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

Lyndsey Cordova
NMSIIS Training Coordinator
What is Data Quality:
Completeness:

### Measurable Fields for Data Completeness

<table>
<thead>
<tr>
<th>Measurable Fields</th>
<th>Measurable Fields</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient name first is present</td>
<td>Patient ethnicity is present</td>
</tr>
<tr>
<td>Patient middle name is present</td>
<td>Patient phone is present</td>
</tr>
<tr>
<td>Patient name last is present</td>
<td>Patient email is present</td>
</tr>
<tr>
<td>Patient birth date is present</td>
<td>Vaccination admin code is present</td>
</tr>
<tr>
<td>Patient gender is present</td>
<td>Vaccination admin date is present</td>
</tr>
<tr>
<td>Patient address street is present</td>
<td>Vaccination information source is present</td>
</tr>
<tr>
<td>Patient address city is present</td>
<td>Vaccination lot number is present</td>
</tr>
<tr>
<td>Patient address state is present</td>
<td>Vaccination lot expiration date is present</td>
</tr>
<tr>
<td>Patient address zip is present</td>
<td>Vaccination financial eligibility code is present</td>
</tr>
<tr>
<td>Patient mother's maiden name is present</td>
<td>Vaccination funding source code is present</td>
</tr>
<tr>
<td>Patient race is present</td>
<td></td>
</tr>
</tbody>
</table>

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Completeness

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- Missing or outdated phone number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

### Measurable Fields for Data Timeliness

<table>
<thead>
<tr>
<th>Field</th>
<th>Timeliness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient System Entry Time On-Time</td>
<td>30 days and under</td>
</tr>
<tr>
<td>Patient System Entry Time Late</td>
<td>over 30 through 45 days</td>
</tr>
<tr>
<td>Patient System Entry Time Very Late</td>
<td>over 45 days through 60 days</td>
</tr>
<tr>
<td>Patient System Entry Time Too Late</td>
<td>over 60 Days</td>
</tr>
<tr>
<td>Vaccination System Entry Time On Time</td>
<td>1 day and under</td>
</tr>
<tr>
<td>Vaccination System Entry Time Late</td>
<td>over 1 day through 7 days</td>
</tr>
<tr>
<td>Vaccination System Entry Time Very Late</td>
<td>over 7 days through 14 days</td>
</tr>
<tr>
<td>Vaccination System Entry Time Too Late</td>
<td>over 14 days</td>
</tr>
</tbody>
</table>
Timeliness

Most common timeliness issues:
- Delayed reporting
- Not reporting at all

### NMSIIS Vaccine Reporting Timelines REMINDER!

<table>
<thead>
<tr>
<th>Vaccination Type</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Vaccinations</td>
<td>10 Days</td>
</tr>
<tr>
<td>COVID-19 Vaccines</td>
<td>24 Hours</td>
</tr>
<tr>
<td>Mass Events</td>
<td>30 Days</td>
</tr>
</tbody>
</table>
Validity:

Measurable Fields for Data Validity

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

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

• Ongoing Data Quality

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

• Capturing all information at time of service
• Analyze data at rest in IIS
• Provider education on reporting requirements
• Transition providers to Automated Data Reporting
Data at Rest (DAR) Project

• Emails were sent on Monday, January 19, 2023 to select providers

• Data that was pulled for analysis was:
  • From Jan 2019-Dec 2020
  • 0-24 years old
  • Compared data quality measurements (completeness, timeliness, and validity) based on acceptable threshold

• Data will be pulled every 6 months

• Goal is to improve data reporting and educate providers on requirements
Resources for Data Quality

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

https://www.nmhealth.org/about/phd/idb/imp/siis/
NMSIIS Reports
Reports Module in NMSIIS

References Available for:
- School Requirements
- Vaccine For Children Program
- Adult Vaccine Program
- COVID-19
- Data Exchange
- HEDIS
- Data Loggers
- VaxViewNM Public Portal
- Consent Forms
and more…
Useful NMSIIS Reports

**Providers**
- Inventory On Hand
- Patient Detail with Services
- Patient Reminder Recall

**Schools**
- HEDIS
- Students with Active Exemptions
- Immunization Rates (School Version)

**Coverage Rates**
- Immunization Rates
- Doses Administered
New Report Reference Guides

Created by Felicia Martinez (                )

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

Can be found in NMSIIS Reports Module:

NMSIIS/Web IZ Report Reference Guide
Future of NMSIIS Reports

- Improved Canned Reports
- Recruiting NMSIIS Epidemiologist
- Improving Server Access for Easier Ad-Hoc Reporting
For Help with NMSIIS Reports...

**NMSIIS Help Desk**
(833) 882-6454
Monday-Friday, 8am-5pm (closed from 12pm-1pm)

**NMSIIS Email**
NMSIIS.Access@doh.nm.gov

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

**General COVID Vaccine Inquiries**
COVID.vaccines@doh.nm.gov

CONTACT US
Staff Access Requests

Lyndsey Cordova
NMSIIS Training Coordinator
Reminders:

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

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

Lyndsey Cordova
NMSIIS Training Coordinator
VaxViewNM – Public Portal

- www.VaxViewNM.org

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

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

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

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

<table>
<thead>
<tr>
<th>Data Fields to Enter that Must Match NMSIIS Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Relationship to Patient</td>
</tr>
<tr>
<td>Phone Number and/or Email Address</td>
</tr>
</tbody>
</table>
VaxViewNM - Search

Vaxview NM: Access My Immunization Record

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

Who is the Patient?

First Name: MICKEY  Last Name: MOUSE  Date of Birth (MM/DD/YYYY): 01/01/1956  Gender: MALE

Who are you?

What is your relationship to the Patient?

I AM THE PATIENT

How would you like to receive your access code?

Mobile Phone  Email

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

505-123-4567

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

Clear  Search

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VaxViewNM - Unsuccessful

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

Who is the Patient?

First Name: MICKEY  Last Name: MOUSE  Date Of Birth: 01/01/1990  Gender: MALE

Who are you?

What is your relationship to the Patient? I AM THE PATIENT

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

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

505-123-4567

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

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

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

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

Investing for tomorrow, delivering today.
VaxViewNM - Unsuccessful

What to do?

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

Remember... Three unsuccessful attempts from the same IP address will result in the user being locked out for 30 minutes!
QR Code on Digital COVID-19 Vaccine Card

SMART Health Cards are paper or digital versions of your clinical information, such as vaccination history or test results. They allow you to keep a copy of your records on hand and easily share this information with others if you choose.
QR Code on Digital COVID-19 Vaccine Card

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

NM DOH SMART Health Card (QR Code) FAQ

Located on the Immunization website: www.nmhealth.org

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

Who is the Patient?

First Name: MICKEY
Last Name: MOUSE
Date of Birth (MM/DD/YYYY): 01/01/1950
Gender: MALE

Who are you?

What is your relationship to the Patient?
I AM THE PATIENT

How would you like to receive your access code?

- [ ] Mobile Phone
- [ ] Email

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

Clear  Search
A code was just sent to the Mobile phone [REDACTED]. Please enter the code to print the record.
The code can take a few minutes to reach your text message application or email. Please allow time to receive the code before selecting resend.

