



## Instructions for completing the Provider Agreement to receive state-supplied vaccine

For assistance contact Vaccine Depot staff at (907) 341-2202

Username :

Password :

[Forgot Password](#)

- Go to <https://vactrak.alaska.gov>
- Log in to VacTrAK using your username and password

- Orders/Transfers
- Alerts
- Create/View Orders
- Search History
- Modify Order Set
- Cold Storage
- Provider Agreement

- Click on Orders/Transfers in the left sidebar menu
- Click on Provider Agreement (Viewable only by a Lot Number Manager)

**Provider Search Results**

Show 10 entries

Select	Select Frozen Vaccine	PDF - Full Signature Page	PDF-Frozen Vaccine	Facility Name	PIN	Approval Status	Date	Approval Date	Expiration Date	Create Organization (IRMS)	Delete	Archive
-->	-->	<a href="#">PDF</a>	<a href="#">PDF Signature</a>	EPIDEMIOLOGY	100227	APPROVED	03/12/2015	03/12/2015	02/28/2016		Delete	Archive

Showing 1 to 1 of 1 entries

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- Click the Add button to create a new Provider Agreement

**First page of the Provider Agreement- Contacts:**

- If you filled out a Provider Agreement last year, the information will populate in this year's Provider Agreement. Review all information for accuracy and make changes if necessary.

Provider Agreement Add/Edit	
Approver Comments:	
Status:	
<b>VFC PIN:</b>	100227
Organization (IRMS) Name:	SOA EPIDEMIOLOGY
<b>Facility Name:</b>	EPIDEMIOLOGY
<b>Agreement Certifying Provider</b>	ALVIN SEVILLE MD
<b>Agreement Certifying Provider Title:</b>	MD
Last Renewed:	2015
Facility Address:	
<b>Street Address:</b>	1544 NORTH SAINT ANDREWS PL
Street Address2:	
<b>City:</b>	ANCHORAGE
<b>State:</b>	ALASKA
<b>Borough/Census Area:</b>	ANCHORAGE
<b>Zip Code:</b>	99507
Vaccine Delivery Address:	
Check if vaccine delivery address is the same as facility address:	<input checked="" type="checkbox"/>
<b>Street Address:</b>	1544 NORTH SAINT ANDREWS PL
Street Address2:	
<b>City:</b>	ANCHORAGE
<b>State:</b>	ALASKA
<b>Borough/Census Area:</b>	ANCHORAGE
<b>Zip Code:</b>	99507
Mailing Address:	
Check if mailing address is the same as facility address:	<input checked="" type="checkbox"/>
<b>Street Address:</b>	1544 NORTH SAINT ANDREWS PL
Street Address2:	
<b>City:</b>	ANCHORAGE
<b>State:</b>	ALASKA
<b>Borough/Census Area:</b>	ANCHORAGE
<b>Zip Code:</b>	99507

- **IRMS and Facility Name:** Do not change what populates in these two fields
- **Certifying Provider:** Enter the name of the Certifying Provider- i.e. Alvin Seville MD
- **Certifying Provider Title:** Enter the title of the Certifying Provider- i.e. DO, MD, ANP
- **Last Renewed:** Click on the down arrow and select the year of your last active enrollment- i.e. If you were enrolled this last year, select 2015
- **Facility Address:** The physical address of your facility
- **Vaccine Delivery Address:** The address where your facility would receive direct-ship frozen vaccine deliveries
- **Mailing Address:** The mailing address of your facility- i.e. PO Box

**First page of the Provider Agreement (continued) - Contacts:**

**Contact Details:**

Type1: Vaccine Coordinator

Contact First Name1, Middle Initial 1, and Last Name 1: SIMON SEVILLE

Phone Number1: (907)123-4567

Phone Number Extension1:

Fax Number1: (907)123-5678

Email Address1: SIMON.SEVILLE@ALASKA.GOV

Type2: Certifying Provider

Contact First Name2, Middle Initial 2, and Last Name 2: ALVIN SEVILLE

Phone Number2: (907)234-7890

Phone Number Extension2:

Fax Number2: (907)234-9999

Email Address2: ALVIN.SEVILLE@ALASKA.GOV

Type3: Back-up Vaccine Coordinator

Contact First Name3, Middle Initial 3, and Last Name 3: THEODORE SEVILLE

Phone Number3: (907)789-4667

Phone Number Extension3:

