

# 2016 VFC Provider Enrollment

## What to expect

**Enrollment will be due no later than February 29, 2016.**

The system will guide you through several steps to collect information necessary to complete enrollment. You may log out of the system any time after completing a step. **Be sure to complete the step you are on before logging out to save the information you entered.** When you log back in, the system will prompt you to continue where you left off.

## Information Collected During Enrollment

### Clinic's Physical Location

### Shipping Address and Hours

### Medical Director or other Prescribing Provider

1. **Medical Director**
  - a. Name (Last, First)
  - b. Contact Information: Phone and email
  - c. License Number
  - d. NPI Number
  - e. Declare if they have completed 2016 annual online VFC trainings provided by CDC
    - I. [Vaccines For Children \(VFC\)-2016](#)
    - II. [Vaccine Storage and Handling-2016](#)

**Please note: The CDC 2016 VFC Training Modules will not be required for the Medical Director, they are optional. Selecting "no" when declaring completion of the modules is acceptable.**

**VFC Vaccine Coordinators** – You will need to provide the following information about these individuals:

2. **Primary Vaccine Coordinator**
  - a. Name (Last, First)
  - b. Contact Information: Phone and email
  - c. Declare if they have completed 2016 annual online VFC trainings provided by CDC
    - I. [Vaccines For Children \(VFC\)-2016](#)
    - II. [Vaccine Storage and Handling-2016](#)
3. **Backup Vaccine Coordinator**
  - a. Name (Last, First)
  - b. Contact Information: Phone and email
  - c. Declare if they have completed 2016 annual online VFC trainings provided by CDC
    - I. [Vaccines For Children \(VFC\)-2016](#)
    - II. [Vaccine Storage and Handling-2016](#)

**All training certificates must be saved as PDF files so that they can be uploaded into IV-4.**

**Vaccine Profile** – Population Served by this clinic (provider)

### Source of data used to complete the Vaccine Profile

Provide the following information for all prescribing providers in the clinic:

- |                       |  |
|-----------------------|--|
| 1. Name (Last, First) | 4. Medical License                                     |
| 2. Title              | 5. Medicaid or National Provider Identification Number |
| 3. Specialty          | 6. Tax ID (EIN – this is optional)                     |

The information you enter will automatically populate the 2016 VFC Provider Agreement for your clinic. After all information is entered, the pre-populated agreement will be available for download.

## To Complete Enrollment

Visit KIP's IV4 website at [www.contactkswebiz.info](http://www.contactkswebiz.info) to access the 2016 VFC Enrollment Sign in to your IV4 account and select the VFC Enrollment box. If you do not have an IV4 account, select the VFC tab on the homepage and proceed with setting up your account and completing the VFC Enrollment.

## Submission Method

**Electronic Submission** – After signing the 2016 VFC Provider Agreement electronically, select the *Submit* box just below the electronic signature line. Selecting *Submit* will automatically send your 2016 VFC Enrollment to the Kansas Immunization Program to review and approve. You will be notified when your 2016 VFC Enrollment has been approved, or if changes need to be made.

### What to Expect After Enrollment

1. Notification of approval.
2. KSWebIZ registration and training information for new primary and back-up VFC Vaccine Coordinators. Each VFC Vaccine Coordinator is required to have training and access to KSWebIZ to submit monthly VFC reports and orders.

### Enrollment Questions

1. Questions about your 2016 VFC Enrollment should be directed to your VFC Regional Nurse. Contact for your Regional Nurse can be found here: [http://www.kdheks.gov/immunize/vfc\\_program.html](http://www.kdheks.gov/immunize/vfc_program.html)
2. You may also submit a Support Ticket in IV-4 and your VFC Regional Nurse will contact you to follow-up.