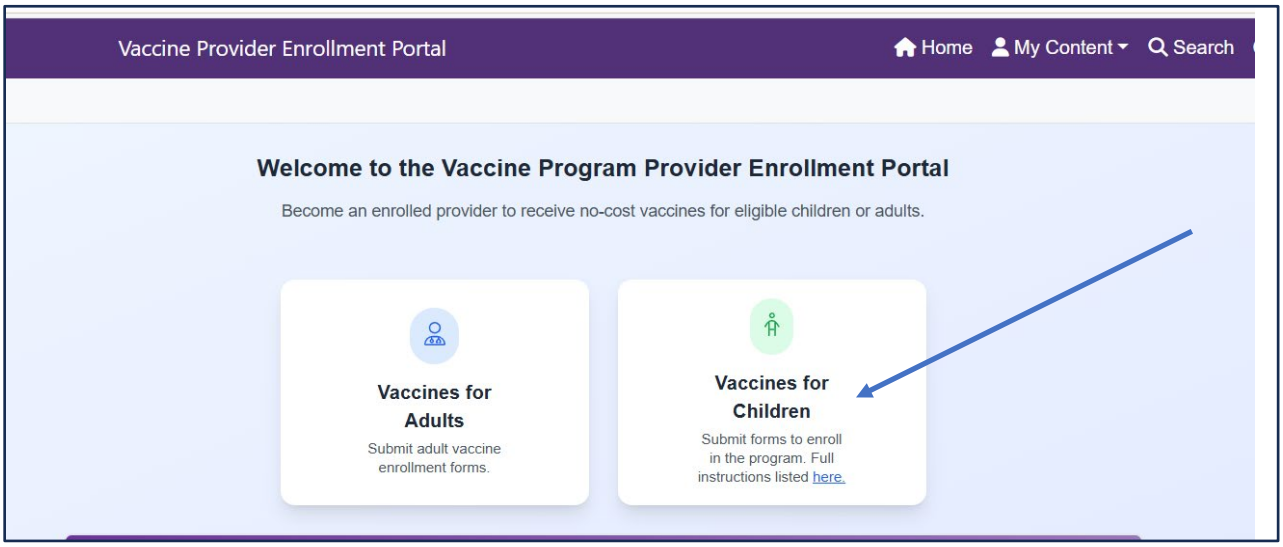
- Only the person who initiated the application in HCS can complete it.
- Applications in progress can be saved and found under the Vaccine Provider Enrollment Portal. It does not need to be completed in one sitting. Save work often by clicking on 

- 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.

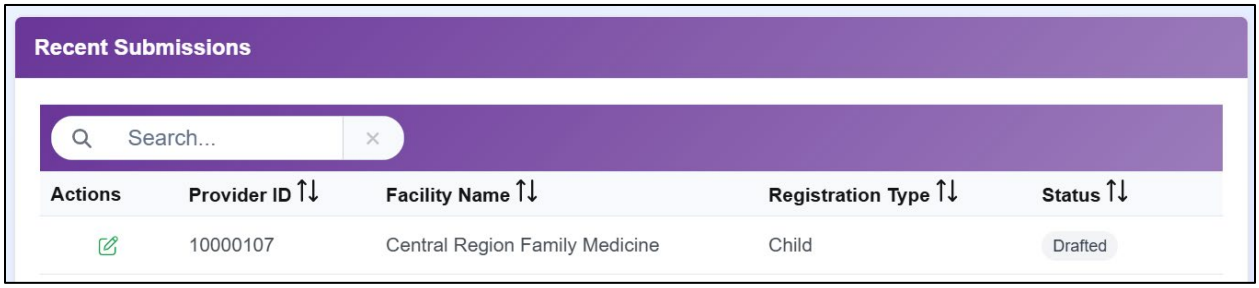
Application Initiation

To access the Vaccine Program Provider Enrollment Portal (https://vpr.health.ny.gov/#/), 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 Children, you will be brought to the first part of the VFC 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 (will not be 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

