

Iowa Immunization Registry Information System (IRIS)

Vaccines for Children (VFC) Program Re-Enrollment Instructions

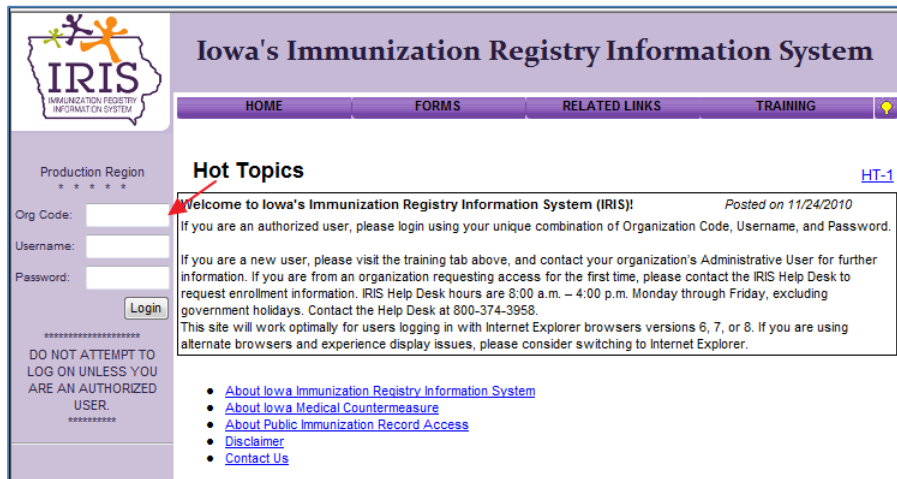
Version 1.9

July 2021

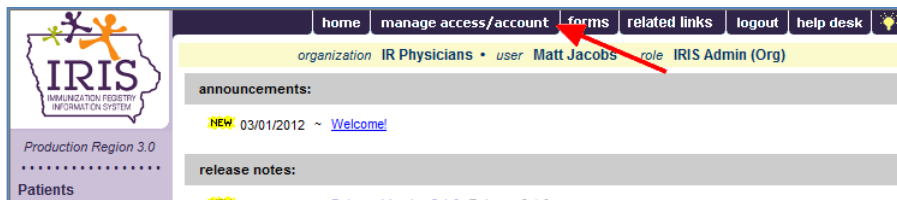
These directions provide step-by-step instructions for completing the Vaccines for Children (VFC) Program's annual re-enrollment, which is required for all participating VFC providers. Only IRIS Admin users have access to complete VFC re-enrollment. To add additional Admin Users, complete the [IRIS Site 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 in the upper right corner of the form.

VFC Re-Enrollment Form Completion

- 1) **Use Internet Explorer as your web browser.** Log into IRIS at <https://iris.iowa.gov> using your Org Code, Username, and Password.



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



- 3) Select Edit Organization.




- 4) Enter your organization name in the search string, then select 'search'. Type either the full name or part of the organization name.


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

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

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	19	254	773	1045
Of the total number of children above how many are VFC eligible due to:				
Medicaid Eligible	12	158	381	550
No Health Insurance	8	90	310	408
American Indian/Alaska Native	0	0	0	0
Underinsured (only for FQHC, RHC, or local public health agencies)	1	2	5	8
Total VFC Eligible Patients	19	250	689	957

Begin Date 

End Date 

- a) If the organization uses IRIS to track VFC vaccine inventory, the VFC Patient Activity chart will be populated, and changes will not need to be made. Proceed to step 7.
- b) If the organization **does not** track VFC vaccine inventory in IRIS, the admin user will need to update the VFC Patient Activity chart manually. An example of the chart is displayed below. The Patient Activity must reflect one year. Enter the number of patients in each cohort that received immunizations at the organization from 4-1-2020 through 3-31-2021. 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

For a 12 month period, enter the number of children in each age cohort who will receive vaccinations at your facility

	Less than 1 Year	1 through 6 Years	7 through 18 Years	Total
Total number of children that receive vaccinations at this clinic/practice	100	200	300	600
Of the total number of children above how many are VFC eligible due to:				
Medicaid Eligible	75	125	200	400
No Health Insurance	25	50	50	125
American Indian/Alaska Native	0	25	25	50
Underinsured (only for FQHC, RHC, or local public health agencies)	0	0	25	25
Total VFC Eligible Patients	100	200	300	600

Begin Date
 End Date

- c) Once the VFC Patient Activity chart is completed, edit the date range below the chart to show the beginning date of 04/01/2020 and ending date of 03/31/2021, and select 'Update' to save the entries.

