



Investing for tomorrow, delivering today.

2023 Immunization Program Statewide Training

This training is not mandatory and does not take the place of NMSIIS or CHIL-e training. Participation today does not account for any credits or CEU's.



Investing for tomorrow, delivering today.

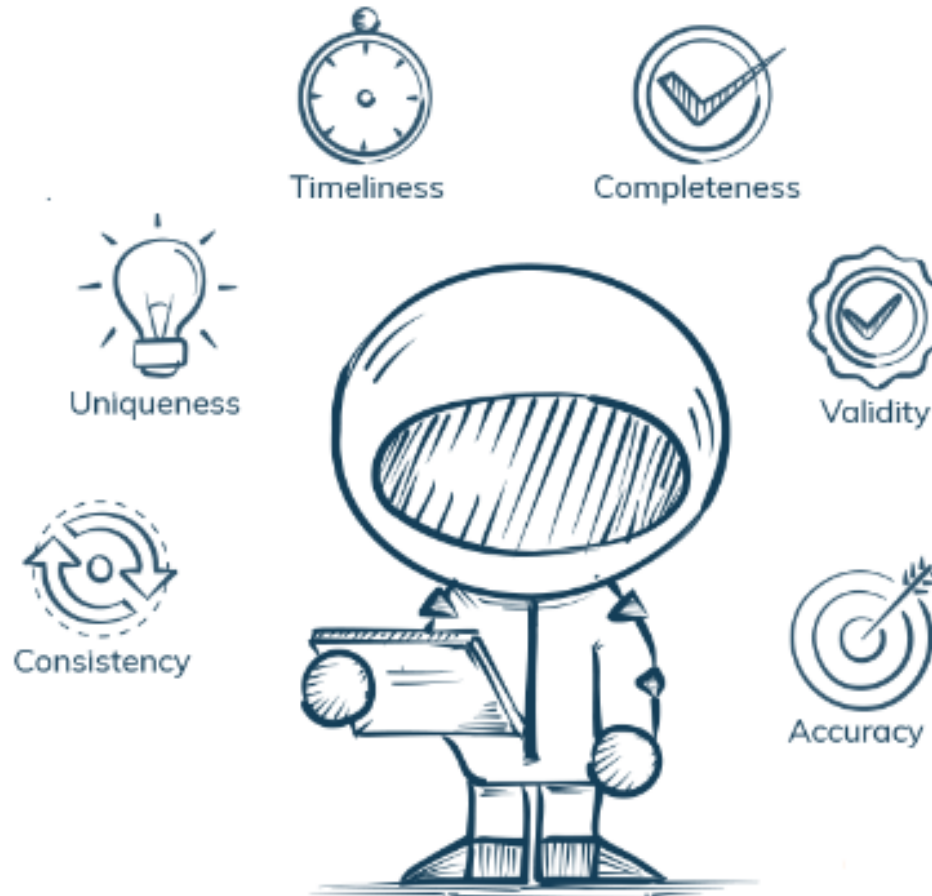
NMSIIS Data Quality

Lyndsey Cordova

NMSIIS Training Coordinator



What is Data Quality:



Completeness:

Measurable Fields for Data Completeness

Patient name first is present	Patient ethnicity is present
Patient middle name is present	Patient phone is present
Patient name last is present	Patient email is present
Patient birth date is present	Vaccination admin code is present
Patient gender is present	Vaccination admin date is present
Patient address street is present	Vaccination information source is present
Patient address city is present	Vaccination lot number is present
Patient address state is present	Vaccination lot expiration date is present
Patient address zip is present	Vaccination financial eligibility code is present
Patient mother's maiden name is present	Vaccination funding source code is present
Patient race is present	

Completeness



Most common issues in NMSIIS:

- Missing mailing/physical address
- Missing race/ethnicity
- Gender Missing or listed as “U” (unknown)
- Missing or outdated phone number
- Missing or fake email (i.e. none@aol.com)
- Missing vaccination data (i.e. lot number or expiration date)

Timeliness:

Measurable Fields for Data Timeliness

Patient System Entry Time On-Time: 30 days and under

Patient System Entry Time Late: over 30 through 45 days

Patient System Entry Time Very Late: over 45 days through 60 days

Patient System Entry Time Too Late: over 60 Days

Vaccination System Entry Time On Time: 1 day and under

Vaccination System Entry Time Late: over 1 day through 7 days

Vaccination System Entry Time Very Late: over 7 days through 14 days

Vaccination System Entry Time Too Late: over 14 days

Timeliness



Most common timeliness issues:

- Delayed reporting
- Not reporting at all

NMSIIS Vaccine Reporting Timelines REMINDER!

Routine Vaccinations	10 Days
COVID-19 Vaccines	24 Hours
Mass Events	30 Days

Validity:

Measurable Fields for Data Validity

Patient birth date is on first day of month	Vaccination admin code is not specific
Patient birth date is on 15th day of month	Vaccination lot number is invalid
Patient birth date is on last day of month	Vaccination lot number has invalid prefixes
Vaccination admin date is after lot expiration date	Vaccination lot number has invalid infixes
Vaccination admin date is before birth	Vaccination lot number has invalid suffixes
Vaccination admin date is on first day of month	Vaccination lot number is too short
Vaccination admin date is on 15th day of month	Vaccination CVX code is unrecognized
Vaccination admin date is on last day of month	Vaccination manufacturer code is unrecognized
Vaccination admin date is before or after when expected for patient age	Vaccination body route is unrecognized
Patient has more vaccinations than expected	Vaccination body site is unrecognized
Vaccination information source is administered but appears to historical	Vaccination funding source code is unexpected for financial eligibility

Validity

Most common validity issues:

- Date of birth listed as 1900 or 1901
- Baby name vs. Legal name (i.e. Baby Girl Rodriguez)
- Vaccine Administered Date **after** Expiration Date
- Vaccine Administered Date **before** DOB
- Invalid Lot Number
- Vaccine Type Incorrect for Age Group (i.e. 2 year old with shingles dose or adult with 5-11 COVID dose)
- Unrecognized CVX

Efforts to Improve NMSIIS Data

- Ongoing Data Quality

Duplicate Vaccines	Missing Addresses	Fake/Test Data
Duplicate Patients	Added, Not Administered	Address Validation
Baby Names	1900/1901 DOBs	Nickname vs Legal Name
Incorrect Exp Dates	Invalid Doses	Unknown CVX
Impossible Dates	Incorrect Funding	Unspecified Formula

- Capturing all information at time of service
- Analyze data at rest in IIS
- Provider education on reporting requirements
- Transition providers to Automated Data Reporting

Data at Rest (DAR) Project

- Emails were sent on Monday, January 19, 2023 to select providers
- Data that was pulled for analysis was:
 - From Jan 2019-Dec 2020
 - 0-24 years old
 - Compared data quality measurements (completeness, timeliness, and validity) based on acceptable threshold
- Data will be pulled every 6 months
- Goal is to improve data reporting and educate providers on requirements

Resources for Data Quality

- Data Quality Manual
- DAR Resource Page
- HL7 Specification Guide
- CDC Data Quality Measures
- NMSIIS Help Desk (833) 882-6454



<https://www.nmhealth.org/about/phd/idb/imp/siis/>

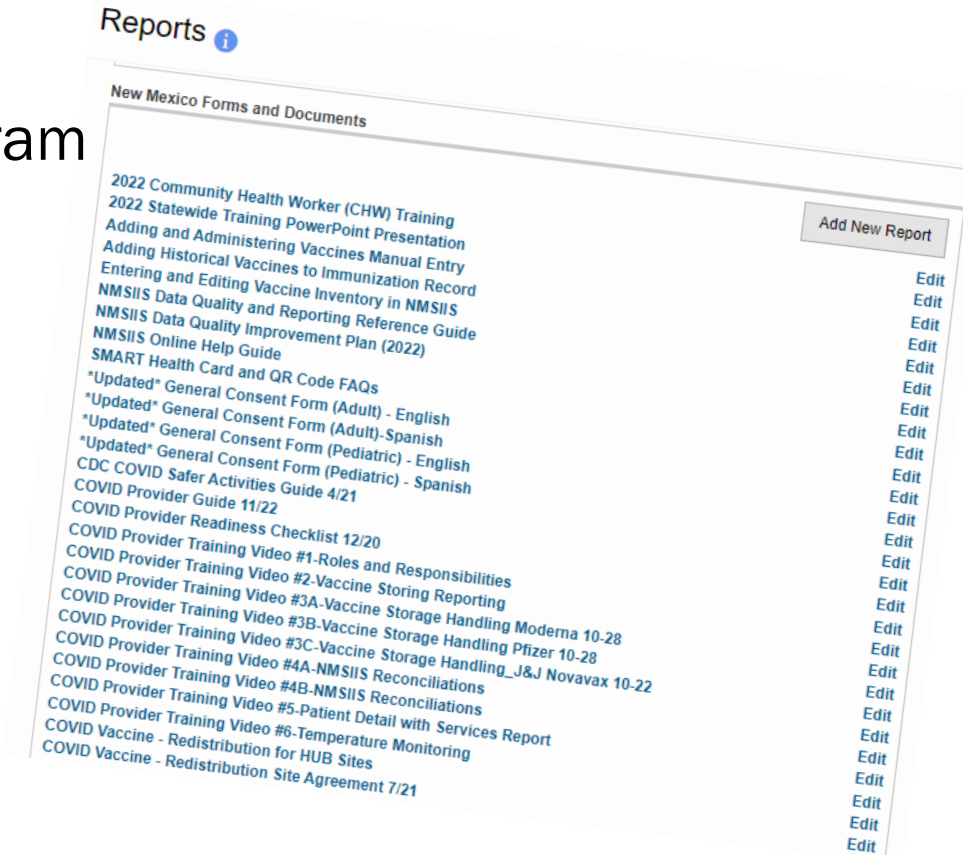
NMSIIS Reports



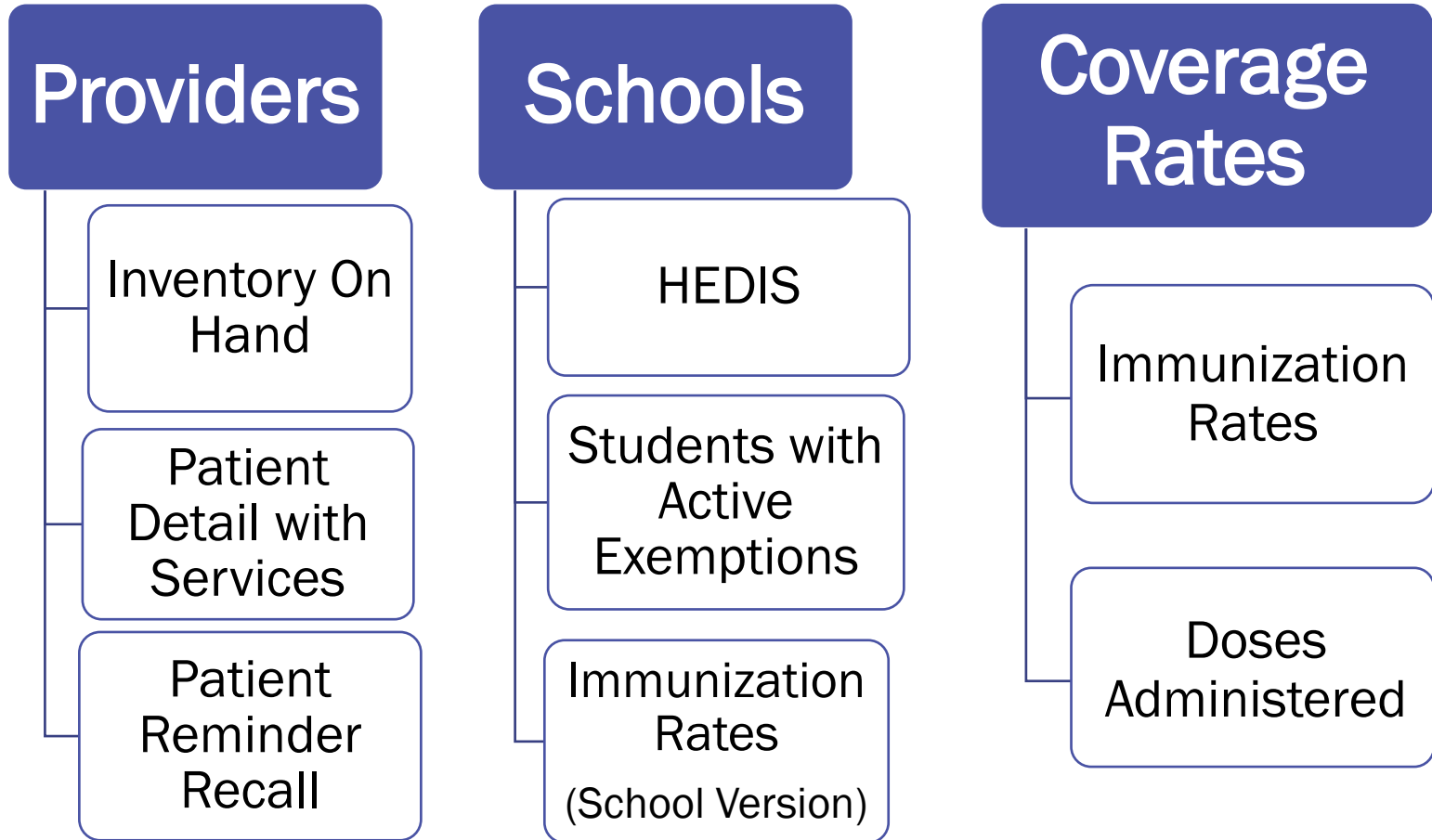
Reports Module in NMSIIS

References Available for:

- School Requirements
- Vaccine For Children Program
- Adult Vaccine Program
- COVID-19
- Data Exchange
- HEDIS
- Data Loggers
- VaxViewNM Public Portal
- Consent Forms
and more...



Useful NMSIIS Reports



New Report Reference Guides

Created by Felicia Martinez ()

Outlines every report in NMSIIS and gives a brief description of the purpose of the report and then gives step-by-step screen shot examples of running each report

Can be found in NMSIIS Reports Module:

[NMSIIS/Web IZ Report Reference Guide](#)

Future of NMSIIS Reports

Improved
Canned
Reports

Recruiting
NMSIIS
Epidemiologist

Improving Server
Access for Easier
Ad-Hoc Reporting

For Help with NMSIIS Reports...

NMSIIS Help
Desk

(833) 882-6454

Monday-Friday, 8am-5pm (closed from 12pm-1pm)

NMSIIS Email

NMSIIS.Access@doh.nm.gov

NMSIIS Reports
and References

Click on “Reports” on the left-hand side of your NMSIIS page and use the “CTRL+F” function to find the report and/or reference guide you need

General COVID
Vaccine Inquiries

COVID.vaccines@doh.nm.gov



CONTACT US

QUESTIONS

thank you!



Investing for tomorrow, delivering today.

Staff Access Requests

Lyndsey Cordova

NMSIIS Training Coordinator

Reminders:

Please see **NMSIIS User Security and Confidentiality Agreement recording for reference.**

- Do not share NMSIIS Credentials!
- VFC Pin number can be listed on the Clinic ID # field— Ensure to list ALL locations that you need access to.
- Organization Name and Clinic Name can be the same, but sometimes it is not.
- Store or Location # often refers to pharmacies.
- Inventory Control- Must be listed as a Primary or Backup for your site location.
- Please make sure to submit the NMSIIS Certificate of Completion and NMSIIS User Agreement in the same email.
- If you have not accessed NMSIIS within one year of training, you must re-complete NMSIIS Training.
- CHIL-e training is not the same as the NMSIIS training.
- Please allow at least 72-hours for processing access requests.

NMSIIS Immunization Records

**(VaxViewNM, Public Requests,
Data Corrections and more!)**

Lyndsey Cordova

NMSIIS Training Coordinator

VaxViewNM – Public Portal

- www.VaxViewNM.org

VaxViewNM enables individuals, parents, and guardians to access, save and/or print, official immunization records. Eliminating the need to carry multiple or aged documents. Can be used on computer, phone, tablet, etc.

The screenshot shows the 'NMSIIS: Access My Immunization Records' page. At the top left is the 'New Mexico Immunization Program' logo. The main heading is 'NMSIIS: Access My Immunization Records'. Below this is a navigation bar with 'HOME' and 'HELP' links. The main content area contains a form with the following sections:

- Who is the Patient?** This section includes fields for 'First Name', 'Last Name', and 'Date Of Birth (mm/dd/yyyy)'. A note states: 'Patients and their Legal Guardians can use this screen to view and print an official record of their immunizations. The patient's First Name, Last Name, Date of Birth, and Gender are required before proceeding.'
- Who are you?** This section includes a 'Gender' dropdown menu.
- What is your relationship to the Patient?** This is a dropdown menu.
- How would you like to receive a code to access the immunization record?** This section has radio buttons for 'Text' and 'Email'.

At the bottom of the form, there is a disclaimer: 'Immunization records printed from this site may not be complete. The records represent only the data reported to and entered in the system.' Below the disclaimer are 'Clear' and 'Search' buttons. At the very bottom of the page, there is a logo for 'NEW MEXICO DEPARTMENT OF HEALTH' and copyright information: 'Version 19.2.20190426 Copyright © 2001-2019 Envision Technology Partners Inc.'

VaxViewNM Security

The security and protection of patient records is our highest priority.

- The web-based application is mobile friendly.
- An exact 1:1 match to data fields is required.
- The two-factor authentication utilizes text messaging or email to validate patient, parent, or guardian access.



VaxViewNM 1:1 Match

During the visit, providers are encouraged to verify all patient information is accurate, current and up to date, ensuring there is either a phone number, email or both in the patient record.

Data Fields to Enter that Must Match NMSIIS Data

First Name

Last Name


Gender

Relationship to Patient

Phone Number **and/or**

Email Address

VaxViewNM - Search



Vaxview NM: Access My Immunization Record

[HOME](#) | [HELP](#)

Patients and their Legal Guardians can use this screen to view and print an official record of their immunizations. The patient's First Name, Last Name, Date of Birth, and Gender are required before proceeding.

Who is the Patient?

First Name	Last Name	Date of Birth (MM/DD/YYYY)	Gender
<input type="text" value="MICKEY"/>	<input type="text" value="MOUSE"/>	<input type="text" value="01/01/1956"/>	<input type="text" value="MALE"/>

Who are you?

What is your relationship to the Patient?

How would you like to receive your access code?

Mobile Phone Email

Mobile Phone (format: xxx-xxx-xxxx) Message and Data Rates May Apply

Immunization records printed from this site may not be complete. The records represent only the data reported to and entered in the system.



VaxViewNM - Unsuccessful

Patients and their Legal Guardians can use this screen to view and print an official record of their immunizations. The patient's First Name, Last Name, Date of Birth, and Gender are required before proceeding.

Who is the Patient?

First Name	Last Name	Date Of Birth (mm/dd/yyyy)	Gender
<input type="text" value="MICKEY"/>	<input type="text" value="MOUSE"/>	<input type="text" value="01/01/1990"/>	<input type="text" value="MALE"/>

Who are you?

What is your relationship to the Patient?

How would you like to receive a code to access the immunization record?

Text Email

Mobile Phone (format: xxx-xxx-xxxx) Message and Data Rates May Apply

Immunization records printed from this site may not be complete. The records represent only the data reported to and entered in the system.

We were unable to find a record matching the search criteria supplied. An exact match is required for all of the data provided, so please make sure the data you entered is typed correctly and is a likely match for the data in our system (For example, the phone number or email being used must match what is listed in the record. Also, try using the patient's legal name).

If you feel that you've received this message in error, please contact your healthcare provider's office or go into a Public Health Office to verify your contact information (name, DOB, email and phone number)

You may also contact the NMDOH Immunization HelpDesk: 1-833-882-6454

VaxViewNM - Unsuccessful

What to do?

1. Double check the information and try again
2. Update the demographic information and contact screen in NMSIIS (if you have access)
3. Contact the NMSIIS Help Desk (833) 822-6454

Remember... Three unsuccessful attempts from the same IP address will result in the user being locked out for 30 minutes!

QR Code on Digital COVID-19 Vaccine Card

SMART Health Cards are paper or digital versions of your clinical information, such as vaccination history or test results. They allow you to keep a copy of your records on hand and easily share this information with others if you choose.

COVID-19 Vaccination Record

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

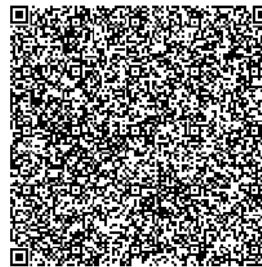


SIMPSON	BART	M	
Last Name	First Name	Middle Name	Generation
01/01/1999	2890971		
Date of birth	Patient number (medical record or IIS record number)		

Vaccine	Product Name / Manufacturer Lot Number	Date	Administering Clinic
1st Dose COVID-19	COVID-19 mRNA (MOD) 011B21A	08/01/2021	LAS ESTANCIAS CLINIC/SWA (SMAL5873)
2nd Dose COVID-19	COVID-19 mRNA (MOD) 021J11A	09/01/2021	LAS ESTANCIAS CLINIC/SWA (SMAL5873)



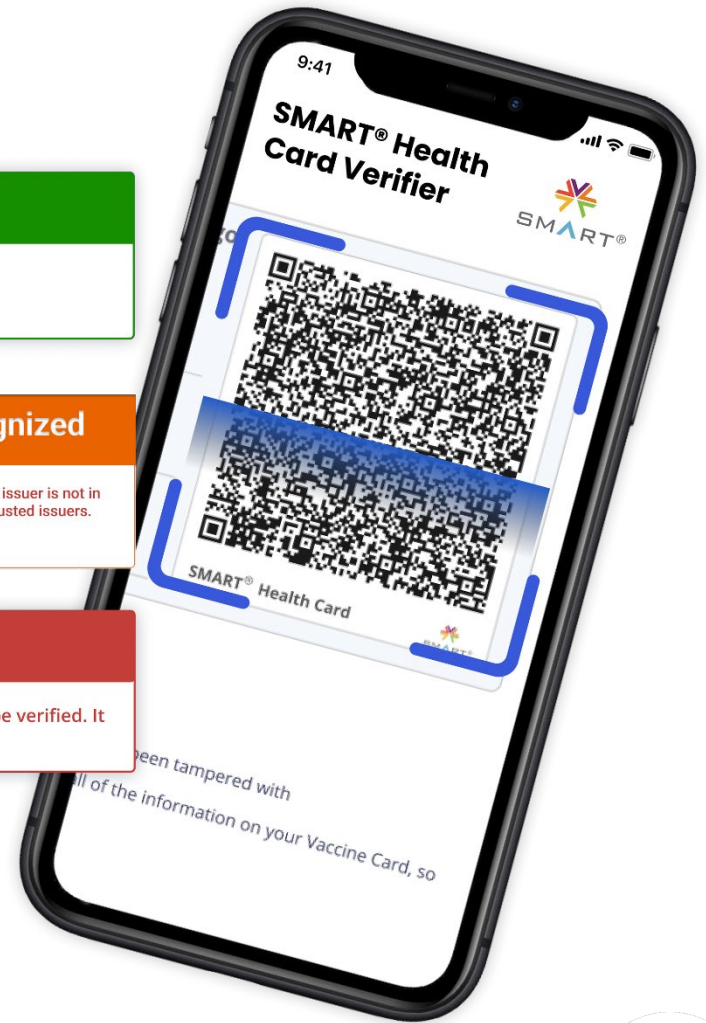
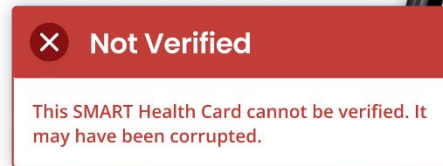
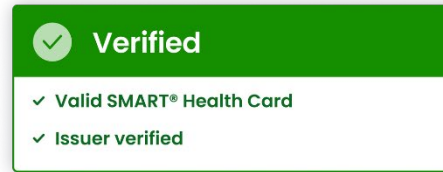
Digital COVID-19 Vaccination Record



- This SMART Health Card is a Digital COVID-19 Vaccination Record (<https://smarthealth.cards/>)
- Keep a copy or share this with a trusted organization by letting them scan the 2D barcode (QR code) on your paper or phone screen
- Downloaded/Printed on 1/11/2022 at 11:42:48AM
- You may not misuse, modify, alter, amend or remove any of the content on this card. Misuse of this card in any way is expressly prohibited and may constitute a criminal offense punishable by imprisonment.

