

# CT WiZ CVP Provider Re-enrollment Training Guide

State of Connecticut



November 15, 2019  
Version 1.0

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## Introduction

Welcome to the CT WiZ Training Guide, a detailed and user-friendly document for the clinics.

All providers must re-enroll in CT WiZ. This is an electronic form and signature. If you are currently not “live” with CT WiZ, re-enrolling **does not** automatically make you “live”.

This guide is for the CT WiZ Immunization Information System. It focuses on how to complete your enrollment into the Connecticut Vaccine Program (CVP). Additional training materials can be found on the Connecticut Immunization Program website at:

[https://portal.ct.gov/DPH/Immunizations/CVP--Provider-Profile-Enrollment\\_Reenrollment](https://portal.ct.gov/DPH/Immunizations/CVP--Provider-Profile-Enrollment_Reenrollment)

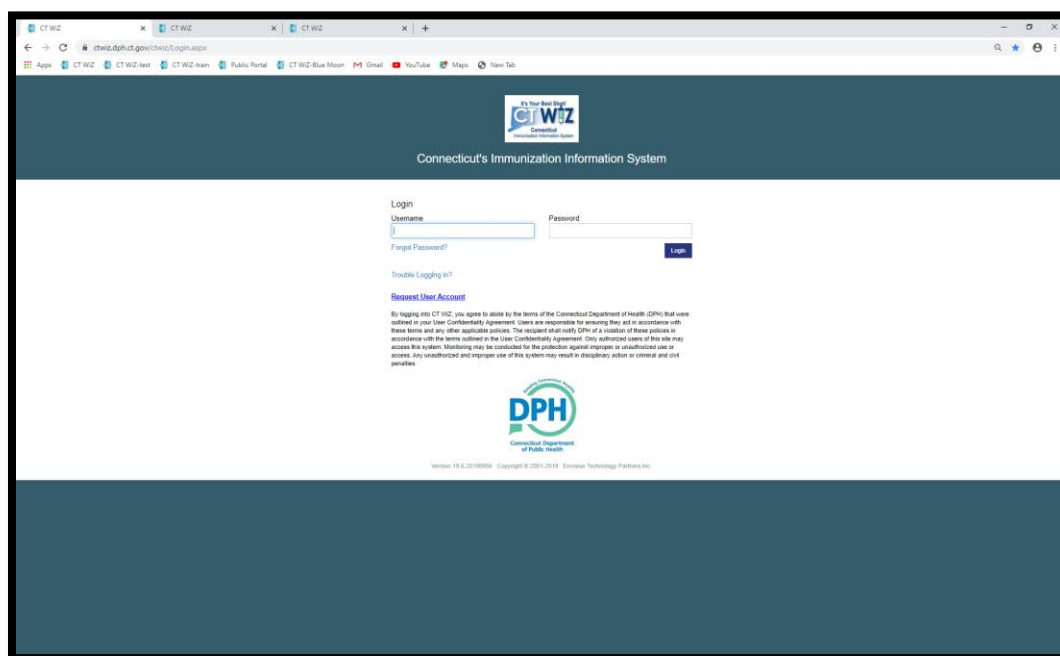
## Request a User ID

Before you get started with the re-enrollment, you want to make sure you have a few things completed.

Make sure the primary coordinator and the physician signing the agreement (or equivalent) have access to CT WiZ. If you already have access, you do not need to request access again.

**NOTE:** If you already have a CT WiZ username but do not see the Clinic Tools module in the left menu, send a [helpdesk ticket](#) to have your permissions updated. Please indicate this is for the Provider Profile re-enrollment.

1. If you need to request access, you may do so on our website by clicking on the Request User Account link. You must have a unique email address in order to request a user account.



2. Fill in all fields with a red asterisk.
  - a. Your Access Requested depends on your role in the clinic.
  - b. Coordinators should choose Primary or Backup Coordinators from the drop down.

- c. Physicians signing the agreement or equivalent should choose Provider Profile Only Access.
- d. If you belong to multiple pin numbers, do not register multiple times. Complete the registration form and enter the PINs (separated by a comma) in the “Organization Name” field. We can link multiple pin numbers to your user account.
- e. Review the CT WiZ User Agreement. You must open this document, review it, close it and click accept in order to complete this section.

3. Move the slider until you see a green check and click on “Submit Registration”.

Once your request has been approved, you will be sent 2 e-mails. One e-mail contains your username, and the second email contains your password.

**NOTE:** You may need to check your spam or junk folder in your email if you do not receive them.

4. Login to CT WiZ once you receive the emails.
5. Once signed in, reset your password and set up your security questions.

In the future, if you forget your password, you can use your security questions to reset your password by using the “forgot my password” link.

## Review the checklist

Refer to the checklist, also available on our webpage, for steps to take before you re-enroll.

### Provider Profile Checklist

Please use the following checklist to help you complete all the sections in the Provider Re-enrollment process. Review the checklist to make sure your clinic has completed all the proper paperwork and steps needed.

#### Prior to completing the Re-enrollment

- ☐ Make sure the Primary Coordinator and the Physician Signing the Agreement (or equivalent) have access to CT WIZ. If you need to request access, please visit <https://ctwiz.dph.ct.gov/ctwiz/Login.aspx> and click on "Request User Account." Coordinators should pick the appropriate "Access Requested" (primary or backup), and physician's signing the agreement (or equivalent) should choose "Provider Profile Only" access.
- ☐ Confirm that the primary and backup have completed these 2 CDC "You call the Shots" modules: *Vaccines for Children (VFC)* and *VFC Storage and Handling*, or have had a site visit in the last 12 months. If you have not completed this yet, please visit <https://www.cdc.gov/vaccines/ed/youcalltheshots.html> to complete.
- ☐ To avoid having to do so during the re-enrollment, update all clinic information in CT WIZ using the Clinic Tools, Clinic Information screens. This includes your clinic's address, contact information, delivery hours, staff and staff training.
- ☐ Gather the insurance breakdown of all children in your practice. It is important to get these amounts as accurate as possible. You may need to consult with your billing department or your EHR to complete this portion. The breakdown of the insurances are as follows:

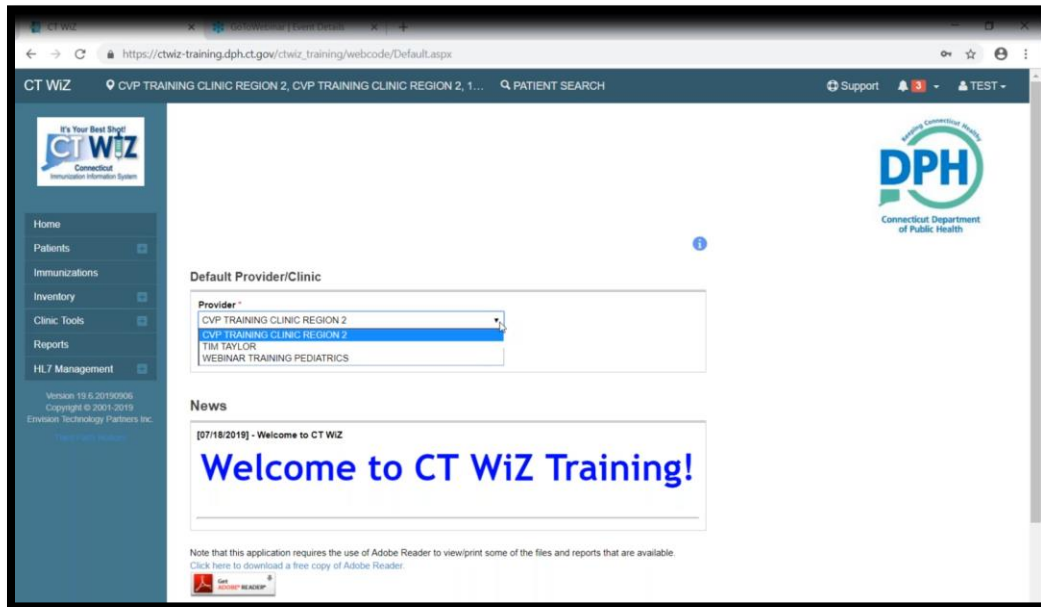
	Birth to 1 yr.	1-6 yrs.	7-18 yrs.	Total
VFC Eligible-Medicaid/Medicaid Managed Care (Husky A)				0
VFC Eligible-Uninsured (Patients without Insurance)				0
VFC Eligible- American Indian/Alaska Native				0
CHIP (Husky B)				0
VFC Eligible-Underinsured at FQHC				0
Not VFC Eligible (Private Insurance)				0
Total Number of All Patients in your practice who will be administered state supplied vaccine (must equal the sum total for rows 1-6 above)	0	0	0	0

