

To: Providers participating in the Washington State Childhood Immunizations Program

Thank you for being a part of the State Childhood Immunizations Program. Each year, providers must renew their Provider Agreement for the Receipt of Publicly-Supplied Immunizations. **You must complete your 2015 re-enrollment online within the Washington State Immunization Information System (WA IIS).**

Before you begin your online renewal, please watch the Renewing Provider Agreement training video and review the Online Provider Enrollment Quick Reference Guide at <http://jitt-wa.stchome.com>. The video is a little outdated, but still contains some good information. **The guide includes important information and instructions to help you complete your agreement.** Please use the guide to help you work through the four screens needed to complete the agreement.

Most of the information you will need to complete your 2015 provider agreement is preloaded in the system. You will see it when you open the agreement. Please review the information and make sure it is correct. Update it if it has changed.

You will need to gather some additional information before logging on to the system. Gathering the information ahead of time will save you time and help the process go smoothly.

- **Practice/Provider Profile** – Gather information about the number of children by age group, insurance type, and demographics who received state-supplied immunizations at your practice during the previous calendar year (January 1, 2014 – December 31, 2014). Please allow extra time to gather this information. You will need to update this information in the IIS to complete your agreement.
 - If you captured VFC patient eligibility in the IIS for all of 2014, you can use the VFC Patient Breakdown report to gather the information.
 - If you have not captured VFC patient eligibility in the IIS, your billing staff may be the best source for this information.
- **Children Health Insurance Program (CHIP)** – Enter the number of children insured by CHIP.
- **Immunizations Offered** - Most providers will select, “All ACIP Recommended Immunizations.” If a provider is a specialty provider, or serves only certain populations, they may check “Offers Selected Immunizations,” select the reason, and mark which immunizations they provide.
- **Annual Training Requirement** – Enter the date and type of training provided for the primary and back-up immunizations coordinator.
- **Cold Storage Unit details** – Gather the information about the storage units used to store state-supplied immunizations. Gather the supporting documents for the thermometers you use to monitor temperatures in your storage units. You will need it to complete the cold storage and frozen immunizations certification portion of the agreement using the information about your equipment.
 - **Note: You must add a “1” to the existing storage unit name for it to save correctly for your new agreement.**
- **Facility details** – Verify the physical address, immunizations delivery address, and mailing address for your practice.

- **Contact details:** Verify/enter the names, email addresses, telephone and fax numbers for the following: signatory, primary immunizations coordinator, back-up immunizations coordinator and/or business/office manager contacts.
 - Make sure emails are correct. Include phone and fax numbers for all contacts even if they are the same.
 - Complete annual training requirements and method of training completed.
- **Immunizations Offered** – Select “All AICP Recommended Immunizations.” If you are a specialty provider or serve only certain populations, select “Offers Selected Immunizations”, select the reason and check which immunizations you provide.
- **Shipping details** – Verify the days of the week and **core business hours** that staff is available to receive immunizations shipments.
- **Physician/Vaccinator details** – Verify the name, designation, and Washington State professional license number for each physician/vaccinator in your practice. Here is a link to help you locate license numbers:
<https://fortress.wa.gov/doh/providercredentialsearch/SearchCriteria.aspx>

The National Provider ID (NPI) is required for the physician signing the agreement. The NPI is optional for all other physicians/vaccinators listed. (You may see “1000000000” displayed as a placeholder for NPI for some providers.) Here is a link to help you locate NPI numbers:
<https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>

Completing the re-enrollment process could take 20 minutes or longer depending on how many physicians are active with your practice. You must complete all required fields in each section of the agreement to proceed to the next screen. The information you enter will be saved as you complete each screen. If you need to stop before you have completed the agreement, be sure to save the screen you are on so you can come back later and complete the process. You must complete all four screens of the online agreement before you submit it to the state.

After you submit the online agreement, you must print, sign, and keep the **original agreement on file at your clinic**. The provider licensed in the state of Washington to prescribe immunizations, responsible for making decisions about the clinic, and its operations must sign all signature forms.

We cannot approve your agreement until we review the submitted information. If we do not approve your agreement by the last day of the month it is due, you will not be able to order immunizations.

To assure immunizations ordering is not disrupted; do not wait until the last minute to complete your online enrollment!

The printed document is the official provider enrollment form approved by the CDC. ***No changes can be made to the provider enrollment requirements without prior approval from the CDC. Do not modify, remove, or add any requirements or information to the provider agreement form.***

If you have questions regarding the enrollment process or the online enrollment forms, please contact your local health jurisdiction or the Washington State Department of Health, Office of Immunization and Child Profile at 1-866-397-0337 or WACHildhoodVaccines@doh.wa.gov