QR Code on Digital COVID-19 Vaccine Card

The corresponding app, SMART Health Card Verifiy, is needed to scan and verify the QR codes generated on VaxViewNM.org



[NM DOH SMART Health Card \(QR Code\) FAQ](#)

Located on the Immunization website:

www.nmhealth.org



Vaxview NM: Access My Immunization Record

[HOME](#) | [HELP](#)

Patients and their Legal Guardians can use this screen to view and print an official record of their immunizations. The patient's First Name, Last Name, Date of Birth, and Gender are required before proceeding.

Who is the Patient?

First Name	Last Name	Date of Birth (MM/DD/YYYY)	Gender
<input type="text" value="MICKEY"/>	<input type="text" value="MOUSE"/>	<input type="text" value="01/01/1950"/>	<input style="border: none; background-color: #f0f0f0; padding: 2px;" type="text" value="MALE"/>

Who are you?

What is your relationship to the Patient?

How would you like to receive your access code?

Mobile Phone Email

Mobile Phone (format: xxx-xxx-xxxx) Message and Data Rates May Apply

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This website is WCAG 2.1 AAA Compliant. These standards represent a higher level of accessibility than 508 Accessibility Standards. [View our accessibility documents.](#)



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Vaxview NM: Access My Immunization Record

[HOME](#) | [HELP](#)

A code was just sent to the Mobile phone [REDACTED] Please enter the code to print the record.

The code can take a few minutes to reach your text message application or email. Please allow time to receive the code before selecting resend.

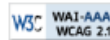
Verification Code

[Resend Code](#)

[Verify](#)



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This website is WCAG 2.1 AAA Compliant. These standards represent a higher level of accessibility than 508 Accessibility Standards. [View our accessibility documents.](#)



Download Full Record

Download COVID-19 Record

View COVID-19 QR Code

MOUSE, MICKEY DATE OF BIRTH: 01/01/1950 AGE: 73 years 1 months 27 days GENDER: Male

! = Invalid Dose ⓧ = Dose determined invalid by provider

Dose #	Vaccine	Date Given MM/DD/YYYY	Age at Time of Vaccination
DTaP / TD / Tdap			
1	DTaP-HepB-IPV (Pedia	06/01/2017	67 years 5 months 0 days
2	DTaP, UF	06/04/2018	68 years 5 months 3 days
!	DTaP-IPV	06/25/2018	68 years 5 months 24 days
Hep B			
1	DTaP-HepB-IPV (Pedia	06/01/2017	67 years 5 months 0 days
Polio			
	DTaP-HepB-IPV (Pedia	06/01/2017	67 years 5 months 0 days
	DTaP-IPV	06/25/2018	68 years 5 months 24 days
Influenza			
1	Influenza Quad Inj P	06/19/2018	68 years 5 months 18 days
Meningococcal			
	MCV4P	06/01/2018	68 years 5 months 0 days
COVID-19			
1	COVID-19 mRNA (MOD)	01/10/2021	71 years 0 months 9 days
2	COVID-19 mRNA (MOD)	02/20/2021	71 years 1 months 19 days
3	COVID Bivalent BOOSTER (M	01/01/2022	72 years 0 months 0 days

The immunization records on this page may contain acronyms and abbreviations. For a detailed list of the acronyms and abbreviations, as well as their meanings, please refer to the CDC's (Centers for Disease Control) vaccine acronyms and abbreviations guide: <https://www.cdc.gov/vaccines/terms/vaco-abbrev.html>



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Common Issues on an Immunization Record

- Doses not documented in NMSIIS
- Incorrect information or inaccurate doses
- Duplicate records in NMSIIS



Correcting Issues on a Patient or Immunization Record

Contact the NMSIIS Help Desk
(833) 882-6454



If you are a data exchange location and make changes to a Patient Record in your EMR, **they will not cross into NMSIIS until the next dose is administered**

Public Requests

- Requests for legal name changes (adoptions, marriage, divorce, etc.) **MUST** be submitted to the NMSIIS team to process
 - Can be faxed (505) 476-3128
 - Create a Cherwell ticket
 - Call the NMSIIS Help Desk
(833) 882-6454



Resources and Contact Info



NMSIIS Help
Desk

(833) 882-6454
Mon-Fri, 8am-5pm

NMSIIS
Email

NMSIIS.Access@doh.nm.gov

General
COVID
Inquiries

COVID.vaccines@doh.nm.gov

QUESTIONS

thank you!

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ADULT 317/ASP Vaccine

Joelle Jacobs

Vaccine and Outreach Manager



Adult Vaccine Manager

Vanessa Hansel

I have been with the New Mexico Department of Health for over 4 years and state Government for about 9 years in total. I have worked for numerous counties in New Mexico, and served multiple families in different capacities, whether it was working with children 0-3 through the Family Infant Toddler Program, or reuniting families under with Children, Youth, and Families Department, and prior to this position, investigating Abuse, Neglect and Exploitation in Licensed Facilities throughout New Mexico. I look forward to this new position and all that we can do for our fellow New Mexicans. It is an honor to work for the people of New Mexico, a place I love so much!

Adult Vaccine Contact information

Adult.vaccines@doh.nm.gov

Say **NO** to disease
Say **YES** to the vaccine

Influenza is a serious disease.

Get your flu vaccination this season to protect yourself and your loved ones.

Call your doctor or pharmacy to schedule your vaccination appointment today.



Get Vaccinated



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What is new with Adult Vaccines?

Future of Adult Vaccine Program

• Potential CDC VFA (Vaccines For Adults) program

- Similar set up to the VFC (Vaccine For Children) program
- Includes expansion of vaccine funding for adults
- Expansion of potential adult vaccine providers
- Initial proposed budget is ~\$2B annually; \$25B over 10 years

Success Framework for Adult Immunization Partner Networks



Shingles/Adult working group

- Includes different stakeholders around NM (NMIC, FQHC, etc.)
- Developed to address the gaps in Shingles vaccine in uninsured/underinsured populations
 - 50 doses for 317 FY22
 - State purchased 500 doses
- Identify discrepancies in adult data reporting in NMSIIS
- Promote Adult vaccinations (Pneumococcal, Flu, Shingles, etc.)
- Adult.vaccines@doh.nm.gov

Adult Media Toolkit

<https://www.nmhealth.org/about/phd/idb/imp/vfa/>

Vaccines for Adults

Vaccines are an important part of preventive healthcare for adults

What vaccines do I need?

Recommended Certain circumstances/risk factors

Vaccine	Age 19-49	Age 50-64	Age 65+
Influenza (Flu)			Ask for enhanced vaccine
COVID-19			
Tdap/TD (Tetanus/Diphtheria/Pertussis - Whooping Cough)	Every 10 years or each pregnancy and for wound management		
Hepatitis B	Catch up if vaccinated		
Shingles	If weak immune system		
Pneumococcal	Certain high risk conditions		
HPV (Human Papillomavirus)	Ask your provider		
MMR* (Measles, Mumps, Rubella)	Catch-up if never vaccinated		
Varicella* (Chickenpox)	Catch up if never vaccinated and never had chickenpox		
Hepatitis A*	High-risk conditions/travel: ask your provider		

* Vaccine may be recommended for certain health conditions and age groups, ask your provider.

Check your vaccine status and print an official immunization record at VaxViewNM.org

Additional vaccines may be required that are not covered by health insurance. Go to www.cdc.gov/travelrequirements for a list of travel vaccines

Where do I go for shots?

<p>Primary care provider</p> <p>If your healthcare provider doesn't give vaccinations or you don't have a healthcare provider...</p>	<p>Pharmacy</p> <p>Check if your local pharmacy is considered in-network for your insurance plan and that the specific vaccine is covered. If your pharmacy can't help...</p>	<p>Other Resources</p> <p>Local Public Health Office Federally Qualified Health Center (FQHC)</p> <p>Travel health clinics provide routine vaccines with insurance or out of pocket payment</p>
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Who pays for my shots?

Medical or Pharmacy Insurance

Most vaccines are covered as a preventive measure under the Affordable Care Act.

Check with your insurance and pharmacy plan for co-pays, deductibles, and if this is a health care provider office or pharmacy benefit.

If you have Medicare

Medicare Part B covers flu and Pneumonia in the doctor's office and the pharmacy

Medicare Part D may cover Shingles and Tdap in the pharmacy; may have deductible or co-pay costs.

As of 10/2022 COVID-19 vaccine is provided free of charge.

If you do not have insurance

Contact the State Insurance sign-up hotline at 1-833-862-3935 or online at www.bewellnm.com

For some vaccines, go to your local Public Health Office. Vaccine manufacturers or coupon cards may be able to help you with patient assistance programs or costs for certain vaccines.

You may need to pay out of pocket.

For more information about vaccines go to immunization.doh.nm.gov or call your doctor or pharmacist
New Mexico Immunization Coalition
10/2022 Phone 505-272-3032



Say **NO** to disease
Say **YES** to the vaccine

Influenza is a serious disease.

Get your flu vaccination this fall to protect yourself and your loved ones.

Call your doctor or pharmacy to schedule your vaccination appointment today.



Get Vaccinated



Vaccines for adults

Vaccines are an important part of preventive healthcare for adults

Ask your doctor about these vaccines:

- Influenza
- COVID-19
- Pneumococcal
- Tdap
- Shingles
- Hepatitis B
- HPV
- MMR
- Varicella



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317 vs Adult Special Purpose

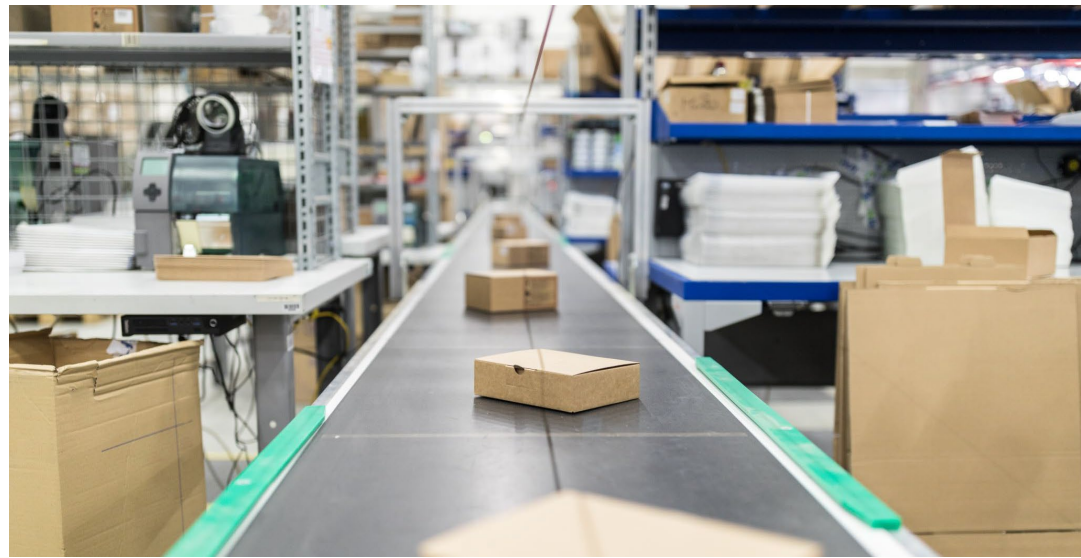
317 Vaccine Use:

- NMDOH received a finite quantity of federal funds each year for immunization of uninsured adults.
- All providers administering 317 vaccine **MUST** screen **AND** document eligibility status.
 - Uninsured (self-pay) or under-insured*
 - Incarcerated in a correctional facility or jail
 - Receiving vaccine as post-exposure prophylaxis
 - Household or sexual contact of a pregnant or postpartum woman with hepatitis B

ASP (Adult Special Purpose/Adult State)

- Only for Public Health Offices
- Designed for individuals with insurance to supplement 317
- Screen and document insurance
- Only order what is needed
- Orders can be submitted on NMSIIS

Adult Vaccine Ordering, Returns, Temperature Excursions



Orders and Returns

- Returns and Orders must be separate from pediatric (PED) returns

Vaccine	Mfg	NDC	Brand/Packaging	Intent	Quantity of Packages	Doses Per Package	Total Doses	Cost	Fund Type	Rec Doses	Comments
Hep A, adult	SKB	58160-0826-52	Havrix (10 pack - 1 dose T-L syringes, No Needle)	ADU	1	10	10	276.80	317 ADULT		⊗
Hep B, adult adjuvanted	DVX	43528-0003-05	Heplisav-B, SYR, 5 doses/pack	ADU	3	5	15	1046.25	317 ADULT		⊗
Tdap, Adsorbed	PMC	49281-0400-20	Adacel	PED	1	5	5	165.80			⊗
Varicella	MSD	00006-4827-00	Varivax (0.5 mL x 10 vials)	ADU	1	10	10	848.80	317 ADULT		⊗
					Total Doses	Total Cost					
					40	\$2337.65					

317/ASP ordering

- 317 orders MUST be submitted in NMSIIS
- ASP orders must be submitted on NMSIIS. In NMSIIS comment ASP or 317

Order Number	Order Date	Submitted For Approval Date	Order Status	Priority Reason	Date Submitted to VTrckS
2022060807U02	06/08/2022	06/08/2022	APPROVED		06/10/2022
Clinic Comments					
317 ORDER					
VFC Program Comments					

317/ASP TSR

- Report separately from PED troubleshooting report (TSR)
- Submit Adult (ADU) TSR documents to adult.vaccines@doh.nm.gov

[Adult Troubleshooting Record](#)
[Adult Vaccine Provider Guidance](#)
[Adult Vaccine Screening Criteria](#)
[Adult Vaccine Consent Form \(English\)](#)
[Adult Vaccine Consent Form \(Spanish\)](#)
[Adult Vaccine Order Form for NMSIIS downtime](#)
[Adult Vaccine Transfer Form](#)
[Adult Vaccine Return Form for NMSIIS downtime](#)

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Adult.vaccines@doh.nm.gov

NM Adult Immunization Troubleshooting Record

Please print and attach your on-hand inventory from NMIS

GlaxoSmithKline		Phone: 1-866-475-8222		
Manufacturer Representative:			Date/Time:	Case #:
Vaccine Name	# of Doses	Advice Given		
Engerix-B (Hep B-alum)				<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Fluarix (Flu)				<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Havrix (Hep A)				<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Shingrix (Shingles)				<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Twinrix (Hep A/B)				<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Other:				<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use

Pfizer		Phone: 1-800-358-7443		
Manufacturer Representative:			Date/Time:	Case #:
Vaccine Name	# of Doses	Advice Given		
Prevnar 20 (PCV20)				<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use

Sanofi Pasteur		Phone: 1-800-822-2463		
Manufacturer Representative:			Date/Time:	Case #:
Vaccine Name	# of Doses	Advice Given		
Adacel (Tdap)				<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use

Influenza Vaccine 317/ASP

- Continue to follow all 317 guidelines
- **PODs- Point of distribution sites**
- Screen for eligibility
- Orders can be submitted to adult.vaccines@doh.nm.gov email
- Return doses through NMSIIS when they expire (**6/30/23**)

IMMUNIZE FOR A HEALTHY FUTURE

BECOME A 317 ADULT VACCINE PROVIDER

NEW MEXICO
DEPARTMENT OF
HEALTH



CONTACT US AT ADULT.VACCINES@DOH.NM.GOV

As a 317 vaccine provider you can provide immunizations to uninsured adults. For further information and screening guidelines visit immunizenm.org.

Questions?



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IQIP

Veronica Rosales

Quality Improvement/Quality Assurance
Epidemiologist

What is IQIP

- A CDC-developed quality improvement process designed for immunization
- It is a year long process, overseen by IQIP Coordinators and carried out by IQIP Consultants
- It uses evidenced based strategies to increase vaccine coverage rates at VFC provider locations
- It is a program that connects the state and VFC providers to collaborate and support each other in increasing vaccine coverage rates

IQIP Staff

- Develops written awardee operational procedures aligned with CDC Operational Guide
- Ensures data integrity, tracks and monitors' progress
- Works with IIS team to support IQIP program activities using the IIS
- Develops activities related to the core IQIP strategy to leverage IIS functionality to improve immunization practice

IQIP Staff Continued

- The main point of contact between VFC providers and IQIP
- Conducts site visits and follow ups with providers to observe vaccination workflow,
- identifies opportunities for process improvement, and provide technical assistance
- Generates reports of provider-level vaccination coverage for measurements of progress
- Collaborates with provider staff to improve vaccine coverage

Staff Continued

- Both the consultant and the coordinator are there to support the provider staff
- We want a connection/relationship to be built to help support and improve vaccine coverage levels
- This program and the staff involved are in place for the providers benefit, we are in place to answer questions, leverage the IIS system, teacher providers how to track their vaccine coverage and offer tools for quality improvement.

IQIP Purpose

- The purpose of IQIP is to promote and support the implementation of provider-level strategies designed to increase on-time vaccination among child and adolescent patients in adherence to the Advisory Committee on Immunization Practices' (ACIP) routine immunization schedule
- It is also used to collaborate and build relationships with VFC providers, that support and motivate increasing vaccine coverage throughout the state

Choosing Site Visits

- Prior to the start of the project year the number of required IQIP visits is calculated by the CDC, they calculate this number utilizing VFC provider data via PEAR.
- Several factors are considered during provider selection, current or base vaccine coverage rate, time since last QI visit, providers serving socially vulnerable populations, etc. It is important to know the clinics and how well a QI plan will serve them.
- Location should be a considering factor, however, should not be the deciding factor out of convenience. It is important to include a combined factors to ensure all providers are receiving technical assistance and a chance to attain help to boost vaccination coverage.

Arranging a Site Visit

- Identify a contact person at the provider location to discuss logistics
- Confirm VCF provider details
- Explain the purpose and goals of participation in IQIP.
- Discuss with the contact person the estimated amount of time needed for the site visit.

Pre-Site Visit

- Effective planning for the site visit is critical to ensure the consultant has all the information and resources needed to conduct the site visit.
- Collect important information prior to visit
- Look up potential vaccine policies
- Know the population the provider serves
- Understand the staff information (immunization team)
- Collect assessment reports
- Data and information from previous quality improvement visits

The IQIP Process

- Basic Quality improvement Process



IQIP Process

Initial Site Visit, 2-and 6-Month Check-In, 12 Month Follow-Up

Initial Site visit

- Initiate site visit with introductions, purpose of the visit, and overview of the IQIP process. Discuss immunization champion.
- Review vaccination policy and vaccination workflow for patients and supporting procedures in relation to the IQIP strategies
- Review assessment reports to identify opportunities for improvement and discuss and select IQIP strategies
- Develop action items, which will combine to form the strategy implementation plan, provide technical assistance as needed
- Wrap up by discussing next steps and establishing check-in and follow-up dates.

Provider Staff

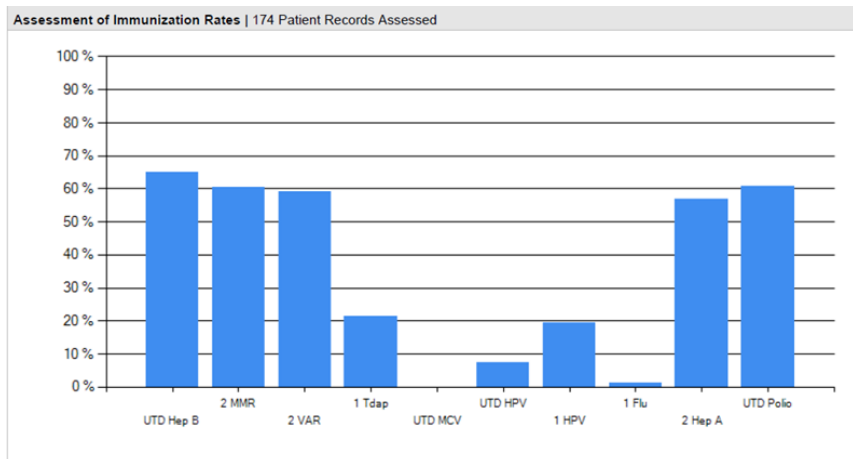
- Provider staff is key to the IQIP process, providers should be included as well as case managers and other staff involved in immunization workflow
- An Immunization Champion should be discussed
- This individual takes the lead in promoting immunization activities, such as coordinating or delivering vaccine-related education, ensuring appropriate vaccination documentation, and communicating vaccine-related information. This person can also ensure that workflow changes and other IQIP action items are completed.

Assessment Reports

- Discussion of assessment reports follows review of the provider's workflow. The benefits of and specifications for assessment reports
- Helps set immunization goals
- If providers can conduct coverage assessments and are comfortable generating assessment reports using the IIS CDC recommends provider staff perform their own IQIP coverage assessments.
- If staff is not comfortable generating IIS-based assessment reports, CDC recommends IQIP consultants use the site visit as a teaching opportunity to perform the assessments with the provider staff.

IIS (NMSIIS) Assessment Reports

- Overall Immunization rates



Up-to-date Information:

The following vaccines and doses are recommended for this patient population.

