

COVIDReadi Provider Enrollment Quick Start Guide



The enrollment system is intuitive but detailed. This guide shows the required information in each section with notes. Multiple roles will complete and sign their designated sections. Each role will need to sign up and login to complete their portion. Review *COVIDReadi Provider Enrollment: Before You Enroll* and notify roles that need to sign the enrollment application. COVIDReadi will save your data as you go.

Complete all [required trainings](#) first.

Create an Account

1. Go to [COVIDReadi](https://CA.COVIDReadi.com) (CA.COVIDReadi.com) and click the **Log In** button.
2. **Don't have an account?** Click the **SIGN UP** link in the upper right corner. Look for confirmation email and login link.



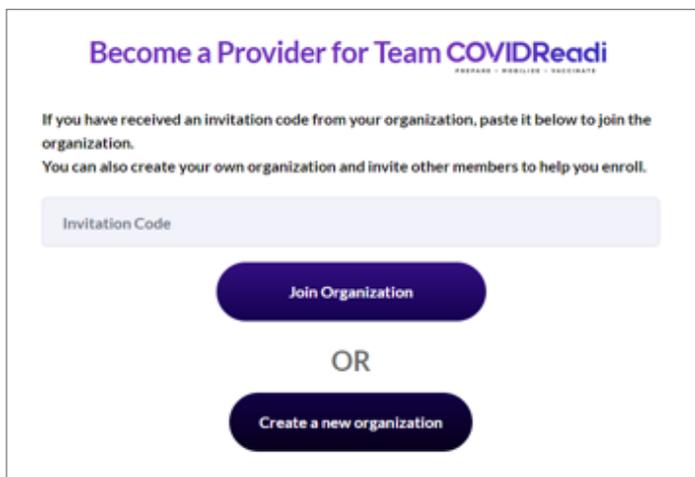
No confirmation email? Check your Spam and Junk folders or check with IT to ensure no-reply@covidreadi.com isn't blocked. You can also click the link below the **Log In** button to receive the confirmation email again.

Subsequent logins: use your email & password.

How To Enroll Through COVIDReadi (continued)

3. To start your enrollment application, click the **Create a new organization** button.

Or enter your invitation code and click **Join Organization** to edit your organization's application already in progress. (Invitation codes will be displayed in step 5. They may be emailed to give signing roles access to a pending enrollment application.)



4. Does your organization meet the enrollment criteria? Carefully review before proceeding. Click to indicate required training has been completed then proceed to the CDC Provider Agreement.

1 PHASE 1 ORGANIZATION ENROLLMENT CRITERIA

My organization meets the following Phase 1 Enrollment Criteria

Have storage capacity and can meet these storage and handling requirements

- Can accommodate initial minimum orders of at least 1000 doses
- Report dose-level data within 24 hours of vaccination and doses in inventory daily to the national VaccineFinder website
- Can accommodate the temperature requirements of either ultra-cold storage for vaccines or can obtain dry-ice

Have staffing levels and capacities to begin vaccination shortly after vaccine receipt including capacities to

- Use social distancing and infection control guidelines
- Coordinate delivery of two dose COVID-19 vaccine within 21 or 28 days apart
- Deliver vaccines during peak influenza season or disease outbreak
- Report dose-level data within 24 hours of vaccination
- Comply with state and federal requirements for COVID-19 providers

Required Training

- My organization's providers and key practice staff (overseeing or handling COVID-19 vaccines) have completed all required training for successful participation in the California COVID-19 Vaccination Program.

Section A—Responsible Officers and Provider Agreement

Note: Your organization's **invitation code** is located at the top of the page. Email the invitation code to the **CMO (or equivalent medical official) and CEO (or chief fiduciary/legal official)**. They must **SIGN UP** at COVIDReadi to complete the designated portion of *Section A COVID-19 Vaccination Program Provider Requirements and Legal Agreement*.

5. Enter the organization managed by the signing CEO. Indicate the number of vaccination locations that will administer COVID-19 vaccines. (No limit.)

