

# Vaccine Provider Agreement System (VPAS)

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# COVID-19 Vaccine Provider Agreement

- In order to participate in the COVID-19 Program, providers must complete and sign the CDC's COVID-19 Vaccine Provider Agreement.
- The signed agreement must be electronically uploaded to the CDC's Immunization Data Lake (IZDL).
- The **Vaccine Provider Agreement System (VPAS)** was developed to meet that need.

# VPAS

- Open Source
- Deployed on Google Cloud Platform
- Just 2 Months from Inception to Go Live
  - 09/15/2020 - Received VPAS Requirements from CDC
  - 11/15/2020 – Go Live (1<sup>st</sup> Release of VPAS)
- Utilized by two different IIS
- Utilized by hundreds of users for thousands of facilities
- Frequent enhancements (with virtually no downtime)
- Highly Usable

# Major Features - Provider Users

- Multiuser collaboration
- Save & Resume
- Sign & Lock
- Submit to Awardee staff for review
- Edit & Resubmit forms that had been rejected
- Amend forms that were already approved
- Automatic Email notifications
- Auditing of all changes (who and when)

# Major Features - Awardee Users

- Rich support for document workflows
- Dashboard with statistics
- Queue of forms ready for review
- Approve or reject forms with comments
- Export approved forms to batch file (IZDL format)
- Copy of exports automatically archived

# How to Handle Authentication Challenge?

- Thousands of new sites
- CMO, CEO, and Vaccine Coordinator need access to VPAS
- Identities are unknown to the IIS
- Finding the right people
- Creating accounts
- Password resetting

# Authentication Strategy / Solution

- Passwordless authentication using “Magic Links”
- NO provisioning of accounts, usernames, and passwords
- Only need 1 trusted individual (with email address) for each organization
- User may access VPAS when they prove they can access their email (i.e. retrieve their Magic Link)
- User may invite/add additional users to VPAS for their organization

# Home Screen

COVID-19 Vaccination Program Application

 Sign In


## Eligible providers should register now for the CDC COVID-19 Vaccination Program

The Centers for Disease Control and Prevention (CDC) and the New York City (NYC) Department of Health and Mental Hygiene (Health Department) require all facilities or providers located in NYC to complete a Provider agreement in order to participate in the CDC COVID-19 Vaccination Program.

[< Back to Online Registry](#)[Manage COVID-19 Vaccination Program Enrollment](#)

# Logon Screen

Sign In

 Email Address

Continue

## Need an account?

At this time, we are only accepting applications from organizations that received an invitation to apply via email, or from the [Online Registry portal](#).


If you have any questions, please reach out to us at [nycimmunize@health.nyc.gov](mailto:nycimmunize@health.nyc.gov)

# Email with “Magic Link” to VPAS



# Section A Form - Collapsed

COVID-19 Vaccination Program Application

suralik@hln.com

Legal Agreement for Demo Test Facility #2

Section A

Print

Share

[DASHBOARD](#) > [FORMS](#) > [LEGAL AGREEMENT FOR DEMO TEST FACILITY #2](#)

Ready to Submit?

Submit for Review

Once your organization has completed this form, you may submit it for review by the awardee that invited you to participate in this program. If additional information is required from your organization, an email will be sent with details to all collaborators on this form.

Organization Information >

Responsible Officers >

Agreement Requirements & Signatures >

# Section A – Organization Information

**Organization Information** ▾

**Organization's legal Name:\***

General Hospital

**Number of affiliated vaccination locations covered by this agreement:\***

3

This field cannot be "0"

**Organization Address:\***

6605 Central Avenue

Port Charles

Richmond

NY

10101

**Telephone number:\***

(212) 555-1212

**Email:\***

info@GeneralHospital.org

Must be monitored, and will serve as dedicated contact method for the COVID-19 Vaccination Program

Next Section

Save

# Section A – Responsible Officers

Responsible Officers ▾

Chief Medical Officer (or Equivalent) Information

Last name:\*  First name:\*  Middle initial:

Title:\*  Licensure State:\*  License No:\*

Telephone number:\*  Email:\*

Address:\*

Optional

# More Responsible Officers...

Chief Executive Officer (or Chief Fiduciary) Information

Last name:*	First name:*	Middle initial:
<input type="text" value="Potter"/>	<input type="text" value="Sherman"/>	<input type="text"/>

Telephone number:*	Email:*
<input type="text" value="(212) 555-1212"/>	<input type="text" value="ColonelPotter@GeneralHospital.org"/>

Address:\*

<input type="text" value="6605 Central Ave"/>			
<input type="text" value="New York"/>	<input type="text" value="Richmond"/> x   v	<input type="text" value="NY"/> x   v	<input type="text" value="10101"/>

Optional

[Next Section](#) [Save](#)

# Section A – Read Agreement & Sign

**Agreement Requirements & Signatures** ▾

I understand this is an agreement between Organization and CDC. This program is a part of collaboration under the relevant state, local, or territorial immunization's cooperative agreement with CDC.

