

# 2019 Annual Provider Recertification Process

## Detailed Instructions for Completing Recertification in VOMS

Thank you for being part of the Indiana Immunization Vaccine Program. Every year, providers are required to complete Provider Recertification process to continue to receive publicly funded vaccines using Indiana's Immunization Registry, CHIRP, and the online ordering system, VOMS. This information must be updated annually or more frequently, if information changes.

Most of the information you will need to recertify and complete the 2019 Provider Agreement is pre-loaded in the registry from the previous year. Ensure the information is correct and update any information that has changed. To save time and help the renewal process go smoothly, **gather all relevant information before logging into the system to complete your agreement. Completing the re-enrollment process could take 20 minutes or longer** depending on how much information needs to be updated. You must complete all required fields in each section of the agreement to proceed to the next screen.

Provider agreements that are "**Pending**" will not be saved if you do not complete all listed requirements on the first page. The information you enter will be saved as you complete each screen. If you need to stop before you have completed the agreement, be sure to save the screen you are on so you can come back later and complete the process. You must complete all four screens of the online agreement before you submit.

Upon completion of the Annual Provider Recertification process in VOMS, **providers must print off a copy of the Provider Agreement, obtain the appropriate signature and submit this along with the VFC Profile Report and pictures of their storage units.** These forms should be emailed (preferred method) or faxed to the Indiana Immunization Division using one of the following methods. **Please include the VFC PIN # in the subject line for any email.**

Fax – 317-972-8964

Email – [immunize@isdh.in.gov](mailto:immunize@isdh.in.gov) or [vaccine@isdh.in.gov](mailto:vaccine@isdh.in.gov)

If you have questions regarding the provider recertification process, please contact the Indiana State Department of Health, Immunization Division at 800-701-0704 or [immunize@isdh.in.gov](mailto:immunize@isdh.in.gov)

### To Start

- ▶ Login into CHIRP at <https://chirp.in.gov>
- ▶ Select Orders/Transfers
- ▶ Select Provider Agreement

The screenshot shows the VOMS interface. On the left is a navigation menu with items like Home, Logout, Select Application, etc. The 'Provider Agreement' item at the bottom is circled in red. The main content area is titled 'Patient Search' and includes fields for 'First Name or Initial', 'Last Name or Initial', 'Birth Date', 'Family and Address Information' (Guardian First Name, Mother's Maiden Name, Street, City, State, Zip Code, Country), 'WVIC ID', 'SIIS Patient ID / Bar Code', and 'Chart Number'. There is a 'Note' about wildcard characters and a checkbox for 'Check here if adding a new patient'. At the bottom right are buttons for 'Add Anonymous', 'Clear', and 'Search'.

- ▶ Click Add to add a new Provider Agreement
- ▶ If your site was enrolled during 2018, you will see previously submitted versions of the Provider Agreement. You will still have to hit the Add button to start a new one for 2019.

[Click here to view Provider Agreement Information](#)

Provider Agreements									
Show	25	entries	Search: <input type="text"/>						
Select	Select Frozen Vaccine	PDF-Full	Facility Name	PIN	Approval Status	Date	Approval Date	Expiration Date	Create Organization (IRMS)
-->	-->	PDF	**NON MEDICAL FACILITY**	X01X02	PENDING PROVIDER SUBMISSION	06/29/2017			

Showing 1 to 1 of 1 entries

## Page 1 – Facility & Contact Information

- ▶ Verify that the VFC PIN, Organization IRMS Name and Facility Names are correct.
- ▶ If this is incorrect for any reason, call the Immunization Division at 800-701-0704.
- ▶ Add the name of the Agreement Signatory and the Signatory Title. This should be the Medical Director (MD) or Chief Medical Officer (CMO) at the VFC facility.
- ▶ This information must match the information submitted as the Signatory under the Contact Details and the Authorized Providers Add/Edit sections.
- ▶ The medical provider notated here must sign the Provider Agreement that will be printed and returned to the Immunization Division. Signatures must be original, no stamps. A faxed copy is sufficient for the Annual Recertification process.
- ▶ Select Yes to indicate the information sharing agreement is current
- ▶ Choose the last Provider Recertification year that was submitted to the Immunization Division. Providers will choose 2018 from the “Last Renewed” drop-down.