Verification Code

89544D

Resend Code  Verify

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This website is WCAG 2.1 AA Compliant. These standards represent a higher level of accessibility than 508 Accessibility Standards. View our accessibility documents.
# Access My Immunization Record

**Name:** MOUSE, MICKEY  
**Date of Birth:** 01/01/1950  
**Age:** 73 years 1 months 27 days  
**Gender:** Male

<table>
<thead>
<tr>
<th>Dose #</th>
<th>Vaccine</th>
<th>Date Given MM/DD/YYYY</th>
<th>Age at Time of Vaccination</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DTaP / TD / Tdap</td>
<td>06/01/2017</td>
<td>67 years 5 months 0 days</td>
</tr>
<tr>
<td>2</td>
<td>DTaP / UG</td>
<td>06/04/2018</td>
<td>68 years 5 months 3 days</td>
</tr>
<tr>
<td>3</td>
<td>DTaP / IPV</td>
<td>06/25/2018</td>
<td>68 years 5 months 24 days</td>
</tr>
</tbody>
</table>

**Hep B**

<table>
<thead>
<tr>
<th>Dose #</th>
<th>Vaccine</th>
<th>Date Given MM/DD/YYYY</th>
<th>Age at Time of Vaccination</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DTaP / HepB-IPV</td>
<td>06/01/2017</td>
<td>67 years 5 months 0 days</td>
</tr>
</tbody>
</table>

**Polio**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date Given MM/DD/YYYY</th>
<th>Age at Time of Vaccination</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP / HepB-IPV</td>
<td>06/01/2017</td>
<td>67 years 5 months 0 days</td>
</tr>
<tr>
<td>DTaP / IPV</td>
<td>06/25/2018</td>
<td>68 years 5 months 24 days</td>
</tr>
</tbody>
</table>

**Influenza**

<table>
<thead>
<tr>
<th>Dose #</th>
<th>Vaccine</th>
<th>Date Given MM/DD/YYYY</th>
<th>Age at Time of Vaccination</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Influenza Quad Inj P</td>
<td>06/19/2018</td>
<td>68 years 5 months 18 days</td>
</tr>
</tbody>
</table>

**Meningococcal**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date Given MM/DD/YYYY</th>
<th>Age at Time of Vaccination</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCV4P</td>
<td>06/01/2018</td>
<td>65 years 5 months 0 days</td>
</tr>
</tbody>
</table>

**COVID-19**

<table>
<thead>
<tr>
<th>Dose #</th>
<th>Vaccine</th>
<th>Date Given MM/DD/YYYY</th>
<th>Age at Time of Vaccination</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>COVID-19 mRNA (MOD)</td>
<td>01/10/2021</td>
<td>71 years 0 months 9 days</td>
</tr>
<tr>
<td>2</td>
<td>COVID-19 mRNA (MOD)</td>
<td>02/26/2021</td>
<td>71 years 1 months 19 days</td>
</tr>
<tr>
<td>3</td>
<td>COVID-19 Bivalent BOOSTER (M)</td>
<td>01/01/2022</td>
<td>72 years 0 months 0 days</td>
</tr>
</tbody>
</table>

---

The immunization records on this page may contain acronyms and abbreviations. For a detailed list of the acronyms and abbreviations, as well as their meanings, please refer to the CDC’s (Centers for Disease Control) vaccine acronyms and abbreviations guide: [https://www.cdc.gov/vaccines/terms/vacc-abbrev.html](https://www.cdc.gov/vaccines/terms/vacc-abbrev.html)
Common Issues on an Immunization Record

- Doses not documented in NMSIIS
- Incorrect information or inaccurate doses
- Duplicate records in NMSIIS
Correcting Issues on a Patient or Immunization Record

Contact the NMSIIS Help Desk
(833) 882-6454

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

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

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

NMSIIS Email
NMSIIS.Access@doh.nm.gov

General COVID Inquiries
COVID.vaccines@doh.nm.gov
thank you!
This training is not mandatory and does not take the place of NMSIIS or CHIL-e training. Participation today does not account for any credits or CEU’s.
ADULT 317/ASP Vaccine

Joelle Jacobs
Vaccine and Outreach Manager
Adult Vaccine Manager

Vanessa Hansel

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

Adult.vaccines@doh.nm.gov
What is new with Adult Vaccines?
Future of Adult Vaccine Program

- Potential CDC VFA (Vaccines For Adults) program
  - Similar set up to the VFC (Vaccine For Children) program
  - Includes expansion of vaccine funding for adults
  - Expansion of potential adult vaccine providers
  - Initial proposed budget is ~$2B annually; $25B over 10 years
Shingles/Adult working group

• Includes different stakeholders around NM (NMIC, FQHC, etc.)

• Developed to address the gaps in Shingles vaccine in uninsured/underinsured populations
  • 50 doses for 317 FY22
  • State purchased 500 doses

• Identify discrepancies in adult data reporting in NMSIIS

• Promote Adult vaccinations (Pneumococcal, Flu, Shingles, etc.)

• Adult.vaccines@doh.nm.gov
Adult Media Toolkit

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

Vaccines for Adults

Vaccines are an important part of preventive healthcare for adults.

What vaccines do I need?

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age 19-49</th>
<th>Age 50-64</th>
<th>Age 65+</th>
<th>Additional note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
<td></td>
<td>Recommended</td>
</tr>
<tr>
<td>COVID-19</td>
<td></td>
<td></td>
<td></td>
<td>Ask for individual vaccine</td>
</tr>
<tr>
<td>Tdap/Td (Tetanus/Diphtheria/Pertussis - Whooping Cough)</td>
<td>Ask your provider</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td>Catch up if vaccinated</td>
</tr>
<tr>
<td>Shingles</td>
<td>If immune system intact</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal</td>
<td></td>
<td></td>
<td></td>
<td>Catch-up if never vaccinated</td>
</tr>
<tr>
<td>HPV (Human Papillomavirus)</td>
<td>Ask your provider</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR* (Measles, Mumps, Rubella)</td>
<td>Catch-up if never vaccinated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella* (Chickenpox)</td>
<td>Catch-up if never vaccinated and never had chickenpox</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A*</td>
<td></td>
<td></td>
<td></td>
<td>Recommended</td>
</tr>
</tbody>
</table>

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

Where do I go for shots?

Primary care provider
If your healthcare provider doesn’t give vaccinations or you don’t have a healthcare provider...

Pharmacy
Check if your local pharmacy is considered in your insurance plan and ask if the specific vaccine is covered. If your pharmacy can’t help...

Other Resources
Local Public Health Office
Federally Qualified Health Center
Travel health clinics provide routine vaccines with insurance at no out of pocket payment.

Who pays for my shots?

Medical or Pharmacy insurance
Most vaccines are covered as a preventive measure under the Affordable Care Act. Check with your insurance and pharmacy plan for co pays, deductibles, and if this is a health care provider office or pharmacy benefit.

If you have Medicare
Medicare Part B covers flu and pneumococcal in the doctor’s office and the pharmacy.
Medicare Part D may cover Shingles and Tdap in the pharmacy, may have deductibles or co-pay costs.

If you do not have insurance
Contact the State Insurance sign-up hotline at 1-833-682-3935 or online at www.bewellnm.com
For some vaccines, go to your local Public Health Office. Vaccine manufacturers or coupon cards may be able to help you with patient assistance programs or co-ons for certain vaccines.
You may need to pay out of pocket.

Vaccines are an important part of preventive healthcare for adults.

Ask your doctor about these vaccines:
- Influenza
- COVID-19
- Pneumococcal
- Tdap
- Shingles
- Hepatitis B
- HPV
- MMR
- Varicella

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317 vs Adult Special Purpose
317 Vaccine Use:

• NMDOH received a finite quantity of federal funds each year for immunization of uninsured adults.