	Doses Up To Date		
	#	%	
UTD Hep B	113	65%	Patient Series Status Complete for Hep B
2 MMR	105	60%	2 valid doses of MMR
2 VAR	103	59%	2 valid doses of Varicella
1 Tdap	37	21%	1 valid dose of tetanus-diphtheria-acellular pertussis (Tdap)
UTD MCV	0	0%	Patient Series Status Complete for Meningococcal
UTD HPV	13	7%	Patient Series Status Complete for HPV
1 HPV	34	20%	1 valid dose of HPV
1 Flu	2	1%	1 valid dose of influenza vaccine for the prior completed season. Flu season is defined as July 1 through June 30.
2 Hep A	99	57%	2 valid doses of Hep A
UTD Polio	106	61%	Patient Series Status Complete for Polio

*Patient Series Status Complete is a status defined by the CDSi logic. A patient can achieve a Complete status by meeting all of the ACIP recommendations for the patient series. For some AFX childhood and adolescent assessments, this status can be achieved with a range of doses depending on the age at first vaccination, the vaccine product administered, and/or patient age.

IIS Reports Continued

- Missed opportunities information

Missed Opportunity Assessment | 174 Patient Records Assessed

	UTD Hep B	2 MMR	2 VAR	1 Tdap	UTD MCV	UTD HPV	1 HPV	1 Flu	2 Hep A	UTD Polio
# of Patients with a Missed Opportunity *	61	16	17	60	13	20	13	31	57	49
% of Patients with a Missed Opportunity	35%	9%	10%	34%	7%	11%	7%	18%	33%	28%

* Missed Opportunities:

Patient has not received the appropriate number of doses to meet the AFIX assessment measurement requirement and WAS eligible to receive the vaccination on the date of the last immunization visit (includes influenza). Eligibility is defined by the recommended date in the vaccination forecast.

Patient has not received the appropriate number of doses to meet the AFIX assessment measurement requirement, WAS eligible to receive the vaccination on the date of the last immunization visit, AND received an incorrect dose of vaccine (includes influenza) that resulted in an "incorrect vaccine administration"

Patient has an exemption or refusal noted for the specified vaccine.

2- and 6-Month Check-in

- These occur via phone call
- The purpose of the 2- and 6-month check-ins is to communicate with provider staff as they work to implement the QI strategies selected during the site visit.
- These calls enable consultants to identify challenges with strategy implementation, provide technical assistance, and deliver motivation and support
- Technical assistance should be provided at check-ins to address gaps and provide additional resources or materials that may be needed.

12 Month Check-in

- This can be a call or a in person visit
(this absolutely must be a in person visit if this is the final and initial visit for the provider).
- Review progress – discuss how the QI strategies went
- Review IIS coverage report differences from initial visit
- Discuss any plan on continuing QI Strategies and interest in continuing IQIP

Four Core QI Strategies

- 1. Schedule the next vaccination visit before the patient leaves the provider location.
- 2. Leverage IIS functionality to improve immunization practice.
- 3. Give a strong vaccine recommendation (include HPV vaccine if the provider has adolescent patients).
- 4. Strengthen vaccination communications.

Data Collection and Reporting

- Consultants must document IQIP data and notes separately for each provider location in the IQIP Database
- CDC recommends the consultant confirms that each provider location is in the IQIP Database prior to the site visit to support timely entry of data and notes.
- Documentation of the site visit in the IQIP Database is required within 10 business days after the site visit

Concluding the IQIP Cycle

- The consultant should conclude the IQIP process by sending correspondence to the provider which includes
 - Acknowledgment for provider participation
 - Encouragement to maintain any progress achieved to improve immunization coverage
 - Also, included should be a summary of the strategies selected, implementation progress, any ongoing action items, coverage data showing year-over-year change, and contact information for follow-up questions.



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Transact Guidelines Review

Kiana Vigil

Kiana.Vigil@doh.nm.gov

Ph: 505-827-2605

Congrats to all Transact users!

We have significantly reduced the amount of rejected claims compared to this time last year!





Historically in Transact

Before there were over 200 rejected claims a month that came through and needed to be reprocessed. Currently, there are very few claims that come back as rejected. There are now only a couple and even zero a month that are rejected claims!

So, a big thank you for all your hard work! We all have other priorities/duties and entering in Transact does take a bit of time, but we've managed to enter consent forms and vaccines effectively and efficiently.

The following slides will serve as a reminder and touch on a few areas we found that may need a training refresher.

Vaccine Consent Forms (Part B's)

Do's	Don'ts
Complete patient consent forms in all fields. Handle this like this is YOUR medical record. All fields are required.	Missing fields only make it more difficult (and sometimes impossible) to process.
★ Legal Name-Legible please-confirming insurance eligibility requires the correct designated patient name by the insurance plan	No Nicknames. Common issues with this field is incorrect first name, like Tony versus Anthony and missing multiple last names.
Date of Birth	We cannot process consent form without DOB.
Gender	We cannot process consent form without Gender.
★ Race-Require field in NMSIIS-Note if patient opts out	One of the most commonly missing fields.
★ Ethnicity-Required field in NMSIIS -Note if patient opts out.	One of the most commonly missing fields.
	Do not autopopulate outreach location address. This skews NMSIIS data when multiple locations are involved in the vaccinator's outreach events. We have to search NMSIIS, Medicaid portal, Pre portals, call patient for accurate information. As a result the amount of time for processing entry into Transact Rx becomes significantly extended. What would take 5 minutes per entry, could take 45 minutes for one entry in Transact.
Patient Mailing Address	
Patient Phone Number-This allows opportunity to call patient if info is not legible or missing information in consent form. Also, this provides cell phone connectivity with VaxViewNM.org.	One of the most commonly missing fields.
★ Insurance Company Name, Subscriber ID, Group Number- make sure to check Medicaid Eligibility for all patients.	Without insurance IDs, we often cannot find via Medicaid and HealthXnet Portals.
Patient/Parent/Guardian Signature	Missing signature does not allow for any insurance billing.
	Multiple Flu vaccines, no option chosen, is a common issue. Biller cannot determine formulary for Transact entry and NMSIIS data exchange. Vaccinator must document. Do not use the vaccine sticker label to place in this section.
★ Correct Formulary Name-(Boostrix or Adacel, not Tdap)	
★ Lot Number, Expiration Date, Injection Site	Expiration date is mm/dd/yyyy, not mm/yy. Do not use the vaccine sticker label to place in this section.
★ Funding Source (317, VFC, ASP-State) This tells us what we can charge.	When this field is left blank, we cannot charge for the vaccine, even if it's a State (ASP) funded vaccine. Vaccinator must document designation.
Vaccinator Name-Printed/Legible-It's important to document the vaccinator's/provider's name.	First and last name please.
★ Prepopulated Forms Should Have Only Certain Fields Prepopulated.	Do not prepopulate patient address and vaccinator.
Use the Most Current Consent Form. NDC, formularies and fields are updated to maximize accuracy.	Outdated forms often have missing pertinent formularies, patient data.
Provider PIN Number/PHO Location Designation-Required Field.	This is a required field. Used for patient medical record and data tracking.

Vaccine Consent Forms (Part B's) cont'd

Legal Name

- Common issues:
 - Misspelled first and last name
 - Using a nickname
 - Missing multiple last names
 - Illegible to read

Insurance Company Name, Subscriber ID, & Group Number

- Often left blank or partially filled
- Need to clearly indicate if insured or uninsured
 - If insured, need to provide correct and necessary insurance information
 - Make sure to check Medicaid Eligibility for all patients

Funding Source (VFC, 317, ASP/State)

- Commonly missed field
 - *Must* be filled out by vaccinator
- If blank, we cannot charge for vaccine, even if it's ASP/State vaccine

Race & Ethnicity

- Commonly missed fields
- Required field for NMSIIS
 - Note if patient opts out

Correct Formulary Name, Lot Number, Expiration Date, Injection Site

- Common issues:
 - Blank fields
 - Incorrect formulary
 - Wrong vaccine given to patient (ie. Giving child an adult flu vaccine)
 - Using vaccine sticker label
- All fields must be complete and correct. Biller cannot determine these fields if not completed correctly by vaccinator.



Vaccine Consent Forms (Part B's) cont'd

Prepopulated Forms

- Only the vaccine information and site designation should be prepopulated
 - Date can be prepopulated if it is a POD (Point of Distribution)

DO

FOR CLINIC USE ONLY – All data elements below are required for each vaccine administered*

Vaccine	Vaccine Admin. Date	Lot #	Site/ Route (codes below)	Vaccine Expiration Date	Funding (VFC/State)	VIS Edition Date
COVID-19 <input type="checkbox"/> Pfizer (12+) <input type="checkbox"/> Pfizer (5-11)	5/7/22	FM7553 FL8094	LA/IM RA/IM	7/11/2022 7/4/2022	VFC	EUA
DTAP <input type="checkbox"/> Infanrix (GSK)	5/7/22	XG942 4L9E4	LA/IM R/IM	8/22/2022 2/7/2023		8/6/21
DTaP/IPV/Hib <input type="checkbox"/> Pentacel (SP)	5/7/22	UJ424AAA UJ473AAA	LA/IM R/IM	5/21/22 7/9/2022		10/15/21

FOR CLINIC USE ONLY						
Vaccine	Lot #	Exp. Date	Site & Route		Funding: 317 or State	Date of VIS
Fluarix	95K95	6/30/2022	RA/IM	LA/IM	317 ASP	8/6/21
Vaccinator (print name):		Signature		Date of Service: 10/21/21		
Title of Vaccinator: RN		VFC PIN: 019		Date VIS Given: 10/21/21		
Date MMSIS Entered:		Date Transaction Entered:		Notes:		
Address/location of vaccine given:						

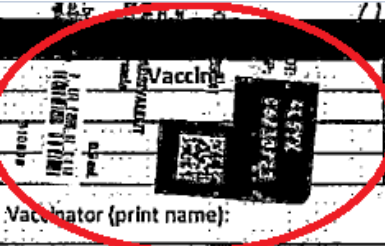
Vaccine Consent Forms (Part B's) cont'd

Prepopulated Forms

- Only the vaccine information and site designation should be prepopulated
 - Date can be prepopulated if it is a POD (Point of Distribution)

DO NOT

FOR CLINIC USE ONLY					
Vaccine	Lot #	Exp. Date	Site & Route	Funding: 317 or State	Date of VIS
DTap Hep A	HL9E4 VRS 32	02/07/22 09/09/22	RT IM RT IM	blended blended	8-6-21 10-15-21
Vaccinator (print name):			Signature:		Date of Service: 7-11-22
Title of Vaccinator: RN			VFC Pin#: J 27A		Date VIS Given: 7-11-22
Date NMSIIS Entered:			Date TransactRx Entered:		Notes: Sierra POD Outreach.
Address/location of vaccines given: 214 Neal Ave NW, Socorro, NM 87801					

FOR CLINIC USE ONLY					
Vaccine	Lot #	Exp. Date	Site & Route	Funding: 317 or State	Date of VIS
			Right Ham		
Vaccinator (print name):			Signature:		Date of Service: 10-29-22
Title of Vaccinator:			VFC Pin#:		Date VIS Given: 10-29-22
Date NMSIIS Entered:			Date TransactRx Entered:		Notes:
Address/location of vaccines given:					

Adult Vaccine Consent Form (Part B's)



NEW MEXICO DEPARTMENT OF HEALTH ADULT VACCINE CONSENT FORM

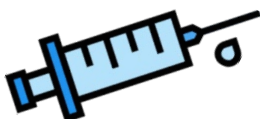
This form is to be used for patients aged 19+ and older ONLY

Revised 08/2022

Last Name: _____		First Name: _____		Middle Initial: _____	
Birth Date: _____ <small>Month / Day / Year</small>		Mother's Maiden Name: _____ <small>First and Last Name</small>			
Mailing Address: _____			City: _____		State: NM Zip: _____
Daytime Phone: _____		Responsible Person: _____ <small>First and Last Name</small>		Relationship: _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Race: <input type="checkbox"/> American Indian/Native American/Alaskan Native <input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Other <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
INSURANCE INFORMATION – Fill the appropriate category – REQUIRED					
Centennial Care/Medicaid: <input type="checkbox"/> Blue Cross Blue Shield <input type="checkbox"/> Presbyterian <input type="checkbox"/> Western Sky		Policy/ Member ID #: _____		Centennial Care Medicaid #: _____ Group #: _____	
Medicare Part B		Subscriber ID #: _____		Responsible Party: _____ Policy Holder's Date of Birth: _____	
<input type="checkbox"/> No Insurance			<input type="checkbox"/> Private Insurance		

*Required fields need to be completed for accuracy

Current Adult Vaccine Consent Forms are always available in the Reports module in NMSIIS



CONSENT FOR VACCINATION					
<p>I have been given and have read or have had explained to me, the information in the Vaccine Information Statement(s) for the diseases and vaccine(s) checked below. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine requested and ask that the vaccine checked below be given to me or the person named for whom I am authorized to make this request. I request that payment of authorized benefits be made to the New Mexico Department of Health/Public Health Division/Immunization Program, for services furnished to me by that program. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services and its agents any information needed to determine these benefits payable for related services. I specifically authorize the release of my Medicare or other insurance policy number to the NM Department of Health to allow the Department of Health to seek reimbursement for the vaccine and administrative costs. Unless I sign a statement signifying otherwise, I allow immunization information to be entered into the New Mexico Statewide Immunization Information System (NMSIIS) and be released to other medical care providers to avoid unnecessary vaccination or to ascertain immunization status. The DOH Privacy Policies are available at http://nmhealth.org/hipaa.shtml and will be given to all patients when they receive an immunization.</p>					
Signature (Client/Guardian): _____				Date: _____	
FOR CLINIC USE ONLY					
Vaccine	Lot #	Exp. Date	Site & Route	Funding: 317 or State	Date of VIS
Vaccinator (print name): _____		Signature: _____		Date of Service: _____	
Title of Vaccinator: _____		VFC Pin#: _____		Date VIS Given: _____	
Date NMSIIS Entered: _____		Date TransactBy Entered: _____		Notes: _____	
Address/location of vaccines given: _____					

DIRECT NMSIIS ENTRY OF VACCINES ADMINISTERED IS REQUIRED. FOR NM DOH OUTREACH ONLY: Data must be entered into TransactBy within 30 days of the date of service. This form was designed for NM DOH public health office use only. NM DOH is not responsible for data entry from outside health entities.



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VFC Vaccine Consent Form (Part B's) Page 1



New Mexico VFC Vaccine Administration Form

Please fill in form completely – required fields are marked with an asterisk (*)

Update: 08/2022

Please provide the information for the person receiving the vaccine – print in all capitals.

*Last Name:		*First Name:		MI:
*Date of Birth: Month / Day / Year		*Mother's Maiden Name:		*Mother's First Name:
*Mailing Address:		*City:		*State: NM *Zip:
*Cell Phone:		*Home Phone:		Email:
*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Female <input type="checkbox"/> Unknown		Race: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic

Remind Me: I consent to vaccine reminders by email, text, phone call, or mail for the person receiving the vaccine.

INSURANCE INFORMATION – Please mark appropriate category – REQUIRED*

Medicaid: Select your Centennial Care Plan: Blue Cross Blue Shield Western Sky Community Care Presbyterian Other
 Centennial Care (Medicaid) Card ID #: _____ Health Insurance Member ID #: _____ Group #: _____
 No Insurance American Indian/Native American/Alaskan Native
 Private Insurance – Please list name of insurance: _____
 Health Insurance Member ID/ Subscriber #: _____ Group #: _____

MEDICAL SCREENING QUESTIONS FOR CHILDREN AND TEENS – REQUIRED*

CONSENT FOR VACCINATION*

I have been given and have read, or have had explained to me, the information in the "Vaccine Information Statement(s)" (VIS) for the disease(s) and the vaccine(s) checked on the other side of this sheet. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccines requested and also understand that I have the alternative to decline the vaccine(s). I ask that the vaccine(s) signed for be given to me or to the person named for whom I am authorized to make this request. Unless I sign a statement signifying otherwise, I allow immunization information to be entered into the New Mexico Statewide Immunization Information System (NMSIIS) and be released to other medical care providers to avoid unnecessary vaccination or to ascertain immunization status. The revised DOH Privacy Policy is at [HIPAA Privacy Brochure \(nmhealth.org\)](http://HIPAAPrivacyBrochure.nmhealth.org) will be provided to all student when they receive an immunization.

***Signature (Client/Guardian):** _____ ***Date:** _____
***Print Name (Client/Guardian):** _____
***Name of Child (if a minor):** _____ ***Date of Birth:** _____

DIRECT NMSIIS ENTRY OF VACCINES ADMINISTERED IS REQUIRED.

FOR NM DOH OUTREACH ONLY: Data must be entered into [TransactRx](https://nmsiis.nmhealth.org) within 30 days of the date of service. This form was designed for NMDOH public health use only. NMDOH is not responsible for data entry from outside health entities

*Required fields need to be completed for accuracy

Current VFC Vaccine Consent Forms are always available in the Reports module in NMSIIS

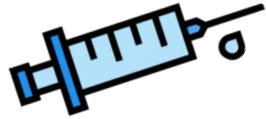


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VFC Vaccine Consent Form (Part B's) Page 2



*Required fields need to be completed for accuracy

Current VFC Vaccine Consent Forms are always available in the Reports module in NMSIIS

Patient Name: _____ Date of Birth: _____

FOR CLINIC USE ONLY – All data elements below are required for each vaccine administered*

Vaccine	Vaccine Admin. Date	Lot #	Site/ Route (codes below)	Vaccine Expiration Date	Funding (VFC/State)	VIS Edition Date
COVID-19 <input type="checkbox"/> Moderna <input type="checkbox"/> Pfizer	/ /			/ /		/ /
Monkeypox <input type="checkbox"/> Jynneos	/ /			/ /		/ /
DTAP <input type="checkbox"/> Daptacel (SP) <input type="checkbox"/> Infanrix (GSK)	/ /			/ /		/ /
DTaP/IPV/Hib <input type="checkbox"/> Pentacel (SP)	/ /			/ /		/ /
DTaP/HepB/IPV <input type="checkbox"/> Pediarix (GSK) <input type="checkbox"/> Vaxelis (Merck)	/ /			/ /		/ /
DTaP/IPV <input type="checkbox"/> Kinrix (GSK) <input type="checkbox"/> Quad(ace)l (SP)	/ /			/ /		/ /
HEP A <input type="checkbox"/> Havrix (GSK) <input type="checkbox"/> Vaxta (Merck)	/ /			/ /		/ /

Address/location of vaccine given: _____

Tdap <input type="checkbox"/> Boostrix (GSK) <input type="checkbox"/> Adacel (SP)	/ /			/ /		/ /
Varicella <input type="checkbox"/> Varivax (Merck)	/ /			/ /		/ /

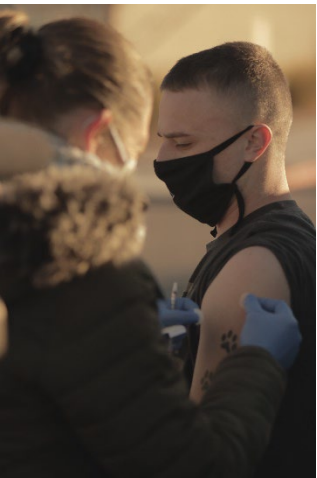
NO

RA/IM (Right Arm/Intramuscular) LA/IM (Left Arm/Intramuscular) RT/IM (Right Thigh/Intramuscular) LT/IM (Left Thigh/Intramuscular) IN (Intranasal)
RA/SC (Right Arm/Subcutaneous) LA/SC (Left Arm/Subcutaneous) RT/SC (Right Thigh/Subcutaneous) LT/SC (Left Thigh/Subcutaneous) PO (By Mouth)

*VACCINATOR: _____
(Print Name & Title) (Signature) (Date of Clinic) (Date VIS given) (VFC PIN #)

Transact Reminders

Use TransactRx	DO NOT use Transact (must enter in BEHR)
Outreach Events outside of Public Health Office (PHO)	Individual patient vaccine administration at PHO-must enter these in BEHR
Back to School Outreach/Mobile Events	PHO Clinic visits
Back to School Events at Schools	NON-outreach events
Outreach events Community Centers	Adult vaccines at PHO Clinic
Outreach events Nursing Homes	Children vaccines at PHO Clinic
Outreach events Correctional Facilities	
Outreach events for Flu	
Outreach events Health Fairs/Mobile Vans	



Transact Reminders



Medicare Part D (Medicare prescription insurance plans):

- NMDOH is not contracted with Medicare Part D so we cannot bill Medicare Part D plans.
- **It is recommended that adult patients with Medicare Part D be referred to their pharmacy to receive all vaccines.**
- The only exception is if the patient is in the PHO and receiving other clinical services (ie. wellness check).



Transact Reminders

No Sharing of Transact User Access



- This is a HIPAA violation.
- Sharing login info creates inaccuracy and fault on the authorized user if mistakes occur.
- Please reach out if you need access to enter in Transact.
 - Receive the necessary training and guidance.



Point of Contact

Kiana Vigil – Immunization Program

Ph: 505-827-2605

Kiana.Vigil@doh.nm.gov

Vaccine Funding Dictating Charge Amounts Refresher

Who dictates which funding source? The vaccinator.

VFC (Vaccines For Children)

- Children under the age of 19 cannot be charged for CDC recommended vaccines.

- Medicaid and MCO's can be charged \$20.80 for the administration of each vaccine.

*For each funding source, the Billed Admin will always remain as is (\$20.80). No editing is necessary.

Patients are not billed for vaccines or admin fees.

The screenshot shows the 'Immunization Detail' form with the following fields and values:

- Product Funding: VFC State-CHIP Private
- vaccine: Fluzone Quad 0.5ML Syringe 2022-2023
- Modifier: [Empty]
- Diagnosis Code: Z23 - Encounter for immunization
- Counseling Provided: No
- Administered By: Partner, Outreach
- Lot Number: [Empty]
- Expiration Date: MMDDYYYY
- Number in Series: [Empty]
- Route: Intramuscular
- Site: [Empty]
- Financial Class: V03 No Health Insurance <=18 years old
- Billed Product: 0.00
- Billed Admin: 20.80

Buttons at the bottom: Save, Save and New, Cancel

Vaccine Funding Dictating Charge Amounts Refresher

Who dictates which funding source? The vaccinator.

317 Adult

Immunization Detail

Product Funding: VFC State-CHIP Private

Vaccine: Fluarix Quad 0.5ML Syringe 2022-2023

Modifier:

Diagnosis Code: Z23 - Encounter for immunization

Counseling Provided: No

Administered By: Partner, Outreach

Lot Number:

Expiration Date: MMDDYYYY

Number in Series:

Route: Intramuscular

Site:

Financial Class: V09 No Health Insurance >=19 years

Billed Product: 21.52

Billed Admin: 20.80

Billed Product: 0.00

Billed Admin: 20.80

Save Save and New Cancel

- Used primarily for outreach events and points of dispensing (PODs) for those underinsured or not insured.
- There is no charge for the actual vaccine.
- Entering in Transact you will manually zero out the Billed Product.
- Medicaid and MCO's can be charged \$20.80 for the administration of each vaccine.