Fax Number3: (907)564-8988

Email Address3: THEODORE.SEVILLE@ALASKA.GOV

Type4: --select--

Contact First Name4, Middle Initial 4, and Last Name 4:

Phone Number4:

Phone Number Extension4:

Fax Number4:

Email Address4:

Type5: --select--

Contact First Name5, Middle Initial 5, and Last Name 5:

Phone Number5:

Phone Number Extension5:

Fax Number5:

Email Address5:

**Vaccines Offered**

All ACIP Recommended Vaccines

Offers Selected Vaccines (This option is only available for facilities designated as Specialty Providers by the VFC Program)

A "Specialty Provider" is defined as a provider that only serves

A defined population due to practice specialty (e.g. OB/GYN; STD Clinic; family planning). Please specify:

(e.g. We are an STD clinic)

or

A specific age group within the general population of children ages 0-18. Please specify:

(e.g. We serve children ages 0-8 years)

Local health departments and pediatricians are not considered specialty providers. The VFC Program has the authority to designate VFC providers as specialty providers. At the discretion of the VFC Program, enrolled providers such as pharmacies and mass vaccinators may offer only influenza vaccine.

Select Vaccines Offered by Specialty Provider:

DTaP  Meningococcal Conjugate  TD

Hepatitis A  MMR  Tdap

Hepatitis B  Pneumococcal Conjugate  Varicella

Hib  Pneumococcal Polysaccharide  Other:

HPV  Polio

Influenza  Rotavirus

**Shipping Information:**

Monday:  09:00 17:00 --select-- --select--

Tuesday:  09:00 17:00 --select-- --select--

Wednesday:  09:00 17:00 --select-- --select--

Thursday:  09:00 17:00 --select-- --select--

Friday:  09:00 17:00 --select-- --select--

**Facility Type:** --select--

Facility Type Other:

Facility Comments:

Back Save and Add Provider

- **Contact Details:** Contacts should appear in this order: **Vaccine Coordinator, Certifying Provider and Back-up Vaccine Coordinator.** Click the drop down arrow to select contact type. You may enter two additional contacts if desired.
- Fill out **name, phone, fax and email** fields for each contact type.
- **Vaccines Offered:** Only select "Specialty Provider" if you do not offer all ACIP Recommended Vaccines and are a Specialty Provider. Indicate what type and select the vaccines offered.

- **Shipping Information:** Use military time. Select the drop downs for each day and choose the hours that you can receive shipments. You can choose both morning and afternoon hours to reflect a lunch hour.
- **Facility Type:** Click the drop down arrow to select facility type.
- **Facility Comments:** Enter special delivery instructions if you have them.
- **Save and Add Provider:** Click here to save your work and move on to the next page.

• If you need to exit the Provider Agreement before completion, you can save it and return to it later but you must complete the page you are working on before the system will allow you to save your work. Complete the first page and Click [Save and Add Provider](#) at the bottom of the page. This will take you to the next page but will also save your work if you need to exit the Provider Agreement.

**Provider Agreements**

Show 10 entries Search:

Select	Select Frozen Vaccine	PDF - Full	PDF Signature Page	PDF-Frozen Vaccine	Facility Name	PIN	Approval Status	Date	Approval Date	Expiration Date	Create Organization (IRMS)
-->	-->	<a href="#">PDF</a>	<a href="#">PDF Signature</a>		EPIDEMIOLOGY	100227	APPROVED	03/12/2015	03/12/2015	02/28/2016	
-->	-->	<a href="#">PDF</a>	<a href="#">PDF Signature</a>	<a href="#">PDF-Frozen Vaccine</a>	EPIDEMIOLOGY	100227	PENDING	02/12/2016			

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Add Export Agreement Export Provider Export Provider/Practice Profile

- To continue working on a saved Provider Agreement: Login to VacTrAK, Click Provider Agreement under Orders/ Transfers and click the arrow under Select column.

**Second page of Provider Agreement- *Authorized Providers:***

- List the **Name, Title, Specialty, Active status, Medical license number, NPI number, and Tax ID number for your facility** for all health care providers that have prescriptive authority and may provide state-supplied immunizations. Include the certifying provider and if applicable the collaborating physician as well.

