Outline

• What is a Provider Agreement and why must I renew it?

• Provider Agreement Renewal Schedule

• Provider Agreement Walk-through
  • Page 1: Facility Information
  • Page 2: Provider
  • Page 3: Provider/Practice Profile
  • Page 4: Certify Frozen Vaccine

• Saving or Submitting
What is a Provider Agreement & Why Renew?

Provider Agreement:
• Providers comply with WA Childhood Vaccine Program requirements
• Best practices
• Federal and State requirements and funds

Childhood Vaccine Program (CVP) & Vaccines for Children (VFC) Program:
• Agreement required for all participating providers
• Acknowledgement of conditions:

- Eligible
- Valid License
- Capacity
- Agreement

Why Renew?
• Verify eligibility
• Capture updated info and data
• Annual provider training requirement
# Provider Agreement Renewal Schedule

<table>
<thead>
<tr>
<th>Counties</th>
<th>Renewal Start Date</th>
<th>Renewal Due Date *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams</td>
<td>March 1, 2020</td>
<td>March 31, 2020</td>
</tr>
<tr>
<td>Asotin</td>
<td>March 1, 2020</td>
<td>April 30, 2020</td>
</tr>
<tr>
<td>Columbia</td>
<td>March 1, 2020</td>
<td>April 30, 2020</td>
</tr>
<tr>
<td>Cowlitz</td>
<td>April 1, 2020</td>
<td>April 30, 2020</td>
</tr>
<tr>
<td>Garfield</td>
<td>King</td>
<td></td>
</tr>
<tr>
<td>Grays Harbor</td>
<td>Snohomish</td>
<td></td>
</tr>
<tr>
<td>Kittitas</td>
<td>Mason</td>
<td></td>
</tr>
<tr>
<td>Klickitat</td>
<td>NE Tri</td>
<td></td>
</tr>
<tr>
<td>Lewis</td>
<td>Pacific</td>
<td></td>
</tr>
<tr>
<td>Lincoln</td>
<td>Pierce</td>
<td></td>
</tr>
<tr>
<td>King</td>
<td>Spokane</td>
<td></td>
</tr>
<tr>
<td>Snohomish</td>
<td>Thurston</td>
<td></td>
</tr>
<tr>
<td>Washington</td>
<td>Wahkiakum</td>
<td></td>
</tr>
<tr>
<td>Walla Walla</td>
<td>Yakima</td>
<td></td>
</tr>
<tr>
<td>Yakima</td>
<td>Benton-Franklin</td>
<td></td>
</tr>
<tr>
<td>San Juan</td>
<td>Chelan-Douglas</td>
<td></td>
</tr>
<tr>
<td>skagit</td>
<td>Clallam</td>
<td></td>
</tr>
<tr>
<td>Whidbey Island</td>
<td>Clark</td>
<td></td>
</tr>
<tr>
<td>Whatcom Whitman</td>
<td>Grant</td>
<td></td>
</tr>
<tr>
<td>Island</td>
<td>Jefferson</td>
<td></td>
</tr>
<tr>
<td>Kitsap</td>
<td>Okanogan</td>
<td></td>
</tr>
<tr>
<td>Whatcom Whitman</td>
<td>Whatcom Whitman</td>
<td></td>
</tr>
</tbody>
</table>

* If you have not completed your Provider Agreement Renewal within 30 days of your Renewal Due Date, you will be disenrolled from the program.
Provider Agreement Walkthrough

Page 1: Facility Information
  • Facility Information/Contact Details
  • Vaccines Offered
  • Shipping Information

Page 2: Provider

Page 3: Provider/Practice Profile
  • Practice Profile
  • Data Sources

Page 4: Certify Frozen Vaccine
Provider Agreement Walkthrough

Getting to your Provider Agreement Renewal:

• Log into the IIS
• Under “Orders/Transfers” select “Provider Agreement”

• Click “Add”

