

Provider Re-Enrollment in IRIS

The federal Vaccines for Children (VFC) program requires providers to re-enroll annually. Idaho providers re-enroll through Idaho's Immunization Reminder Information System (IRIS). Each year, the Idaho Immunization Program (IIP) will communicate, through email and IRIS announcements, when re-enrollment is open and due in IRIS. All forms must be reviewed, updated, signed, and submitted to the IIP by the due date.

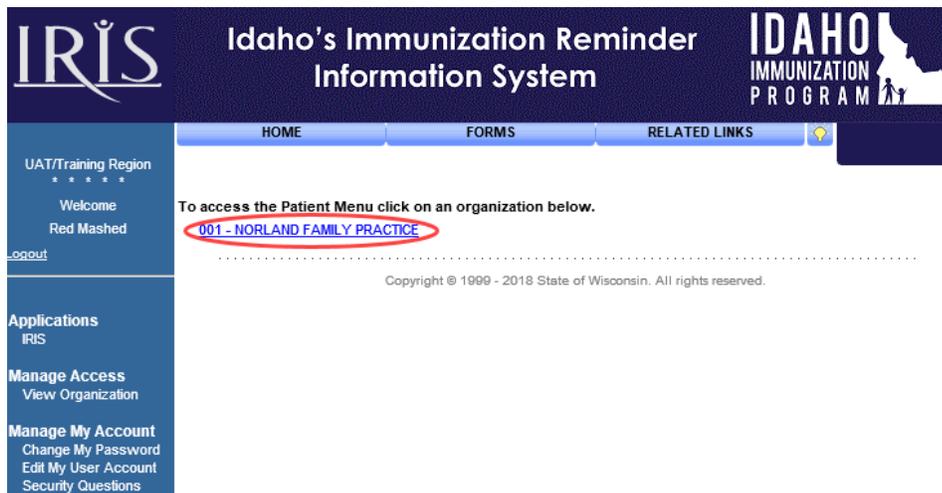
Vfc Re-Enrollment in IRIS has the following screens:

- provider agreement
- provider profile
- brand choice
- review & sign

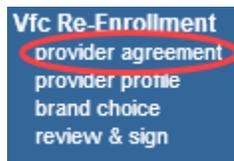
This document guides users through electronically completing, signing, and submitting the required VFC provider annual re-enrollment agreement, in addition to tracking the completed tasks.

Completing the Re-Enrollment Forms

- 1) Log into IRIS and click on the organization.



- 2) On the left-hand side in the **Vfc Re-Enrollment** section, click *provider agreement*.



- 3) The **Provider Agreement** screen will display. Read and review all the information then click *Next* at the bottom of the screen.

Provider Re-Enrollment in IRIS

organization 001 - NORLAND FAMILY PRACTICE • user Red Mashed • role Admin User (Provider)

Provider Agreement

To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the healthcare facility of which I am the medical director or equivalent:

- I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if
 - the number of children served changes or
 - the status of the facility changes during the calendar year.
- I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:
 - Federally Vaccine-eligible Children (VFC eligible)
 - Are an American Indian or Alaska Native;
 - Are enrolled in Medicaid;
 - Have no health insurance;
 - Are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement.
 - State Vaccine-eligible Children
 - In addition, to the extent that my state designates additional categories of children as "state vaccine-eligible", I will screen for such eligibility as listed in the addendum to this agreement and will administer state-funded doses (including 317 funded doses) to such children.

Children aged 0 through 18 years that do not meet one or more of the eligibility federal vaccine categories (VFC eligible), are **not** eligible to receive VFC-purchased vaccine.
- For the vaccines identified and agreed upon in the provider profile, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC program unless otherwise specified.

If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the Idaho Immunization Program.

State Vaccine-Eligible Children

All children 0 through 18 years of age whose custodial parent or legal guardian residing in Idaho, and who are not eligible for the federal Vaccines for Children program, are eligible for the state-supplied vaccine provided by the Idaho Immunization Program (IIP) through the Idaho Immunization Assessment Board.

The Idaho Immunization Assessment Board was created in March 2010 after the signing of HB432. The purpose of the board is to assess insurance carriers for funding a dedicated vaccine program. State dollars provided by the Idaho Immunization Assessment Board fund vaccines for Idaho children not eligible for the VFC program.

The State of Washington participates in the Idaho Immunization Assessment. All children 0 through 18 years of age whose custodial parent or legal guardian resides in Washington, and who are not eligible for the federal Vaccines for children program, are eligible for state-supplied vaccines supplied by the IIP through the Idaho Immunization Assessment Board.

Birth Dose of Hepatitis B Vaccine

The Idaho Immunization Program supplies the birth dose of hepatitis B vaccine to all children born in Idaho regardless of the state of residence or insurance status. The birth dose must be administered at the birthing facility.

Next

Provider Re-Enrollment in IRIS

- 4) The **VFC Re-Enrollment Forms** screen will open. Review and update, as needed, the information on the screen.
- a. **Facility Information:** Update the organization's contact information, including the name of the organization, county, phone number, fax number, and email.

Facility Information

*Facility Name: 001 - NORLAND FAMILY PRACTICE

*VFC Pin: 001

County: Ada

*Telephone: 208 334 5931 Ext.