To receive one or more of the publicly funded COVID-19 vaccines (COVID-19 Vaccine), constituent products, and ancillary supplies at no cost, Organization agrees that it will adhere to the following requirements:

1.	Organization must administer COVID-19 Vaccine in accordance with all requirements and recommendations of CDC and CDC's <a href="#">Advisory Committee on Immunization Practices (ACIP)</a> .
	Within 24 hours of administering a dose of COVID-19 Vaccine and adjuvant (if applicable), Organization must record in the vaccine recipient's record and report required information to the relevant state, local, or territorial public

**Chief Medical Officer (or Equivalent)**

**E-Signature\***

☒ I agree to the requirements and terms as outlined above, and affirm that the information provided in this document is accurate.

**Date\***

10/23/2020

(MM/DD/YYYY)

**Chief Executive Officer (or Chief Fiduciary)**

**E-Signature\***

☒ I agree to the requirements and terms as outlined above, and affirm that the information provided in this document is accurate.

**Date\***

10/23/2020


(MM/DD/YYYY)


# Section B - Collapsed

≡

Healthy Metro FQHC

Section B

 Print

 Share

Location Details >

Location Demographics & Supplemental Information >

Facility Storage Capabilities >

Providers Practicing at this Facility >

Additional Questions from NYC DOHMH >

# Section B – Location Demographics

## Location Demographics & Supplemental Information ▾

### Setting(s) Where this Location will Administer COVID-19 Vaccine

- |   |   |
|---|---|
| <input type="checkbox"/> Childcare or daycare facility  | <input type="checkbox"/> College, technical school, or university   |
| <input type="checkbox"/> Community center   | <input type="checkbox"/> Correctional/detention facility  |
| <input type="checkbox"/> Health care provider office, health center, medical practice, or outpatient clinic | <input checked="" type="checkbox"/> Hospital (i.e., inpatient facility)   |
| <input type="checkbox"/> In-home  | <input type="checkbox"/> Long-term care facility (e.g., nursing home, assisted living, independent living, skilled nursing) |
| <input type="checkbox"/> Pharmacy   | <input type="checkbox"/> Public health clinic (e.g. local health department)  |
| <input type="checkbox"/> School (grades K-12)   | <input type="checkbox"/> Shelter  |
| <input type="checkbox"/> Temporary or off-site vaccination clinic - point of dispensing (POD)               | <input type="checkbox"/> Temporary location - mobile clinic   |
| <input type="checkbox"/> Urgent Care facility   | <input type="checkbox"/> Workplace  |
| <input type="checkbox"/> Other (specify):<br><input type="text"/>   |   |

# Section B – Location Demographics (cont.)

Approximate Number of Patients/Clients Routinely Served by this Location		
Number of children 18 years of age and younger:*	<input type="text" value="500"/>	Enter "0" if location does not serve this age group.
Number of adults 19-64 years of age*	<input type="text" value="3,500"/>	Enter "0" if location does not serve this age group.
Number of adults 65 years of age and older*	<input type="text" value="2,000"/>	Enter "0" if location does not serve this age group.

Population(s) Served by this Location	
<input checked="" type="checkbox"/> General pediatric population	<input checked="" type="checkbox"/> General adult population
<input checked="" type="checkbox"/> Adults 65 years of age and older	<input type="checkbox"/> Long term care facility residents (nursing home, assisted living, or independent living facility)
<input checked="" type="checkbox"/> Health care workers	<input type="checkbox"/> Critical infrastructure/essential workers (e.g. education, law enforcement, food/agricultural workers, fire services)
<input type="checkbox"/> Military - active duty/reserves	<input type="checkbox"/> Military - Veteran

# Section B – Facility Storage Capabilities

**Facility Storage Capabilities** ▾

**Influenza Vaccination Capacity**

Number of influenza vaccine doses administered during the peak week of the 2019-20 influenza season:\*

Enter "0" if no influenza vaccine doses were administered by this location in the 2019-20 influenza season.