• Complete your 2020 Provider Agreement Renewal
Page 1: Facility Information

This page contains 3 sections:

• Facility Information/Contact Details
  ▪ Facility Name and PIN
  ▪ Addresses – Facility address, Vaccine delivery address, Mailing address
  ▪ Contact Details – must include name, phone number, and email address
    ▪ Signatory
    ▪ Primary Coordinator
    ▪ Backup Coordinator
    ▪ Billing Coordinator
    ▪ Two additional optional contacts

• Vaccines Offered

• Shipping Information
Verify facility name and address

The following changes require a signed copy of your agreement to be submitted to DOH.

- Update to your facility name
- Change to your signatory
- Update to any address

If making any of the changes listed above, send a signed copy of your agreement to DOH at WACDC@doh.wa.gov or by fax to (360)236-3811

If none of the above changes have occurred, simply update your agreement online and submit the provider agreement electronically.
### Page 1: Facility Information

**Signatory**
- First contact
- Phone number
- Email
- Authority at the facility
- Active provider with a valid license

**Primary/Backup Coordinators**
- Second and third contact
- Phone number
- Email
- Annual training
  - Only online training (You Call The Shots) will be accepted
  - [https://www.cdc.gov/vaccines/ed/youcalltheshots.html](https://www.cdc.gov/vaccines/ed/youcalltheshots.html)
  - Complete “Vaccines for Children (VFC)” and “Vaccine Storage and Handling” modules

<table>
<thead>
<tr>
<th>Type 1</th>
<th>Type 2</th>
<th>Type 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact First Name 1, Middle Initial 1, and Last Name 1:</td>
<td>Contact First Name 2, Middle Initial 2, and Last Name 2:</td>
<td>Contact First Name 3, Middle Initial 3, and Last Name 3:</td>
</tr>
<tr>
<td>SAMUEL</td>
<td>MISTY</td>
<td>BROCK</td>
</tr>
<tr>
<td>Email Address 1:</td>
<td>Email Address 2:</td>
<td>Email Address 3:</td>
</tr>
<tr>
<td><a href="mailto:SAMUEL.OAK@DOH.WA.GOV">SAMUEL.OAK@DOH.WA.GOV</a></td>
<td><a href="mailto:MISTY.CERULEAN@DOH.WA.GOV">MISTY.CERULEAN@DOH.WA.GOV</a></td>
<td><a href="mailto:BROCK.PEWTER@DOH.WA.GOV">BROCK.PEWTER@DOH.WA.GOV</a></td>
</tr>
<tr>
<td>Phone Number 1:</td>
<td>Phone Number 2:</td>
<td>Phone Number 3:</td>
</tr>
<tr>
<td>(360)236-2829</td>
<td>(360)236-2829</td>
<td>(360)236-2829</td>
</tr>
<tr>
<td>Fax Number 1:</td>
<td>Fax Number 2:</td>
<td>Fax Number 3:</td>
</tr>
<tr>
<td>(360)236-3811</td>
<td>(360)236-3811</td>
<td></td>
</tr>
<tr>
<td>Annual Training Requirements:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/01/2016</td>
<td></td>
<td>12/01/2016</td>
</tr>
<tr>
<td>Method of Training Completion:</td>
<td></td>
<td>Online training</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Contact Details:**
- **Type 1:** Signatory
- **Type 2:** Primary Vaccine Coordinator
- **Type 3:** Backup Vaccine Coordinator
This year it is required that you include a billing contact at your facility. Please include name, phone number, and email address.

