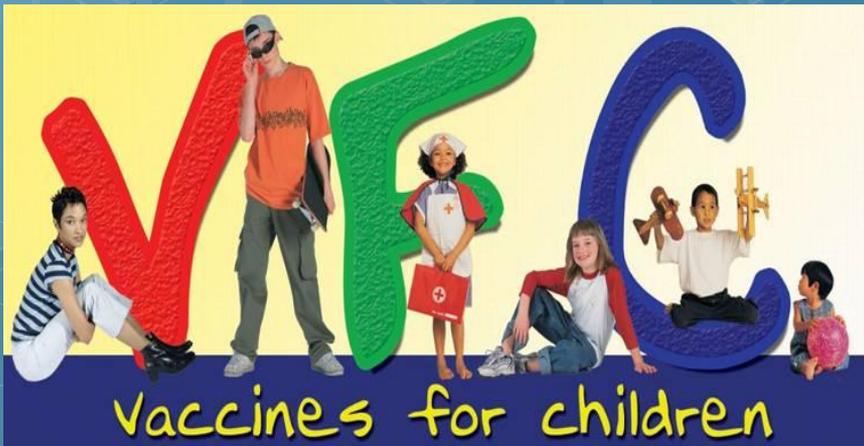


# 2015 VFC Re-Enrollment



*Healthy People. Healthy Communities.*

Department of Public Health & Human Services

Audio: 1-877-668-4490  
Access Code: 576 279 081

## Presented By:

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## House Keeping

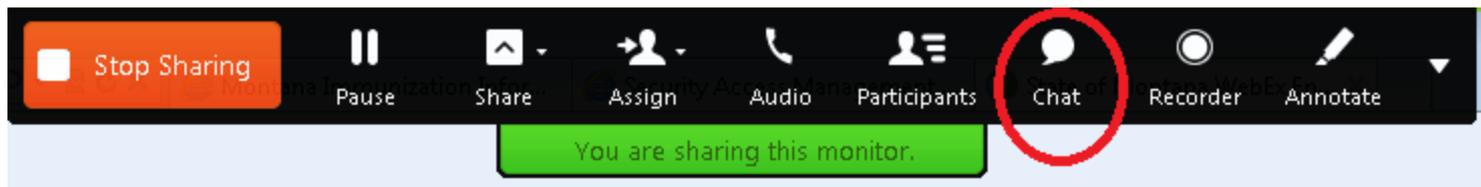
We are muting all participants upon entering the presentation

If you would like to ask a question, please unmute your phone

We do have the chat option that will allow you to type a question in that can be sent to just the host or the entire group if necessary

This presentation will be posted to [www.immunization.mt.gov](http://www.immunization.mt.gov) under the VFC Training and Resource Page

Let's get started!!



## Objective:

- 2015 Re-Enrollment in imMTrax
- Who, Why, How, When



## Topics:

- What you will need
- Page by page look at the 2015 site contract
- December Hot Topic-Required Attendance

## VFC 2015 Re-Enrollment in imMTrax:

**Who?** All VFC Providers

**Why?** It is Federal Law.

**How?** Update and submit a Site Contract in imMTrax

**When?** Begin December 15, 2014 –  
Cannot order in 2015 until Site Contract is submitted and approved.

- Do not start your site contract before December 15<sup>th</sup>
- Once you start your site contract, you cannot reconcile and order vaccine until your site contract is submitted and approved

We will email detailed memo prior to December 15th  
when re-enrollment begins.