**COVID-19 Vaccine Storage Capacity**

Please enter the estimated number of 10-Dose Multidose Vials (MDVs) this location is able to store during peak vaccination periods (e.g., during back-to-school or influenza vaccine season) at the following temperatures:

Refrigerated (2° to 8°C):*	Approximately	<input type="text" value="350"/>	additional 10-dose MDVs
Frozen (-15° to -25°C):*	Approximately	<input type="text" value="1,000"/>	additional 10-dose MDVs
Ultra-Frozen (-60° to -80°C):*	Approximately	<input type="text" value="500"/>	additional 10-dose MDVs

# Section B – Storage Unit Details

## Storage Unit Details

Please list the brand/model/type of storage units to be used for storing COVID-19 vaccine at this location.

Consider the following when entering your vaccine storage details:

- **Purpose Built/Pharmaceutical-Grade Storage Units** - Designed specifically for storage of biologics, including vaccines.
- **Combined Household Storage Units** - Only the refrigerator section of a combination unit should be used to store vaccines. The freezer compartment of this type of unit is not recommended to store vaccines.
- **Dorm-Style & Bar-Style Storage Units** - Not allowed for vaccine storage.
  - A "dormitory-style" unit is a combination refrigerator/freezer with one exterior door and an evaporator plate (cooling coil), which is usually located inside an icemaker compartment (freezer) within the refrigerator. These units have been shown to pose a significant risk of freezing vaccines, even when used for temporary storage.

For more guidance on vaccine storage and handling requirements, refer to the Center for Disease Control & Prevention's [Vaccine Storage and Handling Toolkit](#).

General Electric16 / 85	1000 Series 2-Door18 / 85	Refrigerator (2° to 8°C) ▾	
General Electric16 / 85	Frigid Air MXD 500019 / 85	Freezer (-15° to -25°C) ▾	×
Honeywell9 / 85	Ultra Zone Max15 / 85	Ultra-Frozen (-60° to -8... ▾	×

# Section B – E-Signature

## COVID-19 Vaccine Storage Agreement

E-Signature\*



I, the medical/pharmacy director or vaccine coordinator for this location, attest that each storage unit listed will maintain the appropriate temperature range indicated above.

Date\*

08/03/2021

(MM/DD/YYYY)

Next Section

Save

# Section B – Providers at this Facility

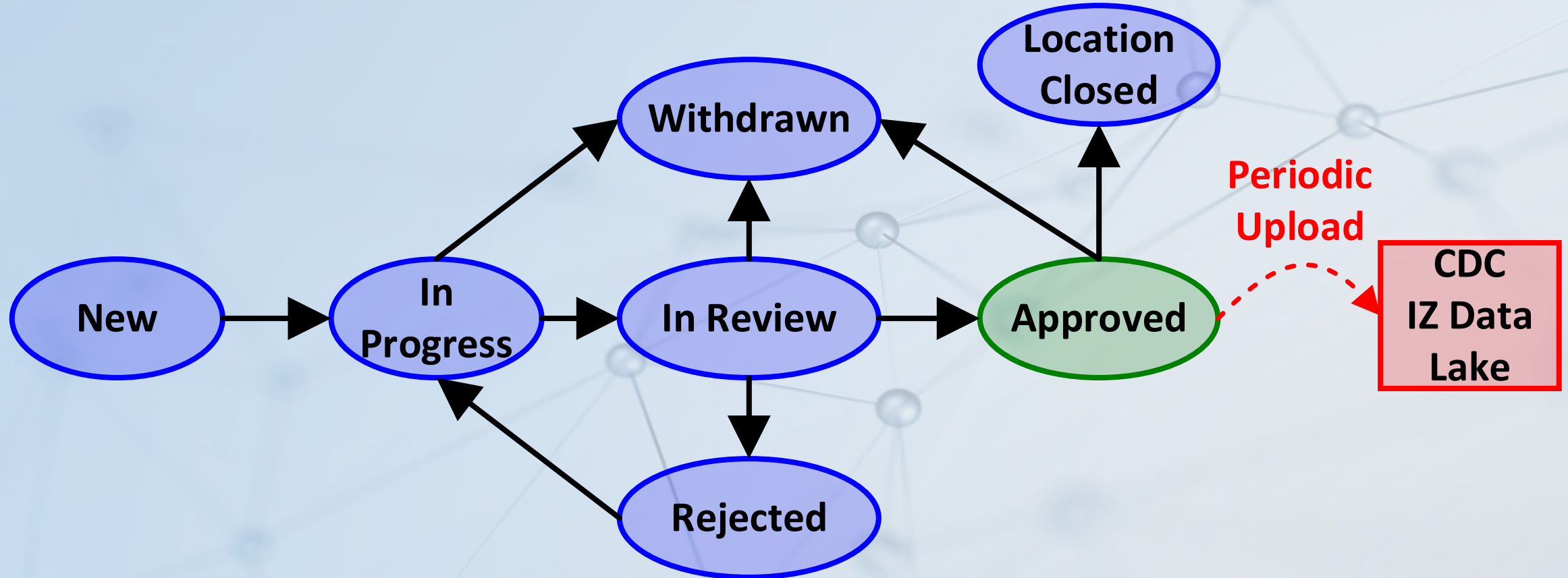
## Providers Practicing at this Facility ▾