*Facsimile:

Email: iip@dhw.idaho.gov

- b. **Physical, Mailing, and Vaccine Delivery Address:** Update the organization's address information, including the physical address, mailing address, and vaccine delivery address.

Physical Address

*Address 1: 450 W State Street

Address 2:

PO Box: 83720

*City: Boise

*State: ID

*Zip: 83702 +4:

Mailing Address

Populate with Physical Address

*Address 1: 450 W State Street

Address 2:

PO Box: 83720

*City: Boise

*State: ID

*Zip: 83702 +4:

Vaccine Delivery Address

Populate with Physical Address

*Address 1: 450 W State Street

Address 2:

*City: Boise

*State: ID

*Zip: 83702 +4:

Please review all information in this section to confirm that it is correct. If there is any information that is inaccurate, please make the necessary corrections.

Provider Re-Enrollment in IRIS

If the organization's Mailing and Vaccine Delivery Addresses are the same as the Physical Address, then check the box marked **Populate with Physical Address**.



- c. **Medical Director or Equivalent:** Update the organization's practitioner; this person must be authorized to administer pediatric vaccine in the state of Idaho and will be held accountable for compliance with the Provider Agreement and Policies and Guidelines. Be sure to include title, medical license number (vaccine will not be shipped to organizations without a current medical license number), National Provider Identifier (NPI) number, and email. This person will review and sign the Provider Agreement on behalf of the facility.

Medical Director or Equivalent	
*Last Name:	Baker
*First Name:	Russet
Middle Name:	
*Title:	Doctor of Medicine
Specialty:	
*Medical License Number:	M99999
*Medicaid/NPI Number:	123456789
Employee Identification Number:	
*Email:	iip@dhw.idaho.gov

- d. **VFC Vaccine Coordinator:** Update the **Primary Vaccine Coordinator** and **Back-up Vaccine Coordinator** for the organization. Vaccine coordinators are responsible for key requirements, including vaccine management, storage and handling, and training. For each coordinator, select the type of training received since July 1st of the previous year.

Provider Re-Enrollment in IRIS

VFC Vaccine Coordinator
Primary Vaccine Coordinator

*Last Name:
*First Name:
Middle Name:
Telephone: Ext.
*Email:

Completed Annual Training
The Primary Vaccine Coordinator listed has met the annual training requirement by participation in or completion of the following items in the past 12 months (mark all that apply):

Participated in an Enrollment visit
 Participated in a Vaccines for Children (VFC) visit
 Participated in an Educational visit conducted by local health district staff
 Completed the CDC's "You Call the Shots" Vaccines for Children AND Vaccine Storage & Handling online modules
 N/A - Did not complete training

Backup Vaccine Coordinator

*Last Name:
*First Name:
Middle Name:
Telephone: Ext.
*Email:

Completed Annual Training
The Back-up Vaccine Coordinator listed has met the annual training requirement by participation in or completion of the following items in the past 12 months (mark all that apply):

Participated in an Enrollment visit
 Participated in a Vaccines for Children (VFC) visit
 Participated in an Educational visit conducted by local health district staff
 Completed the CDC's "You Call the Shots" Vaccines for Children AND Vaccine Storage & Handling online modules
 N/A - Did not complete training

- e. **Policies and Guidelines:** Click the link to the current Idaho Immunization Program (IIP) Provider Policies and Guidelines. The IIP Provider Policies and Guidelines outline the requirements of providers receiving vaccine from the IIP. The following organization staff must be aware of and understand the Policies and Guidelines: Medical Director or Equivalent, Primary Vaccine Coordinator, Back-up Vaccine Coordinator, and all staff involved with immunizations. Check the box after all staff have read and reviewed the Policies and Guidelines.

Polices and Guidelines

By checking the box to the left, I certify on behalf of myself and all immunization providers and staff at this facility, I have read and agree to comply with the current [Idaho Immunization Program \(IIP\) Provider Policies and Guidelines](#).

In addition, I understand the current Provider Policies and Guidelines supersedes any prior IIP policies and guidelines. I further understand that content and forms referenced may be updated or modified at any time. Updates and revisions will be communicated to my office through announcements in Idaho Immunization Reminder Information System (IRIS) and/or Important Notices published by the IIP and/or direct mail, email, and/or fax.

Provider Re-Enrollment in IRIS

- f. **Providers Practicing at this Facility:** Update all of the licensed healthcare providers at the facility that have prescription writing authority. Be sure to include the medical license number and NPI number for each provider. To add a provider, complete the required fields and click *Add*.

Providers Practicing at this Facility

*Last Name: Baker
*First Name: Russet
Middle Name:
*Medical License Number: M99999
*Title: Doctor of Medicine
*Medicaid/NPI Number: 123456789
EIN:

Add

Last Name	First Name	Middle Name	Medical License Number	Title	Medicaid/NPI Number	EIN	
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After clicking *Add*, the provider will be listed. To remove a provider no longer with the organization, click *Delete* and the provider will be removed from the list.

Providers Practicing at this Facility

*Last Name:
*First Name:
Middle Name:
*Medical License Number:
*Title:
*Medicaid/NPI Number:
EIN:

Add

Last Name	First Name	Middle Name	Medical License Number	Title	Medicaid/NPI Number	EIN	
Baker	Russet		M99999	MD	123456789		Delete

If the organization has more than 60 providers, then add the medical director or equivalent and email an Excel spreadsheet, with the organization's VFC pin number and the required provider information, to the IIP at IIP@dhw.idaho.gov.

