



CVP MONTHLY TRAINING SERIES PROVIDER AGREEMENT RENEWALS

Office of Immunization
February 15, 2024

Presented By:

February 15, 2024

Lisa Hallowell

Provider Support Specialist

Victoria Felix

Provider Support Specialist

Childhood Vaccine Program

WACHildhoodVaccines@doh.wa.gov

360-236-2829

Outline

- What is a Provider Agreement and why must I renew it?
- Provider Agreement Renewal Schedule
- Provider Agreement Walk-through
 - Page 1: Facility Information
 - Page 2: Provider
 - Page 3: Provider/Practice Profile
 - Page 4: Certify Frozen Vaccine
- Saving or Submitting

What is a Provider Agreement & Why Renew?

Provider Agreement:

- Providers comply with WA Childhood Vaccine Program requirements
- Best practices
- Federal and State requirements and funds

Childhood Vaccine Program (CVP) & Vaccines for Children (VFC) Program:

- Agreement required for all participating providers
- Acknowledgement of conditions:



Why Renew?

- Verify eligibility
- Capture updated info and data
- Annual provider training requirement

Provider Agreement Renewal Schedule

Renewal Start Date	March 1, 2024	March 1, 2024	April 1, 2024
Renewal Due Date	March 31, 2024	April 30, 2024	April 30, 2024
Counties	Adams Asotin Columbia Cowlitz Garfield Grays Harbor Kittitas Klickitat Lewis Lincoln Mason NE Tri Pacific Pierce Spokane Thurston Wahkiakum Walla Walla Yakima	King Snohomish	Benton-Franklin Chelan-Douglas Clallam Clark Grant Island Jefferson Kitsap Okanogan San Juan Skagit Skamania Whatcom Whitman

* If you have not completed your Provider Agreement Renewal within 30 days of your *Renewal Due Date*, you will be disenrolled from the program.

Provider Agreement Components

Page 1: Facility Information

- Facility Information/Contact Details
- Vaccines Offered
- Shipping Information

Page 2: Provider

Page 3: Provider/Practice Profile

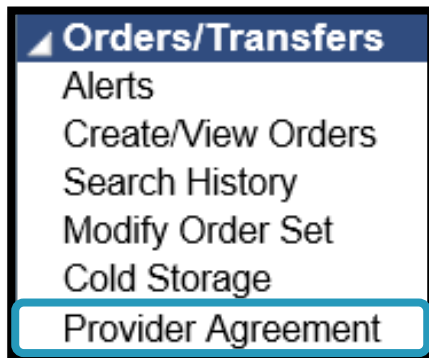
- Practice Profile
- Data Sources

Page 4: Certify Frozen Vaccine

Provider Agreement Walkthrough

Getting to your Provider Agreement Renewal:

- Log into the IIS
- Under “Orders/Transfers” select “Provider Agreement”



- Click “Add”



- Complete your 2024 Provider Agreement Renewal

Page 1: Facility Information

This page contains 3 sections:

- Facility Information/Contact Details
 - Facility Name and PIN
 - Addresses – Facility address, Vaccine delivery address, Mailing address
 - Contact Details – must include name, phone number, and email address
 - Signatory
 - Primary Coordinator
 - Backup Coordinator
 - Billing Coordinator
 - Two additional optional contacts
- Vaccines Offered
- Shipping Information

Page 1: Facility Information

- Verify facility name and address
- The following changes require a signed copy of your agreement to be submitted to DOH.
 - Update to your facility name
 - Change to your signatory
 - Update to any address
- If making any of the changes listed above, send a signed copy of your agreement to DOH at WAChildhoodVaccines@doh.wa.gov or by fax to (360)236-3811
- If none of the above changes have occurred, simply update your agreement online and submit the provider agreement electronically.