Please list below all licensed healthcare providers at this location who have prescribing authority or will have oversight of the handling or administration of COVID-19 vaccine (i.e., MD, DO, NP, PA, RPh). Only those with direct involvement with COVID-19 vaccine should be listed.

Provider Name	Title	License No.
Mary McNeal	MD ▾	489804
Jerome Brown	MD ▾	372913
Jose Martinez	NP ▾	289912
Add Additional Provider		

[Next Section](#)[Save](#)

# Life Cycle of a VPAS Form



# Preparing to Submit an “In Progress” Form

[DASHBOARD](#) > [FORMS](#) > [HEALTHY METRO FQHC](#)

## Working towards Submission

[Submit for Review](#)

Once your organization has completed this form, you may submit it for review by the awardee that invited you to participate in this program. If additional information is required from your organization, an email will be sent with details to all collaborators on this form.

# Prevents Submission of Invalid Form

[DASHBOARD](#) > [FORMS](#) > [HEALTHY METRO FQHC](#)

## Working towards Submission

Submit for Review

Once your organization has completed this form, you may submit it for review by the awardee that invited you to participate in this program. If additional information is required from your organization, an email will be sent with details to all collaborators on this form.

### Location Details ▾

Location Name:\*

Healthy Metro FQHC

The following required field(s) are incomplete:

