

Vaccine for Children Program – 2017 Online Provider Enrollment

Providers electronically complete and submit for review the 2017 VFC Re-enrollment in ASIIS using the Provider Agreement function.

Instructions:

- 1) Using the Navigation Menu, click on the **Orders/Transfers** Menu Heading and click **Provider Agreement** on the menu to show a list of your previous agreements.
- 2) Click the **Add** button to begin a new agreement.
- 3) Review and update the pre-populated fields on the Practice Details page as needed. All required fields (red labels) must be completed.

Practice Details

- IRMS and Facility Name – Do Not Change. This name is used by other parts of the system. The IRMS and Facility Name will be prepopulated from ASIIS. Providers that don't have a Facility should use the displayed IRMS Name as Facility Name. If you have a name change, contact the Arizona Immunization Program before proceeding with your online re-enrollment.
- Agreement Signatory - must be the person within your practice that is licensed in the state of Arizona to prescribe vaccines and who has primary responsibility for making decisions about your practice and its operations. Agreement Signatory is responsible for signing the VFC Provider Agreement.
- Addresses – Facility and Vaccine Delivery addresses are always required. Mailing address is required only if it is different from the Facility address.

Facility Address	the physical location of your facility
Vaccine Delivery Address	the address to which vaccines are shipped
Mailing Address	the address to which postal mail is delivered

- Contact Types – Contact information for at least one Facility Contact is required (Signatory Physician, Office Manager). Contact information for

both the Primary and Back-up Vaccine Coordinators contacts is required. Fill in all fields for each contact.

Signatory Physician	Signatory contact information
Office Manager	Business/Office Manager contact information
Vaccine Delivery Contacts	#1 - Primary vaccine coordinator contact information #2 - Back-up vaccine coordinator contact information

- Shipping Days and Times – At least four (4) days of the week must be selected.

Shipping Days	the days of the week your practice is open to receive vaccine deliveries
Shipping Times	the core business hours when someone is available at your practice to receive vaccine deliveries

- 4) When you have completed the practice details, click the **Save and Add Provider** button to open the Authorized Providers page.

Authorized Provider Details (MD, DO, NP, PA)

- Authorized Providers – All providers/vaccinators in your practice should be listed. At least one provider/vaccinator must be listed.
 - A valid Medical License Number and NPI Number are required for each provider/vaccinator.
 - List the Providers/Vaccinators that are active with the practice and select "Yes" for the **Active with this Practice** status indicator.
 - To add more providers/vaccinators click the **Add New Provider** button.
- 5) When you have completed the provider/vaccinator details, click the **Save and Add Provider/Practice Profile** button to open the Provider/Practice Profile page.

Provider/Practice Profile Details

- Insurance Status/Demographics – You are required to report the number of children who received VFC vaccines in your practice each year.
 - If you captured VFC patient eligibility in ASIIS in 2016 the profile will display the data according to your reported immunizations.
 - You can verify the displayed data if you use the VFC Profile Report or VFC Vaccinations Breakdown Report in ASIIS.
- 6) When you have completed the provider/practice profile details, click the **Save and Certify Frozen Vaccine** button to open the Cold Storage Unit page.

Cold Storage Unit Details

- Frozen Vaccine Certification – You must be approved by the Arizona Immunization Program before receiving VFC frozen vaccine.
 - If you have not been approved for frozen vaccine, or if you do not want to recertify for frozen vaccine, select the “No” button.
 - If you have been approved and want to recertify for frozen vaccine, select the “Yes” button. Selection is required for the remaining certification questions and you must enter the freezer information.
 - ⊕ To add another freezer, click the **Add** button.
 - The refrigerator information is required for all storage units used to store VFC vaccine.
 - ⊕ To add another refrigerator, click the **Add** button.
- 7) When you have completed the cold storage unit details you can submit your agreement to the state for approval.
- If you need to gather additional information before submitting or want to review and verify the agreement, click the Save for Later button. If you save the agreement for later then:
 - All the updated information is saved, but your agreement will not be submitted to the state for approval.
 - You must come back later to submit your agreement to complete the renewal process.

- If you’re ready to submit your agreement for approval, click the **Submit to State** button.
 - The Provider Agreements screen will open and your new agreement will display with a Submitted status.
 - After you submit the online agreement you must print and sign the signature page.
- 8) Click on the **PDF** link to print the full Provider Agreement for your records. Store the **original** signature document(s).
- 9) Click on the **PDF Signature Page** link to open and print the PDF signature page.
- 10) The Refrigerator and Freezer Verification form will be generated in the full PDF or can be opened from the Orders/Transfers menu -> Provider Agreement -> PDF – Frozen Vaccine.
- ⊕ **All parts of the Agreement must be signed by the person within your practice that is licensed in the state of Arizona to prescribe vaccines and who has primary responsibility for making decisions about your practice and its operations.**
 - ⊕ Please send copy of the signed signature page, the signed refrigerator and freezer verification form and certificates for completed 2017 training by e-mail to: ArizonaVFC@azdhs.gov or ASIISHelpDesk@azdhs.gov.

NOTE: You will not be able to order VFC vaccines before your agreement is approved.

Make sure you have the complete and correct information once the re-enrollment starts.

Need help with provider agreements or have questions about the Arizona Vaccines for Children Program?

Need technical assistance with provider agreements?

Contact the Arizona Immunization Program Office at (602) 364-3642 or (602) 364-3899.

2017 Online Provider Re-enrollment Checklist

	Provider Agreement Item
	Practice details
	Facility details
<input type="checkbox"/>	Facility address
<input type="checkbox"/>	Vaccine Delivery address
<input type="checkbox"/>	Mailing address
	Contact details
<input type="checkbox"/>	Signatory Physician
<input type="checkbox"/>	Office Manager
<input type="checkbox"/>	Primary vaccine coordinator
<input type="checkbox"/>	Back-up vaccine coordinators
<input type="checkbox"/>	Vaccine Receiving details (days and hours)
	Physician/Vaccinator details
<input type="checkbox"/>	License Numbers
<input type="checkbox"/>	National Provider IDs (NPI)
<input type="checkbox"/>	Practice/Provider Profile
	Cold Storage Unit details
<input type="checkbox"/>	Refrigerators - Name; Manufacturer; Model Number; Thermometer Type; Temperature Scale; Date of Last Calibration
<input type="checkbox"/>	Freezers - Name; Manufacturer; Model Number; Thermometer Type; Temperature Scale; Date of Last Calibration
	Certificates for completed 2017 training for Vaccine Coordinators
<input type="checkbox"/>	Primary vaccine coordinator (required)
<input type="checkbox"/>	Backup vaccine coordinators (required)
<input type="checkbox"/>	All vaccine staff (strongly recommended)
<input type="checkbox"/>	Signed Signature Page
<input type="checkbox"/>	Signed Refrigerator and Freezer Verification Form
<input type="checkbox"/>	Signed Signature Page; Signed Refrigerator and Freezer Verification Form and Certificates for completed 2017 training --- e-mail to state