<table>
<thead>
<tr>
<th>Type 4:</th>
<th>Billing Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact First Name 4</strong>, <strong>Middle Initial 4</strong>, and <strong>Last Name 4:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Phone Number 4:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Phone Number Extension 4:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Fax Number 4:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Email Address 4:</strong></td>
<td></td>
</tr>
</tbody>
</table>
Verify vaccines offered

- **All ACIP recommended** vs. **Specialty Provider**
- If a specialty provider:
  - Defined population vs. age group
  - Choose specialty vaccine(s)
Page 1: Facility Information

- Verify/change days and times
- Do NOT change facility type!
- Must be available four consecutive hours, twice a week, Monday through Friday

[Image of a user interface with options for days and times, and a note to not change facility type]
Quiz #1

What is required this year in your Contact Details that was not required last year?

a) Phone number
b) Prescribing provider
c) Billing coordinator
d) All of the above
e) None of the above
Quiz #1

What is required this year in your Contact Details that was not required last year?

a) Phone number
b) Prescribing provider

**c) Billing coordinator**

d) All of the above
e) None of the above
Verify provider info

- Medical License Number required
- NPI Number required
- Signatory will pre-populate based on contact information section
Practice Profile

- Number of VFC eligible vs. non-VFC eligible children
- State vs. federal funding
**Page 3: Provider/Practice Profile**

- Number of children receiving vaccine: January 1, 2019 – December 31, 2019
- Based on patient records
- Only count a child once

<table>
<thead>
<tr>
<th>VFC Vaccine Eligibility Categories</th>
<th># of children who received VFC Vaccine by Age Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 Year</td>
<td>1.6 Years</td>
</tr>
<tr>
<td>Enrolled in Medicaid</td>
<td>2</td>
</tr>
<tr>
<td>No health insurance</td>
<td>5</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>8</td>
</tr>
<tr>
<td>Underserved in FQHC/RHC or deputized facility</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total VFC:</strong></td>
<td><strong>28</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-VFC Vaccine Eligibility Categories</th>
<th># of children who received VFC Vaccine by Age Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 Year</td>
<td>1.6 Years</td>
</tr>
<tr>
<td>CHIP</td>
<td>5</td>
</tr>
<tr>
<td>Private Insurance (WAA01)</td>
<td>21</td>
</tr>
<tr>
<td>Other Underserved</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Non-VFC:</strong></td>
<td><strong>26</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Patients (must equal sum of Total VFC + Total Non-VFC):</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>52</td>
<td>41</td>
<td>57</td>
<td>150</td>
<td></td>
</tr>
</tbody>
</table>

*Note: 1, 2 refer to different categories.*
VFC Profile Report

- Log into the IIS
- Under “Reports” select “Report Module”
- Select “VFC Profile Report”
- Enter the date range 01/01/2019 – 12/31/2019, select “Create Report”
Choose data source(s):

2) What data source (or type of data) was used: (check all that apply)

- [ ] Benchmarking
- [x] Medicaid Claims
- [ ] Doses Administered
- [ ] Provider Encounter Data
- [x] Billing System
- [x] Washington State Immunization Information System
- [ ] Other

[Continue to Page 4]
The Provider/Practice Profile is important because:

A. It captures the number of VFC and non-VFC eligible children served by the provider
B. It is necessary for determining the funding that is needed to pay for the vaccines ordered
C. It helps DOH determine a provider’s vaccine ordering schedule
D. All of the above
The Provider/Practice Profile is important because:

A. It captures the number of VFC and non-VFC eligible children served by the provider
B. It is necessary for determining the funding that is needed to pay for the vaccines ordered
C. It helps DOH determine a provider’s vaccine ordering schedule
D. All of the above
Thermometer Requirements

As of January 1, 2018, federal requirements with regard to temperature monitoring systems were updated:

• All providers enrolled in the Childhood Vaccine Program must use a digital data logger with continuous monitoring and recording capabilities.
• Allowed thermometers must have a probe in solution and a valid certificate of calibration.
• Backup thermometer must also meet CDC requirements.
• Detailed information regarding the thermometer requirements found:
  https://www.doh.wa.gov/Portals/1/Documents/Pubs/348-538-ThermometerDescriptionsGuide.pdf
Page 4: Certify Frozen Vaccine

- Select if you want to be certified for frozen vaccine
- Enter all storage unit information:
  - Name
  - Unit type
  - Manufacturer
  - Effective/Purchase dates
- Enter all thermometer information:
  - Make/Model
  - Thermometer type
  - Temperature scale
  - Date of last calibration
  - Calibration expiration
- Check the box at the bottom of the screen to verify that you are able to store frozen vaccine.

