

Iowa Immunization Registry Information System (IRIS)

Vaccines for Children (VFC) Program Re-Enrollment Instructions

Version 1.7

April 2018

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 the full organization name or 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	Z90096	DES MOINES	Polk	Y

- 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	54	617	1656	2317
Of the total number of children above how many are VFC eligible due to:				
Medicaid Eligible	33	451	1020	1496
No Health Insurance	21	167	652	838
American Indian/Alaska Native	0	0	0	0
Underinsured (only for FQHC, RHC, or local public health agencies)	4	5	11	20
Total VFC Eligible Patients	54	610	1641	2295

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 4-1-2017 through 3-31-2018. 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	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Of the total number of children above how many are VFC eligible due to:				
Medicaid Eligible	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
No Health Insurance	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
American Indian/Alaska Native	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Underinsured (only for FQHC, RHC, or local public health agencies)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total VFC Eligible Patients	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

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 04/01/2017 and ending date of 03/31/2018, 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	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Of the total number of children above how many are VFC eligible due to:				
Medicaid Eligible	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
No Health Insurance	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
American Indian/Alaska Native	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Underinsured (only for FQHC, RHC, or local public health agencies)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total VFC Eligible Patients	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Begin Date

End Date

- 7) Review and update the organization's main contact information, including vaccine delivery address.

Main Contact Information

Contact Information

Telephone: 505 - 342 - 9858 Extension: []
 Telephone: [] Extension: []
 Facsimile: 503 - 438 - 7990
 Email: admin@irphysicians.org

Address Information

Physical

Address 1: 15 SOUTHERN AVE Address 2: [] PO Box: []
 City: DES MOINES State: IA Zip: 50311 +4 Geocoded: No

Mailing

Address 1: [] Address 2: [] PO Box: []
 City: [] State: IA Zip: [] +4 Geocoded: []

Vaccine Delivery

Address 1: 4321 MAIN Address 2: [] PO Box: []
 City: DES MOINES State: IA Zip: 50319 +4 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	HOONE@NOPLACE.COM		
Address: 321 E 12TH ST PHY DES MOINES IA 50319 - Phone: (800)374-3958 Medicaid/NPI: Geocoded: No Facsimile:					
Medical Director	MD	DOLPHINS WALES	ADMIN@IRPHYSICIANS.ORG		
Address: 321 E 12TH ST SUITE 400 DES MOINES IA 50319 - Phone: (800)374-3958 Medicaid/NPI: 1234212 Geocoded: No Facsimile: Medical License: 7693293					
Primary VFC Vaccine Coordinator		ALPHA TANGO	ADMIN@IRPHYSICIANS.ORG		
Address: 321 E 12TH ST SUITE 400 DES MOINES IA 50319 - Phone: (800)374-3958 Medicaid/NPI: Geocoded: No Facsimile: Medical License:					
Back-Up VFC Vaccine Coordinator	NP	ROSE TERMEN	ADMIN@IRPHYSICIANS.ORG		
Address: 321 E 12TH ST SUITE 400 DES MOINES IA 50319 - Phone: (800)374-3958 Medicaid/NPI: Geocoded: No Facsimile: 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.

Role	Title	Name	E-Mail	Edit	Del
Vaccine Delivery		CASEY WALLACE	ADMIN@PHYSICIANS.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)555-0544		Facsimile: (123)456-7890	
Medicaid/NPI:		963785040920		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	Address 1 321 E 12TH ST <input type="button" value="Apply"/>
* Last Name	DOBBS	Address 2 SUITE 100 <input type="button" value="Cancel"/>
* First Name	BOB	PO Box
Middle Name		City DES MOINES
Email	BOB.DOBBS@NOPLACE.COM	State IA Zip 50319 +4
Telephone	515 - 555 - 5555	Facsimile
Ext		Ext
Medicaid/NPI	48934	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.

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

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



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



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



- 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.



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.

- Review the section for Providers Practicing at this facility and edit as necessary (see 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 #:

Buttons: 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	Elta		MD	1185838064	1218930653	Edit
6	Fox	Francis	Kelly	DO	7621237342	234994	Edit
7	Gerhardt	Gertrude		MD	234905642	765123512	Edit
8	Innamouth	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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- 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 #: 90234709234

* Medical License #: 42789219423

Buttons: Save, Delete, Cancel

- 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 #:

