

Online Enrollment in CDC's Bridge Access Program for COVID-19 Vaccines in New York City

AIRA National Meeting
Orlando, FL
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Outline

- Background
 - CDC's Bridge Access Program for COVID-19 Vaccines
 - Citywide Immunization Registry (CIR)
- Methods
 - NYC Vaccines for Adults (VFA) Program Enrollment Form and Review Process
- Results
- Conclusions

Background

Bridge Access Program for COVID-19 Vaccines

- September 2023 – COVID-19 vaccines commercialized
- Bridge Access Program
 - COVID-19 vaccines for uninsured and underinsured adults
 - Federal supply, jurisdictional distribution
- 2,776 sites serving adults before commercialization

Enrollment in Other NYC Vaccine Programs

- Vaccine for Children (VFC)
 - 1,238 enrolled sites – all paper enrollment
- COVID-19
 - 3,342 enrolled sites at program end (August 2023)
 - Online enrollment in a stand-alone system
- MPOX
 - 145 sites
 - Enrollment in Citywide Immunization Registry system – not interconnected

Objectives

- Create an online enrollment form for CDC's Bridge Access Program for COVID-19 Vaccines
- Integrate enrollment with existing Citywide Immunization Registry (CIR) infrastructure
- Lay a foundation for scaling with a future federal Vaccines for Adults program

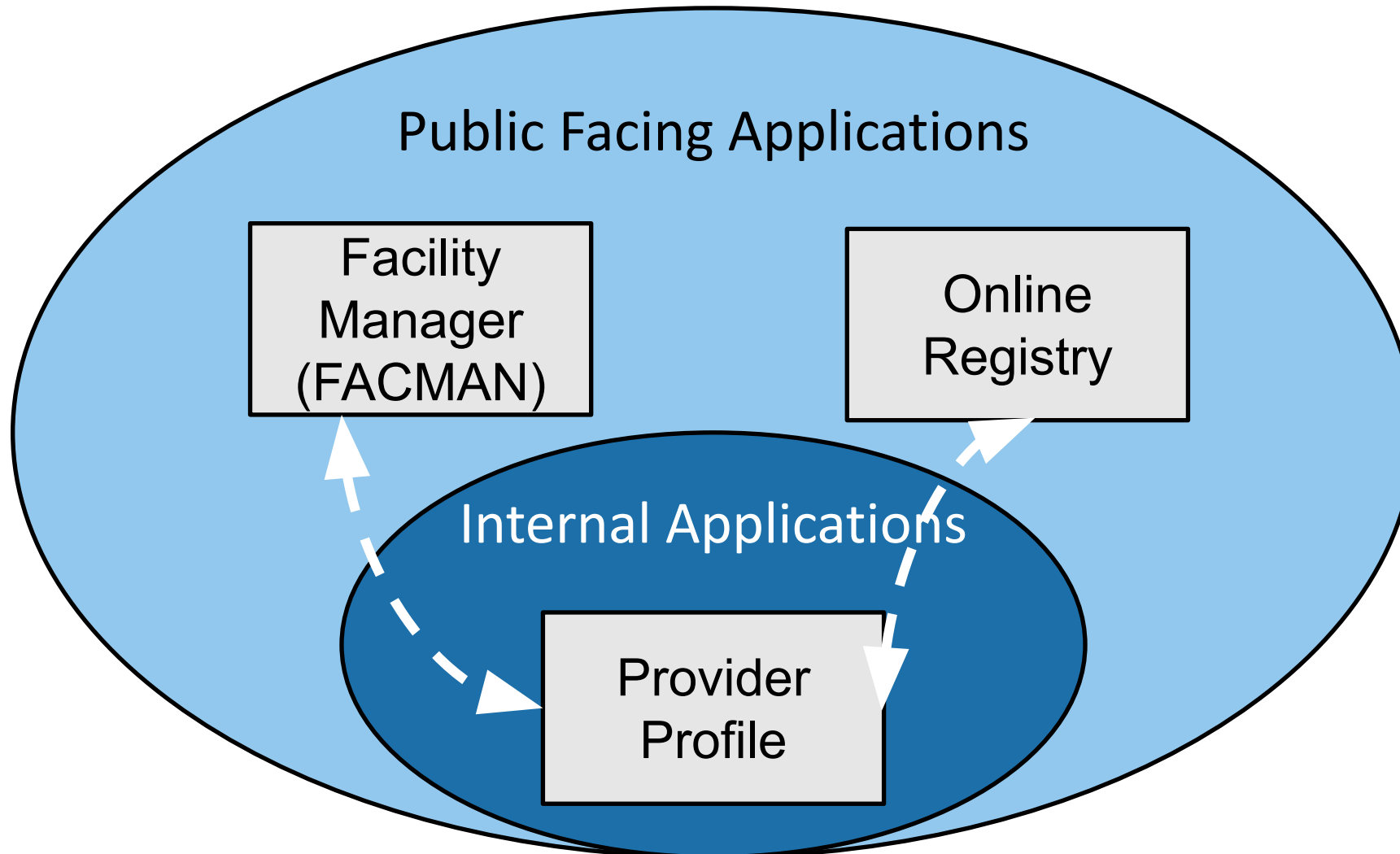
NYC's Citywide Immunization Registry (CIR)

- Began citywide in 1997
- Contains >14.8 million patient records and >170 million immunizations
- Mandatory reporting of immunizations for children <19 years
- Reporting for adults ≥ 19 years requires consent

Partnership with HLN Consulting

- HLN has provided software development and support services to the CIR since the year 2000
- CIR owns copyright for all its source code
- CIR has shared some of its open-source components
 - Immunization Calculation Engine (ICE)
 - IZG Client (Foreign Jurisdiction Service) used for IZ Gateway

Citywide Immunization Registry (CIR)



Citywide Immunization Registry (CIR)

Facility Manager (FACMAN)

Developed by HLN using React and Java Spring boot technologies

Public facing application where providers:

- Register new sites with the CIR
- Manage site information and contacts
- Enroll in federal vaccine programs

Citywide Immunization Registry (CIR)

Online Registry

- User interface for the CIR
- Modules:
 - Order vaccines and manage inventory
 - Report immunizations
 - Access immunization records
 - Generate reminder/recall lists

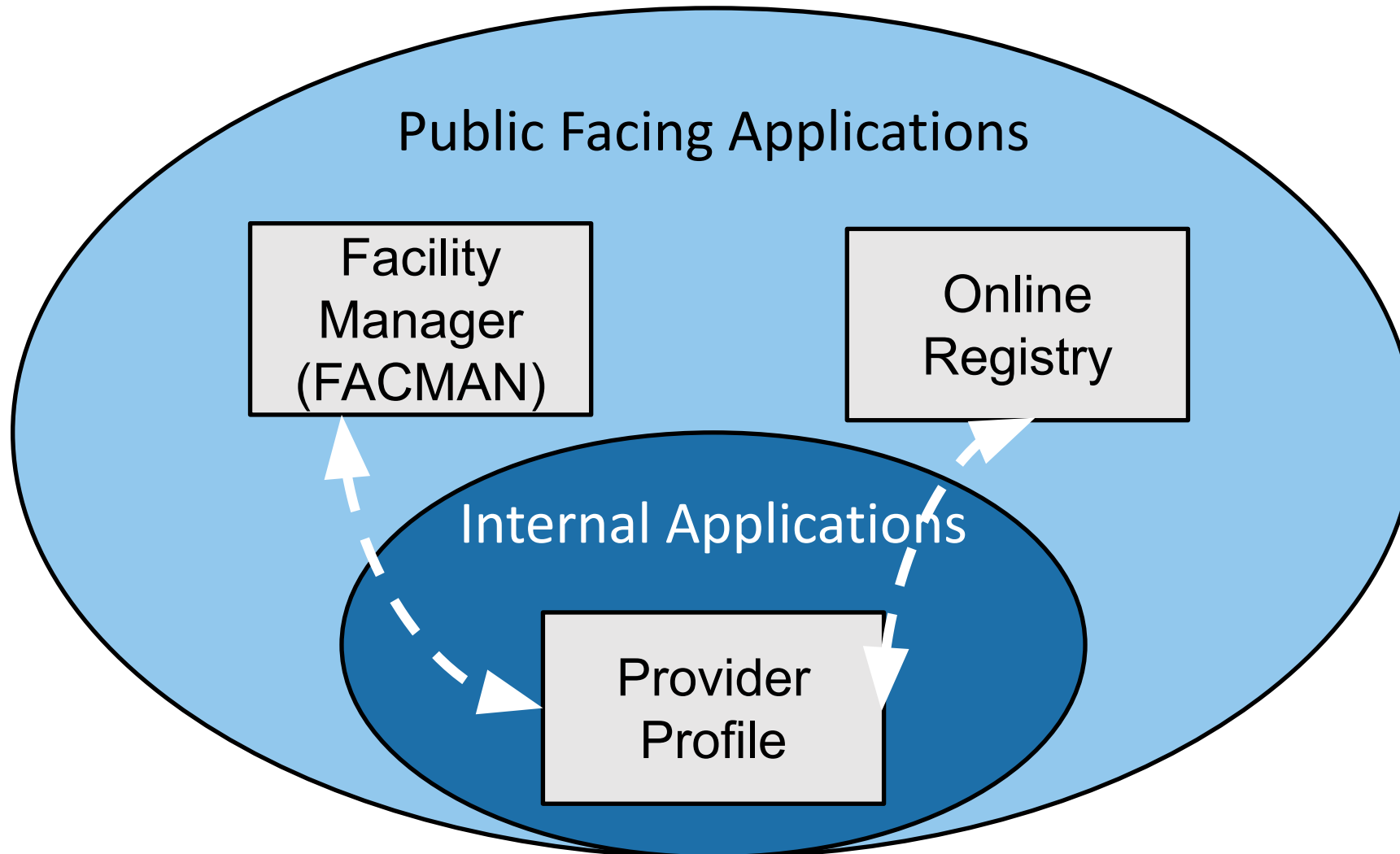
Citywide Immunization Registry (CIR)