Provider Agreement Add/Edit	
Approver Comments:	<input type="text"/>
Status:	PENDING PROVIDER SUBMISSION
<b>VFC PIN:</b>	123456
Organization (IRMS) Name:	ISDH TEST IRMS
<b>Facility Name:</b>	<input type="text" value="ISDH TEST FACILITY"/>
<b>Agreement Signatory:</b>	<input type="text" value="DAVID MCCORMICK"/>
<b>Agreement Signatory Title:</b>	<input type="text" value="MD"/>
Is Information Sharing Agreement current?	<input type="radio"/> Yes <input type="radio"/> No
Last Renewed:	<input type="text" value="2017"/>

- ▶ Verify the physical facility address section, vaccine delivery address, and mailing address for your site.
- ▶ If this is incorrect or incomplete, please correct the information in this section. Be sure to add suite numbers, if applicable.
- ▶ If the address is missing but is the same as the Facility Address, the box can be checked and it will populate this address.
- ▶ Providers need to verify the contact details. **Since email is the primary source of contact, please make sure that the email addresses for all contacts are up to date and spelled correctly.**
- ▶ Up to 4 contacts can be added to this section. It does not matter what order the contacts are added but it must include the following:
  - ▶ Signatory Contact Information
  - ▶ This information must match the Signatory information submitted in the Provider Add/Edit - Agreement Signatory and the Authorized Providers Add/Edit sections.

Contact Details:	
Type1:	Primary Vaccine Coordinator ▼
<b>Contact First Name 1, Middle Initial 1, and Last Name 1:</b>	JILL [ ] KING [ ]
<b>Phone Number1:</b>	(317)233-8460
Phone Number Extension1:	[ ]
Fax Number1:	(317)972-0111
<b>Email Address 1:</b>	JKING@ISDH.IN.GOV
<b>Completed Annual Training 1:</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>Type Of Training Received 1:</b>	--select-- ▼

- ▶ Email addresses and phone numbers are required for all contacts, including the CMO/Signatory, for the 2019 Provider Recertification.
- ▶ Please ensure that the email address is verified for all individuals. This is vital as this is used throughout the year to communicate changes and updates to your site.
- ▶ Both the Primary and Back-up Coordinator must have completed the annual training requirement
- ▶ Indicate what type of training was completed
- ▶ Compliance/Site Visit
- ▶ Labor of Love Conference
- ▶ On-site training with a Health Educator
- ▶ Completion of “You Call the Shots” online training
- ▶ HPV MOC

**Page 1 – Vaccine Offered**

- ▶ Non-specialty providers should select All ACIP Recommended Vaccines.
- ▶ The Specialty Provider section is only for a facility that has been designated as Specialty Provider by the VFC Program.
- ▶ If so, the appropriate facility type and select the vaccines which are administered at the facility.

Vaccines Offered					
<input type="checkbox"/>	Privately purchased childhood vaccines				
<input checked="" type="checkbox"/>	All ACIP Recommended Vaccines				
<input type="checkbox"/>	Offers Selected Vaccines (This option is only available for facilities designated as Specialty Providers by the VFC Program)				
<b>A "Specialty Provider" is defined as a provider that only serves</b>					
<input type="checkbox"/>	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					
<input type="checkbox"/>	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.					
<b>Select Vaccines Offered by Specialty Provider:</b>					
<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="checkbox"/>	HPV	<input type="checkbox"/>	Polio		
<input type="checkbox"/>	Influenza	<input type="checkbox"/>	Rotavirus		

