Why COVIDReadi?

The Centers for Disease Control and Prevention (CDC) requires all providers that want to order and administer COVID-19 vaccine to complete a COVID-19 Vaccination Program Provider Agreement.

Rhode Island providers can complete the agreement through the COVIDReadi website at ri.covidreadi.com. Providers will need to create a COVIDReadi account to access the COVID-19 Provider Agreement.

Who can enroll?

Only providers currently enrolled in the Rhode Island State Supplied Vaccine (SSV) program can complete a COVID-19 Provider Agreement.

How do I enroll?

Follow these instructions to create a COVIDReadi account and complete a COVID-19 Provider Agreement.

Providers must complete both Section A and Section B of the COVID-19 Provider Agreement.

Larger providers may have more than one SSV location that orders, receives, and administers vaccines. Providers with more than one SSV location can complete the COVID-19 Provider Agreement in two ways:

- The larger organization can fill out Section A and identify all affiliated SSV locations in Section B. The larger organization or each SSV location can add the individual SSV locations into Section B.
- Each affiliated SSV location can complete Section A and Section B independently from its larger organization.

The SSV locations listed in Section B of the application will place vaccine orders independently of the organization identified in Section A.

IMPORTANT: Each COVIDReadi account can only be associated with the one organization listed in Section A.
Log in to COVIDReadi

Go to the COVIDReadi website at ri.covidreadi.com. Click Log In.

If you do not yet have a COVIDReadi account, click on SIGN UP in the top right corner. After you sign up, you should receive a confirmation email.

If you already have a COVIDReadi account, log in using your email and password.

Tips
- If you do not receive a confirmation email immediately after creating a COVIDReadi account, check your spam filters before seeking technical support. If you do not find the email in your spam folder or if you have other questions about completing the COVID-19 Provider Agreement, please contact technical support at RIDOH.COVIDVaxProviders@health.ri.gov.

Data entry tips
- Required fields are noted with an asterisk (*).
- You can enter phone numbers in any format, with or without dashes or with the area code in parentheses.
Provider enrollment

Scroll down and click on **COVID Provider Enrollment**.

Become a provider for team COVIDReadi

If you are signing up your organization for the first time, click on **Create a new organization**. You will later receive an invitation code to invite other members to help you complete different sections of the COVID-19 Provider Agreement. You do not need an invitation code to create a new organization.

If you’ve already received an invitation code from someone in your organization, type it into the **Invitation code** field and click **Join Organization**. This code allows different people in your organization to log in to the same COVID-19 Provider Agreement to complete it, such as to add SSV locations and required signatures.

You may save and return to the COVID-19 Provider Agreement at any time using the Invitation Code.
Section A: COVID-19 Vaccination Program Provider Requirements and Legal Agreement

Organization identification

Tips

- **Number of affiliated vaccination locations covered by this agreement field**: The number you enter should match the number of SSV locations you will enter in Section B: CDC COVID-19 Vaccination Program Provider Profile Information. See details about SSV locations under *How do I enroll?* on page 1.
- **Organization telephone number and organization email fields**: Enter the best phone number and email address for your organization’s main contact for its COVID-19 Vaccination Program. This person should be available to check both frequently during business hours.

Click **Save and continue**.

Responsible officers

Enter all required fields for your organization’s Chief Medical Officer (CMO), or equivalent, and its Chief Executive Officer (CEO) or Chief Fiduciary.

Click **Save and continue**.
**Agreement requirements and signatures**

**Tips**
- Read the COVID-19 Provider Agreement carefully before signing.
- Send the CEO and CMO (or their equivalents) your organization’s unique Invitation Code in the purple box at the top of the page so they can access the application and sign the agreement.
- **Signature name field:** You must enter a name.
- **Signature box:** To sign inside the dashed box, use a mouse or mouse pad. This is not required.
- **Date field:** This field automatically enters the date you fill out the form.
- **IMPORTANT:** Monitor the links listed at the end of the Agreement Requirements for updates and comply with all updates:
  - [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)
  - [www.cdc.gov/vaccines/programs/iis/index.html](http://www.cdc.gov/vaccines/programs/iis/index.html)
  - [www.cdc.gov/vaccines/hcp/admin/storage-handling.html](http://www.cdc.gov/vaccines/hcp/admin/storage-handling.html)

Click **Submit application**.

**Section A is now complete.**
Add a location

Click Add a Location to enter an SSV location for your organization. Or share your organization code with others so they can enter this information. Enter each location that will order, receive, and administer vaccine. See details about SSV locations under How do I enroll? on page 1.

Tips
- You must enter at least one location.
- To edit an existing location, click the edit icon within that listing.

Organization identification for individual locations

Tips
- **Organization Location Name field**: Enter the name of a location that's enrolled in the SSV program. The name you enter should match the location name associated with the SSV PIN.
- **Will another Organization location order COVID-19 vaccine for this site?** Select No unless RIDOH has advised you to select Yes.
Vaccine Coordinator contact information

Enter the contact information for the location’s Primary and Backup Vaccine Coordinators.