#### When Filling Out the Re-enrollment

- ☐ Visit our website to find a video tutorial on how to complete the re-enrollment process. This can be found at: <https://portal.ct.gov/DPH/Immunizations/CVP--Provider-Profile-Enrollment> Reenrollment
- ☐ Please remember that the Physician Signing the Agreement (or equivalent) must log in to CT WIZ to electronically sign the agreement. The primary coordinator cannot sign the document for the physician.
- ☐ In the Comments field, please enter your Federal Tax ID. This is the last section of the re-enrollment.
- ☐ The 2020 Re-enrollment must be completed by Friday the 13<sup>th</sup> of December. Failure to do so will result in suspension from the program and you will not be allowed to order any vaccines until the re-enrollment is complete.

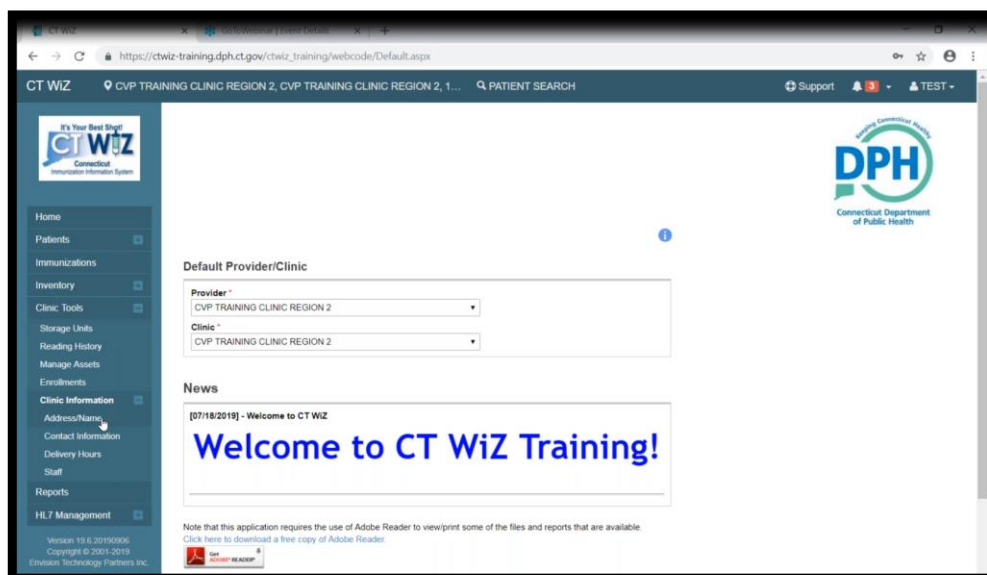
## Review Clinic Information

Before you begin, make sure you are in the correct Provider and Clinic. In the Provider and Clinic dropdowns in CT WiZ, you can see all the providers and clinic's your username is associated with. A re-enrollment must be processed for each clinic.



Your clinic information may be outdated so you'll want to review the information and make any needed updates. When you make changes to a clinic's information such as a name or contact, a notification is submitted to the CVP team to review and either approve or reject the change. Keep this in mind before you begin the enrollment.

In CT WiZ, click on Clinic Tools in the left navigation menu then Clinic Information. These four screens show your clinic's name and address, phone and fax numbers, shipping information and the staff in your clinic.



## Update Clinic Address/Name

On the Address/Name screen, you can make changes to the clinic's name, email address, mailing or shipping address. Please enter the effective date the change is taking place. The shipping address is what will be used to ship your vaccines to. Click Create when finished.

The screenshot shows the 'Clinic Address / Name Change Request' form in the CT WIZ system. The form is titled 'Clinic Address / Name Change Request' and includes a 'Create' button. It contains several sections for inputting clinic information:

- Effective Date:** A date picker set to MM/DD/YYYY.
- Submit:** A note stating 'Submit a request to update the clinic address, name or email address. When the request is approved or denied it will show up in the history below.'
- Clinic Name:** A text field containing 'CVP TRAINING CLINIC REGION 2'.
- E-mail:** A text field containing 'EMAIL@DOMAIN.COM'.
- Mailing Address:** A section with fields for Street # (410), Prefix, Street Name (CAPTIO), Type, Suffix, Unit Number, P.O. Box, City (HARTFORD), Out of State City, County (HARTFORD), Out of State County, State (CONNECTICUT), Country (UNITED STATES), Zip Code (06134), and Census Tract. There is a checkbox for 'Make Shipping Address same as Mailing Address?' and a 'Copy From Mailing Address' button.
- Shipping Address:** A section with fields for Street # (410), Prefix, Street Name (CAPTIO), Type, and Suffix.

The left sidebar shows the 'CT WIZ' logo and a navigation menu with options like Home, Patients, Immunizations, Inventory, Clinic Tools, Storage Units, Reading History, Manage Assets, Enrollments, Clinic Information, Address/Name, Contact Information, Delivery Hours, Staff, Reports, and HL7 Management. The bottom of the sidebar shows the version (19.6.20190906) and copyright (© 2001-2019) information.

Changes made on this screen require CVP approval. You will receive a notification in your bell icon when the change is approved or rejected. You cannot make additional changes on this screen while the change is waiting to be approved.

The screenshot shows a notification dropdown menu in the CT WIZ system. The menu is titled 'View All My Notifications' and 'Dismiss All Non-Action Notifications'. It contains three notifications, all of which are approved staff change requests:

- The clinic staff change request for Minnie Mouse has been Approved.** Staff Change Request Decision Alert(CVP TRAINING CLINIC REGION 2) - 47D 21H 49M
- The clinic staff change request for Minnie Mouse has been Approved.** Staff Change Request Decision Alert(CVP TRAINING CLINIC REGION 2) - 47D 21H 59M
- The clinic staff change request for Mickey Mouse has been Approved.** Staff Change Request Decision Alert(CVP TRAINING CLINIC REGION 2) - 47D 22H 38M

The notifications are displayed in a list with a close button (X) next to each one. The background shows the CT WIZ interface with the 'Support' button and a bell icon with a red notification badge.

## Update Clinic Contact Information

Here you can update your clinic's phone and fax numbers. Click on Update when finished. These changes do not require CVP approval.

