## **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	o completing the Re-enrollment				
	Make sure the Primary Coordinator, back-up coordinator ar	nd the Physicia	n Signing t	he Agreemer	nt (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 Chief Medical Officer/Physician Signing Agreement. Please remember the				
	CVP pin should be included with all CT WiZ requests.	, B	iciici i icus		
	pin should be moldded with all er the requests.				
	Confirm that the primary and backup have completed the Fall CVP Webinar. If your clinic was unable to attend, please watch the recorded version which can be found <a href="here">here</a> . Certificates are not required to be				
	uploaded to CT WiZ, only the date in which the webinar was	s reviewed.			
	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. Just a reminder, there can only be of	one primary co	ordinator,	backup cooi	rdinator
	and physician signing the agreement.				
	Cathor the incurance breakdown of all children in your pro-	otico Iticipono	rtant to go	t thaca amai	into oc
	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				
		ling departmer	it or your E	HK to compi	ete this
	portion. The breakdown of the insurances are as follows:	Birth to 1 yr.	1.6	7.40	T-4-1
	VEC Fligible Madissid/Madissid Managed Care (Health A)	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)  VFC Eligible-Underinsured at FQHC				0
	Not VFC Eligible (Private Insurance)				0
	Total Number of All Patients in your practice who will be				0
	administered state supplied vaccine (must equal the	0	0	0	0
	sum total for rows 1-6 above)				
	Sum total for fows 1 o above;				
\A/bon	Filling Out the Re-enrollment				
when	•	o tho ro oproll	mont proc	occ Thic can	ho
	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/CVPProvider-Profile-Enrollment_Reenrollment				
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	·	rovider-Profile	-Enrollmen	t Reenrollm	
	found at: <a href="https://portal.ct.gov/DPH/Immunizations/CVPPI">https://portal.ct.gov/DPH/Immunizations/CVPPI</a>	rovider-Profile	<u>-Enrollmen</u> :) must log	t Reenrollm in to CT WiZ	
	found at: <a href="https://portal.ct.gov/DPH/Immunizations/CVPProposition">https://portal.ct.gov/DPH/Immunizations/CVPProposition</a> Please remember that the Physician Signing the Agreement	rovider-Profile	<u>-Enrollmen</u> :) must log	t Reenrollm in to CT WiZ	
	found at: <a href="https://portal.ct.gov/DPH/Immunizations/CVPProposition">https://portal.ct.gov/DPH/Immunizations/CVPProposition</a> . Please remember that the Physician Signing the Agreement electronically sign the agreement. <b>The primary coordinator physician.</b>	rovider-Profile (or equivalent cannot sign tl	Enrollmen  must log  ne docume	t Reenrollm in to CT WiZ nt for the	to
	found at: <a href="https://portal.ct.gov/DPH/Immunizations/CVPProposition">https://portal.ct.gov/DPH/Immunizations/CVPProposition</a> Please remember that the Physician Signing the Agreement electronically sign the agreement. <b>The primary coordinator physician.</b> Answer all questions listed under the Additional Questions and the Additional Questions are supplied to the Additional Questions.	(or equivalent cannot sign that	Enrollmen  must log	t Reenrollm in to CT WiZ nt for the	to
	found at: <a href="https://portal.ct.gov/DPH/Immunizations/CVPProposition">https://portal.ct.gov/DPH/Immunizations/CVPProposition</a> . Please remember that the Physician Signing the Agreement electronically sign the agreement. <b>The primary coordinator physician.</b>	(or equivalent cannot sign that	Enrollmen  must log	t Reenrollm in to CT WiZ nt for the	to
	found at: <a href="https://portal.ct.gov/DPH/Immunizations/CVPProposition">https://portal.ct.gov/DPH/Immunizations/CVPProposition</a> Please remember that the Physician Signing the Agreement electronically sign the agreement. <b>The primary coordinator physician.</b> Answer all questions listed under the Additional Questions and the Additional Questions are supplied to the Additional Questions.	covider-Profile (or equivalent cannot sign that tab of the enro	Enrollmen  The must log the docume of the docume of the column of the co	t Reenrollm in to CT WiZ nt for the u will not be	to able to

enrollment is complete.