## What do you need before starting the process:

- Vaccine Manager and Alternate Manger must have completed the Provider Education Requirement:
  - See Memo dated: September 4<sup>th</sup>, 2014
  - [http://www.dphhs.mt.gov/Portals/85/publichealth/documents/Immunization/250\\_3Provider%20Education%202014.pdf](http://www.dphhs.mt.gov/Portals/85/publichealth/documents/Immunization/250_3Provider%20Education%202014.pdf)
  - Data Logger Basics Webinar will be December Hot Topics
- Provider Profile Numbers (Immunization Patients from previous year by eligibility and age)
  - Type of Data used to determine profile numbers
- Medical Directors license number, NPI, and EIN numbers
- Shipping address and shipping hours for vaccine
- Review list of vaccines offered at your clinic
- Review List of Providers and Clinicians. How?
  - **Manage Clinicians** or **Manage Providers**
  - Click **Find**
  - If incorrect, e-mail [hhsiz@mt.gov](mailto:hhsiz@mt.gov) the corrections or additions
- **You are ready to start!!**

## Page 1 of Provider Agreement:

All Information will pre-populate  
With Provider Information

Vaccine Delivery Address

Mailing Address

Vaccine Delivery Times

**\*\* MUST be in military Time**

**\*\* Example 08:00-- 17:00**

Provider Agreement:

**Provider Information:**

Pin #: 165

Practice Name: Richland County Health Department

Organization: Richland County Health Department

**Vaccine Delivery Address:**

Street: 1201 WEST HOLLY ST SUITE #1

Street:

City: Sidney

State: MT

Zip: 59270 - -

Phone: ( 406 ) 433 - 2207

Fax: ( 406 ) 433 - 6895

Email: KHELMUTH@RICHLAND.ORG

**Mailing Address:**

Street: 1201 WEST HOLLY ST SUITE #1

Street:

City: Sidney

State: MT

Zip: 59270 - -

Phone: ( 406 ) 433 - 2207

Fax: ( 406 ) 433 - 6895

**Vaccine Delivery Times:**

Note: Facilities must be open with appropriate staff available to receive vaccine at least one day a week other than Monday, and for at least four consecutive hours during that day. All times must be populated in military time

Day	From	To	From	To	Closed?
Monday:	08:00	17:00			<input type="checkbox"/>
Tuesday:	08:00	17:00			<input type="checkbox"/>
Wednesday:	08:00	17:00			<input type="checkbox"/>
Thursday:	08:00	17:00			<input type="checkbox"/>
Friday:					<input checked="" type="checkbox"/>

## Page 1 Cont.:

Facility Type

Vaccines Offered

VFC providers are required to offer all ACIP-recommended vaccines for the populations they serve.

### Specialty Providers include:

- Family Planning Clinics
- Birthing Hospitals
- Correctional Facilities/Juvenile Detention Centers
- Job Corps
- Pharmacies
- School-based Clinics

Facility Type:

Private Facilities	Public Facilities
<input type="radio"/> Private Hospital	<input type="radio"/> Public Health Department Clinic
<input type="radio"/> Private Practice (solo/group/HMO)	<input checked="" type="radio"/> Public Health Department Clinic as agent for FQHC/RHC-deputized
<input type="radio"/> Pharmacy	<input type="radio"/> FQHC/RHC (Community/Migrant/Rural)
<input type="radio"/> Birthing Hospital	<input type="radio"/> Tribal/Indian Health Services Clinic
<input type="radio"/> School-Based Clinic	<input type="radio"/> Woman, Infants and children
<input type="radio"/> Teen Health Center	<input type="radio"/> Family Planning
<input type="radio"/> Adolescent Only Provider	<input type="radio"/> Juvenile Detention Center
<input type="radio"/> Other <input type="text"/>	<input type="radio"/> Correctional Facility
	<input type="radio"/> Other <input type="text"/>

Vaccines Offered:

All ACIP Recommended Vaccines

Offers Select Vaccines

A "Specialty Provider" is defined as a provider that only serves (1) a defined population due to the practice specialty (e.g. OB/GYN; STD clinic; family planning) or (2) a specific age group within the general population of children ages 0-18. 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 checked="" type="checkbox"/> DTaP	<input checked="" 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, specify: <input type="text"/>
<input type="checkbox"/> HPV	<input type="checkbox"/> Polio	
<input type="checkbox"/> Influenza	<input type="checkbox"/> Rotavirus	

Cancel Next

## Page 2:

### Provider Profile Numbers

- **Integrated Provider-** these numbers will auto-populate based on last years immunizations given. If you do not manage private vaccine in imMTrax, private numbers must come from eligibility screening documentation.
- **Aggregate Provider-** Obtain these numbers from your eligibility screening documentation for the previous year.

