

## 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)   |                |          |           |       |
| VFC Eligible-Uninsured (Patients without Insurance)   |                |          |           |       |
| VFC Eligible- American Indian/Alaska Native   |                |          |           |       |
| CHIP (Husky B)  |                |          |           |       |
| VFC Eligible-Underinsured at FQHC   |                |          |           |       |
| Not VFC Eligible (Private Insurance)  |                |          |           |       |
| 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) |                |          |           |       |

### 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](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.