- g. **Save, Cancel, Print, and Next:** After all information has been reviewed and updated, click the *Save* button at the bottom of the screen. Note: any changes made will be lost if users leave the **VFC Re-Enrollment Forms** page without saving.

Please save any changes before leaving the page or updates will be lost!

Save Cancel Print Next

Provider Re-Enrollment in IRIS

- i. **Validation Errors:** Missing, incomplete, or invalid information will prompt a Validation Error at the top of the screen. An example is listed below. If users receive an error, then complete or correct the information and click the *Save* button at the bottom of the screen.

organization 001 - NORLAND FAMILY PRACTICE • user Red Mashed • role Admin User (Provider)

Validation Errors

- Please acknowledge the Policies and Guidelines
- Please select at least one Completed Annual Trainings for Backup Vaccine Coordinator
- Please select at least one Completed Annual Trainings for Primary Vaccine Coordinator

Please save any changes before leaving the page or updates will be lost!

After the information has been saved, click *Next* to continue with re-enrollment.

- Save = Clicking *Save* will save the information entered.
- Cancel = Clicking *Cancel* will take the user to the IRIS Home page; re-enrollment will NOT be completed.
- Print = Clicking *Print* will allow the user to print the information entered on the screen; a PDF copy of the VFC re-enrollment information will be emailed to the Medical Director or Equivalent, Primary Vaccine Coordinator, and Back-up Vaccine Coordinator after the re-enrollment has been submitted.

Please save any changes before leaving the page or updates will be lost!

Saved successfully.

The re-enrollment is not complete. Please review and save the Provider Agreement, Provider Profile, and Brand Choice. Once all three forms have been saved, submit the information to the medical director or equivalent for signature.

- 5) The **VFC Re-Enrollment Forms – Provider Profile** screen will open. Review and update all the information on the screen.
- a. **Facility and Enrollment Type:** Update the organization's *Facility Type* by using the drop-down menu to select the type. After the **Facility Type** has been selected, the **Enrollment Type** will automatically populate.

Provider Re-Enrollment in IRIS

VFC Re-Enrollment Forms - Provider Profile

Idaho Department of Health and Welfare
 Military Health Care Facility
 Nursing Home/Long Term Care Facility
 OB GYN
 Office of Children & Family Services
 Other
 Other IIS Jurisdictions
 School

Private

Adolescent Only Provider
 Birthing Hospital
 Community Health Center
 Other
 Pharmacy
 Private Hospital
Private Practice (solo/group/HMO)
 Private Practice (solo/groups as agent for FQHC/RHC-deputized)
 School-Based Clinic
 Teen Health Center

Public

Adolescent Only
 Community Health Center
 Correctional Facility
 Drug Treatment Facility
 Family Planning
 FQHC/RHC (Community/Migrant/Rural)
 Juvenile Detention Center
 Migrant Health Facility
 Other
 Public Health District Clinic

Submitted for Signature Re-Enrollment Submitted

4 5

es designated as Specialty Providers by the VFC

clinic; family planning)

18. Local health departments and pediatricians
 (IIP) has the authority to designate VFC providers

as specialty providers.

Facility Type

Private Practice (solo/group/HMO) ▼

Enrollment Type

Vaccines for Children Provider ▼

- b. **Vaccines Offered:** Click the appropriate box. All providers enrolled with the IIP are required to supply all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), unless a vaccine is not recommended for the population served. For example, a hospital enrolled with the IIP to supply only the birth dose of hepatitis B vaccine would click *Offers Select Vaccines*.

Vaccines Offered

All ACIP Recommended Vaccines

Offers Select 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:

1. a defined population due to the practice specialty (e.g. OB/GYN; STD clinic; family planning)
2. a specific age group within the general population of children ages 0-18. Local health departments and pediatricians are not considered specialty providers. The Idaho Immunization Program (IIP) has the authority to designate VFC providers as specialty providers.

Provider Re-Enrollment in IRIS

- c. **Select Vaccine(s) Offered by Specialty Provider:** If **Offers Select Vaccines** under **Vaccines Offered** is selected, then check each vaccine antigen supplied by the organization. For example, a birthing hospital that supplies only hepatitis B vaccine would check only *Hepatitis B*. Most providers will select **All ACIP Recommended Vaccines** and individually selecting vaccine(s) will not be necessary.

Vaccines Offered

All ACIP Recommended Vaccines

Offers Select 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 the practice specialty (e.g. OB/GYN; STD clinic; family planning)
- a specific age group within the general population of children ages 0-18. Local health departments and pediatricians are not considered specialty providers. The Idaho Immunization Program (IIP) has the authority to designate VFC providers as specialty providers.