Provider Profile

Internal application for CIR staff

- View provider details
- Approve vaccine program enrollments
- Provider quality assurance
- Vaccine order processing

Citywide Immunization Registry (CIR)

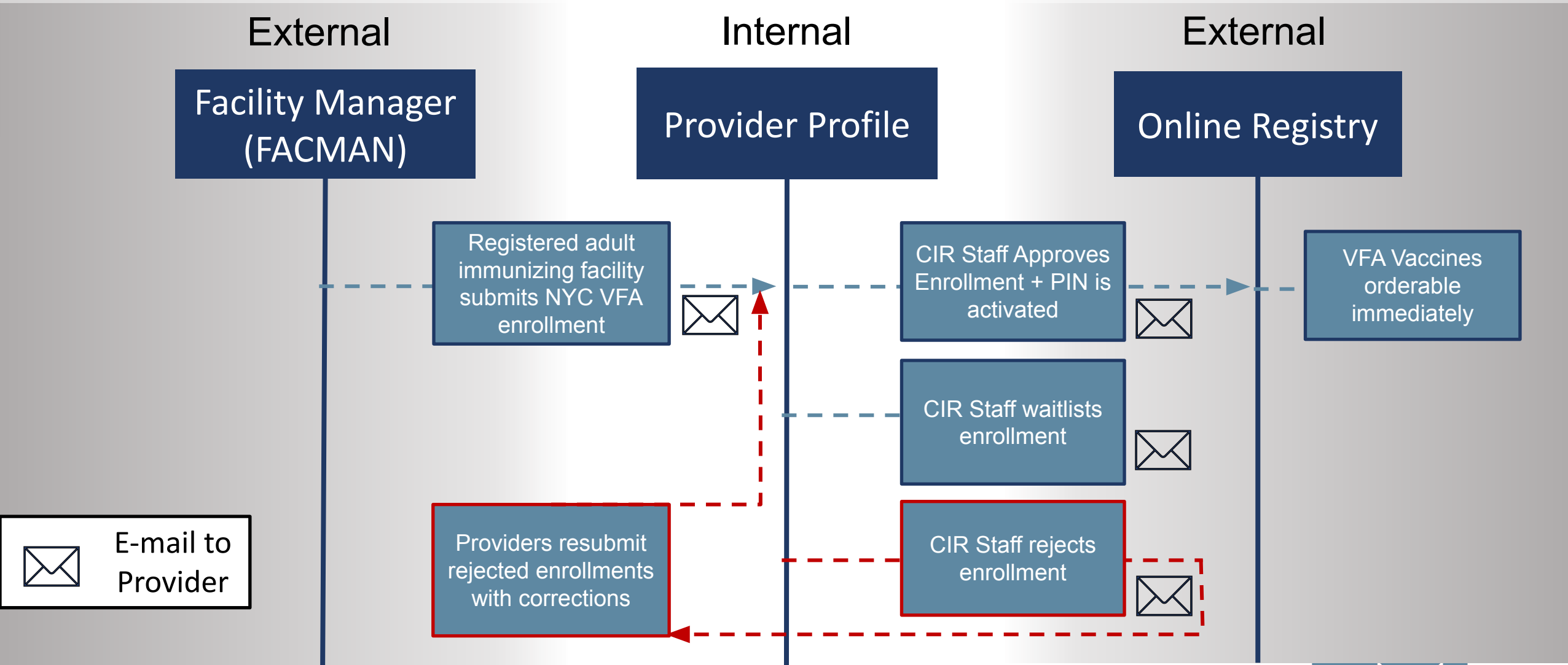


Methods

CDC's Bridge Access Program for COVID-19 Vaccines in NYC

- Locally called the NYC Vaccines for Adults (VFA) program
 - Modelled after Vaccines for Children (VFC) program
- Targeted recruitment of Federally Qualified Health Centers (FQHCs) and Safety Net Hospitals
 - 325 individual locations across the 5 boroughs
 - Blast emails and office hours sessions used to recruit

NYC VFA Enrollment High-Level Workflow



NYC VFA Enrollment in FACMAN

NYC

Health

311 | Search all NYC.gov website!

Promoting and Protecting the City's Health

NYC

Health

Welcome to Citywide Immunization Registry

The Citywide Immunization Registry (CIR) is a database of patient immunization records submitted by New York City (NYC) health care providers since 1995. It is accessible to health care providers, schools, individuals, and agencies concerned with the health of New York City residents.

CIR Facility Manager

Home

+ START NEW CIR REGISTRATION

Q CIR FACILITY LOOKUP

Filters

VFA ENROLLMENT TEST FACILITY

Facility Code - 10431X64

Approved - Active

CIR Facility Registration and Online Registry SSA Guides

For Immunizing Facilities

For Non-Immunizing Facilities

Resource Links

VFA Enrollment Guide

Mpox Enrollment Guide

Mpox Vaccine Accountability

Quick Links

Citywide Immunization Registry

Vaccines For Children

CIR Online Registry

Single Sign-on (SSO) User Profile Manager

NYC VFA Enrollment in FACMAN cont...

The screenshot displays the 'VFA ENROLLMENT TEST FACILITY' interface. A modal dialog titled 'Use existing shipping information' is open, providing instructions and a form for shipping details. The background interface includes tabs for 'Facility Details' and 'Reporting', a list of programs with 'NYC VFA - Vaccines for Adults' selected, and a 'Program Enrollments' section on the right. A 'Facility code: 10431X64' is displayed in the top right corner.

Use existing shipping information

This facility is already enrolled in one or more NYC vaccine programs and has the below shipping information. Each CIR facility code can have only one shipping location/address, shipping hours and shipping contact. If you need to enter different shipping information for the NYC VFA program, please complete a new CIR facility registration to obtain a different CIR facility code and then enroll in the NYC VFA program under the new CIR facility code. CIR reporting of VFA vaccines would have to be done using the new facility code. If you need assistance updating the existing shipping information please contact the Bureau of Immunization (BOI) at nycimmunize@health.nyc.gov

Shipping address

58 BROADWAY, NEW YORK, NY - 11101

Shipping hours

Mon 9:00AM - 6:00PM, Tue 9:00AM - 6:00PM, Wed 9:00AM - 3:00PM, Thu 9:00AM - 6:00PM

Shipping contact

STAN MARKOV

Do you want to proceed with this enrollment using the existing shipping information?

☐ NO ☒ YES

Background Interface:

- Facility code: 10431X64
- Program Enrollments
- COVID-19 vaccines to uninsured and patients who are either uninsured or application you will be directed to complete the and enroll your facility in the VFA Program at any
- CLOSE SAVE

NYC VFA Enrollment in FACMAN cont...