(Locations may be hospitals, health centers, medical practices, urgent care, pharmacies, long-term care, etc. Locations will be added later in this flow.)

The following invitation code can be shared with other members of your organization to help you fill out this form.
ryBr2743jYtmqxs59IXGBhao ← **Invitation Code**

Section A

COVID-19 Vaccination Program Provider Requirements and Legal Agreement

1 ORGANIZATION IDENTIFICATION

Organization's Legal Name*

Number of affiliated vaccination locations covered by this agreement *

How To Enroll Through COVIDReadi (continued)

6. Complete the designated portion for each responsible officer.

1 RESPONSIBLE OFFICERS

Chief Medical Officer (or Equivalent) Information

First Name* Middle Name

Title Licensure State

Telephone Number* Email*

Address*

Street

Chief Executive Officer (or Chief Fiduciary) Information

First Name* Middle Name

Telephone Number* Email*

Address*

Street1* Street2

City* County*

7. Designated roles must sign & accept the terms of the *Section A: COVID-19 Vaccination Program Provider Requirements and Legal Agreement*.

Print too small? Right-click the image to open in a new tab.

Provider Agreement must be signed electronically. Digital signatures may not be uploaded. Use your mouse to sign. Click X to clear.

IMPORTANT: Your application can't be edited once both parties have signed and the application is submitted.

1 AGREEMENT REQUIREMENTS

Agreement requirements

I understand this is an agreement between Organization and CDC. This program is part of a collaboration under the relevant state, local, or territorial immunization program'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 to the Organization, the 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 Advisory Committee on Immunization Practices (ACIP).¹
2. Within 24 hours of administering a dose of COVID-19 vaccine and adjuvant (if applicable), Organization must record in the vaccination record and report required information to the relevant state, local, or territorial public health authority. Details of required information (collectively, Vaccine Administration Data) for reporting can be found on CDC's website.²
Organization must submit Vaccine Administration Data through either (1) the immunization information system (IIS) of the state, local, or territorial jurisdiction or (2) another system designated by CDC according to CDC documentation and data requirements.²
Organization must preserve the record for at least 3 years following vaccination, or longer if required by state, local, or territorial public health authority. Records must be made available to any federal, state, local, or territorial public health department to the extent authorized by law.³
3. Organization must not sell or seek reimbursement for COVID-19 vaccine and any adjuvant, syringes, needles, or other constituent products or ancillary supplies that the federal government provides without cost to Organization.

2 CHIEF MEDICAL OFFICER (OR EQUIVALENT) SIGNATURE

3 CHIEF EXECUTIVE OFFICER (OR EQUIVALENT) SIGNATURE

Signature Name Date

Section B—Adding Vaccination Locations

Once you've submitted your application, you're ready to add vaccination locations covered by this agreement. Organizations must enter at least one vaccination location.

To add a location, your organization will need to complete *Section B: CDC COVID-19 Vaccination Program Provider Profile Information*. This section will require the signature of the **Medical/Pharmacy Director or location's Vaccine Coordinator**. Email the Invitation Code to the designated role. They must **SIGN UP** at COVIDReadi to complete Section B.

Your request to become a COVID-19 service provider organization is successfully submitted.

You will be contacted by a staff member from the immunization program with further details. You can share the following invitation code with your locations so that they can enroll under your organization

Invitation Code	ryBr2743jYtmqxs59IXGBhao
Name	Testing site

← Invitation Code

1. Click the **Add a Location** button on confirmation page. Only enter vaccination locations (affiliated with this organization) that will receive or administer COVID-19 vaccines.

Name	Type	Address	Approval Status	Edit	Del
Add a Location ←					

2. Click to enter PINs for any vaccination programs you're enrolled in, then proceed to CDC Provider Agreement.
3. Complete Section B for each vaccination location.

1 PROGRAMS

Are you currently enrolled in any of the programs listed below?