Select Vaccine(s) Offered by Specialty Provider

<input type="checkbox"/> DTaP	<input type="checkbox"/> Hepatitis A	<input checked="" type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> HPV	<input type="checkbox"/> Influenza
<input type="checkbox"/> Meningococcal Conjugate	<input type="checkbox"/> Meningococcal B	<input type="checkbox"/> MMR
<input type="checkbox"/> Pneumococcal Conjugate	<input type="checkbox"/> Pneumococcal Polysaccharide	<input type="checkbox"/> Polio
<input type="checkbox"/> Rotavirus	<input type="checkbox"/> Td	<input type="checkbox"/> Tdap
<input type="checkbox"/> Varicella	<input type="checkbox"/> Other, specify:	<input type="text"/>

- d. **Provider Population:** Update the number of children 0 through 18 years of age who received immunizations during the previous 12 months. IRIS will calculate this information. Enter a *Begin Date* and *End Date* using the calendar tool or by manually entering the date in MM/DD/YYYY format. For example, the previous 12 months for the 2018 re-enrollment period would have a **Begin Date** of 05/01/2017 and an **End Date** of 04/30/2018. After the dates have been entered, click the *Update* button to populate the tables.

Provider Re-Enrollment in IRIS

Provider Population

Provider Population based on patients seen during the previous 12 months. Report the number of children who received vaccinations at your facility, by age group. Only count a child once based on their status at the last immunization visit, regardless of the number of visits made. The following tables document how many children received VFC vaccine, by category, and how many received non-VFC vaccine.

VFC Vaccine Eligibility Categories	< 1 Year	1-6 Years	7-18 Years	Total
Medicaid	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Uninsured	<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"/>
Underinsured FQHC/RHC ¹	<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"/>

Non-VFC Vaccine Eligibility Categories	< 1 Year	1-6 Years	7-18 Years	Total
Have Health Insurance (that covers vaccines)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Other Underinsured ² (Non-Idaho resident)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Birth Dose (Hep B) - Other Insured at Birthing Hospitals Only ³	<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"/>
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"/>

Begin Date

End Date

You may edit the above table with numbers you feel more accurately reflect the population you will served in the next 12 months. Use the "Edit" button to change the values in the tables if needed.

¹Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance.

In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an approved deputized provider. In Idaho, only the Public Health Districts have a written agreement with an FQHC/RHC and IIP in order to vaccinate these underinsured children.

²Other Underinsured are children that are underinsured but are not eligible to receive federal vaccine through the VFC program because the provider or facility is not a FQHC/RHC or a deputized provider (Public Health Districts). These children may be served if vaccines are privately purchased and provided to cover these non-VFC eligible children.

³Birth Dose of hepatitis B administered at the birthing facility to infants that are non-Idaho, non-Washington residents who have a health insurance benefit.

Alternatively, an organization may manually enter information into the tables. To manually enter information, click the *Edit* button below the table.

VFC Vaccine Eligibility Categories	< 1 Year	1-6 Years	7-18 Years	Total
Medicaid	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Uninsured	<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"/>
Underinsured FQHC/RHC ¹	<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"/>

Provider Re-Enrollment in IRIS

After the Edit button has been clicked, information may be added or updated in each of the tables. Most providers will use IRIS to calculate patient populations and will not manually enter information.

- e. **Type of data used to determine provider population (choose all that apply):** Click the box(es) for the data source(s) used to complete the provider population tables above. If the IRIS feature is used to automatically populate the table, then the **Doses Administered** and **IIS (IRIS)** boxes will automatically be selected.

Type of data used to determine provider population (choose all that apply): (Check at least one box)

<input type="checkbox"/> Benchmarking	<input checked="" type="checkbox"/> Doses Administered	<input type="checkbox"/> Medicaid Claims
<input type="checkbox"/> Provider Encounter Data	<input checked="" type="checkbox"/> IIS (IRIS)	<input type="checkbox"/> Billing System
<input type="checkbox"/> Other (must describe):	<input type="text"/>	

Please save any changes before leaving the page or updates will be lost!

- f. **Back, Save, Cancel, Print, and Next:** After all information has been reviewed and updated, click the *Save* button at the bottom of the screen. Note: any changes made will be lost if users leave the **VFC Re-Enrollment Forms-Provider Profile** page without saving.

Please save any changes before leaving the page or updates will be lost!

- i. **Validation Errors:** Missing, incomplete, or invalid information will prompt a Validation Error at the top of the screen. An example is listed below. If users receive an error, then complete or correct the information and then click the *Save* button at the bottom of the screen.

Validation Errors

- Please enter Provider Population.

Please save any changes before leaving the page or updates will be lost!

After the information has been saved, click *Next* to continue with re-enrollment.

- Back = Clicking *Back* will take the user to the previous screen.
- Save = Clicking *Save* will save the information entered.
- Cancel = Clicking *Cancel* will take the user to the IRIS Home page; re-enrollment will NOT be completed.
- Print = Clicking *Print* will allow the user to print the information entered on the screen; a PDF copy of the VFC re-enrollment information will be emailed to the Medical Director or Equivalent, Primary Vaccine Coordinator, and Back-up Vaccine Coordinator once the re-enrollment has been submitted.

Provider Re-Enrollment in IRIS

Please save any changes before leaving the page or updates will be lost!

Saved successfully.

The re-enrollment is not complete. Please review and save the Provider Agreement, Provider Profile, and Brand Choice. Once all three forms have been saved, submit the information to the medical director or equivalent for signature.