Application Step 1

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

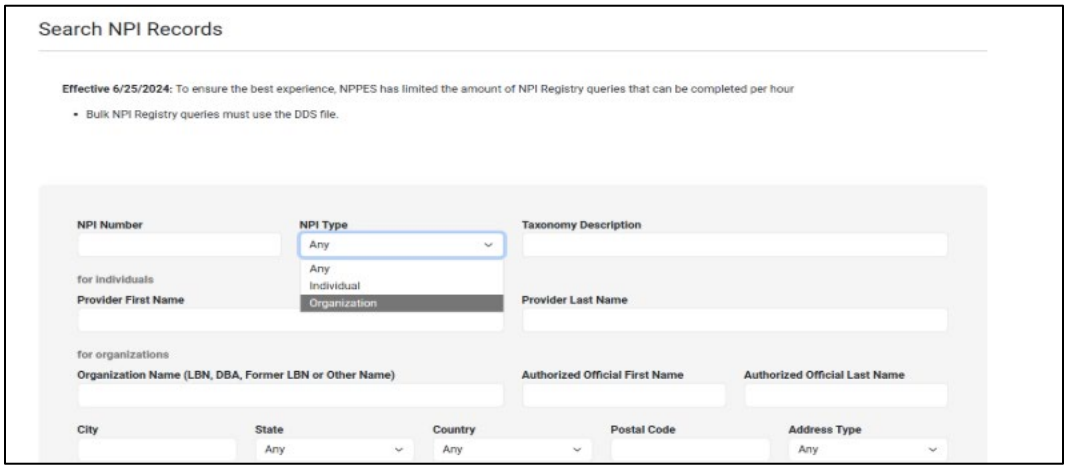
Facility Information

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 located at https://npiregistry.cms.hhs.gov/search. 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 NYS VFC 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, you can input it here. Entry can be 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.

Global Location Number (GLN)

The GLN is a 13-digit number specific to the delivery address. 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. This field is optional.

Health Industry Number (HIN)

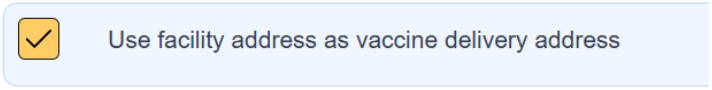
The HIN is a set of nine alphanumeric characters specific to the delivery address. You may obtain the HIN by contacting your private vaccine supplier, or you may apply for an HIN here https://www.hibcc.org/hin-system/apply-for-a-hin/. This field is optional.

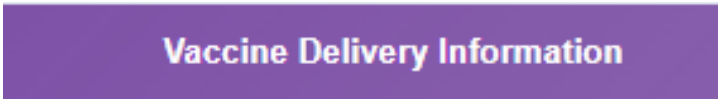
Drug Enforcement Administration (DEA) number of the Medical Director or Equivalent

Enter the nine alphanumeric character DEA number of the VFC Medical Director or Equivalent. A reference for this information is the DEA website https://www.usa.gov/agencies/drug-enforcement-administration. This is an optional field.

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, which 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 VFC 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 must also be the VFC Coordinator.

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

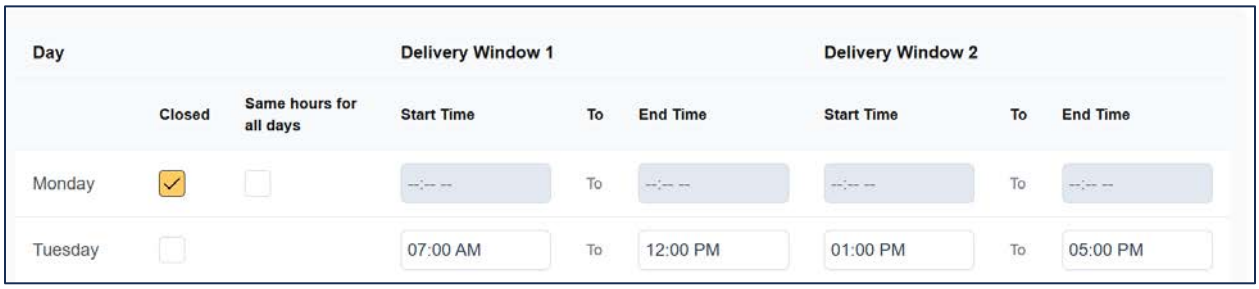
If you indicated under facility address that the delivery address is the same, these fields will be pre-populated. Enter the delivery address of the facility, where vaccine should be shipped. You cannot make entries into the State field, which is automatically entered as New York. You can only select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

of New York City. You can only enter five-digit zip codes within New York State. Address Line 2 is an optional field.

Delivery Windows

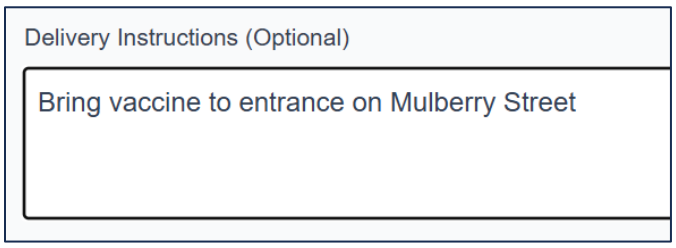
VFC vaccines are shipped by CDC's centralized distributor McKesson via UPS. Vaccine delivery windows must meet CDC criteria: providers must be on site with appropriate staff available to receive the vaccine at least one day per week other than Monday, and for at least four consecutive business hours 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, and 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.