**Page 1 – Vaccine Delivery Days and Times**

- ▶ All times are reflected using military time. Please refer to the military time reference chart above the shipping information box to ensure you use the correct times
- ▶ Verify the days of the week and core business hours that clinic staff are available to receive vaccine shipments. For 2019, the minimum requirements for providers to be on site with appropriate staff to receive vaccine at least one day per week, other than Monday, and for at least four consecutive hours during that day.
- ▶ If the VFC facility has a lunch hour when vaccines cannot be accepted, make sure this is documented in addition to any days the facility is closed.
- ▶ It is essential that the Immunization Division be aware of when the facility is and is not available to accept vaccine shipments.
- ▶ This should be reviewed and updated, as needed, each time a vaccine order is submitted in VOMS to ensure the most up-to-date delivery times are available.
- ▶ Vaccines are never delivered on Saturdays, Sundays and/or national Holidays.

Shipping Information:					
<b>Monday:</b>	<input checked="" type="checkbox"/>	09:00 ▼	12:00 ▼	13:00 ▼	17:00 ▼
<b>Tuesday:</b>	<input checked="" type="checkbox"/>	09:00 ▼	17:00 ▼	--select- ▼	--select- ▼
<b>Wednesday:</b>	<input checked="" type="checkbox"/>	09:00 ▼	12:00 ▼	13:00 ▼	17:00 ▼
<b>Thursday:</b>	<input type="checkbox"/>	--select- ▼	--select- ▼	--select- ▼	--select- ▼
<b>Friday:</b>	<input checked="" type="checkbox"/>	09:00 ▼	12:00 ▼	--select- ▼	17:00 ▼

**Page 1 – Facility Type**

- ▶ Check only one type of facility. If you are unsure, indicate “Other” and the Deputy Director will evaluate and determine the facility type.
- ▶ There is an option to make a note, if additional information needs to be shared.

<b>Facility Type:</b>	Public: Public Health Department Clinic ▼
Facility Type Other:	<input type="text"/>
Facility Comments:	<input type="text"/>

**Page 1 – Complete and Save**

- ▶ Once all information on the Provider Agreement is complete hit Save and Add Provider:

## Page 2 – Authorized Providers

- ▶ Add the name of the medical provider included as the Agreement Signatory in the Provider Agreement section. This section must include the Medical Director (MD) or Chief Medical Officer (CMO) at the VFC site. The Medical Director's name must match that from the Provider Agreement Add/Edit and the Contact Details sections.
- ▶ This section must also include the following:
  - ▶ Medical License Number – must be 9 alphanumeric digits – if you are prompted to use 10 alphanumeric digits, add a zero (0) to the beginning of your medical license number
  - ▶ Medical license numbers can be found at:
 

<https://mylicense.in.gov/EVerification/Search.aspx>
  - ▶ Medicaid Provider Number – must be 9 numbers
  - ▶ NPI Number – must be 10 numbers
  - ▶ National Provider Identifier (NPI) can be found at:
 

<https://npiregistry.cms.hhs.gov/>
- ▶ At least one provider must be marked as Yes for Active with this Practice and Medical Director or Equivalent.
- ▶ Add additional authorized providers by clicking the Add New Provider button

Authorized Providers [Add/Edit]				
Last Name	First Name	Middle Initial	Title	Specialty
<input type="text" value="McCormick"/>	<input type="text" value="David"/>	<input type="text" value="E"/>	<input type="text" value="MD"/>	<input type="text" value="Pediatrics"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text" value="12345678A"/>	<input type="text" value="123456789"/>	<input type="text" value="1234567890"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No
Last Name	First Name	Middle Initial	Title	Specialty
<input type="text" value="Jill"/>	<input type="text" value="King"/>	<input type="text" value="M"/>	<input type="text" value="NP"/>	<input type="text" value="Pediatrics"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text" value="12345678A"/>	<input type="text" value="123456789"/>	<input type="text" value="1234567890"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No

- ▶ Include all authorized provider that are licensed to prescribe vaccines in this section. Each provider submitted must also include the licensing numbers above.
- ▶ It is not necessary to include the names of all staff who may administer VFC vaccines, but rather only those who have a medical license or are authorized to write prescriptions (i.e. MD, DO, NP).
- ▶ For a large practice, a separate report may be generated and attached when the forms are sent in. For Birthing Hospitals, it is only necessary to include the Medical Director/Chief Medical Officer (CMO).