*For each funding source, the Billed Admin will always remain as is (\$20.80). No editing is necessary.

Patients are not billed for vaccines or admin fees.

Vaccine Funding Dictating Charge Amounts Refresher

Who dictates which funding source? The vaccinator.

The screenshot shows the 'Immunization Detail' form with the following fields and values:

- Product Funding:** Radio buttons for VFC, State-CHIP, and Private (selected).
- Vaccine:** Fluarix Quad 0.5ML Syringe 2022-2023
- Modifier:** (empty)
- Diagnosis Code:** Z23 - Encounter for immunization
- Counseling Provided:** No
- Administered By:** Partner, Outreach
- Lot Number:** (empty)
- Expiration Date:** MMDDYYYY
- Number in Series:** (empty)
- Route:** Intramuscular
- Site:** (empty)
- Financial Class:** V09 No Health Insurance >=19 years
- Billed Product:** 21.52
- Billed Admin:** 20.80

Buttons at the bottom: Save, Save and New, Cancel.

State/ASP (Adult Special Purpose)

- Adult vaccines and administration fees can be billed to contracted insurance companies.
- Medicaid and MCO's can be charged for each adult vaccine and the administration of each vaccine.

*For each funding source, the Billed Admin will always remain as is (\$20.80). No editing is necessary.

Patients are not billed for vaccines or admin fees.

Thank you! Any questions?



Lunch

11:45-1:00

This training is not mandatory and does not take the place of NMSIIS or CHIL-e training. Participation today does not account for any credits or CEU's.



Investing for tomorrow, delivering today.

COVID-19 Inventory Reconciliation

Catherine Campbell
Public Health Associate

Disclaimer

- All information presented is related to COVID-19 provider reconciliations.
- VFC provider reconciliations will not be covered in this presentation.

Reminders and Staff Requirements

- The primary and/or back-up COVID-19 vaccine staff are responsible for managing their site's COVID vaccine inventory in NMSIIS.
 - Includes reporting vaccine doses given to patients within 24 hours of administration and tracking the number of doses wasted in NMSIIS.
- COVID-19 vaccine providers are required to complete inventory reconciliations **once a week**.
 - There is no limit to how many reconciliations you complete within the week.
 - Larger clinics with large inventory quantities are recommended to complete reconciliations more often to reduce confusion and reconciliation errors.

Types of Reporting and Reconciliation

- The type of reconciliation you complete will depend on how vaccination data is reported to NMSIIS.
- There are **4 reporting types for COVID-19 provider locations**:
 - Data Exchange
 - Fully-Hybrid
 - Manual Entry
 - Manual-Hybrid

Manual Entry Provider

- A *Manual Entry provider location* is a vaccine provider that manually enters the vaccine doses administered directly into NMSIIS.
 - Doses administered automatically deducts from your inventory when Adding/Administering to the patient's immunization record.
- During reconciliation, Manual Entry providers will only see the '*Physical Count*' column of open text boxes to fill out.

Data Exchange Provider

- A *Data Exchange provider location* is a provider that enters and records vaccination data into an EMR/EHR system.
 - Data is reported to NMSIIS through an automated, scheduled process.
 - EMR/EHR does **NOT** touch NMSIIS inventory.
- Inventory locations will see “(AGGREGATE REPORTER)” displayed on the *Vaccine Inventory On-Hand and Reconciliation* page.
- Doses administered must be deducted from inventory **during reconciliation**.
 - Data Exchange providers cannot manually enter administered doses to patient records in NMSIIS but can add historical records.
 - You will see two columns of open text boxes to fill out in the reconciliation:
 - ‘Aggregate Administered’
 - ‘Physical Count’

PHARMACY FOR POISON IVY (Aggregate Reporter) - NM001

Closed

TEST

9/3/2019 8:40:00 AM DAISY DUKE

Fully-Hybrid Provider

- A ***Fully-Hybrid provider location*** is a vaccine provider that only carries COVID-19 vaccine and **uses the NMDOH Real Time Solutions (RTS) statewide registration application** to report vaccination data to NMSIIS.
 - Data is reported to NMSIIS each night through an automated process.
 - **RTS does NOT touch NMSIIS inventory.**
- Inventory locations will see “(AGGREGATE REPORTER)” displayed on the *Vaccine Inventory On-Hand and Reconciliation* page.
- Doses administered must be deducted from inventory **during reconciliation**.
 - Fully-Hybrid providers cannot manually enter administered doses to patient records in NMSIIS but can add historical doses.
 - You will see two columns of open text boxes to fill out in the reconciliation:
 - ‘Aggregate Administered’
 - ‘Physical Count’

Manual-Hybrid Provider

- A **Manual-Hybrid provider location** is a vaccine provider that started as a manual entry provider, but reports administered COVID-19 vaccine doses to NMSIIS using the **NMDOH Real Time Solutions (RTS) statewide registration application**.
 - Carries non-COVID vaccine in stock.
 - Data is reported to NMSIIS each night through an automated process.
 - **RTS does NOT touch NMSIIS inventory.**
- Doses administered must be deducted from inventory through a ‘HYBRID’ adjustment **before reconciliation**.
 - Manual-Hybrid providers ***should not*** manually enter administered COVID-19 vaccine doses to patient records in NMSIIS; But should manually enter administered non-COVID vaccine doses to patient records.
- During reconciliation, Manual-Hybrid providers will only see the ‘*Physical Count*’ column of open text boxes to fill out.

	Data Exchange	Fully-Hybrid	Manual-Hybrid	Manual Entry
Can I manually add/administer vaccination information to a patient record?	No – if manually added, dose will be ‘Historical’	No – if manually added, dose will be ‘Historical’	Yes/No – non-COVID vaccine can be manually added/administered	Yes
Do administered doses automatically decrement from my inventory?	No	No	No	Yes
Uses an EHR/EMR to report vaccination information?	Yes	Yes/No – Using the RTS app	Yes/No- Using the RTS app	No
Uses RTS registration app?	No	Yes	Yes	No
Carries non-COVID vaccine in inventory?	Yes	No	Yes	Yes
Will my recon show an ‘aggregate administered’ column?	Yes	Yes	No	No
Do administered doses need to be adjusted before starting my reconciliation?	No	No	Yes	No – Doses must be added/administered to patient record before starting recon
Do I have to adjust for wastage before starting my recon?	Yes	Yes	Yes	Yes

Before Starting a COVID Reconciliation

- Verify all administered doses are reported to NMSIIS within 24 hours.
 - Add/Administer COVID-19 vaccine dose(s) correctly to NMSIIS patient record (Manual Entry provider locations ONLY).
 - Run a ‘Patient Detail with Services’ report.
- Receive pending vaccine transfers/VTrckS Shipments via blue hyperlink found on the *Vaccine Inventory On-Hand* page.
- Adjust for doses administered (Manual-Hybrid provider locations ONLY).
- Adjust for doses wasted (includes all doses expired, unused, spoiled, etc.).

About Transactions/Adjustments

- Any transaction made to your inventory WILL affect how your reconciliation responds.
- ***DO NOT*** attempt to add/subtract inventory amounts by doing inventory adjustments in order to correct mistakes!
 - To resolve inventory and reconciliation errors, contact the NMSIIS Help Desk.
- Enter the correct date/time stamps correctly wherever it is displayed to enter.
 - DO NOT leave time stamps blank.
- Complete all adjustments to inventory **BEFORE** opening a reconciliation to avoid errors caused by adjustments time stamped outside of the reconciliation time frame.
- If you are a manual provider, ensure that you are adding/administering the dose to the correct patient file.
 - Duplicating vaccine information for the same patient in different records will deduct the dose from your inventory twice, causing inventory inaccuracies.

'HYBRID' Adjustments (Manual-Hybrid only)

- For *Manual-Hybrid provider locations*, 'HYBRID' adjustments are used to deduct the number of doses administered from inventory each week.
- To properly complete this step, go to the 'Vaccine Inventory On-Hand' page and identify the line item that needs to be adjusted.
- Click the *Action* drop-down button and select *Adjustment*.
- From the 'Vaccine Inventory Adjustment' page, enter all information into the required fillable fields.
- For the *Reason*, select '*HYBRID*'.
 - Under NO circumstances should this reason be used to deduct or adjust inventory for any other reason other than doses administered.
- Ensure the 'Modification' box displays '*SUBTRACT*'.
 - Do not change this field to 'ADD'.
- In the *Comments* field enter the reason for adjusting out the doses, e.g., "Aggregate doses administered via RTS".

Inventory Location: COVID - POISON IVY PEDS
 Status: ON-HAND
 Vaccine:
 Funding Source:
 Filter

Location	Vaccine (Brand)	Mfg	NDC	Lot No	Exp Date	Funding Source	Doses On-Hand	Expiring Soon	
COVID - POISON IVY PEDS - NM1009 (AGGREGATE REPORTER)	COVID-19 MRNA (MOD) (MODERNA COVID-19 (10 X 10 DOSE 5.0 ML MDV))	MOD	80777-0273-99	123456	07/13/2022	PRIVATE PURCHASE	100		Action
COVID - POISON IVY PEDS - NM1009 (AGGREGATE REPORTER)	COVID-19 MRNA (PFR) (PFIZER COVID-19 (195 X 6 (0.3ML/DOSE) MDV))	PFR	59267-1000-02	165843	07/13/2022	PRIVATE PURCHASE	10		

- EDIT
- ADJUSTMENT
- TRANSFER
- INQUIRY
- TRANSACTIONS



Vaccine Inventory Adjustment i

Cancel **Create**

Add

Date/Time * 07/01/2022 11:35 AM (HH:MM A/P)
 Inventory Location * COVID-TEST SITE
 Vaccine | Mfg | NDC * COVID TRIS-SUC (PFR 5-11) | PFR | 59267-1055-04
 Lot Number * FL8095
 Expiration Date * 08/31/2022
 Funding Source * BLENDED
 Doses On-Hand * 40
 Reason * HYBRID
 Modification * SUBTRACT
 Doses Adjusted * 5
 Container Id
 Comments * DOSES ADMINISTERED VIA RTS
 Clear

- When all required fields are entered, select the **Create** button located in the upper-right corner.
 - Do not click the Create button more than once! Clicking twice may create the adjustment twice.

Wastage Adjustments

- COVID-19 vaccine wastage is any vaccine dose that is unused, expired, wasted, or spoiled.
 - **REMINDER:** COVID-19 vaccine do not need to be returned in NMSIIS as they cannot be returned. ‘In-Work’ or ‘Rejected’ returns will not allow you to open a reconciliation.
 - Vials should be discarded per your organization’s medical waste policy.
- From the ‘*Vaccine Inventory On-Hand*’ page, identify the line item that needs to be adjusted and click the *Action* drop-down button and select **Adjustment**.

Wastage Adjustments

- Enter all information into the required fillable fields on the ‘*Vaccine Inventory Adjustment*’ page.
- For the *Reason*, select ‘**COVID-WASTED VACCINE OTHER**’.
 - Under NO circumstances should this reason be used to deduct or adjust inventory for any other reason other than wastage.
- In the *Comments* field, enter details for the reason the dose(s) were wasted.
 - If COVID-19 vaccine wastage occurred due to efforts to avoid a missed opportunity to vaccinate, enter this in the comments.

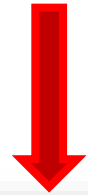
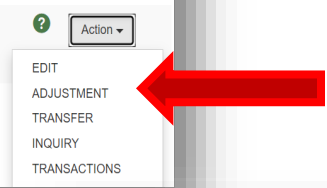
Vaccine Inventory On-Hand Learn More Add New Inventory Links

Inventory Location: COVID - POISON IVY PEDS | Status: ON-HAND

Vaccine: | Funding Source: | Filter

Location	Vaccine (Brand)	Mfg	NDC	Lot No	Exp Date	Funding Source	Doses On-Hand	Expiring Soon	Action
COVID - POISON IVY PEDS - NM1009 (AGGREGATE REPORTER)	COVID-19 MRNA (MOD) (MODERNA COVID-19 (10 X 10 DOSE 5.0 ML MDV))	MOD	80777-0273-99	123456	07/13/2022	PRIVATE PURCHASE	100	🔴	⌵
COVID - POISON IVY PEDS - NM1009 (AGGREGATE REPORTER)	COVID-19 MRNA (PFR) (PFIZER COVID-19 (195 X 6 (0.3ML/DOSE) MDV))	PFR	59267-1000-02	165843	07/13/2022	PRIVATE PURCHASE	10	🔴	⌵

Showing 1 to 2 of 2 entries



- When all required fields are entered, select the **Create** button located in the upper-right corner.
 - Do not click the Create button more than once! Clicking twice may create the adjustment twice.

Vaccine Inventory Adjustment Cancel Create

Add

Date/Time * 07/01/2022 05:00 PM (HH:MM A/P)

Inventory Location * COVID - POISON IVY PEDS

Vaccine | Mfg | NDC * COVID-19 MRNA (MOD) | MOD | 80777-0273-99

Lot Number * 123456

Expiration Date * 07/13/2022

Funding Source * BLENDED

Doses On-Hand * 400

Reason * COVID - WASTED VACCINE OTHER

Modification * SUBTRACT

Doses Adjusted * 6

Container Id

Comments * DOSES WASTED TO AVOID A MISSED OPPORTUNITY TO VACCINATE PTS

Clear

Expired Inventory

- Expired inventory will **not** show up on the immediate ‘*Vaccine Inventory On-Hand*’ page.
- Under the *Filter Options*, click the ‘*Status*’ drop-down box and select the ‘**DEPLETED/EXPIRED**’ option and click the *Filter* button to show search results.
 - Selecting the blank option will show all inventory line items regardless of status.
- Double clicking the arrows located to the right of the ‘*Doses On-Hand*’ column will auto filter search results and move line items with doses on-hand to the top.
- You will not be able to open a reconciliation until all expired inventory is zeroed out through wastage adjustments.

Vaccine Inventory On-Hand Learn More

Add New Inventory

Filter Options

There are 2 Pending Inventory Transfers.

Inventory Location: INV: COVID TEST LOCATION
Status: DEPLETED/EXPIRED
Vaccine:
Funding Source:
Filter

Location	Vaccine (Brand)	Mfg	NDC	Lot No	Exp Date	Funding Source	Doses On-Hand	Expiring Soon	Audit	Action
										Clear
INV: COVID TEST LOCATION (AGGREGATE REPORTER)	COVID-19 MRNA (PFR) (PFIZER COVID-19 VACCINE (1 X 0.3 ML MULTI-DOSE VIA)	PFR	59267-1000-01	PFR12345	03/29/2022	PEDIATRIC	12			Action
INV: COVID TEST LOCATION (AGGREGATE REPORTER)	COVID-19 MRNA (PFR) (PFIZER COVID-19 VACCINE (1 X 0.3 ML MULTI-DOSE VIA)	PFR	59267-1000-01	E26474	03/01/2023	PEDIATRIC	0			Action



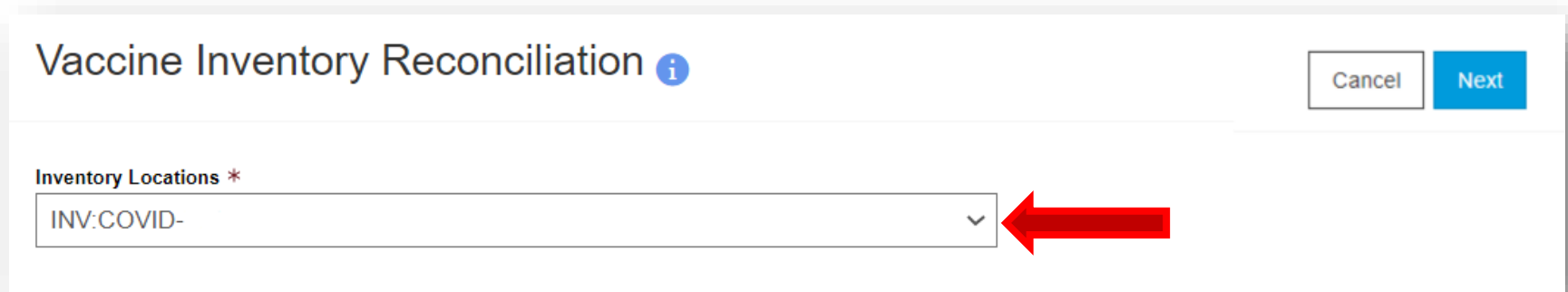
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Opening a Reconciliation

- From the ‘*Vaccine Inventory Reconciliation Search Criteria*’ page, click the **Add New Reconciliation** button in the upper-right corner.
- Select your facility/clinic **COVID inventory location** from the inventory location drop down.




Vaccine Inventory Reconciliation i

Cancel Next

Inventory Locations *

INV:COVID- ∨

Opening a Reconciliation: Pre-Check Results

- All *Pre-Check Results* must pass () before proceeding.
Please ensure:
 - All previously opened COVID inventory reconciliations are ‘closed’.
 - There are no ‘*In Process*’ or ‘*Rejected*’ Returns.
 - All ‘*In Process*’ returns must be submitted to the VFC Program.
 - COVID-19 vaccines **cannot** be returned. If you have a return in work for COVID-19 vaccine it must be deleted.
 - Rejected returns must be deleted.
 - All expired inventory are removed from inventory via wastage adjustment.
 - Do **not** click the *Resolve* button if this pre-check step did not pass ()—  you must adjust.
 - All administered doses were added AND administered (Manual Entry only).
 - All pending inventory transfers and VTrckS shipments are received into inventory.

Pre-Check Results

- ✓ No Open Reconciliation for this inventory location
- ✓ No Returns in Process for this Clinic
- ✓ No Rejected Returns outstanding for this Clinic
- ✓ No Expired Inventory prior to previous Count Date/Time.
- ✓ No Vaccines Added but not Administered
- ✓ No Pending Inventory Transfers
- ✓ No Pending VTrcks Shipment

Cancel

Proceed

Completing a Reconciliation

- Enter the correct count date and time!
 - The reconciliation will only capture inventory transactions made within the selected count date/time range.
- When opening a new reconciliation, you will see the following columns:
 - **Description**
 - **Summary**
 - **Aggregate Administered** (Data Exchange and Fully-Hybrid providers ONLY)
 - Fillable field to enter the total number of doses administered to patients within the week/reconciliation time range.
 - **Physical Count**
 - Fillable field to enter the current number of doses you physically have on-hand in storage.
 - **Inventory Difference**
 - Read only field which calculates the difference between the number of starting on-hand doses, all transactions, administered doses, and the physical count.
 - Can be a negative or positive number
 - **Acceptable Inventory Difference** (/)

Vaccine Inventory Reconciliation ? i

Cancel Links ▾

Inventory Location: INV: COVID TEST LOCATION

Description: * COVID RECON WEEK OF 03/10/2022

Authorized By:

Status: * CLOSED

Count Date: * 03/10/2022

Count Time: * 08:00 AM

Last Count Date/Time:

Last Order Date: MM/DD/YYYY

Inventory by Doses

Description	Summary	Aggregate Administered	Physical Count	Inventory Difference	Acceptable Inv. Difference	Action
PEDIATRIC						
1. COVID-19 mRNA (MOD) (Moderna COVID-19 A (1 x 0.5 mL Multi-Dose Vial)) MOD • 80777-0273-10 • TEST123 • 03/22/2023		<input type="text" value="-50"/>	<input type="text" value="50"/>	0		Action ▾
2. COVID-19 mRNA (MOD) (Moderna COVID-19 (1 x 7.0 mL MDV)) MOD • 80777-0273-15 • 123456 • 02/21/2023		<input type="text" value="-20"/>	<input type="text" value="42"/>	0		Action ▾
3. COVID-19 mRNA (PFR) (Pfizer COVID-19 Vaccine (1 x 0.3 mL Multi-Dose Via)) PFR • 59267-1000-01 • E26474 • 03/01/2023		<input type="text" value="-45"/>	<input type="text" value="0"/>	0		Action ▾



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We are here to support you!

If you are experiencing difficulties with your COVID inventory management and reconciliation, please reach out the NMSIIS and COVID teams for assistance!

- COVID.Vaccines@doh.nm.gov
- NMSIIS Help Desk (833) 882-6454

Please remember to:

- Make sure you are reporting administration data to NMSIIS in a timely manner.
- Make inventory adjustments before opening a reconciliation.
- Complete **and** close your COVID reconciliation on-time each week.
- Give yourself enough time to properly complete the reconciliation.
 - The more inventory management you do ahead of time will make the reconciliation process easier.

Available Resources

Please utilize the following guides as a reference when working with your COVID inventory in NMSIIS:

Reconciliation Video Demonstrations found at nmhealth.org/about/phd/idb/imp/resources/:

- [Data Exchange Provider Location Reconciliation Demo](#)
- [Fully Hybrid Provider Location Reconciliation Demo](#)
- [Manual Entry Provider Location Reconciliation Demo](#)
- [Manual-Hybrid Provider Location Reconciliation Demo](#)

NMSIIS Reports tab:

- [Adding and Administering Vaccines Manual Entry](#)
- [COVID Vaccine Adding to Your Inventory in NMSIIS 11/22](#)
- [COVID Vaccine EXTRA DOSES NMSIIS Inventory Guidance 11/22](#)
- [COVID Vaccine Inventory and Wastage Guide **UPDATED** 11/2022](#)
- [COVID Vaccine Reconciliation Process 2022 DATA EXCHANGE](#)
- [COVID Vaccine Reconciliation Process 2022 FULLY-HYBRID](#)
- [COVID Vaccine Reconciliation Process 2022 MANUAL ENTRY](#)
- [COVID Vaccine Reconciliation Process 2022 MANUAL-HYBRID](#)
- [COVID Provider Training Video #5-Patient Detail with Services Report](#)



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COVID-19 Patient Detail With Services

2023 New Mexico State Immunization Information
System (NMSIIS) Annual Training

What is a ‘Patient Detail with Services Report’?

- A *Patient Detail with Services Report* is a NMSIIS generated list of patient’s who received vaccinations that were administered by the provider/clinic.
 - Based on search criteria specified by the user.
- The report includes *patient* and *vaccination details*, including:
 - Details of patients who received vaccinations
 - Added but not administered doses (if applicable)
 - Historical vaccinations
 - Invalid vaccinations
- Available for all clinic users to download in PDF, Excel, and Extract (.csv) format.
 - Extract version offers additional fields of information not available in other output types.

About the 'Patient Detail with Services' Report

The report can be helpful for a variety of clinical and administrative functions, including:

- Verifying COVID-19 vaccine administration data is reported to the patients' records in NMSIIS within 24 hours of administration (**per CDC COVID-19 Vaccine Provider Agreement**).
 - Ensuring all EHR or RTS data is transferred to NMSIIS successfully.
- Identifying vaccinations that may need to be reviewed or updated for a patient.
- Assisting providers with inventory counts and completing COVID-19 reconciliations.
- Identifying reporting and COVID-19 inventory reconciliation errors.

