

Collaboration among 6 states to implement online VFC provider agreement



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WASHINGTON STATE —
IMMUNIZATION
— INFORMATION SYSTEM

Every age. Every vaccination.





Watcha' Doin'?



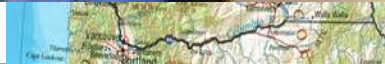
Don't Mess with My Toy!



We Can Build Great Stuff!



Let's Invite All Our Friends!



Ongoing Play Dates



The Way We Were



Manual processes to pre-populate forms

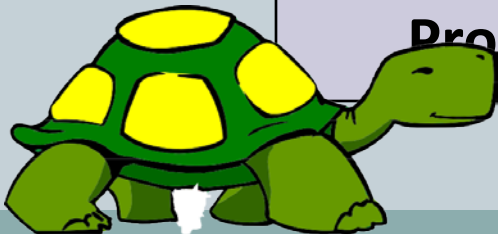
Packets Manually Assembled

Packets Mailed USPS

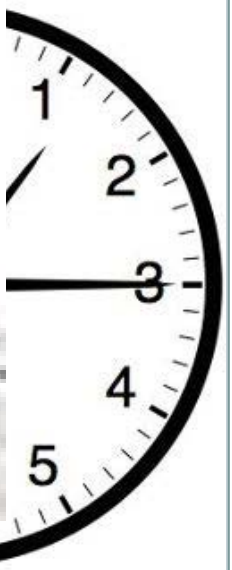
Paper Originals Received & Filed

Systems Manually Updated

Provider Profile completed separately



Lots of Time & Paper



The Way We Have Become



System-automated pre-populated forms

No packets to assemble

No mailing (saves mailing supplies and postage costs)

Receiving and storing only signature pages

System automatically updated

Provider Profile included



Documentation & Links to Annual Training

Required annual training for primary and back-up vaccine coordinators: [Click Here](#)
[Instructions for completing Provider Agreements](#)

Provider Agreements

Show 10 entries

Search:

Select	Select Frozen Vaccine	PDF -Full	PDF Signature Page	PDF- Frozen Vaccine	Facility Name ▲	PIN ◆	Approval Status ◆	Date ◆	Approval Date ◆	Expiration Date ◆	Create Organization (IRMS)	Create Facility ◆
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	CHRISSIE'S TEST FACILITY 2	8989	APPROVED	08/25/2014	08/25/2014	08/31/2015		
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	CHRISSIE'S TEST FACILITY 2	8989	APPROVED	12/17/2014	12/17/2014	12/31/2015		
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	CHRISSIE'S TEST FACILITY 2	8989	SUBMITTED	01/15/2015				

Showing 1 to 3 of 3 entries

First Previous 1 Next Last



Office of Immunization and Child Profile
 ONLINE PROVIDER ENROLLMENT INSTRUCTIONS
 January 2015

Add Export Agreement Export Provider Export Provider/Practice Profile

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.

WASHINGTON STATE
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 INFORMATION SYSTEM

Every age. Every vaccination.

Single Signature Page



2015
WASHINGTON STATE DEPARTMENT OF HEALTH
OFFICE OF IMMUNIZATION AND CHILD PROFILE

PROVIDER AGREEMENT FOR RECEIPT OF PUBLICLY SUPPLIED VACCINE

Organization Name: CHRISSIE'S TEST FACILITY 2
Clinic/Facility Name: CHRISSIE'S TEST FACILITY 2
PIN: 8989

Vaccine Delivery Address

Address Line #1: 12 MAIN STREET
Address Line #2:
City: TUMWATER
State: WA
Zip Code: 98511

Email Address: _____

Mailing Address (if different)

Address Line #1: 12 MAIN STREET
Address Line #2:
City: TUMWATER
State: WA
Zip Code: 98511

Primary Vaccine Coordinator Name: FELIX THE CAT
Phone Number: (208)555-7777
Fax Number:
Email Address:

☒ Check if completed annual training requirements

Back-up Vaccine Coordinator Name:
Phone Number:
Fax Number:
Email Address:

☐ Check if completed annual training requirements

Shipping Days and Times (when the facility will be open to receive vaccine shipments):

☒ Mon 9 a.m. to 5 p.m. / to ☒ Wed 9 a.m. to 5 p.m. / to
☒ Tues 9 a.m. to 5 p.m. / to ☒ Thurs 9 a.m. to 5 p.m. / to
☒ Fri 9 a.m. to 5 p.m. / to

I agree to notify my local health department or the state Department of Health **immediately** if my vaccine delivery address changes, and understand that this practice may be required to reimburse the state for vaccines that are wasted due to delivery failure resulting from an inaccurate address.