Day			Delivery Window 1			Delivery Window 2		
	Closed	Same hours for all days	Start Time	To	End Time	Start Time	To	End Time
Monday	☑	☐	--:-- --	To	--:-- --	--:-- --	To	--:-- --
Tuesday	☐		07:00 AM	To	12:00 PM	01:00 PM	To	05:00 PM

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



Medical Director or Equivalent

The VFC medical director (or equivalent) must be authorized to administer pediatric vaccines under state law and will be held accountable for the entire organization and its VFC providers with the responsible conditions 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 VFC 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: https://eservices.nysed.gov/professions/verification-search.

Middle initial and EIN (employee identification number) are optional fields. EIN information can be found here: https://www.irs.gov/businesses/employer-identification-number.

VFC Vaccine 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.

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 VFC coordinator and back-up VFC coordinator: first name, last name, email address, and telephone number with direct line. Middle initial and telephone extension are optional fields.

Additional Providers Practicing at this Facility

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:

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 “Continue to Provider Profile” at the bottom right of the page:

Reminder to click “Save Draft” at the lower left side to save your work:

Part II: Provider Profile

Provider Type

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” on 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?”

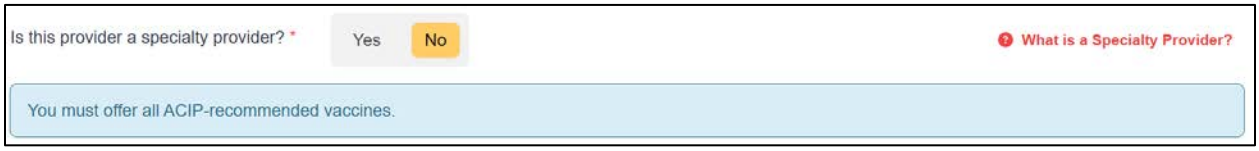
Vaccines Offered

Under the VFC provider agreement, “For the vaccines identified and agreed upon in the provider profile, [VFC providers] must comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC program” unless medically inappropriate or contradicted by state law.

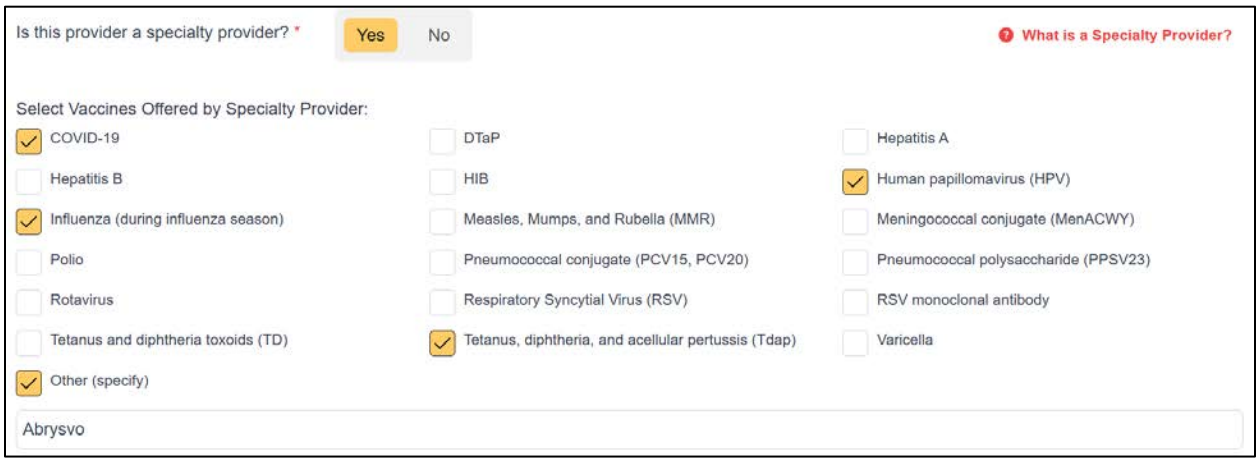
You must select “Yes” or “No” in response to the question “Is this provider a specialty provider?” A specialty provider is a provider that only serves (1) a defined population due to the practice specialty (e.g., OB/GYN; STD; family planning) or

(2) a specific age group within the general population of children ages 0–18 (e.g., birthing hospital, elementary school based clinic). Local health departments and pediatricians are not specialty providers. Further guidance is shown when you click on What is a Specialty Provider? at the right side of the screen.