6) **Provider Vaccine Brand Choice:** Update the organization’s vaccine brand choice when competing vaccines are available. For example, there are currently two vaccine manufacturers of hepatitis A vaccine; each organization will determine which hepatitis A vaccine to supply.

a. **Date Range:** The date range will default to the next timeframe for vaccine brand changes. Vaccine brand changes occur twice annually: January 1st and July 1st; however, the form can be updated anytime during the year.

Date Range

January 1 (or date of enrollment) through June 30.
 July 1 (or date of enrollment) through December 31.

b. **Brand Choice:** Update the organization’s vaccine brand choice by selecting a vaccine trade name from each antigen group. While some organizations, such as public health districts, may supply all vaccine brands, most organizations are required to have brand choice selections.

Brand Choice (select only one)

Combination Vaccine

Pediarix® (DTaP-Hep B-IPV)
 Pentacel® (DTaP-IPV-Hib)

DTAP (diphtheria,tetanus,acellular pertussis)

DAPTACEL®
 Infanrix®

DTAP-IPV (diphtheria, tetanus, acellular pertussis, polio)

Kinrix®
 Quadracel™

Hep A (hepatitis A)

Havrix®
 VAQTA®

Hep B (hepatitis B)

Engerix B®
 RecombivaxHB®

HIB (haemophilus influenza type b)

ActHIB®
 PedvaxHIB®
 Hiberix®

MCV4 (meningococcal conjugate)

Menactra®
 Menveo®

Men B (meningococcal b)

Bexsero®
 Trumenba®
 NA

ROTA (Rotavirus)

Rotarix®
 RotaTeq®

Tdap (tetanus toxoid, reduced diphtheria toxoid and acellular pertussis)

Adacel®
 Boostrix®

Completed and Submitted By

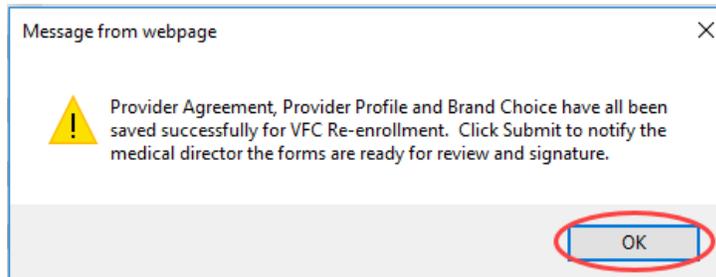
*Name
 *Date

Provider Re-Enrollment in IRIS

- c. **Back, Save, Cancel, Print, and Next:** After all information has been reviewed and updated, click the *Save* button at the bottom of the screen. Note: any changes made will be lost if users leave the **VFC Re-Enrollment Forms-Provider Profile** page without saving.

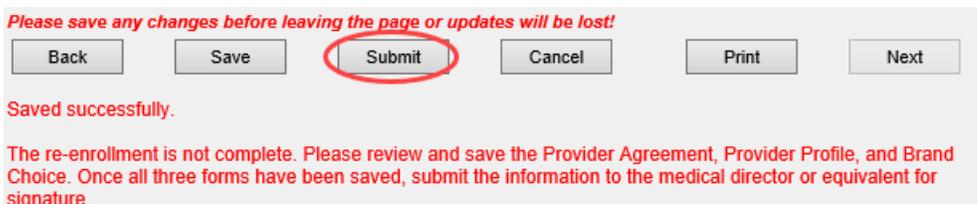


After the information has been saved, the following message will be displayed. Click *OK*.



After clicking *OK*, click *Submit* to notify the Medical Director or Equivalent that the re-enrollment is ready for review and signature.

- Back = Clicking *Back* will take the user to the previous screen.
- Save = Clicking *Save* will save the information entered.
- Submit = Clicking *Submit* will notify the Medical Director or Equivalent that the re-enrollment is ready for review and signature.
- Cancel = Clicking *Cancel* will take the user to the IRIS Home page; re-enrollment will NOT be completed.
- Print = Clicking *Print* will allow the user to print the information entered on the screen; a PDF copy of the VFC re-enrollment information will be emailed to the Medical Director or Equivalent, Primary Vaccine Coordinator, and Back-up Vaccine Coordinator once the re-enrollment has been submitted.



After clicking *Submit*, the following message will display at the top of the screen.



