

Vaccines for Children (VFC) Program Re-Enrollment Instructions July 2024

This document provides instructions for completing the Vaccines for Children (VFC) Program’s annual re-enrollment. **All VFC providers are required to complete the re-enrollment in IRIS.** The Iowa VFC Program does not accept any paper forms for re-enrollment. VFC Providers should not fax or email re-enrollment forms to the Iowa VFC Program. VFC Providers must use the IRIS instructions provided and complete the items in the following order:

1. Primary vaccine and backup vaccine coordinators complete required provider training,
2. Review of VFC Patient Activity chart in IRIS,
3. Review and update the organization’s contacts and providers practicing at facility in IRIS, and
4. Complete the VFC Re-Enrollment Form in IRIS as the final step (*no paper forms to be completed*).

IRIS Admin User Access Required

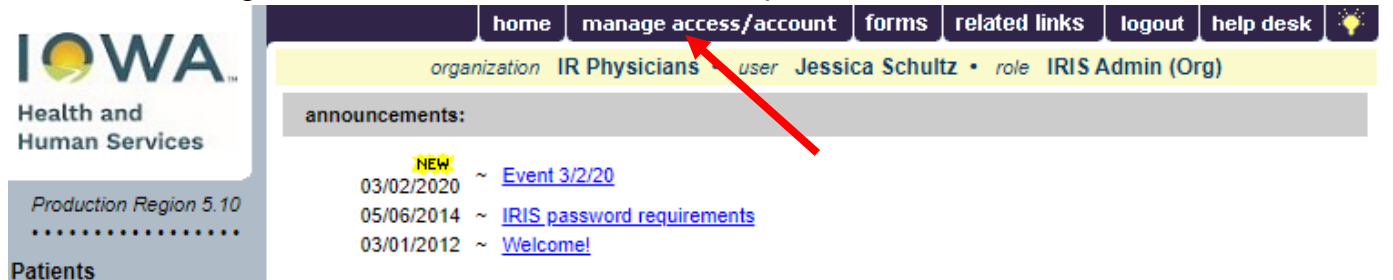
Only IRIS Admin users have access to complete VFC re-enrollment. To add additional Admin Users, complete the [IRIS Site Enrollment Form](#), which can be found under the Forms tab of IRIS. Send the completed form to the Iowa Immunization Program as indicated in the upper right corner of the form. Current Admin Users do not need to submit a new form.

VFC Re-Enrollment Form Completion

- 1) 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.

Applications
IRIS
IMC
IRHAS

Manage Access
Add Multiple Users
Edit User
List Organizations
Edit Organization

4) Enter the organization name in the search string, and then select "Search". Type either the full name or part of the organization name.

Note: "IR Physicians" is the example clinic in this instruction guide.

IOWA
Health and Human Services

HOME FORMS RELATED LINKS TRAINING

Organization Search Criteria

Edit Organizations

Show Open Closed Both

Organization Type: All Orgs

Search Field: Name

Search String: IR Physicians

Search

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

IOWA
Health and Human Services

HOME FORMS RELATED LINKS TRAINING

Organization Search Criteria

Edit Organizations

Show Open Closed Both

Organization Type: All Orgs

Search Field: Name

Search String: IR Physicians


Search Result


Name	Org Code	VFC Pin	City	County	Open
IR PHYSICIANS	IRPH	Z90090	DES MOINES	Polk	Y

- 6) Review the organization's VFC Patient Activity chart, displayed under the State Supplied Vaccine Profile. IRIS populates the chart through vaccine administrations entered into the registry. **VFC Providers do not need to do anything for this step and can proceed to Step 7.**

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	8	29	104	139
Of the total number of children above how many are VFC eligible due to:				
Medicaid Eligible	2	6	18	26
No Health Insurance	6	23	75	102
American Indian/Alaska Native	0	0	0	0
Underinsured (only for FQHC, RHC, or local public health agencies)	0	0	7	7
Total VFC Eligible Patients	8	29	100	135

Begin Date 

End Date 

- 7) Review and update the organization's main contact information, including **phone number, email address** and **vaccine delivery address**. If changes to the address are required, complete the IRIS Site Enrollment Form, which can be found under the Forms tab of IRIS. Send the completed form to the Iowa Immunization Program as indicated in the upper right corner of the form. Changes to the address in IRIS can only be made by the Iowa Immunization Program staff.