If you select "No" for specialty provider, you must offer all ACIP-recommended vaccines, and you will not be able to select vaccines you plan to offer. Below is an example of a non-specialist's entry:



If you select "Yes," you will be prompted to select the vaccines you plan to offer your patients. Below is an example of vaccines selected by a specialty provider:



Provider Population

Report the number of children who received vaccinations at your facility during the previous 12 months, by age group (< 1 year, 1-6 years, 7-18 years old). Only count a child once based on their status at the last immunization visit, regardless of the number of visits made.

If your site is already reporting vaccine administration in NYSIIS, you can refer to the following guidance: https://www.health.ny.gov/prevention/immunization/vaccines_for_children/docs/estimating_patient_population.pdf. 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 children (not counting a child more than once), broken down by age group and by insurance status:

- VFC eligible: Medicaid enrolled, uninsured, American Indian/Alaska Native, underinsured
- Non-VFC eligible: privately insured, Children's Health Insurance Program (CHIP) enrolled

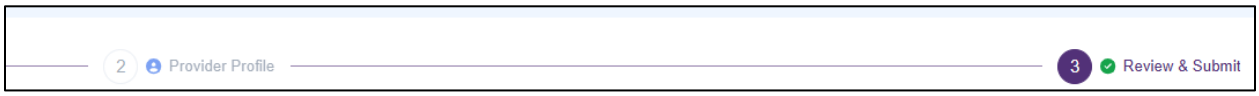
Underinsured is defined as a child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only); or a child whose insurance does not include first-dollar coverage for a vaccine.

More information about these categories can be found by clicking on: What do these categories mean?

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

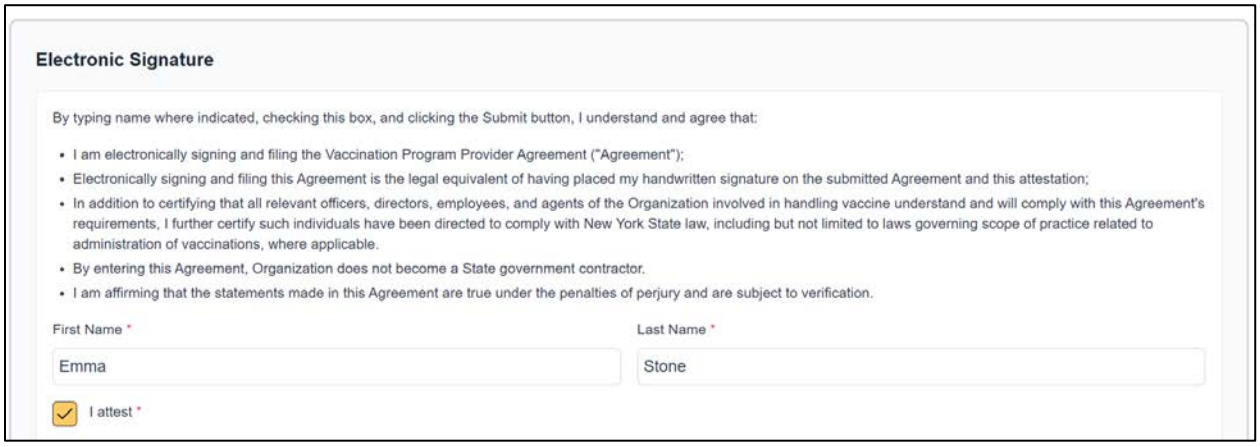
When you have completed all entries, click on Continue to Review → at the lower right.

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 pen/paper icon at the right:

At the bottom of the screen, the medical director (or equivalent) is required to sign the VFC provider agreement and attest to the information provided in the application as shown 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 1 is submitted, an automated email with the title “NYS Vaccine Program: VFC Application Submitted” will be delivered to the contacts listed in the application. NYS VFC 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 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 VFC training

If your site is approved under Step 1 of the application, the medical director (or equivalent), VFC coordinator and VFC back-up coordinator must complete VFC training for newly enrolled providers as noted here: https://www.health.ny.gov/prevention/immunization/vaccines_for_children/vaccine_personal.htm#training.

Application Step 2

When Step 1 is approved by NYS VFC Program, Step 2 will be accessible for the applicant. Step 2 includes attesting to completion of vaccine training and creating a vaccine management plan. The medical director (or equivalent) or VFC coordinator must complete and sign Step 2 of the VFC 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.