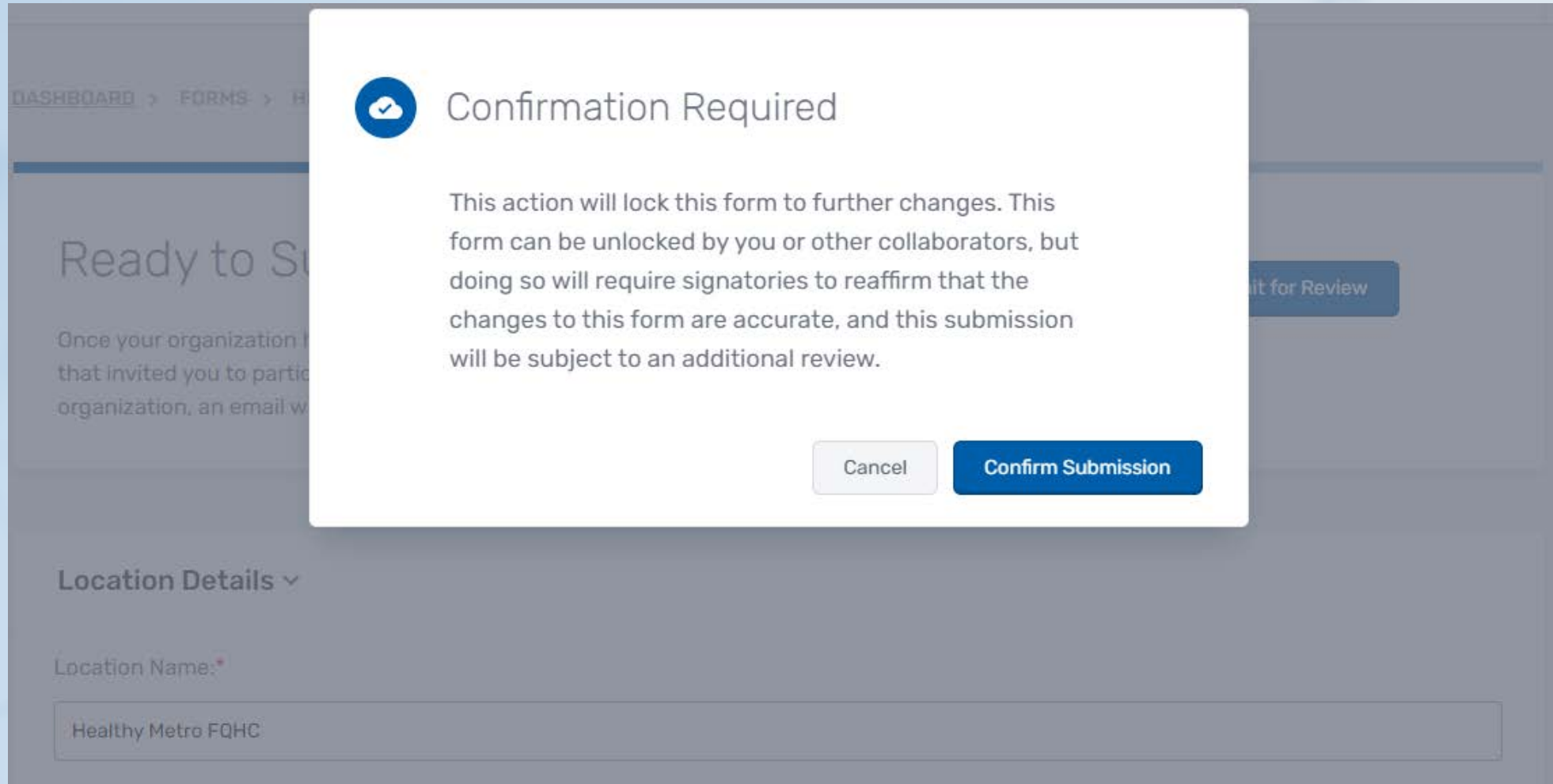
#### Location Details

- Primary COVID-19 Vaccine Coordinator
- Address for Receipt of COVID-19 Vaccine Shipments

#### Facility Storage Capabilities

- Number of influenza vaccine doses administered during the peak week of the 2019-20 influenza season
- Refrigerated (2° to 8°C)
- Frozen (-15° to -25°C)
- Ultra-Frozen (-60° to -80°C)
- Storage Agreement eSignature

# Confirming Submission of Valid Form



**Confirmation Required**

This action will lock this form to further changes. This form can be unlocked by you or other collaborators, but doing so will require signatories to reaffirm that the changes to this form are accurate, and this submission will be subject to an additional review.

**Ready to Submit**

Once your organization has been approved by the organization that invited you to participate, an email will be sent to you.

**Location Details** ▾

Location Name: \*

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# “In Review” Now, but May Withdraw

[DASHBOARD](#) > [FORMS](#) > [HEALTHY METRO FQHC](#)

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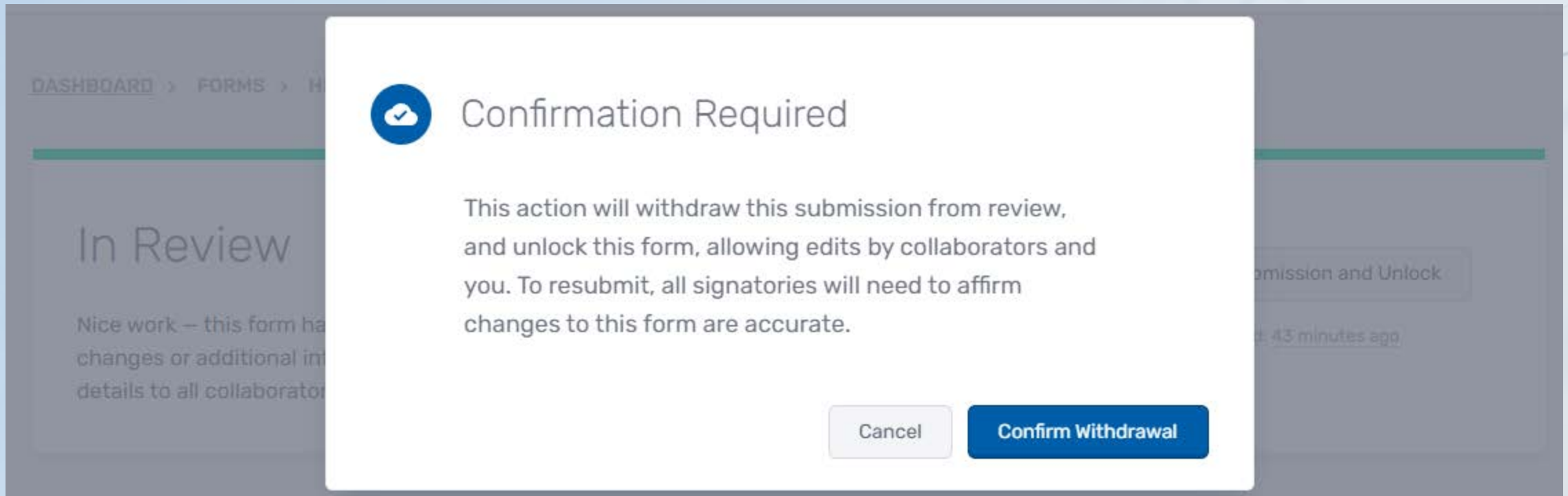
## In Review

Nice work – this form has been submitted for review by your awardee, and is now locked. If changes or additional information is required from your organization, an email will be sent with details to all collaborators on this form.

