

**To: Providers participating in the Arizona Vaccines for Children Program**

Thank you for being a part of the Arizona Vaccines for Children Program. Each year, providers must renew their Provider Agreement for the Receipt of VFC Vaccine. We're excited that providers will now submit their agreements online!

**Instead of using paper forms, you will complete your 2017 re-enrollment online within the Arizona State Immunization Information System (ASIS).**

Before the online re-enrollment begins, we will send the [Online Provider Enrollment Quick Reference Guide](#). **The guide includes important information and instructions to help you complete your provider agreement.** Please use the guide to help you work through the four screens needed to complete the agreement. Use the Checklist on Page 3 to track your progress.

Most of the information you'll need to complete your 2017 provider agreement is preloaded in the system. You'll see it when you open the agreement. Please review the information and make sure it is correct. Update it if it has changed.

**You will need to gather some information before starting the online re-enrollment. Gathering the information ahead of time will save time and help the process go smoothly.**

**⊕ Practice Details**

- **Facility details** – verify the physical address, vaccine delivery address, and mailing address for your practice.
- **Contact details** – verify the names, email addresses, telephone and fax numbers for the primary facility contacts (Signatory Physician, Office Manager), and primary and back-up vaccine coordinators. Make sure emails are correct. Include phone and fax numbers for all contacts even if they are the same.
- **Shipping Days and Times** – verify the **days of the week** and **core business hours** that staff is available to receive vaccine shipments.

**⊕ Authorized Providers - Physician/Vaccinator details** – verify the name, specialty, Arizona State Medical License Number and National Provider ID (NPI) for each physician/vaccinator in your practice (MD, DO, NP, PA).

- Here is a link to help you locate Medical License Numbers:
  - <http://www.azmd.gov/glsuiteweb/clients/azbom/public/WebVerificationSearch.aspx>
- The National Provider ID (NPI) is required for each physician/vaccinator in your practice. Here is a link to help you locate NPI numbers:
  - <https://npiregistry.cms.hhs.gov/>

**⊕ Practice/Provider Profile** – gather the information about the number of children by age group, insurance type, and demographics who received VFC vaccine at your practice during the previous calendar year (January 1, 2016 – December 31, 2016). **Please allow extra time to gather this information. You'll need to update this information in the IIS to complete your agreement.**

- If you captured VFC patient eligibility in ASIS for all of 2016, you can use the VFC Profile Report or VFC Vaccinations Breakdown Report in ASIS to gather the information.
- If you have not captured VFC patient eligibility in ASIS, your billing staff may be the best source for this information.

- ⊕ **Cold Storage Unit details** – gather the information about the storage units used to store VFC vaccines and the thermometers you use to monitor temperatures in those storage units. If you have been approved and want to recertify for frozen vaccine you need to gather the information about the freezer used to store VFC vaccines. You'll need the information to complete the cold storage portion of the agreement. The required information is: Name; Manufacturer; Model Number; Thermometer Type; Temperature Scale; Date of Last Calibration.
- ⊕ **Certificates for completed 2017 training** for the Primary and Backup Vaccine Coordinators. Available options for the 2017 trainings are:
  - The CDC Training on Vaccine Management – “You Call The Shots” (YCTS):
    - [Vaccines For Children \(VFC\) Jan 2017](#)
    - [Vaccine Storage and Handling Jan 2017](#)
  - The Arizona Immunization Program Office training module on Vaccine Storage and Handling – [www.aipotrain.org](http://www.aipotrain.org)

**Completing the re-enrollment process could take 20 minutes or longer depending on how many physicians are active with your practice.** You must complete all required fields in each section of the agreement to proceed to the next screen. The information you enter will be saved as you complete each screen. If you need to stop before you've completed the agreement, be sure to save the screen you're on so you can come back later and complete the process. You must complete all four screens of the online agreement before you submit it to the state.

After the online agreement is submitted, click on the PDF Signature Page link to print the Agreement signature page. The provider licensed in the state of Arizona to prescribe vaccines, who is responsible for making decisions about the clinic and its operations must sign all signature forms.

Click on the PDF link to print the full Provider Agreement for your records. Keep the **original** signature document(s).

Please send **copy of the signed signature page, certificates for completed annual training and the refrigerator and freezer verification form** by e-mail to: [ArizonaVFC@azdhs.gov](mailto:ArizonaVFC@azdhs.gov) or [ASIISHelpDesk@azdhs.gov](mailto:ASIISHelpDesk@azdhs.gov).

**You cannot order VFC vaccines until your complete 2017 re-enrollment is submitted and approved. The Arizona Immunization Program cannot approve your provider agreement until we review the submitted information and we receive the signature page, certificates for completed 2017 training and the refrigerator and freezer verification form.**

**Ensure your vaccine ordering is not disrupted. Don't wait until the last minute to complete your online enrollment!**

The printed document is the official provider enrollment form approved by the CDC. ***No changes can be made to the provider enrollment requirements without prior approval from the CDC. Do not modify, remove, or add any requirements or information to the provider agreement form.***

If you have questions regarding the enrollment process or the online enrollment forms, please contact the Arizona State Immunization Program, at (602) 364-3642 and (602) 364-3899 or e-mail us at: [ArizonaVFC@azdhs.gov](mailto:ArizonaVFC@azdhs.gov) or [ASIISHelpDesk@azdhs.gov](mailto:ASIISHelpDesk@azdhs.gov) or contact your IPS directly.

*2017 Online Provider Re-enrollment Checklist*

	<b>Provider Agreement Item</b>
	<b>Practice details</b>
	<b>Facility details</b>
<input type="checkbox"/>	Facility address
<input type="checkbox"/>	Vaccine Delivery address
<input type="checkbox"/>	Mailing address
	<b>Contact details</b>
<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"/>	<b>Vaccine Receiving details (days and hours)</b>
	<b>Physician/Vaccinator details</b>
<input type="checkbox"/>	License Numbers
<input type="checkbox"/>	National Provider IDs (NPI)
<input type="checkbox"/>	<b>Practice/Provider Profile</b>
	<b>Cold Storage Unit details</b>
<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
	<b>Certificates for completed 2017 training for Vaccine Coordinators</b>
<input type="checkbox"/>	Primary vaccine coordinator <i>(required)</i>
<input type="checkbox"/>	Backup vaccine coordinators <i>(required)</i>
<input type="checkbox"/>	All vaccine staff <i>(strongly recommended)</i>
<input type="checkbox"/>	<b>Signed Signature Page</b>
<input type="checkbox"/>	<b>Signed Refrigerator and Freezer Verification Form</b>
<input type="checkbox"/>	Signed Signature Page; Signed Refrigerator and Freezer Verification Form and Certificates for completed 2017 training --- e-mail to state