Vaccine Management Plan

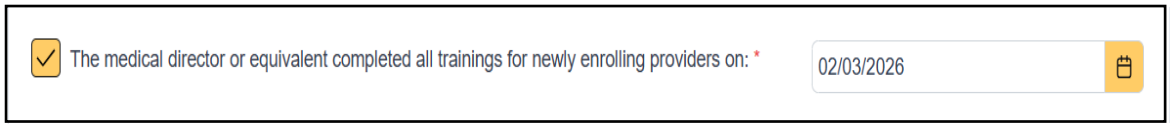
This plan, required by the NYS Bureau of Vaccine Programs for VFC providers, outlines procedures for routine and emergency vaccine management in alignment with CDC and NYS requirements.

The vaccine coordinator, back-up coordinator, and medical director will review and update this plan at least once a year, and when staff with designated vaccine management roles change and/or when VFC Program requirements change. The annual review and any updates 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 training was completed. You will need to show proof of training completion (certificates from the New York State Learning Management System when you receive your on-site enrollment visit.



Vaccine Coordinator and Back-up Coordinator Responsibilities

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

Vaccine Storage Units and Temperature Monitoring Devices

VFC non-specialty providers need to enter at least one refrigerator and one freezer unit whereas VFC specialty providers need to enter at least one refrigerator. Ensure that your storage units meet the required NYS and CDC specifications for vaccine safety as listed here: https://www.health.ny.gov/prevention/immunization/vaccines_for_children/docs/storage_unit_purchasing_guidance.pdf.

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. For more information on Digital Data Loggers (DDL) go to: https://www.health.ny.gov/prevention/immunization/vaccines_for_children/docs/temp_monitor_device_guidance.pdf

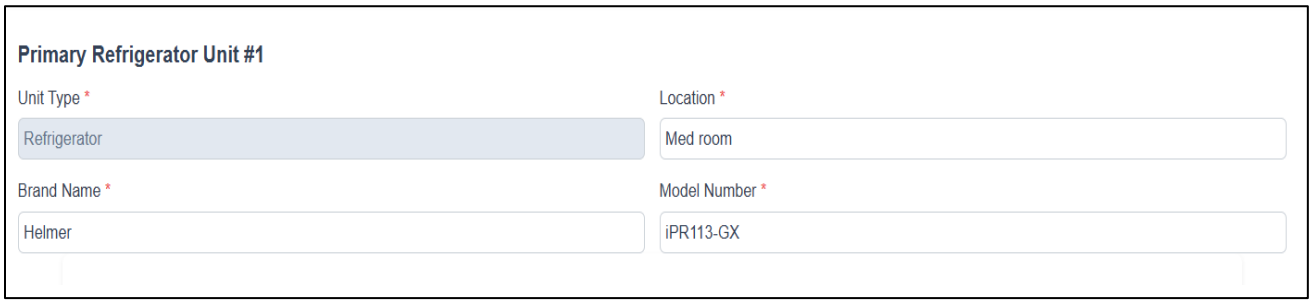
You must provide information about the vaccine storage units and temperature monitoring devices you will be using to store public vaccine. This information will be reviewed by NYS VFC staff to ensure the equipment meets NYS and CDC requirements.

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:



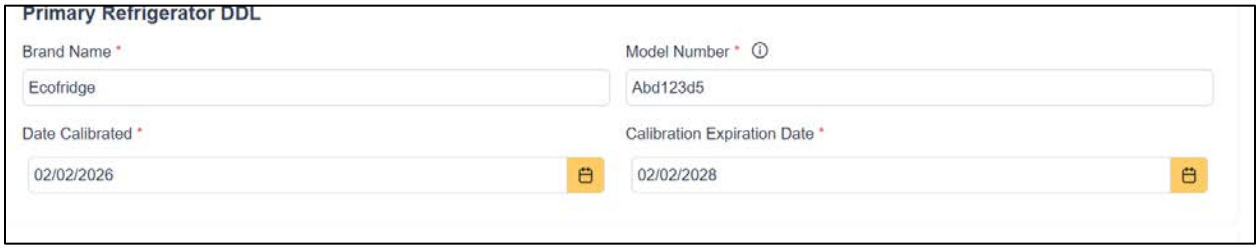
To add additional storage units, click on this button at the top of the screen:

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:

