

Iowa Immunization Registry Information System (IRIS)

Vaccines for Children (VFC) Program Re-Enrollment Instructions

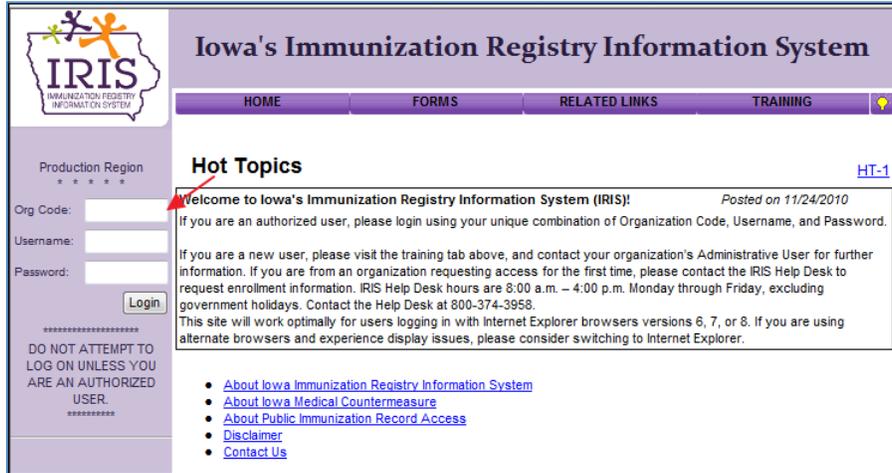
Version 1.3

6/1/2014

These directions are intended to provide step-by-step instructions for completing the Vaccines for Children (VFC) Program's re-enrollment, which is required annually for all participating VFC providers. Only IRIS Organization Administrators (IRIS Admin users) have access to complete VFC re-enrollment. To add additional Admin Users, complete the [IRIS Site Enrollment Form](#), which can be found under the Forms tab of IRIS, and send the completed form to the Iowa Immunization Program staff as indicated on the form.

VFC Re-Enrollment Form Completion

1) Log into the IRIS application at <https://iris.iowa.gov> using your Org Code, Username, and Password.



2) Click the Manage Access/Account link on the menu panel.



3) Click Edit Organization.



- 4) Enter your organization name in the search string, then click 'search'. You can type the full name or just part of the organization name.

- 5) Select the organization hyperlink in the Name column of the search results section.

- 6) Review your organization's VFC Patient Activity chart, displayed under the State Supplied Vaccine Profile.

State Supplied Vaccine Profile:

VFC Pin: Z90090
VFC Status: Active
Frequency: M1 - Monthly High

VFC Patient Activity

	Less than 1 Year	1 through 6 Years	7 through 18 Years	Total
Total number of children that receive vaccinations at this clinic/practice	6	25	15	46
Of the total number of children above how many are VFC eligible due to:				
Medicaid Eligible	4	6	6	16
No Health Insurance	0	8	3	11
American Indian/Alaska Native	1	2	3	6
Underinsured (only for FQHC, RHC, or local public health agencies)	1	4	1	6
Total VFC Eligible Patients	6	19	13	38

Begin Date 06/04/2012
End Date 05/16/2013

- a) If your organization uses IRIS to track VFC vaccine inventory, your VFC Patient Activity chart will be populated, and you will not need to make changes. Skip to step 7.
- b) If your organization **does not** track VFC vaccine inventory in IRIS, you will need to update the VFC Patient Activity chart manually. An example of the chart is displayed below. Enter the number of patients in each cohort that received immunizations at your facility during the year. These numbers should represent unduplicated **patients for each age cohort** and not

immunizations. Some patients may be counted in multiple categories (for instance, if they received an immunization at age 9 months and another at 14 months).