[Withdraw Submission and Unlock](#)

Submitted: in a few seconds

# Confirming Withdraw



# Awardee Staff Review the Submitted Forms

- Review the form
- Populate the “For Official Use Only” Fields
- Approve or Reject (with comments)
- Email notifications are automatically sent to Provider users

# Ex: "In Review" Form

## Ready for Review

This form is ready for review and completion of the For Official Use Only (FOUO) fields below.

**Reportable**

[Document submission & review history](#)

[Print or download as PDF](#)

[Approve or Deny Submission](#)

Submitted by provider: 2 minutes ago

### For Official Use Only (FOUO) Details for Section B Forms ▾


VTckS ID for this location (if applicable):*	102383
Vaccines for Children (VFC) PIN (if applicable):*	993413

# Rejection Process

- Awardee staff may reject the form with comments
- Status changes from “In Review” to “Rejected”
- Email notification automatically sent to Provider
- Provider clicks button/link in email
- Taken to VPAS - to see rejected form and comments
- Provider withdraws form, fixes problems, and resubmits

# Ex: Awardee User Rejects Form

The screenshot shows a 'Review Submission' modal dialog. At the top left is a blue circular icon with a white document symbol. The title 'Review Submission' is to its right. Below the title, the 'Review Status' section contains two radio buttons: 'Approve' (unselected) and 'Reject' (selected). To the right of the 'Approve' option is the text 'Missing required FOUO values.' Below the status section is the 'Review Notes' section, which contains a text box with the message: 'The License number provided for the Chief Medical Officer was not valid.' At the bottom of the modal are two buttons: 'Cancel' and 'Submit Review'. The background of the application is dimmed, showing a header with 'Approve or Deny Submission', a timestamp 'Submitted by provider: 4 minutes ago', and a 'Print or download as PDF' button. The HLN Consulting logo is in the bottom right corner.

 Review Submission

Review Status

☐ Approve Missing required FOUO values.


☒ Reject

Review Notes:

The License number provided for the Chief Medical Officer was not valid.

Approve or Deny Submission

Submitted by provider: 4 minutes ago

 Print or download as PDF

**HLN**  
Consulting

# Email Notification Automatically Sent to Provider User

Dear Provider,

Thank you for your recent enrollment (Section B) of your network and individual facilities in the New York City (NYC) Department of Health and Mental Hygiene (Health Department) COVID-19 Vaccination Program using the Vaccine Provider Agreement System (VPAS). Unfortunately, your enrollment application for facility 1234567 has been rejected.

[View Rejected Submission](#)

Or copy and paste the following URL into your browser's address bar:

<https://nyc.vaccineagreement.org/form/7f8ebb27-8626-483e-b0a8-a76d7ba354ca/>

# Provider User Clicks Button/Link in Email, Must Fix Rejected Form

[DASHBOARD](#) > [FORMS](#) > [HEALTHY METRO FQHC](#)

## Submission Rejected

[Withdraw Submission and Unlock](#)

This form has been rejected by your awardee, please Withdraw your Submission, make the required adjustments, sign, and Submit again.