• All providers administering 317 vaccine MUST screen AND document eligibility status.
  • Uninsured (self-pay) or under-insured*
  • Incarcerated in a correctional facility or jail
  • Receiving vaccine as post-exposure prophylaxis
  • Household or sexual contact of a pregnant or postpartum woman with hepatitis B
ASP (Adult Special Purpose/Adult State)

• Only for Public Health Offices
• Designed for individuals with insurance to supplement 317
• Screen and document insurance
• Only order what is needed
• Orders can be submitted on NMSIIS
Adult Vaccine Ordering, Returns, Temperature Excursions
Orders and Returns

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

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

Total Doses 40, Total Cost $2337.65
317/ASP ordering

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

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

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

Please print and attach your on-hand inventory from NMIIS

<table>
<thead>
<tr>
<th>GlaxoSmithKline</th>
<th>Phone: 1-866-475-8222</th>
<th>Date/Time:</th>
<th>Case #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturer Representative:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccine Name</td>
<td># of Doses</td>
<td>Advice Given</td>
<td>OK to Use / Do NOT Use</td>
</tr>
<tr>
<td>Engerix-B (Hep B-alum)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluvarix (Flu)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Havrix (Hep A)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shingrix (Shingles)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Twinrix (Hep A/B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pfizer</th>
<th>Phone: 1-800-358-7443</th>
<th>Date/Time:</th>
<th>Case #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturer Representative:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccine Name</td>
<td># of Doses</td>
<td>Advice Given</td>
<td>OK to Use / Do NOT Use</td>
</tr>
<tr>
<td>Prevnar 20 (PCV20)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sanofi Pasteur</th>
<th>Phone: 1-800-822-2463</th>
<th>Date/Time:</th>
<th>Case #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturer Representative:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccine Name</td>
<td># of Doses</td>
<td>Advice Given</td>
<td>OK to Use / Do NOT Use</td>
</tr>
<tr>
<td>Adacel (Tdap)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Influenza Vaccine 317/ASP

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

IMMUNIZE FOR A HEALTHY FUTURE

BECOME A 317 ADULT VACCINE PROVIDER

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

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

Veronica Rosales
Quality Improvement/Quality Assurance Epidemiologist
What is IQIP

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

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

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

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

• The purpose of IQIP is to promote and support the implementation of provider-level strategies designed to increase on-time vaccination among child and adolescent patients in adherence to the Advisory Committee on Immunization Practices’ (ACIP) routine immunization schedule

• It is also used to collaborate and build relationships with VFC providers, that support and motivate increasing vaccine coverage throughout the state
Choosing Site Visits

• Prior to the start of the project year the number of required IQIP visits is calculated by the CDC, they calculate this number utilizing VFC provider data via PEAR.

• Several factors are considered during provider selection, current or base vaccine coverage rate, time since last QI visit, providers serving socially vulnerable populations, etc. It is important to know the clinics and how well a QI plan will serve them.

• Location should be a considering factor, however, should not be the deciding factor out of convenience. It is important to include a combined factors to ensure all providers are receiving technical assistance and a chance to attain help to boost vaccination coverage.
Arranging a Site Visit

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

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

• Basic Quality improvement Process

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

• Initiate site visit with introductions, purpose of the visit, and overview of the IQIP process. Discuss immunization champion.

• Review vaccination policy and vaccination workflow for patients and supporting procedures in relation to the IQIP strategies.

• Review assessment reports to identify opportunities for improvement and discuss and select IQIP strategies.

• Develop action items, which will combine to form the strategy implementation plan, provide technical assistance as needed.

• Wrap up by discussing next steps and establishing check-in and follow-up dates.
Provider Staff

• Provider staff is key to the IQIP process, providers should be included as well as case managers and other staff involved in immunization workflow

• An Immunization Champion should be discussed

• This individual takes the lead in promoting immunization activities, such as coordinating or delivering vaccine-related education, ensuring appropriate vaccination documentation, and communicating vaccine-related information. This person can also ensure that workflow changes and other IQIP action items are completed.
Assessment Reports

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

- Overall Immunization rates

Up-to-date Information:

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

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Doses Up To Date</th>
<th>%</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>UTD Hep B</td>
<td>113</td>
<td>65%</td>
<td>Patient Series Status Complete for Hep B</td>
</tr>
<tr>
<td>2 MMR</td>
<td>105</td>
<td>60%</td>
<td>2 valid doses of MMR</td>
</tr>
<tr>
<td>2 VAR</td>
<td>103</td>
<td>55%</td>
<td>2 valid doses of Varicella</td>
</tr>
<tr>
<td>1 Tdap</td>
<td>37</td>
<td>21%</td>
<td>1 valid dose of tetanus-diphtheria-acellular pertussis (Tdap)</td>
</tr>
<tr>
<td>UTD MCV</td>
<td>0</td>
<td>0%</td>
<td>Patient Series Status Complete for Meningococcal</td>
</tr>
<tr>
<td>UTD HPV</td>
<td>13</td>
<td>7%</td>
<td>Patient Series Status Complete for HPV</td>
</tr>
<tr>
<td>1 HPV</td>
<td>34</td>
<td>20%</td>
<td>1 valid dose of HPV</td>
</tr>
<tr>
<td>1 Flu</td>
<td>2</td>
<td>1%</td>
<td>1 valid dose of influenza vaccine for the prior completed season. Flu season is defined as July 1 through June 30.</td>
</tr>
<tr>
<td>2 Hep A</td>
<td>99</td>
<td>57%</td>
<td>2 valid doses of Hep A</td>
</tr>
<tr>
<td>UTD Polio</td>
<td>106</td>
<td>61%</td>
<td>Patient Series Status Complete for Polio</td>
</tr>
</tbody>
</table>

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

• Missed opportunities information

<table>
<thead>
<tr>
<th>Missed Opportunity Assessment</th>
<th>174 Patient Records Assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>UTD Hep B</td>
<td>2 MMR</td>
</tr>
<tr>
<td># of Patients with a Missed Opportunity</td>
<td>61</td>
</tr>
<tr>
<td>% of Patients with a Missed Opportunity</td>
<td>35%</td>
</tr>
</tbody>
</table>

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

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

Patient has an exemption or refusal noted for the specified vaccine.
2- and 6-Month Check-in

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

• This can be a call or a in person visit (this absolutely must be a in person visit if this is the final and initial visit for the provider).

• Review progress – discuss how the QI strategies went

• Review IIS coverage report differences from initial visit

• Discuss any plan on continuing QI Strategies and interest in continuing IQIP
Four Core QI Strategies

• 1. Schedule the next vaccination visit before the patient leaves the provider location.

• 2. Leverage IIS functionality to improve immunization practice.

• 3. Give a strong vaccine recommendation (include HPV vaccine if the provider has adolescent patients).

• 4. Strengthen vaccination communications.
Data Collection and Reporting

- Consultants must document IQIP data and notes separately for each provider location in the IQIP Database.

- CDC recommends the consultant confirms that each provider location is in the IQIP Database prior to the site visit to support timely entry of data and notes.

- Documentation of the site visit in the IQIP Database is required within 10 business days after the site visit.
Concluding the IQIP Cycle

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

Kiana Vigil
Kiana.Vigil@doh.nm.gov
Ph: 505-827-2605
Congrats to all Transact users!

We have significantly reduced the amount of rejected claims compared to this time last year!
Before there were over 200 rejected claims a month that came through and needed to be reprocessed. Currently, there are very few claims that come back as rejected. There are now only a couple and even zero a month that are rejected claims!

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

The following slides will serve as a reminder and touch on a few areas we found that may need a training refresher.
### Vaccine Consent Forms (Part B’s)

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

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

**Race & Ethnicity**
- Commonly missed fields
- Required field for NMSIIS
  - Note if patient opts out

**Insurance Company Name, Subscriber ID, & Group Number**
- Often left blank or partially filled
- Need to clearly indicate if insured or uninsured
  - If insured, need to provide correct and necessary insurance information
  - Make sure to check Medicaid Eligibility for all patients

**Correct Formulary Name, Lot Number, Expiration Date, Injection Site**
- Common issues:
  - Blank fields
  - Incorrect formulary
  - Wrong vaccine given to patient (ie. Giving child an adult flu vaccine)
  - Using vaccine sticker label
- All fields must be complete and correct. Biller cannot determine these fields if not completed correctly by vaccinator.

