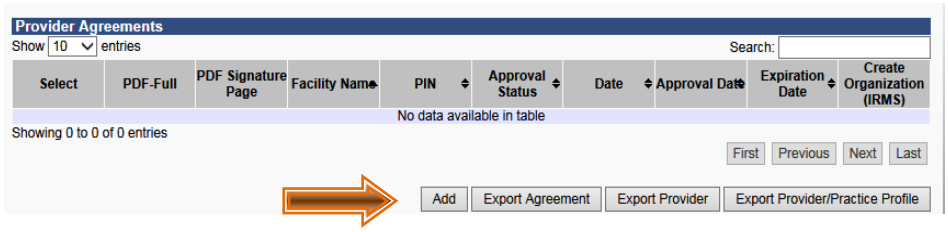
Instructions for completing the Provider Agreement to continue as a VFC Provider and receive VFC vaccines

For Assistance contact your Regional Immunization Consultant

Go to: https://lalinks.org/linksweb/login.jsp

Log in to LINKS using your username and password

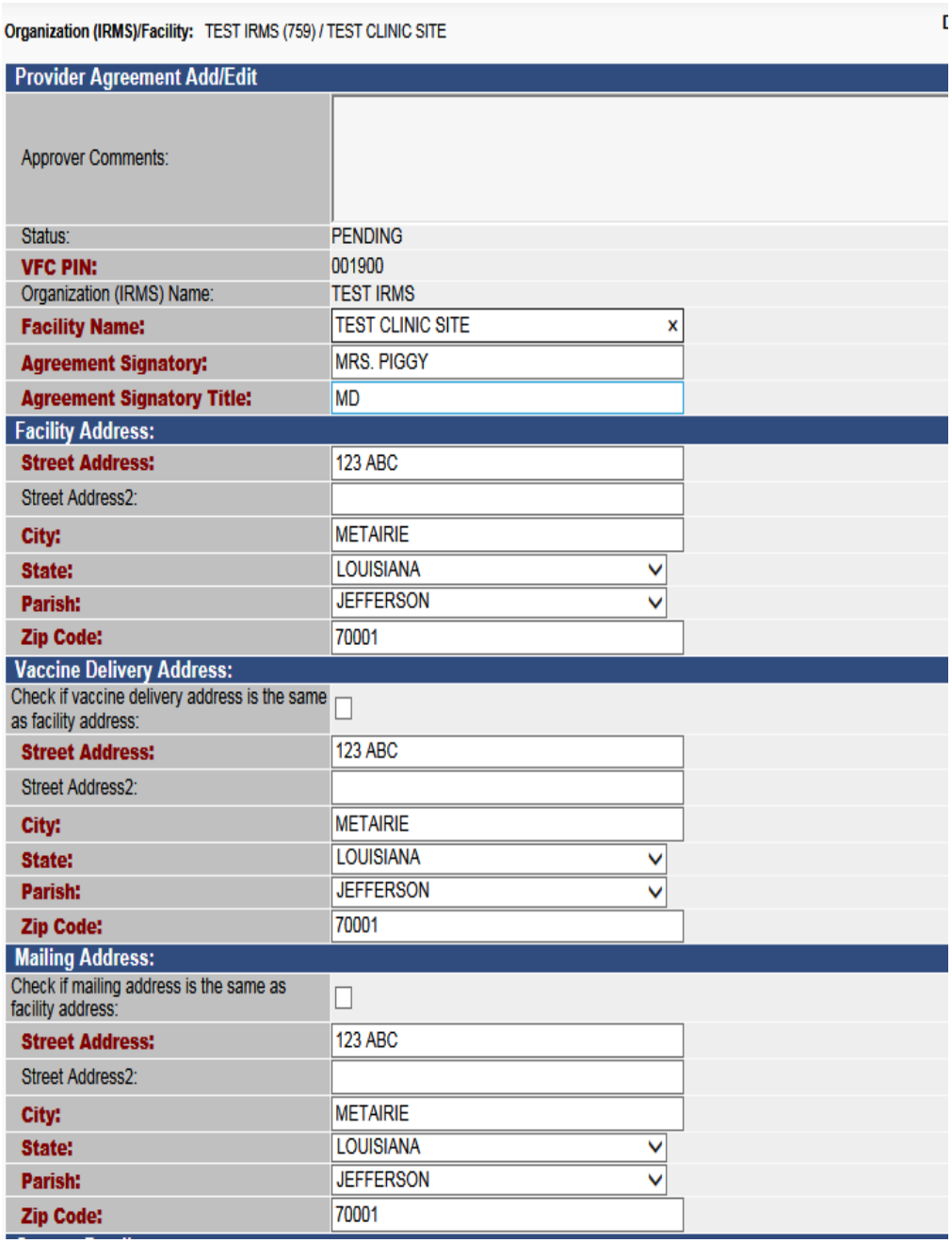
- Click on Orders/Transfers in the left sidebar menu
- Click on Provider Agreement (Viewable only by a Lot Number Manager)