Main Contact Information




- Contact Information -

Telephone	Telephone	Extension
Phone	<input type="text" value="800"/> - <input type="text" value="374"/> - <input type="text" value="3958"/>	<input type="text"/>
Facsimile	<input type="text" value="800"/> - <input type="text" value="831"/> - <input type="text" value="6292"/>	<input type="text"/>
Email	<input type="text" value="IRIS_admin@irphysicians.c"/>	


- Address Information -

<input checked="" type="checkbox"/> Physical	Address 1	Address 2	PO Box
	<input type="text" value="321 E 12TH ST"/>	<input type="text"/>	<input type="text"/>
	City	State	Zip
	<input type="text" value="DES MOINES"/>	<input type="text" value="IA"/>	<input type="text" value="50319"/>
			+4
			<input type="checkbox"/> Geocoded: No
<input checked="" type="checkbox"/> Mailing Populate With Physical Address	Address 1	Address 2	PO Box
	<input type="checkbox"/> <input type="text" value="321 E 12TH ST"/>	<input type="text"/>	<input type="text"/>
	City	State	Zip
	<input type="text" value="DES MOINES"/>	<input type="text" value="IA"/>	<input type="text" value="50319"/>
			+4
			<input type="checkbox"/> Geocoded: No
<input checked="" type="checkbox"/> Vaccine Delivery Populate With Physical Address	Address 1	Address 2	PO Box
	<input type="checkbox"/> <input type="text" value="321 E 12TH ST"/>	<input type="text"/>	<input type="text"/>
	City	State	Zip
	<input type="text" value="DES MOINES"/>	<input type="text" value="IA"/>	<input type="text" value="50319"/>
			+4
			<input type="checkbox"/> 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 requires Title, Email address, Medicaid/NPI, and Medical License.

Individual Contacts					
Contact Listing					
Role	Title	Name	E-Mail	Edit	Del
Medical Director	MD	DOLPHINS WALES	ADMIN@IRPHYSICIANS.ORG		
Address: 321 E 12TH ST SUITE 400 DES MOINES IA 50319 -		Geocoded:			
Phone: (800)374-3958		Facsimile:			
Medicaid/NPI: 123421277		Medical License: 769329377			
Primary VFC Vaccine Coordinator		Michael Miller	ADMIN@IRPHYSICIANS.ORG		
Address: 321 E 12TH ST SUITE 400 DES MOINES IA 50319 -		Geocoded:			
Phone: (800)374-3958		Facsimile:			
Medicaid/NPI:		Medical License:			
Back-Up VFC Vaccine Coordinator	NP	Michelle Moore	Michelle@IRPHYSICIANS.ORG		
Address: 321 E 12TH ST SUITE 400 DES MOINES IA 50319 -		Geocoded:			
Phone: (800)374-3958		Facsimile:			
Medicaid/NPI:		Medical License:			
Vaccine Delivery		Michael Miller	ADMIN@IRPHYSICIANS.ORG		
Address: 321 E 12TH ST DES MOINES IA 50319 -		Geocoded:			
Phone: (800)374-3958		Facsimile: (800)831-6292			
Medicaid/NPI:		Medical License:			

- a) To update or change the contact information for a role, select the Edit icon for the entry.