The screenshot shows the 'Clinic Contact Information' form in the CT WiZ system. The form is titled 'Clinic Contact Information' with a blue information icon. It includes fields for 'Primary Phone' (860-509-0000), 'Ext.' (empty), 'Secondary Phone' (860-509-0000), 'Ext.' (empty), and 'Fax' (860-509-0000). On the right, there is a sidebar titled 'Edit Clinic' with links for 'Address / Name', 'Contact Information', 'Delivery Hours', and 'Staff'. The 'Contact Information' link is highlighted. At the top right, there is an 'Update' button. The left sidebar contains navigation links: Home, Patients, Immunizations, Inventory, Clinic Tools, Storage Units, Reading History, Manage Assets, Enrollments, Clinic Information, Address/Name, Contact Information, Delivery Hours, Staff, Reports, and HL7 Management. The bottom of the sidebar shows the version '19.6.20190906' and copyright information.

## Update Delivery Hours

These are the hours you are allowing vaccines to be shipped to you. As you use CT WiZ, please remember to update this section around holidays, vacations and any other times your office may be closed. You cannot put dates or date ranges so you need to remember to update these when your office will be closed. These changes also do not require CVP approval.

The screenshot shows the 'Clinic Delivery Hours' form in the CT WiZ system. The form is titled 'Clinic Delivery Hours' with a blue information icon. It displays a table for delivery hours by day of the week. The table has columns for 'Delivery Time 1' and 'Delivery Time 2'. For Monday, the times are 08:30 to 13:00 and 13:30 to 17:30. For Tuesday, the times are 'CHOOSE' to 'CHOOSE' and 'CHOOSE' to 'CHOOSE'. For Wednesday, the times are 08:30 to 13:00 and 13:30 to 17:30. For Thursday, the times are 'CHOOSE' to 'CHOOSE' and 'CHOOSE' to 'CHOOSE'. For Friday, the times are 08:30 to 13:00 and 13:30 to 17:30. For Saturday and Sunday, the times are 'CHOOSE' to 'CHOOSE' and 'CHOOSE' to 'CHOOSE'. On the right, there is a sidebar titled 'Edit Clinic' with links for 'Address / Name', 'Contact Information', 'Delivery Hours', and 'Staff'. The 'Delivery Hours' link is highlighted. At the top right, there is an 'Update' button. The left sidebar contains navigation links: Home, Patients, Immunizations, Inventory, Clinic Tools, Storage Units, Reading History, Manage Assets, Enrollments, Clinic Information, Address/Name, Contact Information, Delivery Hours, Staff, Reports, and HL7 Management. The bottom of the sidebar shows the version '19.6.20190906' and copyright information.



## Update Clinic Staff and Training

Review the list of clinic staff shown. It is important that you have a primary vaccine coordinator, a backup vaccine coordinator and a physician signing agreement listed in your contacts. A Provider Profile Roles document is on the website for your reference.

CT WIZ

https://ctwiz-training.dph.ct.gov/ctwiz\_training/PM/ClinicStaff

CVP TRAINING CLINIC REGION 2, CVP TRAINING CLINIC REGION 2, 1... PATIENT SEARCH

Support 3 TEST

### 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.

Showing 1 to 4 of 4 entries

Name	Type	Phone	Action
MOUSE, MICKEY	NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)		EDIT
MOUSE, MINNIE	NON-PHYSICIAN CONTACT (Z1 - VFC/VTRCKS)		EDIT
USER21, TEST	PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)		EDIT
USER22, TEST	NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS)		EDIT

Showing 1 to 4 of 4 entries

Change Request History

Submitted On	Name	Clinic	Status	Action
10/09/2019	MOUSE, MINNIE	CVP TRAINING CLINIC REGION 2	COMPLETED	COMMENTS
10/09/2019	MOUSE, MINNIE	CVP TRAINING CLINIC REGION 2	COMPLETED	
10/09/2019	MOUSE, MICKEY	CVP TRAINING CLINIC REGION 2	COMPLETED	
08/28/2019	BOLDUC, MICKEY	CVP TRAINING CLINIC REGION 2	COMPLETED	

Showing 1 to 4 of 4 entries

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Home  
Patients  
Immunizations  
Inventory  
Clinic Tools  
Storage Units  
Reading History  
Manage Assets  
Enrollments  
Clinic Information  
Address/Name  
Contact Information  
Delivery Hours  
Staff  
Reports  
HL7 Management

It's Your Best Shot  
CTWIZ  
Connecticut  
Immunization Information System

Add New Contact

Edit Clinic

Address / Name  
Contact Information  
Delivery Hours  
Staff

If you do not have all three contact types listed and do not document them now, you will have to leave the enrollment screens later to complete this information. Any missing information will prevent you from submitting the re-enrollment.

**NOTE:** Changes made on this screen require CVP approval. The CVP team receives a notification when there is a change. We review the change and approve or reject the change with a comment. When you receive a notification in the bell icon that your change has been approved, you may continue with the re-enrollment process. If you do not wait for the approval of these changes, the changes will not reflect on your enrollment.

**To add new staff:** (Do not overwrite existing staff with new staff):

1. Click on the "Add New Contact" button.
2. Select the correct contact type from the dropdown. If they have an alternate role, choose this from the alternate contact type dropdown.
3. Complete the remaining fields. Be sure to include the license number, NPI, specialty and title.
4. When finished, click on "Create".

CT WIZ CVP TRAINING CLINIC REGION 2, CVP TRAINING CLINIC REGION 2, 1... PATIENT SEARCH Support 3 TEST

### Clinic Staff Change Request

Cancel Create

Contact Type \* NON-PHYSICIAN CONTACT (Z1 - VFC/VTR) Alternate Contact Type CHOOSE

First Name \* TEST Middle Name Last Name \* USER

Telephone 999-999-9999 Ext. Fax Number 999-999-9999 E-mail EMAIL@DOMAIN.COM

License Number Comments

NPI Medicaid Provider ID Employer ID Number

Specialty CHOOSE Title CHOOSE

Training Section

Course Name	CE Number	Completion Date	Upload Certificate	Add Training

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### To remove staff:

1. Click on "Edit" next to the staff's name.
2. Type in a note in the "Comments" field to remove the staff who is no longer there.
3. Click on "Update".

CT WIZ CVP TRAINING CLINIC REGION 2, CVP TRAINING CLINIC REGION 2, 1... PATIENT SEARCH Support 3 TEST

### Clinic Staff Change Request

Cancel Update

Contact Type \* NON-PHYSICIAN CONTACT (Z1 - VFC/VTR) Alternate Contact Type CHOOSE

First Name \* MINNIE Middle Name Last Name \* MOUSE

Telephone 999-999-9999 Ext. Fax Number 999-999-9999 E-mail MINNIE.MOUSE@YAHOO.CO

License Number Comments NO LONGER AT THIS CLINIC

NPI Medicaid Provider ID Employer ID Number

Specialty CHOOSE Title CHOOSE

Training Section

Course Name	CE Number	Completion Date	Upload Certificate	Add Training
SITE VISIT/YOU CALL THE SHOTS MODULES	SITE VISIT	10/09/2019		

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## To make an update:

1. Click on “Edit” next to the staff’s name.
2. Type the new information over the existing information into the specific field. For example, a staff member’s last name changed due to marriage or divorce.
3. Type a note in the “Comments” field to let the CVP know of any other changes.