Type of Facility: PUBLIC_FQHC_RCH_COMMUNITY_MIGRANT_RURAL

Vaccines Offered: ☒ All ACIP Recommended Vaccines ☐ Select Vaccines as a Specialty Provider (list the selected vaccines):

As a condition for receiving publicly funded vaccines from the WASHINGTON CHILDHOOD VACCINE PROGRAM, this practice agrees to the **FEDERAL AND STATE REQUIREMENTS** attached in DOH publication #348-022. This agreement is between the Washington State Department of Health and the clinic site listed above.

As a condition for receiving publicly funded vaccines from the WASHINGTON CHILDHOOD VACCINE PROGRAM, this practice agrees to the **FEDERAL AND STATE REQUIREMENTS** attached in DOH publication #348-022. This agreement is between the Washington State Department of Health and the clinic site listed above.

By signing this agreement and receiving vaccines from the state, I understand and accept the conditions of this agreement and agree to comply with these requirements on behalf of myself and all the practitioners associated with this medical office. I agree to notify the state Department of Health immediately and update my provider agreement if my clinic/practice name changes, my clinic or vaccine delivery address changes, or the signatory below leaves the practice or is replaced. The state Department of Health or the local health jurisdiction may temporarily discontinue the provision of vaccine or may terminate this agreement at any time for failure to comply with these requirements. I may terminate this agreement at any time for personal reasons.

I have selected to be certified to receive frozen vaccines from the Washington State Childhood Vaccine Program. I certify that appropriate storage is in place for frozen vaccine.

CHRISSIE SMITH
Full name of Provider with prescriptive authority*

MD
Title

National Provider I.D.

Signature of Provider with prescriptive authority*

Date

*The provider agreement must be signed by a provider who is licensed in the state of Washington to prescribe vaccines and is responsible for making decision about the clinic and its operations.
The provider must print and sign the agreement and keep the signed original on site at their clinic.

Cold Storage Information



Add Freezer

Refrigerator

Refrigerator Name:	<input type="text"/>	Thermometer Serial Number:	<input type="text"/>
Refrigerator Type:	--select-- ▼	Thermometer Type:	--select-- ▼
Manufacturer:	<input type="text"/>	Other Device:	<input type="text"/>
Model Number:	<input type="text"/>	Temperature Scale	--select-- ▼
Effective From:	<input type="text"/>	Date of Last Calibration:	<input type="text"/>
Purchase or Issue Date:	<input type="text"/>	Calibration Expiration:	<input type="text"/>
Inactivate Refrigerator:	<input type="checkbox"/>		

VAC TRAK



ALASKA
IMMUNIZATION
PROGRAM

Record or Upload Temperature Data

Add Cold Storage Unit Display as: ☐ MIN/MAX ☒ 2x day temps

Enter Recorded Temperature

This record does not replace documentation attached to refrigerator.

Record Date From: 10/01/2014 Through: 03/25/2015

Temperature Data

Day		Office Closed	Time	+/- MY REFRIGERATOR ID #43412435 (°F)
03/25/2015	A.M.	<input type="checkbox"/>	8 AM	
	P.M.	<input type="checkbox"/>	5 PM	
03/24/2015	A.M.	<input type="checkbox"/>	8 AM	
	P.M.	<input type="checkbox"/>	5 PM	
03/23/2015	A.M.	<input type="checkbox"/>	8 AM	
	P.M.	<input type="checkbox"/>	5 PM	

Temperature Upload

Select Cold Storage:

