

Iowa Immunization Registry Information System (IRIS)

VFC Re-Enrollment Form Completion and Submission

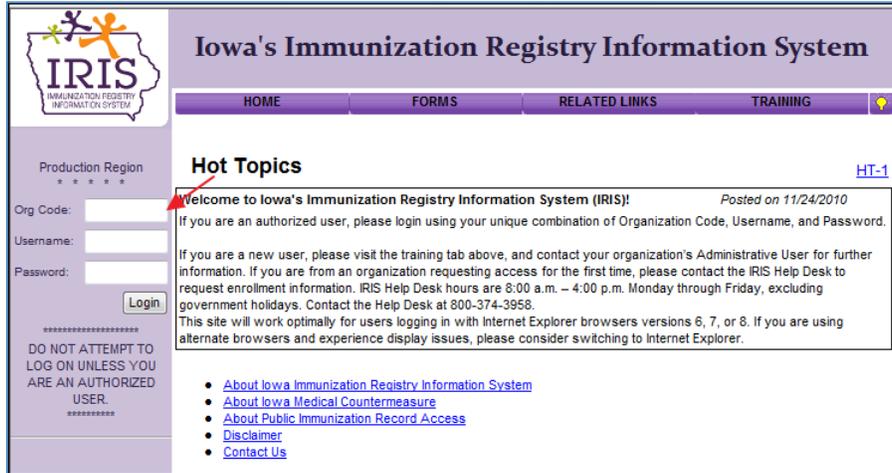
Version 1.2

5/28/2013

These directions are intended to provide step-by-step instructions for completing the Vaccines for Children (VFC) Program's Provider Re-Enrollment Form, which is required annually for all participating VFC providers. Only IRIS Organization Administrators (IRIS Admin users) have access to the VFC Re-enrollment Form. 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.

Name	Org Code	VFC Pin	City	County	Open
IR PHYSICIANS	IRPH	Z90090	DES MOINES	Polk	Y

- 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 appear as above, 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 your VFC Patient Activity chart, which is displayed below. Enter the number of patients in each cohort that received immunizations at your facility over a full year's worth of time. Please note these numbers represent unduplicated **patients**, 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	Telephone	Extension	
Phone: 555 - 342 - 6655			
Facsimile: 123 - 456 - 7890			
Email: admin@irphysicians.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 <input type="checkbox"/>			
	City	State	Zip +4
		IA	
Vaccine Delivery	Address 1	Address 2	PO Box
Populate With Physical Address <input type="checkbox"/>	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 VFC Re-Enrollment Form: Medical Director, VFC Manager, VFC Manager – Secondary, 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		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			
Medical Director - Secondary	MD	JANE EUNICE SMITH	SMITH@IRPHYSICIANS.ORG			
Address: 123 E 12TH ST DES MOINES IA 50310 -			Geocoded: No			
Phone: (555)231-6645			Facsimile: (123)456-7890			
Medicaid/NPI: 1234566			Medical License: 2345764			
VFC Manager	DO	ROBERT BONES	BONES@IRPHYSICIANS.ORG			
Address: 4321 MAIN DES MOINES IA 50310 -			Geocoded: No			
Phone: (555)555-6644			Facsimile: (123)456-7890			
Medicaid/NPI:			Medical License:			
VFC Manager - Secondary	DO	SARAH MARKOWSKI	MARK@IRPHYSICIANS.ORG			
Address: 4321 MAIN DES MOINES IA 50310 -			Geocoded: No			
Phone: (555)323-4455			Facsimile: (123)456-7890			
Medicaid/NPI: 808557664			Medical License: 567678445			

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

Add Contact	
* Role	VFC Manager
Title	
* Last Name	JOHNSON
* First Name	COLE
Middle Name	B
Email	
Telephone	123 - 456 - 7890
Ext	
Medicaid/NPI	
Address 1	321 E 12TH St
Address 2	
PO Box	
City	Des Moines
State	IA
Zip	54321 +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.

- 9) Once 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.

- 10) Return to the IRIS application.

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

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

13) Confirm the data that was 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, or VFC Vaccine Manager, return to step 2 and make necessary corrections.

14) Review the section for Providers Practicing at this Facility. 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). Confirm that 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.

Providers Practicing at this Facility

Add/Edit Provider

* Title

* Last Name

* First Name

Middle Name

* Medicaid/NPI #

* Medical License #

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	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

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- 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.

