

This guide will assist potential COVID-19 vaccinators with registration and ordering in ImmuNet. Only one registration is needed per location. **Note that practices with multiple locations must separately register each location that plans to order and have vaccines shipped to and stored at that location.**

This guide has five sections:

[\(1\) Quick Eligibility Screening Questionnaire](#) - all potential vaccinating organizations should start with the screening questionnaire to gauge their eligibility and next steps. Eligible organizations can see section 2 or 3 of this guide on how to complete their COVID-19 Vaccine Profile Registration and sign the COVID-19 Vaccine Provider Agreement.

[\(2\) Non-VFC Provider Profile Registration](#) - all eligible organizations can complete a Non-VFC Profile registration except participating Vaccines For Children (VFC) organizations

[\(3\) VFC Provider Profile Registration](#) - all eligible Vaccines for Children (VFC) organizations can complete the COVID-19 sections in their existing VFC Profiles

[\(4\) Ordering COVID-19 Vaccines](#)

[\(5\) Reporting Administered Doses of COVID-19 Vaccines](#)

Notes:

- Eligible organizations should designate a vaccine contact who has ImmuNet Admin User role to sign in to ImmuNet and create or complete their COVID-19 Vaccine Profile registration.
- Non-VFC providers not participating in the VFC Program but have an inactive/pending VFC Profile should NOT create/complete a VFC Profile. Please contact the ImmuNet Help Desk to create a new org/Org ID so you can create/complete a Non-VFC Profile registration in ImmuNet. Providers interested to participate or be reinstated in the VFC Program can learn more at marylandvfc.org.
- Be sure to read the instructions in this guide and in ImmuNet carefully. The screen may look different if a staff from your organization has previously created a profile.

(1) Quick Eligibility Screening Questionnaire

All potential vaccinating organizations for COVID-19 vaccine should start with the COVID-19 Vaccine Eligibility Questionnaire to gauge their eligibility and next steps. Click on the link for 'COVID-19 Vaccine Eligibility Questionnaire' found on the ImmuNet login page (<http://www.mdimmunet.org/>).



COVID-19 Vaccine Eligibility Questionnaire:

If your Organization would like to order the COVID-19 vaccine when it becomes available, please complete the [COVID-19 Eligibility Questionnaire](#).

The following information is asked in the questionnaire:

- If your organization administers vaccines
- Organization legal name and address
- Organization report-to-ImmuNet status
- Populations served, and
- Organization contact information

After clicking the '**Submit**' button, you will get a message regarding your eligibility and next steps.

Note: If you encounter an error submitting the questionnaire, it is likely your answers have been recorded. Eligible providers can sign directly in to ImmuNet and complete the profile registration (go to the next step of this guide).