VFC Patient Activity

	Less than 1 Year	1 through 6 Years	7 through 18 Years	Total
Total number of children that receive vaccinations at this clinic/practice	34	112	71	212
Of the total number of children above how many are VFC eligible due to:				
Medicaid Eligible	8	28	14	49
No Health Insurance	2	7	9	18
American Indian/Alaska Native	1	2	2	5
Underinsured (only for FQHC, RHC, or local public health agencies)	0	0	0	0
Total VFC Eligible Patients	11	36	25	69

Begin Date 05/16/2013

End Date 05/16/2013

- c) Once the VFC Patient Activity chart is completed, edit the date range below the chart to show the beginning and ending dates, and click 'Update' to save the entries. The patient activity should reflect one year.

VFC Patient Activity

	Less than 1 Year	1 through 6 Years	7 through 18 Years	Total
Total number of children that receive vaccinations at this clinic/practice	34	112	71	212
Of the total number of children above how many are VFC eligible due to:				
Medicaid Eligible	8	28	14	49
No Health Insurance	2	7	9	18
American Indian/Alaska Native	1	2	2	5
Underinsured (only for FQHC, RHC, or local public health agencies)	0	0	0	0
Total VFC Eligible Patients	11	36	25	69

Begin Date 05/15/2012

End Date 05/16/2013

- 7) Review and update your organization's main contact information, including vaccine delivery address.

Main Contact Information

Contact Information

Telephone Extension
Phone 555 342 6655

Telephone Extension
Facsimile 123 456 7890

Email admin@rphysicians.org

Address Information

Physical Address 1 Address 2 PO Box
15 SOUTHERN AVE

City State Zip +4
DES MOINES IA 50311 2345 Geocoded: No

Mailing Address 1 Address 2 PO Box
Populate With Physical Address

City State Zip +4
IA Geocoded:

Vaccine Delivery Address 1 Address 2 PO Box
Populate With Physical Address

4321 MAIN

City State Zip +4
DES MOINES IA 50310 Geocoded: No

- 8) Review your organization's Individual contacts. **The following roles are required when completing the re-enrollment process: Medical Director, Primary Vaccine Coordinator, Back-Up Vaccine Coordinator, and Vaccine Delivery.** The role of Medical Director also requires Title, Medicaid/NPI, and Medical License.

Individual Contacts						
Contact Listing						
Role	Title	Name	E-Mail	Edit	Del	
Vaccine Delivery		DOW CHARLES	NOONE@NOPLACE.COM			
Address: 321 E 12TH ST PHY DES MOINES IA 50319 -			Geocoded: No			
Phone: (800)374-3958			Facsimile:			
Medicaid/NPI:			Medical License:			
Medical Director	MD	DOLPHINS WALES	ADMIN@IRPHYSICIANS.ORG			
Address: 321 E 12TH ST SUITE 400 DES MOINES IA 50319 -			Geocoded: No			
Phone: (800)374-3958			Facsimile:			
Medicaid/NPI: 1234212			Medical License: 7693293			
Primary VFC Vaccine Coordinator		ALPHA TANGO	ADMIN@IRPHYSICIANS.ORG			
Address: 321 E 12TH ST SUITE 400 DES MOINES IA 50319 -			Geocoded: No			
Phone: (800)374-3958			Facsimile:			
Medicaid/NPI:			Medical License:			
Back-Up VFC Vaccine Coordinator	NP	ROSE TERMEN	ADMIN@IRPHYSICIANS.ORG			
Address: 321 E 12TH ST SUITE 400 DES MOINES IA 50319 -			Geocoded: No			
Phone: (800)374-3958			Facsimile:			
Medicaid/NPI:			Medical License:			

a) To add a contact, complete the 'Add Contact' box below the Contact Listing, then click 'Apply'.

Add Contact

* Role: Primary VFC Vaccine Coordinator

Title:

* Last Name:

* First Name:

Middle Name:

Email:

Telephone: - -

Ext:

Medicaid/NPI:

Address 1:

Address 2:

PO Box:

City:

State: Zip: +4

Facsimile: - -

Ext:

Medical License:

b) If a contact needs to be changed or updated, click the Edit icon for the entry.

