WASHINGTON STATE

Childhood Vaccine Program

Office of Immunization | (360) 236-2829 | doh.wa.gov/cvp | wachildhoodvaccines@doh.wa.gov

Provider Agreement Renewal Guide:

Thank you for being a part of the Washington State Childhood Vaccine Program. Every year, providers are required to renew their Provider Agreement for the Receipt of Publicly Supplied Vaccine, using the Washington State Immunization Information System (IIS).

Most of the information needed to renew the 2025 provider agreement is pre-loaded in the system from the previous year. Ensure the information is correct and update any information that has changed. To save time and help the renewal process go smoothly, gather all relevant information before logging into the system to complete your agreement. Completing the re-enrollment process could take 20 minutes or longer depending on how much information needs to be updated. All required fields in each section of the agreement must be complete to proceed to the next screen.

Provider agreements that are in a "**Pending Provider Submission**" status will not be saved if all listed requirements on the first page are not complete. The information entered will be saved as each screen is completed. If you need to stop before completing the agreement, make sure to save the screen you are working on so you can come back later and complete the process. All four screens of the online agreement must be complete before you submit. The tables below highlight all the information needed to successfully complete the provider agreement renewal online in the IIS.

If you have questions regarding the agreement renewal process, please contact the Washington State Department of Health, Office of Immunization and Child Profile at 1-866-397-0337, 360-236-2VAX (2829) or <u>WAChildhoodVaccines@doh.wa.gov</u>.

To Start		
Adding a New	• Providers are required to complete the renewal process annually online in the Washington	
Agreement	State Immunization Information System (IIS). To do this, you can:	
	 Log into the IIS 	
	 Select Orders/Transfers 	
	 Select Provider Agreement 	
	 Select "Add" to add a new Provider Agreement 	
	• Once you have completed all pages of your agreement, select "Submit to State." Once we	
	have reviewed the agreement you will receive an email/alert indicating your agreement	
	has been Approved or Returned for changes.	

Page 1 – Facility	/ Information			
Facility Details	• Verify the physical address, vaccine delivery address, and mailing address for your			
	practice.			
Contact	Verify correct contact information is provided. Since email is the primary source of			
Details	contact, please make sure that the email addresses for <u>all contacts</u> are up to date.			
	Contacts must be listed in the following order:			
	 Type 1: Signatory 			
	 Type 2: Primary Vaccine Coordinator 			
	 Type 3: Backup Vaccine Coordinator 			
	 Type 4: Billing Coordinator 			
	 Type 5: Business Manager, Office Manager, or an additional Backup Vaccine 			
	Coordinator			
	Email addresses and phone numbers are required for <u>all</u> contacts.			
	The primary and backup coordinator email addresses will receive the automated			
	messages from REDCap.			
	Annual online trainings are required for all Vaccine Coordinators.			
Annual	• Vaccine Coordinators must complete modules 1-9 of the annual online DOH Vaccine			
Training	Coordinator Training, within the current calendar year prior to their renewal deadline.			
Requirement	Follow these <u>instructions</u> to complete the trainings and print a final transcript of the			
	completed modules.			
Vaccines	Non-specialty providers should select "All ACIP Recommended Immunizations." Please do			
Offered	NOT select "specialty provider" if you see patients 0-18 years of age.			
	• Specialty providers or providers that serve only certain populations should choose "Offers			
	Selected Immunizations." These providers must also choose the reason they are a			
	specialty provider and indicate all immunizations provided at that facility.			
Shipping	• Verify the days of the week and <u>core business hours</u> clinic staff are available to receive			
Details	vaccine deliveries.			
	• The facility must be open to receive vaccine deliveries two days a week, Monday through			
	Friday, for a minimum of four consecutive hours per day.			
Facility Type	Do NOT change the facility type. If it appears incorrect, please contact			
	WAChildhoodVaccines@doh.wa.gov and we can assist with updating this.			

Page 2 – Authorized Providers

Authorized	Verify the name, designation, and Washington State medical license number for each
Providers	physician/vaccinator in your practice.
	• Authorized providers' names must be identical to the name listed on their medical license.
	Medical license numbers can be found at:
	https://fortress.wa.gov/doh/providercredentialsearch/
	• The National Provider Identifier (NPI) is required for all authorized providers. NPI numbers
	can be found at: <u>https://npiregistry.cms.hhs.gov/</u>
	• All authorized pharmacy providers must submit a signed copy of the Collaborative
	Agreement to WAChildhoodVaccines@doh.wa.gov.

Page 3 – Provid	er Practice Profile
Provider	• Agreements must have a complete and accurate Practice Profile. The profile consists of
Practice	the number of children who received publicly supplied vaccine at your practice during the
Profile	previous calendar year (January 1, 2024– December 31, 2024) by age group, insurance type, and demographics
	 This information can be generated by contacting your facility's billing staff (best resource for this information).
	 If you captured patient eligibility status in the IIS for all of the previous year, you can use the VFC Profile Report to gather the information (only providers with HL7 interfaces or who do direct data entry can generate this report). To run the VFC Profile Report: Log into the IIS > Select Reports > Select Report Module > Select VFC Profile Report
	> Enter the date range for the entire previous year (01/01/2024 through 12/31/2024) > Select Create Report. VFC Profile Report Limit Report Vacine Date Range: From: 01/01/2019 Through: 12/31/2019 Organization MEGAN/ZATION (3511) Organization Group -select- Facility MEGAN TEST CLINIC Facility -select- Do Not Limit -select- Back Reset Drivet an enseme to the memory of four one for an enseme to the memory of the memory
	 Print or screenshot the report for reference when completing the agreement.