(2) Non-VFC Provider Profile Registration

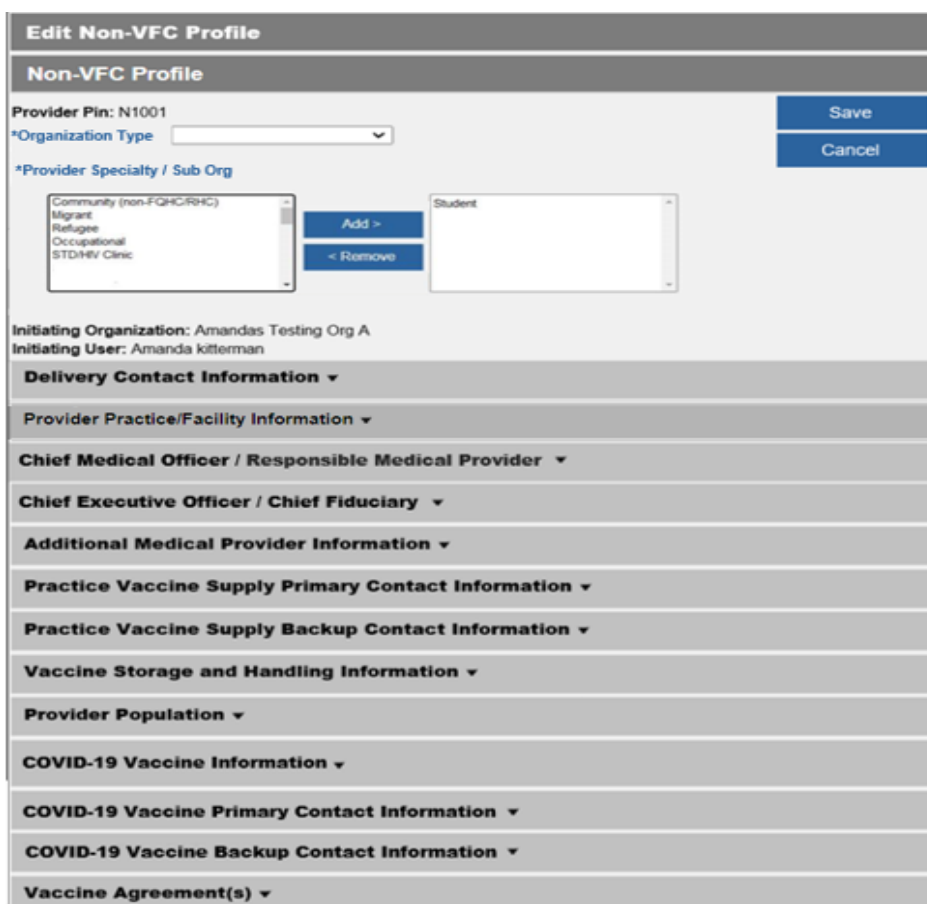
Providers not participating in the VFC Program but are eligible to order and administer COVID-19 vaccine are required to complete a Non-VFC Profile. Once signed in to ImmuNet, click on the **'Create Non-VFC Profile'** button. If you do not see this button, you either do not have an Admin User role in ImmuNet or have an existing Inactive/Pending VFC Profile. Please contact the ImmuNet Help Desk to have this corrected.

Create Non-VFC Profile

If you are a Non-VFC Provider who is eligible to order the **COVID-19 vaccine**, create a Non-VFC Profile which is required before placing an order. If you haven't already, please confirm your eligibility by submitting the [COVID-19 Eligibility Questionnaire](#).

The Non-VFC Profile is divided into several sections as shown below. Click on each section header to expand the section. All required information must be completed in each section.

Notes: (a) Be sure to have all the requested information on hand to complete the registration so you will not lose any entered data if you need to step away and ImmuNet times out. (b) The delivery contact entered email address must be verified before the registration is complete and ready for MDH review/approval. **Please ensure the auto-verification email reaches the delivery contact you entered in the registration.**



- **Organization Type** - add any applicable **Provider Specialty/Sub Org**

- **Delivery Contact Information** - add your practice's vaccine delivery contact, address, days and times, phone number and email address.

Delivery Contact Information ▲

* Delivery Contact First Name:

* Delivery Contact Last Name:

Delivery Contact Middle Name:

* Delivery Address (Street):

Delivery Address (Other):

* Delivery City: Delivery State:

* Delivery Zip: +4: * Delivery County:

* Delivery Phone: Ext. Delivery Fax:

* Delivery Alternative Phone:

* Delivery Email:

☒ Email Verified (This box will be auto checked when email is verified by the recipient)

Note: After clicking Save, an automated email will be sent to all the email address(es) added in this survey. Each email recipient must check their emails and click the verification link. Once all the emails are verified, the staff completing the survey will receive an email and may submit the survey for state review/approval. The staff completing the survey may continue to fill in and save the rest of the survey while waiting for all the emails to be verified.

Note that the entered email address must be verified before the registration is complete and ready for MDH review/approval. **Please ensure the auto-verification email reaches the delivery contact you entered in the registration.**

In the Delivery Window section, there must be a minimum 5-hour time for each window. If your org does not have 5-hour windows, you can enter your org's opening and closing times under Delivery Window #1 (example 0800 - 1700) and add in the notes section the times that your organization is closed for lunch.