- 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.

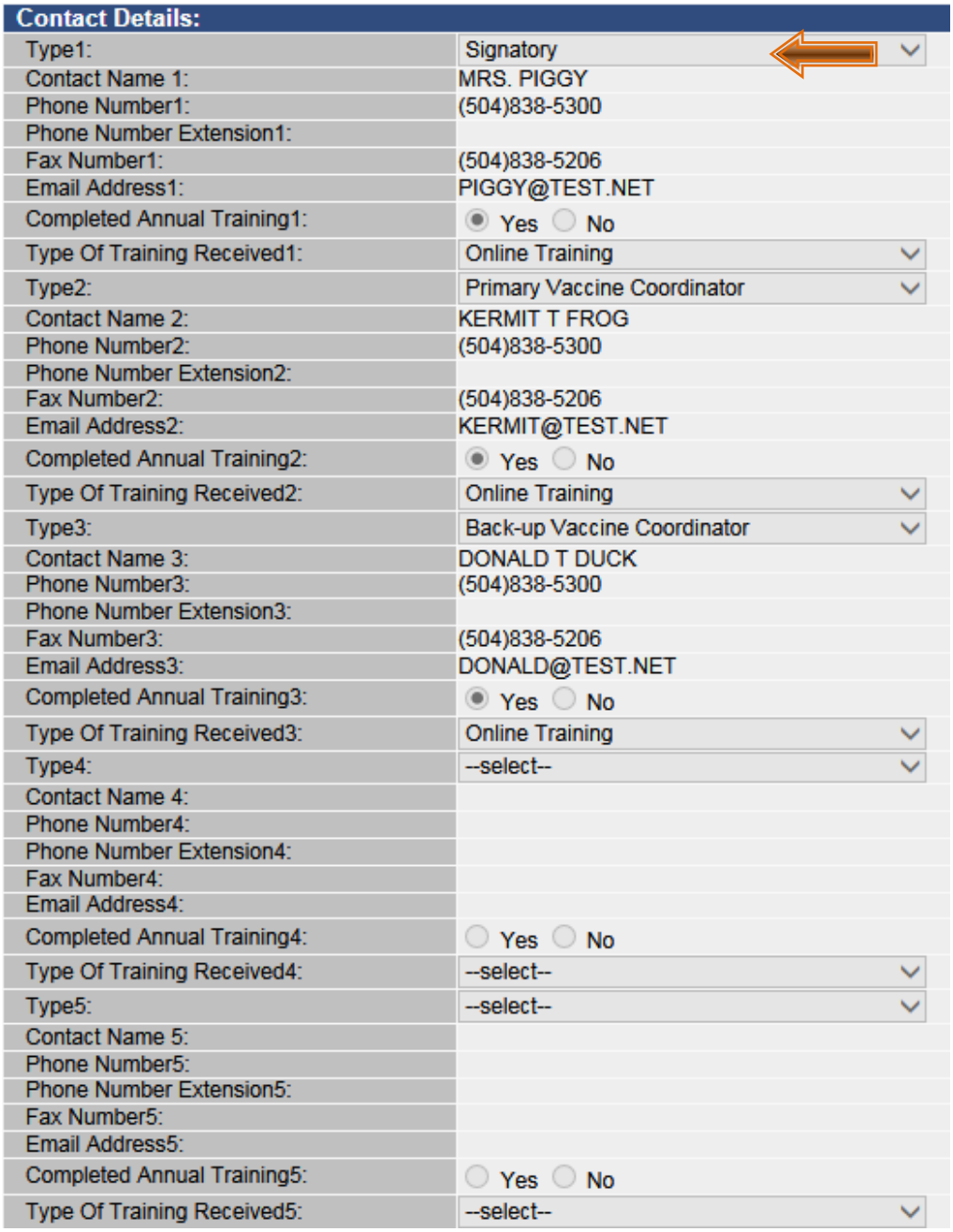


Organization (IRMS)/Facility: TEST IRMS (759) / TEST CLINIC SITE

Provider Agreement Add/Edit

Approver Comments:	
Status:	PENDING
VFC PIN:	001900
Organization (IRMS) Name:	TEST IRMS
Facility Name:	TEST CLINIC SITE x
Agreement Signatory:	MRS. PIGGY
Agreement Signatory Title:	MD
Facility Address:	
Street Address:	123 ABC
Street Address2:	
City:	METAIRIE
State:	LOUISIANA
Parish:	JEFFERSON
Zip Code:	70001
Vaccine Delivery Address:	
Check if vaccine delivery address is the same as facility address:	☐
Street Address:	123 ABC
Street Address2:	
City:	METAIRIE
State:	LOUISIANA
Parish:	JEFFERSON
Zip Code:	70001
Mailing Address:	
Check if mailing address is the same as facility address:	☐