#### Provider Population

Provider Population based on patients seen during the previous 12 months. Report the number of children who received vaccinations at your facility by age group. Only count a child once based on the status at the last immunization visit, regardless of the number of the visits made. The following table documents how many children received VFC vaccine, by category, and how many received non-VFC vaccine.

VFC Vaccine Eligibility Categories	# of children who received VFC Vaccine by Age Category				
	< 1 Year	1 - 6 Years	7 - 18 Years	> 19 Years	Total
Enrolled in Medicaid	0	0	0	0	0
No Health Insurance	0	0	0	N/A	0
American Indian/Alaskan Native	0	0	0	N/A	0
Underinsured in FQHC/RHC or deputized facility(1)	0	0	0	N/A	0
<b>Total VFC</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Non-VFC Vaccine Eligibility Categories	# of children who received non-VFC Vaccine by Age Category				
	< 1 Year	1 - 6 Years	7 - 18 Years	> 19 Years	Total
Have Health Insurance	0	0	0	0	0
<b>Total Non-VFC</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Patients</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

(1) Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance.

In addition to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an unapproved deputized provider. The deputized provider must have a written agreement with a FQHC/RHC and the state/local/territorial immunization program in order to vaccinate these underinsured children.

Adjust numbers if you are gaining or losing a provider or have other circumstances where the 2014 numbers may not be good estimates for 2015.

## Page 2 cont.:

Type of data used to determine provider population:

- Choose all that apply:
  - imMTrax numbers (integrated providers) = IIS

Type of data used to determine provider population (choose all that apply)

<input checked="" type="checkbox"/> Benchmarking	<input checked="" type="checkbox"/> Doses Administered
<input type="checkbox"/> Medicaid Claims Data	<input type="checkbox"/> Provider Encounter Data
<input type="checkbox"/> IIS	<input type="checkbox"/> Billing System
<input type="checkbox"/> Other (must describe):	<input type="text"/>

Cancel Back Next



## Page 3:

### Providers/Clinicians

- Check the list to make sure that all providers prescribing VFC vaccines are listed. **(Providers are in all Caps)**
- Check the list to make sure all nurses giving immunizations are listed.

*Health Professionals authorized to prescribe and/or administer vaccines in your facility (Modify this list through [Add / Edit Providers](#)).*

Last Name	First Name	Medical License No.	Medicaid Provider No.	Title (MD, DO, NP, PA, RN, LPN, MA)
KARANJAI	RAJOHN	10140		MD

This record will be kept on file at the Montana Immunization Program.

**The Montana Immunization Program should be notified within ten (10) days of any changes, additions or deletions to this list.**

- If this list is not correct, please e-mail [hhsiz@mt.gov](mailto:hhsiz@mt.gov) the corrections or additions.



## Page 4:

### Medical Director or Equivalent Vaccine Coordinators

**\*\*All information is required on this page before moving on.**

To answer "Yes" to Completed Annual Training, must have completed CDC *You Call the Shots*:

- Vaccines for Children
- Vaccine Storage and Handling
- Data Logger Basic Webinar

**If no e-mail, type "Does not have E-mail" in that field.**

#### Medical Director or Equivalent

**Instructions:** The official VFC registered health care provider signing the agreement must be a practitioner authorized to administer pediatric vaccines under state law who will also be held accountable for compliance by the entire organization and its VFC providers with the responsible conditions outlines in the provider enrollment agreement. The individual listed here must sign the provider agreement.