California Vaccines for Children program

PIN

California Vaccines for Adults program

Receiving state influenza vaccines directly California Dept. of Public Health

Section B

CDC COVID-19 Vaccination Program Provider Profile Information

1 ORGANIZATION IDENTIFICATION FOR INDIVIDUAL LOCATIONS

Organization Location Name *

Will another Organization location order COVID-19 vaccine for this site? *

If yes, provide organization name

How To Enroll Through COVIDReadi (continued)

4. Assign someone to act as primary and backup vaccine coordinators.

2 CONTACT INFORMATION FOR LOCATION'S PRIMARY COVID-19 VACCINE COORDINATOR

First Name* Middle Name Last Name*

3 CONTACT INFORMATION FOR LOCATION'S BACKUP COVID-19 VACCINE COORDINATOR

First Name* Middle Name Last Name*

Telephone* Email*

5. Identify locations for receiving and administering vaccines.

4 ORGANIZATION LOCATION ADDRESS FOR RECEIPT OF COVID-19 VACCINE SHIPMENT

Telephone* Fax

Address*

5 ORGANIZATION LOCATION ADDRESS WHERE COVID-19 WILL BE ADMINISTERED

Telephone* Fax

6. Report AM and PM receiving hours for each day of the week.

6 DAY AND TIMES VACCINE COORDINATORS ARE AVAILABLE FOR RECEIPT OF COVID-19 VACCINE SHIPMENTS

	AM		PM	
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Select provider type (e.g., public health provider, medical practice provider, pharmacy, etc.) and vaccination setting. Settings must be able to follow recommended social distancing and infection control measures.

1 COVID-19 VACCINATION PROVIDER TYPE FOR THIS LOCATION

-- Select One --

2 SETTING WHERE THIS LOCATION WILL ADMINISTER COVID-19 VACCINE

- Childcare or daycare facility
- College, technical school or university
- Community center
- Correctional/detention facility
- Health care provider office, health center, medical practice, or outpatient clinic
- Hospital (i.e., inpatient facility)
- In-home

How To Enroll Through COVIDReadi (continued)

8. Run vaccine administration reports to estimate vaccination capacity by patient population and identify populations served.

3 APPROXIMATE NUMBER OF PATIENTS/CLIENTS ROUTINELY SERVED BY THIS LOCATION

(Enter "0" if the location does not serve this age group.)

No. of children 18 years of age and younger* No. of adults 19 – 64 years of age

No. of adults 65 years of age and older*

No. of unique patients/clients seen per week on average*

4 INFLUENZA VACCINATION CAPACITY FOR LOCATION

No. of influenza vaccine doses administered during the peak week of the 2019–20 in

1 POPULATION(S) SERVED BY THIS LOCATION

Select all that apply

- General pediatric population
- General adult population
- Adult 65 years of age and older
- Long term care facility residents (nursing home, assisted living, or independent facility)
- Health care workers
- Critical infrastructure/essential workers (e.g., education, law enforcement, food workers, fire service)
- Military - active duty/reserves
- Military - veteran
- People experiencing homelessness
- Pregnant women
- Racial and ethnic minority groups
- Tribal communities
- People who are incarcerated/detained
- People living in rural communities
- People who are under-insured or uninsured
- People with disabilities
- People with underlying medical conditions that are risk factors for severe COVID-19

If other, please specify

9. Indicate if you currently report vaccine administration data. If yes, provide the IIS identifier (for example, CAIR2 Org Code) associated with the account that submits data to your local IIS. (CDPH will follow up with providers who don't have a CAIR ID.)

Indicate how you will submit data to the IIS: submission from clinic's EHR, PrepMod or Mass Vax app, manual entry into IIS, or not applicable.

2 DOES YOUR ORGANIZATION CURRENTLY REPORT VACCINE ADMINISTRATION DATA TO THE STATE, LOCAL, OR TERRITORIAL IMMUNIZATION INFORMATION SYSTEM (IIS)?

