

ShowMeVax COVID-19 Vaccine Provider Enrollment Training Guide



State of Missouri

October 2020
Version 1.0

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Introduction

Welcome to the ShowMeVax COVID-19 Vaccine Provider Enrollment Training Guide, a detailed and user- friendly document for the clinics.

All providers must enroll in ShowMeVax. This is an electronic form and signature.

This guide is for the ShowMeVax Immunization Information System. It focuses on how to complete your COVID-19 Vaccine Provider Enrollment into the Missouri Vaccine Program (MVP). Additional training materials can be found on the ShowMeVax Immunization Program website at:

<https://health.mo.gov/living/wellness/immunizations/showmevax/index.php>

Request a User ID

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

Make sure the primary/backup coordinator, Chief Medical Officer (or equivalent), and the Chief Executive Officer (or Chief Fiduciary) have access to ShowMeVax. If you already have access, you do not need to request access again.

NOTE: If you already have a ShowMeVax username but do not see the Clinic Tools module in the left menu, send an email to the helpdesk at vfc-smvsupport@health.mo.gov to have your permissions updated. Please indicate this is for the Provider Profile 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 to request a user account.

showmevax.health.mo.gov/smv/Login.aspx

Apps Intranet Homepage... VFC | Current CDC... vfc vaccine refriger... Troop Headquarters You Call the Shots |... Cisco Finesse Envision Help Desk... PROD - New SMV Training ShowMeVax QA - New SMV Secure Access Man... ASAPLogin USERVIEW

ShowMeVax
Missouri's Immunization Information System

Login

Username Password

[Forgot Password?](#)

[Request User Account](#)

Please use the FORGOT PASSWORD link prior to contacting the helpdesk for login assistance. The helpdesk can be reached at vfc-smvsupport@health.mo.gov or 800.219.3224 option 1. Helpdesk hours M-F 8:30 to 4:30 excluding state and federal holidays.

SHOWMEVAX WILL NO LONGER WORK WITH INTERNET EXPLORER. THE PREFERRED BROWSER IS GOOGLE CHROME, THANK YOU.

Notice: You are about to gain access to a Missouri Department of Health and Senior Services application. By proceeding, you are agreeing to keep confidential all information made available to you through this application. Any unauthorized access, use and/or disclosure of information may result in a loss of access privileges, an action for civil damages, an action for criminal charges, and/or disciplinary action including but not limited to suspension or dismissal.

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2. Fill in all fields with a red asterisk.

a. Your Access Requested depends on your role in the clinic.

- Coordinators should choose Primary or Backup Coordinators from the drop down.
- Chief Medical Directors should choose 'Chief Medical Officer/Physician Signing Agreement'.
- Chief Executive Officers should choose 'Chief Executive or Fiduciary Officer Signing Agreement'.

b. If you belong to multiple PINs, do not register multiple times. Complete the registration form and enter the PINs (separated by a comma) in the "Organization Name" field. We can associate multiple PINs to your user account.

c. Review the ShowMeVax User Agreement. You must open this document, review it, close it and click accept in order to complete this section.

The screenshot shows a web browser window with the URL showmevax.health.mo.gov/smv/UserRegistration/NewRegistration. The page title is "Missouri's Immunization Information System". The main heading is "Account Registration".

Contact
Enter your contact information.

First Name *
Middle Name
Last Name *

Phone Number *
999-999-9999

Email *
EMAIL@DOMAIN.COM

Fax
999-999-9999

Role
VFC Pin
Access Requested *

Requesting Registrant's NPI

Organization
Enter your organization information.

Organization Name *
Type *

Address Line 1 *
Address Line 2

City *
State *
Zip *
99999-9999

Provider Name

Documents
Review and Accept all documents.

ShowMeVax User Agreement

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

Validation

Complete all tasks to prove you are a human.

Move slider until you see a green check



Cancel

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 temporary password.

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

4. Login to ShowMeVax 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 Password” link. You can also click on “Forgot Username” link if you cannot remember your username.

Review the checklist

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

COVID-19 Vaccine Provider Enrollment Checklist

Please use the following checklist to help you complete all the sections in the COVID-19 Enrollment. Review the checklist to make sure your clinic has completed all the proper paperwork and steps needed. **This checklist is just to help you. It does not need to be completed only viewed in the enrollment.**

Prior to completing the Enrollment

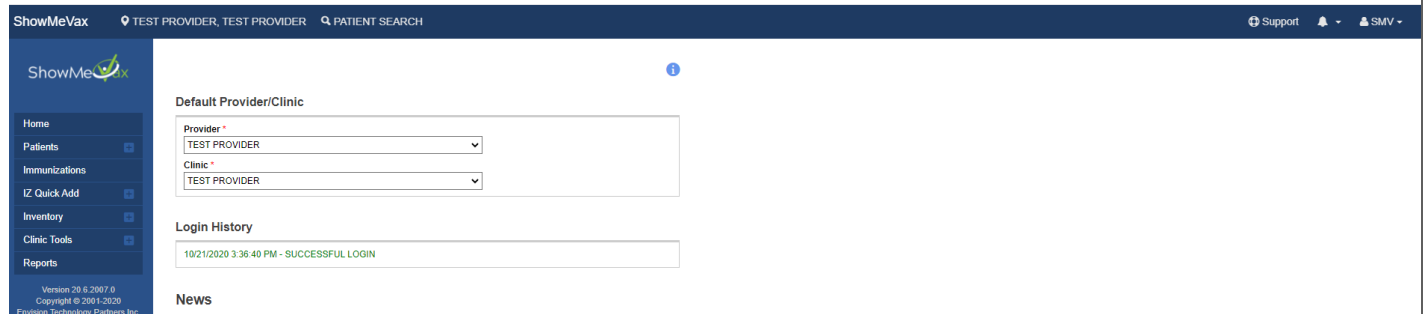
- Make sure the Primary/Backup Coordinator, Chief Medical Officer (or Equivalent) and the Chief Executive Officer (or Chief Fiduciary) have access to ShowMeVax. If you need to request access, please visit <https://showmevax.health.mo.gov/smv/login.aspx> and click on “Request User Account.” Coordinators 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”.
- Confirm that the Primary and Backup coordinators have completed the CDC module [You Call the Shots-Module Ten-Storage and Handling](#).
- To avoid having to do so during the enrollment, update all clinic information and assets in ShowMeVax using the Clinic Tools screen. This includes your clinic’s assets, address, contact information, delivery hours, staff, and staff training. **For Chief Medical Officer, please select the option of “Physician Signing the Agreement” as the contact type.**
- You will need the following information for the enrollment so have it handy:
 - Approximate number of children 18 years and younger at your location _____
 - Approximate number of adults 19-64 years of age at your location _____
 - Approximate number of adults 65 years of age and older at your location _____
 - Approximate number of unique patients seen per week on average _____
 - Approximate number of influenza vaccine doses administered during the **peak week** of the 2019-20 influenza season _____
 - How many full-time equivalent providers at your clinic can administer immunizations _____
 - What is the maximum number of immunizations your clinic can administer in a single day _____
 - How many days per week does your clinic offer immunizations _____