Street Address:	123 ABC
Street Address2:	
City:	METAIRIE
State:	LOUISIANA
Parish:	JEFFERSON
Zip Code:	70001

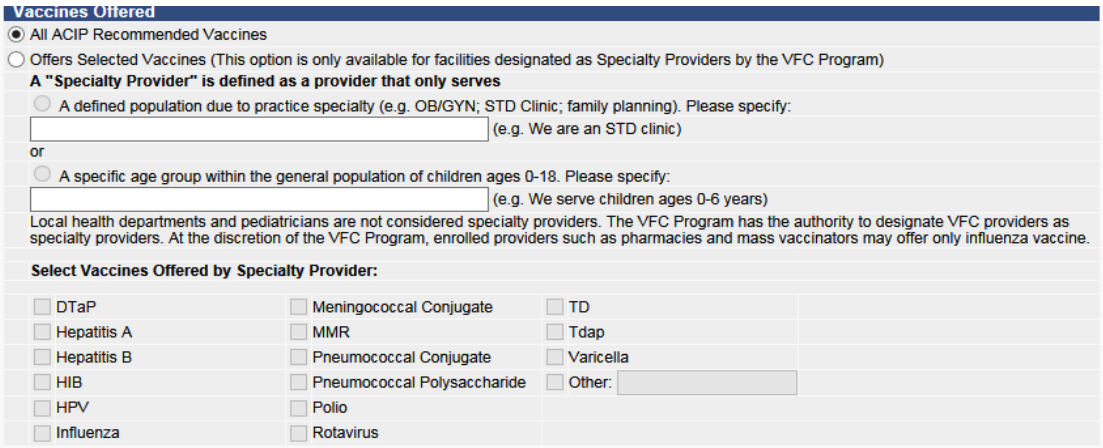
- **IRMS and Facility Name:** Do not change what populates in these two fields
- **Agreement Signatory:** Enter only the name of the Agreement Signatory-i.e. Mrs. Piggy
- **Agreement Signatory Title:** Enter the title of the Agreement Signatory- i.e. DO, MD, NP
- **Facility Address**: The physical address of your facility
- **Vaccine Delivery Address**: The address where your facility would receive direct-ship frozen vaccine deliveries (If same as facility address check box and will auto populate)
- **Mailing Address**: The mailing address of your facility- i.e. PO Box (If same as facility address check box and will auto populate)



