

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 2024 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 WAChildhoodVaccines@doh.wa.gov.

To Start	
Adding a New Agreement	<ul style="list-style-type: none"> • Providers are required to complete the renewal process annually online in the Washington State Immunization Information System (IIS). To do this, you can: <ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> • Verify the physical address, vaccine delivery address, and mailing address for your practice.
Contact Details	<ul style="list-style-type: none"> • Verify correct contact information is provided. Since email is the primary source of 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: <ul style="list-style-type: none"> ▪ 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 Training Requirement	<ul style="list-style-type: none"> • Vaccine Coordinators must complete the annual online You Call the Shots training within the current calendar year prior to their renewal deadline. • The trainings can be found at: https://www.cdc.gov/vaccines/ed/youcalltheshots.html • Follow these instructions to complete the trainings and access certificates.
Vaccines Offered	<ul style="list-style-type: none"> • Non-specialty providers should select “All ACIP Recommended Immunizations.” Please do 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 Details	<ul style="list-style-type: none"> • Verify the days of the week and <u>core business hours</u> clinic staff are available to receive 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	<ul style="list-style-type: none"> • Do NOT change the facility type. If it appears incorrect, please contact WChildhoodVaccines@doh.wa.gov and we can assist with updating this.

Page 2 – Authorized Providers

Authorized Providers	<ul style="list-style-type: none"> • Verify the name, designation, and Washington State medical license number for each 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: https://npiregistry.cms.hhs.gov/ • All authorized pharmacy providers must submit a signed copy of the Collaborative Agreement to WACHildhoodVaccines@doh.wa.gov.
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Page 3 – Provider Practice Profile

Provider Practice Profile	<ul style="list-style-type: none"> • Agreements must have a complete and accurate Practice Profile. The profile consists of the number of children who received publicly supplied vaccine at your practice during the previous calendar year (January 1, 2023– December 31, 2023) 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: <ul style="list-style-type: none"> ▪ Log into the IIS > Select Reports > Select Report Module > Select VFC Profile Report > Enter the date range for the entire previous year (01/01/2023 through 12/31/2023) > Select Create Report.
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- Print or screenshot the report for reference when completing the agreement.

Page 4 – Storage Unit and Thermometer Information

Cold Storage Unit Details

- You will need your vaccine storage units and thermometer information to complete the 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 date.
 - Thermometers: thermometer type, make and model of thermometer (entered in serial number field), 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
Manufacturer:	Helmer	Other Device:	
Model Number:	172	Temperature Scale:	Fahrenheit
Effective From:	01/17/2017	Date of Last Calibration:	01/01/2019
Purchase or Issue Date:	01/17/2017	Calibration Expiration:	01/01/2021
Inactivate Refrigerator 1	<input type="checkbox"/>		

- 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.

Provider Agreement Status

Agreement Status

- Each status has a separate distinct meaning:
 - 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 2024 agreement, an email will be generated when the 2023 agreement expires.

Editing an Agreement

- If you edit your Signatory, Facility Address, or Facility Name you are required to submit a signed hard copy of your Provider Agreement to the program. These pages can be printed by selecting “PDF-Full” after submitting your agreement.

Select	Select Frozen Vaccine	PDF -Full	PDF Signature Page	PDF-Frozen Vaccine	Facility Name	PIN	Approval Status	Date	Approval Date	Expiration Date
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	DANNETTE'S TEST CLINIC	77777	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.

	<ul style="list-style-type: none"> ▪ Ordering privileges will be turned off if any of these changes are made. ▪ Your signed Provider Agreement can be submitted via email to WACHildhoodVaccines@doh.wa.gov or by fax to (360)236-3811.
<p>Returned Agreements</p>	<ul style="list-style-type: none"> • Provider Agreements given Returned status will generate an email to the Primary Vaccine Coordinator, as well as a message in the IIS stating changes are needed prior to approval. • Required changes can be found in the Comments Section of a returned agreement (top of the first page). When you have completed all necessary changes, resubmit the agreement for state approval. <div data-bbox="391 474 1409 684" style="border: 1px solid black; padding: 5px;"> <p>Provider Agreement Add/Edit</p> <p>YOU WILL FIND COMMENTS REGARDING YOUR PROVIDER AGREEMENT HERE</p> <p>Approver Comments:</p> <hr/> <p>Status: RETURNED VFC PIN: 159172 Organization (IRMS) Name: JULIANNE'S ORGANIZATION</p> </div> <ul style="list-style-type: none"> • Ordering privileges are automatically turned off by the IIS when an agreement is given Returned status.

Provider Agreement Status Continued

<p>Approving Agreements</p>	<ul style="list-style-type: none"> • We cannot approve your agreement until we review the submitted agreement. • 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.
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Signature Pages

<p>Signing the Provider Agreement</p>	<ul style="list-style-type: none"> • For all Approved agreements, you must print, sign, and keep the original agreement on file at your clinic for a minimum of three years. • 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 PDF-Full" after submitting the agreement for state approval. <div data-bbox="375 1367 1430 1556" style="border: 1px solid black; padding: 5px;"> <p>Provider Agreements</p> <p>Show 10 entries</p> <table border="1"> <thead> <tr> <th>Select</th> <th>Select Frozen Vaccine Full</th> <th>PDF - Signature Page</th> <th>PDF-Frozen Vaccine</th> <th>Facility Name</th> <th>PIN</th> <th>Approval Status</th> <th>Date</th> <th>Approval Date</th> <th>Expiration Date</th> </tr> </thead> <tbody> <tr> <td>--></td> <td>--></td> <td>PDF PDF Signature</td> <td>PDF-Frozen Vaccine</td> <td>JULIANNE'S FACILITY</td> <td>159172</td> <td>APPROVED</td> <td>01/03/2019</td> <td>01/03/2019</td> <td>01/31/2020</td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> • The printed document is your official Provider Agreement form approved by the CDC. 	Select	Select Frozen Vaccine Full	PDF - Signature Page	PDF-Frozen Vaccine	Facility Name	PIN	Approval Status	Date	Approval Date	Expiration Date	-->	-->	PDF PDF Signature	PDF-Frozen Vaccine	JULIANNE'S FACILITY	159172	APPROVED	01/03/2019	01/03/2019	01/31/2020
Select	Select Frozen Vaccine Full	PDF - Signature Page	PDF-Frozen Vaccine	Facility Name	PIN	Approval Status	Date	Approval Date	Expiration Date												
-->	-->	PDF PDF Signature	PDF-Frozen Vaccine	JULIANNE'S FACILITY	159172	APPROVED	01/03/2019	01/03/2019	01/31/2020												