Provider Agreement Add/Edit	
Approver Comments:	YOU WILL FIND COMMENTS REGARDING YOUR PROVIDER AGREEMENT HERE.
Status:	RETURNED
VFC PIN:	159200
Organization (IRMS) Name:	JULIANNE'S ORGANIZATION
Facility Name:	PROFESSOR OAK LABORATORY x
Is Information Sharing Agreement current?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Last Renewed:	--select--
Facility Address:	
Street Address:	123 VICTORY ROAD
Street Address2:	
City:	MONTESANO
State:	WASHINGTON
County:	GRAYS HARBOR
Zip Code:	98563
Vaccine Delivery Address:	
Check if vaccine delivery address is the same as facility address:	<input type="checkbox"/>
Street Address:	123 VICTORY ROAD
Street Address2:	
City:	MONTESANO
State:	WASHINGTON
County:	GRAYS HARBOR
Zip Code:	98563
Mailing Address:	
Check if mailing address is the same as facility address:	<input type="checkbox"/>
Street Address:	123 VICTORY ROAD
Street Address2:	
City:	MONTESANO
State:	WASHINGTON
County:	GRAYS HARBOR
Zip Code:	98563

Page 1: Facility Information

Signatory

- First contact
- Phone number & email
- Authority at the facility
- Active provider with a valid license

Primary/Backup Coordinators

- Second and third contact
- Phone number & email addresses
- Annual training
 - Only online training (You Call The Shots) will be accepted
 - <https://www.cdc.gov/vaccines/ed/youcalltheshots.html>
 - Complete “Vaccines for Children (VFC)” and “Vaccine Storage and Handling” modules

Billing Coordinator

- Fourth contact
- Can be an individual or a group
- Must include email address & phone number

Contact Details:			
Type1:	Signatory		
Contact First Name1, Middle Initial 1, and Last Name 1:	SAMUEL		OAK
Phone Number1:	(360)236-2829		
Phone Number Extension1:			
Fax Number1:	(360)236-3811		
Email Address1:	SAMUEL.OAK@DOH.WA.GOV		
Type2:	Primary Vaccine Coordinator		
Contact First Name2, Middle Initial 2, and Last Name 2:	MISTY		CERULEAN
Phone Number2:	(360)236-2829		
Phone Number Extension2:			
Fax Number2:	(360)236-3811		
Email Address2:	MISTY.CERULEAN@DOH.WA.GOV		
Completed Annual Training Requirements	12/01/2018		
Method of Training Completion	Online training		
Type3:	Back-up Vaccine Coordinator		
Contact First Name3, Middle Initial 3, and Last Name 3:	BROCK		PEWTER
Phone Number3:	(360)236-2829		
Phone Number Extension3:			
Fax Number3:			
Email Address3:	BROCK.PEWTER@DOH.WA.GOV		
Completed Annual Training Requirements	12/01/2018		
Method of Training Completion	Online training		
Type4:	Billing Coordinator		
Contact First Name4, Middle Initial 4, and Last Name 4:			
Phone Number4:			
Phone Number Extension4:			
Fax Number4:			
Email Address4:			

Page 1: Facility Information

Verify vaccines offered

- **All ACIP recommended** vs. **Specialty Provider**
- If a specialty provider:
 - Defined population vs. age group
 - Choose specialty vaccine(s)

All ACIP
Recommended:



Vaccines Offered

All ACIP Recommended Vaccines

Offers Selected Vaccines (This option is only available for facilities designated as Specialty Providers by the VFC Program)

A "Specialty Provider" is defined as a provider that only serves

A defined population due to practice specialty (e.g. OB/GYN; STD Clinic; family planning). Please specify:
[Text Box] (e.g. We are an STD clinic)

or

A specific age group within the general population of children ages 0-18. Please specify:
[Text Box] (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.

Select Vaccines Offered by Specialty Provider:

<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: [Text Box]
<input type="checkbox"/> HPV	<input type="checkbox"/> Polio	
<input type="checkbox"/> Influenza	<input type="checkbox"/> Rotavirus	

Specialty Provider
Information:



Page 1: Facility Information

- Verify/change days and times
- Do NOT change facility type!
- Must be available four consecutive hours, twice a week, Monday through Friday

The screenshot shows a web form for facility information. A blue box highlights the 'Shipping Information' section, which includes a table of days and times. A red 'X' is placed over the 'Facility Type' dropdown menu, which is currently set to 'Public: Community Health Center'. Red text next to the 'X' reads 'Do NOT change facility type'. A blue box highlights the 'Save and Add Provider' button, with text below it reading 'Continue to Page 2'.