Contact Listing						
Role	Title	Name	E-Mail	Edit	Del	
Vaccine Delivery		CASEY WALLACE	ADMIN@IRPHYSICIANS.ORG			
Address: 15 SOUTHERN AVE DES MOINES IA 50311 - 2345			Geocoded: No			
Phone: (555)342-6655x3444			Facsimile: (123)456-7890			
Medicaid/NPI:			Medical License:			
Medical Director	MD	RICHARD M EXAMPLE				
Address: 4321 MAIN DES MOINES IA 50310 -			Geocoded: No			
Phone: (444)555-6644			Facsimile: (123)456-7890			
Medicaid/NPI: 983785048928			Medical License: 83478403023			

c) The contact's details will be displayed in the Edit Contact section. Make necessary changes, then click 'Apply'. Repeat as necessary for all contacts.

Edit Contact

* Role: Medical Director

Title: MD

* Last Name: EXAMPLE

* First Name: RICHARD

Middle Name: M

Email:

Telephone: - -

Ext:

Medicaid/NPI:

Address 1:

Address 2:

PO Box:

City: DES MOINES

State: IA Zip: 50310 +4

Facsimile: - -

Ext:

Medical License:

- 9) Once the necessary updates have been made, click the 'Save' button at the top of the Edit Organization page. A red message will display at the top of the page to confirm changes were saved.

The screenshot shows the 'Edit IRIS PROFILE' page. At the top, there is a navigation bar with 'HOME', 'FORMS', 'RELATED LINKS', and 'TRAINING'. Below this is a header for 'Iowa's Immunization Registry Information System'. The main content area is titled 'Edit IRIS PROFILE' and contains the following fields and controls:

- IS Status:** Radio buttons for 'Open' (selected) and 'Closed'.
- Org Id:** 2
- * Name:** IR Physicians
- Buttons:** 'Save' and 'Cancel' buttons are located at the top right of the form area.

A red arrow points to the 'Save' button.

- 10) Return to the IRIS application.

The screenshot shows the 'Edit IRIS PROFILE' page after a successful update. A red message, '** Organization Updated **', is displayed at the top of the main content area. The form fields are now populated with the following information:

- Org Id:** 2
- * Name:** IR Physicians
- Org Code:** IRPH
- Org Type:** IPA/Vendor
- Federal Designation:** No
- Hospital FPI:**
- County:** Polk
- Organization Relationships:** Data Source: Self, IRIS Group:

Buttons for 'Save' and 'Cancel' are visible. In the left sidebar, under the 'Applications' section, a red arrow points to the 'IRIS' link.

- 11) Select the blue hyperlink for your organization to return to the IRIS home page.

The screenshot shows the IRIS home page. The navigation bar at the top includes 'HOME', 'FORMS', 'RELATED LINKS', and 'TRAINING'. The main content area displays the title 'Iowa's Immunization Registry Information System' and a copyright notice: 'Copyright © 1999 - 2013 State of Wisconsin. All rights reserved.' In the left sidebar, under the 'Applications' section, a red arrow points to the 'IR Physicians' link.

- 12) From the IRIS home page, click the VFC Re-Enrollment Form link from the left menu panel, under the Maintenance menu.

The screenshot shows the IRIS home page with the 'Maintenance' menu expanded in the left sidebar. A red arrow points to the 'vfc re-enrollment form' link. The main content area displays the following information:

Active Inventory that is Going to Expire ...

Site Name	Trade Name	Lot Number	On Hand	VFC	Exp Date
IR Physicians	IPOL	1249AA	49	Y	05/13/2013

Inventory that is Running Low by Vaccine Group ...

Vaccine Group	Quantity On Hand	VFC
No vaccine groups have a low inventory.		