VFC Patient Activity

For a 12 month period, enter the number of children in each age cohort who will receive vaccinations at your facility

	Less than 1 Year	1 through 6 Years	7 through 18 Years	Total
Total number of children that receive vaccinations at this clinic/practice	100	200	300	600
Of the total number of children above how many are VFC eligible due to:				
Medicaid Eligible	75	125	200	400
No Health Insurance	25	50	50	125
American Indian/Alaska Native	0	25	25	50
Underinsured (only for FQHC, RHC, or local public health agencies)	0	0	25	25
Total VFC Eligible Patients	100	200	300	600

Begin Date
 End Date

- 7) Review and update the 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@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
 City State Zip +4
 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 the 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, email address, 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 select 'Apply'.

Add Contact

* Role Primary VFC Vaccine Coordinator
 Title
 * Last Name Roberta
 * First Name Roberts
 Middle Name
 Email IRIS_admin@irphysicians.org
 Telephone 515 - 831 - 3958
 Ext
 Medicaid/NPI

Address 1 123 W 12TH Ave
 Address 2 SUITE 400
 PO Box
 City DES MOINES
 State IA Zip 50319 +4
 Facsimile
 Ext
 Medical License

Apply
 Cancel

b) The Medical Director's email address must be included.

Medical Director	DO	BOB DOBBS	bob.dobbs@NOPLACE.COM
Address: 321 E 12TH ST SUITE 100 DES MOINES IA 50319 -			Geocoded:
Phone: (515)555-5555			Facsimile:
Medicaid/NPI: 48934			Medical License: 27834934


c) To update or change a contact, select the Edit icon for the entry.

Contact Listing			
Role	Title	Name	E-Mail
Vaccine Delivery		CASEY WALLACE	ADMIN@IRPHYSICIANS.ORG
Address: 15 SOUTHERN AVE DES MOINES IA 50311 - 2345		Geocoded: No	
Phone: (555)342-8655x3444		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	

d) The contact's details will display in the Edit Contact section. Make necessary changes, then select 'Apply'. Repeat as necessary for all contacts.

Edit Contact	
* Role	Medical Director
Title	MD
* Last Name	DOBBS
* First Name	BOB
Middle Name	
Email	BOB.DOBBS@NOPLACE.COM
Telephone	515 - 555 - 5555
Ext	
Medicaid/NPI	48934
Medical License	27834934
Address 1	321 E 12TH ST
Address 2	SUITE 100
PO Box	
City	DES MOINES
State	IA
Zip	50319
Facsimile	
Ext	
Medical License	27834934

e) Once the necessary updates have been made, select 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.

 IRIS IMMUNIZATION REGISTRY INFORMATION SYSTEM	Iowa's Immunization Registry Information System		
	HOME	FORMS	RELATED LINKS
Production Region ***** Welcome Matt Jacobs Logout	Edit IRIS PROFILE		
	IIS Status	<input checked="" type="radio"/> Open <input type="radio"/> Closed	<input type="button" value="Save"/>
	Org Id	2	<input type="button" value="Cancel"/>
	* Name	IR Physicians	

- 9) Return to the IRIS application by selecting the word 'IRIS' from the left menu panel.

Iowa's Immunization Registry Information System

HOME FORMS RELATED LINKS TRAINING

**** Organization Updated ****

Edit IRIS PROFILE

Org Id: 2 Save

* Name: IR Physicians Cancel

Org Code: IRPH

Org Type: IPA/Vendor

Federal Designation: No

Hospital FPI:

County: Polk

Organization Relationships

Data Source: Self

IRIS Group:

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

Iowa's Immunization Registry Information System

HOME FORMS RELATED LINKS TRAINING

[IR Physicians](#)

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

Inventory

- manage inventory
- manage orders
- manage transfers
- shipping documents
- transaction summary

Maintenance

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

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- 12) Confirm the data saved on the Edit Organization page appears on the VFC Provider Enrollment Form. If changes are necessary 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.

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)342-8655
Fax Number: (123)456-7890

Medical Director or Equivalent

Primary

* Title MD

* Last Name EXAMPLE * Medicaid/NPI # 983785048928

* First Name RICHARD * Medical License # 83478403023

Middle Name M

Secondary

* Title MD

* Last Name SMITH * Medicaid/NPI # 1234566

* First Name JANE * Medical License # 2345764

Middle Name EUNICE

Completion of this form for the first time will require adding all participating providers (physicians, physician assistants and nurse practitioners). See below for more details.