The screenshot shows the 'Clinic Staff Change Request' form in the CT WIZ system. The form is titled 'Clinic Staff Change Request' and has a 'Cancel' button and an 'Update' button. The form is divided into several sections:

- Contact Type:** A dropdown menu set to 'NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/V)'.
- Alternate Contact Type:** A dropdown menu set to 'CHOOSE'.
- First Name:** A text field containing 'TEST'.
- Middle Name:** A text field.
- Last Name:** A text field containing 'USER22'.
- Telephone:** A text field containing '999-999-9999'.
- Ext:** A text field.
- Fax Number:** A text field containing '999-999-9999'.
- E-mail:** A text field containing 'TEST.USER22@YAHOO.COM'.
- License Number:** A text field.
- Comments:** A text area.
- NPI:** A text field.
- Medicaid Provider ID:** A text field.
- Employer ID Number:** A text field.
- Specialty:** A dropdown menu set to 'CHOOSE'.
- Title:** A dropdown menu set to 'CHOOSE'.
- Back Up Coordinator:** A checkbox.

On the right side of the form, there is an 'Edit Clinic' section with links for 'Address / Name', 'Contact Information', 'Delivery Hours', and 'Staff'.

Below the form is a 'Training Section' with a table:

Course Name	CE Number	Completion Date	Upload Certificate	Add Training
SITE VISIT/YOU CALL THE SHOTS MODULES	SITE VISIT	10/09/2019		

## Add Training for Clinic Staff

For the Primary and Back-up vaccine coordinators, training must also be documented in order to complete the re-enrollment. As shown on the checklist, this training can be either a “site visit” or watch the two CDC “You call the shots” videos.

Just a reminder that if you **have not** received a site visit in the last 12 months, the primary and back-up vaccine coordinators need to complete both CDC videos.

**NOTE:** You must enter the training otherwise you will receive an error message when you are completing the re-enrollment.

1. Click on “Edit” next to the clinic staff.
2. Click on “Add Training” at the bottom to document training.
3. Select the course name of “Site Visit or You call the Shots modules”.
4. In the **CE Number** field, type in the training that was completed, either “Site Visit” or “You call the shots modules”.
  - a. If you watched the “You call the shots” videos, just add 1 line of Training indicating this. No need to add 2 lines.
5. Enter the date the training was completed. If you have the certificate saved for the modules, you can upload it here but it is not required.
6. Click on “Save” when finished.
7. When finished with all the updates on this screen, click on “Update” then “Cancel”.
8. Repeat the steps above to document training for additional staff.

The screenshot displays the CT WIZ web application interface. A modal window titled "Add Training" is open, allowing for the entry of new training records. The form includes fields for "Course Name" (a dropdown menu), "CE Number", "Completion Date" (with a calendar icon), and "Upload Certificate" (with a "CHOOSE FILE" button). "Cancel" and "Save" buttons are at the bottom of the modal. In the background, the "Clinic Staff" page is visible, showing a table of training records.

Course Name	CE Number	Completion Date	Upload Certificate	Add Training
VACCINES FOR CHILDREN (VFC)		08/28/2019		
SITE VISIT/YOU CALL THE SHOTS MODULES	MODULE	10/09/2019		

Changes made on this screen require CVP approval. The CVP team receives a notification when there is a change. We review the change and approve or reject the change with a comment.

Review all staff and confirm their information is correct. When you receive a notification in the bell icon that your change has been approved, you may continue with the re-enrollment process. If you do not wait for the approval of these changes, the changes will not reflect on your enrollment.

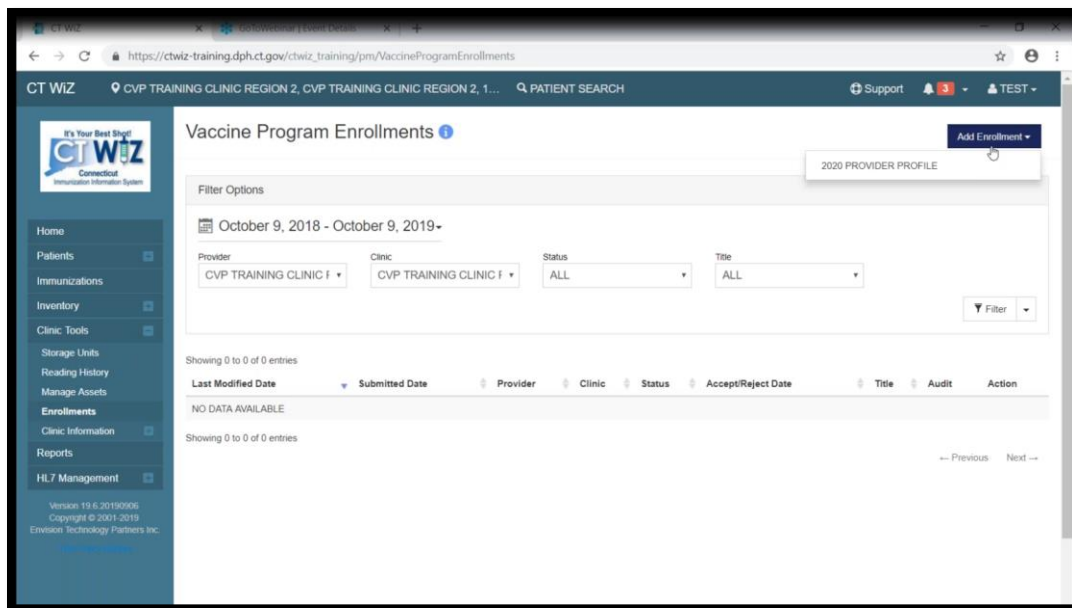
## Complete the Re-enrollment

After all your clinic updates and training have been documented, you can begin the re-enrollment.

1. Click on “Clinic Tools” in the left navigation menu.
2. Click on “Enrollments”. This screen lists all your enrollments, past and present. You can also see when the enrollment was submitted as well as if it was accepted or rejected with the date.
3. If you do not see any enrollments in “Not Submitted” status, click on “Add Enrollment”.

**NOTE:** If you see a row with “Not Submitted” status, DO NOT start a new one. A “Not Submitted” status indicates you have already started to complete the re-enrollment. Click on “View” to the right of the “Not Submitted” one. You can continue working on this one.

4. Select the 2020 Provider Profile.



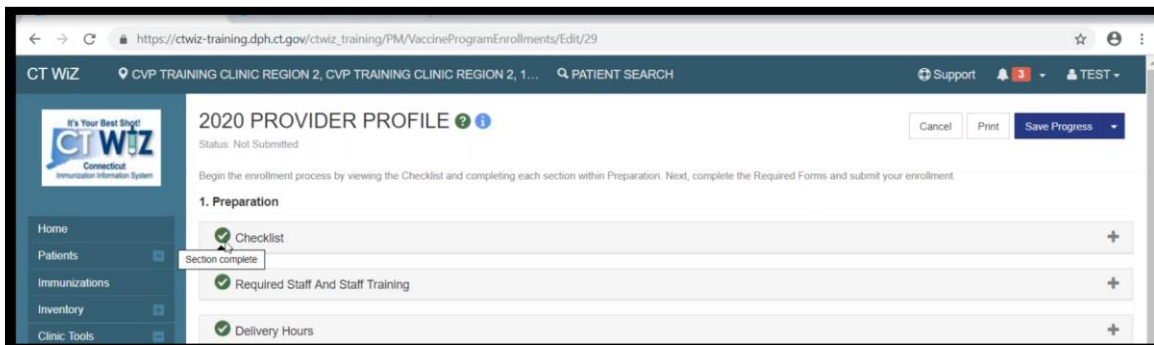
When in the enrollment, there are 2 modules and sections within each module that must be completed. Each section with a yellow exclamation point indicates the section has not been completed yet. A green checkmark indicates the section is complete.