Shipping Information:			
Monday:	<input checked="" type="checkbox"/>	09:00	17:00
Tuesday:	<input checked="" type="checkbox"/>	09:00	17:00
Wednesday:	<input checked="" type="checkbox"/>	09:00	17:00
Thursday:	<input checked="" type="checkbox"/>	09:00	17:00
Friday:	<input checked="" type="checkbox"/>	09:00	17:00

Facility Type: Public: Community Health Center

Facility Type Other:

Facility Comments:

Back Save and Add Provider

Continue to Page 2

Page 2: Authorized Providers

- Medical License Number required
- NPI Number required
- Signatory will pre-populate based on contact information section
- If a pharmacist is an authorized provider, please submit a copy of the collaborative agreement to

Verify provider info

Authorized Providers [Add/Edit]					
Last Name	First Name	Middle Initial	Title	Specialty	
<input type="text" value="JAMES"/>	<input type="text" value="JESSE"/>	<input type="text"/>	<input type="text" value="DO"/>	<input type="text" value="Pediatrics"/>	
Active with this Practice	Medical License Number	NPI Number			
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text" value="NP43058723"/>	<input type="text" value="1254681065"/>			
Last Name	First Name	Middle Initial	Title	Specialty	
<input type="text" value="OAK"/>	<input type="text" value="GARY"/>	<input type="text"/>	<input type="text" value="MD"/>	<input type="text" value="Family Medicine"/>	
Active with this Practice	Medical License Number	NPI Number			
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text" value="MD15646314"/>	<input type="text" value="1527489465"/>			
* Last Name	* First Name	Middle Initial	Title	Specialty	
<input type="text" value="OAK"/>	<input type="text" value="SAMUEL"/>	<input type="text"/>	<input type="text" value="MD"/>	<input type="text" value="Family Medicine"/>	
Active with this Practice	Medical License Number	NPI Number			
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text" value="MD45678912"/>	<input type="text" value="1548754212"/>			

Sort By: Last Name Status

Signatory will pre-populate

Continue to Page 3

WAChildhoodVaccines@doh.wa.gov

Page 3: Provider/Practice Profile

This page contains 2 sections:

- Practice Profile
- Data Sources

Practice Profile

- Number of VFC eligible vs. non-VFC eligible children
- State vs. federal funding

Page 3: Provider/Practice Profile

- Number of children receiving vaccine: January 1, 2023 – December 31, 2023
- Based on patient records
- Only count a child once

Provider/Practice Profile				
VFC Vaccine Eligibility Categories	# of children who received VFC Vaccine by Age Category			
	< 1 Year	1-6 Years	7-18 Years	Total
Enrolled in Medicaid	2	9	4	15
No health insurance	5	2	7	14
American Indian/Alaska Native	8	3	6	17
Underinsured in FQHC/RHC or deputized facility ¹	11	6	7	24
Total VFC:	26	20	24	70
Non-VFC Vaccine Eligibility Categories	# of children who received VFC Vaccine by Age Category			
	< 1 Year	1-6 Years	7-18 Years	Total
CHIP	5	3	8	16
Private Insurance (WAA01)	21	17	23	61
Other Underinsured ²	0	1	2	3
Total Non-VFC:	26	21	33	80
Total Patients (must equal sum of Total VFC + Total Non-VFC):	52	41	57	150

VFC Profile Report

- Log into the IIS
- Under “Reports” select “Report Module”
- Select “VFC Profile Report”
- Enter the date range 01/01/2023 – 12/31/2023, select “Create Report”

The screenshot shows the 'VFC Profile Report' form. The 'Limit Report By' section includes the following fields:

- Vaccine Date Range:** A red box highlights the 'From:' field with the value '01/01/2022' and the 'Through:' field with the value '12/31/2022'.
- Organization:** A radio button is selected. The dropdown menu shows 'DANNETTE'S TEST ORG (7777777)' and '--select--'.
- Facility:** A radio button is selected. The dropdown menu shows 'DANNETTE'S TEST CLINIC' and '--select--'.
- PIN:** A checkbox is unselected. The dropdown menu shows '--select--'.