**Funding Source (VFC, 317, ASP/State)**
- Commonly missed field
  - **Must** be filled out by vaccinator
  - If blank, we cannot charge for vaccine, even if it’s ASP/State vaccine
Vaccine Consent Forms (Part B’s) cont’d

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

---

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

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Vaccine Admin. Date</th>
<th>Lot #</th>
<th>Site/ Route (codes below)</th>
<th>Vaccine Expiration Date</th>
<th>Funding (VFC/State)</th>
<th>VIS Edition Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 (Pfizer)</td>
<td>5/7/22</td>
<td>FN17653</td>
<td>LA/IM</td>
<td>7/11/2022</td>
<td>VFC</td>
<td>EUA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FL8094</td>
<td>RA/IM</td>
<td>7/4/2022</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTAP</td>
<td>5/7/22</td>
<td>AG942</td>
<td>LA/IM RA/IM</td>
<td>8/22/2022</td>
<td></td>
<td>8/6/21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4L9E4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTaP/IPV/Hib</td>
<td>5/7/22</td>
<td>UJ424AAA</td>
<td>LA/IM RA/IM</td>
<td>5/21/22</td>
<td></td>
<td>10/15/21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UJ473AAA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**FOR CLINIC USE ONLY**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Lot #</th>
<th>Exp. Date</th>
<th>Site &amp; Route</th>
<th>Funding: 317 or State</th>
<th>Date of VIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluarix</td>
<td>95K95</td>
<td>6/30/2022</td>
<td>LA/IM</td>
<td>317</td>
<td>8/6/21</td>
</tr>
</tbody>
</table>

Vaccinator (Print name): [Signature]
Title of Vaccinator: [RN]
Date HMSIS Entered: [Date of Service: 10/21/21]
Address/Hospital of vaccine agency:
Vaccine Consent Forms (Part B’s) cont’d

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

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Lot #</th>
<th>Exp. Date</th>
<th>Site &amp; Route</th>
<th>Funding: 317 or State</th>
<th>Date of VIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTpA</td>
<td></td>
<td>02/07/21</td>
<td>LT In</td>
<td>Dental</td>
<td>8-6-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>09/09/21</td>
<td>LT In</td>
<td>Wounded</td>
<td>10-15-21</td>
</tr>
</tbody>
</table>

Date of Service: 7-11-22
Date VIS Given: 7-11-22
Notes: Sierra POC Outreach

Address/location of vaccines given: 214 Neil Ave NW, Socorro, NM 87801

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Lot #</th>
<th>Exp. Date</th>
<th>Site &amp; Route</th>
<th>Funding: 317 or State</th>
<th>Date of VIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>VFC</td>
<td></td>
<td></td>
<td>Right/Left</td>
<td>Right/Left</td>
<td></td>
</tr>
</tbody>
</table>

Vaccinator (print name): Jennifer
Title of Vaccinator: RN
VFC Pintl: 022A
Date NMSIS Entered: 7-11-22
Date TransactRx Entered: 10-29-22

Address/location of vaccines given:
**New Mexico Department of Health Adult Vaccine Consent Form**

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

**Revised 08/2022**

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth Date:</th>
<th>Mother’s Maiden Name:</th>
<th>First and last name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>NM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Daytime Phone:</th>
<th>Responsible Person:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Male</th>
<th>Transgender</th>
<th>Female</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Race:</th>
<th>American Indian/Native American/Alaskan Native</th>
<th>Asian</th>
<th>Other</th>
<th>White</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Ethnicity:</th>
<th>Hispanic</th>
<th>Non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**INSCRIPTION INFORMATION – Fill the appropriate category – REQUIRED**

<table>
<thead>
<tr>
<th>Centennial Care/Medicaid:</th>
<th>Blue Cross Blue Shield</th>
<th>Presbyterian</th>
<th>Western Blue Cross</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicare Part #:</th>
<th>Centennial Care Medicaid #:</th>
<th>Group #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy/Member ID #:</th>
<th>Medicare Policy #:</th>
<th>Policy Holder’s Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subscriber ID #:</th>
<th>Responsible Party:</th>
<th>Policy Holder’s Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No Insurance</th>
<th>Private Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CONSENT FOR VACCINATION**

I have been given and have read or have had explained to me, the information in the Vaccine Information Statement(s) for the diseases and vaccine(s) checked below. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine requested and ask that the vaccine checked below be given to me or the person named for whom I am authorized to make this request. I request that payment of authorized benefits be made to the New Mexico Department of Health/Public Health Division/Immunization Program, for services furnished to me by that program. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services and its agents any information needed to determine these benefits payable for related services. I specifically authorize the release of my Medicare or other insurance policy number to the NM Department of Health to allow the Department of Health to seek reimbursement for the vaccine and administrative costs. Unless I sign a statement signifying otherwise, I allow immunization information to be entered into the New Mexico Statewide Immunization Information System (NMSIIS) and be released to other medical care providers to avoid unnecessary vaccination or to ascertain immunization status. The DOH Privacy Policies are available at http://nmhealth.org/hipaa.shtml and will be given to all patients when they receive an immunization.

<table>
<thead>
<tr>
<th>Signature (Client/Guardian):</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Lot #:</th>
<th>Exp. Date</th>
<th>Site &amp; Route</th>
<th>Funding: 317 or State</th>
<th>Date of VIS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccinator (print name):</th>
<th>Signature:</th>
<th>Date of Service:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title of Vaccinator:</th>
<th>VFC PIN #:</th>
<th>Date VIS Given:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date NMSIS Entered:</th>
<th>Date TransActEx Entered:</th>
<th>Address/location of vaccines given:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DIRECT NMSIS ENTRY OF VACCINES ADMINISTERED IS REQUIRED FOR NM DOH OUTREACH ONLY. Data must be entered into NMSIS within 30 days of the date of service.**

This form was designed for NM DOH public health offices use only. NM DOH is not responsible for data entry from outside health entities.

**Investing for tomorrow, delivering today.**

1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org
VFC Vaccine Consent Form (Part B’s) Page 1

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

<table>
<thead>
<tr>
<th>*Last Name:</th>
<th>*First Name:</th>
<th>*Mother’s Maiden Name:</th>
<th>*Mother’s First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*Date of Birth:</th>
<th>*City:</th>
<th>*State: NM</th>
<th>*Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month / Day / Year</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*Mailing Address:</th>
<th>*Cell Phone:</th>
<th>*Home Phone:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*Sex:</th>
<th>Male</th>
<th>Female</th>
<th>Transgender</th>
<th>Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Race:</th>
<th>African American</th>
<th>Asian</th>
<th>White</th>
<th>American Indian/Alaskan Native</th>
<th>Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ethnicity:</th>
<th>Hispanic</th>
<th>Non-Hispanic</th>
</tr>
</thead>
</table>

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

INSURANCE INFORMATION – Please mark appropriate category – REQUIRED*

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

MEDICAL SCREENING QUESTIONS FOR CHILDREN AND TEENS – REQUIRED*

CONSENT FOR VACCINATION*

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

*Signature (Client/Guardian): __________________________ *Date: __________________________

*Print Name (Client/Guardian): __________________________

*Name of Child (if a minor): __________________________ *Date of Birth: __________________________

DIRECT NMSIIS ENTRY OF VACCINES ADMINISTERED IS REQUIRED.