5. Click on the “+” sign on the right side of each section to open it and complete the information.
6. Start at the top and click on “Checklist”.

7. Click on the blue link for the Provider Profile checklist.
  - a. This opens in a separate window showing you everything that needs to be done prior to re-enrolling, as well as things to help you fill out the re-enrollment.
  - b. This PDF includes links to the CDC training modules mentioned earlier, as well as the insurance breakdown table.
  - c. Once you have reviewed this PDF you can minimize or print it.
  - d. You do not need to complete this checklist.

- e. If you are all set reviewing the information, simply close the checklist then click on Close Section.

Notice that the yellow exclamation point changed to a green checkmark.

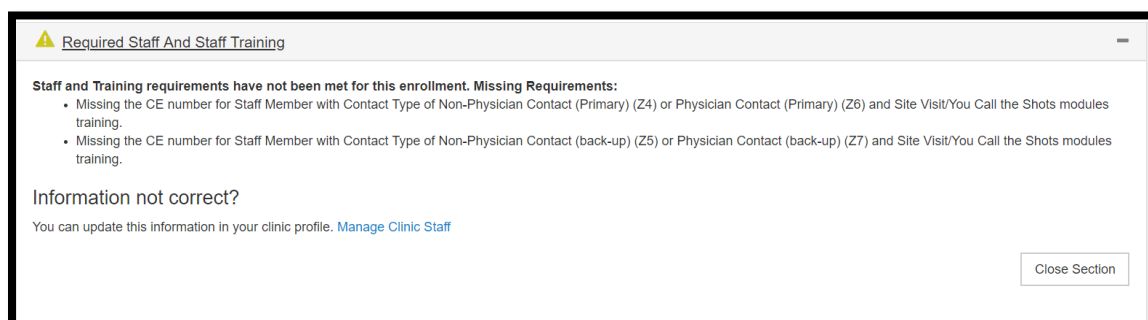


**NOTE:** Click on “Save Progress” in the top right corner to save your work as you go.

8. You can also print your re-enrollment. The printout shows all the information that has been entered thus far, as well as any PDF documents included in the re-enrollment.
9. Click on “Required Staff and Staff Training”.
- a. If all the necessary training was documented on the Clinic Staff screen for the primary and back-up vaccine coordinators, you should see a green checkmark.



- b. If the training was not documented, the missing requirements for each staff member will be listed in this section. The error message specifically lists the staff contact type who is missing the training.



- c. You can document the missing training by clicking on Manage Clinic Staff. This link brings you out of the Enrollment and to the Manage Clinic Staff Change Request screen where you can document the required training.



10. You'll notice there is already a green checkmark in "Delivery Hours". Since you have your delivery hours loaded in CT WiZ and reviewed them prior to completing the enrollment, no further action is required.

1. Preparation

- ✓ Checklist
- ✓ Required Staff And Staff Training
- Requirements for this section have been met.
- Close Section
- ✓ Delivery Hours

11. Click on "Save Progress" to save the work you have completed thus far.
12. In the "Required Forms" section, click on "Provider/Clinic Profile".
13. Click on Review Facility/Clinic Information. This shows the provider name, the clinic name, the delivery address, phone number, email and clinic type.
- Verify the information is correct. If you made changes before starting the enrollment ensure the changes you made show here. Remember, any changes to the clinic staff must be approved first by the CVP Team in order for it to reflect in the enrollment.
  - If you need to make changes**, click on the blue Edit Clinic info link. Again, this link brings you out of the Enrollment and to the Manage Address Name Change Request screen where you can make changes.
  - If the information is correct**, check the box confirming all information is correct. You should see a green check mark for this section.

CT WiZ

2020 PROVIDER PROFILE

Status: Not Submitted

Cancel Print Save Progress

✓ Delivery Hours

2. Required Forms

⚠ Provider / Clinic Profile

✓ Review Facility/Clinic Information

Please review the information below to make sure it's up to date. If the information presented is not up to date, use the link at the bottom of the page to edit your Clinic information.

Provider Name TEST USER21	Facility/Clinic Name CVP TRAINING CLINIC REGION 2
------------------------------	---

Vaccine Delivery Address  
410 CAPITOL  
HARTFORD, CT 06134

Phone  
860-509-0000

Email

Facility/Clinic Type  
PRIVATE PRACTICE

Information not correct?  
Click here to update your clinic profile information. [Edit Clinic Info](#)

☒ I confirm that the Facility/Clinic Information is correct.

Close Section



14. Click on “Vaccines Offered”.

a. Click on “All ACIP Recommended Vaccines for children 0 through 18 years of age”.

**NOTE:** The other option listed is for specialty providers only. Specialty providers are providers who only serve a defined population due to the practice specialty. If you fall under the group of specialty providers, select this option and check all vaccines you offer in your specialty practice. Once again health departments and pediatricians are **not** specialty providers and should select the All ACIP Recommended Vaccines option. You should see a green check mark for this section too.

CT WIZ CVP TRAINING CLINIC REGION 2, CVP TRAINING CLINIC REGION 2, 1... PATIENT SEARCH

2020 PROVIDER PROFILE ? ⓘ

Status: Not Submitted Cancel Print Save Progress

✓ Delivery Hours +

2. Required Forms

⚠ Provider / Clinic Profile -

✓ Review Facility/Clinic Information +

✓ Vaccines Offered -

☒ All ACIP Recommended Vaccines for children 0 through 18 years of age. ☐ Offers Select Vaccines (This option is only available for facilities designated as Specialty Providers by the VFC Program)

A "Specialty Provider" is defined as a provider that only serves (1) a defined population due to the practice specialty (e.g., OB/GYN, STD clinic, family planning) or (2) a specific age group within the general population of children ages 0-18. Local health departments and pediatricians are not considered specialty providers. The VFC Program has the authority to designate VFC providers as specialty providers. At the discretion of the VFC Program, enrolled providers such as pharmacies and mass vaccinators may offer only influenza vaccine.

Close Section

⚠ Provider/Clinic Population +

⚠ Source of Data +

Close Section

15. Click on “Provider/Clinic Population”. This table is provided in the checklist and shows the breakdown of all the insurance types in your practices. If you do not have any children in a specific age group, type a zero (0). All fields must have a number in order to continue.

**NOTE:** As you enter amounts, the totals automatically calculate at the bottom of each eligibility section.

CT WIZ CVP TRAINING CLINIC REGION 2, CVP TRAINING CLINIC REGION 2, 1... PATIENT SEARCH Support 3 TEST

## 2020 PROVIDER PROFILE

Status: Not Submitted

**Provider Population**  
Provider Population based on patients seen during the previous 12 months. Enter the number of children who received vaccinations at your facility, by age group. Only count a child once based on the status at the last immunization visit, regardless of the number of visits made.