If yes, List IIS Identifier

Please indicate below your intended method of submitting administered COVID-19 doses to the IIS (choose one only)

If "Not Applicable," please explain:

10. Estimate your storage capacity. (Vaccines approved early in the pandemic may require larger orders/increments.)

3 ESTIMATED NUMBER OF 10-DOSE MULTIDOSE VIALS (MDVS) YOUR LOCATION IS ABLE TO STORE DURING PEAK VACCINATION PERIODS (E.G., DURING BACK-TO-SCHOOL OR INFLUENZA SEASON) AT THE FOLLOWING TEMPERATURES

Refrigerated (2°C to 8°C) Approx. additional 10-dose MDVs

Frozen (-15°C to -25°C)

Ultra-frozen (-60°C to -80°C)

How To Enroll Through COVIDReadi (continued)

11. Enter details about storage units and temperature monitoring equipment.

4 STORAGE UNIT DETAILS FOR THIS LOCATION

List brand/model/type of storage units to be used for storing COVID-19 vaccine at this location

Storage unit 1*	Storage unit 2
<input type="text"/>	<input type="text"/>
Storage unit 3	Storage unit 4
<input type="text"/>	<input type="text"/>

5 STORAGE UNIT INFORMATION SECTION (AD TEMPERATURE MONITORING EQUIPMENT)

Fridge
Thermometer type

- Digital data logger
- Networked Continuous Temperature Monitoring System
- Min-Max Thermometer
- Other

If other, please specify

Thermometer model and serial number Calibration expiration date

 mm/dd/yyyy

Freezer
Thermometer type

- Digital data logger
- Networked Continuous Temperature Monitoring System
- Min-Max Thermometer
- Other

If other, please specify

Thermometer model and serial number Calibration expiration date

 mm/dd/yyyy

Ultra Low Freezer
Thermometer type

- Digital data logger
- Networked Continuous Temperature Monitoring System
- Min-Max Thermometer
- Other

If other, please specify

12. The designated role must sign and agree to the stated terms.

Digital signatures may not be uploaded.

Use your mouse to sign. Click X to clear.

6 MEDICAL/PHARMACY DIRECTOR OR LOCATION'S VACCINE COORDINATOR SIGNATURE

I attest that each unit listed will maintain the appropriate temperature range indicated above (please sign and date):

Signature Date

 mm/dd/yyyy

How To Enroll Through COVIDReadi (continued)

13. Click to add all providers administering COVID-19 vaccines at this location.

1 PROVIDERS PRACTICING AT THIS FACILITY

Instructions: List below all licensed healthcare providers at this location who have prescribing authority (i.e., MD, DO, NP, PA, RPh).

+ [Add provider](#) **← Add Provider**

Back **Save and continue**

14. Complete the required profile information for each provider.

Add all providers at this location with prescribing authority. Then click **Save and Continue** to complete this location.

1 PROVIDERS PRACTICING AT THIS FACILITY

Instructions: List below all licensed healthcare providers at this location who have prescribing authority (i.e., MD, DO, NP, PA, RPh).

Title * License No. *

Provider Name *

+ [Add provider](#) **← Add Provider**

Back **Save and continue**

Save and Continue

15. Repeat Section B for each vaccination location administering COVID-19 vaccines.

Once you submit a location, your location will be sent for approval by the state. Your location is 'Pending.' Once 'Approved,' you can order vaccines to that specific location.

Look for an email confirmation from info@covidreadi.com with a link to check your enrollment status.

Your request to become a COVID-19 service provider is successfully submitted.

Please view your Provider Enrollment details below.

You will be contacted by a staff member from the immunization program with further details.

Back to organization

Add another location **←**

How To Enroll Through COVIDReadi (continued)

16. To **edit** or **delete** your locations: Login to COVIDReadi and scroll down to click the **Vaccinate** button to access the provider dashboard.



Invitation Code: f28H74EoAh9FuGzftqkg2XKp

Name: Test Medical Organization (TMO)

[Add a Location](#)

Name	Type	Address	Approval Status	Edit	Delete	Dashboard
TMO Plaza Center	Hospital	101 Medical Drive, Antioch, Contra Costa County, CA	Pending	Edit	Delete	Dashboard