## Page 2 – Verify CHIRP Users

- ▶ Verify CHIRP Users

- ▶ Indicate if the CHIRP users listed are still current at your VFC facility.
- ▶ Those individuals that are no longer current at the facility should also be removed in CHIRP. A User Removal Form should be completed and submitted as soon as possible. This form can be found on the CHIRP Homepage under File Downloads.

## Page 2 – Complete and Save

- ▶ Once all information on the Authorized Provider section is complete hit Save and Add Provider/Practice Profile:

Back

Save and Add Provider/Practice Profile

## Page 3 – Provider/Practice Profile

### Provider/Practice Profile

This section is critical in determining the number of doses necessary to vaccinate all eligible children at this facility. Accurately recording your population is the best way to ensure you receive the correct amount of vaccine. Each provider must provide the VFC Profile Report that has actual data from the registry to document the number of children vaccinated at the VFC facility for a 12 month period of time from November 1, 2016 - October 31, 2017. Print and save the report. The report will need to be submitted along with the Provider Agreement. It MUST be included with your recertification paperwork for your packet to be considered complete.

#### Note:

Click [here](#) to run the VFC profile Report

- ▶ Providers must run the VFC Profile Report to document the number of children that have received VFC vaccines at the facility.
- ▶ Click the link above to run the VFC Profile Report
- ▶ If you click on this link a separate window opens, go ahead and run the report, hit print and then close of that window. This should return you to the Provider Agreement. Do not hit the back button or you may go back to the beginning.
- ▶ You must enter a vaccine date range. The date range needs to be 12 months to equal a full year. **We recommend you run your report from 11/01/17-10/31/18.**
- ▶ If you have access to more than one facility in CHIRP, you will also need to choose a facility from the drop down menu.
- ▶ Once you see the report in your internet browser, please print and save the report. The report will need to be submitted along with the Provider Agreement. It MUST be included with your recertification paperwork for your packet to be considered complete.
- ▶ If you feel the Profile Report is not accurate or if total number of children vaccinated is not available, please provide further justification with this data.
- ▶ Indicate what data source used:

#### 2) What data source (or type of data) was used: (check all that apply)

- Benchmarking
- Medicaid Claims
- Doses Administered
- Provider Encounter Data
- Billing System
- Other

## Page 3 – Complete and Save

- ▶ Once all information on the Provider/Practice Profile section is complete hit Save and Certify Frozen Vaccine.

Back

Save and Certify Frozen Vaccine

## Page 4 – Cold Storage Unit

- ▶ Vaccine storage units and thermometer information is needed to complete the cold storage details and frozen vaccine certification.

Cold Storage Unit	
VFC PIN:	000001
Clinic:	ISDH TEST MEMBER
<b>Do you want to be certified for frozen vaccine (Varicella or MMRV)?</b>	
<input type="radio"/> Yes <input checked="" type="radio"/> No	

- ▶ Verify that the VFC PIN and Clinic name are correct
- ▶ Indicate if the VFC facility wants to be certified for frozen vaccine
- ▶ Answer Yes or No. Must be answered “Yes” to proceed with verifying freezers at the site.

Instructions: Your refrigerator information is required for all units within your practice. Use the "Add" button to add additional units. If you choose to be certified for frozen vaccines, then you must answer the questions below and enter your freezer information.

## Page 4 – Freezer and Data Logger Verification

- ▶ Verify all information for all units storing publicly funded vaccines. Gather all supporting documents for the thermometers used to monitor vaccines temperatures.
- ▶ Inactivate any storage units that pre-populate but are no longer used to store VFC vaccine.
- ▶ Document if each freezer at the VFC facility maintains the appropriate temperature and if there is a separate, insulated door.