**Patient Data**

Eligibility Categories	Patient Age			Total
	>= 0 Years	>= 1 Year	>= 7 Years	
VFC Eligible - Medicaid/Medicaid Managed Care	5	10	5	20
VFC Eligible - Uninsured	6	3	5	14
VFC Eligible - American Indian/Alaska Native	0	4	2	6
CHIP	10	11	6	27
VFC Eligible - Underinsured At FQHC	4	5	2	11
<b>Total:</b>	<b>25</b>	<b>33</b>	<b>20</b>	<b>78</b>

Non-Eligibility Categories	Patient Age			Total
	>= 0 Years	>= 1 Year	>= 7 Years	
Not VFC Eligible	10	23	10	33
<b>Total:</b>	<b>10</b>	<b>23</b>	<b>0</b>	<b>33</b>

Cancel Print Save Progress

16. Remember to click on “Save Progress” during this section so your work is not lost.
17. When finished, you should see a green check mark. Remember, all fields must have a number in them.
18. Click on “Source of Data”. Select how you determined your insurance breakdown. Select all that apply. You should see a green check mark when done. This completes the Provider/Clinic Profile section.

CT WIZ CVP TRAINING CLINIC REGION 2, CVP TRAINING CLINIC REGION 2, 1... PATIENT SEARCH Support 3 TEST

## 2020 PROVIDER PROFILE

Status: Not Submitted

**Provider/Clinic Population** +

**Source of Data** -

Type of data used to determine provider population (choose all that apply)

- ☐ Benchmarking
- ☐ Medicaid Claims Data
- ☐ IIS
- ☒ Doses Administered
- ☐ Provider Encounter Data
- ☒ Billing System
- ☐ Other

Close Section

Close Section

**Provider / Clinic Agreement** +

Comments +

Cancel Print Save Progress

In the Provider /Clinic Agreement section, you need to confirm the clinic information, the medical director or equivalent, vaccine coordinators, and prescribing staff members' are entered correctly in CT WiZ.

19. Click on "Review Facility/Clinic Information".
  - a. Confirm the information is correct.
  - b. If any changes need to be made, click on the blue link. Remember, this brings you out of the enrollment and to the appropriate screen.
  - c. If everything is correct, click on the "I confirm" checkbox. Green check marks should appear for each section you complete.

The screenshot shows the '2020 PROVIDER PROFILE' form in the CT WiZ system. The form is titled '2020 PROVIDER PROFILE' with a status of 'Not Submitted'. It includes fields for 'CVP TRAINING CLINIC REGION 2', 'Facility/Clinic Address', 'Shipping Address', 'Phone', and 'Fax'. The address is '410 CAPITOL HARTFORD, CT 06134' and the phone/fax is '860-509-0000'. There is a section for 'Information not correct?' with a link to 'Edit Clinic Info'. Below this is a checkbox labeled 'I confirm that the Facility/Clinic Information is correct.' which is checked. At the bottom, there are four expandable sections: 'Review Medical Director or Equivalent Information', 'Review Vaccine Coordinators', 'Prescribing Staff Members', and 'Primary Agreement'. Each section has a yellow warning icon and a plus sign to expand it. The form also has 'Cancel', 'Print', and 'Save Progress' buttons at the top right.

20. Click on "Review Medical Director or Equivalent Information".
  - a. Confirm the information is correct.
  - b. If any changes need to be made, click on the blue link. Remember, this brings you out of the enrollment and to the appropriate screen.
  - c. If everything is correct, click on the "I confirm" checkbox. Green check marks should appear for each section you complete.

CT WIZ CVP TRAINING CLINIC REGION 2, CVP TRAINING CLINIC REGION 2, 1... PATIENT SEARCH Support TEST

## 2020 PROVIDER PROFILE

Status: Not Submitted

Cancel Print Save Progress

Review Medical Director or Equivalent Information

Please review the information below to make sure it's up to date. If the information presented is not up to date, use the link at the bottom of the page to edit your Clinic Staff information.

Name	TEST USER21	Title	
Email	TESTUSER21@YAHOO.COM	Specialty	
License Number		Medicaid Number	
NPI Number		Employee Identification Number	

Information not correct?

You can update this information in your clinic profile: [Manage Clinic Staff](#)

☒ I confirm that the Medical Director or Equivalent Information is correct

Close Section

Review Vaccine Coordinators

Prescribing Staff Members

Primary Agreement

21. Click on “Review Vaccine Coordinators”.

- Review the information.
- The Primary and Back-up Coordinators names only display when their training has been documented on the Clinic Staff screen.
- If any changes need to be made, click on the blue link. Remember, this brings you out of the enrollment and to the appropriate screen.
- When the Coordinators information is listed and training documented correctly, click on the “I confirm” checkbox. Green check marks should appear for each section you complete.

CT WIZ CVP TRAINING CLINIC REGION 2, CVP TRAINING CLINIC REGION 2, 1... PATIENT SEARCH Support TEST

## 2020 PROVIDER PROFILE

Status: Not Submitted

Cancel Print Save Progress

VALUES NOT SUBMITTED (VFW) 10/09/2019

Site Visit>You Call the Shots modules	10/09/2019	MODULE
Site Visit>You Call the Shots modules	10/09/2019	SITE VISIT

Backup Coordinator

Name	TEST USER22	Telephone		Email	TESTUSER22@YAHOO.COM
------	-------------	-----------	--	-------	----------------------

Training

Course Name	Date Completed	CE Number	Upload Certificate
Site Visit>You Call the Shots modules	10/09/2019	SITE VISIT	

Information not correct?

You can update this information in your clinic profile: [Edit Clinic Staff](#)

☒ I confirm that the Vaccine Coordinators information is correct

Close Section

Prescribing Staff Members

Primary Agreement

Close Section

22. Click on “Prescribing Staff Members”.

- a. Confirm the information is correct.
- b. If any changes need to be made, click on the blue link. Remember, this brings you out of the enrollment and to the appropriate screen.
- c. If everything is correct, click on the “I confirm” checkbox. Green check marks should appear for each section you complete.
- d. For new prescribers or prescribers that are no longer there and are not listed on the Clinic Contacts screen, you need to document the name in the “Comments” section.

CT WIZ CVP TRAINING CLINIC REGION 2, CVP TRAINING CLINIC REGION 2, 1... PATIENT SEARCH Support 3 TEST

### 2020 PROVIDER PROFILE

Status: Not Submitted

Please review the information below to make sure it's up to date. If the information presented is not up to date, use the link at the bottom of the page to edit your Clinic Staff information.

Name	Title	License Number	Medicaid Number	NPI Number	Employer Identification Number
USER21, TEST					
USER22, TEST					

Information not correct?  
You can update this information in your clinic profile: [Edit Clinic Staff](#)

☒ I confirm that the Prescribing Staff Member information is correct.

Close Section

Primary Agreement +

Close Section

Comments +

The next section is the Primary Agreement. Only users with the physician signing the agreement or equivalent access can electronically sign the agreement. The Primary Agreement attachment is NOT a fillable PDF. This document does not need to be filled out and sent to us. The physician signing the agreement simply has to check the box at the bottom of the section to electronically sign off on the agreement. Please click on Print to keep a copy of what you entered for your records.

The following message appears if you do not have the proper access: “You cannot accept this Agreement because you are not noted as the Contact that is authorized to sign the Enrollment Agreements”.

**Primary Agreement**

Connecticut Vaccine Program (CVP)  
2020 Provider Agreement

**FACILITY INFORMATION**

Facility Name: \_\_\_\_\_ PIN: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Shipping Address (if different than facility address): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**MEDICAL DIRECTOR OR EQUIVALENT**

*Instructions: The official registered health care provider signing the agreement must be a practitioner authorized to administer pediatric vaccines under state law who will also be held accountable for compliance by the entire organization and its providers with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.*

Last Name, First, MI: \_\_\_\_\_ Title: \_\_\_\_\_ Specialty: \_\_\_\_\_

You cannot accept this Agreement because you are not noted as the Contact that is authorized to sign the Enrollment Agreements.