- **Provider Practice/Facility Information**
- **Chief Medical Officer/Responsible Medical Provider** - person accountable for compliance with agreement conditions
The Medical License Number of your organization's Chief Medical Officer/Responsible Medical Provider must be validated. For MDs/DOs/PAs, please add zeros between the alphabet and numbers to make up 8 characters (same format as renewal registration number).

Chief Medical Officer/Responsible Medical Provider ▲

The official registered health care provider signing the agreement must be a practitioner authorized to administer vaccines under Maryland law, who will also be held accountable for compliance by the entire organization and its providers with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.

*Medical License Number:

NOTE: The Medical License Number must be validated using the "Validate" button.

- **Chief Executive Officer/Chief Fiduciary** - person accountable for compliance with agreement conditions
- **Additional Medical Provider Information** - click 'Add More' to add all licensed healthcare providers at this location who have prescribing authority. Medical license numbers of additional Medical Provider(s) must be validated.

Additional Medical Provider Information ▲

Please enter the name and medical license numbers of the health providers who may administer VFC vaccine. It is not necessary to include the names of all staff who may administer vaccine, only those who possess a medical license or are authorized to write prescriptions.

Medical Provider Listing

Review	Remove	Name	Credentials
Medical Provider Detail			

[Click Apply Changes to save updates](#)

*Medical License Number:

NOTE: The Medical License Number must be validated using the "Validate" button.

- **Practice Vaccine Supply Primary Contact Information** - this is the staff who is normally responsible for your practice's vaccine supply

- **Practice Vaccine Supply Backup Contact Information** - this is the backup staff normally responsible for your practice's vaccine supply
- **Vaccine Storage and Handling Information** - information about your vaccine storage unit(s)
- **Provider Population** - the number of patients served should be based on the past year; the selection(s) in this section will display additional COVID-19 sections below
- **COVID-19 Vaccine Administration Information** - details of your org's vaccine administration location
- **COVID-19 Vaccine Primary Contact Information** - this will be your COVID-19 vaccine coordinator, whether s/he is the same as or different from the staff who is normally responsible for your org's vaccine supply
- **COVID-19 Vaccine Backup Contact Information** - this will be your COVID-19 vaccine backup coordinator, whether s/he is same as or different from the backup staff who is normally responsible for your org's vaccine supply
- **COVID-19 Vaccine Agreement** under the 'Vaccine Agreement' - this must be completed by the org's responsible officers. Please click to open the pdf and read the agreement in full before typing your first name and last name in lieu of an actual or electronic signature. **This section will only be viewable by organizations that meet eligibility requirements.**

Vaccine Agreement(s) ▲

The COVID-19 Vaccine Agreement pertains to this organization only and does not cover affiliated vaccination locations.

[COVID-19 Agreement](#)
Click the link above to access, read, and print the COVID-19 Agreement. Accepting the terms of the agreement includes reporting administered COVID-19 vaccine data to ImmuNet. Click [here](#) for the list of CDC required data elements for reporting immunization data electronically.

NOTE: The Chief Medical Officer and Chief Executive Officer must read the COVID-19 Vaccine Provider Agreement linked above. Once this is complete, checking the checkbox and entering the name of the Chief Medical Officer and Chief Executive Officer will be accepted in place of an electronic signature.

Chief Medical Officer / Responsible Medical Provider Signature

☐ I have read and agree to the requirements outlined in the COVID Agreement and understand that I am accountable for compliance with these requirements.

Date: 09/22/2020

Chief Executive Officer / Chief Fiduciary Signature

☐ I have read and agree to the requirements outlined in the COVID Agreement and understand that I am accountable for compliance with these requirements.

Date: 09/22/2020

Note: Please click the Save button to save the COVID-19 Agreement information.

Once your Non-VFC Profile has been saved/submitted and the delivery contact email has been verified, it will go in a queue for MDH to review and approve your profile registration.

If you encounter an error submitting your Non-VFC Profile, click the Home link at the top, then click on "Create Non-VFC Profile" to complete your profile.

If your profile is already submitted and you wish to view or edit your profile, click on 'Inventory and Ordering' from the left menu, then click on 'Create and View Orders'. Click the 'Edit Non-VFC Profile' to edit or view your profile.

