

## Childhood Vaccine Program - Online Provider Enrollment

Providers electronically renew provider agreements in the system 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. If you have a name change, contact your local health jurisdiction before proceeding with your online renewal.
- Agreement Signatory name must be the person within your practice that is licensed in the state of Washington to prescribe vaccines and who has primary responsibility for making decisions about your practice and its operations.
- 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. Contact information for both the primary and back-up Vaccine Delivery contacts is required. Fill in all fields for each contact.

Facility Contacts	#1 - Signatory contact information #2 - 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 two (2) 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

- Authorized Providers – All providers/vaccinators in your practice should be listed. At least one provider/vaccinator must be listed.
  - A valid Medical License Number is required for each provider/vaccinator.
  - A valid NPI number must be entered for the primary provider/vaccinator (signatory) in your practice.
  - The **Active with this Practice** status indicator must be selected for each provider/vaccinator.
  - 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 state supplied vaccines in your practice each year.
  - The profile data you provided in the previous year will display.
  - Update each field based on your patient records for the last calendar year. The system notifies us if the data is not updated.

- 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 your local health jurisdiction before receiving state-supplied 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* radio button.
  - If you have been approved and want to recertify for frozen vaccine, select the *Yes* radio button. Selections are now required for the remaining certification questions and you must enter the freezer information.
    - The Effective From field is not being used; enter 01/01/2013.
  - To add another freezer, click the **Add** button.
  - The refrigerator information is required for all storage units used to store state-supplied vaccine.
    - The Effective From field is not being used; enter 01/01/2013.
  - To add another refrigerator, click the **Add** button.
- 7) When you have completed the cold storage unit details, you can either submit your agreement to the state for approval; or you can save your agreement and submit it to the state later.
- If you need to gather additional information before completing your renewal, click the **Save for Later** button.
    - 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.
  - To complete the renewal process you must print and sign the signature pages.

- 8) Click on the **PDF Signature Page** link to open and print the PDF signature page(s).
- If you did not recertify for frozen vaccine, only the Provider Agreement document will display.
  - If you did recertify for frozen vaccine the Provider Agreement and Frozen Vaccine Certification documents will display.
- 9) Print, sign, and store the signature document(s).
- Agreements must be signed by the person within your practice that is licensed in the state of Washington to prescribe vaccines and who has primary responsibility for making decisions about your practice and its operations.
- 10) Click on the **PDF** link to print a copy of the full Provider Agreement for your records.

**NOTE: If your existing agreement expires before a new agreement is approved, you will not be able to order state-supplied vaccine in the IIS.**