When Completing the Enrollment

- After the enrollment is completed, remember that the Chief Medical Officer and Chief Executive Officer (or equivalent) must log in to ShowMeVax to electronically sign the agreement. **The Primary Coordinator cannot sign the document.**
- If a question is not applicable to your clinic, please write UNK, NA or enter a 0. All questions must have a value in the field to submit the enrollment.
- Click ‘Save Progress’ in the upper right-hand corner after completing each section to save your work.
- All providers must enroll with the COVID-19 Vaccine Enrollment directly in ShowMeVax to receive COVID-19 vaccines.

Getting Started

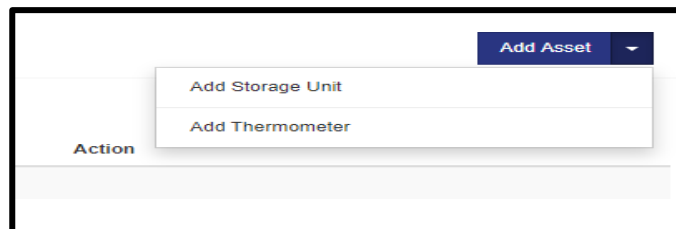
Before you begin, make sure you are in the correct Provider and Clinic. In the Provider and Clinic dropdowns in ShowMeVax, you can see all the providers and clinic's your username is associated with. An enrollment must be processed for each clinic.



Adding Assets

On the left-hand navigation, click on Clinic Tools- Manage Assets. Here you will add your refrigerator and freezer as well as the thermometers in each unit.

1. Click on the down arrow on the blue 'Add Asset' button in the right-hand corner and select 'Add Storage Unit'.



2. Fill in all fields with an *, as well as others if you choose.
3. Click 'Create'. Once you click Create you will notice that your Status defaults to Pending. DHSS will review and approve refrigerator and freezer assets.

Edit Storage Unit ? i Cancel Update

Reminder: Do not store vaccine in this storage unit until approved.

Name *
SCIENTIFIC PRO

Date of Purchase
MM/DD/YYYY

Storage Type *
REFRIGERATOR

Status *
PENDING

Manufacturer *
SCIENTIFIC PRO

Model *
ELITE

Serial Number/ID
SHQ165465-121

Storage Grade *
PHARMA

Assigned Thermometer

Comments
COMMENTS

Storage Unit

- Edit Storage Unit
- Temperature Readings
- Log Temperature

- Click 'Cancel' to return to the asset home screen.
- Click the 'Add Asset' button and select "Add Thermometer".
- Fill in all fields with an * as before.
 - CTM refers to Continuous Temperature Monitoring, or in other words, would qualify as a data logger thermometer.
 - Manual thermometers would be thermometers that do not record temperatures and require to be manually checked and temperatures added to ShowMeVax manually.

NOTE: Manual thermometers are not allowed by the Immunization program for use in storing state supplied vaccines.

- For Assigned Storage Unit, select the storage unit previously created. By doing this, you are specifying that this thermometer is measuring the temperature in this specific unit.
- When all information has been entered, click 'Create'. For thermometers assigned to a storage unit, the status will automatically display as Active.
- Click 'Cancel' to go back to the Manage Asset home screen.
- Continue these steps for all your units that store state supplied vaccines. Remember to always assign your unit to the correct thermometer. ShowMeVax will only display units that do not currently have an assigned thermometer in the drop down.

Once you have finished, on the Manage Asset home screen you should see Pending for all storage units and Active for all Thermometers.

Manage Assets ? Add Asset

Showing 1 to 4 of 4 entries

| Name | Type | Status | Audit | Action |
|-------------------------------|--------------|---------|-------|----------------------|
| BERLINGER (SCIENTIFIC PRO) | THERMOMETER | ACTIVE | ? | VIEW |
| BERLINGER COLD (FREEZER PROS) | THERMOMETER | ACTIVE | ? | VIEW |
| FREEZER PROS (BERLINGER COLD) | STORAGE UNIT | PENDING | ? | VIEW |
| SCIENTIFIC PRO (BERLINGER) | STORAGE UNIT | PENDING | ? | VIEW |

Showing 1 to 4 of 4 entries

← Previous 1 Next →

Review Clinic Information

Your clinic information may be outdated so review the information and make updates as needed. When you make changes to a clinic's information such as the clinic's name, address or staff contact, a notification is submitted to the ShowMeVax team to review and either approve or reject the change. Keep this in mind before you begin the enrollment. The change must be approved first to reflect on your enrollment.

In ShowMeVax, 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.

The screenshot displays the ShowMeVax web application. The browser address bar shows the URL `showmevax.health.mo.gov/smv/webcode/Default.aspx`. The application header includes navigation links like "TEST PROVIDER, TEST PROVIDER" and "PATIENT SEARCH", along with a "Support" link and a user profile icon labeled "SMV".

The left sidebar contains a navigation menu with the following items: Home, Patients, Immunizations, IZ Quick Add, Inventory, Clinic Tools, Storage Units, Reading History, Manage Assets, Enrollments, Clinic Information (highlighted), Address/Name, Contact Information, Delivery Hours, Staff, and Reports. At the bottom of the sidebar, it states "Version 20.6.2007.0 Copyright © 2013-2020 Envision Technology Partners Inc. Third Party Notices".

The main content area is titled "Default Provider/Clinic" and contains two dropdown menus for "Provider" and "Clinic", both set to "TEST PROVIDER". Below this is a "Login History" section showing a single entry: "10/21/2020 3:36:40 PM - SUCCESSFUL LOGIN".