For NM ECH Outreach only. Data must be entered into NMSIIS within 36 days of the date of service. This form was designed for NMDOH Public Health Use Only. NMDOH is not responsible for data entry from outside health entities.
**VFC Vaccine Consent Form (Part B’s) Page 2**

*Required fields need to be completed for accuracy

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

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Vaccine Admin Date</th>
<th>Lot #</th>
<th>Site/ Route (code below)</th>
<th>Vaccine Expiration Date</th>
<th>Funding (VFC/State)</th>
<th>VIS Edition Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Moderna</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>□ Pfizer</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Monkeypox</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>□tails</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTaP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Pavital (SP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Infanrix (GSK)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>DTaP/IPV/Hib</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Pavital (SP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTaP/HepB/IPV</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Pavital (GSK)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ vacinia (Merck)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>DTaP/IPV</td>
<td></td>
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</tr>
<tr>
<td>□ vacinia (GSK)</td>
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<tr>
<td>□ vacinia (Merck)</td>
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<tr>
<td>HEP A</td>
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<tr>
<td>□ paviven (GSK)</td>
<td></td>
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<td>□ vacinia (Merck)</td>
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<td>Tdap</td>
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</tr>
<tr>
<td>□ Pavital (GSK)</td>
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<td></td>
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<tr>
<td>□ vaccinal (SF)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>□ vacinia (Merck)</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

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

**VACCINATOR:**

- Print Name & Title
- Signature
- Date of Clinic
- Date VIS given
- VFC RN #
## Transact Reminders

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

Medicare Part D (Medicare prescription insurance plans):

- NMDOH is not contracted with Medicare Part D so we cannot bill Medicare Part D plans.

- It is recommended that adult patients with Medicare Part D be referred to their pharmacy to receive all vaccines.

- The only exception is if the patient is in the PHO and receiving other clinical services (ie. wellness check).
Transact Reminders

No Sharing of Transact User Access

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

Point of Contact
Kiana Vigil – Immunization Program
Ph: 505-827-2605
Kiana.Vigil@doh.nm.gov
Vaccine Funding Dictating Charge Amounts Refresher

Who dictates which funding source? The vaccinator.

VFC (Vaccines For Children)

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

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

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

Patients are not billed for vaccines or admin fees.
Vaccine Funding Dictating Charge Amounts Refresher

Who dictates which funding source? The vaccinator.

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

Patients are not billed for vaccines or admin fees.

*For each funding source, the Billed Admin will always remain as is ($20.80). No editing is necessary.
Vaccine Funding Dictating Charge Amounts Refresher

Who dictates which funding source? The vaccinator.

**State/ASP (Adult Special Purpose)**

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

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

Patients are not billed for vaccines or admin fees.
Thank you! Any questions?
Lunch
11:45-1:00

This training is not mandatory and does not take the place of NMSIIS or CHIL-e training. Participation today does not account for any credits or CEU’s.
COVID-19 Inventory Reconciliation

Catherine Campbell
Public Health Associate
Disclaimer

• All information presented is related to COVID-19 provider reconciliations.

• VFC provider reconciliations will not be covered in this presentation.
Reminders and Staff Requirements

• The primary and/or back-up COVID-19 vaccine staff are responsible for managing their site’s COVID vaccine inventory in NMSIIS.
  • Includes reporting vaccine doses given to patients within 24 hours of administration and tracking the number of doses wasted in NMSIIS.

• COVID-19 vaccine providers are required to complete inventory reconciliations once a week.
  • There is no limit to how many reconciliations you complete within the week.
    • Larger clinics with large inventory quantities are recommended to complete reconciliations more often to reduce confusion and reconciliation errors.
Types of Reporting and Reconciliation

• The type of reconciliation you complete will depend on how vaccination data is reported to NMSiIS.

• There are 4 reporting types for COVID-19 provider locations:
  • Data Exchange
  • Fully-Hybrid
  • Manual Entry
  • Manual-Hybrid
Manual Entry Provider

• A Manual Entry provider location is a vaccine provider that manually enters the vaccine doses administered directly into NMSIIS.
  • Doses administered automatically deducts from your inventory when Adding/Administering to the patient’s immunization record.

• During reconciliation, Manual Entry providers will only see the ‘Physical Count’ column of open text boxes to fill out.
Data Exchange Provider

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

- A **Fully-Hybrid provider location** is a vaccine provider that only carries COVID-19 vaccine and uses the NMDOH Real Time Solutions (RTS) statewide registration application to report vaccination data to NMSIIS.
  - Data is reported to NMSIIS each night through an automated process.
  - RTS does **NOT** touch NMSIIS inventory.

- Inventory locations will see “(AGGREGATE REPORTER)” displayed on the Vaccine Inventory On-Hand and Reconciliation page.

- Doses administered must be deducted from inventory **during reconciliation**.
  - Fully-Hybrid providers cannot manually enter administered doses to patient records in NMSIIS but can add historical doses.
  - You will see two columns of open text boxes to fill out in the reconciliation:
    - ‘Aggregate Administered’
    - ‘Physical Count’
Manual-Hybrid Provider

• A **Manual-Hybrid provider location** is a vaccine provider that started as a manual entry provider, but reports administered COVID-19 vaccine doses to NMSIIS using the **NMDOH Real Time Solutions (RTS) statewide registration application**.
  • Carries non-COVID vaccine in stock.
  • Data is reported to NMSIIS each night through an automated process.
  • RTS does **NOT** touch NMSIIS inventory.
• Doses administered must be deducted from inventory through a ‘HYBRID’ adjustment **before** reconciliation.
  • Manual-Hybrid providers **should not** manually enter administered COVID-19 vaccine doses to patient records in NMSIIS; But should manually enter administered non-COVID vaccine doses to patient records.
• During reconciliation, Manual-Hybrid providers will only see the ‘**Physical Count**’ column of open text boxes to fill out.
<table>
<thead>
<tr>
<th>Can I manually add/administer vaccination information to a patient record?</th>
<th>Data Exchange</th>
<th>Fully-Hybrid</th>
<th>Manual-Hybrid</th>
<th>Manual Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>No – if manually added, dose will be ‘Historical’</td>
<td>No – if manually added, dose will be ‘Historical’</td>
<td>Yes/No – non-COVID vaccine can be manually added/administered</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do administered doses automatically decrement from my inventory?</th>
<th>Data Exchange</th>
<th>Fully-Hybrid</th>
<th>Manual-Hybrid</th>
<th>Manual Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Uses an EHR/EMR to report vaccination information?</th>
<th>Data Exchange</th>
<th>Fully-Hybrid</th>
<th>Manual-Hybrid</th>
<th>Manual Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes/No – Using the RTS app</td>
<td>Yes/No- Using the RTS app</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Carries non-COVID vaccine in inventory?</th>
<th>Data Exchange</th>
<th>Fully-Hybrid</th>
<th>Manual-Hybrid</th>
<th>Manual Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Will my recon show an ‘aggregate administered’ column?</th>
<th>Data Exchange</th>
<th>Fully-Hybrid</th>
<th>Manual-Hybrid</th>
<th>Manual Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do administered doses need to be adjusted before starting my reconciliation?</th>
<th>Data Exchange</th>
<th>Fully-Hybrid</th>
<th>Manual-Hybrid</th>
<th>Manual Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes – Doses must be added/administered to patient record before starting recon</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do I have to adjust for wastage before starting my recon?</th>
<th>Data Exchange</th>
<th>Fully-Hybrid</th>
<th>Manual-Hybrid</th>
<th>Manual Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Before Starting a COVID Reconciliation

• Verify all administered doses are reported to NMSIIS within 24 hours.
  • Add/Administer COVID-19 vaccine dose(s) correctly to NMSIIS patient record (Manual Entry provider locations ONLY).
  • Run a ‘Patient Detail with Services’ report.

• Receive pending vaccine transfers/VTrckS Shipments via blue hyperlink found on the Vaccine Inventory On-Hand page.