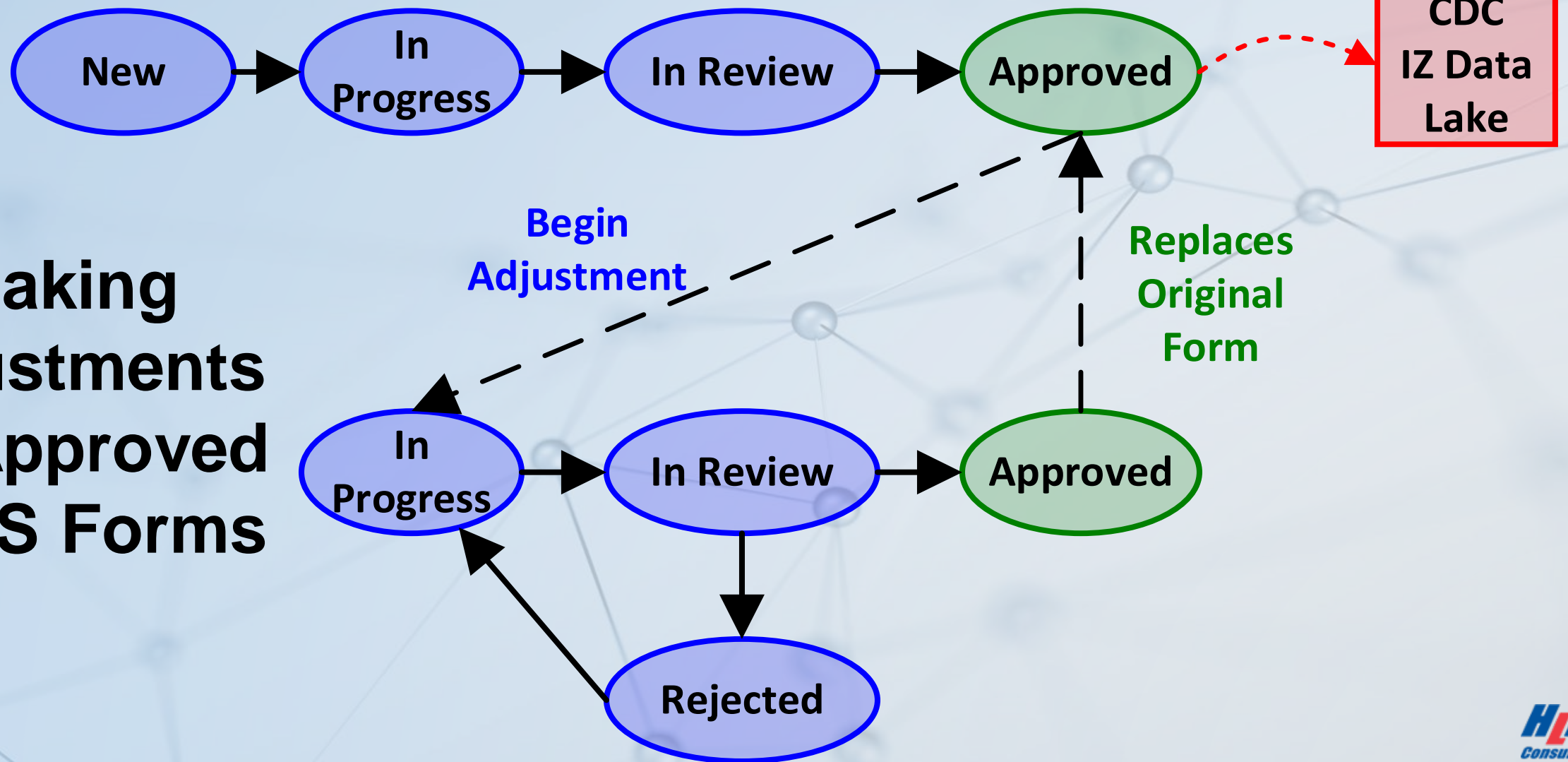
Last updated: [a minute ago](#)

Your reviewer's notes were:

*"The License number provided for the Chief Medical Officer was not valid."*

# How does a Provider Amend a Form that was Already Approved?


- Click to begin “Amendment” process
- **Original** Approved version continues to be included in all exports/uploads to the IZ Data Lake
- **Amended** version goes through its own editing/submission/review/rejection/approval process
- When approved, the Amended version replaces the originally approved version
- Amended version included in subsequent exports



## Making Adjustments To Approved VPAS Forms

# Dashboard for Awardee Users

COVID-19 Vaccination Program Application

suralik@hln.com

Dashboard

Providers

Submissions

Reports

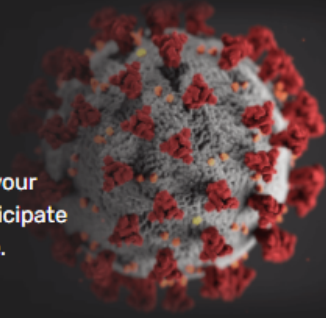
Export

Resources

Settings

Welcome to VPAS

Please use the sidebar to the left to navigate to the different sections of your awardee workspace. As feature development is still underway, please anticipate further adjustments to the layout and functionality within this workspace.



