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 (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.

   Log in to COVIDReadi

   Email
   
   Password

   Log in

   Forgot your password?
   Didn’t receive confirmation instruction?

   No confirmation email? Check your Spam and Junk folders or check with IT to ensure no-reply@covidreadi.com isn’t blocked or click the link to receive the confirmation email again.

3. Log in with your email & password. Then scroll down to click the Vaccinate button.
4. 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.)

5. 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.

<table>
<thead>
<tr>
<th>PHASE 1 ORGANIZATION ENROLLMENT CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>My organization meets the following Phase 1 Enrollment Criteria</td>
</tr>
<tr>
<td>Have storage capacity and can meet these storage and handling requirements</td>
</tr>
<tr>
<td>- Can accommodate initial minimum orders of at least 1000 doses</td>
</tr>
<tr>
<td>- Report dose-level data within 24 hours of vaccination and doses in inventory daily to the national VaccineFinder website</td>
</tr>
<tr>
<td>- Can accommodate the temperature requirements of either ultra-cold storage for vaccines or can obtain dry-ice</td>
</tr>
<tr>
<td>Have staffing levels and capacities to begin vaccination shortly after vaccine receipt including capacities to</td>
</tr>
<tr>
<td>- Use social distancing and infection control guidelines</td>
</tr>
<tr>
<td>- Coordinate delivery of two dose COVID-19 vaccine within 21 or 28 days apart</td>
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<tr>
<td>- Deliver vaccines during peak influenza season or disease outbreak</td>
</tr>
<tr>
<td>- Report dose-level data within 24 hours of vaccination</td>
</tr>
<tr>
<td>- Comply with state and federal requirements for COVID-19 providers</td>
</tr>
</tbody>
</table>

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.

6. 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.)
7. Complete the designated portion for each responsible officer.

8. 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.
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.

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.

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.

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: yb(2|-7fXJThqaeX25GRNew

Invitation Code

Name

Testing site

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

5. Identify locations for receiving and administering vaccines.

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

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

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.

10. Estimate your storage capacity.
    (Vaccines approved early in the pandemic may require larger orders/increments.)
11. Enter details about storage units and temperature monitoring equipment.

### STORAGE UNIT DETAILS FOR THIS LOCATION

<table>
<thead>
<tr>
<th>Storage unit 1</th>
<th>Storage unit 2</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Storage unit 3</th>
<th>Storage unit 4</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

### 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.

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

14. Complete the required profile information for each provider.

   Click to add additional providers. Then click **Save and Continue** to complete this location.

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.

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