• Adjust for doses administered (Manual-Hybrid provider locations ONLY).

• Adjust for doses wasted (includes all doses expired, unused, spoiled, etc.).
About Transactions/Adjustments

• Any transaction made to your inventory WILL affect how your reconciliation responds.

• **DO NOT** attempt to add/subtract inventory amounts by doing inventory adjustments in order to correct mistakes!
  • To resolve inventory and reconciliation errors, contact the NMSIIS Help Desk.

• Enter the correct date/time stamps correctly wherever it is displayed to enter.
  • DO NOT leave time stamps blank.

• Complete all adjustments to inventory **BEFORE** opening a reconciliation to avoid errors caused by adjustments time stamped outside of the reconciliation time frame.

• If you are a manual provider, ensure that you are adding/administering the dose to the correct patient file.
  • Duplicating vaccine information for the same patient in different records will deduct the dose from your inventory twice, causing inventory inaccuracies.
‘HYBRID’ Adjustments (Manual-Hybrid only)

• For Manual-Hybrid provider locations, ‘HYBRID’ adjustments are used to deduct the number of doses administered from inventory each week.

• To properly complete this step, go to the ‘Vaccine Inventory On-Hand’ page and identify the line item that needs to be adjusted.

• Click the Action drop-down button and select Adjustment.

• From the ‘Vaccine Inventory Adjustment’ page, enter all information into the required fillable fields.

• For the Reason, select ‘HYBRID’.
  • Under NO circumstances should this reason be used to deduct or adjust inventory for any other reason other than doses administered.

• Ensure the ‘Modification’ box displays ‘SUBTRACT’.
  • Do not change this field to ‘ADD’.

• In the Comments field enter the reason for adjusting out the doses, e.g., “Aggregate doses administered via RTS”.
When all required fields are entered, select the Create button located in the upper-right corner.

Do not click the Create button more than once! Clicking twice may create the adjustment twice.
Wastage Adjustments

- COVID-19 vaccine wastage is any vaccine dose that is unused, expired, wasted, or spoiled.
  - **REMINDER**: COVID-19 vaccine do not need to be returned in NMSIIS as they cannot be returned. ‘In-Work’ or ‘Rejected’ returns will not allow you to open a reconciliation.
  - Vials should be discarded per your organization’s medical waste policy.

- From the ‘Vaccine Inventory On-Hand’ page, identify the line item that needs to be adjusted and click the *Action* drop-down button and select **Adjustment**.
Wastage Adjustments

• Enter all information into the required fillable fields on the ‘Vaccine Inventory Adjustment’ page.

• For the Reason, select ‘COVID-WASTED VACCINE OTHER’.
  • Under NO circumstances should this reason be used to deduct or adjust inventory for any other reason other than wastage.

• In the Comments field, enter details for the reason the dose(s) were wasted.
  • If COVID-19 vaccine wastage occurred due to efforts to avoid a missed opportunity to vaccinate, enter this in the comments.
When all required fields are entered, select the **Create** button located in the upper-right corner.

- Do not click the Create button more than once! Clicking twice may create the adjustment twice.
Expired Inventory

- Expired inventory will **not** show up on the immediate ‘Vaccine Inventory On-Hand’ page.

- Under the *Filter Options*, click the ‘Status’ drop-down box and select the ‘DEPLETED/EXPIRED’ option and click the *Filter* button to show search results.
  - Selecting the blank option will show all inventory line items regardless of status.

- Double clicking the arrows located to the right of the ‘Doses On-Hand’ column will auto filter search results and move line items with doses on-hand to the top.

- You will not be able to open a reconciliation until all expired inventory is zeroed out through wastage adjustments.
### Vaccine Inventory On-Hand

#### Filter Options

- **Inventory Location**: INV: COVID TEST LOCATION
- **Status**: DEPLETED/EXPIRED

#### Location

<table>
<thead>
<tr>
<th>Location</th>
<th>Vaccine (Brand)</th>
<th>Mfg</th>
<th>NDC</th>
<th>Lot No</th>
<th>Exp Date</th>
<th>Funding Source</th>
<th>Doses On-Hand</th>
<th>Expiring Soon</th>
<th>Audit</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>INV: COVID TEST LOCATION</td>
<td>COVID-19 mRNA (PF) (Pfizer COVID-19 Vaccine) (1 x 0.3 mL Multi-dose Via)</td>
<td>PFR</td>
<td>59267-1000-01</td>
<td>PFR12345</td>
<td>03/29/2022</td>
<td>PEDIATRIC</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INV: COVID TEST LOCATION</td>
<td>COVID-19 mRNA (PF) (Pfizer COVID-19 Vaccine) (1 x 0.3 mL Multi-dose Via)</td>
<td>PFR</td>
<td>59267-1000-01</td>
<td>E26474</td>
<td>03/01/2023</td>
<td>PEDIATRIC</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Opening a Reconciliation

• From the ‘Vaccine Inventory Reconciliation Search Criteria’ page, click the Add New Reconciliation button in the upper-right corner.

• Select your facility/clinic COVID inventory location from the inventory location drop down.
Opening a Reconciliation: Pre-Check Results

• All Pre-Check Results must pass (✔) before proceeding.

Please ensure:

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

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

• Enter the correct count date and time!
  • The reconciliation will only capture inventory transactions made within the selected count date/time range.

• When opening a new reconciliation, you will see the following columns:
  • Description
  • Summary
  • Aggregate Administered (Data Exchange and Fully-Hybrid providers ONLY)
    • Fillable field to enter the total number of doses administered to patients within the week/reconciliation time range.
  • Physical Count
    • Fillable field to enter the current number of doses you physically have on-hand in storage.
  • Inventory Difference
    • Read only field which calculates the difference between the number of starting on-hand doses, all transactions, administered doses, and the physical count.
    • Can be a negative or positive number
  • Acceptable Inventory Difference (✓ / ☒)
### Inventory Location: INV. COVID TEST LOCATION

<table>
<thead>
<tr>
<th>Description</th>
<th>Authorized By</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID RECON WEEK OF 03/10/2022</td>
<td></td>
<td>CLOSED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Count Date</th>
<th>Count Time</th>
<th>Last Count Date/Time</th>
<th>Last Order Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/10/2022</td>
<td>08:00 AM</td>
<td></td>
<td>MM/DD/YYYY</td>
</tr>
</tbody>
</table>

### Inventory by Doses

<table>
<thead>
<tr>
<th>Description</th>
<th>Summary</th>
<th>Aggregate Administered</th>
<th>Physical Count</th>
<th>Inventory Difference</th>
<th>Acceptable Inv. Difference</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PEDIATRIC</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. COVID-19 mRNA (MOD) (Moderna COVID-19 A (1 x 0.5 mL Multi-Dose Vial)) MOD • 60777-0273-10 • TEST123 • 03/22/2023</td>
<td></td>
<td>-50</td>
<td>50</td>
<td>0</td>
<td>0</td>
<td>Action</td>
</tr>
<tr>
<td>2. COVID-19 mRNA (MOD) (Moderna COVID-19 (1 x 7.0 mL MDV)) MOD • 80777-0273-15 • 122456 • 02/21/2023</td>
<td></td>
<td>-20</td>
<td>42</td>
<td>0</td>
<td>0</td>
<td>Action</td>
</tr>
<tr>
<td>3. COVID-19 mRNA (PFR) (Pfizer COVID-19 Vaccine (1 x 0.3 mL Multi-Dose Vial) PFR • 59287-1000-01 • E26474 • 03/01/2023</td>
<td></td>
<td>-45</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Action</td>
</tr>
</tbody>
</table>

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We are here to support you!