NYC VFA - Vaccines for Adults
Incomplete agreement

VFC - Vaccines for Children

i The New York City Vaccines for Adults ("VFA", also known as the Bridge Access Program for COVID-19 Vaccines) Program is designed to provide federally funded COVID-19 vaccines to uninsured and underinsured adults at no cost. At this time, only COVID-19 vaccines are available through this program. To enroll in the VFA program your facility must serve adult patients who are either uninsured or underinsured. Please note that individuals covered through Medicaid are not eligible to receive VFA Program funded vaccines. If you select 'Yes' to proceed with this application you will be directed to complete the enrollment form as well as read and sign the VFA Program Provider Agreement. If you select 'No' you will return to the previous page. You may return to this page and enroll your facility in the VFA Program at any time if you choose.

CLOSEDISCONTINUE ENROLLMENT

NYC Vaccines For Adults Program EnrollmentIncomplete

Facility information

i If facility information displayed in this section is incorrect, please edit the information on the [Facility Details tab](#) before proceeding with this agreement.

Facility name	Facility address	PIN	Facility code
VFA ENROLLMENT TEST FACILITY	58 BROADWAY, NEW YORK, NY - 11101	212507	10431X64
Facility phone number	Facility fax number	Facility email	
(909) 887-7654	(909) 864-5342	deepa+demo1@hln.com	

i Only a single vaccine shipping address may be specified per facility. If you are enrolled in any other vaccine programs, the address displayed will be used for all vaccine shipments. If you need a different shipping address other than the one currently in use by another vaccine program, please complete a new facility registration.

☒ Same as VFC shipping address?

Vaccine shipping address line 1 *	Vaccine shipping address line 2		
58 BROADWAY			
City *	Borough	State *	Zip code * +4
NEW YORK		NEW YORK	11101

i If facility information displayed in this section is incorrect, please edit the information on the [Facility Details tab](#) before proceeding with this agreement.

Facility name VFA ENROLLMENT TEST FACILITY	Facility address 58 BROADWAY, NEW YORK, NY - 11101	PIN 212507	Facility code 10431X64
Facility phone number (909) 887-7654	Facility fax number (909) 864-5342	Facility email deepa+demo1@hln.com	

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☒ Same as VFC shipping address?

Vaccine shipping address line 1 *

58 BROADWAY

Vaccine shipping address line 2

City *

NEW YORK

Borough

State *

NEW YORK

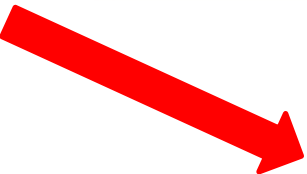

Zip code *

11101


+4

NYC VFA Enrollment in FACMAN cont...

Physician-in-charge

  This title refers to the main physician involved with VFA vaccines. The Physician in Charge can also be the Primary Vaccine Coordinator OR Back-up Vaccine Coordinator. Please note that the Physician in Charge cannot be both the Primary Vaccine Coordinator and Back-up Vaccine coordinator.

If you do not find the Physician-in-charge you are looking for below, please [add them to your facility as a Provider](#).

☐ Same as VFC physician-in-charge? 

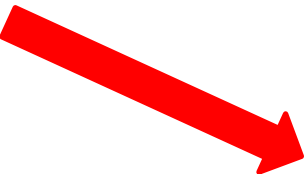

Physician-in-charge *

Select or Type to Search...


CLEAR

SAVED

Vaccine contacts

  The Primary vaccine coordinator title refers to the person who is primarily responsible for VFA vaccine management.
The Back-up vaccine coordinator title refers to the person who backs up the primary vaccine coordinator when they are not available.
Please note that the Vaccine Coordinator and Back-up Vaccine Coordinator cannot be the same person.

If you do not find the person you are looking for below, please [add them to your facility](#).

☐ Same as VFC Primary vaccine coordinator? 

Primary vaccine coordinator *

Select or Type to Search...

☐ Same as VFC Backup vaccine coordinator? 

Back-up vaccine coordinator *

Select or Type to Search...

☒ Same as VFC Shipping contact? 

Shipping contact *

Contact: Stan Markov

Contact name

Stan Markov

Street address

58 BROADWAY, NEW YORK, NY - 11101

Email

stan@hln.com

Office phone number

(909) 875-6534



TM

NYC VFA Enrollment in FACMAN cont...

☐ Same as VFC Primary vaccine coordinator? ⓘ

Primary vaccine coordinator *

Select or Type to Search... ▼

☐ Same as VFC Backup vaccine coordinator? ⓘ

Back-up vaccine coordinator *

Select or Type to Search... ▼

☒ Same as VFC Shipping contact? ⓘ

Shipping contact *

Contact: Stan Markov ▼

Contact name	Street address	Email	Office phone number
Stan Markov	58 BROADWAY, NEW YORK, NY - 11101	stan@hln.com	(909) 875-6534
Cell phone number			

-

If this information needs to be changed, please update the provider record on the [Contacts tab](#).

CLEAR SAVED

NYC VFA Enrollment in FACMAN cont...

Shipping hours

i Enter the hours that your practice is available to receive vaccine. If your practice is closed at any point during the day, only add your open hours in each block. You must be available to receive vaccines for at minimum one 4 hour continuous block on either Tuesdays, Wednesdays, or Thursdays.

☒ Same as VFC shipping hours?

	Monday	Tuesday	Wednesday	Thursday
Block 1	9:00 am	9:00 am	9:00 am	9:00 am
	6:00 pm	6:00 pm	3:00 pm	6:00 pm

Annual patient numbers

i Please report the approximate number of patients served by the practice/facility by age category (19-64 years and 65+ years) and in each of the categories listed below. Do NOT enter percentages, symbols, etc. Incomplete information may result in the delay of your enrollment.

Reporting period beginning

mm/dd/yyyy

Category	19 - 64 Years	65+ Years
American Indian/Alaskan Native	0	0
Incarcerated	0	0
Not Insured/No Insurance	0	0
Underinsured	0	0
Not Eligible	0	0
Total	0	0

NYC VFA Enrollment in FACMAN cont...

Practitioner list

Please list all immunizing staff at your facility, including anyone you listed above.

If you do not find the practitioner you are looking for below, please [add them to your facility](#) as a Provider .

Practitioners *

Select all that apply

Storage information

As per the Center for Disease Control & Prevention's (CDC), vaccines must be stored in compliant storage units and monitored at all times using Digital Data Logger (DDLs) thermometers.

For overall guidance on vaccine storage and handling requirements, refer to the [CDC Vaccine Storage and Handling Toolkit](#).

- Take a picture of each storage unit at your practice and their corresponding Digital Data Logger (DDL) temperature monitoring thermometer, then upload them below.
- Storage unit pictures must have the door open and the inside of the unit should be clearly visible. Photos or images retrieved online or from websites are not acceptable.
- Indicate the brand, model and type of each storage unit and DDL.
- Indicate the calibration expiration date of the DDL as per the manufacturer.
- All **edits** made to storage and thermometer details will be in **pending** review status until **approved**. An email will be sent to notify your practice of the **approval** or **rejection** status of your submission. If **rejected**, the reason for the rejection will be included in this notification. Update the required details below before continuing.

<div>Storage Unit 1</div> <div>Unit Label/Location: Test 1</div> <div>Status: Pending</div> <div>Unit Brand: DH 0001</div> <div>Type: Stand-alone Pharmaceutical-Gra...</div> <div>Thermometer Information</div> <div>Thermometer Brand: DH 0001</div> <div>Status: Pending</div> <div>Calibration Expiration: 07/31/2024</div> <div>Edit Delete</div>	<div>Storage Unit 2</div> <div>Unit Label/Location: Deepa Test 2</div> <div>Status: Pending</div> <div>Unit Brand: DH 0002</div> <div>Type: Stand-alone Pharmaceutical-Gra...</div> <div>Thermometer Information</div> <div>Thermometer Brand: DH 0002</div> <div>Status: Pending</div> <div>Calibration Expiration: 07/31/2024</div> <div>Edit Delete</div>	<div>+ Add Storage Unit</div>	<div>← Storage and Thermometer Tips</div> <ul style="list-style-type: none">Complete your current storage and thermometer information once. However, if you purchase new thermometers or storage units, you will need to update the information previously submitted.Image file size should not exceed 24MB/24,576KB. If uploading a file that exceeds 24MB/24,576KB, reduce its size by saving it in a different format.
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Storage Unit 1



Unit Label/Location: Test 1

Status: **Pending**

Unit Brand: DH 0001

Type: Stand-alone Pharmaceutical-Gra...

Thermometer Information

Thermometer Brand: DH 0001



Status: **Pending**

Calibration Expiration: 07/31/2024

[Edit](#) [Delete](#)

Storage Unit 2



Unit Label/Location: Deepa Test 2

Status: **Pending**

Unit Brand: DH 0002

Type: Stand-alone Pharmaceutical-Gra...