Home	Resources	Contact Us	Help
<p>Production Region</p> <p>Patients</p> <p>Organization Reports</p> <p>Inventory and Ordering</p> <p>> Manage Inventory</p> <p>> Manage Transfers</p> <p>> Transfer Shipping Documents</p> <p>> Create and View Orders</p> <p>Data File Loading</p> <p>Manage Org Selections</p>			
<p>Create and View Orders</p> <p>Non-VFC Profile Status: Pending</p> <p>Your organization's Non-VFC account is Pending. Please contact the Contact Center.</p> <p>If your organization is eligible to order the COVID-19 vaccine, when it becomes available you can order the vaccine by clicking the 'Order Specialty/Flu Vaccines' button. To validate eligibility, take the COVID-19 Eligibility Questionnaire.</p> <p>Provider Pin:</p> <p>Initiating Organization: ABC Hospital</p> <p>Initiating User: Jane Smith</p> <p>Delivery Contact Last Name: Smith</p> <p>Delivery Contact First Name: Jane</p> <p>Edit Non-VFC Profile</p> <p>Order Specialty/Flu Vaccines</p>			

During Phase 1, MDH will allocate and place the initial COVID-19 vaccine orders. You will be notified when your organization can place your own orders when the vaccine is more widely available. Please refer to the last section of this guide on how to place vaccine orders in ImmuNet when that time comes.

(3) VFC Provider Profile Registration

Providers participating in the VFC Program and who are eligible to order COVID-19 vaccines are required to review their existing profiles and complete the new COVID-19 sections or fields. Sign in to ImmuNet to edit your VFC Profile (**Inventory and Ordering>Create and View Orders>Edit VFC Profile**).

Notes: (a) Be sure to have all the requested information on hand to complete the registration so you will not lose any entered data if you need to step away and ImmuNet times out. (b) The delivery contact entered email address must be verified before the registration is complete and ready for MDH review/approval. **Please ensure the auto-verification email reaches the delivery contact you entered in the registration.**

- **Organization Type** - update and add any applicable **'Provider Specialty/Sub Org'**
 - Indicate a check mark on the radio button beside **'Interested in ordering COVID-19'**



- **Review and update, if necessary, your existing VFC information for the following sections:**
 - Delivery Contact Information
 - Mailing Address
 - VFC 1st Backup Contact Information
 - VFC 2nd Backup Contact Information
 - Additional Medical Provider Information - click 'Add More' to add all licensed healthcare providers at this location who have prescribing authority




Note that The delivery contact entered email address must be verified before the registration is complete and ready for MDH review/approval. **Please ensure the auto-verification email reaches the delivery contact you entered in the registration.**

- **Complete the new 'Provider Population' section:**

- the number of patients served should be based on the past year; the selection(s) in this section will determine eligibility that will display additional new sections or fields pertaining to COVID-19 vaccine:
- **Chief Medical Officer/Responsible Medical Provider** - person accountable for compliance with agreement conditions

Chief Medical Officer/Responsible Medical Provider ▲

The official registered health care provider signing the agreement must be a practitioner authorized to administer vaccines under Maryland law, who will also be held accountable for compliance by the entire organization and its providers with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.

*Medical License Number: 

NOTE: The Medical License Number must be validated using the "Validate" button.

Note: The Medical License Number of your organization's Chief Medical Officer/Responsible Medical Provider must be validated. For MDs/DOs/PAs, please add zeros between the alphabet and numbers to make up 8 characters (same format as renewal registration number).

- **Chief Executive Officer/Chief Fiduciary** - person accountable for compliance with agreement conditions
- **Vaccine Storage and Handling Information** - complete new fields for COVID-19 vaccine
- **COVID-19 Vaccine Administration Information** - details of your org's vaccine administration location
- **COVID-19 Vaccine Primary Contact Information** - complete this section whether s/he is the same as or different from the staff who is normally responsible for your org's vaccine supply
- **COVID-19 Vaccine Backup Contact Information** - complete this section whether s/he is same as or different from the backup staff who is normally responsible for your org's vaccine supply
- **COVID-19 Vaccine Agreement** - this must be completed by the org's responsible officers. Please click to open the pdf and read the agreement in full before typing your first name and last name in lieu of an actual or electronic signature. **This section will only be viewable by organizations that meet eligibility requirements.**

Vaccine Agreement(s) ▲

The COVID-19 Vaccine Agreement pertains to this organization only and does not cover affiliated vaccination locations.