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

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

Please remember to:

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

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

Reconciliation Video Demonstrations found at nmhealth.org/about/phd/idb/imp/resources/:
- Data Exchange Provider Location Reconciliation Demo
- Fully Hybrid Provider Location Reconciliation Demo
- Manual Entry Provider Location Reconciliation Demo
- Manual-Hybrid Provider Location Reconciliation Demo

NMSIIS Reports tab:
- Adding and Administering Vaccines Manual Entry
- COVID Vaccine Adding to Your Inventory in NMSIIS 11/22
- COVID Vaccine EXTRA DOSES NMSIIS Inventory Guidance 11/22
- COVID Vaccine Inventory and Wastage Guide **UPDATED** 11/2022
- COVID Vaccine Reconciliation Process 2022 DATA EXCHANGE
- COVID Vaccine Reconciliation Process 2022 FULLY-HYBRID
- COVID Vaccine Reconciliation Process 2022 MANUAL ENTRY
- COVID Vaccine Reconciliation Process 2022 MANUAL-HYBRID
- COVID Provider Training Video #5-Patient Detail with Services Report
COVID-19 Patient Detail With Services

2023 New Mexico State Immunization Information System (NMSIIS) Annual Training
What is a ‘Patient Detail with Services Report’?

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

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

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

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

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

• If you select ‘Extract’ as the output type, the file will download as a character delimited file.
  • To download the report as a comma separated value file, change the Delimiter field to a comma, “,“.

• Extract files contain additional patient and clinic information, including:
  • Dose eligibility
  • Vaccine Code
  • Vaccine Manufacturer
  • HL7 facility code
  • Other ID
  • Vaccine Clinic VFC Pin #
  • Patient Default Clinic VFC Pin #
How to Run a *Patient Detail with Services* Report

- Open NMSIIS.
- Select your Provider/Clinic on the NMSIIS Home screen.
- On the left-hand menu, select the “*Reports*” tab.
How to Run a *Patient Detail with Services* Report

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

#### Report Selection Criteria

**Provider / Clinic**
- [ALL PROVIDERS] ALL CLINICS
  - Select a clinic by typing provider, clinic, vfc pin, or clinic code

**Vaccination Date Range**
- From: MM/DD/YYYY
- Through: MM/DD/YYYY

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

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

**Funding Source**

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

- **Selected Items (If none are selected default is ALL)**

**Output Type**
- PDF
- Excel
- Extract

---

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Patient Detail with Services
Report Search Criteria

Once redirected to the ‘Patient Detail with Services’ Search Criteria page:

1. Verify the correct provider location is displayed from the ‘Provider / Clinic’ drop-down list.
   - Users may have access to more than one provider/clinic location depending on their settings.
2. Input the dates into the “From” and “Through” fields for the ‘Vaccination Date Range’ section.

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

- Filters the report based on the patient(s)’ date of birth.
- Leave this option blank to run the report on all patients.
4. Input the dates into the “From” and “Through” fields for the ‘Vaccine Created Date Range’ section.

• Filters the report based on the date the vaccination was created in NMSIIS.
• Leave this option blank to run the report on all patients.
5. Under the optional ‘Funding Source’ drop-down box, select a particular funding source.

- Keep in mind that STATE COVID-19 vaccine providers should have all COVID-19 vaccines’ funding source listed as ‘BLENDED’.
- Leave this option blank to include all funding source options.
6. Under the ‘Vaccines’ section, select the COVID-19 vaccine types under the ‘Available Items’ box.
   - To select more than one vaccine, hold the “CTRL” key and select.
   - Use the “>” button to move the vaccine(s) to the “Selected Items” field.
Patient Detail with Services Report Search Criteria

7. Use the radio buttons to select your preferred output type
   • For an Extract .csv file, change the delimiter to a **comma “,”** to generate the file format for Microsoft Excel (recommended).
8. Click the ‘Run Report’ button in the upper-right corner to download the report.
Patient Detail with Services Report in Microsoft Excel

• After downloading the ‘Patient Detail with Services’ report as a .csv file, open in Microsoft Excel.
  • Click on cell A1 and hold Ctrl+Shift+L on the keyboard to turn on filtering options for the first row of cells.
• Click the down arrow of any column header to narrow down the data.
This training is not mandatory and does not take the place of NMSIIS or CHIL-e training. Participation today does not account for any credits or CEU’s.
Welcome to the 2023 New Mexico Vaccine For Children’s Program Statewide Training

Samantha Sanchez
VFC Health Educator
# Routine Vaccine Management Plan Form

## Worksheet for Key Vaccine Management Information: Keep near vaccine storage unit(s)

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

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

In addition to the training provided by your regional immunization coordinators and NM CHILL training courses, practice staff benefit from online vaccine storage and handling training. NM VFC endorses and recommends the CDC’s Video Keys to Storing and Handling Your Vaccine Supply at [http://www.cdc.gov/vaccines/ed/yoursupplykeys.html](http://www.cdc.gov/vaccines/ed/yoursupplykeys.html). This site produces certificates of completion to print and file. Questions on vaccine storage should be directed to your regional immunization coordinator.

## Staff Roles and Contact Information

<table>
<thead>
<tr>
<th>Office/Clinic</th>
<th>Name</th>
<th>VFC PIN #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Vaccine Storage Units

<table>
<thead>
<tr>
<th>Unit Type</th>
<th>Location/Room</th>
<th>Name in NMSIS</th>
<th>Model</th>
<th>Type of Service</th>
<th>Purchase Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigerator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refrigerator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freezer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Maintenance/Repair Company

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Name of usual repair person</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Completed Monthly Temp Logs

<table>
<thead>
<tr>
<th>Location of Completed Temperature Logs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

## Data Loggers

<table>
<thead>
<tr>
<th>Location of Certificates of Calibration</th>
<th>Location of Back-up Data Logger(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Form Certification

<table>
<thead>
<tr>
<th>Name in NMSIS</th>
<th>Serial Number</th>
<th>Equipment ID</th>
<th>Battery Replaced Date</th>
<th>Expiration Date</th>
<th>Calibration entered in NMSIS - date and builds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Routine Management Plan Form

Routine Vaccine Management Plan

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

Provider of Record
- Completes all federal vaccine management requirements, including core functions outlined in this plan.
- Designates one employee as the practice’s Primary Vaccine Coordinator, responsible for vaccine storage and handling.
- Designates one employee as the Back-Up Vaccine Coordinator for vaccine management when the Primary Vaccine Coordinator is not available.
- Reports staffing changes to the VFC Program Coordinator, specifying the changes to the Practice’s Inventory of Contact Information.

Meets and documents required orientation and training for the Practice’s vaccine management personnel.
- Ensures that vaccine management personnel are trained and knowledgeable regarding VFC requirements for temperature monitoring and storage equipment.
- Ensures that the practice’s vaccine inventory management is consistent with VFC Program requirements.
- Provides a written plan for vaccine storage and handling during routine, planned office closures (for holidays, vacations, etc.) lasting four consecutive days or longer; submits plan to VFC for approval.
- Ensures that the practice’s vaccine storage units meet VFC requirements.
- Updates and revises vaccine management plans at least annually and when necessary.
- Reviews VFC requirements and management plans with staff at least annually and when necessary.

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

Back-Up Vaccine Coordinator
- Completes VFC Program trainings.
- Performs the Primary Vaccine Coordinator’s responsibilities.
- Must be able to complete all VFC tasks when the Primary Vaccine Coordinator is not available.

Routine Storage and Temperature Monitoring Equipment
The Practice uses VFC-compliant vaccine storage refrigerator(s) and freezer(s) and maintains recommended temperature ranges:
- Refrigerator: Between 36°F and 46°F
- Freezer: Below 0°F

Storage units must have adequate capacity to store vaccine supplies, including during peak back-to-school and flu season.
- Storage units are temperature controlled, well insulated, dust-free, and do not have spaces for other items.
- Keeps maintenance and repair records on file and makes them available to review upon request.