Tips
- The Primary Vaccine Coordinator should be the same person identified as the Vaccine Contact in the Ocean State Management of State Supplied Immunizations System (OSMOSSIS), Rhode Island's vaccine ordering system. Contact your assigned RIDOH Immunization Program representative with questions about OSMOSSIS.
  - Vaccine Coordinators should be highly available and responsive and frequently check email.
  - **Telephone field:** Provide phone numbers where Vaccine Coordinators can easily be reached.

Organization location addresses

Enter organization location addresses for receipt of COVID-19 vaccine shipments and where COVID-19 vaccine will be administered.
Days and times Vaccine Coordinators are available

Enter the days and times Vaccine Coordinators will be available for receipt of COVID-19 vaccine shipments.

Tips
- Times are listed in military time. Select 0:00-12:00 for morning times and 12:00-0:00 for afternoon and evening times.
- If the Vaccine Coordinators will not be available for certain days and times, leave both the start and end time in those timeslots blank.

Click Save and continue.

COVID-19 vaccination provider type for this location

Select the option that best describes your organization or select “Other” and write in a description.
Setting(s) where this location will administer COVID-19 vaccine

Tips
- Check all that apply.
- You must check at least one.
- Your answers to this question may differ from the provider type for the location selected above.

Approximate number of patients/clients routinely served by this location

Enter a number or check “Unknown” for each field OR check “Not applicable” at the bottom.

Tips
- It’s OK to provide rough estimates.
- Enter "0" for any age group the location doesn’t serve.
### Influenza vaccination capacity for this location

Enter a number or check “Unknown.”

**Tips**
- It’s OK to enter estimates.
- Enter "0" if no influenza vaccine doses were administered by this location in 2019-2020.

Click **Save and continue.**

### Population(s) served by this location

**Tips**
- Check all that apply.
- You must check **at least one.**
- Note the first two “general” options for each pediatric and adult populations.
- If you check “Other people at higher risk for COVID-19,” please specify those populations.
Does your organization currently report vaccine administration data to the state, local, or territorial to Immunization Information System (IIS)?

**Tips**
- The Immunization Information System (IIS) in Rhode Island refers to KIDSNET and the Rhode Island Child and Adult Immunization Registry (RICAIR).
- If you select Yes, if it’s known, enter your organization’s KIDSNET or RICAIR identifier.
- Enter an explanation for your response wherever you’re prompted to.
- PrepMod is a public health tool available to Rhode Island providers to schedule and operate COVID-19 vaccination clinics and report vaccinations to RICAIR. If you are interested in using PrepMod, please email Meaghan.joyce@health.ri.gov for more information.

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

Your responses to these questions will help RIDOH understand your ability to store COVID-19 vaccines.

**Tips**
- Wherever you select Yes, enter a number.
- It’s OK to estimate numbers.
Storage unit details for this location

Tips
- You must enter at least one response.
- Storage units are not required to be ultra-frozen.

Click **Save and continue**.

Medical/Pharmacy Director or location’s Vaccine Coordinator signature

Tips
- If you are not the Vaccine Coordinator, send the Vaccine Coordinator the Invitation Code so they can access and sign the application.
- **Signature field**: You must enter a name.
- **Signature box**: To sign inside the dashed box, use a mouse or mouse pad. **This is not required**.
- **Signature date field**: This field automatically enters the date you fill out the form.

Click **Save and continue**.

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**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):

<table>
<thead>
<tr>
<th>Signature</th>
<th>Signature Date</th>
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<tr>
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<td>11/17/2020</td>
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</tbody>
</table>
Providers practicing at facility

Tips
- Add only providers involved in COVID-19 vaccination at this location.

Click Submit Application.

Add another location

Click Add another location to enter another vaccination location for your organization. Clicking this will take you back to the Add a location page. All locations must be enrolled in the State Supplied Vaccine (SSV) program.

Or share your organization code with others so they can enter this information.
What happens next?

Completing this form does not guarantee you will immediately receive COVID-19 vaccine. Vaccine supplies will be limited during the first phases of the vaccination campaign, so RIDOH will prioritize providers serving certain high-risk populations. RIDOH staff must also review and approve the information you entered before you will be eligible to receive vaccine.

If RIDOH approves your submission and you are eligible to receive vaccine, please monitor the email addresses identified in your COVID-19 Provider Agreement for this information:

- Clarification of details in the Provider Agreement or verification of data reporting processes.
- Instructions on how to enroll in the VaccineFinder platform will be sent from vaccinefinder@auth.castlighthouse.com to the organization email address identified in Section A. Once your organization begins receiving COVID-19 vaccine, each location in Section B will be required to report daily inventory levels to VaccineFinder.
- Required COVID-19 vaccine training details will be emailed to each Vaccine Contact identified in OSMOSSIS for each location listed in Section B of the COVID-19 Provider Agreement. These Vaccine Contacts should be the same as each Vaccine Coordinator identified in Section B.