

Annual Provider Enrollment

Massachusetts Department of Public Health, Massachusetts Immunization Information System (MIIS)



Important: You must enroll for the MDPH Immunization Program through the Vaccine Management Module in the MIIS to order state-supplied vaccine. All enrolled providers are required to re-enroll for the program on an annual basis. At the end of each enrollment period, MDPH will send a notice to enrolled providers to remind them to re-enroll for the coming year. At that time, their enrollment statuses is changed from **Enrolled** to **Pending Re-Enrollment** in the Vaccine Management Module of the MIIS.

Provider Enrollment in the MIIS:

1. Click **Provider Enrollment** from the left Navigation Menu of Vaccine

2. The **Provider Site Enrollment Data** Tab is first displayed where you can add or modify contact information for your site.

Important: when a *new site* initiates enrollment for the MDPH Immunization Program, a Provider Profile is created in the MIIS on behalf of the site, pre-populating much of the information on the Provider Site Enrollment Data tab. Additionally, the site's enrollment status is set to "Pending Enrollment", so they would then have to similarly complete provider enrollment.

3. The **Addresses Tab** lets you add or modify the Shipping and Mailing Addresses for your site during your re-enrollment. These addresses are "grayed-out" and not editable if you are already enrolled. *If your address has changed before the annual re-enrollment period, you must notify the MDPH Vaccine Unit directly (617-983-6828) to make the necessary changes.*

4. The **Shipping Information Tab** is used to manage a site's shipping contact and hours. The default value for all Shipping Hours is 0000, which indicates that the site is not open to receive vaccine deliveries. The system shows 4 columns to capture shipping hours so you are able to indicate if there is a break during the day when deliveries cannot be made. In the example below, Monday hours are 9:00 to 5:00 with a lunch break from 12:00 to 1:00. Alternatively, on Friday there is no lunch break, so shipping hours 9:00 to 5:00 are indicated in the first 2 columns. Note: All times must be entered in the HH:MM AM/PM format.

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5. The **Practice Profile Tab** summarizes patient projections and VFC eligibility status screening processes for your provider site. It is only displayed for provider sites that vaccinate children. If you are a site that vaccinates children and this tab is not displayed, please notify the MDPH Vaccine Unit. As patient projections are entered for each status and age group, totals are automatically calculated by the MIIS.

	<1 Yr Old	1-5 Yrs Old	6-17 Yrs Old	Total
1. Enrolled in Medicaid, or Mass Health or any MCO, if enrolled through a Medicaid contract or sCHIP or CMSP	5	10	15	30
2. No Health Insurance	0	4	0	4
3. American Indian (Native American) or Alaska Native	0	0	1	1
4. Underinsured (in FQHC only)	0	0	0	0
5. Subtotal (add items 1, 2, 3 & 4)	5	14	16	35
6. Children with Health Insurance (paid for by parents, employers or both)	20	45	50	115
7. Total Children (items 5 & 6)	25	59	66	150

*Data Source used to determine patient projections: Encounter/Screening Data

Patient VFC Eligibility Screening must be completed for all children under 19 years old.
*Check only one box below to identify how this process is done in your facility/practice.

☒ MDPH Patient Eligibility Screening form filled out and paper copy kept in child's file
☐ MDPH Patient Eligibility Screening form filled out and paper copy scanned into child's EHR
☐ Massachusetts Immunization Information System (MIIS)
☐ All fields listed below are recorded and retrievable in child's electronic health record (EHR)

- Patient's name
 - Parent or legal representative's name
 - Provider's name
 - Patient's date of birth
 - Patient's insurance status (Medicaid, uninsured, insured)
 - Whether patient is Native American (American Indian) or Alaska Native
 - Date initial screening took place (or if this is unavailable then documentation that immunization screening takes place at each immunization encounter)

6. The **Practice Provider List Tab** displays a directory of health care providers at your site who are licensed to prescribe vaccines. You can view, add and edit providers. To add a provider, click the **Add** button at the bottom of the list to display the **Add Practice Provider** screen.

Massachusetts Immunization Information System

Logged in as: Providerannual at Demo Enrollment

Vaccine Management

- Provider Enrollment
- New Order
- Orders Worklist
- Inventory
- Transfer Vaccines

Enrollment

Provider Site Enrollment Data | Addresses | Shipping Information | Practice Profile | Practice Provider List | Agreement to Comply

Practice Provider List

Name	Title	Medical License No.	Medicaid Provider No.	Email	Action
Add					

- After you have entered the necessary information in all the Provider Enrollment Tabs, click the **Agreement to Comply Tab**. This tab displays a checkbox to indicate whether the Medical Director of your provider site has read and agreed to the Federal and State requirements for Vaccine Administration.
- Click the **Agreement to Comply with Federal and State Requirements for Vaccine Administration** link to see and print the full agreement.
- The checkbox constitutes a valid electronic signature that replaces the need to physically sign a hardcopy Provider Enrollment Agreement Form annually.
- After you have entered or updated all required information and electronically signed the agreement to comply, click the **Submit Enrollment** button to officially submit the completed enrollment to MDPH.
- At that point, your enrollment status is set to "Pending MDPH Approval" in the MIIS. When the MDPH Vaccine Unit has reviewed and approved your enrollment, they will update your enrollment status to "Enrolled" for the year.



Important: once a *new site* complete enrollment for MDPH Immunization Program, their status will be updated from "Pending Enrollment" to "Pending Inspection", as a site visit by MDPH staff is required before their enrollment can be approved to order state-supplied vaccines.

Enrollment

Save | Cancel | Submit Enrollment

Provider Site Enrollment Data | Addresses | Shipping Information | Practice Profile | Practice Provider List | Agreement to Comply

Agreement to Comply

Agreement to Comply with Federal and State Requirements for Vaccine Administration

The Vaccines for Children (VFC) Program is a component of the Massachusetts Department of Public Health (MDPH) Immunization Program. To receive vaccine provided by the MDPH Immunization Program and VFC program, I, on behalf of myself and any and all practitioners associated with this medical office, group practice, HMO, health department, hospital, clinic, or other entity of which I am the medical director or equivalent, agree to all of the requirements put forth in the document at the following link:

[Click this link to open the Agreement to Comply with Federal and State Requirements for Vaccine Administration](#)

☐ I certify that the Medical Director has read and agrees to the requirements listed at the link above pertaining to participation in the MDPH Immunization Program.