

Instructions for completing the VacTrAK Provider Application

For assistance contact VacTrAK Support at (907) 269-0312 / (866) 702-8725

For *existing* VacTrAK Organizations:

- Review the VacTrAK Application Renewal Form that was emailed to the VacTrAK Administrator at your site in December.
- Sign and complete the VacTrAK Application Renewal Form and fax to (907) 562-7802

For *new* VacTrAK Organizations:

- Go to <https://vactrak.alaska.gov> and click on Documents & Policies
- Click on VacTrAK Provider Application
- Fill out the VacTrAK Provider Application and fax to (907) 562-7802

Once you have submitted your VacTrAK Provider Application or Renewal Form, see the instructions below to proceed with filling out the Provider Agreement within VacTrAK to receive state-supplied vaccines. Your Provider Agreement to receive state-supplied vaccine will not be approved until you have submitted the VacTrAK Provider Application or Renewal Form.

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)

Organization (IRMS): TEST SITE FOR ENROLLMENT INSTRUCTIONS (1382)

Date: January 14, 2015

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)
No data available in table											

Showing 0 to 0 of 0 entries

First Previous Next Last

- 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.

Organization (IRMS): TEST SITE FOR ENROLLMENT INSTRUCTIONS (1382) Lvl: 0

Provider Agreement Add/Edit	
Approver Comments:	<input type="text"/>
Status:	
VFC PIN:	789458
Organization (IRMS) Name:	TEST SITE FOR ENROLLMENT INSTRUCTIONS
Facility Name:	TEST SITE FOR ENROLLMENT INSTRUCTIONS
Certifying Provider	MICKEY MOUSE
Certifying Provider Title:	MD
Last Renewed:	2014 <input type="button" value="v"/>
Facility Address:	
Street Address:	9210 VANGUARD DR STE 102A
Street Address2:	<input type="text"/>
City:	ANCHORAGE
State:	ALASKA <input type="button" value="v"/>
Borough/Census Area:	ANCHORAGE <input type="button" value="v"/>
Zip Code:	99507
Vaccine Delivery Address:	
Check if vaccine delivery address is the same as facility address:	<input type="checkbox"/>
Street Address:	9210 VANGUARD DR STE 102A
Street Address2:	<input type="text"/>
City:	ANCHORAGE
State:	ALASKA <input type="button" value="v"/>
Borough/Census Area:	ANCHORAGE <input type="button" value="v"/>
Zip Code:	99507
Mailing Address:	
Check if mailing address is the same as facility address:	<input type="checkbox"/>
Street Address:	9210 VANGUARD DR STE 102A
Street Address2:	<input type="text"/>
City:	ANCHORAGE
State:	ALASKA <input type="button" value="v"/>
Borough/Census Area:	ANCHORAGE <input type="button" value="v"/>
Zip Code:	99507

- **IRMS and Facility Name:** Do not change what populates in these two fields
- **Certifying Provider:** Enter only the name of the certifying provider- i.e. MICKEY MOUSE
- **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 2014
- **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:	MINNIE MOUSE
Phone Number1:	(907)341-2202
Phone Number Extension1:	
Fax Number1:	(907)341-2228
Email Address1:	MINNIE.MOUSE@ALASKA.GOV
Type2:	Certifying Provider
Contact First Name2, Middle Initial 2 and Last Name 2:	MICKEY MOUSE
Phone Number2:	(907)341-2202
Phone Number Extension2:	
Fax Number2:	(907)341-2228
Email Address2:	MICKEY.MOUSE@ALASKA.GOV
Type3:	Back-up Vaccine Coordinator
Contact First Name3, Middle Initial 3 and Last Name 3:	DAISY DUCK
Phone Number3:	(907)341-2202
Phone Number Extension3:	
Fax Number3:	(907)341-2202
Email Address3:	DAISY.DUCK@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	
<input checked="" type="radio"/> All ACIP Recommended Vaccines	
<input type="radio"/> 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 <input type="checkbox"/> A defined population due to practice specialty (e.g. OB/GYN; STD Clinic; family planning). Please specify: <input type="text"/> (e.g. We are an STD clinic) or <input type="checkbox"/> A specific age group within the general population of children ages 0-18. Please specify: <input type="text"/> (e.g. We serve children ages 0-6 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:	
<input type="checkbox"/> DTaP	<input type="checkbox"/> Meningococcal Conjugate
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> MMR
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Pneumococcal Conjugate
<input type="checkbox"/> HIB	<input type="checkbox"/> Pneumococcal Polysaccharide
<input type="checkbox"/> HPV	<input type="checkbox"/> Polio
<input type="checkbox"/> Influenza	<input type="checkbox"/> Rotavirus
<input type="checkbox"/> TD	<input type="checkbox"/> Tdap
<input type="checkbox"/> Varicella	<input type="checkbox"/> Other: <input type="text"/>

