email and phone number as well.

Childhood Vaccine Program



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Provider Agreement Renewal FAQ

Question: Who should submit the provider agreement? Should it be the vaccine coordinator, supervisor, or manager of the clinic? Answer: This is up to the discretion of the clinic. Vaccine coordinators can renew the Provider Agreement but may want to have a supervisor or clinic manager review the agreement before it's submitted. Question: Do other trainings substitute for the "You Call the Shots" online training? Answer: No. The "You Call the Shots" online training is the only method of training currently accepted for your provider agreement renewal. See the instructions to access TRAIN and obtain certificates here: Question: Who needs to submit a Collaborative Agreement? Answer: Any clinic enrolled in the Childhood Vaccine Program with a pharmacist listed as an authorized provider in the Provider Agreement should also submit a signed Collaborative Agreement. Question: With the requirement to include a Billing Coordinator in the Provider Agreement, do all clinics have to send the signed signatory page of the agreement? **Answer**: No. You only have to email a scanned copy of the signed provider agreement to WAChildhoodVaccines@doh.wa.gov if your clinic changed its name, changed addresses, or if you have a new signatory. Question: Who should be listed as the Billing Coordinator if we do not have "in house" billing or the billing company is in another state? Answer: If your clinic works with a third-party billing company or the company is in another state, you can list the company name, contact number, and email. Question: Who should be listed as the Billing Coordinator if we have multiple billing contacts? Answer: We recommend sharing the name or group name of the billing coordinator(s) most relevant to the Childhood Vaccine Program. If there is not one individual, you can list your billing team name and main contact

Question: Who should be listed as the Billing Coordinator if we work in a primary care clinic that is part of a hospital? Should the hospital or the clinic be listed as the contact?

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pages to the Department of Health?

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Answer : We recommend sharing the billing coordinator name most relevant to billing for the Childhood Vaccine Program. In this case, it may be helpful to learn who that is within your organization and list the billing coordinator that is appropriate for your facility.
Question: What is the purpose of requiring a Billing Coordinator contact in the Provider Agreement?
Answer : Sharing a billing coordinator contact will help bridge the gap in communication around billing for vaccines supplied by the Childhood Vaccine Program. We receive many questions about billing and having a contact and point of reference with billing questions in your facility will help us to streamline our assistance in this area.
Question: Does the Billing Coordinator need to complete the You Call the Shots modules?
Answer : No. Only the Primary and Backup Vaccine Coordinators are required to complete the You Call the Shots training modules.
Question: Do we need to update our agreement if the billing coordinator changes throughout the year?
Answer : Yes, anytime changes occur that impact your agreement you should request the agreement be returned to you in the IIS so you can make updates. You can request your agreement be returned for updates by contacting us at WAChildhoodVaccines@doh.wa.gov or 360-236-2829.
Question: What should we document for the required training dates if we completed the two You Call the Shots Modules on different dates?
Answer : If the two You Call the Shots modules are completed on different dates; please list the date the second course was completed.
Question: If I am a vaccine coordinator for a whole organization, but there are also vaccine coordinators for each of the clinics I work with, should I list myself as an additional contact (e.g. Contact Type 5) in each clinic's provider agreement?
Answer : This is up to your discretion and is not required. We require the primary and back up coordinator for each facility to be listed in the agreement. If you would like to include the lead vaccine coordinator for the organization, please enter their information in Contact Type 5.
Question: If the signatory listed in our agreement stays the same, do we need to submit the signed signatory

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Answer: No. You only need to submit the signed signatory pages if any of the following information has changed: clinic name, clinic address, or signatory.
Question: Should we list PharmD providers on the Authorized Provider section of the Provider Agreement?
Answer: Yes. Please list all providers with prescribing authority in the Authorized Provider section of the agreement.
Question : If a provider listed in the agreement resigned from their position, how do we remove them from the provider agreement?
Answer: If a provider is no longer working with your clinic, you can mark the provider as inactive on the Authorized Providers page of the agreement.
Question: Do we have to update our provider agreement if a resident's license was updated to their permanent medical license number after the provider agreement is renewed?
Answer: License numbers should be updated as needed throughout the year. You can do this by requesting the agreement be returned to you. During the renewal period we review all license numbers to ensure they are current.
Question: We are planning to add new providers to our practice this year. How do we add those providers?
Answer: If you need to add new providers after the renewal period, you just need to request your agreement be returned for updates. You can do this by emailing us at WAChildhoodVaccines@doh.wa.gov or calling us at 360-236-2829. We will return the agreement to you in the IIS so you can make changes.
Question : What should we do if our thermometer calibration expires before our provider agreement expires? Do we need to submit another provider agreement?
Answer : You will need to request your agreement be returned in the IIS so you can make the updates. You can do this by emailing WAChildhoodVaccines@doh.wa.gov or calling 360-236-2829.
Question: What is the NPI number?

Answer: The National Provider Identifier or NPI is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS). The NPI has replaced the

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unique provider identification number (UPIN) as the required identifier for Medicare services, and is used by other payers, including commercial healthcare insurers.

The NPI is one of the steps that CMS is using to improve electronic transactions for health care. National standards for electronic health care transactions encourage electronic commerce in the health care industry and simplify the processes involved to reduce the administrative burdens on health care providers. With national standards and identifiers in place for electronic claims and other transactions, health care providers can submit transactions to any health plan in the United States. Health plans can send standard transactions such as remittance advices and referral authorizations to health care providers. These national standards make electronic data interchange a viable and preferable alternative to paper processing for health care providers and health plans alike. You can search NPI records at https://npiregistry.cms.hbs.gov/

search NPI records at https://npiregistry.cms.hhs.gov/. Question: What is CHIP? Is the CHIP code the same as the Medicaid Vaccines for Children (VFC) status code? Answer: The Children's Health Insurance Program (CHIP) is a state sponsored health plan that is part of Apple Health, administered by the state Health Care Authority (HCA). CHIP is not the same as Medicaid, and has a different eligibility code, since these are two separate insurance programs. Medicaid falls under the "VFC Vaccine Eligible" category and has an HL7 messaging code of V02. CHIP falls under the "Non-VFC Vaccine Eligible" category and has an HL7 messaging code of V22. Question: Can you please explain more about who can be the signatory for the Provider Agreement? Answer: The signatory must have authority to ensure that the practice/clinic/facility and all providers listed on the agreement will adhere to the requirements of the program, be an active provider within that facility, and have a valid license to administer vaccines. Question: Can you clarify the American Indian/Alaska Native status? Answer: Any patient who self-identifies as American Indian or Alaska Native may be counted towards your American Indian/Alaska Native VFC eligible population. Question: Does the vaccine coordinator back-up need to be at the same site? Can they just be part of the same system? **Answer**: The back-up coordinator designated for each site must be located on-site.