[COVID-19 Agreement](#)
Click the link above to read the COVID-19 Agreement. Accepting the terms of the agreement includes reporting administered COVID-19 vaccine data to ImmuNet. Click [here](#) for the list of CDC required data elements for reporting immunization data electronically.

NOTE: The Chief Medical Officer and Chief Executive Officer must read the COVID-19 Agreement linked above. Once this is complete, checking the checkbox and entering the name of the Chief Medical Officer and Chief Executive Officer will be accepted in place of an electronic signature.

Chief Medical Officer / Responsible Medical Provider Signature

☐ I have read and agree to the requirements outline in the COVID-19 Agreement and understand that I am accountable for compliance with these requirements.

09/22/2020

Chief Executive Officer / Chief Fiduciary Signature

☐ I have read and agree to the requirements outline in the COVID-19 Agreement and understand that I am accountable for compliance with these requirements.

09/22/2020

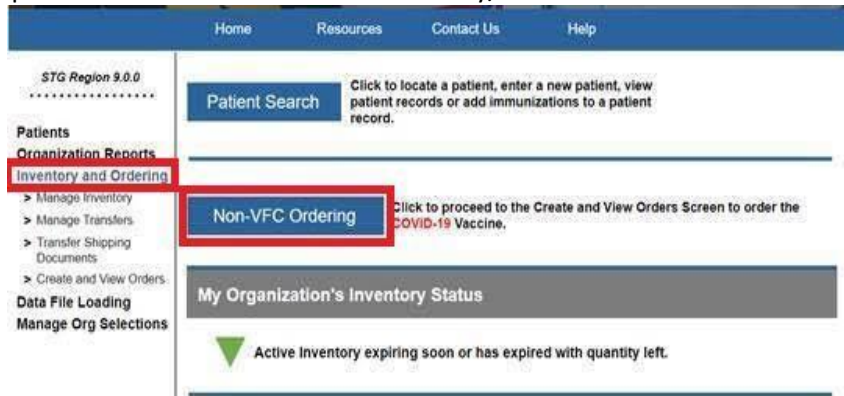
Note: Please click the Save button to save the COVID-19 Agreement information.

Once your VFC Profile has been submitted and all emails have been verified, MDH will review/approve your new COVID-19 information. Similar to your existing VFC Profile views, you should be able to edit/view your completed COVID-19 sections under 'Edit VFC Profile'.

During Phase 1, MDH will allocate and place the initial COVID-19 vaccine orders. You will be notified when your organization can place your own orders when the vaccine is more widely available. Please refer to the last section of this guide on how to place vaccine orders in ImmuNet when that time comes.

(4) Ordering COVID-19 Vaccines

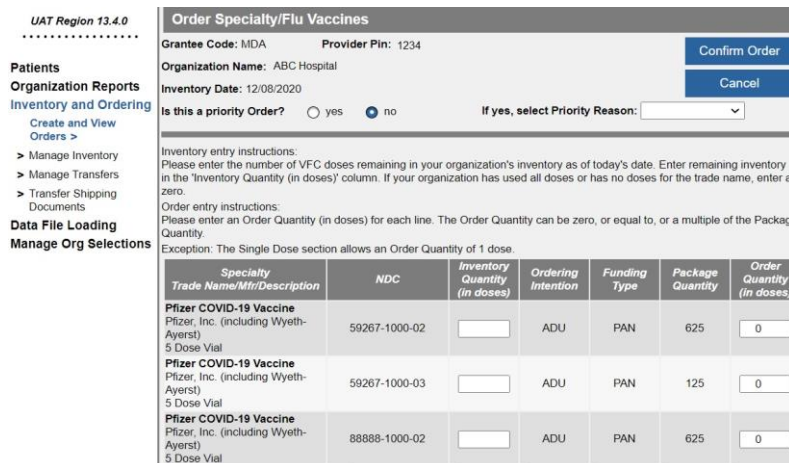
When the vaccine is more widely available, providers will be able to place their order in ImmuNet. Non-VFC providers can click the blue **'Non-VFC Ordering'** button (or click the left menu **Inventory and Ordering** then click **Create and View Orders**). Existing VFC providers can click on the VFC Inventory/Order blue button or use the left menu links.