Page 4 – Stora	ge Unit and Thermometer Information
Cold Storage	• You will need your vaccine storage units and thermometer information to complete the
Unit Details	cold storage details and frozen vaccine certification.
	• Verify information on all units storing publicly supplied vaccine. Gather all supporting
	documents for the thermometers used to monitor vaccine temperatures.
	 Cold Storage Units: unit type manufacturer effective date and purchase/issue
	- Cold Storage Onits. unit type, manufacturer, enective date, and purchase/issue
	date.
	 Thermometers: thermometer type, make and model of thermometer (entered in
	sorial number field) date of last calibration, and calibration expiration date
	senal number neu), date of last calibration, and calibration expiration date.
	Refrigerator 1 Thermometer 1
	Refrigerator Name: UMBREON Thermometer Serial Number: log tag vfc 400
	Refrigerator Type: Pharmaceutical (medical grade) Thermometer Type: Digital Data Logger V
	Manufacturer: Helmer Other Device:
	Model Number: 1/2 Temperature Scale: Fantennent V
	Purchase or Issue Date: 01/17/2017 Calibration Expiration: 01/01/2011
	Inactivate Refrigerator 1
	. Droviders are required to re-calibrate their thermometers even 2 years or eccording to the
	• Providers are required to re-calibrate their thermometers every 2 years or according to the
	manufacturer requirement. Thermometer calibration dates can be changed on the cold
	storage equipment page of the agreement
	storage equipment page of the agreement.

Provider Agree	ment Status
Agreement	 Each status has a conarate distinct meaning:
Agreement	• Each status has a separate distinct meaning.
Status	• Expired – The agreement is no longer active. You must add a new agreement if you
	plan to remain in the Childhood Vaccine Program.
	 Pending Provider Submission – The agreement has been saved by the provider to
	be completed at a later time. In this status, DOH cannot approve your agreement.
	 Submitted – The agreement has been submitted for State review. The agreement
	must be in Submitted status for DOH to review and approve it.
	 Returned – The agreement has been returned for the provider to make revisions.
	 Approved – The agreement has been approved.
Notification	• For any Expired, Returned, or Approved agreement, the Primary Vaccine Coordinator will
	receive an email from the IIS notifying them of the change. Note that even if you have an
	approved 2025 agreement, an email will be generated when the 2024 agreement expires.
Editing an	• If you edit your Signatory, Facility Address, or Facility Name you are required to submit a
Agreement	signed hard copy of your Provider Agreement to the program. These pages can be printed
0	by selecting "PDF-Full" after submitting your agreement.
	Select PDF PDF Frequent Approval Expiration
	Select Frozen Vaccine Vaccine
	-> PDF <u>PDF Signature</u> PDF-Frozen DANNETTE'S 77777 TEST CLINIC 7 APPROVED 01/20/2022 01/20/2022 01/31/2023
	Showing 1 to 1 of 1 entries
	If you click in the Signatory, Facility Address, or Facility Name fields and do not edit
	anything, the IIS will still notify the program of a "change", and you will be required
	to submit a signed Provider Agreement.
	 If you are unsure if you have changed any of these fields, please review the
	submitted agreement. The changes to the agreement will display in bold red font.

		 Ordering privile 	ges will be turned off if any of these changes are made.
		Your signed Prov	vider Agreement can be submitted via email to
		WAChildhoodVa	<u>ccines@doh.wa.gov</u> or by fax to (360)236-3811.
Returned	٠	Provider Agreements giv	en Returned status will generate an email to the Primary Vaccine
Agreements		Coordinator, as well as a	message in the IIS stating changes are needed prior to approval.
	•	Required changes can be	e found in the Comments Section of a returned agreement (top of
		the first page). When yo	u have completed all necessary changes, resubmit the agreement
		for state approval.	
		Provider Agreement Add/Edit	
			YOU WILL FIND COMMENTS REGARDING YOUR PROVIDER AGREEMENT HERE.
		Approver Comments:	
		Status:	RETURNED
		VFC PIN:	159172
		Organization (IRMS) Name:	JULIANNE'S ORGANIZATION
		Ordoning privilages are a	

Returned status.

Provider Agree	mei	nt Status Continued
Approving		We cannot approve your agreement until we review the submitted agreement
	•	We cannot approve your agreement until we review the submitted agreement.
Agreements	•	If we do not approve your agreement by the last day of the month it is due, your vaccine
		ordering privileges will be suspended. Do not wait until the last minute to complete your
		renewal. Agreements submitted during the last week of the month may see longer
		processing times.
Signature Page	S	
Signing the	•	For all Approved agreements, you must print, sign, and keep the original agreement on file
Provider		at your clinic for a minimum of three years.
Agreement	•	Your signatory - a provider licensed in the state of Washington to prescribe immunizations
		and make decisions about the clinic and its operations - must sign all forms .
	•	You can print your online provider agreement by selecting "Print PDE-Full" after submitting
	-	the agreement for state approval
		Provider Agreements
		Show 10 V entries
		Select Frozen - Signature Frozen Name PIN + Approval Date + Approval Expiration
		Vaccine Full Page Vaccine PDF-Frozen JULI JANNE'S
		DEPT PDF Signature Vaccine FACILITY 159172 APPROVED 01/03/2019 01/03/2019 01/03/2019 01/03/2019
	•	The printed document is your official Provider Agreement form approved by the CDC.