- 13) Review the section for Providers Practicing at this facility and edit as needed (see steps a-e below for more details). Confirm all providers within the 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 the information in the Add/Edit Provider section and select '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

- b) To update or change provider data, select 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

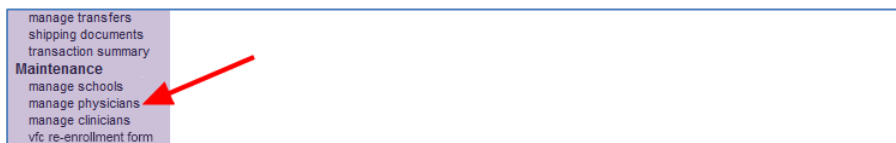
#	Last Name	First Name	Middle Name	Title	Medicaid/NPI #	Medical License #	
1	Adams	Albert		DO	2696763567	76345237	Edit
2	Barnett	Barry	Green	DO	324899027	643112345128	Edit
3	Chase	Catherine	D	MD	1234112345	2323423456	Edit
4	Davidson	Delta	Y	MD	6547645633	544341100	Edit
5	Engleside	Etta		MD	1185838064	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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- c) The Edit Physician page will display. The physician can be edited or deleted on this page. Any updates can be made and click on Save to save the changes or if the physicians needs to be deleted, click the delete button.

- d) Confirm the provider will be deleted by selecting 'OK'.

- i) Note: Organizations can 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.



- e) The screen will confirm any changes in red at the top of the page. To go back to the re-enrollment process, select the VFC Re-Enrollment Form link from the left menu panel, under the Maintenance menu.

Name	Street	City/State/ZIP	Email	Physician Activity Status
Coqs, BVryan				Other
Zehner, Joseph				

- 14) Complete the VFC Vaccine Coordinator section. The VFC Vaccine Coordinator and Back-Up Vaccine Coordinator are required to complete annual training. The training is available at <https://www.cdc.gov/vaccines/ed/youcalltheshots.html>. The following training modules are required for continued participation in the VFC Program:
- Vaccine Storage and Handling Jan 2021
 - Vaccines for Children (VFC) Jan 2021

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

The VFC Vaccine Coordinator and Back-Up Vaccine Coordinator have completed the annual training requirements. The training is available at <http://www.cdc.gov/vaccines/ed/youcalltheshots.htm>. The following modules are required: [Vaccine Storage and Handling](#) [Vaccines for Children Program](#).

- 15) Read the VFC enrollment requirements. Read and scroll through the entire agreement prior to selecting the 'I accept' check box.

Agreement

not just established patients. "Walk-in" does not mean that a provider must serve VFC patients without an appointment. If a provider's office policy is for all patients to make an appointment to receive immunizations then the policy would apply to VFC patients as well.

14. I agree to replace vaccine purchased with state or federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a dose-for-dose basis.

15. I understand this facility or the Iowa Immunization Program may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the Iowa Immunization Program.

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.

I accept

Medical Director or Equivalent Signature

Date 07/14/2021

- 16) Select the check box to accept the VFC enrollment requirements for the organization.

Agreement

not just established patients. "Walk-in" does not mean that a provider must serve VFC patients without an appointment. If a provider's office policy is for all patients to make an appointment to receive immunizations then the policy would apply to VFC patients as well.

14. I agree to replace vaccine purchased with state or federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a dose-for-dose basis.

15. I understand this facility or the Iowa Immunization Program may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the Iowa Immunization Program.

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.

I accept

Medical Director or Equivalent Signature

Date 07/14/2021

17) Type the medical director or equivalent signature.

Agreement

not just established patients. "Walk-in" does not mean that a provider must serve VFC patients without an appointment. If a provider's office policy is for all patients to make an appointment to receive immunizations then the policy would apply to VFC patients as well.

14. I agree to replace vaccine purchased with state or federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a dose-for-dose basis.

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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.

I accept

Medical Director or Equivalent Signature: _____

Date: 07/14/2021

Submit

18) Select the 'Submit' button. If any alert messages appear at the top of the page, make the necessary corrections, scroll through and sign the agreement again, and select 'Submit' again.

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

Agreement

not just established patients. "Walk-in" does not mean that a provider must serve VFC patients without an appointment. If a provider's office policy is for all patients to make an appointment to receive immunizations then the policy would apply to VFC patients as well.

14. I agree to replace vaccine purchased with state or federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a dose-for-dose basis.

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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.

I accept

Medical Director or Equivalent Signature: _____

Date: 07/14/2021

Submit

19) After selecting submit, 'VFC Enrollment Form has been submitted' will display to confirm submission of the VFC Enrollment Form.

home manage access/account forms related links logout help desk

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

VFC Enrollment Form has been submitted

Production Region 3.0

Patients
manage patient
enter new patient

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20) Once successfully submitted, the VFC Enrollment Form will be locked until the next renewal period. If edits are necessary after submission, contact the Vaccines for Children Program at 800-831-6293, ext. 4.

Note: The VFC Re-Enrollment Form is required annually. Staff 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 the organization, use the 'Manage Physicians' link as noted in step 14c.