Authorized Providers [Add/Edit]				
Last Name	First Name	Middle Initial	Title	Specialty
SEVILLE	ALVIN		MD	Pediatrics
Active with this Practice	Medical License Number	NPI Number	Tax Id Number	
<input checked="" type="radio"/> Yes <input type="radio"/> No	1245	12345678883 x	999999999999	

Sort By:  Last Name  Status

- **Add New Provider:** Click here to add additional providers to your list.
- **Save and Add Provider/Practice Profile.** After you have entered all of your providers, click here to save your work and move on. to

**Third page of the Provider Agreement- *Provider/Practice Profile:***

- **Note:** Providers, who have submitted administration data into VacTrAK for the entire year of 2015, either manually or via data exchange, may use the pre-populated data in the Provider/Practice Profile.
- If you were unable to submit administration data into VacTrAK for the entire year of 2015, consult your 2015 records to reflect your patient population as accurately as possible. You may need to consult your EHR/EMR or billing records to get this information.
- **VFC Vaccine Eligibility Categories:** Reflects the number of VFC patients in each category that your facility administered vaccine to in 2015 according to VacTrAK.
- **Non-VFC Vaccine Eligibility Categories:** "State Vaccine (AVAP)" will reflect patients that were marked with the eligibility status of AVAP or V07. "Have Health Insurance (covered by state universal vaccine plan)" will reflect patients that were marked with the status of ineligible that received private vaccine or V01. "Patients NOT covered by universal plan" will be blank.

The Provider Practice Profile helps us determine your current and future vaccine needs. Please complete the chart below for a **twelve (12) month period** to inform us about the number and type of patients you serve.

- List all patients who receive immunization services at your facility and
- Of those patients, the number who are VFC-eligible, by eligibility category.

**New providers** - Please contact the Vaccine Depot at (907) 341-2202 if assistance is needed in collecting this information.

**Returning providers** - Please consult your 2013 VFC screening records to reflect your patient population as accurately as possible. [Note: Providers who use VacTrAK to record all immunizations and who document VFC screening status for each child may generate the Provider Profile as a standard report within VacTrAK. For additional information, contact VacTrAK Support at 866-702-8725 (866-702-TRAK) or [vactrak@alaska.gov](mailto:vactrak@alaska.gov).]

**Time Period / Date Saved** : February 12, 2015 to February 11, 2016

Provider/Practice Profile					
VFC Vaccine Eligibility Categories	# of children who received VFC Vaccine by Age Category				
	< 1 Year	1-5 Years	7-18 Years	19+ Years	Total
American Indian/Alaska Native	0	0	0	0	0
Uninsured (no health insurance)	0	0	0	0	0
Medicaid-eligible	0	0	0	0	0
Underinsured in FQHC/RHC or deputized facility <sup>1</sup>	0	0	0	0	0
<b>Total VFC:</b>	0	0	0	0	0
Non-VFC Vaccine Eligibility Categories					
Non-VFC Vaccine Eligibility Categories	# of children who received non-VFC Vaccine by Age Category				
	< 1 Year	1-5 Years	7-18 Years	19+ Years	Total
Have Health Insurance (covered by state universal vaccine plan)	0	0	0	3	3
Patients NOT covered by universal vaccine plan	0	0	0	0	0
State Vaccine (AVAP)	0	0	0	11	11
<b>Total Non-VFC:</b>	0	0	0	14	14
<b>Total Patients (must equal sum of Total VFC + Total Non-VFC):</b>	0	0	0	14	14

<sup>1</sup>Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance.

In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate these underinsured children.

<sup>2</sup>Other underinsured are children that are underinsured but are not eligible to receive federal vaccine through the VFC program because the provider or facility is not a FQHC/RHC or a deputized provider. However, these children may be served if vaccines are provided by the state program to cover these non-VFC eligible children.

**2) What data source (or type of data) was used: (check all that apply)**

- Benchmarking
- Medicaid Claims
- Doses Administered
- Provider Encounter Data
- Billing System
- VacTrAK
- Other

Back Save and Certify Frozen Vaccine

- Review the numbers in each category for accuracy, or if necessary, fill in the numbers in each category.

- Choose what data source (or type of data) was used to obtain the numbers in each category.

- Click Save and Certify Frozen Vaccine, to move to the next page.

