

Childhood Vaccine Program - Online Provider Enrollment

Providers renew their provider agreements in the Immunization Information System (IIS) using the Provider Agreement function.

Instructions:

- Using the Navigation Menu, click on the **Orders/Transfers** Menu Heading and click on the **Provider Agreement** menu option to show a list of your provider agreements.
- Click the **Add** button to begin a new agreement.
- Review and update the pre-populated fields on the Practice Details page as needed. All required fields (red labels) must be completed. Make sure your vaccine coordinator information is up to date and their contact information is correct.

Practice Details Page

- IRMS and Facility Name:** **Do not change these fields.** This name is used by other parts of the system. If you have a name change, contact your local health jurisdiction before proceeding with your online renewal.
- Agreement Signatory:** The signatory must be the person within your practice that is licensed in the state of Washington to prescribe vaccines and who has primary responsibility for making decisions about your practice and its operations.
- Addresses:** Facility and Vaccine Delivery addresses are always required. Mailing address is required if different from the Facility address.

Facility Address	The physical location of your facility
Vaccine Delivery Address	The address to which vaccines are shipped
Mailing Address	The address to which postal mail is delivered

- Contact Types:** Contact information for the signatory is required. Contact information for both the primary and back-up Vaccine Delivery contacts is required. Fill in all fields for each contact.

Contact Details	Signatory contact information Primary vaccine coordinator contact information Back-up vaccine coordinator contact information Business/Office Manager contact information
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- Annual Training Requirements:** Enter the date of the required VFC training and method of training completed. The method should usually be the “You Call The Shots” Online Training.
- Vaccines Offered:** Select “All AICP Recommended Vaccines.” If you are a specialty provider or serve only certain populations, select “Offers Selected Vaccines.” If you are a specialty provider, select the reason and mark the vaccines you provide.
- Shipping Days and Times:** Select at least two days of the week you can receive vaccine at your location.

Shipping Days	the days of the week your practice is open to receive vaccine deliveries
Shipping Times	the core business hours when someone is available at your practice to receive vaccine deliveries

- DO NOT Change your facility type.
- When you have completed the practice details, click the **Save and Add Provider** button to open the Authorized Providers page.

Authorized Provider Page

- Authorized Providers:** List all providers/vaccinators in your practice. At least one provider/vaccinator must be listed.
 - A valid Medical License Number is required for each provider/vaccinator.
 - A valid NPI number must be entered for the primary provider/vaccinator (signatory) in your practice.
 - The **Active with this Practice** status indicator must be selected for each provider/vaccinator.
 - To add more providers/vaccinators click the **Add New Provider** button.
- When you complete the provider/vaccinator details, click the **Save and Add Provider/Practice Profile** button to open the Provider/Practice Profile page.

Provider/Practice Profile Page

- **Insurance Status/Demographics** – You are required to report the number of children who received state supplied vaccines in your practice each year.
 - This page will populate your Profile data from the last year.
 - Update each field based on your patient records for the last calendar year. The system notifies us if the data is not updated.
 - Complete the field for the number of children insured by Children Health Insurance Program (CHIP).

7) When you complete the Provider/Practice Profile page, click the **Save and Certify Frozen Vaccine** button. You will advance to the Cold Storage Unit page.

Cold Storage Unit Page

Frozen Vaccine Certification – This page is for people approved to have frozen vaccine. You must be approved by your Local Health Jurisdiction (LHJ) before receiving state-supplied frozen vaccine.

- If you have not been approved for frozen vaccine, or if you do not want to recertify for frozen vaccine, select the **No** radio button.
 - If you are approved and want to recertify for frozen vaccine, select the **Yes** radio button. Selections are required for the remaining questions and you must enter freezer information.
 - The **Effective From** field is when you started using the unit. If you don't know, enter 01/01/2016.
 - To add another freezer, click the **Add** button.
 - Refrigerator information is required for all storage units used to store state-supplied vaccine.
 - The **Effective From** field is when you started using the unit. If you don't know, enter 01/01/2016.
 - To add another refrigerator, click the **Add** button.
- 8) When you complete the cold storage unit details, you can submit your agreement to the state for approval; or you can save your agreement and submit it to the state later.

- If you need to gather additional information before completing your renewal, click the **Save for Later** button.
 - All the updated information will be saved, but your agreement will not be submitted to the State for approval.
 - You must come back later to submit your agreement to complete the renewal process.
- If you're ready to submit your agreement for approval, click the **Submit to State** button.
 - The Provider Agreements screen will open and your new agreement will display with a Submitted status.
 - To complete the renewal process you must print and sign the signature pages.

9) Click on the **PDF Signature Page** link to open and print the PDF signature page(s).

- If you did not recertify for frozen vaccine, only the Provider Agreement document will display.
- If you did recertify for frozen vaccine the Provider Agreement and Frozen Vaccine Certification documents will display.

10) Print, sign, and store the signature document(s).

- Agreements must be signed by the person within your practice that is licensed in the state of Washington to prescribe vaccines and who has primary responsibility for making decisions about your practice and its operations.

11) Click on the **PDF** link to print a copy of the full Provider Agreement for your records.

NOTE: If your existing agreement expires before a new agreement is approved, you will not be able to order state-supplied vaccine in the IIS.