Individual Contacts					
Contact Listing					
Role	Title	Name	E-Mail	Edit	Del
Medical Director	MD	DOLPHINS WALES	ADMIN@IRPHYSICIANS.ORG		
Address: 321 E 12TH ST SUITE 400 DES MOINES IA 50319 -		Geocoded:			
Phone: (800)374-3958		Facsimile:			
Medicaid/NPI: 123421277		Medical License: 769329377			

- b) 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

Title

* Last Name

* First Name

Middle Name

Email

Telephone - -

Ext

Medicaid/NPI

Address 1

Address 2

PO Box

City

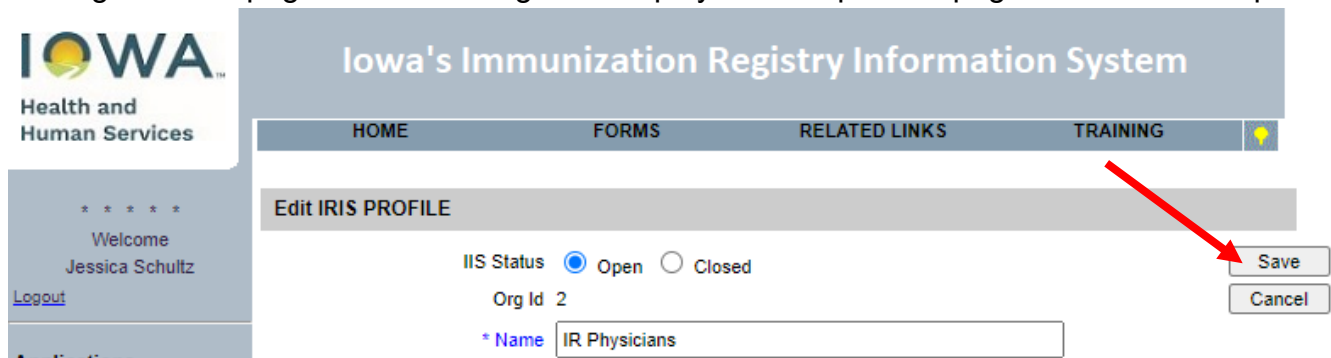
State Zip +4

Facsimile - -

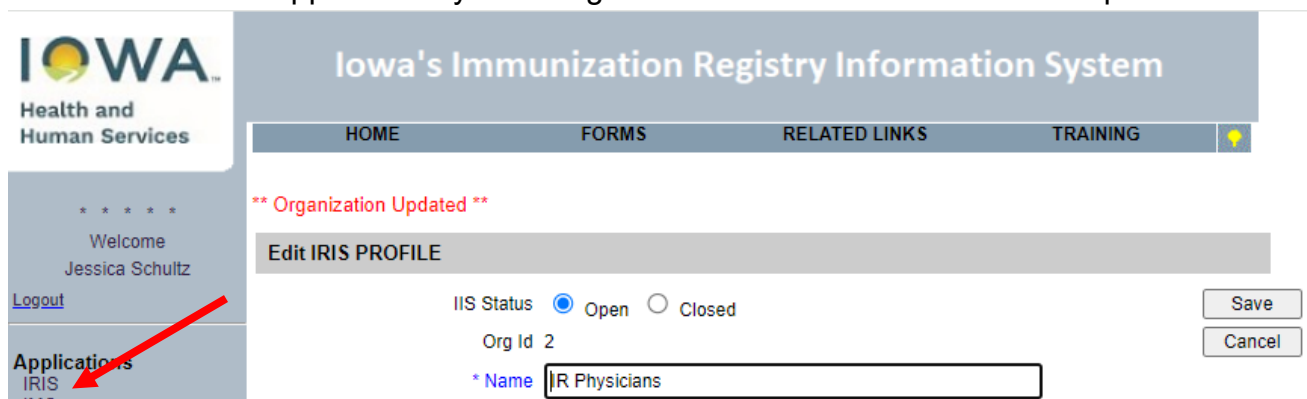
Ext

Medical License

- c) 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 the update.



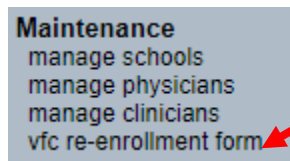
- 9) Return to the IRIS application by selecting the word “IRIS” from the left menu panel.