Patient Details

- The *Patient Detail with Services* report displays the following patient information:
 - The patient's first and last name
 - Patient ID
 - Date of birth
 - Gender
 - Default clinic
 - VFC dose eligibility status

Vaccination Details

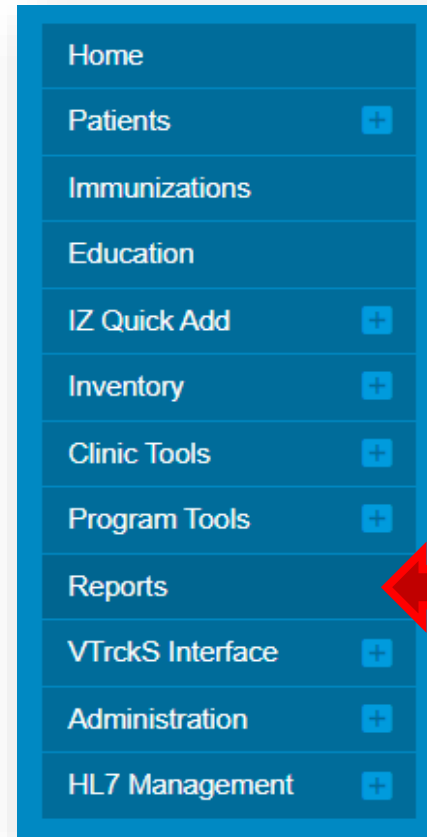
- The *Patient Detail with Services* report displays the following vaccination information:
 - Vaccination date
 - Vaccination clinic
 - Vaccine type
 - Lot number
 - Funding source
 - Historical or invalid vaccine indicator (Y/N category)
 - Created/last updated by fields

Extract Version (.csv file) Details

- If you select '*Extract*' as the output type, the file will download as a **character delimited file**.
 - To download the report as a comma separated value file, change the *Delimiter* field to a **comma**, “,”.
- Extract files contain additional patient and clinic information, including:
 - Dose eligibility
 - Vaccine Code
 - Vaccine Manufacturer
 - HL7 facility code
 - Other ID
 - Vaccine Clinic VFC Pin #
 - Patient Default Clinic VFC Pin #

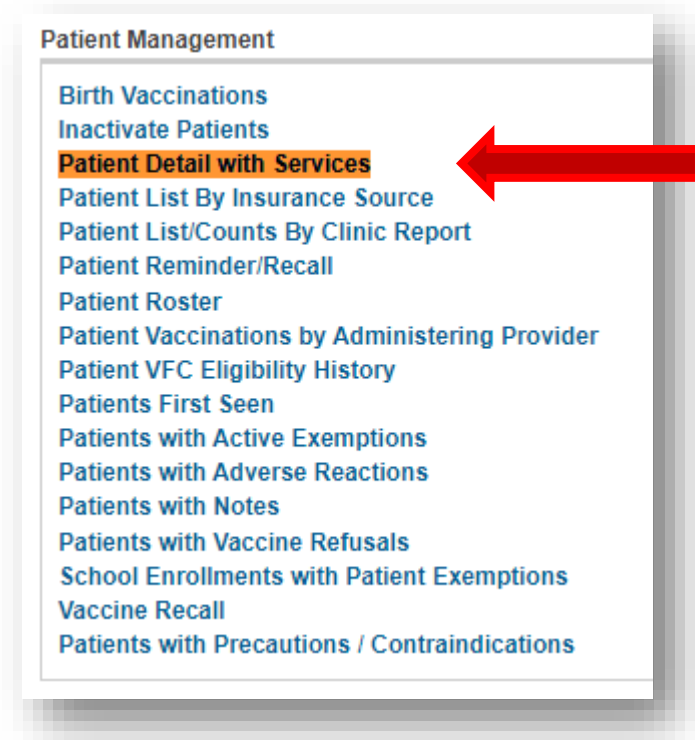
How to Run a *Patient Detail with Services Report*

- Open NMSIIS.
- Select your Provider/Clinic on the NMSIIS Home screen.
- On the left-hand menu, select the “*Reports*” tab.



How to Run a *Patient Detail with Services* Report

- On the *Reports* screen page, scroll down to the section titled '*Patient Management*'.
 - Hold Ctrl+F on your keyboard to search the report name.
- Select the '*Patient Detail with Services*' link.
- The link will redirect to the '*Patient Detail with Services*' page to enter selection criteria.





Report Selection Criteria



Provider / Clinic *
[ALL PROVIDERS] ALL CLINICS

Select a clinic by typing provider, clinic, vfc pin, or clinic code



Vaccination Date Range

From: MM/DD/YYYY  Through: MM/DD/YYYY 

Date of Birth Date Range

From: MM/DD/YYYY  Through: MM/DD/YYYY 

Vaccination Created Date Range

From: MM/DD/YYYY  Through: MM/DD/YYYY 

Funding Source

Vaccines

Available Items: ADENOVIRUS, TYPE 4
ADENOVIRUS, TYPE 7
ANTHRAX
ANTHRAX IG
BCG
CHOLERA, LIVE ATTENUATED
COVID BIV BST(MOD 6M-6Y)
COVID BIV BST(PFR 6M-5Y)
COVID BIVALENT (PFR 5-11)

Selected Items (If none are selected default is ALL)

Buttons: > < << >>

Note: hold the Ctrl key to select multiple items.

Output Type *

PDF Excel Extract

Delimiter

|



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Patient Detail with Services Report Search Criteria

Once redirected to the '*Patient Detail with Services*' Search Criteria page:

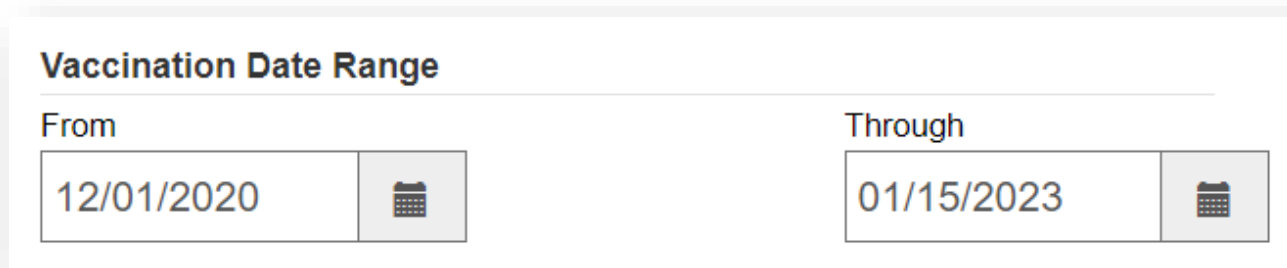
1. Verify the correct provider location is displayed from the '*Provider / Clinic*' drop-down list.
 - Users may have access to more than one provider/clinic location depending on their settings.

Provider / Clinic *

[DR. POISON IVY] COVID TEST LOCATION - COVID123 ()
[ALL PROVIDERS] ALL CLINICS
[DR. POISON IVY] COVID TEST LOCATION - COVID123 ()

Patient Detail with Services Report Search Criteria

2. Input the dates into the “*From*” and “*Through*” fields for the ‘*Vaccination Date Range*’ section.
- Generates all a list of all patient and vaccination data for doses given within the selected date range.

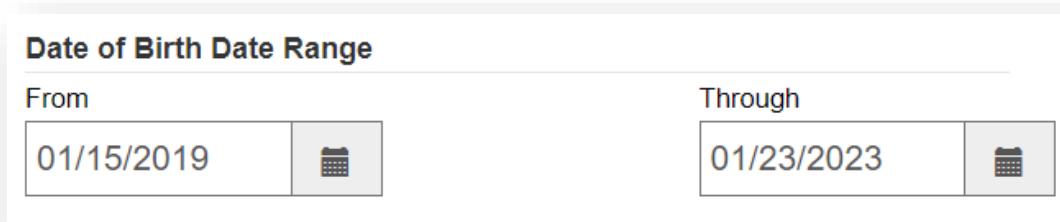


The screenshot shows a form titled "Vaccination Date Range". It has two input fields: "From" and "Through". The "From" field contains the date "12/01/2020" and has a calendar icon to its right. The "Through" field contains the date "01/15/2023" and also has a calendar icon to its right.

Patient Detail with Services Report Search Criteria

3. Input the dates into the “*From*” and “*Through*” fields for the ‘*Date of Birth Date Range*’ section.

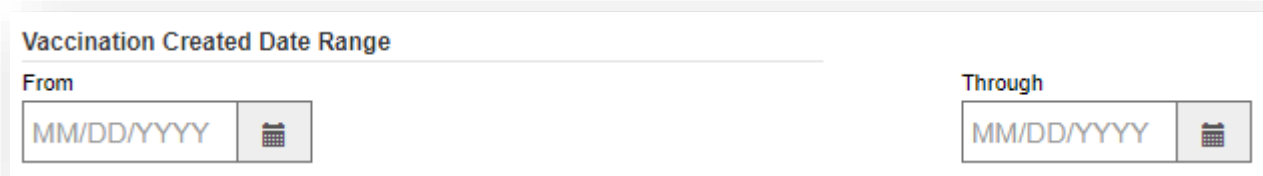
- Filters the report based on the patient(s)’ date of birth.
- Leave this option blank to run the report on all patients.



The screenshot shows a form titled "Date of Birth Date Range". It has two main sections: "From" and "Through". The "From" section contains a text input field with the date "01/15/2019" and a calendar icon to its right. The "Through" section contains a text input field with the date "01/23/2023" and a calendar icon to its right.

Patient Detail with Services Report Search Criteria

4. Input the dates into the “*From*” and “*Through*” fields for the ‘*Vaccine Created Date Range*’ section.
- Filters the report based on the date the vaccination was created in NMSIIS.
 - Leave this option blank to run the report on all patients.



The screenshot shows a form titled "Vaccination Created Date Range". It contains two date selection fields: "From" and "Through". Each field has a text input area with the placeholder "MM/DD/YYYY" and a calendar icon to its right.

Patient Detail with Services Report Search Criteria

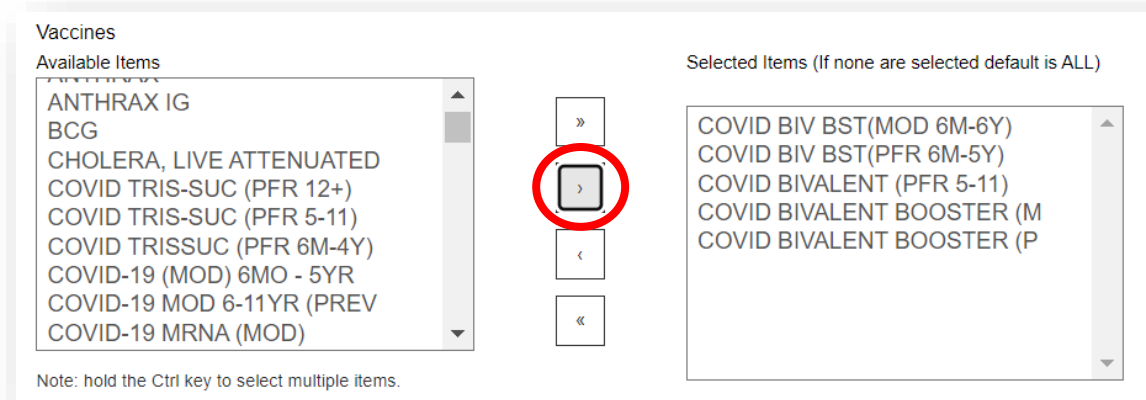
5. Under the optional '*Funding Source*' drop-down box, select a particular funding source.

- Keep in mind that STATE COVID-19 vaccine providers should have all COVID-19 vaccines' funding source listed as '**BLEND**'.
- Leave this option blank to include all funding source options.

A screenshot of a web form element. It features a rectangular box with a light gray border and a white background. Above the box, the text 'Funding Source' is displayed in a dark gray font. Inside the box, there is a faint, light gray placeholder text. A small, dark gray downward-pointing chevron icon is located in the bottom right corner of the box, indicating it is a drop-down menu.

Patient Detail with Services Report Search Criteria

6. Under the ‘Vaccines’ section, select the COVID-19 vaccine types under the ‘*Available Items*’ box.
- To select more than one vaccine, hold the “*CTRL*” key and select.
 - Use the “>” button to move the vaccine(s) to the “*Selected Items*” field.



Vaccines

Available Items

- ANTHRAX IG
- BCG
- CHOLERA, LIVE ATTENUATED
- COVID TRIS-SUC (PFR 12+)
- COVID TRIS-SUC (PFR 5-11)
- COVID TRISSUC (PFR 6M-4Y)
- COVID-19 (MOD) 6MO - 5YR
- COVID-19 MOD 6-11YR (PREV)
- COVID-19 MRNA (MOD)

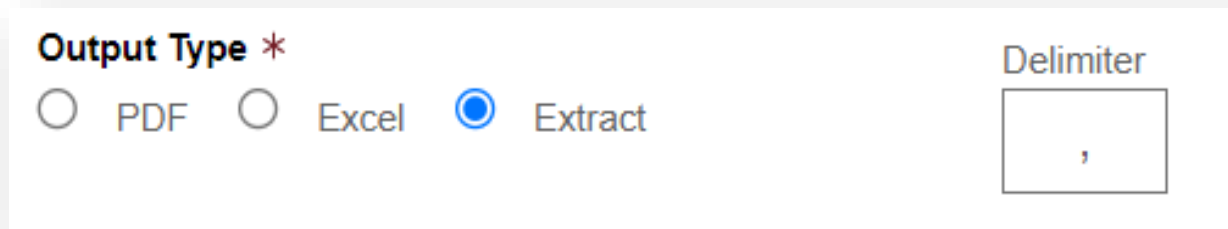
Selected Items (If none are selected default is ALL)

- COVID BIV BST(MOD 6M-6Y)
- COVID BIV BST(PFR 6M-5Y)
- COVID BIVALENT (PFR 5-11)
- COVID BIVALENT BOOSTER (M)
- COVID BIVALENT BOOSTER (P)

Note: hold the Ctrl key to select multiple items.

Patient Detail with Services Report Search Criteria

7. Use the radio buttons to select your preferred output type
 - For an Extract .csv file, change the delimiter to a **comma** “,” to generate the file format for Microsoft Excel (recommended).



The screenshot shows a web form with two main sections. The first section is titled 'Output Type *' and contains three radio button options: 'PDF', 'Excel', and 'Extract'. The 'Extract' option is selected, indicated by a blue dot inside the radio button. The second section is titled 'Delimiter' and contains a text input field with a comma character inside.

Report Selection Criteria

Provider / Clinic *
[DR. POISON IVY] COVID TEST LOCATION - COVID123 ()
Select a clinic by typing provider, clinic, vfc pin, or clinic code

Vaccination Date Range
From: 12/01/2020 Through: 01/15/2023

Date of Birth Date Range
From: MM/DD/YYYY Through: MM/DD/YYYY

Vaccination Created Date Range
From: MM/DD/YYYY Through: MM/DD/YYYY

Funding Source: [Dropdown]

Vaccines

Available Items: ADENOVIRUS, TYPE 4; ADENOVIRUS, TYPE 7; ANTHRAX; ANTHRAX IG; BCG; DIPHTHERIA ANTITOXIN; DT, IPV ADSORBED; DT, PED; DTAP

Selected Items (If none are selected default is ALL): COVID BIV BST(MOD 6M<6Y); COVID BIV BST(PFR 6M<5Y); COVID BIVALENT (PFR 12+); COVID BIVALENT (PFR 5-11); COVID MRNA BIVALENT(MOD); COVID TRIS-SUC (PFR 12+); COVID TRIS-SUC (PFR 5-12); COVID-19 (MOD) 6MO - <6YR; COVID-19 IV NON-JS (SNV)

Note: hold the Ctrl key to select multiple items.

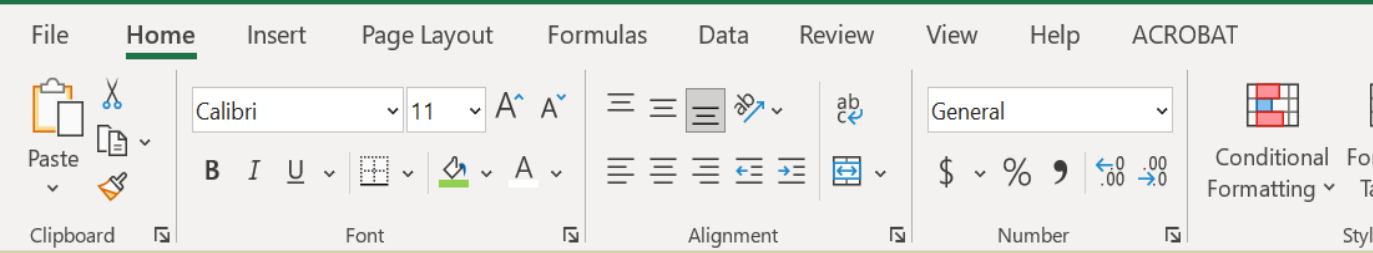
Output Type *
 PDF Excel Extract

Delimiter: [Text Box]

8. Click the **‘Run Report’** button in the upper-right corner to download the report.

Patient Detail with Services Report in Microsoft Excel

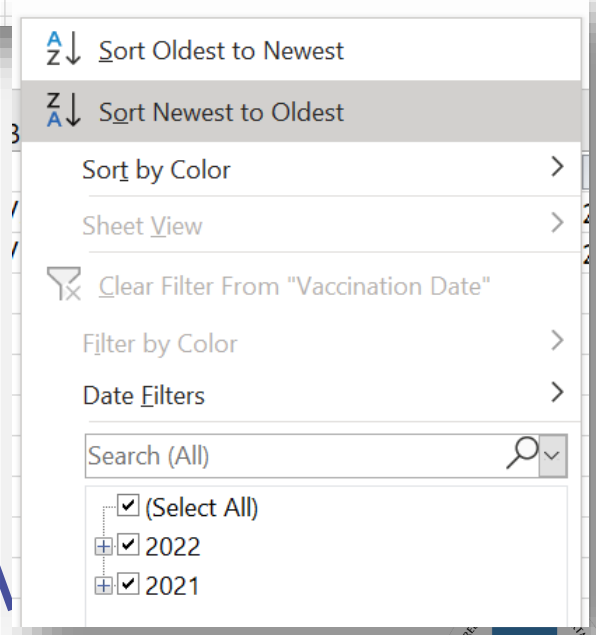
- After downloading the ‘Patient Detail with Services’ report as a .csv file, **open in Microsoft Excel.**
 - Click on cell A1 and hold **Ctrl+Shift+L** on the keyboard to turn on filtering options for the first row of cells.



POSSIBLE DATA LOSS Some features might be lost if you save this workbook in the comma-delimited (.csv) format. To preserve the

	A	B	C	D	E	F	G	H
1	Patient Name	DOB	EMPI	Gender	Vaccination Date			Vaccina
2	BARTON SIMPSON (11818)	3/29/2007		Male	11/15/2021			28
3	CHARMING CINDERELLA (11795)	5/30/1940		Female	2/21/2022			

- Click the down arrow of any column header to narrow down the data.



This training is not mandatory and does not take the place of NMSIIS or CHIL-e training. Participation today does not account for any credits or CEU's.

Welcome to the 2023 New Mexico Vaccine For Children's Program Statewide Training



Samantha Sanchez
VFC Health Educator

Routine Management Plan form

ROUTINE VACCINE MANAGEMENT PLAN



Worksheet for Key Vaccine Management Information: *Keep Near Vaccine Storage Unit(s)*

The New Mexico VFC Program requires that each practice develop and maintain a Routine Vaccine Management Plan. Properly completing this template will meet the VFC Program participant requirement for written vaccine management plans. This Plan must be reviewed and updated annually, or when changes to any information within the plan occur.

Staff who are assigned vaccine management responsibilities are to review and sign the signature page at the end of this document annually and when the plan is updated. This Plan will be reviewed by VFC Program Site Reviewers and Regional Immunization Coordinators during routine and drop-in site visits. This plan must be kept near the vaccine storage units, along with your emergency vaccine management plan and storage unit temperature logs.

In addition to the training provided by your Regional Immunization Coordinators and NM CHILI training courses, practice staff benefit from online vaccine storage and handling training. NM VFC endorses and recommends the CDC's You Call the Shots and CDC's excellent video Keys to Storing and Handling Your Vaccine Supply at, <http://www.cdc.gov/vaccines/ed/youcalltheshots.html>. This site produces certificates of completion to print and file. Questions on vaccine storage should be directed to your Regional Immunization Coordinator.

Staff Roles and Contact Information

Office/Clinic	
Name	VFC PIN #
Address	
City / State/Zip	

Role/Responsibility	Name	Title	Phone #	Email
Provider of Record (as indicated in the VFC Provider Enrollment Agreement)				
Primary Vaccine Coordinator				
Back-Up Vaccine Coordinator				
Performs inventory management and reconciliation				
Places vaccine orders				
Receives vaccines				
Stores vaccines upon arrival				
Handles shipping issues				
Handles vaccine returns and transfers				
Other:				

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ROUTINE VACCINE MANAGEMENT PLAN



Vaccine Storage Units

Unit Type	Location (Room#)	Name in NMSIS	Model	Type of Service	Purchase Date
Refrigerator					
Refrigerator					
Refrigerator					
Refrigerator					
Freezer					
Freezer					

Maintenance/Repair Company

Company Name	
Name of usual repair person	
Phone	

Completed Monthly Temp Logs

Location of Completed Temperature Logs
--

Data Loggers

Location of Certificates of Calibration
Location of Back-up Data Logger/s

Name in NMSIS	Serial number	Equipment ID	Battery Replaced Date	Expiration Date	Calibration entered in NMSIS - date and initials

Form Certification

Form Completed By			
Name		Title	
Signature		Date	

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NEW MEXICO DEPARTMENT OF HEALTH, IMMUNIZATION PROGRAM

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Routine Management Plan form

ROUTINE VACCINE MANAGEMENT PLAN



Vaccine Management Personnel

This document highlights key duties of designated vaccine management staff. However, all personnel working with vaccines should be familiar with VFC requirements and guidelines.

Provider of Record

- Complies with all federal vaccine management requirements, including key areas outlined in this plan.
- Designates one employee as the practice's Primary Vaccine Coordinator, responsible for vaccine management.
- Designates one employee as the Back-up Vaccine Coordinator responsible for vaccine management when the Primary Vaccine Coordinator is not available.
- Reports staffing changes regarding the Primary Vaccine Coordinator, Back-up Vaccine Coordinator, and Provider of Record to the VFC Program by completing the VFC Contact Information Change form.
- Meets and documents required orientation and annual training for the practice's vaccine management personnel.
- Ensures that vaccine management personnel are skilled and knowledgeable regarding VFC requirements for temperature monitoring and storage equipment.
- Ensures that the practice's vaccine inventory management is consistent with VFC Program requirements.
- Provides a written plan for vaccine storage and handling during routine, planned office closures (for holidays, vacations, etc.) lasting four consecutive days or longer; submits plan to VFC staff for approval.
- Ensures that the practice's vaccine storage units meet VFC requirements.
- Updates and revises vaccine management plans at least annually and when necessary.
- Reviews VFC requirements and management plans with staff at least annually and when necessary.