Buttons: Save, Delete, Cancel

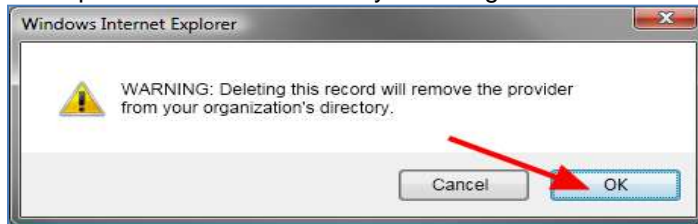
#	Last Name	First Name	Middle Name	Title	Medicaid/NPI #	Medical License #	
1	Adams	Albert		DO	2696763567	76345237	Edit
2	Barnett	Barry	Green	DO	324899027	643112345128	Edit
3	Chase	Catherine	D	MD	1234112345	2323423456	Edit
4	Davidson	Delta	Y	MD	6547645633	544341100	Edit
5	Engleside	Elta		MD	1185838064	1218930653	Edit
6	Fox	Francis	Kelly	DO	7621237342	234994	Edit
7	Gerhardt	Gertrude		MD	234905642	765123512	Edit
8	Innamouth	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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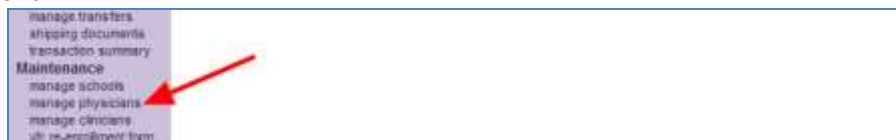
- c) With the provider's data in the Add/Edit Provider section, make necessary changes, then select 'Save'. The data will be updated on the chart, and the Add/Edit Provider section will clear.

- d) If a provider needs to be removed from the list, select the 'Edit' button for the entry, then select the 'Delete' button in the Add/Edit Provider section.

- e) 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.



- 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. 2018
 - Vaccines for Children (VFC)-Jan. 2018

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

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 04/20/2018

Submit

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

Agreement

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 04/20/2018

Submit

- 17) Type the medical director or equivalent signature.

Agreement

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 Susan Anthony

Date 04/20/2018

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).

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



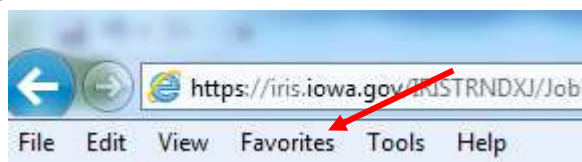
- 20) Once successfully submitted, the VFC Enrollment Form will be locked until the next renewal period. If edits are necessary after submission, contact the Vaccines for Children Program at 800-831-6293, ext. 4.

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.

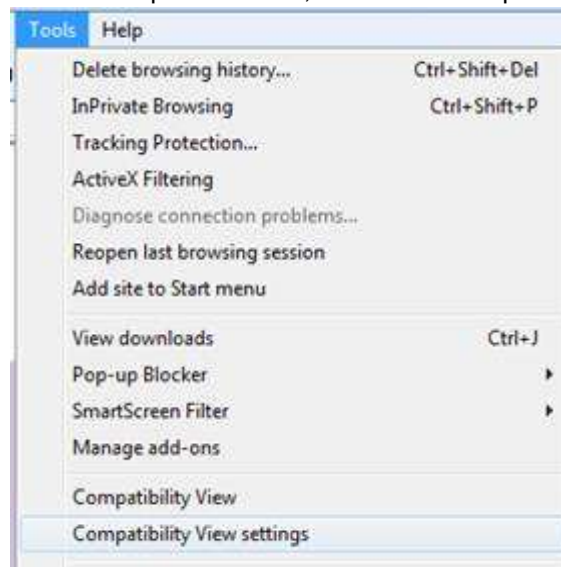
Troubleshooting the VFC Enrollment Form

To make Internet Explorer browser compatible with IRIS, follow these steps:

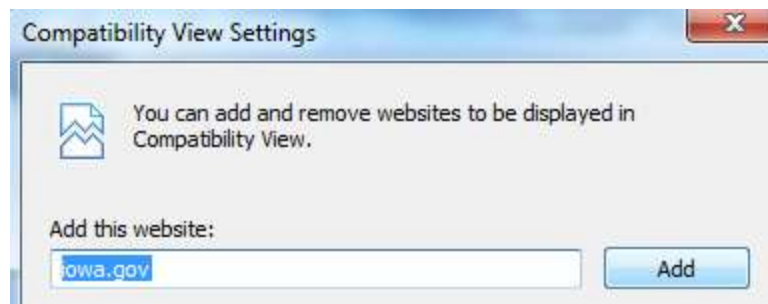
- 1) Select the 'Tools' option from the Menu Bar on the browser, which is found below the IRIS web address:



- 2) From the 'Tools' dropdown menu, select the 'Compatibility View Settings' option:



- 3) In the new window, 'iowa.gov' should be in the 'Add this website' field automatically. Select the 'Add' button:



- 4) 'iowa.gov' should appear in the 'Websites you've added to Compatibility View' box. Select the 'Close' button.