At the bottom right of the form, there are three buttons: 'Back', 'Reset', and 'Create Report'. The 'Create Report' button is highlighted with a red box.

Page 3: Provider/Practice Profile

Choose data source(s):

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

- Benchmarking
- Medicaid Claims
- Doses Administered
- Provider Encounter Data
- Billing System
- Washington State Immunization Information System
- Other

[Continue to Page 4](#)



Quiz Time

Storage Unit Requirements

As of January 1, 2023, household combination style storage units are no longer allowed for storing publicly supplied vaccine

- All providers enrolled in the Childhood Vaccine Program must have a stand-alone refrigerator and stand-alone freezer if certified for frozen vaccines.
- This ensures reliable, stable temperatures for publicly supplied vaccines.
- This helps reduce vaccine spoilage due to storage unit malfunction.
- Detailed information regarding the storage unit requirements can be found in our Vaccine Storage Unit Guide: <https://doh.wa.gov/sites/default/files/2022-02/348-376-VaccineStorageUnitGuide.pdf?uid=63e2e333369ab>

Page 4: Certify Frozen Vaccine

- Select if you want to be certified for frozen vaccine
- Enter all storage unit information:
 - Name
 - Unit type
 - Manufacturer
 - Effective/Purchase dates
- Enter all thermometer information:
 - Make/Model
 - Thermometer type
 - Temperature scale
 - Date of last calibration
 - Calibration expiration
- Check the box at the bottom of the screen to verify that you are able to store frozen vaccine.

The screenshot shows a web form for certifying frozen vaccine storage. It is divided into sections for 'Cold Storage Unit', 'Freezer', and 'Refrigerator'. Each section contains fields for name, type, manufacturer, model number, effective date, and purchase/issue date. There are also sections for thermometer information, including serial number, type, temperature scale, date of last calibration, and calibration expiration. A checkbox at the bottom is checked, indicating certification. Navigation buttons 'Back', 'Save for Later', and 'Submit to State' are at the bottom right.

Cold Storage Unit	
LHJ:	ACH CASCADE PACIFIC
VFC PIN:	159200
Clinic:	PROFESSOR OAK LABORATORY
Do you want to be certified for frozen vaccine (Varicella or MMRV)?	
<input checked="" type="radio"/> Yes	
<input type="radio"/> No	

Freezer	
Can freezer maintain an average temperature of 5 °F or colder?:	
<input checked="" type="radio"/> Yes	
<input type="radio"/> No	
Does freezer have a separate, insulated door?:	
<input checked="" type="radio"/> Yes	
<input type="radio"/> No	
Freezer 1	
Freezer Name:	GLACEON
Freezer Type:	Pharmaceutical (medical grade)
Manufacturer:	Sliph Co.
Model Number:	RKS-Glc101
Effective From:	12/01/2018
Purchase or Issue Date:	11/01/2018
Inactivate Freezer 1	<input type="checkbox"/>
Thermometer 1	
Thermometer Serial Number:	Logtag VFC 400
Thermometer Type:	Digital Data Logger
Other Device:	
Temperature Scale:	
Date of Last Calibration:	12/01/2018
Calibration Expiration:	12/01/2020
Add	

Refrigerator	
Refrigerator 1	
Refrigerator Name:	UMBREON
Refrigerator Type:	Pharmaceutical (medical grade)
Manufacturer:	Sliph Co.
Model Number:	RKS-Umb101
Effective From:	12/01/2018
Purchase or Issue Date:	11/01/2018
Inactivate Refrigerator 1	<input type="checkbox"/>
Thermometer 1	
Thermometer Serial Number:	Logtag VFC 400
Thermometer Type:	Digital Data Logger
Other Device:	
Temperature Scale:	
Date of Last Calibration:	12/01/2018
Calibration Expiration:	12/01/2020
Add	

By signing this document I certify that appropriate storage is in place for frozen vaccines.