Provider Re-Enrollment in IRIS

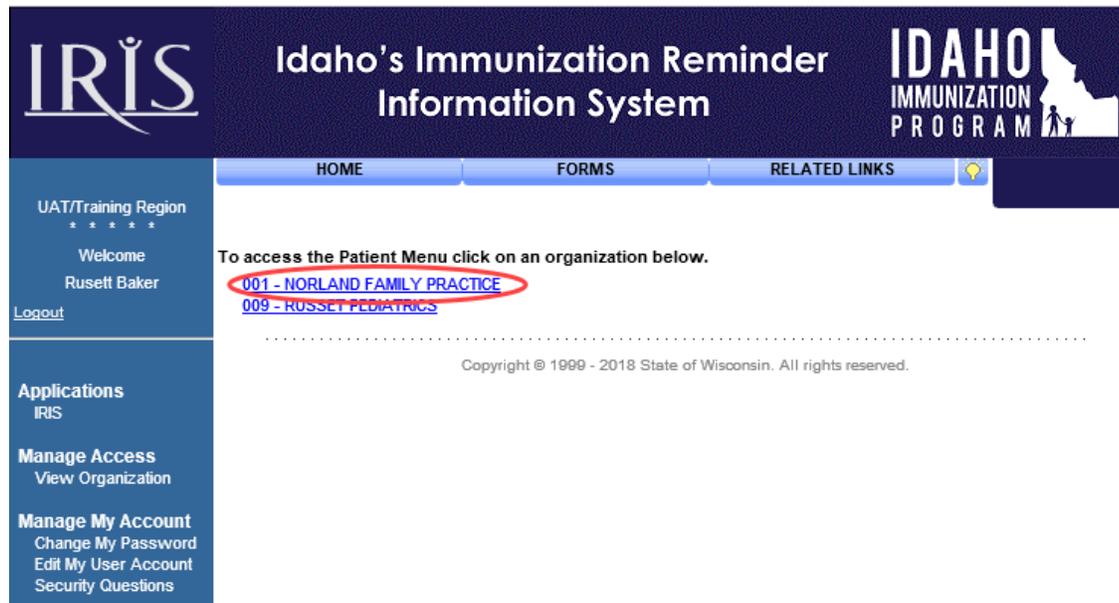
Signing and Submitting the Agreement

The Medical Director or Equivalent must have an IRIS user name with a medical director role. In addition, the medical director must have access to the organization or organizations for which he or she will be authorized to sign. Next, the Medical Director or Equivalent listed on the **VFC Re-Enrollment Forms** screen must be the person to electronically sign the Provider Agreement. Finally, the notification email will be sent to the email address referenced for the Medical Director or Equivalent listed on the **VFC Re-Enrollment Forms** screen, so ensure the correct email is entered.

When the **Vfc Re-Enrollment** forms have been submitted to the Medical Director or Equivalent for review and signature, an email notification will be sent to the Medical Director or Equivalent. The email contains information about the organization submitting, how to request an IRIS user account, and additional steps required to complete VFC Re-enrollment.

When the Medical Director or Equivalent is ready to review and sign the provider agreement, then:

- 1) Log into IRIS and select the organization. If a user is a medical director or equivalent for multiple organizations, then each organization must be selected and processed separately.



IRIS Idaho's Immunization Reminder Information System IDAHO IMMUNIZATION PROGRAM

HOME FORMS RELATED LINKS

UAT/Training Region

Welcome
Rusett Baker
Logout

To access the Patient Menu click on an organization below.

[001 - NORLAND FAMILY PRACTICE](#)
[009 - RUSSET PEDIATRICS](#)

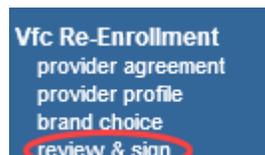
Applications
IRIS

Manage Access
View Organization

Manage My Account
Change My Password
Edit My User Account
Security Questions

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- 2) On the left-hand side in the **Vfc Re-Enrollment** section, click *review & sign*.



Vfc Re-Enrollment
provider agreement
provider profile
brand choice
[review & sign](#)

Provider Re-Enrollment in IRIS

3) The **Review and Sign** screen will open.

Review and Sign

Provider Agreement Provider Profile Brand Choice Submitted for Signature Re-Enrollment Submitted

1 — 2 — 3 — 4 — 5

Provider Agreement

Provider Enrollment

Provider Profile

Provider Brand Choice

***Medical Director or Equivalent:**

By typing my name above, I am electronically signing the Vaccines for Children Program Provider Agreement.

***Date:** 

By checking the box to the left, I certify on behalf of myself and all immunization providers and staff at this facility, I have read and agree to comply with the current [Idaho Immunization Program \(IIP\) Provider Policies and Guidelines](#).

In addition, I understand the current Provider Policies and Guidelines supersedes any prior IIP policies and guidelines. I further understand that content and forms referenced may be updated or modified at any time. Updates and revisions will be communicated to my office through announcements in Idaho Immunization Reminder Information System (IRIS) and/or Important Notices published by the IIP and/or direct mail, email, and/or fax.

By checking the box to the left, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed in the Provider Agreement and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

Save signature and generate VFC Re-Enrollment Packet

Provider Re-Enrollment in IRIS

- 4) **Provider Agreement:** The Medical Director or Equivalent must review and understand the Provider Agreement. Click on *Provider Agreement* to expand the information for review. After the information has been reviewed, click *Provider Agreement* to condense the information.

Provider Agreement

To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the healthcare facility of which I am the medical director or equivalent:

- I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if
 - the number of children served changes or
 - the status of the facility changes during the calendar year.
- I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:
 - Federally Vaccine-eligible Children (VFC eligible)
 - Are an American Indian or Alaska Native;
 - Are enrolled in Medicaid;
 - Have no health insurance;
 - Are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement.
 - State Vaccine-eligible Children
 - In addition, to the extent that my state designates additional categories of children as "state vaccine-eligible", I will screen for such eligibility as listed in the addendum to this agreement and will administer state-funded doses (including 317 funded doses) to such children.