MY REFRIGERATOR ▼

Select Import Profile:

--select-- ▼

Select File:

Choose File No file chosen

Define Data Profile

Temperature log example - Notepad

File	Edit	Format	View	Help
Index	Date	Time	Readings (°F)	Type
1	3/7/2014	2:26:22 PM	42.3	F
2	3/7/2014	2:31:22 PM	42.3	
3	3/7/2014	2:36:22 PM	42.1	
4	3/7/2014	2:41:22 PM	42.1	
5	3/7/2014	2:46:22 PM	42.3	
6	3/7/2014	2:51:22 PM	42.4	
7	3/7/2014	2:56:22 PM	42.6	
8	3/7/2014	3:01:22 PM	42.4	
9	3/7/2014	3:06:22 PM	42.3	
10	3/7/2014	3:11:22 PM	42.1	
11	3/7/2014	3:16:22 PM	42.1	
12	3/7/2014	3:21:22 PM	42.1	
13	3/7/2014	3:26:22 PM	42.3	
14	3/7/2014	3:31:22 PM	42.4	
15	3/7/2014	3:36:22 PM	42.4	

VAC TRAK

ALASKA
IMMUNIZATION
PROGRAM

Vaccines Offered & Specialty Provider



Vaccines Offered

☒ All ACIP Recommended Vaccines

☐ Offers Selected Vaccines (This option is only available for facilities designated as Specialty Providers by the VFC Program)

A "Specialty Provider" is defined as a provider that only serves

☐ A defined population due to practice specialty (e.g. OB/GYN; STD Clinic; family planning). Please specify:

(e.g. We are an STD clinic)

or

☐ A specific age group within the general population of children ages 0-18. Please specify:

(e.g. We serve children ages 0-6 years)

Local health departments and pediatricians are not considered specialty providers. The VFC Program has the authority to designate VFC providers as specialty providers. At the discretion of the VFC Program, enrolled providers such as pharmacies and mass vaccinators may offer only influenza vaccine.

Select Vaccines Offered by Specialty Provider:

<input type="checkbox"/>	DTaP	<input type="checkbox"/>	Meningococcal Conjugate	<input type="checkbox"/>	TD
<input type="checkbox"/>	Hepatitis A	<input type="checkbox"/>	MMR	<input type="checkbox"/>	Tdap
<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	Pneumococcal Conjugate	<input type="checkbox"/>	Varicella
<input type="checkbox"/>	HIB	<input type="checkbox"/>	Pneumococcal Polysaccharide	<input type="checkbox"/>	Other: <input type="text"/>
<input type="checkbox"/>	HPV	<input type="checkbox"/>	Polio		
<input type="checkbox"/>	Influenza	<input type="checkbox"/>	Rotavirus		

VAC TRAK



WASHINGTON STATE —
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Every age. Every vaccination.

Integrated Provider Practice Profile



Provider/Practice Profile

VFC Vaccine Eligibility Categories	# of children who received VFC Vaccine by Age Category				
	< 1 Year	1-6 Years	7-18 Years	19+ Years	Total
Medicaid-eligible	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Uninsured (no health insurance)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
American Indian/Alaska Native	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Underinsured in FQHC/RHC or deputed facility ¹	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total VFC:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Non-VFC Vaccine Eligibility Categories	# of children who received non-VFC Vaccine by Age Category				
	< 1 Year	1-6 Years	7-18 Years	19+ Years	Total
Have Health Insurance (covered by state universal vaccine plan)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Other Underinsured	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Patients NOT covered by universal vaccine plan	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total Non-VFC:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total Patients (must equal sum of Total VFC + Total Non-VFC):	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>



Online Provider Agreement Adoption Timeline



2010

**WA began work
on the online VFC
and Pandemic
Provider
Agreements**

2011

**Collaboration
between AK and
WA to develop
online Provider
Agreement**

2012

**Online Provider
Agreement
implemented for AK
and WA**

2013

MS adoption

2015

**AZ, TN, and LA
adoption**

Other State Contributions



Added ability for provider to submit an electronic signature (state-specific)



Removed cold storage requirement (state –specific)