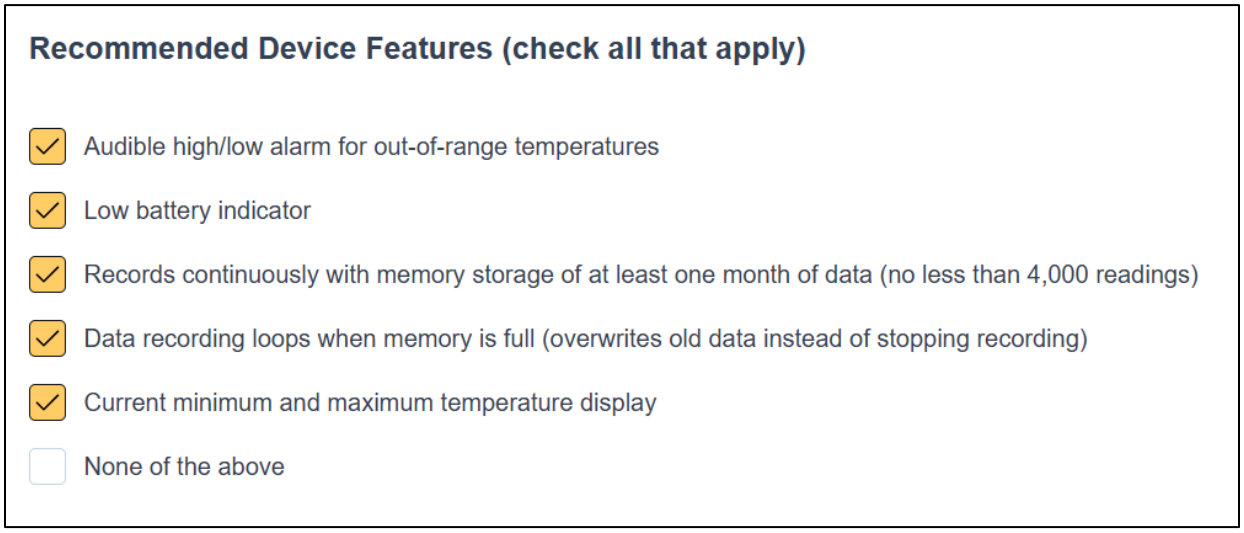
Brand Name: manufacturer of device
Model Number: alpha numeric sequence typically located on the device or packaging
Date Calibrated: date located on device or package insert
Calibration Expiration Date: Date that current calibration expires. If no date is present, enter the expiration as two years from 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 this button 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 in the screenshot below:

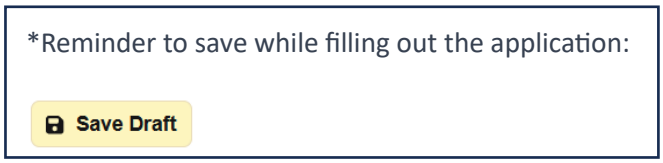


Additional DDL information

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.



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.

Vaccine Management

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

Non-Routine ACIP Recommended Vaccines

Complete this section only if you do not plan to stock non-routine ACIP recommended vaccines due to limited eligible population.

Non-Routine Vaccines Not Stocked: list specific vaccines not stocked

Reason For Not Stocking the Above Vaccines: provide a detailed explanation (e.g., limited patient demand, storage constraints).

Explain Where These Patients Will Be Referred for Vaccination: Specify referral locations, including contact information.

Describe the referral process you arranged with the above: outline the steps involved in the referral, communication methods, and any agreements in place.