Primary Vaccine Coordinator

- Completes required VFC Program trainings.
- Meets responsibilities described in the Vaccine Coordinator job aid.²
- Oversees the practice's vaccine management for routine and emergency situations.
- Monitors vaccine storage units.
- Maintains VFC-related documentation in an accessible location.

Back-Up Vaccine Coordinator

- Completes required VFC Program trainings.
- Assists the Primary Vaccine Coordinator with VFC responsibilities.
- Must be able to complete all VFC tasks when the Primary Vaccine Coordinator is not available.

ROUTINE VACCINE MANAGEMENT PLAN



Vaccine Storage and Temperature Monitoring Equipment

The Primary Vaccine Coordinator must review and acknowledge the requirements on the following pages by checking all items.

Vaccine Storage Units

Equipment

- The practice uses VFC-compliant vaccine storage refrigerator(s) and freezer(s) and maintains recommended temperature ranges:
 - Refrigerator: between 36°F–46°F
 - Freezer: below 5°F
- Storage units must have adequate capacity to store vaccine supply's, including during peak back-to-school and flu season.
- Storage units are routinely cleaned inside, kept dust-free outside, and doors have proper seals.
- Keeps maintenance and repair records on file and makes them available to review upon request.

Power Supply

- Each unit is plugged directly into a wall outlet that is not controlled by a light switch, power strips, or surge protectors with an on/off switch.
- Extension cords are never used to connect storage units to an outlet.
- "DO NOT UNPLUG" signs are posted at each outlet and circuit breakers.

Set-up

- Storage units are set up according to VFC Program requirements.
- Units are kept away from direct sunlight and away from walls to allow air circulation.
- Vaccine is never stored in the door, drawers, or bins. Unit drawers/deli crispers are removed.
- To stabilize temperatures, water bottles are kept in the refrigerator where vaccines cannot be stored. Frozen cold packs are kept in the freezer for similar purpose.
- VFC vaccine storage areas/shelves are marked VFC "blended" to clearly identify vaccine supplies.
- Privately purchased vaccines are kept separate from VFC Program vaccines.
- Vaccines are organized in plastic mesh baskets and clearly labeled by type of vaccine.

- The glycol-encased data logger probe is placed in the center of the unit, near the vaccines.
- The data logger's display is securely attached to the outside of the storage unit.
- Vaccines are stored in their original packaging until administered; vaccine supply is 2–3 inches away from walls, air vents, and floor to allow space for air circulation.
- Food, beverages, and laboratory specimens are not stored in the units at any time.
- When medications or biologic media (not inoculated) are stored in the unit, they are placed on the shelves below vaccines.

Routine Management Plan form

ROUTINE VACCINE MANAGEMENT PLAN



Temperature Monitoring

Data Loggers

- Each storage unit must have a VFC-compliant data logger accurate within +/-1°F.
- Each data logger has a current and valid Certificate of Calibration (also known as a Report of Calibration).
- Each data logger has a biosafe glycol-encased probe placed in the center of the storage unit adjacent to the vaccine.
- Each data logger has a digital display of current, minimum, and maximum temperatures.
- Probes are NEVER placed in the unit's doors, near or against unit's walls, underneath air vents, or on the unit floor.

Data logger Calibration

- Calibrated digital data loggers are used in all storage units.
- Certificates of Calibration are filed in a readily accessible area and are presented to NMDOH Immunization program staff for review upon request.
- Data loggers are replaced on or before the expiration date listed on the device.

Safeguarding Vaccines, Handling and Reporting Out-of-Range Temperatures

- When an out-of-range temperature is identified, immediate action is taken to assess the situation and to prevent vaccine spoilage and loss.
- The VFC Regional Coordinator is contacted to report the incident, complete, and submit a Trouble Shooting Record (TSR) report.
- Vaccines in question are bagged and labeled "DO NOT USE" and stored under proper conditions until it is determined if they are viable.
- The practice has an Emergency Vaccine Management Plan to follow in the case of power outage, appliance malfunction, weather conditions, or human error that may affect vaccine viability.
- When it is necessary to transport vaccine to another storage unit or to a predetermined site, the practice always follows VFC Program guidelines.
- No vaccine is discarded unless directed to do so by the VFC Program.
- Actions are documented on the VFC temperature log and other VFC forms, as appropriate.

Temperature Monitoring and Documentation

- Reads and records MIN and MAX refrigerator and freezer temperatures at the start of each day.
- Verifies that the Data Loggers are ON after checking the min/max temperatures.
- The person documenting the storage unit temperature initials the min/max temperature log.
- Temperatures are documented on VFC Program min/max temperature logs.
- Temperature logs are posted on the storage unit door or nearby in an accessible location.
- The practice maintains completed temperature logs for three years and makes them available for review upon request to VFC Representatives.
- Temperatures from the Data logger must be downloaded into NMSIIS on the 1st of every month.

Inventory Management

- The practice enters inventory into NMSIIS upon receipt.
- A reconciliation of physical vaccine inventory is conducted at least once a month and before ordering vaccine.
- Vaccine stock is rotated monthly to assure that vaccines with the shortest expiration dates are used first.
- The practice may keep up to two weeks' additional supply to mitigate shortages in the event of shipment delays.
- When diluent is packaged with vaccine, the practice stores them together. When diluent is not packaged with its vaccine, the diluent is clearly labeled and stored where it can be easily identified.
- If vaccine is drawn up and not administered, it is recorded in NMSIIS and disposed of properly.

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ROUTINE VACCINE MANAGEMENT PLAN



Stock Rotation, Returns, and Transfers

- The practice organizes vaccines so those with the shortest expiration dates are used first.
- The practice returns expired and/or spoiled vaccine to McKesson in a timely manner.
- If the practice has vaccine due to expire within three months and it will not be used:
 - Notify the VFC Program about the vaccine.
 - Submit a vaccine transfer form to the VFC Program.
 - Identify VFC providers in the area to contact and inquire if they may be able to use the soon-to- expire vaccines.
- If a practice transfers or transports vaccine, VFC Program guidelines must be followed, and the appropriate forms must be completed.
- If vaccine becomes spoiled or expires, staff remove it immediately from the storage unit, report it, and complete the appropriate documentation in NMSIIS.
- A return must be completed in NMSIIS for *spoiled* vaccines along with a temperature excursion form before completing the monthly reconciliation and entering a new vaccine order.
- A return must be completed in NMSIIS for *expired* vaccines before completing the monthly reconciliation and entering a new vaccine order.
- The practice must return spoiled or expired vaccine to McKesson with required documentation.

The following vaccine supplies should NOT be returned:

- Viable vaccine
- Used syringes with or without needles
- Syringes with vaccine drawn up and not used
- Broken or damaged vaccine vials
- Multi-dose vials that are partially used

Vaccine Ordering

- Orders are submitted according to clinic-based eligibility data, vaccine usage, the inventory on-hand.
- The practice does a physical inventory count and reconciliation before placing a vaccine order.
- Orders are placed with sufficient inventory on hand to allow time for order processing and vaccine delivery.
- Every VFC vaccine dose is accounted for. Sites may be held financially responsible for vaccine doses not accounted for or lost due to negligence.
- The practice verifies its operation hours when placing their order in the online ordering system before submitting each order. Any changes to the practice's hours are reported with each order to avoid receiving vaccine shipments when the clinic is closed, or the staff is not available.

Receiving and Inspecting Vaccine Shipments

- The practice is familiar with procedures for accepting vaccine shipments.
- The practice assumes responsibility for all VFC vaccine shipped to its site.
- Vaccine shipments are inspected immediately upon arrival to verify that the temperature during transport was within range, and that the vaccines being delivered match those listed on the packing slip.
- The practice never rejects vaccine shipments.
- The practice follows the Vaccine Shipments & Order Delivery protocol.
- Vaccines are immediately stored according to VFC requirements.
- Vaccines are accepted into NMSIIS inventory upon receipt via the blue hyperlink.

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NMDOH


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Routine Management Plan form Signature page



ROUTINE VACCINE MANAGEMENT PLAN

Signature Log

By signing I acknowledge I have reviewed and am familiar with all the information in this document and its appendices.

Review			
Date			
Updates / Comments			
Provider of Record name		Signature	
Primary Vaccine Coordinator name		Signature	
Back-up Vaccine Coordinator name		Signature	
Additional Staff		Signature	
Additional Staff		Signature	

Vaccine Staff Training Log

Date	Subject of Training	Attendee	Title

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NEW MEXICO DEPARTMENT OF HEALTH, IMMUNIZATION PROGRAM
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Emergency Vaccine Management Plan

EMERGENCY VACCINE MANAGEMENT PLAN

Worksheet for Emergency Contacts: *Keep Near Vaccine Storage Unit(s).*

The New Mexico VFC Program requires that each practice develop and maintain an *Emergency Vaccine Management Plan*. Properly completing this template will meet the VFC Program requirement to have a written plan for vaccine management in an emergency. Plans must be reviewed and updated annually, or when changes to any information within the plan occurs.

This *Emergency Vaccine Management Plan* outlines actions staff should take in the event of an emergency that might affect vaccine viability. Examples include unit malfunction, mechanical failure, power outage, natural disaster, or human error. This plan must be kept near the vaccine storage unit.

Staff Roles and Contact Information

Emergency Contacts			
Office/Clinic Name			
VFC Pin Number	Phone/s		
Address			

In an emergency, contact the following people in the order listed:

Role/Responsibility	Name	Phone Number	Alt/cell Phone	Email Address
1. Primary Coordinator				
2. Back-up Coordinator				
3. Additional Contact				

Useful Emergency Numbers

Service	Name	Phone #	Alt Phone #	Email Address
VFC Regional Coordinator				
VFC Regional Coordinator				
VFC/NMSIIS Help Desk		Toll-free: 833-882-6454		
Utility Company				
Building Maintenance				
Building Alarm Company				
VFC 400 DDL Technical Support				
Refrigerator/Freezer Repair				
Generator Repair/ Maintenance				
Contact for Vaccine Transport				
Other				

New Mexico Department Of Health, Immunization Program
Revised 12/22

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EMERGENCY VACCINE MANAGEMENT PLAN

Vaccine Storage Unit Information

Unit Type	Name in NMSIIS and location of unit	Brand/Model	Serial Number
Refrigerator			
Refrigerator			
Refrigerator			
Refrigerator			
Freezer			
Freezer			

Attach additional unit information if needed.

Does the clinic have a generator	If so, where is it located?
Yes <input type="checkbox"/> No <input type="checkbox"/>	

If your clinic does not have a generator, and/or your vaccine storage unit fails, it might be necessary to transport vaccine to alternate storage locations.

Alternate Vaccine Storage Plans	Site name and address	Site contacts – names and cell phone numbers	Office Phone	Details of plan
Plan A				
Plan B				
Plan C				
Plan D	Close and seal all vaccine storage units; use large "DO NOT OPEN" signs; record the date and time the units were closed; make sure all data loggers are on and recording.			

Location of emergency packing supplies:

Other Useful Information

Facility Floor Plan: Attach a simple floor diagram identifying the location of doors, light switches, flashlights, spare batteries, keys, locks, vaccine storage units, alarms, circuit breakers, packing materials, etc.

Form Certification

Form Completed By			
Name		Signature	
Title		Date	

New Mexico Department Of Health, Immunization Program
Revised 12/22

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Emergency Vaccine Management Plan

EMERGENCY VACCINE MANAGEMENT PLAN

Emergency Vaccine Management Plan

Use the following guidance for safeguarding vaccines in the event of planned or unplanned power interruptions (e.g., power outages, weather related circumstances, building maintenance/ repairs, etc.).

Before an Emergency

- Maintain emergency contact information for key staff responsible for vaccine management.
- Store water bottles in freezers where vaccines cannot be stored. This helps maintain the interior temperature in the event of a power loss.
- Identify alternate vaccine storage location(s), e.g., a local hospital or another VFC provider. Ensure the location has adequate space to accommodate vaccines and their temperature monitoring equipment meets VFC Program requirements.
- Update the necessary contact information for alternate vaccine storage location(s), including the facility name, address, contact person, and telephone number.
- Stock supplies indicated in Transporting Refrigerated Vaccines and Transporting Frozen Vaccines.
- Label and keep accessible any necessary vaccine packing and transport job aids, facility floor plans when available, and other related information.
- Be familiar with back-up power sources for commercial/lab/pharmacy grade units.

During an Emergency

- Assess the situation. Do not open the unit. Determine the cause of the power failure and estimate the time it will take to restore power.
- Notify the key staff listed on this Emergency Plan as appropriate.
- If the power outage is expected to be short-term, usually restored within 2 hours:
 - Record the time the outage started, the unit temperatures (Current, Min, Max), and room temperature.
 - Place a "DO NOT OPEN" sign on storage unit(s) to conserve cold air mass.
 - If MMR is stored in the refrigerator, move it to the freezer.
 - Verify water bottles are distributed throughout the refrigerator.
 - Monitor the interior temperature using a data logger until power is restored. Do not open the unit to verify the temperature.
- If the outage is expected to be long term, usually longer than 2 hours, consider moving vaccines to an alternative unit or facility. See details under Vaccine Relocation, below.
- Note: Temperatures in commercial, pharmacy, and lab grade units tend to increase faster during power failures. As a result, clinics using these units need to monitor temperatures more frequently and may need to transport vaccines to an alternate location sooner.

New Mexico Department Of Health, Immunization Program
Revised 12/22

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EMERGENCY VACCINE MANAGEMENT PLAN

Packaging and Transporting Vaccines

- Document vaccine storage temperatures before, during, and after transport on a Vaccine Transport Log.
- Prepare cooler(s) following VFC guidelines.
 - Use Conditioned frozen water bottles for refrigerated vaccines. Placing refrigerated vaccine directly on frozen packs and packaging it without sufficient insulation may freeze and therefore damage vaccine.
 - Frozen vaccine should only be transported in a frozen vaccine pack-out container. If such a container is not available, leave the frozen vaccines in the freezer and keep the door closed to maintain the temperature.
- Package and prepare diluent.
 - MMR, Varicella and MMR-V diluent can be stored at room temperature or in the refrigerator.
 - Diluents stored in the refrigerator should be transported with refrigerated vaccines.
 - Diluents stored at room temperature should be transported at room temperature.

- Diluents packaged with their vaccine should be transported with the vaccine.
- Upon arrival at the alternate vaccine storage location, document total vaccine transport time, the temperatures (Current, Min, Max) in the transport cooler(s) and the alternate storage unit(s).

After Power is Restored

- Verify storage units are functioning properly before attempting to move any vaccine.
- Follow the same transportation procedures and transfer vaccine back to its original storage unit.
- Vaccine kept at the proper temperature during the power outage. Whether transported or not may be used.
- For any vaccine not stored at the proper temperature:
 - Segregate it in them storage unit.
 - Mark it "DO NOT USE"
 - Contact your VFC Regional Coordinator; be prepared to provide timeframes and temperature information.
- Never return vaccine to the vaccine distributor without VFC Program authorization.

New Mexico Department Of Health, Immunization Program
Revised 12/22

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Emergency Vaccine Management Plan Signature Page

EMERGENCY VACCINE MANAGEMENT PLAN

Signature Log

By signing, I acknowledge I have reviewed and am familiar with the information in this document.

Review			
Date			
Updates and Comments			
Provider of Record name	Signature		
Primary Vaccine Coordinator name	Signature		
Back-up Vaccine Coordinator name	Signature		
Additional Staff	Signature		

Review			
Date			
Updates and Comments			
Provider of Record name	Signature		
Primary Vaccine Coordinator name	Signature		
Back-up Vaccine Coordinator name	Signature		
Additional Staff	Signature		

Review			
Date			
Updates and Comments			
Provider of Record name	Signature		
Primary Vaccine Coordinator name	Signature		
Back-up Vaccine Coordinator name	Signature		
Additional Staff	Signature		

Request For Temporary Vaccine Transfer & Storage Or Office Closures

- The 1st option is the Temporary Vaccine Transfer and storage ranging 4-13 days. Vaccines must be transferred physically and in NMSIIS
- The 2nd option is Office Closures ranging 14 or more days. For Example, this option should be used for the school locations during summer break. Vaccines must be transferred physically and in NMSIIS.

This form must be received and Approved by the VFC program prior to transporting the vaccine.

The most updated Request For Temporary Vaccines Transfer & Storage Or Office Closures form may be found in NMSIIS in the Reports Module/New Mexico Forms and Documents.

Request For Temporary Vaccines Transfer & Storage Or Office Closure



If closure is due to emergency, please follow your Emergency Vaccine Management Plan.

This form is a request for a planned Temporary Vaccine Transfer & Storage and Office Closure. Please check the box of the plan below which applies to your facility needs.

Office/Clinic Name		VFC Pin #	
Address		Phone Number	
City, State, Zip		Fax Number	
Physician Signing		Phone Number	
Primary Vaccine Coordinator		Phone Number	
Backup Vaccine Coordinator		Phone Number	

Temporary Vaccine Transfer and Storage - 4 to 13 days

- Complete and record Inventory 1-3 days prior to closure
- Complete *Temporary Vaccine Transfer and storage Monitoring Plan form*
- Complete and submit *Vaccine Transfer form*
- Complete the *Transfer* in NMSIIS of all vaccines
- Transport vaccine in accordance with CDC storage and handling guidelines
- Complete *Return closure Monitoring Plan form*
- When returning vaccine back to the facility, complete the *Vaccine Transfer form*
- Complete the *Transfer* in NMSIIS of all vaccines back to the Facility

Office Closures - 14 days or more

- Complete and record Vaccine Inventory 1-3 days Prior to closure
- Complete *Office closure Plan Form*
- Complete and submit *Vaccine Transfer form*
- Complete the *Transfer* in NMSIIS of all vaccines
- Transport vaccine in accordance with CDC storage and handling guidelines
- Complete *Return closure Monitoring Plan form*
- When returning vaccine back to the facility, complete the *Vaccine Transfer form*
- Complete the *Transfer* in NMSIIS of all vaccines back to the facility

Persons responsible for implementation of this plan and all vaccine transport, handling, and documentation:

Primary Coordinator Signature		Date:	
Backup Coordinator Signature		Date:	
VFC Regional Coordinator Signature		Date:	
VFC Health Educator Signature		Date:	
Approved: <input type="checkbox"/>		Denied: <input type="checkbox"/>	

TEMPORARY VACCINE TRANSFER AND STORAGE MONITORING PLAN

4-13 Consecutive Days

Temporary Vaccine Transfer and Storage is 4-13 consecutive days and *requires* that vaccine be transferred in NMSIIS then transported to an alternate location with CDC storage and handling guidelines.

Office/Clinic Name		VFC Pin #	
Address		Phone Number	
City, State, Zip		Fax Number	
Physician Signing		Phone Number	
Primary Vaccine Coordinator		Phone Number	
Backup Vaccine Coordinator		Phone Number	

Temporary Vaccine Transfer and Storage Checklist

Transfer and Storage Dates

From: _____ To: _____

Who will be checking temperatures at the Transfer site?

Name	Title	Contact Information
Name	Title	Contact Information

Pre-closure Tasks – required

Task	completed by	Date
<input type="checkbox"/> Notify your regional VFC immunization Coordinator two weeks BEFORE your planned closure.		
<input type="checkbox"/> Enter the Transfer transaction in NMSIIS		
<input type="checkbox"/> Complete the NM VFC Vaccine Transfer Form OR print a transfer detail from NMSIIS– ALL the information is required. Keep a copy for your records.		
<input type="checkbox"/> Email the completed NM VFC Transfer Form or the transfer detail (from NMSIIS) to your Regional Immunization Coordinator.		

Pre-closure Tasks - recommended

<input type="checkbox"/> Document and review final inventory before transfer
<input type="checkbox"/> Prepare draft vaccine order to be placed 1-2 weeks prior to office re-opening

Temporary Vaccine Transfer and Storage Monitoring Plan

- A Temporary Vaccine Transfer and Storage Monitoring Plan form must be completed for closures ranging 4-13 days.
- For example; School Breaks (i.e., Spring break etc.) Scheduled power outages, scheduled maintenance on building, etc.

TEMPORARY VACCINE TRANSFER AND STORAGE MONITORING PLAN

Temporary Transfer and Storage Schedule – dates and times of temp checks

	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Date							
a.m.							
p.m.							
Initials/Date							
Date							
a.m.							
p.m.							
Initials/Date							
Date							
a.m.							
p.m.							
Initials/Date							

The most updated Temporary Vaccine Transfer and Storage Monitoring Plan may be found in NMSIIS in the Reports Module/New Mexico Forms and Documents.



Primary Coordinator Signature	<input type="text"/>	Date:	<input type="text"/>
Backup Coordinator Signature	<input type="text"/>	Date:	<input type="text"/>
VFC Regional Coordinator Signature	<input type="text"/>	Date:	<input type="text"/>
VFC Health Educator Signature	<input type="text"/>	Date:	<input type="text"/>
	Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	



Office Closure Monitoring Plan

OFFICE CLOSURE MONITORING PLAN



14 Consecutive Days or More

An *Extended Closure* lasts 14 or more consecutive days and requires that vaccine be transferred in NMSIIS then transported to an alternate location in accordance with CDC storage and handling guidelines.

Office/Clinic Name	VFC Pin #
Address	Phone Number
City, State, Zip	Fax Number
Physician Signing	Phone Number
Primary Vaccine Coordinator	Phone Number
Backup Vaccine Coordinator	Phone Number

Office Closure Monitoring Plan Checklist

Transfer and Storage Dates

From: _____ To: _____

Who will be checking temperatures at the Transfer site?

Name	Title	Contact Information

Pre-closure Tasks - required

Task	Completed by	Date
<input type="checkbox"/> Notify your regional VFC Immunization Coordinator two weeks BEFORE your planned closure.		
<input type="checkbox"/> Enter the Transfer transaction in NMSIIS		
<input type="checkbox"/> Complete the NM VFC Vaccine Transfer Form OR print a transfer detail from NMSIIS- ALL the information is required. Keep a copy for your records.		
<input type="checkbox"/> Email the completed NM VFC Transfer Form or the transfer detail (from NMSIIS) to your Regional Immunization Coordinator.		