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.

Providers Practicing at this Facility

Add/Edit Provider

* Title

* Last Name

* First Name

Middle Name

* Medicaid/NPI #

* Medical License #

Save Delete Cancel

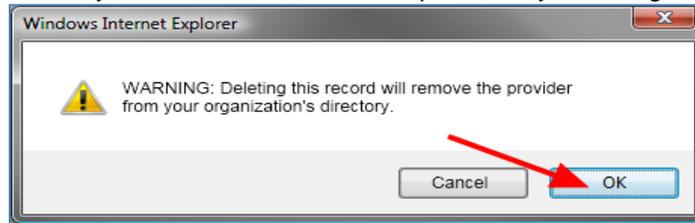
#	Last Name	First Name	Middle Name	Title	Medicaid/NPI #	Medical License #	
1	Adams	Albert		DO	2696763567	76345237	Edit
2	Barnett	Barry	Green	DO	324899027	643112345128	Edit
3	Chase	Catherine	D	MD	1234112345	2323423456	Edit
4	Davidson	Delta	Y	MD	6547645633	544341100	Edit
5	Engleside	Etta		MD	1185838064	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

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- 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 Manager section. At a minimum, the VFC Vaccine Manager and a designated back-up are required to complete the *You Call the Shots* training annually. The training is available at <http://www.cdc.gov/vaccines/ed/youcalltheshots.htm>. The Vaccines for Children and Vaccine Storage and Handling modules are required. 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 scroll through the entire agreement prior to selecting the 'I accept' check box.

Agreement

accounted for, that is wasted, stored inappropriately, or is deemed non-viable due to failure of this clinic to comply with established storage and handling guidelines or otherwise failure to comply with this agreement. The IDPH will determine violations by evaluating each case.

14. I understand this facility or the state/local immunization program may terminate this agreement at any time for personal reasons or failure to comply with these requirements. If I choose to terminate this agreement, I will properly return any unused VFC vaccine.

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable for compliance with these requirements.

I accept

Medical Director or Equivalent Signature

Date 05/16/2013

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

Agreement

accounted for, that is wasted, stored inappropriately, or is deemed non-viable due to failure of this clinic to comply with established storage and handling guidelines or otherwise failure to comply with this agreement. The IDPH will determine violations by evaluating each case.

14. I understand this facility or the state/local immunization program may terminate this agreement at any time for personal reasons or failure to comply with these requirements. If I choose to terminate this agreement, I will properly return any unused VFC vaccine.

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable for compliance with these requirements.

I accept

Medical Director or Equivalent Signature

Date 05/16/2013

18) Type your signature.

Agreement

accounted for, that is wasted, stored inappropriately, or is deemed non-viable due to failure of this clinic to comply with established storage and handling guidelines or otherwise failure to comply with this agreement. The IDPH will determine violations by evaluating each case.

14. I understand this facility or the state/local immunization program may terminate this agreement at any time for personal reasons or failure to comply with these requirements. If I choose to terminate this agreement, I will properly return any unused VFC vaccine.

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable for compliance with these requirements.

I accept

Medical Director or Equivalent Signature Matt Jacobs

Date 05/16/2013

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

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

Agreement

accounted for, that is wasted, stored inappropriately, or is deemed non-viable due to failure of this clinic to comply with established storage and handling guidelines or otherwise failure to comply with this agreement. The IDPH will determine violations by evaluating each case.

14. I understand this facility or the state/local immunization program may terminate this agreement at any time for personal reasons or failure to comply with these requirements. If I choose to terminate this agreement, I will properly return any unused VFC vaccine.

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable for compliance with these requirements.

I accept

Medical Director or Equivalent Signature

Date 



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



The screenshot shows the IRIS (Immunization Registry Information System) interface. The top navigation bar includes links for home, manage access/account, forms, related links, logout, and help desk. The user is logged in as Matt Jacobs, an IRIS Admin (Org) for IR Physicians. The main content area displays the message: "VFC Enrollment Form has been submitted". The footer includes the IRIS logo, "Production Region 3.0", and copyright information for the State of Wisconsin (1999-2013).

21) Once successfully submitted, the VFC Re-Enrollment form will be locked until the next renewal period. If there are errors on your form that need to be corrected or updates 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.