# NYC Pediatric COVID-19 Vaccination Support Program for Independent Providers – Checklist

Thank you for applying the Pediatric COVID-19 Vaccination Support Program. This checklist summaries documents and actions needed to complete your enrollment in the program and receive funds. Contact nycreach@health.nyc.gov with any questions about contracting and program activities.

**Contracting Process**

* **Complete the NYC Client Abuse & Neglect form.**
	+ Download and complete [the form](https://nycreach.org/wp-content/uploads/2022/06/Cert_Client_Abuse_Neglect.pdf) and send to nycreach@health.nyc.gov.
* **Submit your New York City Payee Information Portal (PIP) number and W-9 form.**
	+ Contact nycreach@health.nyc.gov with any questions.
* **Complete the Fund for Public Health NYC (FPHNYC)** **Vendor Direct Payment Enrollment Form.**
	+ Practices are encouraged to enroll in the Direct Deposit Payment Program. FPHNYC will send the enrollment form by email.
* **Submit Certificates of Insurance** to nycreach@health.nyc.gov showing proof of insurance, as follows:
	+ **Commercial general liability**, with coverage of at least $1,000,000 per occurrence and $3,000,000 aggregate
	+ **Professional liability**, with coverage of at least $1,300,000 per occurrence and $3,900,000 aggregate
	+ **Employer’s liability**, with coverage of at least $1,000,000 per accident
	+ **Workers’ compensation and disability insurance**, as required by New York State law
	+ **Commercial auto insurance**, if the practice plans to use any vehicles in the performance of services under the agreement, with coverage of at least $1,000,000 per accident
	+ **Excess umbrella liability** if the insurance policies do not meet the limits stated above

Providers must provide FPHNY with current Certificates of Insurance for the above policies listing FPHNY and the City of New York as Additional Insureds for General Liability policies and as Certificate Holders for all other insurance policies.

* **Sign the program contract and return to FPHNYC.**
	+ FPHNYC will send the contract to the authorized contact person listed in the application.

**Program Activities**

Program participants can begin participating and recording activities after the start date in the contract.

* **Activity A: Enroll in the NYC COVID-19 Vaccination Program, if not already enrolled. ($1,000)**
	+ If not done previously, complete the online COVID-19 Vaccination Program Provider Agreement, Sections A and B.
	+ Practices already enrolled in the NYC COVID-19 Vaccination Program will not be eligible for funds related to Activity A but are eligible for funds for activities B and C.
* **Submit documentation of Activity A completion to** **nycreach@health.nyc.gov** **by required dates.\***
* **Activity B: Complete the online COVID-19 Vaccination Program survey ($1,500).**
	+ The survey, available at <https://survey.alchemer.com/s3/6860490/COVID-19-Vaccination-Campaign-Survey>, requires a description of your COVID-19 vaccination plan and plans for use of the funds..
* **Submit documentation of Activity B completion to** **nycreach@health.nyc.gov** **by required dates.**\*
* **Activity C: Report at least 100 doses of COVID-19 vaccine administered to children ages 11 years and younger in the Citywide Immunization Registry ($7,500).**
	+ These doses must occur between the start date of your contract with FPHNY and November 15, 2022
	+ Practices are expected to incorporate COVID-19 vaccination during regular patient visits, but doses administered during vaccine-only sessions can also be counted
* **Submit supporting document of Activity C completion to** **nycreach@health.nyc.gov** **by required dates.\***

\*Activities completed on or before June 30, 2022, must be invoiced by July 30, 2022. Activities completed between July 1 and November 15, 2022, must be invoiced by December 31, 2022. Invoice templates will be provided by FPHNYC when the contract is sent for review and signature.