Inventory that is Running Low by Trade Name ...

Trade Name	Quantity On Hand	VFC
Pentacel	3	N
Tubersol	10	N

Copyright © 1999 - 2013 State of Wisconsin. All rights reserved.

- 13) Confirm the data saved on the Edit Organization page appears on the VFC Provider Enrollment Form. If changes are needed in the sections labeled Facility Information, Medical Director or Equivalent, VFC Vaccine Coordinator, or Backup Vaccine Coordinator, return to step 2 and make the necessary corrections.

IRIS
IMMUNIZATION REGISTRY
INFORMATION SYSTEM

Production Region 3.0

home manage access/account forms related links logout help desk

organization IR Physicians • user Matt Jacobs • role IRIS Admin (Org)

Iowa Department of Public Health
Vaccines for Children Program
Provider Enrollment Form

Facility Information

- * Facility Name IR Physicians
- * Facility Address 15 SOUTHERN AVE
DES MOINES IA, 50311-2345
- * Phone Number (555)342-6655
Fax Number (123)456-7890

Medical Director or Equivalent

Primary

- * Title MD
- * Last Name EXAMPLE
- * First Name RICHARD
- Middle Name M
- * Medicaid/NPI # 983785048928
- * Medical License # 83478403023

Secondary

- * Title MD
- * Last Name SMITH
- * First Name JANE
- Middle Name EUNICE
- * Medicaid/NPI # 1234566
- * Medical License # 2345764

Patients
enter new patient
manage patient

Immunizations
manage immunizations

Mass Vaccination
mass vaccination entry

Reports
check reminder status
check reminder list
manage custom letters
check request status
vaccine eligibility
doses administered
group patients
check group status
assessment report
check assessment
benchmark report
check benchmark

- 14) Review the section for Providers Practicing at this Facility and edit as needed (see a.i. below for more details). Confirm all providers with your organization are listed, including Title, Last Name, First Name, Medicaid/NPI number, and Medical License number. These fields are required for all providers. If necessary, use the navigation buttons at the bottom of the chart to review the entire provider list. The first time this form is completed will require adding all participating providers (physicians, physician assistants and nurse practitioners) (see a. below for more details).

ad hoc list report
ad hoc count report
ad hoc report status
reminder / recall
cocasa extract

Inventory
manage inventory
manage orders
manage transfers
transaction summary

Data Exchange
exchange data
check status
manage data exchange
vital data exchange
job monitor
submit hmo data
submit hmo query
organizational extract
custom flat file layouts
custom csv file layouts

Maintenance
manage schools
manage physicians
manage clinicians
vfc re-enrollment form

Providers Practicing at this Facility

Add/Edit Provider

- * Title MD
- * Last Name Miller
- * First Name Thomas
- Middle Name K
- * Medicaid/NPI # 90234789234
- * Medical License # 42789239423

Save
Delete
Cancel

#	Last Name	First Name	Middle Name	Title	Medicaid/NPI #	Medical License #	
1	Adams	Albert		DO	2696763567	76345237	Edit
2	Barnett	Barry	Green	DO	324899027	643112345128	Edit
3	Chase	Catherine	D	MD	1234112345	2323423456	Edit
4	Davidson	Delta	Y	MD	6547845633	544341100	Edit
5	Engleside	Etta		MD	1185838064	1218939053	Edit
6	Fox	Francis	Kelly	DO	7621237342	234994	Edit
7	Gerhardt	Gertrude		MD	234905642	765123512	Edit
8	Innsmouth	Irene		MD	3450876894	34516562	Edit
9	Konnor	Kappa	A	PA	4567632323	12341223	Edit
10	Lewis	Leonard	P	MD	0983121009	98712632	Edit

Page 1 of 1 << < > >>

- a) To add a new provider to the list, enter their data into fields in the Add/Edit Provider section and click 'Save'. The data will be added to the display with the other providers, and the Add/Edit Provider section will clear.