Pre-closure Tasks - recommended

<input type="checkbox"/> Document and review final inventory before transfer
<input type="checkbox"/> Prepare draft vaccine order to be placed 1-2 weeks prior to office re-opening

Office Closure Monitoring Plan Schedule - dates and times of temp checks

	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Date							
a.m.							
p.m.							
Initials/done							

Office Closure Monitoring Plan Schedule - dates and times of temp checks

	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Date							
a.m.							
p.m.							
Initials/done							

Primary Coordinator Signature	Date:
Backup Coordinator Signature	Date:
VFC Regional Coordinator Signature	Date:
VFC Health Educator Signature	Date:
Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>



- An Office Closure Monitoring Plan form must be completed for closures ranging 14 consecutive days or more.
- For example; School closures for summer break, Natural Disasters, Office Remodels, Holiday breaks, etc.


The most updated Office Closure Monitoring Plan may be found in NMSIIS in the Reports Module/New Mexico Forms and Documents.

Return Closure Monitoring Plan

- The Return Office Closure Monitoring plan must be completed along with all pre-opening tasks.
- ✓ Notify your Regional VFC Immunization Coordinator prior to return of vaccines.
- ✓ Enter the Transfer returning transaction in NMSIIS
- ✓ Complete the NM VFC Vaccine Transport Form, during return transfer.
- ✓ Email the completed NM VFC Transport Form to your VFC Immunization Regional Coordinator, for the returning transfer.

Recommended:

- ✓ Document and review final inventory before return transfer.



RETURN CLOSURE MONITORING PLAN

Office/Clinic Name		VFC Pin #	
Address		Phone Number	
City, State, Zip		Fax Number	
Physician Signing		Phone Number	
Primary Vaccine Coordinator		Phone Number	
Backup Vaccine Coordinator		Phone Number	

Return Checklist





Return Dates	
From	To

Pre-Opening Tasks - required

<input checked="" type="checkbox"/>	Task	Completed by	Date
<input type="checkbox"/>	Notify your regional VFC Immunization Coordinator prior to return of vaccines.		
<input type="checkbox"/>	Enter the Transfer returning transaction in NMSIIS		
<input type="checkbox"/>	Complete the NM VFC Vaccine Transfer Form <i>OR</i> print a transfer detail form in NMSIIS, for the returning transfer.		
<input type="checkbox"/>	Email the completed NM VFC Transfer Form or the transfer detail form to your Regional Immunization Coordinator, for the returning transfer.		

Pre-Opening Tasks - recommended

<input type="checkbox"/>	Document and review final inventory before return transfer.		
--------------------------	---	--	--

Primary Coordinator Signature		Date:	
Backup Coordinator Signature		Date:	
VFC Regional Coordinator Signature		Date:	
VFC Health Educator Signature		Date:	
Approved: <input type="checkbox"/>		Denied: <input type="checkbox"/>	

The most updated Return Closure form may be found in NMSIIS in the Reports Module.

Refrigerated Vaccine Transport Log

Vaccines for Children (VFC) Program

Refrigerated Vaccine Transport Log

Complete this log when transferring vaccines to an alternate or back-up refrigerator, or when transporting to another provider/location

Data Logger must accompany vaccines

Temperature log must be downloaded and saved when transfer is complete



Transfer Information				
FROM Provider Name:		VFC PIN:		Transfer in NMSIIS sent? Yes No n/a*
TO Provider Name:		VFC PIN:		Transfer in NMSIIS rec'd? Yes No n/a*
<i>*only when vaccines are not going to another site</i>				

Transfer Reason Circle and add notes if necessary					
Power Outage	Excess Supply	Short-dated	Storage unit malfunction	Building maintenance	Other/ Notes:

Vaccine Inventory and Temperature Monitoring Information

Print and attach your on-hand inventory from NMSIIS and the date, time, and initials of the staff member who verified the vaccine count prior to transport; also, mark any vaccine doses that have been previously transported

Transport Log and Notes: Please include specific dates and times of vaccine packing, transport, unpacking, etc.

Date:		Name/s of individuals performing transport tasks below (print):		Serial number of data logger used:	
<i>Vaccine counted</i>		Begin time and temp		End time and temp	Initials
<i>Vaccine packed per guidelines</i>		Begin time and temp		End time and temp	Initials
<i>Vaccine transport</i>		Begin time and temp		End time and temp	Initials
<i>Vaccine unpacked and stored</i>		Begin time and temp		End time and temp	Initials
<i>Total Transport Time:</i>	<i>Notes:</i>				

If transport temperatures exceed recommended ranges, immediately notify your Regional contact/s at the VFC program:				
Metro Region 505-709-7866 505-709-7811 505-670-0153	Northeast Region 505-476-2643 505-476-2622	Northwest Region 505-841-8949	Southeast (a) Kelly Bassett 575-746-9819 ext. 6818 Southeast (b) 575-397-2463 ext. 6516	Southwest Region 575-528-5186 575-528-5150

Updated December 2022



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Transferring Vaccines in NMSIIS

- Home
- Patients +
- Immunizations
- Education
- IZ Quick Add +
- Inventory -
- Vaccines -
 - On-Hand
 - Reconciliation
 - Vaccine Orders
 - Vaccine Returns
 - Flu Prebook
 - Vaccine Shipments
 - Locations
- Clinic Tools +
- Program Tools +
- Reports
- VTckS Interface +
- Administration +

HepB-IPV (Pedia (Pediarix (0.5 mL SKB	58160-0811-52	123456	08/05/2020	PEDIATRIC	8	?	Action ▾
IPV (Kinrix (0.5 mL x 10 syr))	SKB	58160-0812-52	1237789	02/26/2020	PEDIATRIC	5	Edit
ad P-Free INJ (Flucelvax Quad	SEQ	70461-0318-03	TEST123	01/31/2020	PEDIATRIC	9	Adjustment
ped/adol. 2D (Vaxta (0.5 mL x 10	MSD	00006-4831-41	315452	09/09/2020	PEDIATRIC	10	Inquiry

2. Locate the vaccine being transferred and click on Action Drop down, Next click on transfer

1. Go to your On-Hand in NMSIIS

3. Completely fill out the Vaccine Inventory Transfer section. Then click on create on the top right corner

Vaccine Inventory Transfer [Learn More](#) Cancel **Create**

Add

Date/Time: 10/07/2019 HH:MM AM/PM (HH-MM A/P)

Source Inventory Location

Inventory Location: INV: DEFAULT ORGANIZATION (FOR NMSIIS TESTING ONLY)

Vaccine | Mfg | NDC: DTAP-HEPB-IPV (PEDIA | SKB | 58160-0811-52)

Lot Number: 123456

Expiration Date: 08/05/2020

Funding Source: PEDIATRIC BLEND

Doses On-Hand: 8

Container Id: []

REMINDER: You must notify the VFC Program of all transfers of publicly-funded vaccine before the transfer occurs.

Destination Inventory Location

Inventory Location: []

Doses Transferred: [] (The quantity will be immediately decremented from the Source Inventory Location and added to the Destination Inventory Location when marked as 'Received'.)

Equivalent Cases: []

Authorized By: []

Inventory Picked By: []

Inventory Picked Date: MM/DD/YYYY

QA Approved By: []

QA Approved Date: MM/DD/YYYY

Shipped Date: MM/DD/YYYY

Comments: []

Clear

Transferring Vaccines in NMSIIS

- Home
- Patients +
- Immunizations
- Education
- IZ Quick Add +
- Inventory -
- Vaccines -
 - On-Hand**
 - Reconciliation
 - Vaccine Orders
 - Vaccine Returns
 - Flu Prebook
 - Vaccine Shipments
- Locations +
- Clinic Tools +
- Program Tools +
- Reports
- VTckS Interface +
- Administration +

Vaccine Inventory On-Hand Learn More

Filter Options

There are 2 Pending Inventory Transfers.

Inventory Location: INV: DR POISON IVY Status: ON-HAND

Vaccine Inventory Transfer Learn More

Cancel

Pending Incoming Inventory Transfers

Vaccine	Doses	NDC	Transfer Date	Lot	Funding Source	Mfg	Source Location	
Receiving Location: POISON IVY SANTA FE LOCATION								
Hep A, ped/adol, 2D (Havrix (0.5 mL x 10 syr))	1	58160-0825-52	08/22/2020	K5FA5	PEDIATRIC SKB	INV: DR POISON IVY	POISON IVY	Received

Pending Outgoing Inventory Transfers

Vaccine	Doses	NDC	Transfer Date	Lot	Funding Source	Mfg	Receiving Location	
Source Location: INV: DR POISON IVY								
Hep A, ped/adol, 2D (Havrix (0.5 mL x 10 syr))	1	58160-0825-52	08/22/2020	K5FA5	PEDIATRIC SKB	POISON IVY	POISON IVY SANTA FE LOCATION	Delete Update

Cancel

Receive Transfer

Pending Inventory

Enter the actual date/time the inventory was received.

Received Date * Time * (HH:MM:PP)

Troubleshooting Record (TSR'S)



Out-of-Range Temperature Incidents

Report ALL out-of-range temperature incidents

IMPORTANT: Any period for which there is **no temperature data** is considered an out-of-range temperature and these steps **MUST BE FOLLOWED**



An out-of-range temperature incident, also called a temperature excursion is any temperature outside the recommended range for a vaccine or a complete lack of temperature monitoring/data. The TOTAL amount of time a vaccine is stored at an out-of-range temperature affects the viability of the vaccine.

OUT-OF-RANGE TEMPERATURE:

- When your digital data logger (DDL) alarms/ the display shows an "X" next to the temperature
- When the refrigerator thermometer indicates the temperature is **below 36° or above 46°** Fahrenheit
- When the freezer temperature is **above 5° Fahrenheit**

NO TEMPERATURE DATA:

- If it is discovered that a data logger is turned off, or is not recording for any reason, **immediately** restart data logger and follow all steps below:

WHAT TO DO (All steps are required):

1. Isolate the vaccines and **DO NOT USE** until you receive guidance from your VFC Immunization Regional Coordinator.
2. Label the vaccines "DO NOT USE" until you have received authorization from your VFC Immunization Regional Coordinator.
3. **Immediately** restart the data logger if it is found not to be recording for any reason.
4. Upload the data logger temperatures from all affected unit into NMSIIS.
5. Contact your VFC Regional Immunization Coordinator. If you cannot reach your Regional Immunization Coordinator (contact info. on Temp. Log), leave a message then notify the VFC Health Educator at 505-827-2415.
6. Begin stabilizing temperatures in the refrigerator or freezer by slightly turning the thermostat knob. Monitor for 30 minutes; check and record temperature every five minutes until stable. Aim for 40° F in the refrigerator and below 0° F in the freezer.
7. If unable to stabilize temperatures implement your **Emergency Vaccine Management Plan** and move the vaccines to a VFC-approved unit with in-range temperatures. **NOTE: If vaccines are moved, a completed Vaccine Transport Report is REQUIRED**
8. Complete the NM VFC Troubleshooting Record (TSR).
9. Contact the vaccine manufacturers. Every temperature excursion requires contacting the manufacturer for further guidance because the characteristics that determine vaccine viability vary. When you call, be prepared to answer these questions:
 - a. The company may ask to speak to a healthcare professional (i.e., medical assistant, nurse, or pharmacist; not a receptionist, or bookkeeper)
 - b. What was the maximum **and/or** minimum out-of-range temperature? (both must be reported)
 - c. What are the names of the vaccines made by this manufacturer that were affected?
 - d. Have these vaccines been exposed to prior excursions?
 - e. Are the products currently stored under recommended temperatures?
 - f. Have any doses of the affected vaccines been administered since the temperature excursion occurred?
10. EMAIL the completed TSR to your VFC Immunization Regional Coordinator: In the subject line of the email, you should include your PIN # and "TSR".
11. Wait for advice and further instruction from your VFC Immunization Regional Coordinator. Keep the vaccines stored properly but isolated and marked "DO NOT USE". Do not administer, return, or discard any vaccines unless you are instructed to do so by the VFC Program. If necessary, you will complete a vaccine return in NMSIIS.



NM VFC Troubleshooting Record



Printing this form to complete it is **not** recommended.

Click on "Enable Editing" then use the **Tab** key to move between fields and enter your typed information.

Follow all steps listed under "What To Do" on previous page to ensure the safety of all vaccines. Incomplete Troubleshooting Records will be rejected.

DO NOT administer, discard, or return any vaccines until instructed to do so by your VFC Immunization Regional Coordinator.

Date Submitted:

Provider Information

VFC Site Name: VFC PIN#:

TSR prepared by: Email address:

Site's Primary Vaccine Coordinator:

Event Details (ALL ARE REQUIRED)

Date or date range of event:

Time or timespan of event:

Description and cause: provide a detailed description of the incident, including the cause (door left ajar, power outage, etc.):

Refrigerator	Freezer
Storage unit name <input type="text"/> (Required)	Storage unit name <input type="text"/> (Required)
Event involved refrigerator (check one): <input type="checkbox"/> yes <input type="checkbox"/> no	Event involved freezer (check one): <input type="checkbox"/> yes <input type="checkbox"/> no
*Temp: <input type="text"/>	*Temp: <input type="text"/>
*Min. Temp: <input type="text"/>	*Min. Temp: <input type="text"/>
*Max. Temp: <input type="text"/>	*Max. Temp: <input type="text"/>
*No Temperature Data recorded <input type="checkbox"/>	*No Temperature Data recorded <input type="checkbox"/>

*From data logger files

1. Complete the second page of the Troubleshooting Record
2. Obtain and attach written advice from all manufacturers
3. Locate the .pdf version of the temperature log/s from data logger/s involved in the event
4. Email this document, the manufacturer's WRITTEN advice, and your temp logs to your VFC Immunization Regional Coordinator

Troubleshooting Record (TSR'S)



NM VFC Troubleshooting Record

Please print and attach your on-hand inventory from NMHS



GlaxoSmithKline 866-475-8222

Manufacturer Representative: _____ Date/Time: _____ Case # _____		
Vaccine Name	# of Doses	Advice Given
Bexsero		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Boostrix		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Engerix-B		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Flulaval		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Havrix		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Infanrix		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Kinrix		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Menveo		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Pediarix		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Rotarix		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use

Pfizer 800-358-7443

Manufacturer Representative: _____ Date/Time: _____ Case # _____		
Vaccine Name	# of Doses	Advice Given
Pevnar 13		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Trumenba		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use

AstraZeneca 800-236-9933

Manufacturer Representative: _____ Date/Time: _____ Case # _____		
Vaccine Name	# of Doses	Advice Given
Flumist		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use

Grifols 888-474-3657

Manufacturer Representative: _____ Date/Time: _____ Case # _____		
Vaccine Name	# of Doses	Advice Given
Td Vaccine		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use

Sanofi Pasteur 800-822-2463

Manufacturer Representative: _____ Date/Time: _____ Case # _____		
Vaccine Name	# of Doses	Advice Given
ActHib		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Adacel		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Daptacel		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Fluzone Syringe		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
MDV IPOL (Punctured) Return in NMHSIS (Do Not physically return to manufacture)		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
MDV IPOL (Unpunctured Full Vial)		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
MenQuadfi		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Pentacel		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Tenivac		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use

Merck 800-672-6372

Manufacturer Representative: _____ Date/Time: _____ Case # _____		
Vaccine Name	# of Doses	Advice Given
Gardasil9		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
MMR-II		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Pneumovax		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
PedvaxHIB		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Proquad		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Recombivax		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Rotateq		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Vaqta		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Varivax		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use
Vaxelis		<input type="checkbox"/> OK to Use / <input type="checkbox"/> Do NOT Use

**DO NOT administer, discard, or return any vaccines until instructed to do so by your VFC Immunization Regional Coordinator.

Multi-Dose Vials

- If a Multidose vial has been opened/punctured and involved in temperature excursion, where it's no longer viable. A return **must** be created in **NMSIIS** for that vaccine, but the vaccine can be physically tossed into a biohazard container.
- A multi-dose vial contains more than one dose of vaccine. Because (MDVs) typically contain a preservative to help prevent the growth of microorganisms, **they can be entered or punctured more than once.**
- Only the number of doses indicated in the manufacturer's package insert should be withdrawn from the vial.
- After the maximum number of doses have been withdrawn the vial should be discarded, even if there is residue in the vaccine and the expiration date has not been reached.



MDVs can be used until the expiration date printed on the vial, unless the vaccine is contaminated or compromised in some way or there is Beyond Use Date noted in the package insert.

Expiring Soon

NMSIIS Notifications !

Vaccine Inventory On-Hand i Learn More [Add New Inventory](#)

Filter Options

⚠ There are 2 Pending Inventory Transfers.

Inventory Location: INV: DR POISON IVY
Status: DEPLETED/EXPIRED
Vaccine:
Funding Source:
[+ More Options](#) [Filter](#)

Location	Vaccine (Brand)	Mfg	NDC	Lot No	Exp Date	Funding Source	Doses On-Hand	Expiring Soon	Audit	Action
INV: DR POISON IVY	POLIO-IPV (IPOL (5.0 ML VIAL))	PMC	49281-0860-10	1234ABC	04/01/2023	PEDIATRIC	7			Action

Showing 1 to 1 of 1 entries



- Prior to an Inventory count every provider must go into their NMSIIS On-Hand and check the Status of (*Expiring Soon*), then click on *Filter*.
- A clock symbol will appear next to the vaccine indicating the vaccine is due to expire soon.
- The clock symbol appears *3 months* prior to expiration up until the vaccine expires.

Note: A step by step guide for Expiring Vaccines, is in the Reports Module in NMSIIS.

Attempt To Transfer Prior to Expiration Form

- An *Attempt to Transfer Prior to Expiration Form* must be completed and submitted via email to your Regional Coordinator, At least **3 months** prior to vaccines expiring.
- Providers only need to attempt to transfer vaccines if they have ***10 or more doses*** of expiring vaccines ***3 months prior*** to expiration.
- **3 months** will allow your Regional Coordinator and VFC staff adequate time to find another clinic who may be able to administer the vaccines prior to expiration.
- Failure to attempt to transfer ***3 months prior*** to expiration, a warning notice will be sent out to the clinic's Primary and Back-Up Coordinators.
- After 3 warning notices of no attempts to transfer 3 months prior to expiration, the clinic will be responsible for paying back the VFC program by, privately purchasing the same number of doses wasted.

Note: Attempt to Transfer Prior to Expiration Form, is in the Reports Module/New Mexico Forms and Documents in NMSIIS.

Attempt to Transfer Prior to Expiration Form

Do Not print form to complete; click on "Enable Editing" then use the Tab key to move between fields and enter your information.

Providers only need to attempt to transfer vaccines if they have 10 or more doses of expiring vaccines 3 months prior to expiration date.

Do Not Transfer Frozen Vaccines!

Date Submitted: _____

VFC PIN: _____

VFC Site Name: _____

VFC Site Primary or Back-Up Name: _____

Direct phone number: _____

Vaccine Type	Number of doses On-Hand	Lot Number	Expiration date

Please submit form to your Regional Coordinator. To locate who your Regional Coordinator(s) are go into [NMSIIS/Reports/New Mexico Forms and Documents/VFC Regional Staff Contact](#)

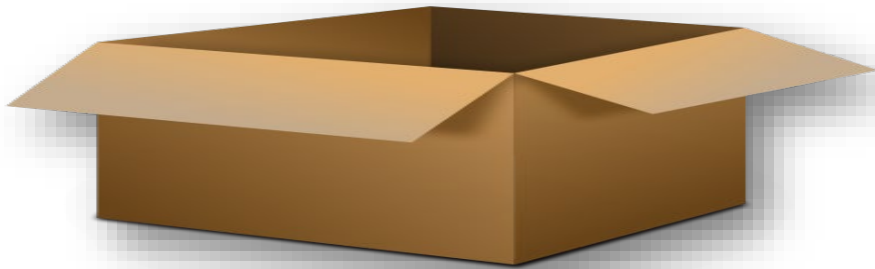
Return VS. Waste

➤ Return (Sealed Vial):

- Expired
- Unopened/Cap on
- Deemed not viable by the VFC Program and manufacture due to a temperature excursion.

➤ Waste (broken seal):

- Opened/Cap off
- Broken vial/syringe
- Mixed incorrectly
- Drawn up, but not administered.



Wasted Vaccines

- Wasted vaccines must be adjusted off the inventory in NMSIIS.
- A return for a wasted dose/doses no longer needs to be created in NMSIIS for wasted VFC vaccines.
- A wasted dose/doses can be tossed into your Biohazard container.



Broken Vial



Broken Syringe



Drawn into Syringe but not administered



Note: Step-by-step instructions on how to remove vaccine wastage is in NMSIIS/New Mexico Forms and Documents.
Named: VFC Vaccine Wastage How-to 3/20

Inventory Wastage Guide

- In NMSIIS click on the “Inventory” tab on the left side of the screen.
- Next click on “Vaccines”.
- Last click on “On-Hand”.

The screenshot displays the NMSIIS interface for 'Vaccine Inventory On-Hand'. The left sidebar shows the navigation menu with 'On-Hand' selected. The main area contains filter options for 'Inventory Location' (INV: DR POISON IVY), 'Status' (ON-HAND), 'Vaccine', and 'Funding Source'. Below the filters is a table with columns: Location, Vaccine (Brand), Mfg, NDC, Lot No, Exp Date, Funding Source, Doses On-Hand, Expiring Soon, Audit, and Action. The table currently shows empty rows and a 'Clear' button.

Inventory Wastage Guide

- Once on the On-Hand go to “Inventory location” and locate your Clinic on the drop down.
- Click on “Filter” to update to your clinics inventory.

- Locate the vaccine with the wasted doses and click on the “Action” drop down.
- Last click on “Adjustment” to adjust the wasted doses off your clinics inventory.

Vaccine Inventory On-Hand [Learn More](#) [Add New Inventory](#)

Filter Options

Inventory Location: INV_DR_POISON_IVY Status: ON-HAND

Vaccine: Funding Source:

[Filter](#)

Location	Vaccine (Brand)	Mfg	NDC	Lot No	Exp Date	Funding Source	Doses On-Hand	Expiring Soon	Audit	Action
INV_DR_POISON IVY	POLIO-IPV (IPOL (5.0 ML VIAL))	PMC	49281-0860-10	1234ABC	04/01/2023	PEDIATRIC	20			Action

Showing 1 to 1 of 1 entries

- EDIT
- ADJUSTMENT
- TRANSFER
- INQUIRY
- TRANSACTIONS

Inventory Wastage Guide

Vaccine Inventory Adjustment Cancel Create

Add

Date/Time * 02/01/2023 01:00 PM (HH:MM A/P)

Inventory Location * INV: DR POISON IVY

Vaccine | Mfg | NDC * POLIO-IPV | PMC | 49281-0860-10

Lot Number * 1234ABC

Expiration Date * 04/01/2023

Funding Source * PEDIATRIC

Doses On-Hand * 20

Reason *

Modification *

Doses Adjusted *

Container Id

Comments *

Clear

➤ Enter the date and time for the adjustment.