Last Name: Grady

First Name: Katie

Middle Initial: L

Title: DO

Specialty: Family Medicine

License No: 1234

Medicaid or NPI No: 12345

Employer Identification Number: 12345

Provider Name: Richland County Health Department

PIN : 165

#### Vaccine Coordinators

Primary Vaccine Coordinator Name:

Lori Hutchinson Phone: (406) 444 - 0277

Email: lhutchinson@mt.gov

Completed Annual Training:  Yes  No

Type of Training Received: you call the shots/VFC/storage and handling

Backup Vaccine Coordinator Name:

Katie Grady-Selby Phone: (406) 444 - 1613

Email: kgrady@mt.gov

Completed Annual Training:  Yes  No

Type of Training Received: you call the shots/vfc/storage and handling

Cancel Back Next

## Page 4:

### Provider Requirements

- Please have the medical director (or equivalent) read the site contract thoroughly before signing:



#### *Provider Requirements:*

To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or equivalent:

1. I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.
2. I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:
  - a. Federally Vaccine-eligible Children (VFC eligible)
    1. Are an American Indian or Alaska Native;
    2. Are enrolled in Medicaid;
    3. Have no health insurance;
    4. Are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement.

## Page 5:

### Provider Agreement Signatures

- Make sure the Medical Director or Equivalent matches what is list on page 4 of the site contract

#### *Provider Agreement Signatures*

**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 (and each listed provider is individually accountable) for compliance with these requirements.**

Typed Name - Vaccine Manager

Typed Name - Medical Director Or Equivalent

Hit Save and Submit when completed

## Site Contract Check by the Immunization Program:

### What do we look for?....

- Provider Profile Numbers
  - Serving VFC eligibility categories appropriate to the clinic
  - Patient numbers are in line with 2014 doses administered and shipping data
- Missing Information on the site contract
- Reconciliation and Cold Chain are Up-to-date
- Before approving your site contract, we may contact you with questions and ask for revisions
- Please response promptly to our inquiries to avoid order delays
- All site contracts will be approved within 72 hours of submitting

## December Hot Topic

Data Logger Basics Webinar – Required by VFC vaccine managers and alternates prior to re-enrollment for 2015.

- Learn about our new and improved data loggers to be distributed the first two weeks of December.
- Three presentation times:
  - Tuesday, December 16<sup>th</sup> at 7:00 a.m.
  - Tuesday, December 16<sup>th</sup> at 8:00 a.m.
  - Thursday, December 18<sup>th</sup> at Noon

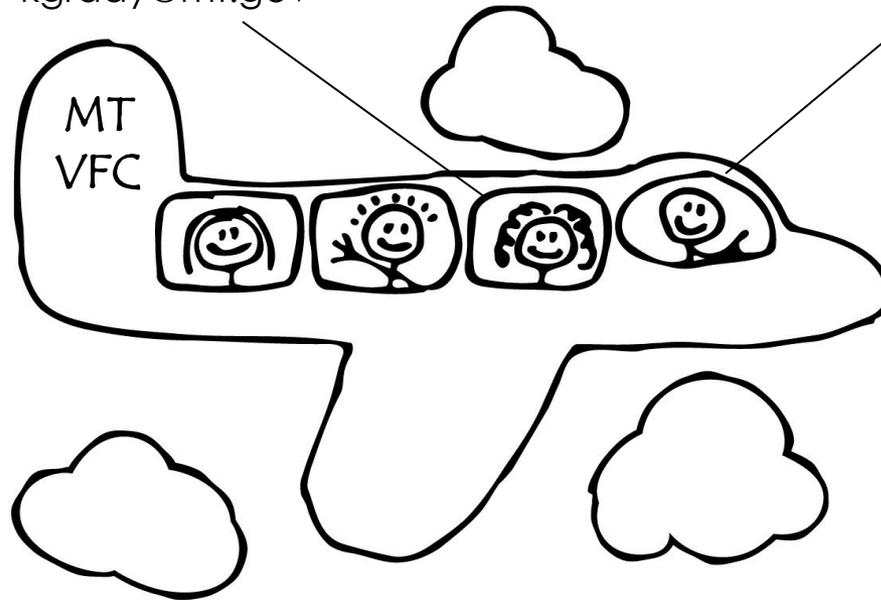
See our VFC Hot Topics Schedule for details:

<http://www.dphhs.mt.gov/publichealth/Immunization/Vn/VFCHotTopics.aspx>



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