Children aged 0 through 18 years that do not meet one or more of the eligibility federal vaccine categories (VFC eligible), are **not** eligible to receive VFC-purchased vaccine.
- For the vaccines identified and agreed upon in the provider profile, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC program unless:
 - In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the child;
 - The particular requirements contradict state law, including laws pertaining to religious and other exemptions.
- I will maintain all records related to the VFC program for a minimum of three years and upon request make these records available for review. VFC records include, but are not limited to, VFC screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.
- I will immunize eligible children with publicly supplied vaccine at no charge to the patient for the vaccine.
- I will not charge a vaccine administration fee to non-Medicaid federal vaccine eligible children that exceeds the administration fee of \$20.13 per vaccine dose. For Medicaid children, I will accept the

Provider Re-Enrollment in IRIS

- 5) **Provider Enrollment, Provider Profile, and Provider Brand Choice:** Expand and review the information in each section by clicking on the section heading. For example, to review the Provider Profile information, click on *Provider Profile*. To condense the information, click the section header again.
- a. **Edit:** The Medical Director or Equivalent may edit information as needed. After a section is open, click the *Edit* button located below the header and above the information.

The screenshot shows the 'Provider Profile' form. At the top right of the form, there is an 'Edit' button circled in red. Below the header, the form is divided into sections: 'VFC Re-Enrollment Forms - Provider Profile', 'Facility Information' (with fields for Facility Name: 001 - NORLAND FAMILY PRACTICE and VFC PIN: 001), 'Facility Type' (with a dropdown menu set to 'Private Practice (solo/group/HMO)'), 'Enrollment Type' (with a dropdown menu set to 'Vaccines for Children Provider'), and 'Vaccines Offered'.

- b. Update the fields, as needed.

This screenshot shows the 'Facility Type' dropdown menu circled in red. The dropdown is open, showing 'Private Practice (solo/group/HMO)' as the selected option. Other sections of the form, including 'Facility Information' and 'Enrollment Type', are visible but not highlighted.

- c. After updates have been made, click the *Save* button at the bottom of the page.

The screenshot shows the bottom of the form with a red warning message: 'Please save any changes before leaving the page or updates will be lost!'. Below the message are five buttons: 'Back', 'Save', 'Cancel', 'Print', and 'Next'. The 'Save' button is circled in red.

- d. Click through the *Next* buttons to return to the Review and Sign screen, or click *review & sign* in the **Vfc Re-Enrollment** section of the left-side menu.

This screenshot shows the bottom of the form after a successful save. A red message says 'Saved successfully.' Below it, another red message states: 'The re-enrollment is not complete. Please review and save the Provider Agreement, Provider Profile, and Brand Choice. Once all three forms have been saved, submit the information to the medical director or equivalent for signature.' At the bottom, the 'Next' button is circled in red.

Provider Re-Enrollment in IRIS

Or



- 6) After the information has been reviewed, the Medical Director or Equivalent must:
 - a. Type his or her name in the *Medical Director or Equivalent* field,
 - b. Enter the current date into the *Date* field,
 - c. Read and review the current Provider Policies and Guidelines by clicking on *Idaho Immunization Program (IIP) Provider Policies and Guidelines*,
 - d. Check the top box. Finally, check the bottom box agreeing to the Vaccine for Children requirements listed in the Provider Agreement and accountability for the organization's compliance.

*Medical Director or Equivalent:

By typing my name above, I am electronically signing the Vaccines for Children Program Provider Agreement.

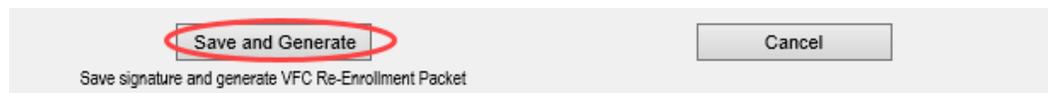
*Date:

By checking the box to the left, I certify on behalf of myself and all immunization providers and staff at this facility, I have read and agree to comply with the current [Idaho Immunization Program \(IIP\) Provider Policies and Guidelines](#).

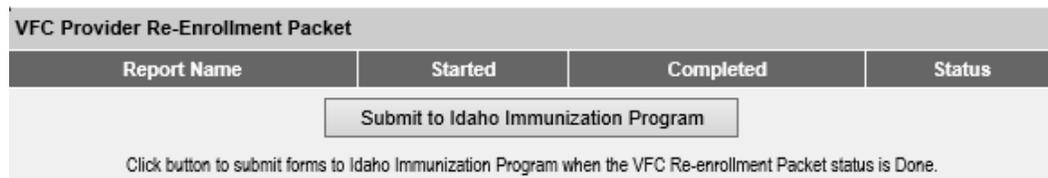
In addition, I understand the current Provider Policies and Guidelines supersedes any prior IIP policies and guidelines. I further understand that content and forms referenced may be updated or modified at any time. Updates and revisions will be communicated to my office through announcements in Idaho Immunization Reminder Information System (IRIS) and/or Important Notices published by the IIP and/or direct mail, email, and/or fax.

By checking the box to the left, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed in the Provider Agreement and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

- 7) When the information is complete, click the *Save and Generate* button at the bottom of the screen which will save the information and generate the completed re-enrollment paperwork.



- 8) The **VFC Provider Re-Enrollment Packet** screen will open.



Provider Re-Enrollment in IRIS

As soon as the VFC re-enrollment packet has been generated, the **Status** will display **Done**.

