

CalVax Provider Enrollment: Before You Enroll



Action Steps & Instructions for Providers

In order to receive and administer COVID-19 vaccines, all California healthcare providers will enroll in the federal COVID-19 Vaccination Program **electronically** through CDPH's provider registration and enrollment system at the CalVax website. Enrollment applications must be thoroughly and accurately completed by each enrolled organization and corresponding locations.

COVID-19 vaccines and ancillary supplies will be procured and distributed by the federal government at no cost to enrolled COVID-19 vaccination providers.

Enrollment Process

Each organization must enroll electronically through CDPH's provider registration and enrollment system. After completion of the Requirements and Legal Agreement portion of the enrollment form, the organization receives an invitation code. This code can be shared within the organization to access the organization's application and complete Section B to enroll their individual locations in the program.

- ✓ The Organization's Chief Medical Officer (or equivalent medical official) and Chief Executive Officer (or chief fiduciary/legal official) completes the first portion of the enrollment process, Section A. Upon completion, they must sign and agree, on behalf of the organization, to the conditions of participation outlined in the COVID-19 Provider Agreement.
- ✓ If multiple locations within an organization plan to receive the COVID-19 vaccine, each location will complete Section B of the enrollment process. The locations must identify the Medical or Pharmacy Director that is responsible for their adherence to Provider Agreement terms, and attest to proper vaccine management for the site.
- ✓ Each enrolled organization location should designate a vaccine coordinator and a back-up vaccine coordinator serving as the site's point of contact for receiving vaccine shipments, monitoring storage unit temperatures, managing vaccine inventory, etc.

Upon submission of the registration through CalVax, sites will receive a confirmation email confirming the request to enroll. Upon enrollment approval, registration information is sent to the Local Health Departments who will then be responsible for the allocation of available vaccine doses, pending supply availability. Information about vaccine ordering will be forthcoming. (For detailed information, see pages 2-3.)

Participation in CAIR

California's Immunization Registry (CAIR) is comprised of three distinct registries: CAIR2, RIDE/CAIR San Joaquin, and SDIR/CAIR in San Diego. Participating provider sites must be enrolled in their local registry and will be required to submit all administered COVID-19 doses.

If your organization is not currently enrolled in CAIR, please enroll in your local registry now. Refer to [CAIR Regions](#) for information on which registry you will enroll in and report to. You will need to provide the assigned IIS ID during the enrollment process.

If your site is already enrolled in CAIR, do not enroll again.

Information Needed by Section

Section A: COVID-19 Vaccination Program Provider Requirements and Legal Agreement

You will need:

1. Identification of responsible organization officers' agreeing to the conditions specified in the federal COVID-19 Vaccination Program Provider Agreement:
 - Your Organization's Chief Medical Officer (or equivalent medical official) and Chief Executive Officer (or chief fiduciary/legal official) agree to the conditions of participation outlined in the COVID-19 Provider Agreement and sign the Agreement on behalf of your Organization.
 - For Organization Email, refer to Notifications after Enrollment regarding enrollment and VaccineFinder.
2. Identify the number of affiliated vaccination sites to the enrolling organization.

Section B: CDC COVID-19 Vaccination Program Provider Profile Information

Sites within your Organization that wish to receive the vaccine will complete Section B for each vaccination location. Section B will require:

1. Identification of the individual location's Medical or Pharmacy Director or Vaccine Coordinator responsible for location's adherence to Provider Agreement terms. **Identify Provider Identification Numbers if your organization's individual locations already participate in other publicly purchased Vaccine Programs or State Immunization Information Systems.**
 - Vaccines for Children (VFC)/Vaccines for Adults (VFA)/State General Fund PIN (If Applicable)
 - Local Immunization Registry ID (e.g. CAIR2 Org Code)

Please note that Registry participation is required as part of COVID-19 Program Vaccination Enrollment. All enrolled organization individual locations will be required to report doses administered to your local registry within 24 hrs of vaccine administration.

2. Information on affiliated Organization's individual locations:

- Location name and address
- Primary and Backup Vaccine Coordinator; refer to Notifications after Enrollment for emails regarding allocations, shipments, and temperature monitoring.
- Times/days for vaccine shipment receipt
 - ✓ Locations should offer full-day receiving hours, to the extent possible, to facilitate shipment delivery
 - ✓ Minimally must be available during a 4-hour window on a weekday other than Monday to receive shipments.
- If vaccines will be administered at location different from vaccine shipment, provide location information
- Primary and Backup Vaccine Coordinator contact information
- Approximate number of patients served at each location
- Peak weekly flu doses administered during 2019-20 season
- Population(s) served at each location including approximate number of patients under each population
- Location vaccine storage capacity

Storage unit details

- ✓ Cold storage unit type and capacity in three temperature ranges: 5-8°C (refrigerator), -15 to -25°C (freezer), and -60 to -80°C (ultra-low temperature freezer)
- ✓ Approximate capacity to store multi-dose vials of vaccines (approximate number of vials)

Temperature monitoring equipment

- ✓ Thermometer details, including type, model, and calibration expiration date

3. Information on providers practicing at this facility who will be overseeing administering COVID-19 vaccines

- Name of provider(s) with prescription privileges licensed in the State of California, title(s), and license number(s) must be provided as part of the COVID-19 Vaccination Provider Profile

Enrollment Requirements

Conditions for participation in the COVID-19 Vaccination Program are detailed in the participating agreement. Staff awareness, preparation and training are key to ensure adherence to all enrollment requirements, including:

- Enrolling/Participating in the state Immunization Information System (CAIR2, SDIR, RIDE)
- Completing required trainings upon content availability
- Reporting vaccine administration within 24 hours to CDPH
- Agreeing to automatic enrollment in Vaccine finder and daily reporting of vaccine inventory
- Obtaining approval from CDPH and completing a Vaccine Redistribution Agreement if redistributing vaccines
- Reporting all vaccine repositioning (i.e. vaccine transfers)
- Immediately notifying CDPH in the event of any shipping incident