KEY METRICS (COMING SOON)


SUBMISSION COUNT BREAKDOWN


FORM / FACILITY TYPES	APPROVED	REJECTED	IN REVIEW REPORTABLE / INCOMPLETE	IN PROGRESS	NEW	TOTAL
↕ Section A	1861	12	0 / 246	111	0	2230
↕ Section B	2846	104	0 / 21	147	40	3158

NYC DOHMH

Profile Created: 10 months ago

# Exporting Form to Batch File for Upload to CDC Data Lake

 Export

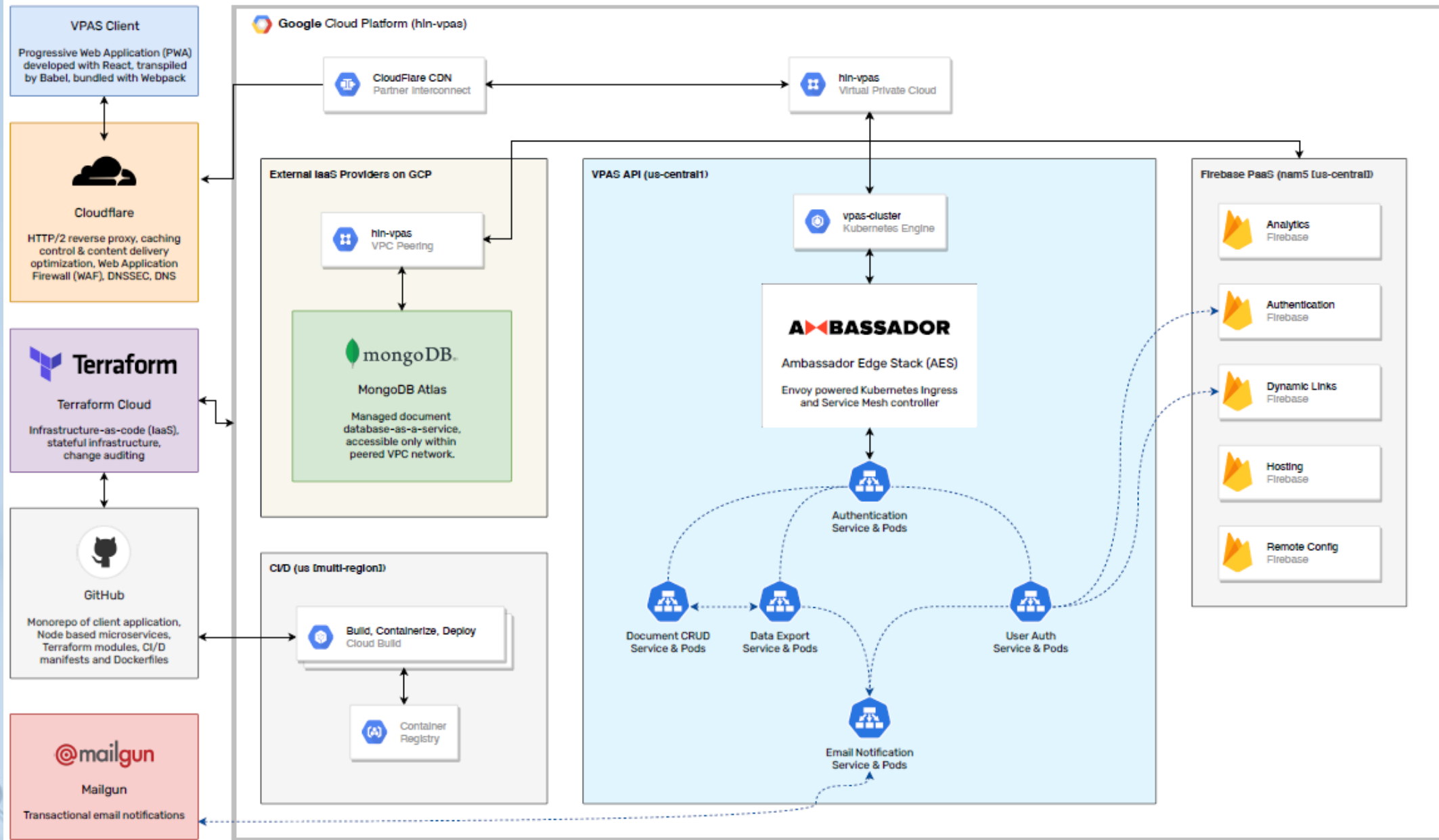
Export Type:<sup>\*</sup> CDC Export 

Cancel Generate Export File

# VPAS Technical Architecture

- React - (user interface)
- Node.js - (back end)
- MongoDB - (database)
- Firebase - (authentication, via emailed “Magic Links”)
- Google Cloud Platform

# VPAS Cloud Architecture



# Migrating to VPAS

Awardee must provide VPAS Development Team with:

- Extract of Approved Agreement Forms from current system (in CDC IZDL extract format)
- Extract of any agreement forms that are in progress
- Branding for web page header and footer
- Revised text for existing email notifications

# Thank you!

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