Thermometer Information

Thermometer Brand: DH 0002



Status: **Pending**

Calibration Expiration: 07/31/2024

[Edit](#) [Delete](#)

+ Add Storage Unit

← Storage and Thermometer Tips

- Complete your current storage and thermometer information once. However, if you purchase new thermometers or storage units, you will need to update the information previously submitted.
- Image file size should not exceed 24MB/24,576KB. If uploading a file that exceeds 24MB/24,576KB, reduce its size by saving it in a different format.

NYC VFA Enrollment in FACMAN cont...

Agreement and consent

NYC Vaccines for Adults (VFA) Program Enrollment Agreement

To receive Vaccines for Adults ("VFA", also known as the Bridge Access Program for COVID-19 Vaccines)-funded vaccines for uninsured and under-insured adults at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or equivalent:

1. The organization will submit a provider profile annually, including the approximate number of patients served by the practice/facility by age category (19-64 years and 65+ years) and insurance status (uninsured and under-insured). The organization will submit more frequently if:
 1. the number of uninsured and under-insured patients served changes by more than 10%, or
 2. the status of the facility changes during the calendar year.
2. The organization will screen patients and document eligibility status at each immunization encounter and administer VFA-purchased vaccines only to adults who are at least 19 years of age and meet one of the following categories:
 1. Uninsured: A person who does not have health insurance.
 2. Underinsured: A person who has health insurance, but the insurance does not include any vaccines; a person whose insurance covers only selected vaccines; a person whose insurance does not provide first-dollar coverage for vaccines
 3. Incarcerated
 4. American Indian/Alaska Native

By signing this form, I certify on behalf of myself and all immunization providers in this facility, that I have read and agree to the Vaccines for Adults enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

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

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

☐ I agree

Deepa Hymavathi

CLOSE

SUBMIT

2. the status of the facility changes during the calendar year.
2. The organization will screen patients and document eligibility status at each immunization encounter and the following categories:
 1. Uninsured: A person who does not have health insurance.
 2. Underinsured: A person who has health insurance, but the insurance does not include any vaccine first-dollar coverage for vaccines
 3. Incarcerated
 4. American Indian/Alaska Native

By signing this form, I certify on behalf of myself and all immunization providers in this facility, that I have been made accountable (and each listed provider is individually accountable) for compliance with these requirements.

Non-compliance with the terms of this Agreement may result in suspension or termination from the NYC Health Department, limited to, the False Claims Act, 31 U.S.C. § 3729 et seq., and other related federal laws, 18 U.S.C. §§ 1001, 1033.

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

☐ I agree

Deepa Hymavathi

and administer VFA-purchased vaccines only to adults who are at least 19 years of age and meet one of the
es; a person whose insurance covers only selected vaccines; a person whose insurance does not provide

I have read and agree to the Vaccines for Adults enrollment requirements listed above and understand I am
TS.

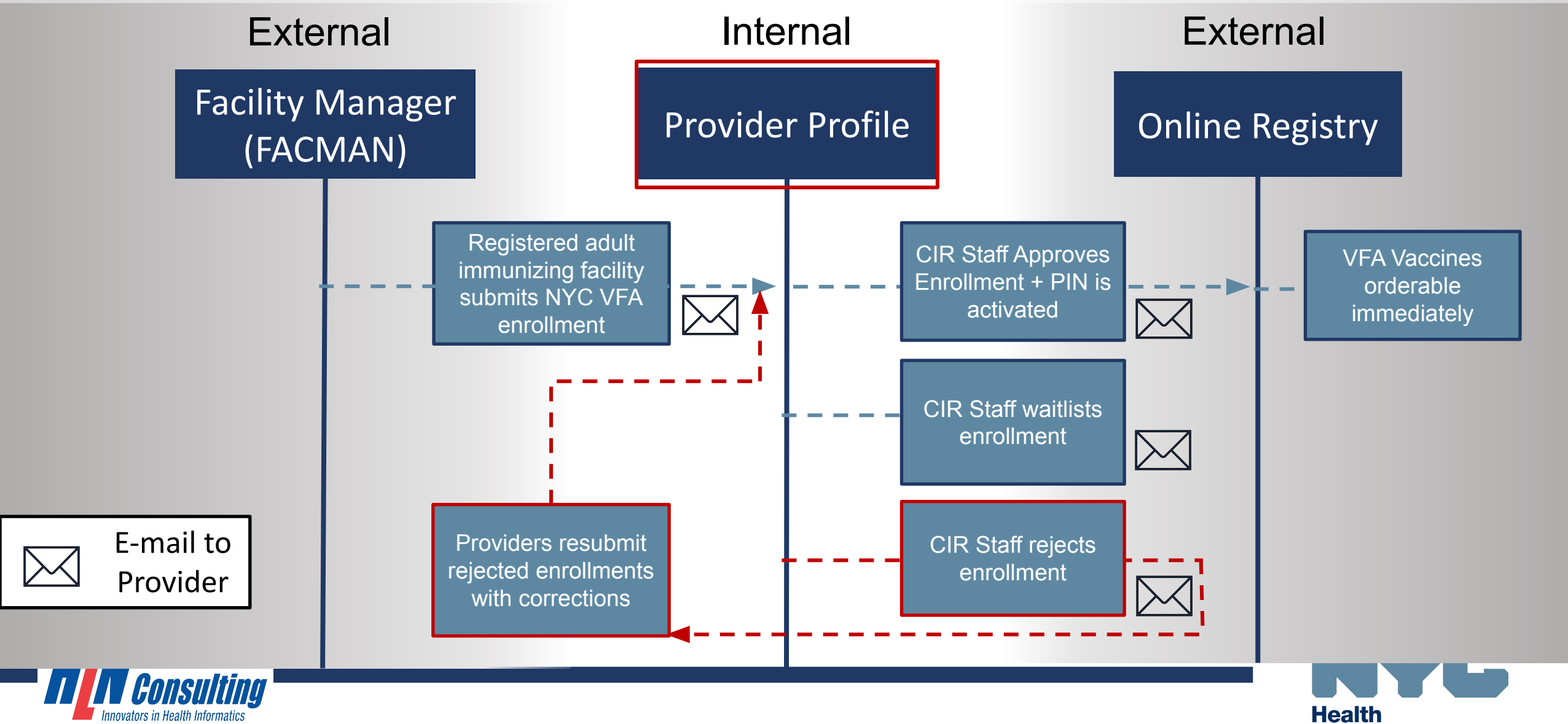
Department Vaccines for Adults Program and criminal and civil penalties under federal law, including but not
5, 1347, 1349.

Acquisition Regulation.

CLOSE

SUBMIT

NYC VFA Enrollment High-Level Workflow



NYC VFA Enrollment Agreement Review

PROVIDER PROFILE

CIR INFORMATION

Facility:

Name:

Address:

Create Date:

CIR Status:

Group:

No records found.

VTRCKS INFORMATION

Pin:

Name:

Address:

Phone:

VTrckS Status: VFC Re-Enrollment:

VFC Provider: VFC Status:

VFA Provider: VFA Status:

Home DAR Vaccine Orders VFC Program Enrollment Agreements VMU Flu PQA HL7 HepB Matching Storage Hotline Logout

By Month

By Vaccine

On

Mpox Agreements

NYC VFA Enrollment Agreements

VFC Enrollment Agreements

Contacts

Orders

Pin Notes

Fac Notes

Grp Notes

HL7 Notes

Month Year	(1) VFC Eligible	(2) CHP B	Under (Non-	(1+2+3+4+5) Total Reported	(1+2+3) VFC, ChpB, Underinsured	VFC, ChpB, Underinsured over Distrib
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🏠 DAR Vaccine Orders ▾ VFC ▾ Program Enrollment Agreements ▾ VMU ▾ Flu ▾ PQA ▾ HL7 ▾ HepB ▾ Ma

By Month

By Vaccine

Onl

Mpox Agreements

NYC VFA Enrollment Agreements

VFC Enrollment Agreements

Contacts

Orders

Pin Notes

Fac N

Month
Year

(1)
VFC
Eligible

(2)
CHP B

Under
(Non-

(1+2+3+4+5)
Total
Reported

(1+2+3)
VFC, ChpB,
Underinsured

VFC, ChpB,
Underinsured
over Distrib

NYC VFA Enrollment Agreement Review

NYC VFA Enrollment Agreements

[Home](#) [DAR](#) [Vaccine Orders](#) [VFC](#) [Program Enrollment Agreements](#) [VMU](#) [Flu](#) [PQA](#) [HL7](#) [HepB](#) [Matching](#) [Storage](#) [Hotline](#) [Logout](#)