Temperature Monitoring

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

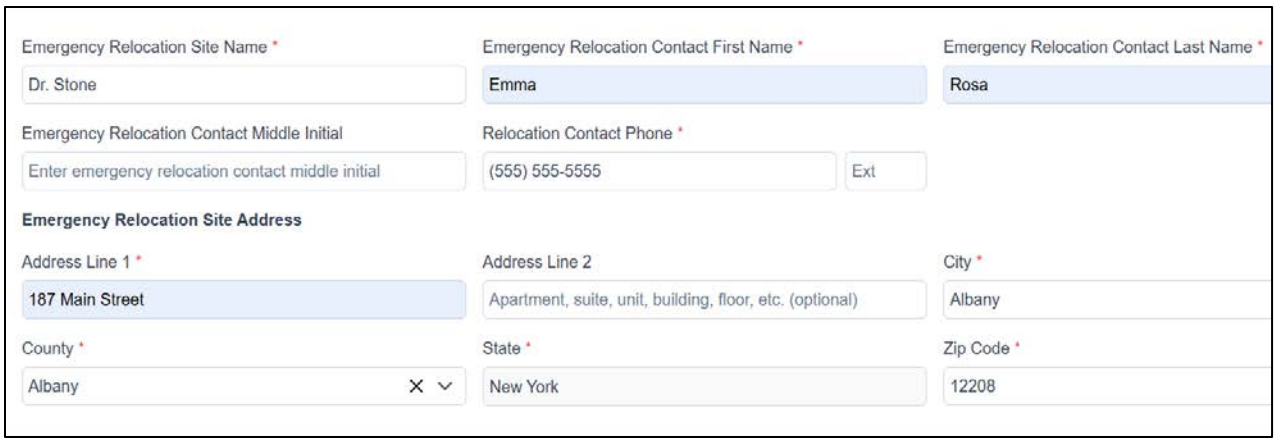
Vaccine Transport/Emergency Plan

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 VFC coordinator or back-up coordinator) and where vaccine will be stored in case of emergency. The storage at the emergency relocation site must meet NYS and CDC storage and temperature monitoring requirements. Vaccine cannot be stored at a provider's home. The telephone number should be a direct line to the site, with an extension provided if needed, so that NYS VFC staff may reach you quickly. A fax number, telephone extension and Address Line 2 can be entered but are not mandatory.



Emergency Additional Staff: list 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

If a staff member needs to be removed, click on 

Vaccine Transport Guidelines

For comprehensive details, refer to the NYS VFC Program Guidance for Vaccine Transport: https://www.health.ny.gov/prevention/immunization/vaccines_for_children/docs/guidance_vaccine_transport.pdf

The CDC Storage and Handing Toolkit also has resources on vaccine transport, including emergency transport guidance:

https://www.cdc.gov/vaccines/hcp/downloads/storage-handling-toolkit.pdf

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

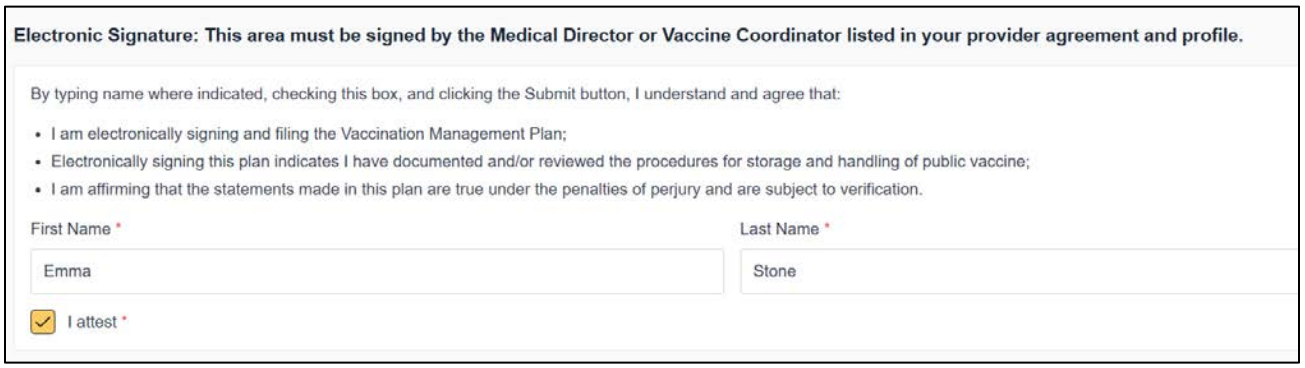
Review the instructions provided in the Vaccines Ordering and Inventory Management Guidelines.

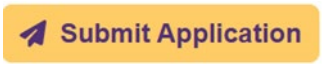
When Part IV is complete the application should be saved and continue to Part V. Click on “Continue to Review” at the bottom right:

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 pen/paper icon at the right:

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 below:



When the application is correct, complete and signed, you can click on 

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, an automated email with the title “NYS Vaccine Program: VFC Application Submitted” will be delivered to the contacts listed in the application. NYS VFC 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 and final step will be an enrollment site visit with NYS VFC 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 VFC PIN number provided to you via email.