- 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. **Note: VFC Providers should only move to this step once the VFC contacts and VFC Patient Activity chart have been reviewed and updated.**



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.

Facility Information

- * Facility Name IR Physicians
- * Facility Address 321 E 12TH ST
DES MOINES IA, 50319
- * Phone Number (800)374-3958
Fax Number (800)831-6292

Medical Director or Equivalent

Primary

- * Title MD
- * Last Name TEST
- * First Name TYLER
- Middle Name
- * Medicaid/NPI # 1234212
- * Medical License # 7693293

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 present, including Title, Last Name, First Name, Medicaid/NPI number, and Medical License number. These fields are required for all providers. 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	Andrew		DO	1234567	1234567	Edit
2	Barnes	Benjamin		DO	777777	777777	Edit
3	Crane	Caroline		NP	9999	123456789	Edit
4	Doe	Dara		PA	12345678	33333	Edit
5	Fox	Francis		MD	12342	12345678	Edit
6	Greene	Gary		NP	98765	56789	Edit
7	Hero	Henry		PA	7654321	7654321	Edit
8	Jones	Jennifer		MD	123456789	12345	Edit
9	Lemon	Linda		NP	1233334	433321	Edit
10	Smith	Samuel		DO	5555	55555	Edit

- 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 Save

* Last Name * Medicaid/NPI # Delete

* First Name * Medical License # Cancel

Middle Name

- b) To update or change provider data, select the "Edit" button for the entry.

Providers Practicing at this Facility

Add/Edit Provider

* Title Save

* Last Name * Medicaid/NPI # Delete

* First Name * Medical License # Cancel

Middle Name

#	Last Name	First Name	Middle Name	Title	Medicaid/NPI #	Medical License #	
1	Adams	Andrew		DO	1234567	1234567	Edit
2	Barnes	Benjamin		DO	777777	777777	Edit
3	Crane	Caroline		NP	9999	123456789	Edit
4	Doe	Dara		PA	12345678	33333	Edit
5	Fox	Francis		MD	12342	12345678	Edit
6	Greene	Gary		NP	98765	56789	Edit
7	Hero	Henry		PA	7654321	7654321	Edit
8	Jones	Jennifer		MD	123456789	12345	Edit
9	Lemon	Linda		NP	1233334	433321	Edit
10	Smith	Samuel		DO	5555	55555	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. If the physicians needs to be deleted, click the Delete button.

Edit Physician

Prefix/Title Save

First Name NPI Number Delete

Middle Name Medical License Cancel

Last Name

Suffix

Street Address

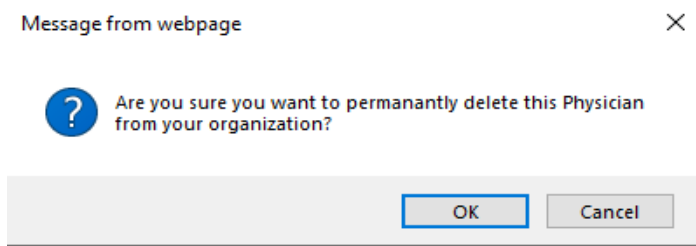
Other Address P.O. Box

City State Zip -

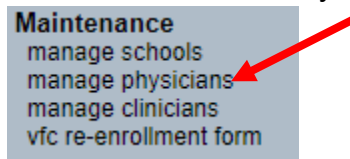
Email

Provider Activity Status

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



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 added automatically to an organization's physician dropdown menu.



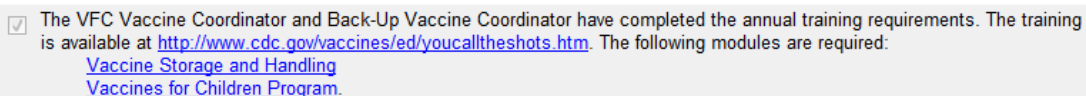
a) The screen will confirm any changes in red at the top of the page. To go back to the re-enrollment process, select the VFC Re-Enrollment Form link from the left menu panel, under the Maintenance menu.