VFC Provider Re-Enrollment Packet			
Report Name	Started	Completed	Status
VFCProviderPacket Report	05/22/2018 12:41 pm	05/22/2018 12:41 pm	Done

Click button to submit forms to Idaho Immunization Program when the VFC Re-enrollment Packet status is Done.

A copy of the completed VFC re-enrollment packet may be viewed, saved, and/or printed by clicking the **Report Name**, [VFCProviderPacket Report](#). In addition, a PDF copy of the completed VFC re-enrollment packet will be emailed; see additional details below.

VFC Provider Re-Enrollment Packet			
Report Name	Started	Completed	Status
VFCProviderPacket Report	05/22/2018 12:41 pm	05/22/2018 12:41 pm	Done

Click button to submit forms to Idaho Immunization Program when the VFC Re-enrollment Packet status is Done.

Provider Re-Enrollment in IRIS



450 W State Street 4th FL
Boise, Idaho 83702
(208) 334-5931

2018 VACCINES FOR CHILDREN PROGRAM PROVIDER

FACILITY INFORMATION			
Facility Name: 001 - NORLAND FAMILY PRACTICE		VFC Pin#: 001	
Facility Address: 450 W State Street, 83720			
City: Boise	County: Ada	State: ID	Zip: 83702
Telephone: (208) 334-5931		Fax: (208) 334-4914	
Shipping Address: 450 W State Street			
City: Boise	County: Ada	State: ID	Zip: 83702
MEDICAL DIRECTOR OR EQUIVALENT			
Instructions: The official Vaccines for Children (VFC) registered healthcare provider signing the agreement must be a practitioner authorized to administer pediatric vaccines under state law who will also be held accountable for compliance by the entire organization and its VFC providers with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.			
Last Name, First, MI: Baker, Rusett			
Title: MD	Specialty:	Email: iip@dhw.idaho.gov	
License No.: M99999	Medicaid or NPI No.: 123456789	Employer Identification No. (optional):	
VFC VACCINE COORDINATOR			
Primary Vaccine Coordinator Name: Red, Mashed			
Telephone: (208) 334-5931		Email: iip@dhw.idaho.gov	
Type of training received: Participated in a Vaccines for Children (VFC) Visit			

Complete the re-enrollment by clicking the *Submit to Idaho Immunization Program* button.

VFC Provider Re-Enrollment Packet			
Report Name	Started	Completed	Status
VFCProviderPacket Report	05/22/2018 12:41 pm	05/22/2018 12:41 pm	Done
<input type="button" value="Submit to Idaho Immunization Program"/>			
<small>Click button to submit forms to Idaho Immunization Program when the VFC Re-enrollment Packet status is Done.</small>			

After the VFC re-enrollment packet has been submitted to the IIP, the following message will display at the top of the **Review and Sign** screen.

**** VFC Re-Enrollment submitted to Idaho Immunization Program ****

Review and Sign



Provider Re-Enrollment in IRIS

- 9) An email will be sent to the Medical Director or Equivalent, Primary Vaccine Coordinator, and Back-up Vaccine Coordinator that includes a PDF copy of the completed VFC re-enrollment packet. The packet will not be available in IRIS, so be sure to save a copy. The email will look similar to the example below:



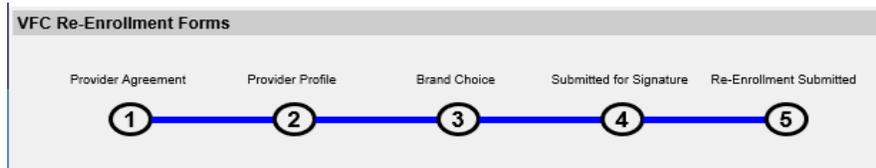
Organization:001 - NORLAND FAMILY PRACTICE
VFC Pin:001
VFC Enrollment Submission Date:05/22/2018
Provider Re-enrollment Submitted.

Idaho Immunization Program
(208) 334-5931
www.immunizeidaho.com

Division of Public Health
Idaho Department of Health and Welfare

Tracking Completed Tasks

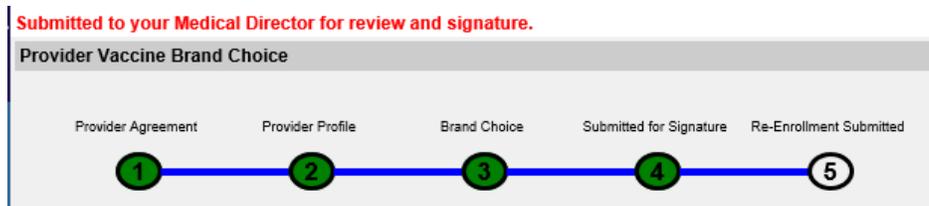
Vfc Re-Enrollment has a task tracker at the top of each page. As each task, or step of the re-enrollment, is completed, the step is shaded green. When the re-enrollment process starts, the tracker looks like the picture below:



As tasks are completed, the steps are shaded green, as shown below:



After the information is submitted to the Medical Director or Equivalent, the steps are shaded as follows:



Provider Re-Enrollment in IRIS

When the VFC Re-enrollment packet has been signed and submitted to the IIP, the task bar will be complete.



For questions or additional information regarding the annual VFC Provider Re-enrollment process in IRIS, please contact the Idaho Immunization Program at IIP@dhw.idaho.gov or (208) 334-5931.