Back Save for Later Submit to State

Page 4: Certify Frozen Vaccine

- Storage units cannot be deleted
- Only click “add” if you need to add a new storage unit.
- Inactivate any storage unit no longer in use
- Inactivate any storage unit added in error.
- Check the box at the bottom of the screen to certify that you are able to store frozen vaccines.

Cold Storage Unit

LHU: ACH CASCADE
PACIFIC
VFC PIN: 159200
Clinic: PROFESSOR OAK
LABORATORY

Do you want to be certified for frozen vaccine (Varicella or MMRV)?
 Yes
 No

Freezer

Can freezer maintain an average temperature of 5 °F or colder?: Yes
 No

Does freezer have a separate, insulated door?: Yes
 No

Freezer 1	Thermometer 1
Freezer Name: GLACEON	Thermometer Serial Number: Logtag VFC 400
Freezer Type: Pharmaceutical (medical grade)	Thermometer Type: Digital Data Logger
Manufacturer: Silph Co.	Other Device:
Model Number: RKS-Glc101	Temperature Scale: Fahrenheit
Effective From: 12/01/2018	Date of Last Calibration: 12/01/2018
Calibration Expiration: 12/01/2020	Calibration Expiration: 12/01/2020

Inactivate Freezer 1

Refrigerator

Refrigerator 1	Thermometer 1
Refrigerator Name: UMBREON	Thermometer Serial Number: Logtag VFC 400
Refrigerator Type: Pharmaceutical (medical grade)	Thermometer Type: Digital Data Logger
Manufacturer: Silph Co.	Other Device:
Model Number: RKS-Umb101	Temperature Scale: Fahrenheit
Effective From: 12/01/2018	Date of Last Calibration: 12/01/2018
Calibration Expiration: 12/01/2020	Calibration Expiration: 12/01/2020

Inactivate Refrigerator 1

By signing this document I certify that appropriate storage is in place for frozen vaccines.

Back Save for Later Submit to State



Quiz Time

Approval Status

- **Expired**
 - Indicates an old agreement
- **Pending Provider Submission**
 - Saved for later
- **Submitted**
 - Submitted for state approval
- **Returned**
 - Returned to the provider for corrections
- **Approved**
 - Approved by DOH

Status: Pending

Pending Provider Submission Status:

- Provider has selected “Save for Later”
- This allows the provider to complete their agreement at a later date
- The agreement **cannot be approved** by DOH when in *Pending Provider Submission* status
- Select the agreement in *Pending Provider Submission* status to continue / complete your renewal



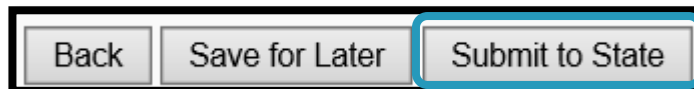
Provider Search Results									
Show 10 entries									
Select	Select Frozen Vaccine	PDF - Full	PDF Signature Page	PDF-Frozen Vaccine	Facility Name	PIN	Approval Status	Date	Approval Date
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	PROFESSOR OAK LABORATORY	15920	PENDING PROVIDER SUBMISSION	12/19/2018	

Showing 1 to 1 of 1 entries

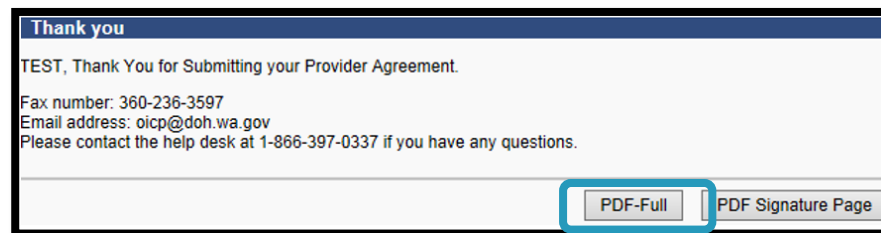
Status: Submitted

Submitted Status:

- Provider selected “Submit to state”
- DOH will review agreement within 3 business days
- If additional information is needed, agreement will be given *Returned* status
- If no additional information is needed, agreement will be given *Approved* status
- Print a copy of “PDF-Full” for your records & to send in if your clinic name, address or signatory has changed.