Contact Details:

Type1:	Signatory
Contact Name 1:	MRS. PIGGY
Phone Number1:	(504)838-5300
Phone Number Extension1:	
Fax Number1:	(504)838-5206
Email Address1:	PIGGY@TEST.NET
Completed Annual Training1:	Yes No
Type Of Training Received1:	Online Training
Type2:	Primary Vaccine Coordinator
Contact Name 2:	KERMIT T FROG
Phone Number2:	(504)838-5300
Phone Number Extension2:	
Fax Number2:	(504)838-5206
Email Address2:	KERMIT@TEST.NET
Completed Annual Training2:	Yes No
Type Of Training Received2:	Online Training
Type3:	Back-up Vaccine Coordinator
Contact Name 3:	DONALD T DUCK
Phone Number3:	(504)838-5300
Phone Number Extension3:	
Fax Number3:	(504)838-5206
Email Address3:	DONALD@TEST.NET
Completed Annual Training3:	Yes No
Type Of Training Received3:	Online Training
Type4:	--select--
Contact Name 4:	
Phone Number4:	
Phone Number Extension4:	
Fax Number4:	
Email Address4:	
Completed Annual Training4:	Yes No
Type Of Training Received4:	--select--
Type5:	--select--
Contact Name 5:	
Phone Number5:	
Phone Number Extension5:	
Fax Number5:	
Email Address5:	
Completed Annual Training5:	Yes No
Type Of Training Received5:	--select--

- **Contact Details:** Three contacts are mandatory. Contacts should appear in this order: **Signatory (Is required to match "Agreement Signatory" Field above), Primary Vaccine Coordinator**, and **Back-up Vaccine Coordinator.** You may enter two additional contacts if desired. Click the drop down arrow to select contact type.
- All Fields in **Red** are Required Fields.
- Fill out **name, phone, fax and email** fields for each contact type.
- Indicate if **Annual Training** was completed and the **type of training received** for each contact.



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

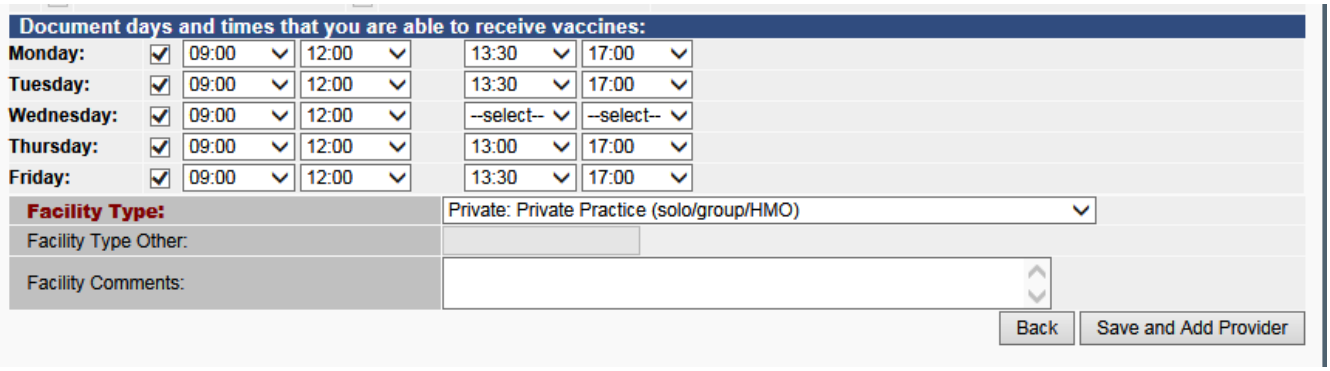
- ( ) A specific age group within the general population of children ages 0-18. Please specify: _____ (e.g. We serve children ages 0-6 years)