Columns

Export current

Export all

Filter

Agreement status: SUBMITTED Facility code: PIN:

Reset

Agreement Status	Rejection Reason	PIN	VFC Status	VFA Status	Facility Code	Facility Name	Facility Address	Last Mod Date Time	Last Mod By	Actions
SUBMITTED		212501	ACTIVE		10426N64	TORINO TEST	TEST, NEW YORK, NY 11101	04/16/2024, 06:01:41 PM	Robert Torino	<div>Agreement</div>
SUBMITTED		00041	ACTIVE		0805X01	THRESIAMMA THANJAN, MD	2859 CRESTON AVENUE, BRONX, NY 10468	03/29/2024, 05:25:53 PM	Deepa Hymavathi	<div>Agreement</div>

NYC VFA Enrollment Agreement Review

NYC VFA Enrollment Agreements										
🏠 DAR Vaccine Orders ▾ VFC ▾ Program Enrollment Agreements ▾ VMU ▾ Flu ▾ PQA ▾ HL7 ▾ HepB ▾ Matching ▾ Storage ▾ Hotline ✖ Logout										
Columns	Export current	Export all	<div>Filter</div> <div>Agreement status: SUBMITTED ▾ Facility code: PIN: Reset</div>							
Agreement Status ▾	Rejection Reason ▾	PIN ▾	V	A Status	Facility Code ▾	Facility Name	Facility Address	Last Mod Date Time ↓	Last Mod By	Actions
SUBMITTED		212501	A		10426N64	TORINO TEST	TEST, NEW YORK, NY 11101	04/16/2024, 06:01:41 PM	Robert Torino	Agreement
SUBMITTED		00041	ACTIVE		0805X01	THRESIAMMA THANJAN, MD	2859 CRESTON AVENUE, BRONX, NY 10468	03/29/2024, 05:25:53 PM	Deepa Hymavathi	Agreement

NYC VFA Enrollment Agreement Review

NYC VFA Enrollment Agreements

R Vaccine Orders ▾ VFC ▾ Program Enrollment Agreements ▾ VMU ▾ Flu ▾ PQA ▾ HL7 ▾ HepB ▾ Matching ▾ Storage ▾ Hotline ✕ Lo

Filter

Agreement status:

SUBMITTED ▾

Facility code:

PIN:

Reset

	PIN ▾	V	A Status	Facility Code ▾	Facility Name	Facility Address
	212501	A		10426N64	TORINO TEST	TEST, NEW
	00041	ACTIVE		0805X01	THRESIAMMA THANJAN, MD	2859 CRES 10468

NYC VFA Enrollment Agreement Review

NYC VFA Enrollment Agreements

[Home](#) [DAR](#) [Vaccine Orders](#) [VFC](#) [Program Enrollment Agreements](#) [VMU](#) [Flu](#) [PQA](#) [HL7](#) [HepB](#) [Matching](#) [Storage](#) [Hotline](#) [Logout](#)

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Export current

Export all

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Agreement status: SUBMITTED Facility code: PIN:

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NYC VFA Enrollment Agreement Review

NYC VFA Enrollment Agreement Details

Print

NYC Vaccines For Adults Program Enrollment Agreement

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Facility information

Facility name TORINO TEST	Facility address TEST, NEW YORK, NY - 11101	PIN 212501	Facility code 10426N64
Facility phone number (000) 000-0000	Facility fax number (000) 000-0000	Facility email rtorino@health.nyc.gov	

Only a single vaccine shipping address may be specified per facility. If you are enrolled in any other vaccine programs, the address displayed will be used for all vaccine shipments. If you need a different shipping address other than the one currently in use by another vaccine program, please complete a new facility registration.

☐ Approve ☐ Reject ☐ Waitlist

Confirm

HLN Consulting
Innovators in Health Informatics

NYC
Health

Print

NYC Vaccines For Adults Program Enrollment Agreement



The New York City Vaccines for Adults ("VFA", also known as the Bridge Access Program for COVID-19 Vaccines) Program is designed to provide federally funded COVID-19 vaccines to uninsured and underinsured adults at no cost. At this time, only COVID-19 vaccines are available through this program. To enroll in the VFA program your facility must serve adult patients who are either uninsured or underinsured. Please note that individuals covered through Medicaid are not eligible to receive VFA Program funded vaccines. If you select 'Yes' to proceed with this application you will be directed to complete the enrollment form as well as read and sign the VFA Program Provider Agreement. If you select 'No' you will return to the previous page. You may return to this page and enroll your facility in the VFA Program at any time if you choose.

Facility information

Facility name	Facility address	PIN	Facility code
TORINO TEST	TEST, NEW YORK, NY - 11101	212501	10426N64
Facility phone number	Facility fax number	Facility email	
(000) 000-0000	(000) 000-0000	rtorino@health.nyc.gov	



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☐ Approve ☐ Reject ☐ Waitlist

Confirm

NYC VFA Enrollment Agreement Review

NYC VFA Enrollment Agreement Details

Storage information

[View Storage Details](#)

<div>Storage Unit 1</div> <div>Status: Pending</div> <div>Unit Label/Location: DEEPA TEST 3</div> <div>Unit Brand: DH3</div> <div>Unit Model: 0003</div> <div>Storage Type: Pharmaceutical-Grade Refrigerator and Freezer</div> <div>Estimated Refrigerator Capacity (ft³): 6</div> <div>Estimated Freezer Capacity (ft³): 1.4</div> <div>Auto Defrost (Freezer Only): Yes</div> <div>VIEW IMAGE</div> <div>Thermometer Information 1</div> <div>Status: Pending</div> <div>Thermometer Brand: HYMA TEST 3.1</div>	<div>Storage Unit 2</div> <div>Status: Pending</div> <div>Unit Label/Location: DEEPA TEST 2</div> <div>Unit Brand: DH2</div> <div>Unit Model: 0002</div> <div>Storage Type: Small Stand-Alone Refrigerator</div> <div>Estimated Refrigerator Capacity (ft³): 9.7</div> <div>Estimated Freezer Capacity (ft³): 0</div> <div>Auto Defrost (Freezer Only): No</div> <div>VIEW IMAGE</div> <div>Thermometer Information 1</div> <div>Status: Pending</div> <div>Thermometer Brand: HYMA TEST 2</div>
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1

Storage Unit 1
Status: Pending
Unit Label/Location: DEEPA TEST 3
Unit Brand: DH3
Unit Model: 0003
Storage Type: Pharmaceutical-Grade Refrigerator and Freezer
Estimated Refrigerator Capacity (ft³): 6
Estimated Freezer Capacity (ft³): 1.4
Auto Defrost (Freezer Only): Yes
<div>VIEW IMAGE</div>
Thermometer Information 1
Status: Pending
Thermometer Brand: HYMA TEST 3.1

Storage Unit 2
Status: Pending
Unit Label/Location: DEEPA TEST 2
Unit Brand: DH2
Unit Model: 0002
Storage Type: Small Stand-Alone Refrigerator
Estimated Refrigerator Capacity (ft³): 9.7
Estimated Freezer Capacity (ft³): 0
Auto Defrost (Freezer Only): No
<div>VIEW IMAGE</div>
Thermometer Information 1
Status: Pending
Thermometer Brand: HYMA TEST 2

NYC VFA Enrollment Agreement Review

Storage information
View Storage Details
Storage Unit 1
Status: Approved
Unit Label/Location: VFC Fridge
Unit Brand: Glacial
Unit Model: Forte V17
Storage Type: Regular Stand-Alone Refrigerator
Estimated Refrigerator Capacity (ft³): 16.7
Estimated Freezer Capacity (ft³): 0
Auto Defrost (Freezer Only): No
VIEW IMAGE
Thermometer Information 1
Status: Approved
Thermometer Brand: Dickson

Storage Unit 2 Image



CLOSE

NYC VFA Enrollment Agreement Review

NYC VFA Enrollment Agreement Details

Storage information

[View Storage Details](#)