The "News" section contains two announcements:

- [08/25/2020] - Saving Logins**
Users must not save their login information when prompted when logging into ShowMeVax. This is a security risk and anyone can access the system which is against Missouri's security policy. In addition when a password reset is needed, the process fails due to the old information being saved. Please remember to use the Forgot Password link prior to contacting the help desk.
Thank you for your help and cooperation in this important matter.
Helpdesk Staff
- [07/21/2020] - Delivery Hours**
Attention VFC Providers:
Due to Covid19 if your facility chooses to lock your doors to restrict entry until patient is called in for an appointment, please ensure that you have signs that are highly legible and in an easy place for the delivery drivers to see, instructing the driver what to do with the package of vaccines (eg. knock on the door or leave the package on the doorstep). Working together through this unprecedented time will help your facilities to receive vaccine without delay and prevent spoilage

Update Clinic Address/Name

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

Clinic Address / Name Change Request ? i Create

Effective Date *
09/18/2020

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 *
CVP TRAINING REGION 3

E-mail
EMAIL@DOMAIN.COM

Mailing Address Clear

Street # * 222 **Prefix** **Street Name *** PARK ROAD **Type** **Suffix**

Unit Number **P.O. Box**

City * NORWICH **Out of State City** **County *** NEW LONDON **Out of State County**

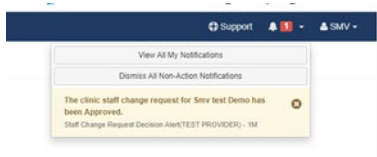
State * CONNECTICUT **Country** UNITED STATES **Zip Code *** 06360 **Census Tract**

☒ Make Shipping Address same as Mailing Address?

Change Request History EDIT

| Submitted On | Status | Approved/Rejected Date | Effective Date | Action |
|--------------|--------|------------------------|----------------|--------|
|--------------|--------|------------------------|----------------|--------|

Changes made on this screen require Missouri Vaccine Program approval (MVP). 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.



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 MVP approval, however the MVP still receives notification.

The screenshot shows the 'Clinic Contact Information' form. It has a title bar with a question mark icon, a help icon, and an 'Update' button. The form is divided into two main sections. The left section contains three rows of input fields: 'Primary Phone' (with a sub-field for 'Ext.'), 'Secondary Phone' (with a sub-field for 'Ext.'), and 'Fax'. Each row has a text input field followed by a smaller 'Ext.' input field. The right section is titled 'Edit Clinic' and contains a vertical list of links: 'Address / Name', 'Contact Information' (which is highlighted), 'Delivery Hours', and 'Staff'. An 'Update' button is located at the top right of the form.

Update Delivery Hours

These are the hours you are allowing COVID-19 vaccines to be delivered to you. You must be available to receive vaccines within four consecutive hours (i.e. 8:00 to 12:00). As you use ShowMeVax, 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 remember to update these when your office will be closed. These changes also do not require MVP approval.

The screenshot shows the 'Clinic Delivery Hours' form. It has a title bar with a question mark icon, a help icon, and an 'Update' button. The form is organized by day of the week: Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, and Sunday. Each day has two delivery time slots. For Monday through Friday, the first slot is from 07:00 to 12:00, and the second slot is from 12:15 to 18:00. For Saturday and Sunday, the first slot is marked 'CHOOSE' and the second slot is marked 'CHOOSE'. Each time slot has a 'Delivery Time 1' and 'Delivery Time 2' label, followed by a dropdown menu for the start time, a 'To' label, and a dropdown menu for the end time. At the bottom, there is an 'Options' section with a checkbox labeled 'Ship to mailing address instead of physical address?' and a text input field for 'Special Instructions'. A vertical sidebar on the right contains links: 'Address / Name', 'Contact Information', 'Delivery Hours' (which is highlighted), and 'Staff'. An 'Update' button is located at the top right of the form.

Update Clinic Staff and Training

Review the list of clinic staff shown. It is important that you have a Primary Vaccine Coordinator, a Back-up Vaccine Coordinator, and a Physician Signing Agreement (this would be what you would list your Chief Medical Officer) and Chief Executive Officer listed in your contacts.

Clinic Staff Change Request ⓘ 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.

Showing 1 to 3 of 3 entries

| Name | Type | Phone | Audit | Action |
|--------------|---|--------------|-------|--------|
| ONEILL, BILL | NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS) | 999-999-9999 | ? | EDIT |
| TAYLOR, TIM | NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS) | 999-999-9999 | ? | EDIT |
| USER21, TEST | PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS) | | ? | EDIT |

Showing 1 to 3 of 3 entries

← Previous 1 Next →

Change Request History

| Submitted On | Name | Clinic | Status | Action |
|--------------|--------------|-----------------------|-----------|--------|
| 09/11/2019 | TAYLOR, TIM | CVP TRAINING REGION 3 | COMPLETED | |
| 09/11/2019 | ONEILL, BILL | CVP TRAINING REGION 3 | COMPLETED | |

Showing 1 to 2 of 2 entries

← Previous 1 Next →

Edit Clinic

[Address / Name](#)

[Contact Information](#)

[Delivery Hours](#)

Staff

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

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

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'.
5. **You must have all prescribers added in this section i.e., MD, DO, NP, PA, RPh. Please make sure their titles and license numbers are included.**

NOTE: When adding your Chief Medical Officer (or equivalent) please make sure to give them the contact type of "Physician Signing the Agreement." They cannot sign off on the enrollment unless this is done.

Remove staff:

1. For the staff that is no longer there, click on the 'EDIT' dropdown next to the staff's name.
2. Click on 'REMOVE'.

| Name | Type | Phone | Audit | Action |
|--------------|---|--------------|-------|----------------|
| ONEILL, BILL | NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS) | 999-999-9999 | ? | EDIT |
| TAYLOR, TIM | NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS) | 999-999-9999 | ? | EDIT |
| USER21, TEST | PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS) | | ? | REMOVE EDIT |

| Submitted On | Name | Clinic | Status | Action |
|--------------|---------------|-----------------------|-----------|--------|
| 09/18/2020 | POTTER, HARRY | CVP TRAINING REGION 3 | PENDING | VIEW |
| 09/11/2019 | TAYLOR, TIM | CVP TRAINING REGION 3 | COMPLETED | |
| 09/11/2019 | ONEILL, BILL | CVP TRAINING REGION 3 | COMPLETED | |

3. A pop-up message appears to confirm or cancel the removal of the staff member.

4. Click OK to continue. Click Cancel if the change request should not happen.

The staff's name appears in the Change Request History section with 'Pending' next to it. You also do not have an 'EDIT' option next to the staff's name in the section above. Only 1 change can be made to a staff member at a time. MVP will review the request and either approve it or reject it.

Clinic Staff Change Request

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.