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:

- a. Vaccine Storage and Handling Jan 2024
- b. Vaccines for Children (VFC) Jan 2024

15) After completing the training, check the box confirming completion of the required VFC training modules. Additional staff may also complete the training but are not required for the purposes of re-enrollment.



16) Read the VFC enrollment requirements. Read and scroll through the entire agreement prior to selecting the "I accept" checkbox.

Agreement

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

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

Agreement

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

18) Type the medical director or equivalent signature.

Note: VFC Providers may sign their name as the person completing the form or as the Medical Director if they have the approval to do so. This permission may differ across provider locations.

Agreement

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

- 19) 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) Depending on the alert messages, some edits will be required on the Edit Organization screen (Step 2).

A screenshot of a web form. At the top, there is a checked checkbox labeled "I accept". Below it, the text "Medical Director or Equivalent Signature" is followed by a text input field containing "Dr Test MD". Underneath, the text "Date" is followed by a date input field containing "06/05/2024". At the bottom of the form is a "Submit" button, which is pointed to by a red arrow.

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

A screenshot of a web page header. On the left is the Iowa Health and Human Services logo. To the right is a navigation bar with links: "home", "manage access/account", "forms", "related links", "logout", and "help desk". Below the navigation bar is a yellow bar showing user information: "organization IR Physicians • user Jessica Schultz • role IRIS Admin (Org)". In the center of the page, the text "VFC Enrollment Form has been submitted" is displayed.

- 21) Once successfully submitted, the VFC Enrollment Form is locked until the next renewal period. If edits are necessary after submission, contact the Vaccines for Children Program at 800-831-6293 or by email at iowaVFC@hhs.iowa.gov.

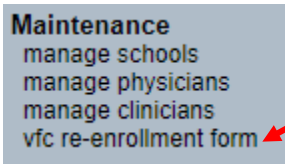
- 22) To confirm submission, navigate to the IRIS home page by selecting the word "IRIS" from the left menu panel.

A screenshot of the Iowa's Immunization Registry Information System (IRIS) home page. The header includes the Iowa Health and Human Services logo and the title "Iowa's Immunization Registry Information System". Below the header is a navigation bar with links: "HOME", "FORMS", "RELATED LINKS", and "TRAINING". On the left is a sidebar menu with "Production Region" and "Applications" sections. The "Applications" section has links for "IRIS", "IMC", and "IRHAS". A red arrow points to the "IRIS" link. The main content area features a "Hot Topics" section with a blue hyperlink "HT-1" and a welcome message: "Welcome to Iowa's Immunization Registry Information System (IRIS)!".

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

A screenshot of the IRIS home page. The header and navigation bar are the same as in the previous screenshot. The sidebar menu is partially visible. The main content area shows a blue hyperlink "Iowa State Immunization Information System Organization List" with a red arrow pointing to it. Below this link is another blue hyperlink "IR Physicians" also pointed to by a red arrow.

24) Select the VFC Re-Enrollment Form link from the left menu panel, under the Maintenance menu.



25) Scroll to the bottom of the VFC Re-enrollment Form and confirm the Medical Director or Equivalent Signature and Date. The "I Accept" box will no longer appear checked, but was checked for the submission.

A screenshot of the "Agreement" section of the VFC Re-enrollment Form. The section has a light green header. Below the header is a text area containing the following text:

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 healthcare 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;

Below the text area, there is a checkbox labeled "I accept" which is currently unchecked. Below that are two input fields: "Medical Director or Equivalent Signature" with the text "Dr Test MD" and "Date" with the text "06/05/2024".

26) The VFC Re-enrollment is now complete. Please do not fax or email copies of VFC Enrollment forms to the Iowa VFC Program.

Note: The VFC Re-Enrollment is required annually. Providers do **not** need to submit a new VFC Re-enrollment form in IRIS when staff changes occur throughout the year. To change the organization's details, follow steps 2-9. To modify providers practicing with the organization, use the "Manage Physician" link as noted in step 13c.