<div>Storage Unit 1</div> <div>Status: Pending</div> <div>Unit Label/Location: DEEPA TEST 3</div> <div>Unit Brand: DH3</div> <div>Unit Model: 0003</div> <div>Storage Type: Pharmaceutical-Grade Refrigerator and Freezer</div> <div>Estimated Refrigerator Capacity (ft³): 6</div> <div>Estimated Freezer Capacity (ft³): 1.4</div> <div>Auto Defrost (Freezer Only): Yes</div> <div><div>VIEW IMAGE</div></div> <div>Thermometer Information 1</div> <div>Status: Pending</div> <div>Thermometer Brand: HYMA TEST 3.1</div>	<div>Storage Unit 2</div> <div>Status: Pending</div> <div>Unit Label/Location: DEEPA TEST 2</div> <div>Unit Brand: DH2</div> <div>Unit Model: 0002</div> <div>Storage Type: Small Stand-Alone Refrigerator</div> <div>Estimated Refrigerator Capacity (ft³): 9.7</div> <div>Estimated Freezer Capacity (ft³): 0</div> <div>Auto Defrost (Freezer Only): No</div> <div><div>VIEW IMAGE</div></div> <div>Thermometer Information 1</div> <div>Status: Pending</div> <div>Thermometer Brand: HYMA TEST 2</div>
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NYC VFA Enrollment Agreement Review

NYC VFA Enrollment Agreement Details

Agreement and consent

To receive Vaccines for Adults ("VFA", also known as the Bridge Access Program for COVID-19 Vaccines)-funded vaccines for uninsured and under-insured adults at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or equivalent:

1. The organization will submit a provider profile annually, including the approximate number of patients served by the practice/facility by age category (19-64 years and 65+ years) and insurance status (uninsured and under-insured). The organization will submit more frequently if:
 1. the number of uninsured and under-insured patients served changes by more than 10%, or
 2. the status of the facility changes during the calendar year.
2. The organization will screen patients and document eligibility status at each immunization encounter and administer VFA-purchased vaccines only to adults who are at least 19 years of age and meet one of the following categories:
 1. Uninsured: A person who does not have health insurance.
 2. Underinsured: A person who has health insurance, but the insurance does not include any vaccines; a person whose insurance covers only selected vaccines; a person whose insurance does not provide first-dollar coverage for vaccines
 3. Incarcerated
 4. American Indian/Alaska Native
3. For the vaccines identified and agreed upon in the provider profile, the organization will comply with immunization schedules, dosages, and clinical recommendations that are established by the Centers for Disease Control and Prevention ("CDC") and included in the VFA program unless, in the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the patient.
4. The organization will follow all applicable New York state laws, including granting exemptions to vaccine requirements only for medical reasons.
5. The organization will maintain all records related to the VFA program for a minimum of three years and upon request make these records available for review. VFA records include, but are not limited to, VFA screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records and vaccine purchase and accountability records. Nothing in this Agreement is meant to subsume or otherwise replace other document retention requirements under city, state or federal law.
6. The organization will immunize eligible adults with VFA-purchased vaccine at no charge to the patient for the vaccine.
7. For COVID-19 vaccines received through the VFA program, the organization will not charge a patient any administration fee. For other vaccines received through the VFA Program, the organization will not charge patients a vaccine administration fee that exceeds the administration fee cap of \$25.10 per vaccine dose.
8. The organization will not deny administration of VFA-purchased vaccine to an established patient because the patient is unable to pay the administration fee.
9. The organization will distribute the applicable Vaccine Information Statements (VIS) or U.S. Food and Drug Administration (FDA) Fact Sheet in the patient's primary language if the VIS or Fact Sheet is available in such language, each time a vaccine is administered. VISs can be found online at [Vaccine Information Statements - VISs - CDC information sheets for patients](#)

NYC VFA Enrollment Agreement Review

NYC VFA Enrollment Agreement Details

[Report](#)

f. Returning all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration when applicable.

18. The organization will report to the NYC Health Department, and in the CIR Online Registry, the aggregate number of doses of VFA vaccines that were administered, unused, spoiled, expired, or wasted for each vaccine product received.

19. The organization will participate in VFA program compliance site visits, including unannounced visits and educational opportunities associated with VFA program requirements.

20. The organization agrees to replace vaccine purchased with federal VFA funds that are deemed non-viable due to provider negligence on a **dose-for-dose** basis.

21. The organization will not sell vaccines received through the VFA program.

22. The organization agrees to operate within the VFA program in a manner intended to avoid fraud and abuse. "Fraud" and "abuse" are defined in the Medicaid regulations at 42 CFR § 455.2, and for the purposes of the VFA program as the following:

Fraud: is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

Abuse: provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the program, (and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient); or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the program.

23. The organization understands this facility or the NYC Health Department, Bureau of Immunization, may terminate this agreement at any time. If the organization chooses to terminate this agreement, the organization will properly return any unused federal vaccine as directed by the NYC Health Department, Bureau of Immunization.

By signing this form, I certify on behalf of myself and all immunization providers in this facility, that I have read and agree to the Vaccines for Adults enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

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

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

Signed by: Deepa Hymavathi

Signed date time: 3/29/2024, 5:25:53 PM EDT

☐ Approve ☐ Reject ☐ Waitlist

Confirm

includes any act that constitutes fraud under applicable federal or state law.

Abuse: provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the program, unnecessary cost to the immunization program, a health insurance company, or a patient); or in reimbursement for services that are not medically recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the program.

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☐ Approve ☒ Reject ☐ Waitlist

Rejection reason

...ce to the vaccines for Adults enrollment requirements listed
se requirements.

ccines for Adults Program and criminal and civil penalties under federal
01, 1035, 1347, 1349.

gulation.

Confirm

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NYC VFA Enrollment Agreement Review

NYC VFA Enrollment Agreements										
🏠 DAR Vaccine Orders ▾ VFC ▾ Program Enrollment Agreements ▾ VMU ▾ Flu ▾ PQA ▾ HL7 ▾ HepB ▾ Matching ▾ Storage ▾ Hotline ✖ Logout										
Columns	Export current	Export all	Filter Agreement status: APPROVED ▾ Facility code: <input type="text"/> PIN: <input type="text"/> Reset							
Agreement Status ▾	Rejection Reason ▾	PIN ▾	VFC Status	VFA Status	Facility Code ▾	Facility Name	Facility Address	Last Mod Date Time ↓	Last Mod By	Actions
APPROVED		212471	ACTIVE	ACTIVE	10418I64	VFC ENROLLMENT TEST FACILITY	1001 PARK AVENUE, NEW YORK, NY 11101	03/19/2024, 02:58:26 PM	Deepa Hymavathi	Agreement
APPROVED		212438		SUSPENDED	10392G64	HLN SECOND TEST FACILITY	98 CRYSTAL RUN ROAD, MIDDLETOWN, NY 1094... <i>i</i>	03/05/2024, 04:15:06 PM	Deepa Hymavathi	Agreement
APPROVED		03435	ACTIVE	ACTIVE	6446K01	SMART HEALTH MEDICAL, PC	83-45 DONGAN AVENUE, QUEENS, NY 11373	02/25/2024, 07:55:39 PM	Deepa Hymavathi	Agreement
APPROVED		212393		ACTIVE	10354T64	CF TEST IMMUNIZING FACILITY SAME DESIGNA... <i>i</i>	140 WEST 58THST, SUITE 4, NEW YORK, NY 1... <i>i</i>	02/20/2024, 02:00:03 PM	Deepa Hymavathi	Agreement
APPROVED		00035	ACTIVE	ACTIVE	0889X01	MELCHOR T. DOMINGO, MD	2062 MORRIS AVENUE, BRONX, NY 10453	02/20/2024, 11:15:45 AM	Regression Test	Agreement
APPROVED		90056	ACTIVE	ACTIVE	1300C01	INTERFAITH MED CTR - BISHOP ORIS G. WALK... <i>i</i>	528 PROSPECT PLACE, BROOKLYN, NY 11238	02/19/2024, 11:38:58 PM	Deepa Hymavathi	Agreement
APPROVED		90952	ACTIVE	ACTIVE	1317X01	YAI PREMIER HEALTH CARE - 34TH ST	460 WEST 34 STREET, ENTRANCE AT 406 10... <i>i</i>	02/16/2024, 09:04:15 PM	Deepa Hymavathi	Agreement
APPROVED		VFCCIR	ACTIVE	ACTIVE	9009X01	CITYWIDE IMMUNIZATION REGISTRY - 9009X01... <i>i</i>	42-09 28 STREET, 5TH FLOOR, QUEENS, NY 1... <i>i</i>	02/16/2024, 05:30:34 PM	c9c4d094-068d-4e35-8... <i>i</i>	Agreement
APPROVED		00231	ACTIVE	ACTIVE	0101X01	MICHAEL O. ABBEY-MENSAH, MD	437 MOTHER GASTON BLVD, BROOKLYN, NY 112... <i>i</i>	02/05/2024, 09:09:27 AM	Deepa Hymavathi	Agreement
APPROVED		92223	ACTIVE	ACTIVE	8000H25	CARE FOR THE HOMELESS-BUSHWICK FAMILY RE... <i>i</i>	1675 BROADWAY, BROOKLYN, NY 11207-1495	12/26/2023, 05:21:02 PM	Deepa Hymavathi	Agreement
								Page size: 10 ▾	Page: 1 of 2	Total agreements: 15
								Previous page	Next page	