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:

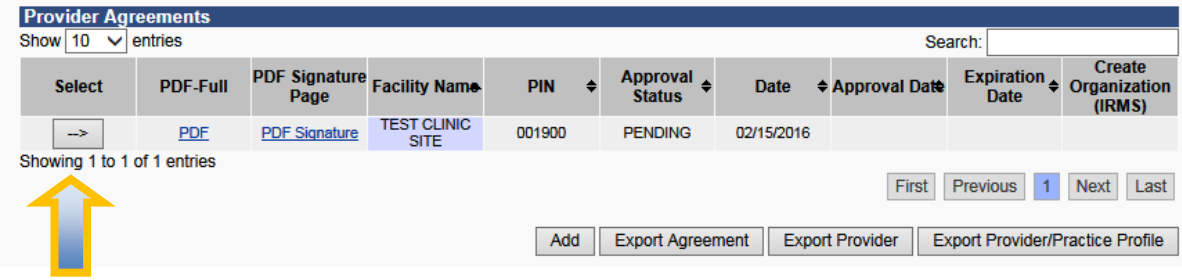
☐ DTaP	☐ Meningococcal Conjugate	☐ TD
☐ Hepatitis A	☐ MMR	☐ Tdap
☐ Hepatitis B	☐ Pneumococcal Conjugate	☐ Varicella
☐ HIB	☐ Pneumococcal Polysaccharide	☐ Other:
☐ HPV	☐ Polio	
☐ Influenza	☐ Rotavirus	

- **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, i.e. “Deliver to clinic behind school”

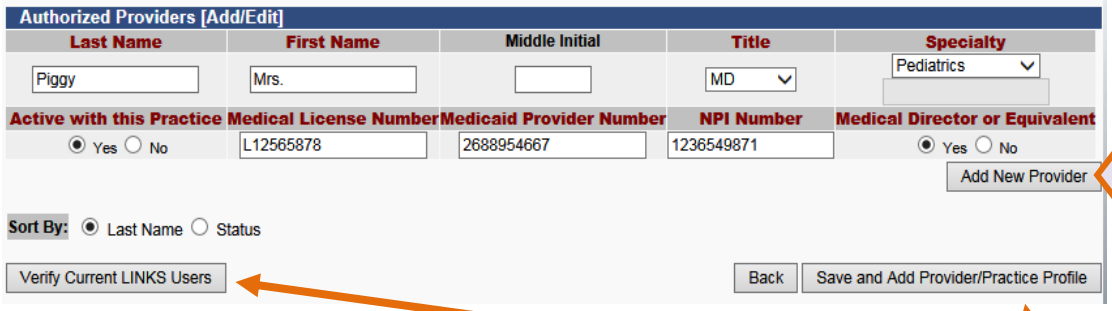
- If you need to exit the Provider Agreement before completion, you can save it and return to it later but you must complete the page you are working on before the system will allow you to save your work. Complete the first page and Click Save and Add Provider at the bottom of the page. This will take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

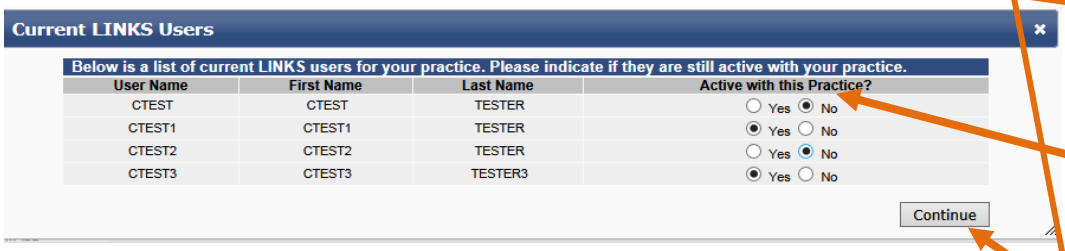


- To continue working on a saved Provider Agreement: Login to LINKS, Click Provider Agreement under Orders/ Transfers and click the link under Select.