23. In the Comments section, enter:

- The Federal Tax ID (your enrollment is not approved until this information is received)
- Any changes to your Provider
- Any prescribers that need to be removed
- And other comments you would like the CVP program to see.

**2020 PROVIDER PROFILE**

Status: Not Submitted

Cancel Print Save Progress

Close Section

Close Section

**Comments**

Clinic Comments

FEDERAL TAX ID:45-7897564

PLEASE ADD DR. MOUSE TO OUR CLINIC

Jurisdiction Comments

Close Section

24. Click on “Save Progress” to save your work.

At this time, the physician signing the agreement or equivalent must complete the enrollment by logging into CT WiZ.

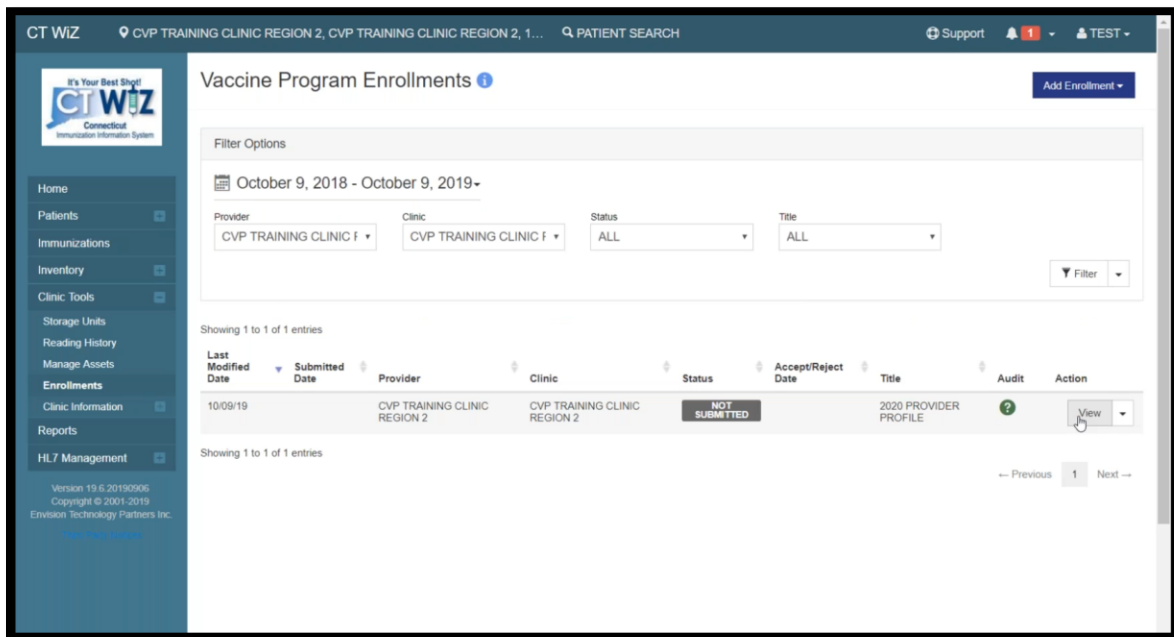
## Sign the Agreement

We have provided a separate video on how to complete this available on the webpage:

[https://portal.ct.gov/DPH/Immunizations/CVP--Provider-Profile-Enrollment\\_Reenrollment](https://portal.ct.gov/DPH/Immunizations/CVP--Provider-Profile-Enrollment_Reenrollment)

When the physician is ready to sign the enrollment, they should see all the sections complete except for the Agreement.

1. Log into CT WiZ with your username and password.
2. Click on “Clinic Tools” in the left navigation menu.
3. Click on “Enrollments”.
4. Click on “View” for the 2020 Provider Profile. There should be one with a “Not Submitted” status.



5. Click on the “Provider/Clinic Agreement” section.
6. Click on “Primary Agreement”.
7. Click on “Agreement”.

CT WiZ CVP TRAINING CLINIC REGION 2, CVP TRAINING CLINIC REGION 2, 1... PATIENT SEARCH Support 1 TEST

Home Patients Immunizations Inventory Clinic Tools Storage Units Reading History Manage Assets Enrollments Clinic Information Reports HL7 Management

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## 2020 PROVIDER PROFILE

Status: Not Submitted

Cancel Print Save Progress

✓ Delivery Hours

### 2. Required Forms

✓ Provider / Clinic Profile

⚠ Provider / Clinic Agreement

✓ Review Facility/Clinic Information

✓ Review Medical Director or Equivalent Information

✓ Review Vaccine Coordinators

✓ Prescribing Staff Members

⚠ Primary Agreement

Click the button below to view the Primary Agreement required to complete this enrollment.

Agreement

Close Section

The provider agreement appears in a separate window.

8. Review the agreement and scroll to page 5.
9. Type in your name in the Medical Director or Equivalent Name field
10. Enter your name in the Signature field.
11. Enter today's date.

Please print or save a copy for your records. You do **not** need to send us a copy of the agreement.

12. Click on the checkbox, which provides your electronic signature to accept all things stated in the agreement.
13. Click on "Click to Accept."



CT WiZ CVP TRAINING CLINIC REGION 2

2020 PROVIDER PROFILE

Status: Not Submitted

Delivery Hours

2. Required Forms

Provider / Clinic Profile

Provider / Clinic Agreement

Review Facility/Clinic Information

Review Medical Director or Equivalent Information

Review Vaccine Coordinators

Prescribing Staff Members

Primary Agreement

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the vaccine enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

Medical Director or Equivalent Name (print):  
test user

Signature:  
test user

Date:  
10-09-19

Name (print) Second individual as needed:

Signature:

Date:

☒ You agree that by selecting the "Click To Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your mutual signature on this Agreement.

Cancel Click To Accept

14. Click on "Save Progress" at the top to save your work.

CT WiZ CVP TRAINING CLINIC REGION 2, CVP TRAINING CLINIC REGION 2, 1...

2020 PROVIDER PROFILE

Status: Not Submitted

Success Enrollment has been updated.

Delivery Hours

2. Required Forms

Provider / Clinic Profile

Provider / Clinic Agreement

Review Facility/Clinic Information

Review Medical Director or Equivalent Information

Review Vaccine Coordinators

Prescribing Staff Members

Primary Agreement

Click the button below to view the Primary Agreement required to complete this enrollment.

Agreement

Cancel Print Save Progress

Close Section

15. When you are ready to submit the re-enrollment, click on the Save Progress dropdown, and click on Submit Forms. If you do not have all the sections complete, CT WiZ will not allow you to click on this option.

CT WIZ CVP TRAINING CLINIC REGION 2, CVP TRAINING CLINIC REGION 2, 1... PATIENT SEARCH

2020 PROVIDER PROFILE

Status: Not Submitted

✓ Success Enrollment has been updated.

Cancel Print Save Progress

Submit Forms

✓ Delivery Hours

2. Required Forms

✓ Provider / Clinic Profile

✓ Provider / Clinic Agreement

✓ Review Facility/Clinic Information

✓ Review Medical Director or Equivalent Information

✓ Review Vaccine Coordinators

✓ Prescribing Staff Members

✓ Primary Agreement

Click the button below to view the Primary Agreement required to complete this enrollment.