NYC VFA Enrollment Agreements

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Columns

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Agreement status: **APPROVED** ▼

Facility code:

PIN:

Reset

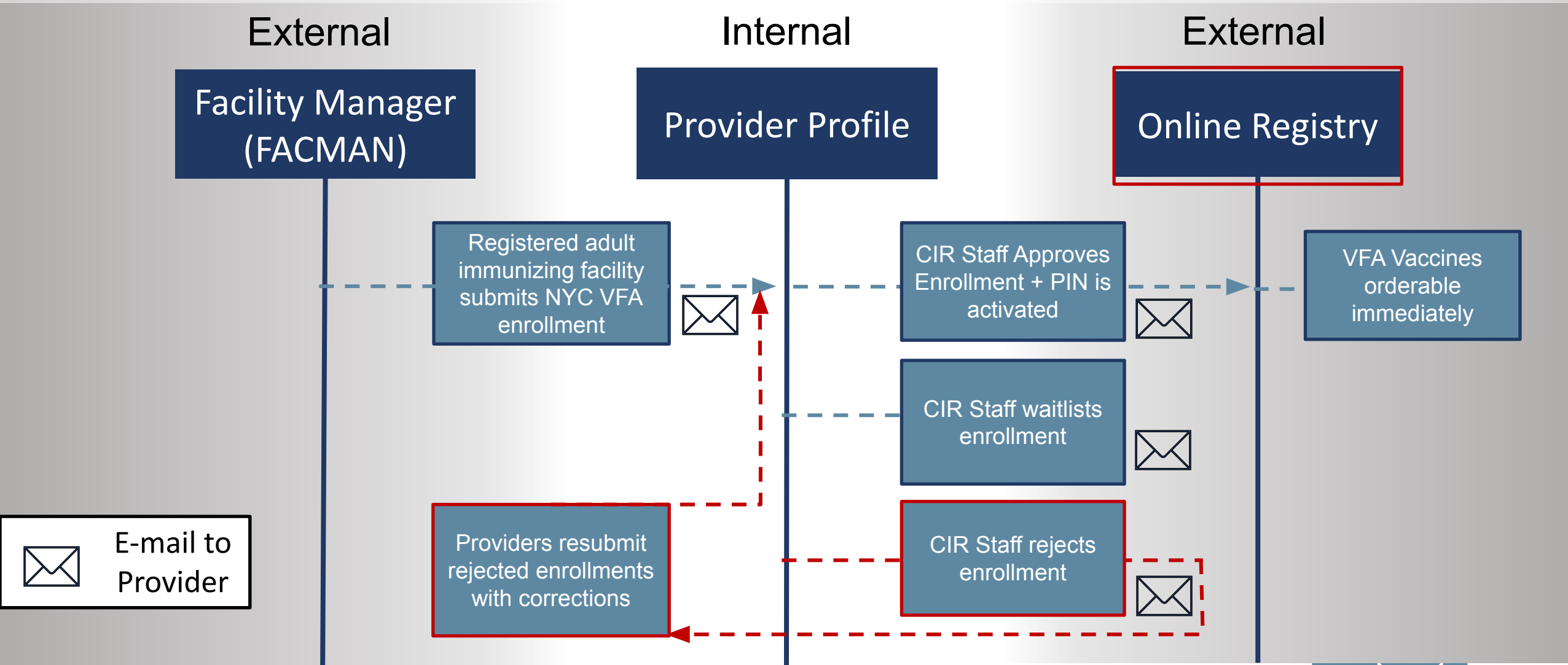
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APPROVED		212471	ACTIVE	ACTIVE	10418I64	VFC ENROLLMENT TEST FACILITY	1001 PARK AVENUE 11101
APPROVED		212438		SUSPENDED	10392G64	HLN SECOND TEST FACILITY	98 CRYSTAL STREET MIDDLEBURY, VT 05750
APPROVED		03435	ACTIVE	ACTIVE	6446K01	SMART HEALTH MEDICAL, PC	83-45 DOWNEY AVENUE 11373
APPROVED		212393		ACTIVE	10354T64	CF TEST IMMUNIZING FACILITY SAME DESIGNATION	140 WEST 10TH STREET YORK, NY 10011
APPROVED		00035	ACTIVE	ACTIVE	0889X01	MELCHOR T. DOMINGO, MD	2062 MONROE AVENUE 10453
APPROVED		90056	ACTIVE	ACTIVE	1300C01	INTERFAITH MED CTR - BISHOP ORIS G. WALKER	528 PROSPECT AVENUE 11238
APPROVED		90952	ACTIVE	ACTIVE	1317X01	YAI PREMIER HEALTH CARE - 34TH ST	460 WEST 34TH STREET 406 10TH FLOOR
APPROVED		VFCCIR	ACTIVE	ACTIVE	9009X01	CITYWIDE IMMUNIZATION REGISTRY - 9009X01	42-09 28TH AVENUE QUEENSBORO

PIN:

Reset

Code ▼	Facility Name	Facility Address	Last Mod Date Time ↓	Last Mod By	Actions
64	VFC ENROLLMENT TEST FACILITY	1001 PARK AVENUE, NEW YORK, NY 11101	03/19/2024, 02:58:26 PM	Deepa Hymavathi	Agreement
64	HLN SECOND TEST FACILITY	98 CRYSTAL RUN ROAD, MIDDLETOWN, NY 1094... i	03/05/2024, 04:15:06 PM	Deepa Hymavathi	Agreement
01	SMART HEALTH MEDICAL, PC	83-45 DONGAN AVENUE, QUEENS, NY 11373	02/25/2024, 07:55:39 PM	Deepa Hymavathi	Agreement
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01	CITYWIDE IMMUNIZATION REGISTRY - 9009X01 i	42-09 28 STREET, 5TH FLOOR, QUEENS NY 1 i	02/16/2024, 05:30:34 PM	c9c4d094-068d-4e35-8 i	Agreement

NYC VFA Enrollment High-Level Workflow



Online Registry - VFC/VFA Vaccine Ordering

b. Receive confirmation number.

This tool makes ordering recommendations primarily based on your reporting to CIR

(Scroll down for more vaccines)

Vaccine Type / Brand	Doses Per Package	Unit Presentation	Inventory on Hand by Dose	Order Quantity by Dose	Order Subtotal by Dose	Recommended Quantity by Dose	Quantity Evaluation
SARS-COV-2 (2023/2024 Updated Vaccines, XBB.1.5) <i>Adult Vaccines are listed in blue text</i>							
COVID, XBB1.5, 3mcg/0.3mL (Pfizer), 6m-4y	30	3-dose MDV; 10-pack	0	<input type="text" value="0"/>	0	0 ?	Order total okay
COVID, XBB.1.5, 10mcg/0.3mL (Pfizer), 5-11y	10	SDV; 10-Pack	0	<input type="text" value="0"/>			
COVID, XBB1.5, 25mcg/0.5mL (Moderna), 6m-11y	10	SDV; 10-Pack	10	<input type="text" value="0"/>			
COVID, XBB1.5, 50mcg/0.5mL (Spikevax), 12y+	10	SDV; 10-Pack	511	<input type="text" value="0"/>			
COVID, XBB1.5, 5mcg/0.5mL (Novavax)	10	5-dose MDV; 2-pack	130	<input type="text" value="0"/>			
COVID, XBB1.5, 30mcg/0.3mL (COMIRNATY), 12y+	10	Pre-filled syringe, 1 Dose (10 per package)	0	<input type="text" value="0"/>	0	0 ?	Order total okay
COVID, XBB1.5, 50mcg/0.5mL (Spikevax), 12y+-Adult	10	SDV; 10-Pack	511	<input type="text" value="0"/>			
COVID, XBB1.5, 5mcg/0.5mL (Novavax)-Adult	10	5-dose MDV; 2-pack	130	<input type="text" value="0"/>			
COVID, XBB1.5, 30mcg/0.3mL (COMIRNATY), 12y+-Adult	10	Pre-filled syringe, 1 Dose (10 per package)	0	<input type="text" value="0"/>			