<table>
<thead>
<tr>
<th>Cold Storage Unit</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Unit type</td>
<td></td>
</tr>
<tr>
<td>Manufacturer</td>
<td></td>
</tr>
<tr>
<td>Effective/Purchase dates</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Freezer</th>
<th>Thermometer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>GLACIEON</td>
<td></td>
</tr>
<tr>
<td>Type</td>
<td>Pharmaceutical (medical grade)</td>
<td></td>
</tr>
<tr>
<td>Manufacturer</td>
<td>Signt Co</td>
<td></td>
</tr>
<tr>
<td>Model Number</td>
<td>RKS-0lic101</td>
<td></td>
</tr>
<tr>
<td>Effective From</td>
<td>12/01/2018</td>
<td></td>
</tr>
<tr>
<td>Purchase or Issue Date</td>
<td>11/01/2018</td>
<td></td>
</tr>
<tr>
<td>Thermometer Serial Number</td>
<td>Vido Tech VFC 400</td>
<td></td>
</tr>
<tr>
<td>Thermometer Type</td>
<td>Digital Data Logger</td>
<td></td>
</tr>
<tr>
<td>Date of Last Calibration</td>
<td>12/01/2018</td>
<td></td>
</tr>
<tr>
<td>Calibration Expiration</td>
<td>12/01/2020</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Refrigerator</th>
<th>Thermometer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>UMREON</td>
<td></td>
</tr>
<tr>
<td>Type</td>
<td>Pharmaceutical (medical grade)</td>
<td></td>
</tr>
<tr>
<td>Manufacturer</td>
<td>Signt Co</td>
<td></td>
</tr>
<tr>
<td>Model Number</td>
<td>RKS-Umb101</td>
<td></td>
</tr>
<tr>
<td>Effective From</td>
<td>12/01/2018</td>
<td></td>
</tr>
<tr>
<td>Purchase or Issue Date</td>
<td>11/01/2018</td>
<td></td>
</tr>
<tr>
<td>Thermometer Serial Number</td>
<td>Vido Tech VFC 400</td>
<td></td>
</tr>
<tr>
<td>Thermometer Type</td>
<td>Digital Data Logger</td>
<td></td>
</tr>
<tr>
<td>Date of Last Calibration</td>
<td>12/01/2018</td>
<td></td>
</tr>
<tr>
<td>Calibration Expiration</td>
<td>12/01/2020</td>
<td></td>
</tr>
</tbody>
</table>

By signing this document I certify that appropriate storage is in place for frozen vaccines.
Page 4: Certify Frozen Vaccine

- Storage units cannot be deleted
- Only click “add” if you need to add a new storage unit.
- Inactivate any storage unit no longer in use
- Inactivate any storage unit added in error.
- Check the box at the bottom of the screen to certify that you are able to store frozen vaccines.

### Cold Storage Unit

<table>
<thead>
<tr>
<th>LU</th>
<th>VFC PIN</th>
<th>Clinic</th>
</tr>
</thead>
</table>

**Do you want to be certified for frozen vaccine (Varicella or MMRV)?**
- Yes
- No

### Freezer

**Can freezer maintain an average temperature of 5°F or colder?:**
- Yes
- No

**Does freezer have a separate, insulated door?:**
- Yes
- No

<table>
<thead>
<tr>
<th>Freezer Name</th>
<th>Freezer Type</th>
<th>Manufacturer</th>
<th>Model Number</th>
<th>Effective From</th>
<th>Purchase or Issue Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLAC~EON</td>
<td>Pharmaceutical (medical grade)</td>
<td>Slid Co.</td>
<td>RKS-Glc101</td>
<td>12/01/2018</td>
<td>11/01/2018</td>
</tr>
</tbody>
</table>