Second page of Provider Agreement- *Authorized Providers:*

- List the **Name, Title, Specialty, Active status, Medical license number, and NPI 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.





- **Add New Provider**: Click here to add additional providers to your list.
- **Verify Current LINKS Users.** After you have entered all of your providers, click here view your Current LINKS Users for your practice
- **Bullet "No" on any users that are no longer active with your practice.** One you have checked all no longer active click on continue.
- **Save and Add Provider/Practice Profile**. After you have entered all of your providers and verified your current users for you clinic, 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 LINKS for the entire year of 2017, either manually or via data exchange, may use data from the VFC Profile Report under the reports section of LINKS. **LINKS data from previous year will be pre-populated in this section.**
- If you did not enter administration data into LINKS for the entire year of 2017, consult your 2017 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 2017 according to LINKS. Please verify the accuracy by reviewing the data from your EHR/EMR or billing records.

1) Report the number of children who received state supplied vaccinations for calendar year **(February 12, 2015 to February 11, 2016)** by age group, insurance type and demographics. This is based on your patient records. Billing staff may be best equipped to respond to this section of the survey. Only count a child once - no matter the number of visits. Retain a copy of this survey for your records for audit purposes. Please provide the best data possible.

Provider Estimates

VFC Vaccine Eligibility Categories	# of children who received VFC Vaccine by Age Category						
	< 1 Year	Estimate	1-6 Years	Estimate	7-18 Years	Estimate	Total (Estimate)
VFC eligible— Medicaid/Medicaid Managed Care	0	0	0	0	0	0	0
VFC eligible— underinsured at FQHC/RHC/deputized provider	0	0	0	0	0	0	0
VFC eligible— American Indian/Alaskan Native	0	0	0	0	0	0	0
VFC eligible— Uninsured	0	0	0	0	0	0	0
Total VFC:	0	0	0	0	0	0	0

Non-VFC Vaccine Eligibility Categories	# of children who received non-VFC Vaccine by Age Category						
	< 1 Year	Estimate	1-6 Years	Estimate	7-18 Years	Estimate	Total (Estimate)
State Program Eligibility	0	0	0	0	0	0	0
317	0	0	0	0	0	0	0
CHIP		0	0	0	0	0	0
Kidscare	0	0	0	0	0	0	0
VFC eligible— State-specific eligibility (e.g., S-CHIP plan)	0	0	0	0	0	0	0
Childrens Health Insurance Program (CHIP)	0	0	0	0	0	0	0
Other Underinsured	0	0	0	0	0	0	0
Patients NOT covered by universal vaccine plan	0	0	0	0	0	0	0
LAHIPP—Ineligible	0	0	0	0	0	0	0
LACHIP—Affordable Plan Ineligible	0	0	0	0	0	0	0
State Vaccine	0	0	0	0	0	0	0
Private	0	0	0	0	0	0	0
Adult State	0	0	0	0	0	0	0
V10	0	0	0	0	0	0	0
Not VFC Eligible	0	0	0	0	0	0	0
Medicare	0	0	0	0	0	0	0
	0	0	0	0	0	0	0
Total Patients (must equal sum of Total VFC + Total Non-VFC):	0	0	0	0	0	0	0

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

- ☐ Benchmarking
- ☐ Medicaid Claims
- ☐ Doses Administered
- ☐ Provider Encounter Data
- ☐ Billing System
- ☐ Louisiana Immunization Network for Kids Statewide (LINKS)
- ☐ Other

- 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.