- Contact Details:** Contacts should appear in this order: **Vaccine Coordinator, Certifying Provider and Back-up Vaccine Coordinator.** You may enter two additional contacts if desired. Click the drop down arrow to select contact type.
- 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:

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: Private: Private Practice (solo/group/HMO)

Facility Type Other:

Facility Comments:

[Back](#) [Save and Add Provider](#)

- **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)
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	TEST SITE FOR ENROLLMENT INSTRUCTIONS	789456	PENDING	01/14/2015			

Show 1 to 1 of 1 entries

[First](#) [Previous](#) [1](#) [Next](#) [Last](#)

[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 link under Select.

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 as well.

Organization (IRMS): TEST SITE FOR ENROLLMENT INSTRUCTIONS (1382) Date: January 14, 2015

Authorized Providers [Add/Edit]				
Last Name	First Name	Middle Initial	Title	Specialty
MOUSE	MICKEY		MD	Pediatrics
Active with this Practice	Medical License Number	NPI Number	Tax Id Number	
<input checked="" type="radio"/> Yes <input type="radio"/> No	1234	187898548541323	9211111111111	

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.

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

- **Note:** Providers, who have entered administration data into VacTrAK for the entire year of 2014, either manually or via data exchange, may use the pre-populated data in the Provider/Practice Profile.
- If you did not enter administration data into VacTrAK for the entire year of 2014, consult your 2014 records to reflect your patient population as accurately as possible. You may need to consult your billing staff to get this information.
- **VFC Vaccine Eligibility Categories:** Reflects the number of VFC patients in each category, that your facility administered vaccine to in 2014 according to VacTrAK. Please verify the accuracy by reviewing the data from your EHR/EMR or billing records.
- **Non-VFC Vaccine Eligibility Categories:** "State Flu (2014-15 Season)" represents patients that qualified as State Underinsured or V06 in 2014. "State Vaccine (AVAP)" will reflect patients that qualify under the new AVAP criteria or V07 and will show 0 patients unless your facility started using this criteria in January 2015. "Have Health Insurance (covered by state universal vaccine plan)" represents ineligible patients, those 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 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.]

Time Period / Date Saved : January 14, 2015

Provider/Practice Profile					
VFC Vaccine Eligibility Categories	# of children who received VFC Vaccine by Age Category				
	< 1 Year	1-6 Years	7-18 Years	19+ Years	Total
Medicaid-eligible	107	471	282	3	863
Uninsured (no health insurance)	25	40	22	1	88
American Indian/Alaska Native	5	12	13	2	32
Underinsured in FQHC/RHC or deputized facility ¹	3	15	23	1	42
Total VFC:	140	538	340	7	1025
Non-VFC Vaccine Eligibility Categories	# of children who received non-VFC Vaccine by Age Category				
	< 1 Year	1-6 Years	7-18 Years	19+ Years	Total
State Flu (2014-15 Season)	0	0	0	0	0
State Vaccine (AVAP)	0	0	0	0	0
Have Health Insurance (covered by state universal vaccine plan)	104	412	386	44	946
Patients NOT covered by universal vaccine plan	0	0	0	0	0
Total Non-VFC:	104	412	386	44	946
Total Patients (must equal sum of Total VFC + Total Non-VFC):	244	950	726	51	1971

¹Underinsured 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.