Showing 1 to 3 of 3 entries

| Name | Type | Phone | Audit | Action |
|--------------|--|--------------|-------|--------|
| ONEILL, BILL | NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/TRCKS) | 000-000-0000 | ? | EDIT |
| TAYLOR, TIM | NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/TRCKS) | 000-000-0000 | ? | EDIT |
| USER21, TEST | PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/TRCKS) | | ? | EDIT |

Showing 1 to 3 of 3 entries

Previous 1 Next

Change Request History

| Submitted On | Name | Clinic | Status | Action |
|--------------|---------------|-----------------------|-----------|--------|
| 09/18/2020 | TAYLOR, TIM | CVP TRAINING REGION 3 | PENDING | VIEW |
| 09/18/2020 | POTTER, HARRY | CVP TRAINING REGION 3 | PENDING | VIEW |
| 09/11/2019 | TAYLOR, TIM | CVP TRAINING REGION 3 | COMPLETED | |
| 09/11/2019 | ONEILL, BILL | CVP TRAINING REGION 3 | COMPLETED | |

Showing 1 to 4 of 4 entries

Previous 1 Next

Edit Clinic

Address / Name

Contact Information

Delivery Hours

Staff

When the request(s) is approved or rejected, you will see a notification(s) in the bell icon.

Support

2

SMV

View All My Notifications

Dismiss All Non-Action Notifications

The clinic staff change request for Demo Smv has been Approved.
Staff Change Request Decision Alert(TEST PROVIDER) - 1M

The clinic staff change request for Smv test Demo has been Approved.
Staff Change Request Decision Alert(TEST PROVIDER) - 11M

In the Change Request History section, you should also see all requests with either a Completed or Rejected status. Pending indicates the MVP team has not approved nor rejected the request yet.

Change Request History

| Submitted On | Name | Clinic | Status | Action |
|--------------|---------------|-----------------------|-----------|--------|
| 09/18/2020 | POTTER, HARRY | CVP TRAINING REGION 3 | COMPLETED | |
| 09/18/2020 | TAYLOR, TIM | CVP TRAINING REGION 3 | COMPLETED | |
| 09/18/2020 | POTTER, HARRY | CVP TRAINING REGION 3 | COMPLETED | |
| 09/11/2019 | TAYLOR, TIM | CVP TRAINING REGION 3 | COMPLETED | |
| 09/11/2019 | ONEILL, BILL | CVP TRAINING REGION 3 | COMPLETED | |

Showing 1 to 5 of 5 entries

Previous 1 Next

Update an existing staff member's information:

1. Click on 'EDIT' next to the staff's name.
2. Add information to a blank field or type the new information over the existing information in 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 MVP know of any other changes.
4. Click 'Update'.

Clinic Staff Change Request ⓘ

Cancel Update

Contact Type *

NON-PHYSICIAN CONTACT (Z1 - VFC/VTRCKS) ▼

CHOOSE

NON-PHYSICIAN CONTACT (Z1 - VFC/VTRCKS)

PHYSICIAN CONTACT (Z2 - VFC/VTRCKS)

PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)

NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)

NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS)

PHYSICIAN CONTACT (PRIMARY) (Z6 - VFC/VTRCKS)

PHYSICIAN CONTACT (BACK-UP) (Z7 - VFC/VTRCKS)

HOSPITAL CONTACT (Z8 - VFC/VTRCKS)

MAILING CONTACT (Z9 - VFC/VTRCKS)

Alternate Contact Type

CHOOSE ▼

Last Name *

POTTER

NPI

License Number

Medicaid Provider ID

Specialty

CHOOSE ▼

Comments

HE IS NOW THE BACK-UP

Employer ID Number

Title

CHOOSE ▼

Training Section

| Course Name | CE Number | Completion Date | Upload Certificate | Add Training |
|-------------|-----------|-----------------|--------------------|--------------|
|-------------|-----------|-----------------|--------------------|--------------|

Add Training for Clinic Staff

For the Primary and Back-up Vaccine Coordinators, training must be documented to complete the enrollment. As shown on the checklist, the training is watching [You Call the Shots-Module Ten-Storage and Handling](#).

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

1. Click on 'EDIT' next to the appropriate clinic staff.
2. Click on 'Add Training' at the bottom.
3. Select a course name; 'You Call the Shots-Module Ten-Storage and Handling'.
4. Enter the date the training was completed. Upload the certificate of completion from the training.
5. Click on 'Save' when finished.
6. When finished with all the updates on this screen, click on 'Update' then 'Cancel'.
7. Repeat the steps above to document training for additional staff.

Clinic Staff Change Request

Contact Type *
NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)

Alternate Contact Type
CHOOSE

First Name *
BILL

Middle Name

Last Name *
ONEILL

E-mail
EMAIL@DOMAIN.COM

NPI

Telephone
999-999-9999

Ext.
99999

Fax Number
999-999-9999

License Number

Comments

Medicaid Provider ID

Employer ID Number

Specialty
CHOOSE

Title
CHOOSE

Edit Clinic

[Address / Name](#)

[Contact Information](#)

[Delivery Hours](#)

[Staff](#)