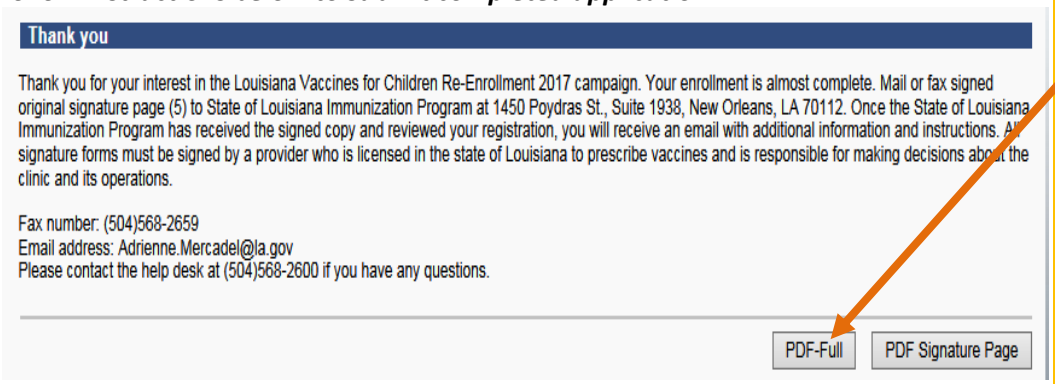
☐ By checking this box, I certify on behalf of myself and all immunization providers in this facility, all information entered in this agreement is accurate and complete

☐ I understand that Louisiana Immunization Program has a "No Borrowing" Policy. This includes failing to separate private stock vaccine from VFC funded vaccine and borrowing on VFC/private pay vaccine with the intent to "repay the doses".

Back | Save | Submit to State

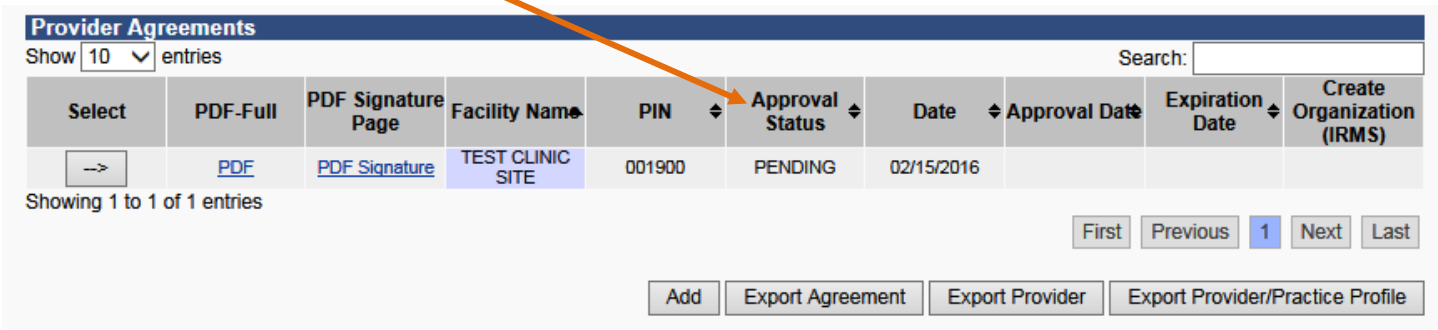
- Check box to certify all info is correct
- Check box that you understand Louisiana has a "No Borrowing" Policy and that Private Stock and VFC Stock will be separated
- **Submit to State:** Click here only if the Provider Agreement is complete and you are ready to submit for approval.

Follow instructions below to submit completed application



- **Click on PDF-Full. Print the entire document for your records.**
- **Mail or fax the original signature page 5 of this document to the Louisiana Immunization Program at 1450 Poydras St. Suite 1930, New Orleans, LA 70112 or Fax (504)568-2659**

You can check the status of your Application at any time by going to Menu>Orders/Transfers>Provider Agreement and check the Approval Status



Provider Agreement 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 the Immunization Program's review and approval.
- **Returned:** You need to make corrections within the Provider Agreement. Click on the Select arrow to view comments made by Immunization Program staff. Make the requested corrections and re-submit the Provider Agreement.
- **Approved:** Immunization Program 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. If not approved by the deadline date of March 15, 2019, you will not be able to make a VFC vaccine order.***