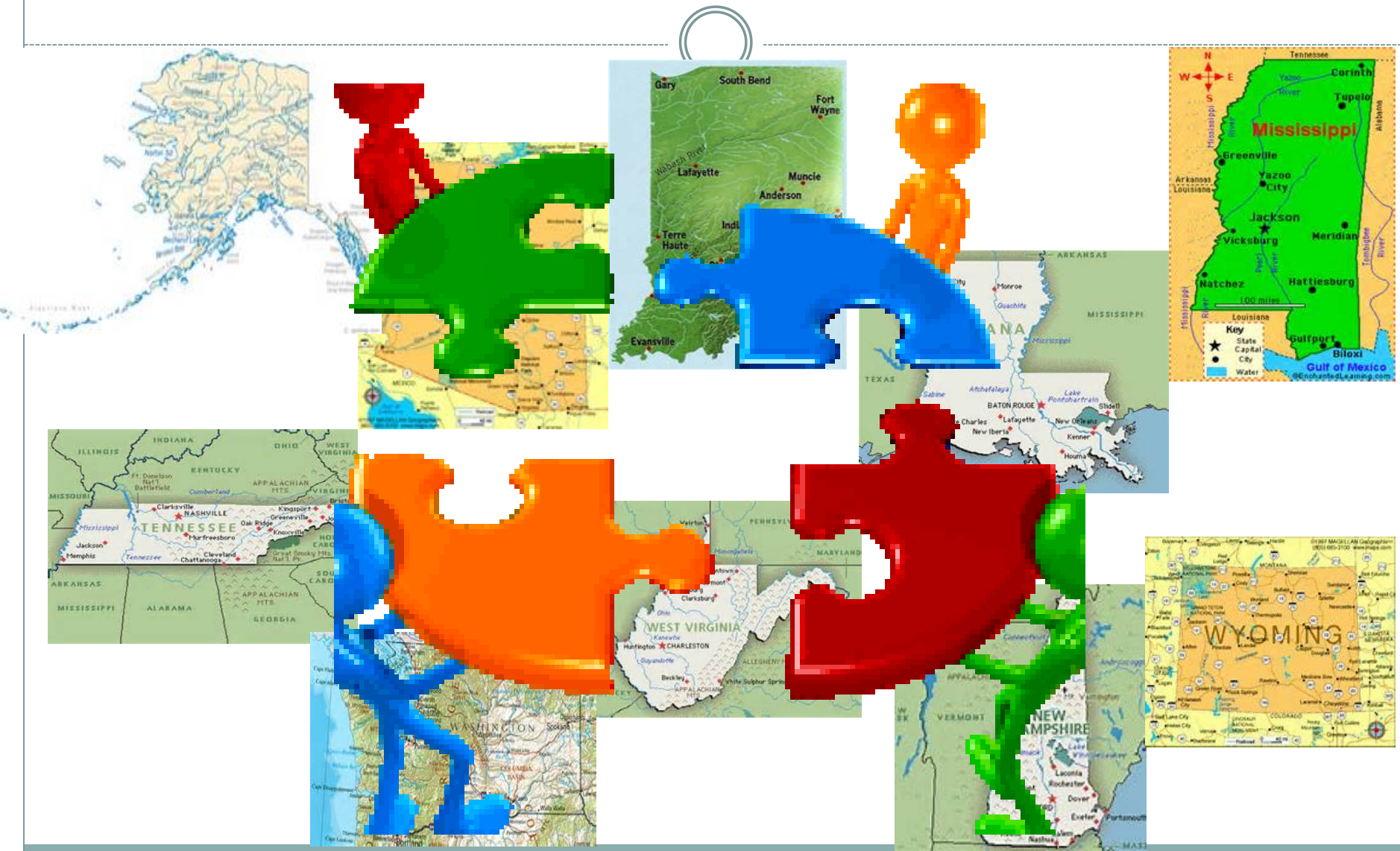


Contributed to Provider Agreement changes required by the CDC for 2015



Pandemic Provider Agreement feature enhancements

We Achieve More Together



Thank you!



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