

To: Providers participating in the Arizona Vaccines for Children Program

Thank you for being a part of the Arizona Vaccines for Children Program. Each year, providers must renew their Provider Agreement for the receipt of VFC vaccine.

With this letter, we are sending the [2018 Electronic Re-enrollment Provider Guide](#) and the [2018 Electronic Re-enrollment Quick Reference Guide](#). **Both guides include important information and instructions to help you complete your Provider Agreement. The Provider Guide contains more detailed instructions with screenshots, while the QR Guide is short and concise.** Use the guides to help you work through the four screens needed to complete the agreement. Use the checklist on the last page of the guides to track your progress.

Most of the information you'll need to complete your 2018 Provider Agreement is preloaded in the system. You'll see it when you open the agreement. Please review the information and make sure it is correct. Update everything that has changed.

You will need to gather some information for verification before starting the online re-enrollment. Gathering the information ahead of time will save time and help the process go smoothly.

- ⊕ **Practice Details** – *This information will be prepopulated in ASIIS*
 - **Facility Details** – verify the physical address, vaccine delivery address, and mailing address for your practice.
 - **Contact Details** – verify the names, email addresses, telephone and fax numbers for the primary facility contacts (Signatory Physician, Office Manager), and primary and backup vaccine coordinators. Make sure emails are correct. Include phone and fax numbers for all contacts even if they are the same.
 - **Shipping Days and Times** – verify the **days of the week** and **core business hours** that staff is available to receive vaccine shipments. There must be staff on site to receive vaccines at least 4 days of the week and 4 hours a day.

- ⊕ **Authorized Providers – Prescribing Physician Details** – *This information will be prepopulated in ASIIS* – verify the name, specialty, Arizona State Medical License Number and National Provider ID (NPI) for each physician prescribing vaccines in your practice.
 - Here is a link to help you locate Medical License Numbers:
 - <http://www.azmd.gov/glsuiteweb/clients/azbom/public/WebVerificationSearch.aspx>
 - The National Provider ID (NPI) is required for each physician/vaccinator in your practice. Here is a link to help you locate NPI numbers:
 - <https://npiregistry.cms.hhs.gov/>

- ⊕ **Practice/Provider Profile** – gather the information about the number of children by age group, insurance type, and demographics who received VFC vaccine at your practice during the previous calendar year (January 1, 2017 – December 31, 2017). **Please allow extra time to gather this information. You'll need to update this information in ASIIS to complete your agreement.**
 - If you captured VFC patient eligibility in ASIIS in 2017, *this information will be prepopulated in ASIIS*, and you can verify and adjust the data if necessary.
 - If you have not captured VFC patient eligibility in ASIIS, your billing staff may be the best source for this information. *Please note that VFC eligibility must be documented for every visit.

- ⊕ **Cold Storage Unit Details** – *This information will be prepopulated in ASIIS* – verify the information about the storage units used to store VFC vaccines and the data loggers you use to monitor temperatures in those storage units. If you have been approved and want to recertify for frozen vaccine you need to verify the information about the freezer used to store VFC vaccines. The required information is: name;

manufacturer; model number; thermometer type; temperature scale; date of last calibration. ****Please note that as of January 1st, 2018 data loggers are the required and the ONLY acceptable temperature monitoring device on all units storing VFC vaccines.***

⊕ **Certificates for Completed Annual Training** for the primary and backup vaccine coordinators. Available options for the annual trainings are:

- The CDC Training on Vaccine Management – “You Call The Shots” (YCTS):
 - [Vaccines For Children \(VFC\) Jan 2018](#)
 - [Vaccine Storage and Handling Jan 2018](#)
- The AIPO Train – Arizona Vaccines for Children Training module
 - [AIPO Train = Arizona Immunization Program Office training - www.aipotrain.org](http://www.aipotrain.org)

Completing the re-enrollment process could take 20 minutes or longer depending on how you need to report. You must complete all required fields in each section of the agreement to proceed to the next screen. The information you enter will be saved as you complete each screen. If you need to stop before you’ve completed the agreement, be sure to save the screen you’re on so you can come back later and complete the process. You must complete all four screens of the online agreement before you submit it to the state.

After the online agreement is submitted, click on the PDF link to print the full Provider Agreement for your records. Keep the **original** signature document(s).

All parts of the Agreement must be signed by the person within your practice that is licensed in the State of Arizona to prescribe vaccines (M.D., D.O., NP or FNP) and who has primary responsibility for making decisions about your practice and its operations.

Send a **copy of the signed signature page, certificates for completed annual training for the primary and backup coordinators and the signed refrigerator and freezer verification form** via e-mail to: ArizonaVFC@azdhs.gov or ASIISHelpDesk@azdhs.gov.

The printed document is the official Provider Agreement form approved by the CDC. ***No changes can be made to the provider enrollment requirements without prior approval from the CDC. Do not modify, remove, or add any requirements or information to the Provider Agreement form.***

You can generate and print the signature documents individually:

- Click on the PDF Signature Page link to print the Agreement signature page;
- Using the Navigation Menu, click on the Orders/Transfers menu heading and click Provider Agreement. Click PDF – Frozen Vaccine to print the Refrigerator and Freezer Verification form.

As of March 1st, 2018 your re-enrollment will open and you can prepare and submit your Provider Agreement. The re-enrollment process will close June 30th, 2018. If a location fails to re-enroll by June 30th, that location will be inactivated from the VFC program for non-compliance.

The Arizona Immunization Program cannot approve your Provider Agreement until submitted information is reviewed and the signed documents (signature page, certificates for completed annual training and the refrigerator and freezer verification form) are received in our office.

Please be aware that if your 2017 Provider Agreement expires you will not be able to order VFC vaccines until your 2018 re-enrollment is submitted and approved.

Ensure your vaccine ordering is not disrupted. Don't wait until the last minute to complete your online re-enrollment!

If you have questions regarding the re-enrollment process or the online forms, please contact the Arizona State Immunization Program, at (602) 364-3642 and (602) 364-3899 or e-mail us at: ArizonaVFC@azdhs.gov or ASIIHelpDesk@azdhs.gov or contact your IPS directly.