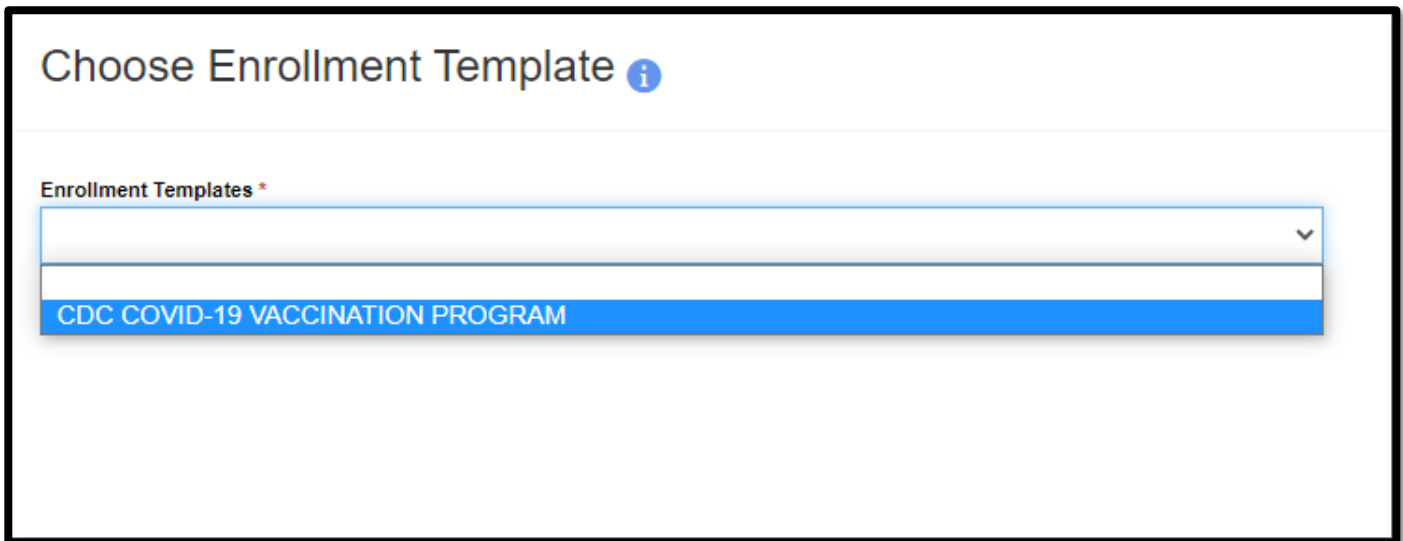
Training Section

| Course Name | CE Number | Completion Date | Upload Certificate | Add Training |
|-----------------------------|-----------|-----------------|--------------------|--------------|
| VACCINES FOR CHILDREN (VFC) | 49502 | 09/18/2020 | | |
| VFC STORAGE AND HANDLING | 49502 | 09/18/2020 | | |

Complete the Enrollment

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

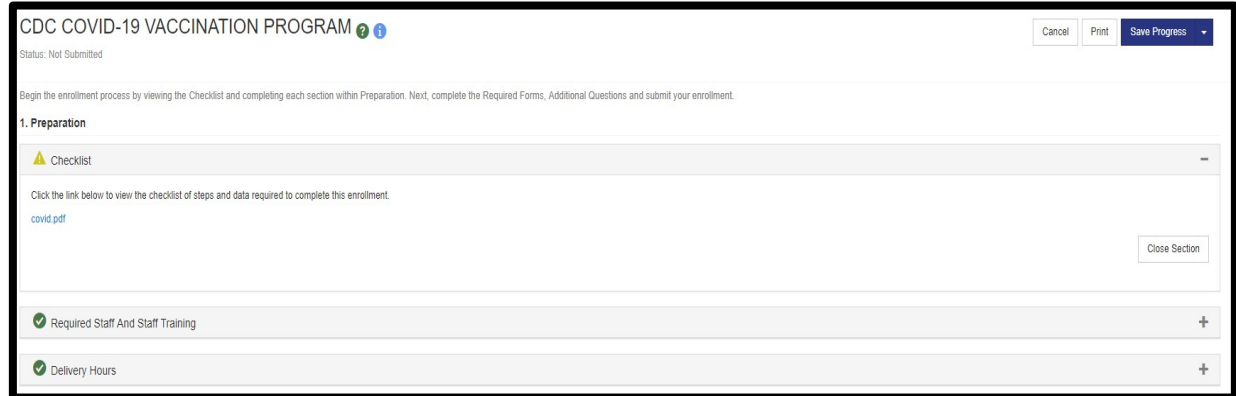
1. Click on 'Clinic Tools' in the left navigation menu.
2. Click on 'Enrollments'. This screen lists all your enrollments, past and present. You can also see when the enrollment was submitted and the status of either accepted or rejected with the date.
3. Click on 'Add Enrollment'.
 - a. If you see a row with this year's enrollment(s) and a 'Not Submitted' status, click on 'View' to the right of the 'Not Submitted' one. You can continue working on this one.
4. Select 'COVID-19 Vaccine Program Enrollment' in the dropdown.



The screenshot shows a web interface titled "Choose Enrollment Template" with an information icon. Below the title is a dropdown menu labeled "Enrollment Templates *". The dropdown is open, showing a list of templates. The first template, "CDC COVID-19 VACCINATION PROGRAM", is highlighted in blue. The dropdown menu has a small downward arrow on the right side.

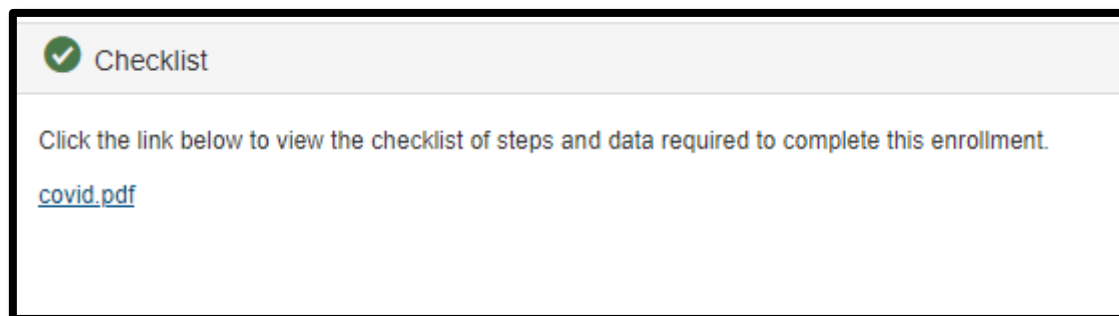
When in the enrollment, there are 3 modules and sections/questions within each module that must be completed. Each section with a yellow exclamation point indicates the section has not been completed yet. A green checkmark indicates the section is complete.

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 Enrollment checklist.
 - a. The checklist opens in a separate window showing everything that needs to be done prior to enrolling, as well as things to help you fill out the enrollment.
 - b. Once you have reviewed this PDF you can minimize or print it.
 - c. 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.

1. You can also print your enrollment. The printout shows all the information that has been entered thus far, as well as any PDF documents included in the enrollment.
2. 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' screen and to the 'Manage Clinic Staff Change Request' screen where you can document the required training.
3. There is already a green checkmark in 'Delivery Hours'. Since you have your delivery hours loaded in ShowMeVax and reviewed them prior to completing the enrollment, no further action is required.

4. Click on 'Save Progress' to save the work you have completed thus far.
5. In the 'Required Forms' section, click on 'Provider/Clinic Profile'.
6. Click on 'Review Facility/Clinic Information'. This shows the provider name, the clinic name, the delivery address, phone number, email, and clinic type.
 - a. 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 name, address or staff must be approved first by the MVP team for it to reflect on the enrollment.
 - b. **If you need to make changes**, click on the blue 'Edit Clinic Info' link. Again, this link brings you out of the Enrollment screen and to the Manage Address Name Change Request screen where you can make changes.
 - c. **If the information is correct**, check the box confirming all information is correct. You should see a green check mark for this section.

7. Click on 'Source of Data'. Select how you determined your population totals (you will have to enter these totals later in the enrollment). Select all that apply. You should see a green check mark when done. This completes the Provider/Clinic Profile section.

2. Required Forms

- ☒ Provider / Clinic Profile
- ☒ Review Facility/Clinic Information
- ☒ Source of Data

Close Section

In the 'Provider /Clinic Agreement' section, you are confirming the clinic information, the medical director, vaccine coordinators, and prescribing staff members are entered correctly in ShowMeVax.