Note: All adjustments must be entered prior to physical count for reconciliation. By doing all adjustments prior to physical count the adjustment will fall within your reconciliation time frame.

➤ On the Reason drop-down the only reasons that should be chosen for VFC vaccines are the options reading “Ped Blend”.

Note: The option Private Inventory is only for providers that still reconcile their privately purchased inventory.

Inventory Wastage Guide

- Click on the drop-down for Modification and select “subtract”.
- Click on doses adjusted and type in the number of doses that were wasted.
- On your vaccine Adjustment all the fields must be completed except for *Container ID*-this field will be left blank.

Vaccine Inventory Adjustment ?

Cancel Create

Add

Date/Time *	02/01/2023	01:00 PM	(HH:MM A/P)
Inventory Location *	INV: DR POISON IVY		
Vaccine Mfg NDC *	POLIO-IPV PMC 49281-0860-10		
Lot Number *	1234ABC		
Expiration Date *	04/01/2023		
Funding Source *	PEDIATRIC		
Doses On-Hand *	20		
Reason *	PED BLEND- BROKEN VIAL/SYRINGE		
Modification *	SUBTRACT		
Doses Adjusted *	1		
Container Id			
Comments *			

Clear

Inventory Wastage Guide

Vaccine Inventory Adjustment Cancel Create

Add

Date/Time * 02/01/2023 01:00 PM (HH:MM A/P)

Inventory Location * INV: DR POISON IVY

Vaccine | Mfg | NDC * POLIO-IPV | PMC | 49281-0860-10

Lot Number * 1234ABC

Expiration Date * 04/01/2023

Funding Source * PEDIATRIC

Doses On-Hand * 20

Reason * PED BLEND- BROKEN VIAL/SYRINGE

Modification * SUBTRACT

Doses Adjusted * 1

Container Id

Comments * WHEN GETTING READY TO DRAW UP SYRINGE, THE SYRINGE FELL ONTO THE FLOOR AND BROKE, BROKEN SYRINGE HAS BEEN DISCARDED INTO THE BIOHAZARD CONTAINER.

Clear

Click in the “Comments” section and type in a detailed description of what happened to the dose or doses.

Once all the fields have been completed for the Vaccine Inventory Adjustment (except for Container Id) click on “Create” at the top right-hand corner of your screen.

Note: The Comments field is required and will accommodate up to 250 characters

Inventory Wastage Guide

- NMSIIS will now take you back to your On-Hand Inventory screen, and you will be able to see that the dose or doses were adjusted off your On-Hand Inventory. No further action for the wasted dose or doses is needed after the adjustment has been successfully created.

The screenshot shows the 'Vaccine Inventory On-Hand' interface. At the top, there is a title bar with 'Vaccine Inventory On-Hand' and a 'Learn More' link. A blue button labeled 'Add New Inventory' is in the top right corner. Below the title bar is a 'Filter Options' section with four dropdown menus: 'Inventory Location' (set to 'INV: DR POISON IVY'), 'Status' (set to 'ON-HAND'), 'Vaccine' (empty), and 'Funding Source' (empty). A 'Filter' button is located at the bottom right of the filter section. Below the filter section is a table with columns: Location, Vaccine (Brand), Mfg, NDC, Lot No, Exp Date, Funding Source, Doses On-Hand, Expiring Soon, Audit, and Action. The table contains one entry: 'INV: DR POISON IVY', 'POLIO-IPV (IPOL (5.0 ML VIAL))', 'PMC', '49281-0860-10', '1234ABC', '04/01/2023', 'PEDIATRIC', '19'. There are icons for 'Expiring Soon' (a red clock) and 'Audit' (a green question mark). A 'Clear' button is on the right side of the table. At the bottom, it says 'Showing 1 to 1 of 1 entries' and has navigation arrows for 'Previous' and 'Next'.

Coming Soon updated version of Online CHILe Training!



Child Health Immunization Learning e-course

2023

New Mexico Department of Health Immunization Program

New updated forms will be implemented and sent out March 1



VFC Provider Re-Certification

Lynne Padilla
VFC Program Manager

It's ALMOST Time for Re-Certification

- The VFC Provider Re-Certification period will tentatively begin April 3, 2023
- The Re-Certification will tentatively be due no later than May 19, 2023



Follow along with the VFC 2023-2024 Provider Recertification Instructions.

To make the re-certification process go smoother, prepare the following:

- All Contact information for your site
 - Primary Vaccine Coordinator, email address and Chil-E and You Call the Shots Certificates
 - Back-Up Vaccine Coordinator, email address and Chil-E and You Call the Shots Certificates
 - Physician Signing Agreement and email address must be up to date by **March 20th** to receive the user name and password to have access to sign the Provider Agreement and Addendum to complete re-certification.
- Current Delivery Hours
- Clinic Address
- Shipping Address

VFC

Contact Changes

Bianca Gonzales

Requirements

- There must be a Z3, Z4, and Z5 for each VFC location
 - There can be multiple Z5s, but no more than one Z3 and Z4
- Z4s and Z5s must complete and upload CHIL-e training (annually)
 - 'You Call the Shots' training may also be required (dependent upon region)
- Z4s and Z5s must complete NMSIIS training
 - NMSIIS Training Certificates of Completion and User Agreements must be sent to NMSIIS.access@doh.nm.gov
- Z3s, Z4s, and Z5s must have a different email from one another
 - Emails must be less than 40 characters

Viewing Listed VFC Contacts

- To view who is listed as a VFC contact for your location, login to your NMSIIS account. From the NMSIIS home page menu, select **‘Clinic Tools’** > **‘Clinic Information’** > **‘Staff’**

NMSIIS TEST 123, TEST CLINIC, 123564 PATIENT SEARCH

New Mexico Immunization Program

Home
Patients
Immunizations
Inventory
Clinic Tools
Storage Units
Reading History
Manage Assets
Enrollments
Clinic Information
Address/Name
Contact Information
Delivery Hours
Staff

Default Provider/Clinic

Provider/Clinic : TEST 123, TEST CLINIC
SELECT A CLINIC BY TYPING PROVIDER, CLINIC, VFC PIN, OR CLINIC CODE

Login History

1/3/2023 7:58:08 AM - SUCCESSFUL LOGIN
12/19/2022 1:42:00 PM - SUCCESSFUL LOGIN

News

[04/29/2016] - NMSIIS TESTING SITE
NMSIIS TESTING SITE
Image result for testing environment

On the ‘Clinic Staff Change Request’ screen, your location will have a Z3, Z4, and Z5 contact listed. These are entered by the VFC Team during the onboarding process. **NOTE: Each location must have a Z3, Z4, and Z5 contact.**

Clinic Staff Change Request i

Add New Contact

Select or add a new clinic staff member to submit a change request. The change will take effect after the request is approved.

Name	Type	Phone	Main Contact/Shipping Contact	Audit	Action
DUCK, DONALD	NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS)	505-123-4567 EXT. 2	NO	?	EDIT ▼
MOUSE, MICKEY	PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)	505-123-4567 EXT. 0	NO	?	EDIT ▼
MOUSE, MINNIE	NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)	505-123-4567 EXT. 1	YES	?	EDIT ▼

Showing 1 to 3 of 3 entries

← Previous 1 Next →

Edit Clinic

Address / Name

Contact Information

Delivery Hours

Staff

Adding a New Contact

- Be sure you select the correct contact type
- The only contact types which should be selected are:
 - PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)
 - NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)
 - NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS)
- No alternate contacts types needed for VFC contact changes
 - NOTE: COVID Contact changes should be submitted separate from VFC Contact changes
- Be sure the new contact has completed NMSIIS training, the NMSIIS user agreement, and CHIL-e training
 - NOTE: User may also need to complete 'You Call the Shots' training

How to Add a New Contact

- From the NMSIIS home page menu, select 'Clinic Tools' > 'Clinic Information' > 'Staff'
- Select 'Add New Contact' from the top right corner of the 'Clinic Staff Change Request' page

Clinic Staff Change Request

Select or add a new clinic staff member to submit a change request. The change will take effect after the request is approved.

Name	Type	Phone	Main Contact/Shipping Contact	Audit	Action
DALE, CHIP	NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)	505-123-4567 EXT. 5	YES	?	EDIT
DUCK, DAISY	NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS)	505-123-4567 EXT. 4	NO	?	EDIT
MOUSE, MICKEY	PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)	505-123-4567 EXT. 0	NO	?	EDIT

Showing 1 to 3 of 3 entries

Change Request History

Name	Submitted On	Clinic	Status	Action
DALE, CHIP	01/05/2023	TEST CLINIC	DENIED	RESUBMIT Comments
DUCK, DAISY	01/05/2023	TEST CLINIC	COMPLETED	

Add New Contact

Edit Clinic

Address / Name

Contact Information

Delivery Hours

Staff


Clinic Notes






Expand + Add

There are currently no notes entered for this clinic.

Required Information for PSA Z3 Contacts


- **Contact Type**
 - Must be a Z3
- **First and Last Name**
- **Email**
 - NOTE: Must be less than 40 characters and **cannot** be the same as another contact
- **Phone Number**
 - Include an ext. if it applies
- **License Number**
 - NOTE: PSA must be an MD, DO, or CNP

Clinic Staff Change Request 

 Contact Type *	Alternate Contact Type	
<input type="text"/>	<input type="text"/>	
 First Name *	Middle Name	Last Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>
 Email		NPI
<input type="text" value="EMAIL@DOMAIN.COM"/>		<input type="text"/>
 Telephone	Ext	Fax Number
<input type="text" value="999-999-9999"/>	<input type="text" value="99999"/>	<input type="text" value="999-999-9999"/>
 License Number	Comments	
<input type="text"/>	<input type="text"/>	
Medicaid Provider ID	Employer ID Number	
<input type="text"/>	<input type="text"/>	
Specialty	Title	
<input type="text"/>	<input type="text"/>	

Required Information for Z4 and Z5 Contacts

- **Contact Type**
 - Must be a Z4 or Z5
- **First and Last Name**
- **Email**
 - NOTE: Must be less than 40 characters and **cannot** be the same as another contact
- **Phone Number**
 - Include an ext. if it applies
- **Training**
 - CHIL-e training must be attached to requests for new Z4 and Z5 contacts

Clinic Staff Change Request 

Contact Type * **Alternate Contact Type**

First Name * **Middle Name** **Last Name ***

Email **NPI**

Telephone **Ext** **Fax Number**

License Number **Comments**

Medicaid Provider ID **Employer ID Number**

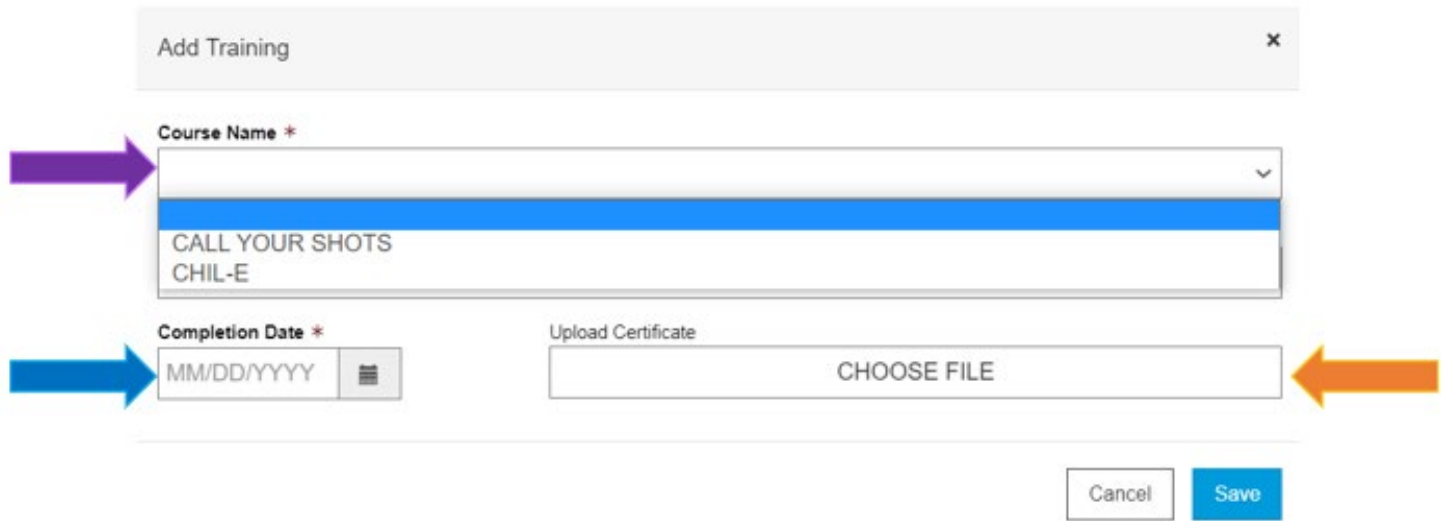
Specialty **Title**

Training Section

Course Name	CE Number	Completion Date	Upload Certificate
<input type="button" value="Add Training"/>			

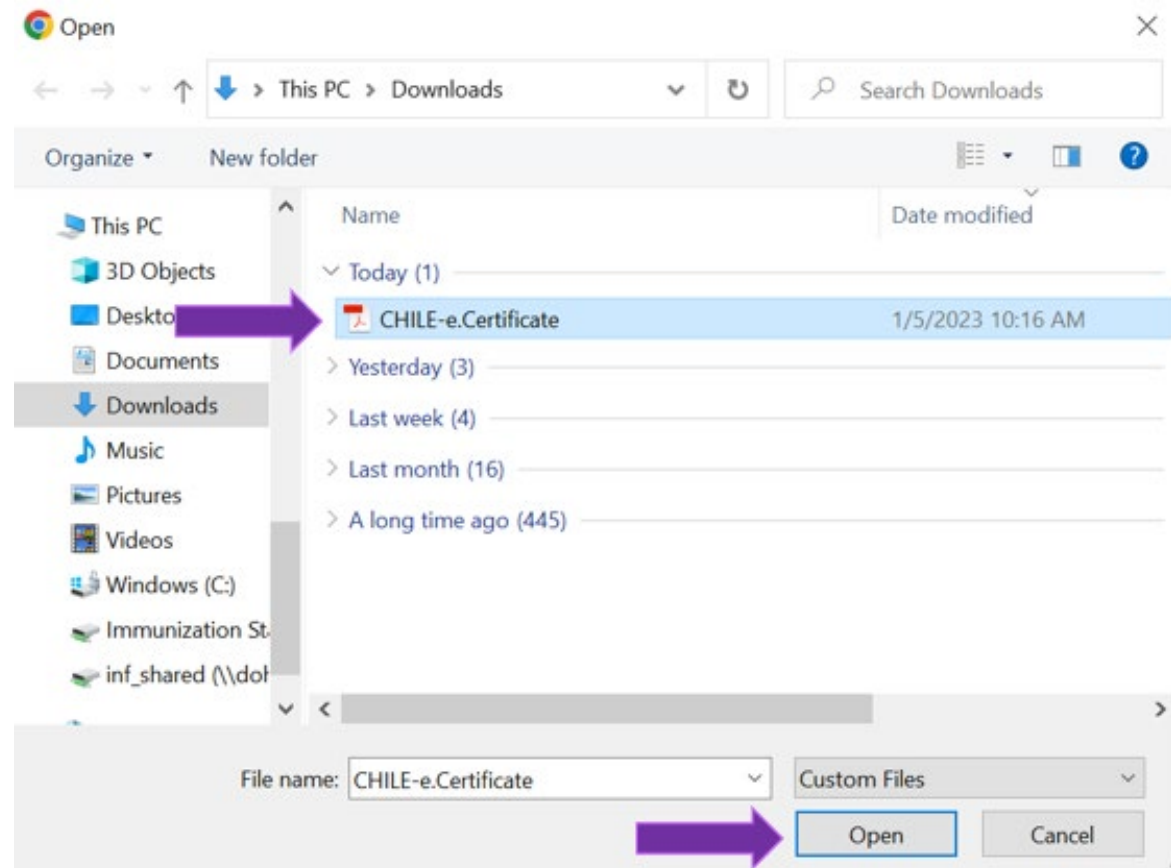
Adding Training

- Required training(s) must be attached to contact change requests
- CHIL-e training must be renewed annually and submitted into NMSIIS after completion
- Once you select 'Add Training', there will be a pop-up. You will need to select 'Course Name', enter 'Completion Date', and attach the training certificate of completion 'Choose File'



The screenshot shows a web-based form titled "Add Training". It includes a dropdown menu for "Course Name" with options "CALL YOUR SHOTS" and "CHIL-E". Below this is a "Completion Date" field with a date format "MM/DD/YYYY" and a calendar icon. To the right is an "Upload Certificate" section with a "CHOOSE FILE" button. At the bottom right, there are "Cancel" and "Save" buttons. Three arrows point to the Course Name dropdown (purple), the Completion Date field (blue), and the CHOOSE FILE button (orange).

- Upon clicking on the ‘Choose File’ button, your computer’s files will open. Locate the training certificate, click on it to attach, then press ‘Open’.



- Once all required fields are filled and required training(s) are attached, select 'Create' from the top right corner. Your request will then show as pending under 'Change Request History'

Clinic Staff Change Request ?

Contact Type * NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTF) Alternate Contact Type

First Name * DAISY Middle Name **Last Name *** DUCK

Email DAISY.DUCK@DOH.NM.GOV NPI

Telephone 505-123-4567 Ext 7 Fax Number 999-999-9999

License Number Comments

Medicaid Provider ID Employer ID Number

Specialty Title Main Contact/Shipping Contact

Training Section

Course Name	CE Number	Completion Date	Upload Certificate	Add Training
CHIL-E		01/01/2023	CHIL-E.CERTIFICATE.PDF	

Edit Clinic

Address / Name

Contact Information

Delivery Hours

Staff

Clinic Notes Expand + Add

There are currently no notes entered for this clinic.

Create

Change Request History

Name	Submitted On	Clinic	Status	Action
DUCK, DAISY	01/11/2023	TEST CLINIC	PENDING	VIEW

Removing a Contact

- To remove a contact, select the 'Edit' dropdown by the contact. You will then select 'Remove'. A popup will show to confirm your request to remove the staff member. Press 'OK'. The request will show as 'Pending' under 'Change Request History'

Clinic Staff Change Request

Select or add a new clinic staff member to submit a change request. The change will take effect after the request is approved.

Name	Type	Phone	Main Contact/Shipping Contact	Audit	Action
DALE, CHIP	NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)	505-123-4567 EXT. 5	YES		<input type="button" value="EDIT"/> <input type="button" value="v"/>
DUCK, DAISY	NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS)	505-123-4567 EXT. 4	NO		<input type="button" value="EDIT"/> <input type="button" value="v"/> <input type="button" value="REMOVE"/>
MOUSE, MICKEY	PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)	505-123-4567 EXT. 0	NO		<input type="button" value="EDIT"/> <input type="button" value="v"/>

Showing 1 to 3 of 3 entries


← Previous 1 Next →

Remove Staff Member x

You have requested to remove DAISY DUCK from the clinic staff. Select OK if this is correct and you wish to submit the change request for approval. Select Cancel to return to the Clinic Staff Change Request page.



Change Request History

Name	Submitted On	Clinic	Status	Action
DUCK, DAISY	01/11/2023	TEST CLINIC	PENDING 	<input type="button" value="VIEW"/>

When submitting a request to change a contact, you must submit a request to remove the listed contact AND a request to add the new contact.







You will have 2 Pending requests listed under ‘Change Request History’. One for the removal, and one for the new contact.

Editing Contacts

- To edit existing contacts, select the 'Edit' button to the right of the contact. Edit information which needs to be updated, then select 'Update'.
 - NOTE: Any field can be updated; Contact Type should not be updated.
- The request will be 'Pending' under 'Change Request History'

Clinic Staff Change Request

Select or add a new clinic staff member to submit a change request. The change will take effect after the request is approved.

Name	Type	Phone	Main Contact/Shipping Contact	Audit	Action
DALE, CHIP	NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)	505-123-4567 EXT. 5	YES		EDIT 
DUCK, DAISY	NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS)	505-123-4567 EXT. 4	NO		EDIT 
MOUSE, MICKEY	PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)	505-123-4567 EXT. 0	NO		EDIT 

Showing 1 to 3 of 3 entries

← Previous 1 Next →

Clinic Staff Change Request

Cancel Update 

Contact Type * Alternate Contact Type

First Name * Middle Name Last Name *

Email NPI

Telephone Ext Fax Number

License Number Comments

Medicaid Provider ID Employer ID Number Back Up Coordinator

Specialty Title Main Contact/Shipping Contact

Edit Clinic

Address / Name

Contact Information

Delivery Hours

Staff

Status of Contact Change Requests

The status of your contact change request will be listed under 'Change Request History'. 'Denied' requests will have notes under 'Comments' stating why the request was rejected. Completed requests will show under 'Change Request History' as 'Complete'. To view comments, select the 'Comments' option under Action.

Change Request History

Name	Submitted On	Clinic	Status	Action
DUCK, DAISY	01/11/2023	TEST CLINIC	DENIED	RESUBMIT Comments



Comments




PHONE NUMBER IS A REQUIRED FIELD. BG

OK

Status of Contact Change Requests (cont.)

The status of your contact change request will be listed under 'Change Request History'. When the request is denied, you can resubmit the request by updating information. Select the 'Resubmit' button under Action to open the submitted request. Once the information is updated, select 'Resubmit' on the top right.

Change Request History

Name	Submitted On	Clinic	Status	Action
DUCK, DAISY	01/11/2023	TEST CLINIC	DENIED	 <input type="button" value="RESUBMIT"/> <input type="button" value="Comments"/>

Clinic Staff Change Request i



Clinic Contact (Requested Changes)

Contact Type *
Alternate Contact Type

First Name *
Middle Name
Last Name *

Email
NPI

Telephone
Ext
Fax Number

License Number

Medicaid Provider ID
Employer ID Number

Specialty
Title
 Main Contact/Shipping Contact

Comments

Edit Clinic

Clinic Notes

There are currently no notes entered for this clinic

Reminders

- Any changes to staff information (email, phone #, training renewals, etc.) should be submitted in NMSIIS
 - NOTE: A copy of CHIL-e training certificates should also be sent to your regional coordinators
- Step by step instructions can be found under the NMSIIS 'Reports' tab
 - VFC Provider Staff Change of Contact and Training Documents 8/22
 - VFC Physician Signing Agreement Change of Contact Instructions 8/22
- When a request is submitted, please be sure to check on the status
 - Can take up to 4-5 business days for the request to be reviewed.

**For Questions or Assistance
with VFC Contact Change
Requests, contact the NMSIIS
Help Desk at
833-882-6454 or the VFC
Program at
Vaccine.Orders@doh.nm.gov**

This training is not mandatory and does not take the place of NMSIIS or CHIL-e training. Participation today does not account for any credits or CEU's.



Investing for tomorrow, delivering today.

OPEN FORUM/ QUESTIONS ?

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