check benchmark
ad hoc list report
ad hoc count report
ad hoc report status
reminder / recall

Inventory
manage inventory
manage orders
manage transfers
shipping documents
transaction summary

Providers Practicing at this Facility

Add/Edit Provider

- * Title MD
- * Last Name Miller
- * First Name Thomas
- Middle Name K
- * Medicaid/NPI # 90234789234
- * Medical License # 42789239423

Save
Delete
Cancel

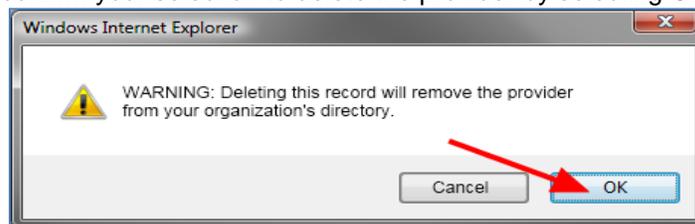
- i) If any provider data needs to be changed or updated, click the 'Edit' button for the entry.

#	Last Name	First Name	Middle Name	Title	Medicaid/NPI #	Medical License #	
1	Adams	Albert		DO	2696763567	76345237	Edit
2	Barnett	Barry	Green	DO	324899027	643112345128	Edit
3	Chase	Catherine	D	MD	1234112345	2323423456	Edit
4	Davidson	Delta	Y	MD	6547645633	544341100	Edit
5	Engleside	Etta		MD	1185838064	1218939053	Edit
6	Fox	Francis	Kelly	DO	7621237342	234994	Edit
7	Gerhardt	Gertrude		MD	234905642	765123512	Edit
8	Innsmouth	Irene		MD	3450876894	34516562	Edit
9	Konnor	Kappa	A	PA	4567632323	12341223	Edit
10	Lewis	Leonard	P	MD	0983121009	98712632	Edit

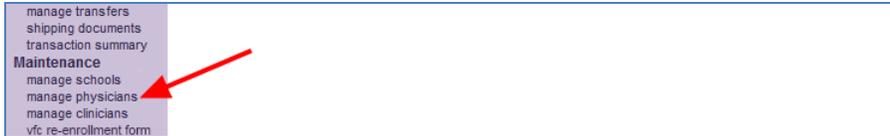
- ii) With the provider's data in the Add/Edit Provider section, make any necessary changes, then click 'Save'. The data will be updated on the chart, and the Add/Edit Provider section will clear.

- b) If a provider needs to be removed from the list, click the 'Edit' button for the entry, then click the 'Delete' button in the Add/Edit Provider section.

- i) You must confirm your selection to delete the provider by selecting OK.

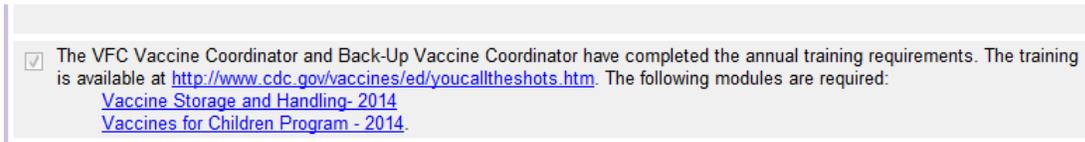


- c) Note: Some organizations choose to manage the physician dropdown menu within IRIS, which is available under the Manage Physicians link on the left menu panel. Physicians entered in the VFC Re-Enrollment Form are automatically added to an organization's physician dropdown menu.