Freezer	
<b>Can freezer maintain an average temperature of -15 °C or 5 °F or colder?:</b>	
<input type="radio"/> Yes <input type="radio"/> No	
<b>Does freezer have a separate, insulated door?:</b>	
<input type="radio"/> Yes <input type="radio"/> No	
Freezer 1	Thermometer 1
<b>Freezer Name:</b> <input type="text"/>	Thermometer Serial Number: <input type="text"/>
<b>Freezer Type:</b> --select--	<b>Thermometer Type:</b> --select--
<b>Manufacturer:</b> <input type="text"/>	Other Device: <input type="text"/>
<b>Model Number:</b> <input type="text"/>	<b>Temperature Scale:</b> --select--
<b>Effective From:</b> <input type="text"/>	Date of Last Calibration: <input type="text"/>
Purchase or Issue Date: <input type="text"/>	<b>Calibration Expiration:</b> <input type="text"/>
Inactivate Freezer 1 <input type="checkbox"/>	
<input type="button" value="Add"/>	

- ▶ Proceed with documenting each freezer unit at this facility that stores VFC vaccine to include (add additional, as needed):
  - Cold Storage Units: freezer name, freezer type, manufacturer, model number, effective date, and purchase/issue date.
  - Thermometers (Data Loggers): serial number, thermometer type, thermometer scale, date of last calibration, and calibration expiration date.

## Page 4 – Refrigerator and Data Logger Verification

- ▶ Verify all information for all units storing publicly funded vaccines. Gather all supporting documents for the thermometers used to monitor vaccines temperatures.

Refrigerator		Thermometer 1	
<b>Refrigerator Name:</b>	<input type="text"/>	Thermometer Serial Number:	<input type="text"/>
<b>Refrigerator Type:</b>	--select--	<b>Thermometer Type:</b>	--select--
<b>Manufacturer:</b>	<input type="text"/>	Other Device:	<input type="text"/>
<b>Model Number:</b>	<input type="text"/>	<b>Temperature Scale:</b>	--select--
<b>Effective From:</b>	<input type="text"/>	<b>Date of Last Calibration:</b>	<input type="text"/>
Purchase or Issue Date:	<input type="text"/>	Calibration Expiration:	<input type="text"/>
Inactivate Refrigerator 1	<input type="checkbox"/>		

- ▶ Inactivate any listed units that are no longer in use to store VFC vaccine
- ▶ Proceed with documenting each current refrigerator unit at this facility that stores VFC vaccine to include (add additional, as needed):
  - Cold Storage Units: refrigerator name, refrigerator type, manufacturer, model number, effective date, and purchase/issue date.
  - Thermometers (Data Loggers): serial number, thermometer type, thermometer scale, date of last calibration, and calibration expiration date.

## Page 4 – Complete and Save

- ▶ Once all information on the Cold Storage Unit section is complete answer the following question and then hit Submit to State:

By checking and signing this document, I certify that facility/shipping/mailling addresses are accurate to ensure proper delivery. In addition, I certify that the appropriate storage is in place for the storage of all public vaccines.

## Final Steps

- ▶ Print PDF of Recertification and obtain necessary signature. **Please review all the terms of this agreement carefully.** In order to participate in the Indiana Immunization Division Vaccines for Children (VFC) Program and receive publicly funded vaccines, the Medical Director (CMO) or equivalent must sign and abide by the conditions listed in the agreement, on behalf of themselves and all the practitioners, nurses and others associated with this medical office, group practice, Health Maintenance Organization, community/migrant/rural clinic health department or other entity of which the provider is the physician on record or equivalent.
- ▶ Upon completion of the Annual Provider Recertification process in VOMS, providers must provide the following items to the Indiana Immunization Division via email (preferred) or fax:
  - Signed copy of the Provider Agreement
  - VFC Profile Report
  - Pictures of all storage units that store publicly funded vaccines and documented under the Freezer and Refrigerator sections.

Fax – 317-972-8964

Email – [immunize@isdh.in.gov](mailto:immunize@isdh.in.gov) or [vaccine@isdh.in.gov](mailto:vaccine@isdh.in.gov)

Please contact the Immunization Division at 800-701-0704 if you have any questions.