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

☒ 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.

| | |
|-------------------------|---------------------|
| Facility/Clinic Name | VFC Pin |
| CVP TRAINING REGION 3 | 1001 |
| Facility/Clinic Address | Shipping Address |
| 222 NW PARK RD NE | 222 NW PARK RD NE |
| UNIT 167 PO BOX 567 | UNIT 167 PO BOX 567 |
| NORWICH, CT 06360 | NORWICH, CT 06360 |
| Phone | Fax |
| 999-999-9999 | |


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

3. Click on 'Review Medical Director or Equivalent Information'.
 - a. This staff member is the one who must sign the Enrollment.
 - b. Confirm the information is correct.
 - c. **If any changes need to be made**, click on the blue 'Manage Clinic Staff' link. Remember, this brings you out of the enrollment and to the appropriate screen.
 - d. **If the information is correct**, click on the "I confirm" checkbox. Green check marks should appear for each section you complete.

4. Click on 'Review Vaccine Coordinators'.
 - a. Review the information.
 - b. The Primary and Back-up Coordinators names only display when their training has been documented on the Clinic Staff screen.
 - c. **If any changes need to be made**, click on the blue 'Manage Clinic Staff' link. Remember, this brings you out of the enrollment screen and to the appropriate screen.
 - d. 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.

 [Review Vaccine Coordinators](#)

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.

Primary Coordinator

| | | |
|-------------|-----------|-------|
| Name | Telephone | Email |
| BILL ONEILL | | |

Training

| Course Name | Date Completed | CE Number | Upload Certificate |
|--|----------------|-----------|--------------------|
| Vaccines for Children (VFC) | 09/18/2020 | 49502 | |
| VFC Storage and Handling | 09/18/2020 | 49502 | |
| Keys to Storing & Handling Your Vaccine Supply | 10/01/2020 | | |

Backup Coordinator

| | | |
|--------------|--------------|-------|
| Name | Telephone | Email |
| HARRY POTTER | 860-555-1234 | |

Training


| Course Name | Date Completed | CE Number | Upload Certificate |
|--|----------------|-----------|--------------------|
| Keys to Storing & Handling Your Vaccine Supply | 09/30/2020 | | |
| Vaccines for Children (VFC) | 10/05/2020 | | |
| VFC Storage and Handling | 10/05/2020 | | |

Information not correct?

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

☒ I confirm that the Vaccine Coordinators information is correct.

5. Click on 'Prescribing Staff Members'.
 - a. Confirm the information is correct.
 - b. If the information listed is correct, click on the "I confirm" checkbox. Green check marks should appear for each section you complete.
 - c. To add new prescribers, click on the blue Edit Clinic Staff link.

 Prescribing Staff Members

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 info

| Name | Title | License Number |
|--------------|----------------------------|----------------|
| TAYLOR, TIM | DOCTOR OF NURSING PRACTICE | |
| 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.

The next section is the 'Primary Agreement'. Only users with the physician signing the agreement access can electronically sign the agreement. 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".

The Primary Agreement attachment is NOT a fillable PDF. This document does not need to be filled out and sent to us.

Primary Agreement

CDC COVID-19 Vaccination Program Provider Agreement



Please complete Sections A and B of this form as follows:

The Centers for Disease Control and Prevention (CDC) greatly appreciates your organization's (Organization) participation in the CDC COVID-19 Vaccination Program. Your Organization's chief medical officer (or equivalent) and chief executive officer (or chief fiduciary)—collectively, Responsible Officers—must complete and sign the *CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement* (Section A). *CDC COVID-19 Vaccination Program Provider Profile Information* (Section B) must be completed for each vaccination Location covered under the Organization listed in Section A.

Section A. COVID-19 Vaccination Program Provider Requirements and Legal Agreement

ORGANIZATION IDENTIFICATION

Organization's legal name: _____

Number of affiliated vaccination locations covered by this agreement: _____

| | |
|--------------------------------------|--|
| Organization telephone number: _____ | Email <i>(must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program)</i> : _____ |
|--------------------------------------|--|

Organization address: _____

RESPONSIBLE OFFICERS

For the purposes of this agreement, in addition to Organization, Responsible Officers named below will also be accountable for compliance with the conditions specified in this agreement. The individuals listed below must provide their signature after reviewing the agreement requirements.

| Chief Medical Officer (or Equivalent) Information | | |
|---|------------|------------------------------|
| Last name | First name | Middle initial |
| Title | | Licensure (state and number) |
| Telephone number: _____ | | Email: _____ |
| Address: _____ | | |

| Chief Executive Officer (or Chief Fiduciary) Information |
|--|
|--|

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

6. In the Comments section, enter any other comments you would like the MVP to see.
7. Click on 'Save Progress' to save your work.
8. Answer all questions listed under Additional Questions. All fields must have a value, either NA, UNK or 0 if the question does not apply to your specific clinic. Remember the Chief Executive Officer must electronically sign the appropriate question.
9. Once questions have been answered, click on 'Save Progress.'

3. Additional Questions

Additional Questions

Q. Did you complete the COVID-19 Vaccine Program Provider Information Packet? *

☐ YES

☐ NO

Q. Estimated number of 10-dose multidose vials your location is able to store refrigerated (2C to 8C) *

Q. Will another Organization location order COVID-19 vaccine for this site? *

Q. If answered yes and another location will order COVID-19 for this site, please provide organization

Q. Is the organization address of location where COVID-19 vaccine will be administered? *

Q. COVID-19 Vaccination Provider type for this location (select one) *

☐ Commercial vaccination service provider

☐ Corrections/detention health services

☐ Health Center-community (non-Federally Qualified Health Center/non-rural health clinic)

☐ Health Center-migrant or refugee

☐ Health Center-occupational

At this time, the Medical Director/Chief Medical Officer (physician signing agreement) must complete the enrollment by logging into ShowMeVax.

Sign the Agreement

When the Medical Director/Chief Medical Officer is ready to sign the enrollment, all the sections should show complete except for the Agreement.