The screenshot shows the ImmuNet Home page. The left sidebar has a menu with 'Inventory and Ordering' highlighted. The main content area has a 'Non-VFC Ordering' button highlighted with a red box. Other buttons visible include 'Patient Search' and 'My Organization's Inventory Status'.

Go to the **'Order Specialty/Flu Vaccines'** screen and place the number of COVID-19 vaccines you want to order. For first time orders, put '0' in the Inventory Quantity. This column must be populated with COVID-19 vaccine doses on hand when you are ready to place your subsequent orders (see next section about reporting inventory).

For more detailed information about the Specialty/Flu order screen, please refer to pages 5-9 of the VFC Vaccine Inventory/Order Guide [here](#). Once your order has been submitted, you can track your order and the delivery/shipment of your vaccines in ImmuNet (please refer to the [ImmuNet COVID-19 Vaccine Order Status Guide](#) for more information).



The screenshot shows the 'Order Specialty/Flu Vaccines' screen. It includes fields for Grantee Code, Provider Pin, Organization Name, and Inventory Date. There are 'Confirm Order' and 'Cancel' buttons. Below these are instructions for inventory entry and a table for ordering vaccines.

Specialty Trade Name/Mfr/Description	NDC	Inventory Quantity (in doses)	Ordering Intention	Funding Type	Package Quantity	Order Quantity (in doses)
Pfizer COVID-19 Vaccine Pfizer, Inc. (including Wyeth- Ayerst) 5 Dose Vial	59267-1000-02	<input type="text"/>	ADU	PAN	625	<input type="text"/>
Pfizer COVID-19 Vaccine Pfizer, Inc. (including Wyeth- Ayerst) 5 Dose Vial	59267-1000-03	<input type="text"/>	ADU	PAN	125	<input type="text"/>
Pfizer COVID-19 Vaccine Pfizer, Inc. (including Wyeth- Ayerst) 5 Dose Vial	88888-1000-02	<input type="text"/>	ADU	PAN	625	<input type="text"/>

Manage Inventory and Manage Transfers

When your organization is able to place an order of CoVid-19 vaccine in ImmuNet, you may need to manually manage your inventory or transfer inventory to a different organization. You can refer to the step by step guides on managing inventory ([here](#)) and managing transfers ([here](#)).

Reporting Inventory

You are required to report your remaining inventory (in the Inventory Quantity column) each time you place a new order in the ImmuNet Order Specialty/Flu page.

CDC Vaccine Finder - MDH will submit providers' daily inventory from ImmuNet to Vaccine Finder so providers will not have to report to Vaccine Finder as per the COVID-19 Vaccine Agreement.

(5) Reporting Administered Doses of COVID-19 Vaccines

All administered doses of COVID-19 vaccines must be reported to ImmuNet within 24 hours.

See the ImmuNet website ([here](#)) for more information about reporting COVID-19 vaccinations to ImmuNet, including links to the list of required data elements.

Practices with multiple locations that separately register and place orders for each location are assigned a unique ImmuNet Organization ID. Each location must report administered doses under their unique Org ID for MDH to reconcile your vaccine inventory and allocate the correct number of COVID-19 vaccines in your next order. If these practices use the same Electronic Health Record (EHR) system, contact the vendor to set up reporting under each unique Org ID instead of reporting under a parent/umbrella Org ID.

More information about reporting to ImmuNet is available on the ImmuNet website (health.maryland.gov/immunet) under the 'Report to ImmuNet' link (left menu).