Fourth page of the Provider Agreement: *View Certify Frozen Vaccine*

Cold Storage Unit	
VFC PIN:	100227
Clinic:	EPIDEMIOLOGY
<b>Do you want to be certified for varicella vaccine?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

Instructions: Your refrigerator information is required for all units within your practice. Use the "Add" button to add additional units. If you choose to be certified for frozen vaccines, then you must answer the questions below and enter your freezer information.

Freezer	
<b>Can freezer maintain an average temperature of 5 °F or colder?:</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Does freezer have a separate, insulated door?:</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

Freezer 1		Thermometer 1	
<b>Freezer Name:</b>	FREEZER 1	<b>Thermometer Serial Number:</b>	12346578987989
<b>Freezer Type:</b>	Stand alone, pharmaceutical	<b>Thermometer Type:</b>	LogTag
<b>Manufacturer:</b>	LG	<b>Other Device:</b>	
<b>Model Number:</b>	XYZ	<b>Temperature Scale:</b>	Fahrenheit
<b>Effective From:</b>	01/01/2016	<b>Date of Last Calibration:</b>	12/17/2014
<b>Purchase or Issue Date:</b>	01/01/2014	<b>Calibration Expiration:</b>	12/17/2018
Inactivate Freezer 1	<input type="checkbox"/>		

Refrigerator	
<b>Refrigerator 1</b>	<b>Thermometer 1</b>
<b>Refrigerator Name:</b>	WALK - IN 1
<b>Refrigerator Type:</b>	Stand alone, commercial
<b>Manufacturer:</b>	NORLAKE SCIENTIFIC
<b>Model Number:</b>	NSLR241WMW10M
<b>Effective From:</b>	01/01/2105
<b>Purchase or Issue Date:</b>	01/01/2005
Inactivate Refrigerator 1	<input type="checkbox"/>

By signing this document I certify that appropriate storage is in place for frozen vaccines.

- **Do you want to be certified:** If your facility wants to receive frozen vaccine (varicella and/or zoster) answer **Yes**. If you answer **No**, you will enter only the information for your refrigerator.

- **Freezer1 and Refrigerator 1:** Fill in the blanks for each unit.

- **Effective From:** Enter 01/01/2016 in this field.

- **Thermometer:** If the storage unit permanently stores state-supplied vaccine, it must be monitored with a LogTag. If you have not received a LogTag yet, Immunization Program staff will fill in the LogTag serial number and calibration for you.

- **Add:** Click Add to enter additional storage units.

- **Inactivate:** Click this checkbox if a refrigerator or freezer is no longer being used to store state-supplied vaccine.

- **Submit to State:** Click here only if the Provider Agreement is complete and you are ready to submit for approval.

- After the Provider Agreement is submitted it is complete. There is no need to submit a signature page unless your facility has a new Certifying provider who is a PA, in this situation, print the signature page and have both the **Certifying Provider and the Collaborating Physician** sign the Signature Page. Scan and email or fax the Signature Page to **Vaccine Depot staff at [vaccinedepot@alaska.gov](mailto:vaccinedepot@alaska.gov) or (907) 341-2228.**

- Click the PDF Full link and print all pages to keep a copy of the enrollment for your records.

- **If you are an FQHC,** fax your letter from the Department of Health & Social Services and the notice of award along with your other signed pages.

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Add Export Agreement Export Provider Export Provider/Practice Profile

**Provider Agreement status:**

Check the status of your Provider Agreement at any time. Look at **Approval Status:**

- **Pending:** The Provider Agreement is saved and is not complete. You can open and continue working.
- **Submitted:** The Provider Agreement was submitted and is waiting for Vaccine Depot review and approval.
- **Returned:** You need to make corrections within the Provider Agreement. Click on the Select arrow to view comments made by Vaccine Depot staff. Make the requested corrections and re-submit the Provider Agreement.
- **Approved:** Vaccine Depot staff approved the Provider Agreement and has received all signed pages. ***\*\*Only when the Provider Agreement shows an Approved status is your facility officially enrolled in the program and able to place vaccine orders.\*\****

Select	Select Frozen Vaccine	PDF - Full	PDF Signature Page	PDF-Frozen Vaccine	Facility Name	PIN	Approval Status	Date	Approval Date	Expiration Date	Create Organization (IRMS)
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-->	-->	<a href="#">PDF</a>	<a href="#">PDF Signature</a>	<a href="#">PDF-Frozen Vaccine</a>	EPIDEMIOLOGY	100227	RETURNED	02/12/2016			

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