1. Log into ShowMeVax 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 COVID-19 Enrollment. The status should be 'Not Submitted'.

| Last Modified Date | Submitted Date | Provider | Clinic | Status | Accept/Reject Date | Title | Audit | Action |
|--------------------|----------------|------------|-----------------------|---------------|--------------------|----------------------------------|-------|--------|
| 10/01/20 | | TIM TAYLOR | CVP TRAINING REGION 3 | NOT SUBMITTED | | CDC COVID-19 VACCINATION PROGRAM | ? | View |
| 09/30/20 | 09/30/20 | TIM TAYLOR | CVP TRAINING REGION 3 | APPROVED | 09/30/20 | CDC COVID-19 VACCINATION PROGRAM | ? | Print |
| 09/28/19 | 09/28/19 | TIM TAYLOR | CVP TRAINING REGION 3 | REJECTED | 09/28/19 | 2020 PROVIDER PROFILE | ? | View |

Showing 1 to 3 of 3 entries

Previous 1 Next

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

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.

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


9. Click on the checkbox, which provides your electronic signature to accept all things stated in the agreement.

10. Click on 'Click to Accept'.

Primary Agreement

ViewFile 1 / 8

CDC COVID-19 Vaccination Program Provider Agreement



Please complete Sections A and B of this form as follows:

The Centers for Disease Control and Prevention (CDC) greatly appreciates your organization's (Organization) participation in the CDC COVID-19 Vaccination Program. Your Organization's chief medical officer (or equivalent) and chief executive officer (or chief fiduciary)—collectively, Responsible Officers—must complete and sign the CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A). CDC COVID-19 Vaccination Program Provider Profile Information (Section B) must be completed for each vaccination Location covered under the Organization listed in Section A.

Section A. COVID-19 Vaccination Program Provider Requirements and Legal Agreement

| ORGANIZATION IDENTIFICATION | | |
|---|--|--|
| Organization's legal name: | | |
| Number of affiliated vaccination locations covered by this agreement: _____ | | |
| Organization telephone number: | Email (must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program): | |
| Organization address: | | |

RESPONSIBLE OFFICERS

For the purposes of this agreement, in addition to Organization, Responsible Officers named below will also be accountable for compliance with the conditions specified in this agreement. The individuals listed below must provide their signature after reviewing the agreement requirements.

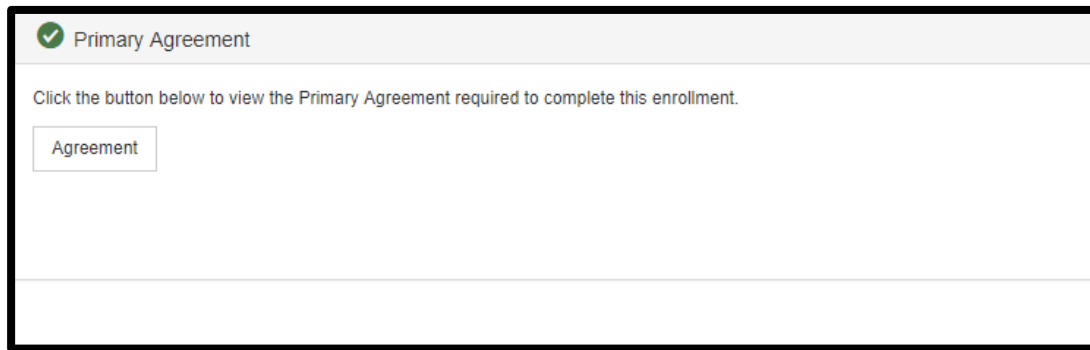
| Chief Medical Officer (or Equivalent) Information | | |
|---|------------|------------------------------|
| Last name | First name | Middle initial |
| Title | | Licensure (state and number) |
| Telephone number: | Email: | |
| Address: | | |

| Chief Executive Officer (or Chief Fiduciary) Information | | |
|--|--|--|
| | | |

☐ 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

11. Click on 'Save Progress' at the top to save your work. All sections should have green checkmarks.

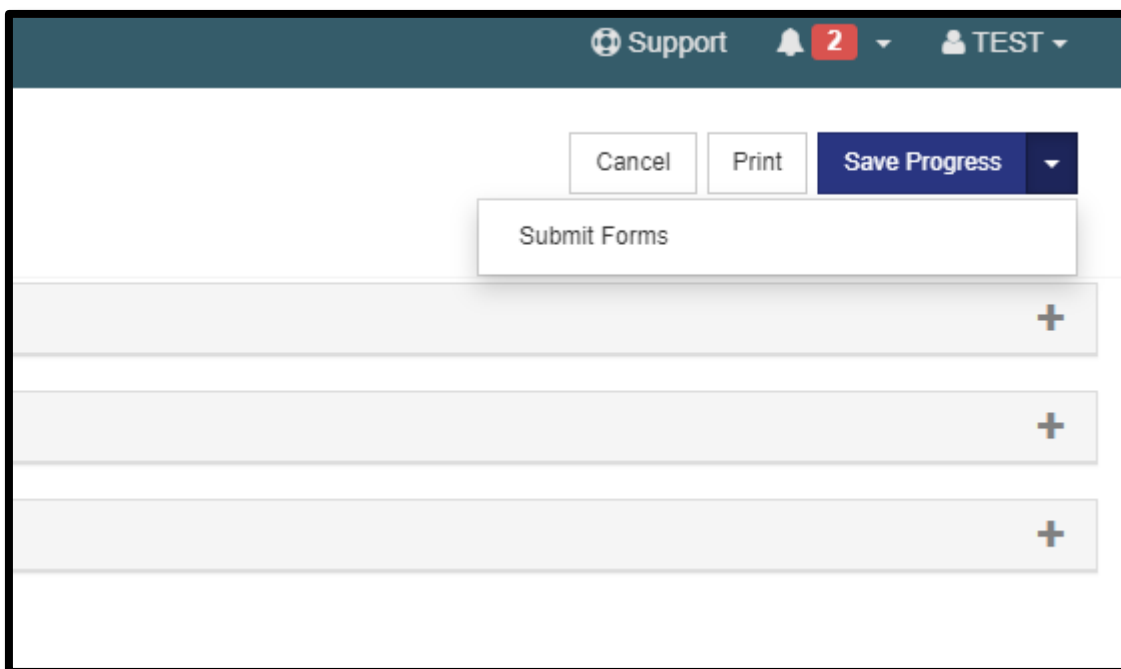


Primary Agreement

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

Agreement

12. When you are ready to submit the enrollment, click on the 'Save Progress' dropdown, and click on 'Submit Forms'. If you do not have all the sections complete, ShowMeVax will not allow you to click on this option.