**Inactivate Freezer 1**

### Refrigerator

**Refrigerator Name | Refrigerator Type | Manufacturer | Model Number | Effective From | Purchase or Issue Date |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>JMBRECON</td>
<td>Pharmaceutical (medical grade)</td>
<td>Slid Co.</td>
<td>RKS-Umb101</td>
<td>12/01/2018</td>
<td>11/01/2018</td>
</tr>
</tbody>
</table>

**Inactivate Refrigerator 1**

---

By signing this document I certify that appropriate storage is in place for frozen vaccines.
You are required to include your thermometer brand name and model name for each storage unit. This information needs to be entered into the field called:

A. Model Number
B. Thermometer Serial Number
C. Thermometer Type
D. Calibration Expiration
You are required to include your thermometer brand name and model name for each storage unit. This information needs to be entered into the field called:

A. Model Number
B. **Thermometer Serial Number**
C. Thermometer Type
D. Calibration Expiration
Approval Status

- **Expired**
  - Indicates an old agreement
- **Pending Provider Submission**
  - Saved for later
- **Submitted**
  - Submitted for state approval
- **Returned**
  - Returned to the provider for corrections
- **Approved**
  - Approved by DOH
Status: Pending

Pending Provider Submission Status:

• Provider has selected “Save for Later”
• This allows the provider to complete their agreement at a later date
• The agreement **cannot be approved** by DOH when in *Pending Provider Submission* status
• Select the agreement in *Pending Provider Submission* status to continue / complete your renewal
Submitted Status:

- Provider selected “Submit to state”
- DOH will review agreement within 3 business days
- If additional information is needed, agreement will be given *Returned* status
- If no additional information is needed, agreement will be given *Approved* status
- Print a copy of “PDF-Full” for your records.
Status: Returned

Returned Status:

- State is requesting more information
- View “Approver Comments” on page 1 of your agreement to see what information is requested
- Complete the requested changes and re-submit your agreement
- Changes can be made throughout the year by asking for your agreement to be given returned status
- Make sure to re-submit your agreement!
Status: Approved

- Provider agreement renewal was approved by DOH.
- An expiration date will be assigned.
- Renewals are good for one year, based on your renewal schedule.

If you have any changes to make throughout the year, contact us at WACaregiverVaccines@doh.wa.gov.
The **only** status where DOH can review and approve my 2020 Provider Agreement renewal is:

A. Pending Provider Submission  
B. Submitted  
C. Returned  
D. Expired
The **only** status where DOH can review and approve my 2020 Provider Agreement renewal is:

A. Pending Provider Submission  
B. **Submitted**  
C. Returned  
D. Expired
Live Demo
IIS Training Team Resources

IIS Questions & Assistance
Contact the Help Desk
- 1-800-325-5599
- WAIISHelpDesk@doh.wa.gov

Request IIS Training
Email the IIS Outreach & Training Team
IIS.Training@doh.wa.gov

IIS Training Resources
Visit the IIS Training Materials Portal
www.doh.wa.gov/trainingIIS

Recorded IIS Monthly Webinars on YouTube
Visit the IIS YouTube Channel here

Subscribe to IIS News
Thank you!!

Renewal Information:
http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/ChildhoodVaccineProgram/ProviderEnrollment

You Call The Shots Training:
https://www.cdc.gov/vaccines/ed/youcalltheshots.html

Thermometer Requirements Guide:
https://www.doh.wa.gov/Portals/1/Documents/Pubs/348-538-ThermometerDescriptionsGuide.pdf

Contact information
Vaccine Management Team
WAClhdhoodVaccines@doh.wa.gov
360-236-2829

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