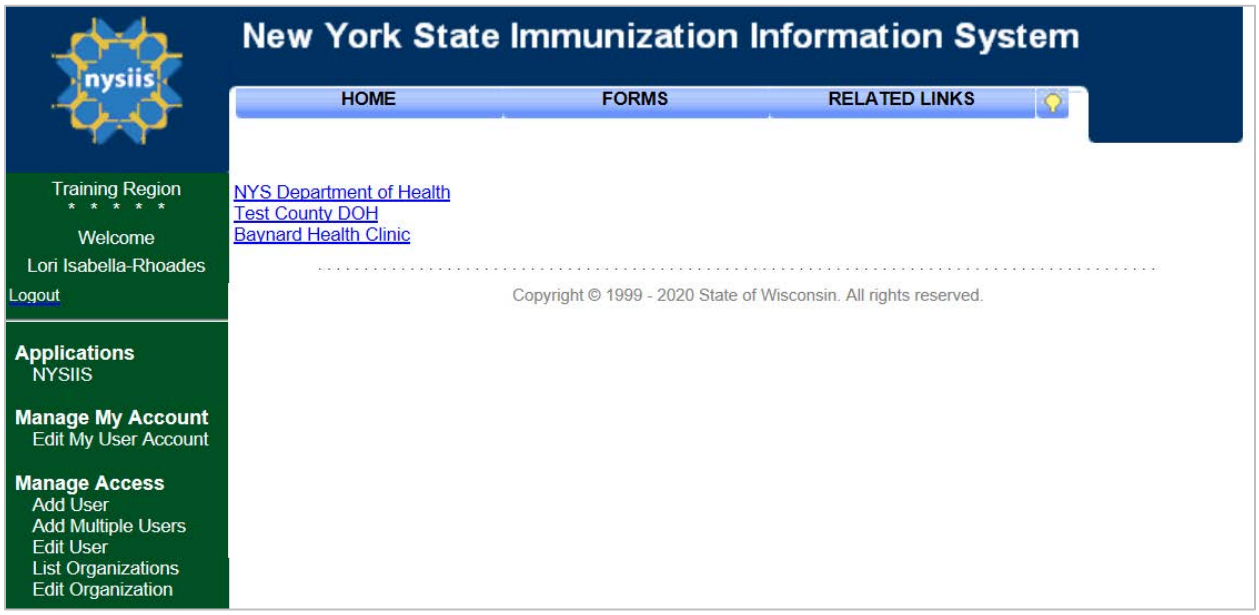
Appendix: Locating your site's Organization ID in NYSIIS

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.

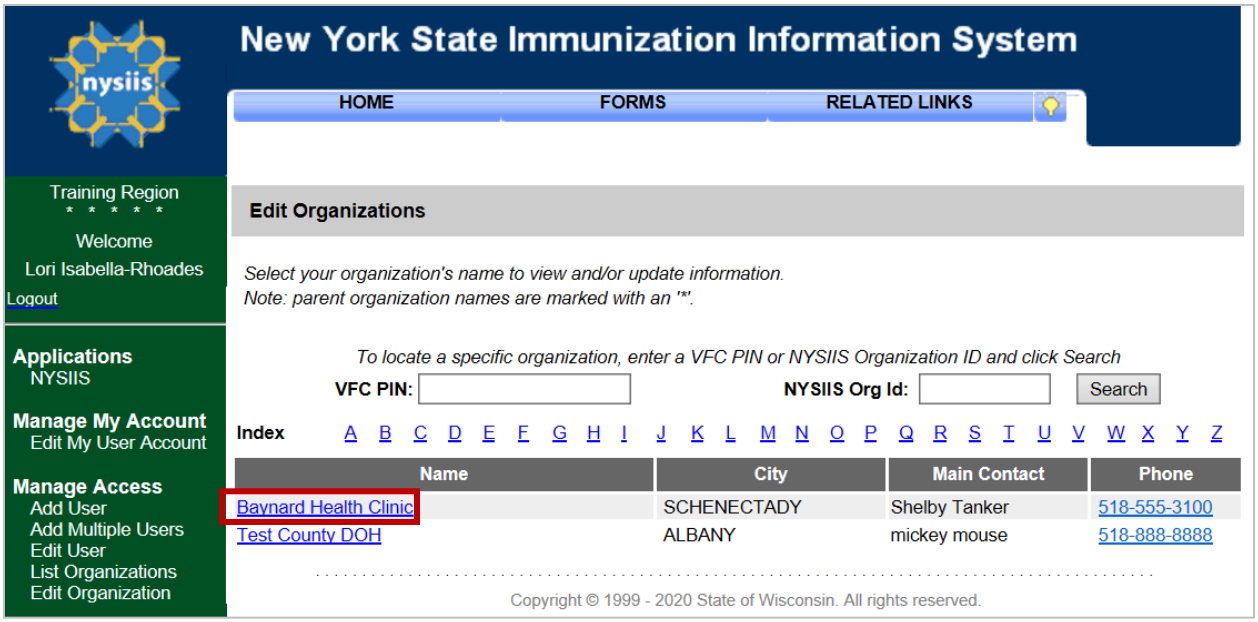
NYSIIS Portal Page

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.