Select	Select Frozen Vaccine	PDF - Full	PDF Signature Page	PDF-Frozen Vaccine	Facility Name ▲	PIN ◆	Approval Status ◆	Date ◆
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	NICOLE'S VFC CLINIC 2	6541	EXPIRED	08/01/2017
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	NICOLE'S VFC CLINIC 2	6541	EXPIRED	12/31/2018
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	NICOLE'S VFC CLINIC 2	6541	EXPIRED	12/02/2019
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	NICOLE'S VFC CLINIC 2	6541	SUBMITTED	01/28/2020



Status: Returned

Returned Status:

- State is requesting more information
- View “Approver Comments” on page 1 of your agreement to see what information is requested
- Complete the requested changes and re-submit your agreement
- Changes can be made throughout the year by asking for your agreement to be given returned status
- Make sure to re-submit your agreement!

Select	Select Frozen Vaccine	PDF Full	PDF Signature Page	PDF-Frozen Vaccine	Facility Name	PIN	Approval Status	Date	Approval Date	Expiration Date
[->]	[->]	PDF	PDF Signature	PDF-Frozen Vaccine	TEST VOM CLINIC	111TEST	RETURNED	01/17/2018		
[->]	[->]	PDF	PDF Signature	PDF-Frozen Vaccine	TEST VOM CLINIC	111TEST	APPROVED	01/03/2018	01/03/2018	01/31/2019
[->]	[->]	PDF	PDF Signature	PDF-Frozen Vaccine	TEST VOM CLINIC	111TEST	EXPIRED	11/01/2017	10/10/2017	10/31/2017

Provider Agreement Add/Edit	
Approver Comments:	YOU WILL FIND COMMENTS REGARDING YOUR PROVIDER AGREEMENT HERE.
Status:	RETURNED
VFC PIN:	111TEST
Organization (IRMS) Name:	TEST CLINIC
Facility Name:	TEST VOM CLINIC
Agreement Signatory:	JOHN DOE
Agreement Signatory Title:	MD
Is Information Sharing Agreement current?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Last Renewed:	--select--
Facility Address:	

Back	Save for Later	Submit to State
------	----------------	-----------------

Status: Approved

To be approved, all accountability must be submitted including all reports, doses administered outside of age range (DOAR) questionnaire, and other reports

Approved Status:

- Provider agreement renewal was approved by DOH
- An expiration date will be assigned
- Renewals are good for one year, based on your renewal schedule
- If you have any changes to make throughout the year, contact us at WChildhoodVaccines@doh.wa.gov

Select	Select Frozen Vaccine	PDF - Full	PDF Signature Page	PDF-Frozen Vaccine	Facility Name	PIN	Approval Status	Date	Approval Date	Expiration Date
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	DANNETTE'S PEDIATRIC CLINIC	333333	EXPIRED	03/01/2017	02/10/2016	02/28/2017
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	DANNETTE'S PEDIATRIC CLINIC	333333	EXPIRED	08/01/2017	07/25/2016	07/31/2017
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	DANNETTE'S PEDIATRIC CLINIC	333333	EXPIRED	08/31/2018	08/23/2017	08/31/2018
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	DANNETTE'S PEDIATRIC CLINIC	333333	APPROVED	01/27/2020	03/10/2020	03/31/2024





Quiz Time

Thank You!

Provider Agreement Renewal Resources:

[Provider Agreement Renewal Guide](#)

[Provider Agreement Renewal Schedule](#)

[Provider Agreement Renewal FAQ](#)

You Call The Shots Training:

<https://www.cdc.gov/vaccines/ed/youcalltheshots.html>

[You Call the Shots CDC TRAIN Instructions](#)

[Vaccine Storage Unit Guide](#)

Contact Information:

WAChildhoodVaccines@doh.wa.gov

360-236-2829

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

DOH 348-676 February 2023

CVP Training Series Future Topics

March 21: Billing and Eligibility

April 18: Vaccine Ordering & Receiving

May 16: Vaccine Returns & Replacements

Suggestions? Please send to
WChildhoodVaccines@doh.wa.gov



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

DOH 348-1025 February 2024