²Other 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 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](#) [View 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 View Certify Frozen Vaccine, to move to the next page.

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

Organization (IRMS): TEST SITE FOR ENROLLMENT INSTRUCTIONS (1382) Date: January 15, 2015

Cold Storage Unit

VFC PIN: 789458
 Clinic: TEST SITE FOR ENROLLMENT INSTRUCTIONS

Do you want to be certified for varicella vaccine? Yes 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

Can freezer maintain an average temperature of 5 °F or colder? Yes No
 Does freezer have a separate, insulated door? Yes No

Freezer 1		Thermometer 1	
Freezer Name:	LAB FREEZER	Thermometer Serial Number:	
Freezer Type:	Stand alone, commercial	Thermometer Type:	LogTag
Manufacturer:	AAPP	Other Device:	
Model Number:	1234P	Temperature Scale:	Fahrenheit
Effective From:	01/01/2015	Date of Last Calibration:	12/17/2014
Purchase or Issue Date:	01/01/2015	Calibration Expiration:	
Inactivate Freezer 1	<input type="checkbox"/>		

Refrigerator

Refrigerator 1		Thermometer 1	
Refrigerator Name:	LAB REFRIGERATOR	Thermometer Serial Number:	
Refrigerator Type:	Stand alone, commercial	Thermometer Type:	LogTag
Manufacturer:	PPREF	Other Device:	
Model Number:	1358F	Temperature Scale:	Fahrenheit
Effective From:	01/01/2015	Date of Last Calibration:	12/17/2014
Purchase or Issue Date:	01/01/2015	Calibration Expiration:	
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:** The (approximate) date that you began using the unit to store state-supplied vaccine.
- **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.
- **Submit to State:** Click here only if the Provider Agreement is complete and you are ready to submit for approval.

Sign the signature page and email or fax it to Vaccine Depot staff to complete your enrollment process:

- After the enrollment is submitted, click and print the **PDF Signature**. The **Certifying Provider** (and Collaborating Physician, if applicable) will sign the Signature Page. Scan and email or fax the Signature Page to **Vaccine Depot** staff at 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.

Organization (IRMS): TEST SITE FOR ENROLLMENT INSTRUCTIONS (1382)

Date: January 10, 2015

Provider Agreements											
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)
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	TEST SITE FOR ENROLLMENT INSTRUCTIONS	789456	SUBMITTED	01/15/2015			

Showing 1 to 1 of 1 entries

Buttons: 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.*****

Organization (IRMS): TEST SITE FOR ENROLLMENT INSTRUCTIONS (1382)

Date: January 10, 2015

Provider Agreements											
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-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	TEST SITE FOR ENROLLMENT INSTRUCTIONS	789456	RETURNED	01/15/2015			

Showing 1 to 1 of 1 entries

Buttons: Add, Export Agreement, Export Provider, Export Provider/Practice Profile

Provider Agreements											
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)
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	TEST SITE FOR ENROLLMENT INSTRUCTIONS	789456	APPROVED	01/15/2015	01/15/2015	01/31/2016	

Showing 1 to 1 of 1 entries

[First](#)
[Previous](#)
[1](#)
[Next](#)
[Last](#)

[Add](#)
[Export Agreement](#)
[Export Provider](#)
[Export Provider/Practice Profile](#)

- The Vaccine Coordinator and the Back-up Vaccine Coordinator are required to complete an annual education requirement. This requirement is for both new providers and returning providers.
- Vaccine Depot Staff will notify all providers of the 2015 annual education requirement once it is made available.