Legend

MDV = Multi-dose Vial

SDV = Single Dose Vial

SYR = Syringe

← Change

Continue →

- VFA vaccines displayed in blue text
- Providers participating in the VFC and VFA programs can view and order adult and pediatric vaccines from the same screen
- NYC DOHMH Staff process VFA orders through the same process as VFC orders

Online Registry - VFC/VFA Vaccine Ordering

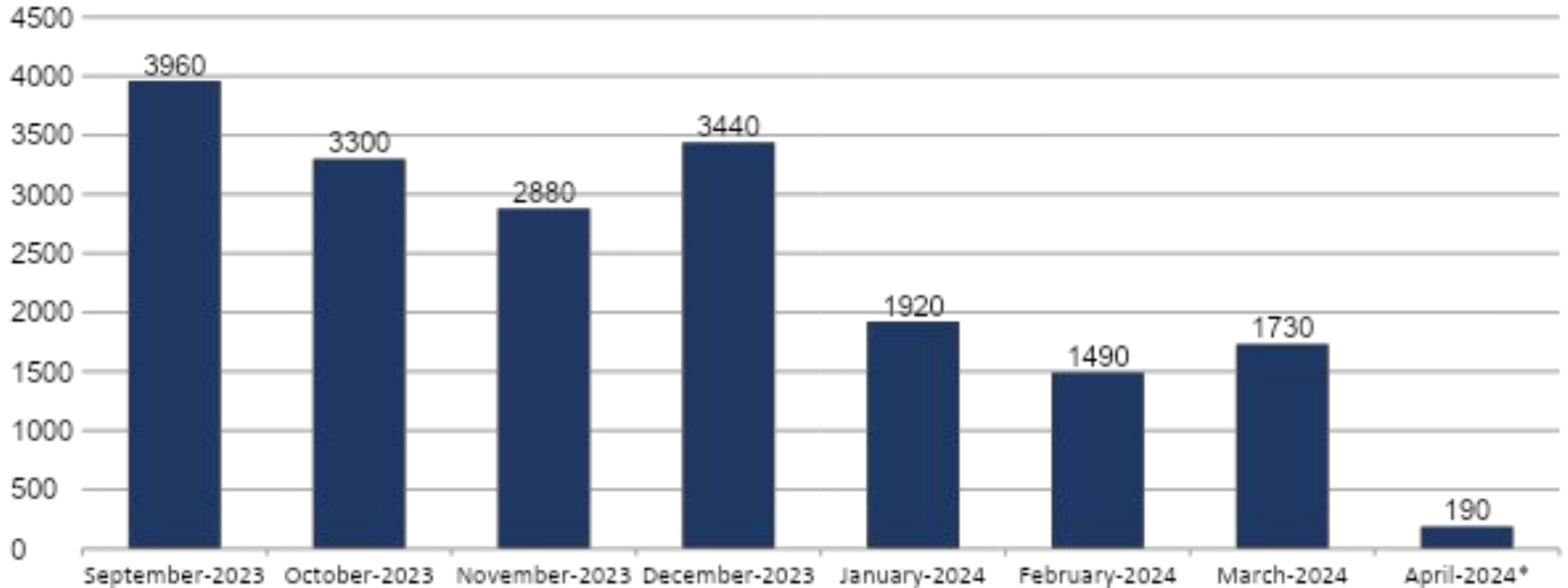
COVID, XBB1.5, 50mcg/0.5mL (Spikevax), 12y+-Adult	10	SDV; 10-Pack	511
COVID, XBB1.5, 5mcg/0.5mL (Novavax)-Adult	10	5-dose MDV; 2-pack	130
COVID, XBB1.5, 30mcg/0.3mL (COMIRNATY), 12y+-Adult	10	Pre-filled syringe, 1 Dose (10 per package)	0

Legend

MDV = Multi-dose Vial
SDV = Single Dose Vial
SYR = Syringe

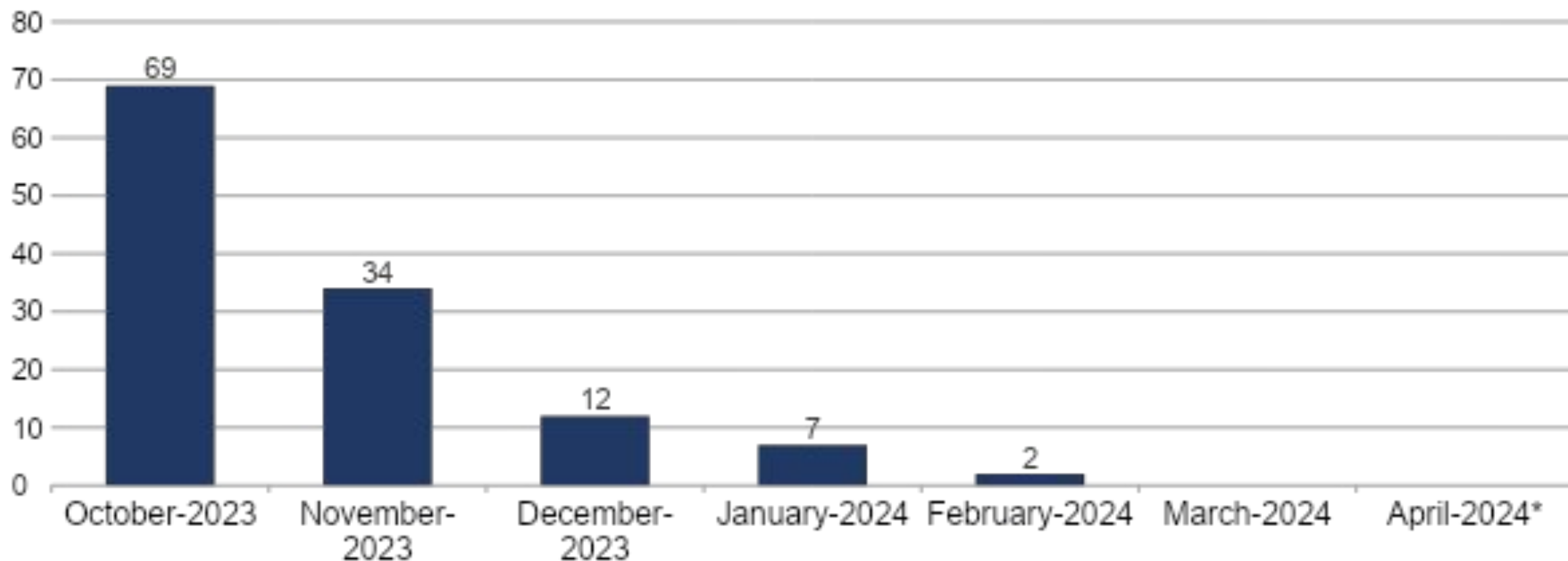
- VFA vaccines displayed in blue text
- Providers participating in the VFC and VFA programs can view and order adult and pediatric vaccines from the same screen
- NYC DOHMH Staff process VFA orders through the same process as VFC orders

Results



* Only covers April 1-8 2024

- As of April 8, 2024, NYC has distributed 18,910 doses of VFA vaccines



As of April 8, 2024:

- 123 VFA enrolled sites in NYC
 - 69 in October, 115 by the end of 2023

Enrollment Approvals/Rejections

123 total approved sites:

- 78 (63%) were targeted sites
- 107 (87%) FQHCs or Hospitals
- 82 (67%) also VFC sites

27 rejected sites:

- 21 (78%) pharmacies referred to eTrueNorth
- 6 (22%) rejected for inadequate storage – option to resubmit

Conclusions

Successes

- Majority of enrolled sites were in the target group
- Providers were able to find and complete the enrollment form independently
- Reduced time needed to enroll new sites
- As of March 2024, NYC has implemented Vaccines for Children (VFC) electronic enrollment process

Challenges Faced

- Staff training and capacity
 - Limited number of staff working with adult providers
 - New higher levels of scrutiny in the adult vaccine ordering process
- Difficulty tracking administered doses without mandatory adult reporting
- Providers are reluctant to enroll because of low patient demand for COVID-19 vaccines

Enrollment Results - Targeted Sites

Agreement Status	Count	% of Targets
Not Started	231	71%
Approved	78	24%
Incomplete	13	4%
Rejected	3	1%
TOTAL	325	100%

Future Uses

- If a federal Vaccines for Adults program is adopted, NYC has the infrastructure in place to rapidly scale up
- Future public health emergencies
 - Adaptable rapid enrollment infrastructure
 - Full integration leads to faster vaccine deployment

Thank you!

Contact:

Robert Torino (NYC DOHMH) - rtorino@health.nyc.gov

Deepa Hymavathi (HLN Consulting) – deepa@hln.com