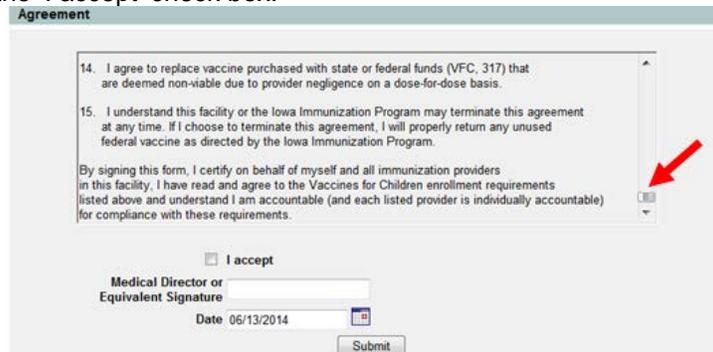


- 15) Complete the VFC Vaccine Coordinator section. The VFC Vaccine Coordinator and Back-Up Vaccine Coordinator are required to complete the training annually. The training is available at <http://www.cdc.gov/vaccines/ed/youcalltheshots.htm>. The following modules are required:
- a) [Vaccine Storage and Handling- 2014](#)
 - b) [Vaccines for Children Program - 2014](#).

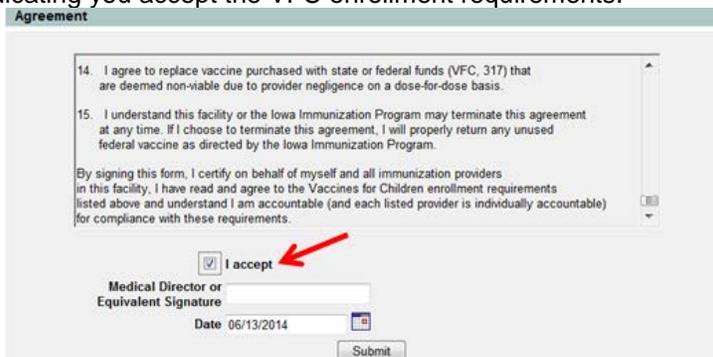
After completing the training, check the box confirming completion of the required VFC training modules. Additional staff may also complete the training.



- 16) Read the VFC enrollment requirements. You will need to read/scroll through the entire agreement prior to selecting the 'I accept' check box.



- 17) Check the box indicating you accept the VFC enrollment requirements.



18) Type your signature.

The screenshot shows a web form titled "Agreement". It contains two numbered paragraphs of text. Below the text is a checkbox labeled "I accept" which is checked. Underneath is a text input field for "Medical Director or Equivalent Signature" containing the name "Susan Anthony". To the right of the name is a red arrow pointing to the input field. Below the name field is a date input field containing "06/13/2014" and a "Submit" button.

19) Click the 'Submit' button. If any alert messages appear at the top of the page, you must make the necessary corrections and select submit again.

a) Note: Depending on the alert messages, some edits will be required on the Edit Organization screen (see Step 2).

This screenshot is identical to the previous one, but with a red arrow pointing to the "Submit" button at the bottom right of the form.

20) A screen appears, confirming submission of the VFC Enrollment Form.

The screenshot shows a web page for the IRIS (Immunization Registry Information System) application. The page has a navigation bar at the top with links for "home", "manage access/account", "forms", "related links", "logout", and "help desk". Below the navigation bar, the user's current session is displayed: "organization IR Physicians • user Matt Jacobs • role IRIS Admin (Org)". The main content area features a large message: "VFC Enrollment Form has been submitted". On the left side, there is a sidebar with the IRIS logo and a "Patients" section containing links for "manage patient" and "enter new patient". At the bottom, there is a copyright notice: "Copyright © 1999 - 2013 State of Wisconsin. All rights reserved."

21) Once successfully submitted, the VFC Enrollment Form will be locked until the next renewal period. If there are errors on your form that need to be corrected or updates are needed after it has been submitted, contact the Vaccines for Children Program at 800-831-6293, ext. 4.

a) Note: The VFC Re-Enrollment Form is required annually, so changes throughout the year do **not** require a new form to be submitted. To change your organization's details, follow steps 2-9. To modify providers practicing with your facility, use the 'Manage Physicians' link as noted in step 14c.