Agreement

Close Section

16. Click OK to complete the re-enrollment.

CT WIZ CVP TRAINING CLINIC REGION 2, CVP TRAINING CLINIC REGION 2, 1... PATIENT SEARCH

2020 PROVIDER PROFILE

Status: Not Submitted

✓ Delivery Hours

2. Required Forms

✓ Provider / Clinic Profile

✓ Provider / Clinic Agreement

✓ Review Facility/Clinic Information

✓ Review Medical Director or Equivalent Information

✓ Review Vaccine Coordinators

✓ Prescribing Staff Members

✓ Primary Agreement

Click the button below to view the Primary Agreement required to complete this enrollment.

Agreement

Close Section

Submit Enrollment

Are you sure you would like to submit this enrollment?  
You will not be able to edit the enrollment once it is submitted.

Please select OK to continue or Cancel to return to the Enrollment page.

OK Cancel

After you submit the re-enrollment, the CVP team is notified and reviews the submitted agreement. You can print your re-enrollment, or go back to the original enrollment screen to see your status.

When your re-enrollment was successfully submitted, the status shows Pending Review.

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CVP TRAINING CLINIC REGION 2, CVP TRAINING CLINIC REGION 2, 1...
PATIENT SEARCH
Support
1
TEST

It's Your Best Shot!  
Connecticut  
Immunization Information System

Home  
Patients  
Immunizations  
Inventory  
Clinic Tools  
Storage Units  
Reading History  
Manage Assets  
Enrollments  
Clinic Information  
Reports  
HL7 Management

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[Helpdesk](#)

### Vaccine Program Enrollments

Add Enrollment

Filter Options

October 9, 2018 - October 9, 2019

Provider: CVP TRAINING CLINIC F
Clinic: CVP TRAINING CLINIC F
Status: ALL
Title: ALL

Filter

Showing 1 to 1 of 1 entries

Last Modified Date	Submitted Date	Provider	Clinic	Status	Accept/Reject Date	Title	Audit	Action
10/09/19	10/09/19	CVP TRAINING CLINIC REGION 2	CVP TRAINING CLINIC REGION 2	PENDING REVIEW		2020 PROVIDER PROFILE	?	View



Showing 1 to 1 of 1 entries

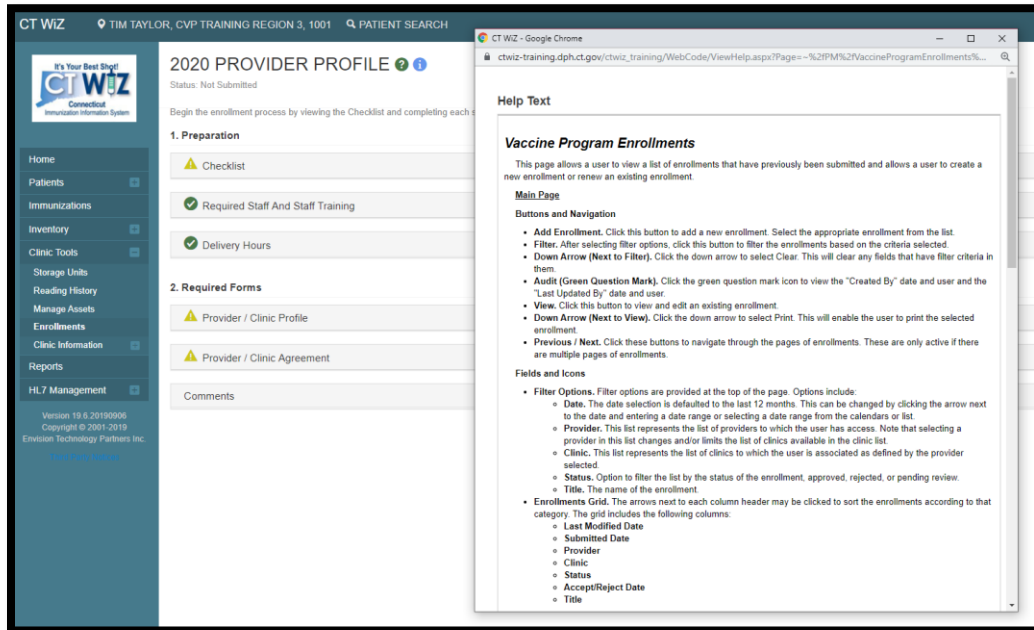
Previous
1
Next

If your re-enrollment was approved, the status shows Approved and the accept date is listed in the next column. If you see a rejected status, you can click on View to see the comments made by the CVP team in the “Jurisdiction Comments” field.

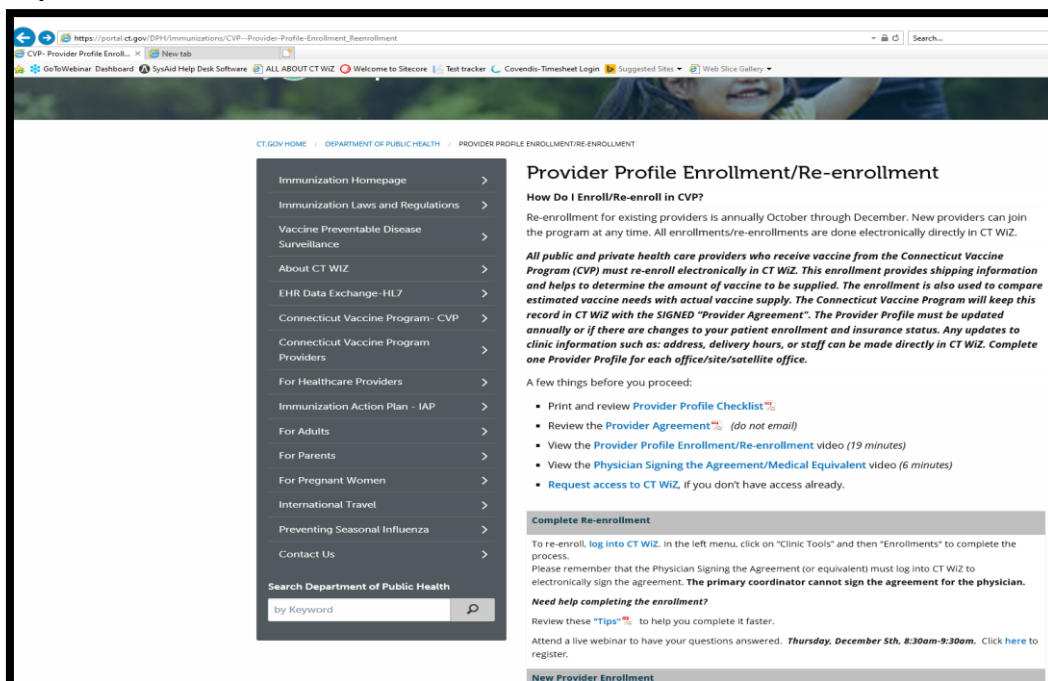
## Help with CT WiZ

If you have additional questions about the process, there are many ways to find information and receive help.

1. In CT WiZ, there is an  icon located next to the screen name. Click on the  for a detailed explanation of the page you are on.



2. On our website, we have a specific enrollment webpage for CT WiZ where you will find documents and videos to help guide you in the completion of your 2020 Provider Profile and Provider Agreement. Once you have this webpage up, we highly recommend you bookmark it to quickly find it.



3. After you have exhausted all these help topics and still can't find your answer, simply email our helpdesk. We'll review it and respond to you in a timely manner.