Support 2 TEST

Cancel Print Save Progress

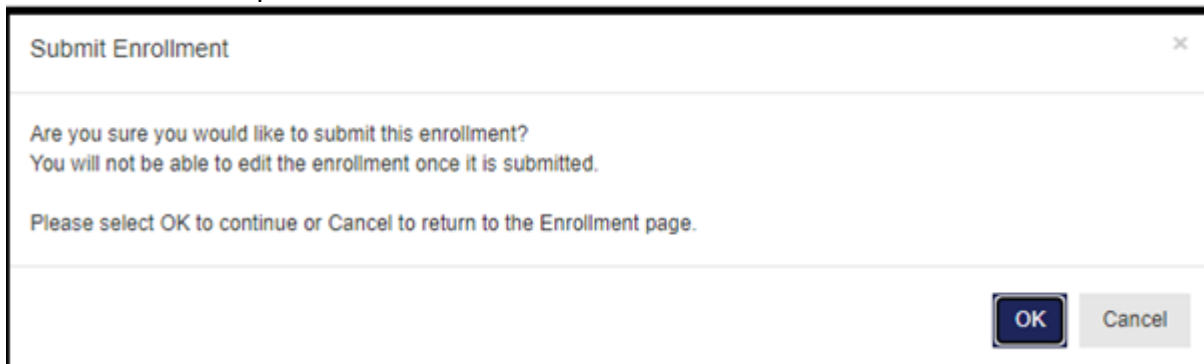
Submit Forms

+

+

+

13. Click 'OK' to complete the enrollment.



Submit Enrollment

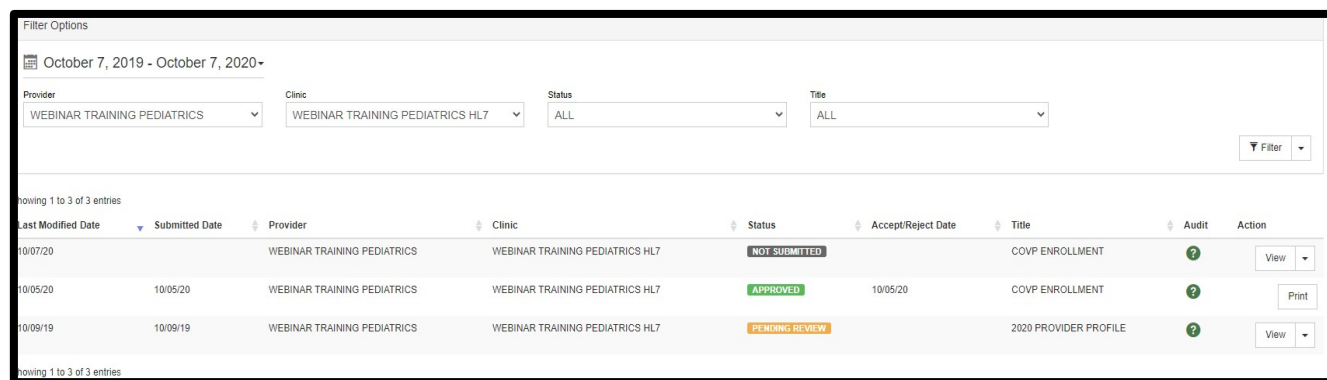
Are you sure you would like to submit this enrollment?
You will not be able to edit the enrollment once it is submitted.

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

OK Cancel

When your enrollment is successfully submitted, the status shows 'Pending Review'.

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



The screenshot shows a web interface with a 'Filter Options' section at the top. Below the filters is a table with 10 columns: Last Modified Date, Submitted Date, Provider, Clinic, Status, Accept/Reject Date, Title, Audit, and Action. The table contains three rows of data. The first row has a status of 'NOT SUBMITTED'. The second row has a status of 'APPROVED' and an 'Accept/Reject Date' of 10/05/20. The third row has a status of 'PENDING REVIEW'. Each row has a 'View' button in the 'Action' column. The 'Audit' column contains a question mark icon for each row.

| Last Modified Date | Submitted Date | Provider | Clinic | Status | Accept/Reject Date | Title | Audit | Action |
|--------------------|----------------|-----------------------------|---------------------------------|----------------|--------------------|-----------------------|-------|--------|
| 10/07/20 | | WEBINAR TRAINING PEDIATRICS | WEBINAR TRAINING PEDIATRICS HL7 | NOT SUBMITTED | | COVP ENROLLMENT | ? | View |
| 10/05/20 | 10/05/20 | WEBINAR TRAINING PEDIATRICS | WEBINAR TRAINING PEDIATRICS HL7 | APPROVED | 10/05/20 | COVP ENROLLMENT | ? | Print |
| 10/09/19 | 10/09/19 | WEBINAR TRAINING PEDIATRICS | WEBINAR TRAINING PEDIATRICS HL7 | PENDING REVIEW | | 2020 PROVIDER PROFILE | ? | View |



When your enrollment has been reviewed and either approved or rejected, you will receive a notification via email or in the bell icon of the status.

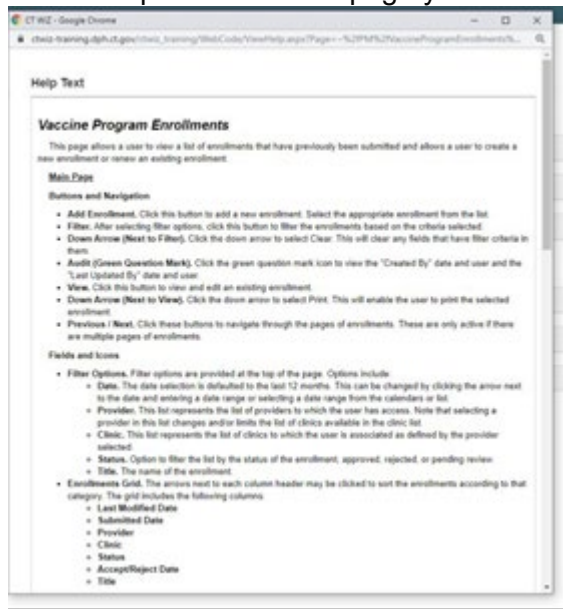
If your enrollment was approved, the status on the Enrollment screen shows Approved and the 'Accept Date' is listed in the next column.

If you see a Rejected status, you can click on 'View' to see the comments made by the MVP team in the 'Jurisdiction Comments' field. You can make changes to the enrollment and resubmit it when ready. You do not need to have the Medical Director sign the agreement again.

Help with ShowMeVax

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

1. In ShowMeVax, 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 COVID-19 Vaccine Information for Vaccinators webpage where you can find training documents to guide you in the completion of your Provider Profile and Provider Agreement. Once you have this webpage up, we highly recommend you bookmark it to quickly find it again.
3. After you have exhausted all these help topics and still cannot find your answer, simply submit an email to vfc-smvsupport@health.mo.gov. During this busy enrollment time, this is the quickest way to contact us. We will review the email and respond to you in a timely manner.