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

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

August 2022
New Mexico Department of Health, Immunization Program

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Routine Management Plan Form

Routine Vaccine Management Plan

Temperature Monitoring

Data Loggers
- Each storage unit must have a VFC-compliant data logger accurate within ±1°F.
- Each data logger has a current and valid Certificate of Calibration (also known as a Report of Calibration).
- Each data logger has a biosafe glycol-encased probe placed in the center of the storage unit adjacent to the vaccine.
- Data loggers have a digital display of current, minimum, and maximum temperatures.
- Probes are never placed in the unit’s doors, near or against unit’s walls, underneath air vents, or on the unit floor.
- Data logger Calibration
  - Certified digital data loggers are used in all storage units.
  - Certificates of Calibration are filed in a readily accessible area and are presented to NMDOH Immunization Program staff for review upon request.
  - Data loggers are replaced on or before the expiration date listed on the device.

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

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

Temperature Monitoring and Documentation

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

Inventory Management

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

Stock Rotation, Returns, and Transfers

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

The following vaccine supplies should NOT be returned:
- Viable vaccine
- Used syringes with or without needles
- Syringes with vaccine drawn up and not used
- Broken or damaged vaccine vials
- Multi-dose vials that are partially used

Vaccine Ordering

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

Receiving and Inspecting Vaccine Shipments

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

August 2022
New Mexico Department of Health, Immunization Program

Investing for tomorrow, delivering today.

New Mexico Department of Health
1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org
# Routine Vaccine Management Plan

## Signature Log

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

<table>
<thead>
<tr>
<th>Review</th>
<th>Date</th>
<th>Updates / Comments</th>
<th>Provider of Record name</th>
<th>Signature</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Primary Vaccine Coordinator name</td>
<td>Signature</td>
<td>Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Back-up vaccine Coordinator name</td>
<td>Signature</td>
<td>Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Additional Staff</td>
<td>Signature</td>
<td>Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Additional Staff</td>
<td>Signature</td>
<td>Name</td>
</tr>
</tbody>
</table>

## Vaccine Staff Training Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Subject of Training</th>
<th>Attendee</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Emergency Vaccine Management Plan

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

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

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

Staff Roles and Contact Information

<table>
<thead>
<tr>
<th>Role/Responsibility</th>
<th>Name</th>
<th>Phone Number</th>
<th>Cell Phone</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Coordinator</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Backup Coordinator</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Contact</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

Useful Emergency Numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Name</th>
<th>Phone #</th>
<th>Alt Phone #</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>VFC Regional Coordinator</td>
<td></td>
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<tr>
<td>VFC Regional Coordinator</td>
<td></td>
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</tr>
<tr>
<td>VFC/NMSIS Help Desk</td>
<td>Toll-free: 833-882-6454</td>
<td></td>
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</tr>
<tr>
<td>Utility Company</td>
<td></td>
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<tr>
<td>Building Maintenance</td>
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<tr>
<td>Building Alarm Company</td>
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</tbody>
</table>

Other Useful Information

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

Form Certification

Form Completed By

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
Emergency Vaccine Management Plan

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

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

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

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

After Power is Restored
- Verify storage units are functioning properly before attempting to move any vaccine.
- Follow the same transportation procedures and transfer vaccine back to its original storage unit.
- Vaccine kept at the proper temperature during the power outage. Whether transported or not may be used.
- For any vaccine not stored at the proper temperature:
  - Segregate it in the storage unit.
  - Mark it “DO NOT USE.”
  - Contact your VPC Regional Coordinator, be prepared to provide timeframes and temperature information.
- Never return vaccine to the vaccine distributor without VFC Program authorization.
# Emergency Vaccine Management Plan Signature Page

**Signature Log**

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

<table>
<thead>
<tr>
<th>Review</th>
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<table>
<thead>
<tr>
<th>Review</th>
<th>Date</th>
<th>Updates and Comments</th>
<th>Primary Vaccine Coordinator name</th>
<th>Signature</th>
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<table>
<thead>
<tr>
<th>Review</th>
<th>Date</th>
<th>Updates and Comments</th>
<th>Back-up Vaccine Coordinator name</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Review</th>
<th>Date</th>
<th>Updates and Comments</th>
<th>Additional Staff</th>
<th>Signature</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>
Request For Temporary Vaccine Transfer & Storage Or Office Closures

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

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

The most updated Request For Temporary Vaccines Transfer & Storage Or Office Closures form may be found in NMSIIS in the Reports Module/New Mexico Forms and Documents.
A Temporary Vaccine Transfer and Storage Monitoring Plan form must be completed for closures ranging 4-13 days.

For example; School Breaks (i.e., Spring break etc.) Scheduled power outages, scheduled maintenance on building, etc.

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

**Notice**

We are temporarily closed

Sorry for the inconvenience.

Investing for tomorrow, delivering today.
Office Closure Monitoring Plan

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

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

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

**Recommended:**
- Document and review final inventory before return transfer.

The most updated Return Closure form may be found in NMSIIS in the Reports Module.
Refrigerated Vaccine Transport Log

Vaccines for Children (VFC) Program

Refrigerated Vaccine Transport Log

Complete this log when transferring vaccines to an alternate or back-up refrigerator, or when transporting to another provider/location. Data Logger must accompany vaccines. Temperature log must be downloaded and saved when transfer is complete.

<table>
<thead>
<tr>
<th>Transfer Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM Provider Name:</td>
</tr>
<tr>
<td>TO Provider Name:</td>
</tr>
</tbody>
</table>

*only when vaccines are not going to another site

<table>
<thead>
<tr>
<th>Transfer Reason</th>
<th>Circle and add notes if necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power Outage</td>
<td></td>
</tr>
<tr>
<td>Excess Supply</td>
<td></td>
</tr>
<tr>
<td>Short-dated</td>
<td></td>
</tr>
<tr>
<td>Storage unit malfunction</td>
<td></td>
</tr>
<tr>
<td>Building maintenance</td>
<td></td>
</tr>
<tr>
<td>Other/Notes:</td>
<td></td>
</tr>
</tbody>
</table>

Vaccine Inventory and Temperature Monitoring Information

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

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

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

If transport temperatures exceed recommended ranges, immediately notify your Regional contact/s at the VFC program:

- **Metro Region**: 505-709-7856, 505-709-7811, 505-670-0153
- **Northeast Region**: 505-476-2643, 505-476-2622
- **Northwest Region**: 505-841-8949
- **Southeast (a)**: Kelly Bassett, 575-746-9819 ext. 6818
  Southeast (b): 575-397-2463 ext. 6516
- **Southwest Region**: 575-528-5186, 575-528-5150

Updated December 2022

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Transferring Vaccines in NMSIIS

1. Go to your On-Hand in NMSIIS

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

3. Completely fill out the Vaccine Inventory Transfer section. Then click on create on the top right corner
Transferring Vaccines in NMSIIS
Troubleshooting Record (TSR’S)

Out-of-Range Temperature Incidents

- Report ALL out-of-range temperature incidents
- IMPORTANT: Any period for which there is no temperature data as contained on an out-of-range temperature and those steps MUST BE FOLLOWED

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

OUT-OF-RANGE TEMPERATURE:
- When your digital data logger (DDL) alarm/ the display shows an “X” next to the temperature
- When the refrigerator thermometer indicates the temperature is below 36° or above 46° Fahrenheit
- When the freezer temperature is above 5° Fahrenheit

NO TEMPERATURE DATA:
- If it is discovered that a data logger is turned off, or is not recording for any reason, immediately restart data logger and follow all steps below.

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

NM VFC Troubleshooting Record

Printing this form to complete it is not recommended.
Click on “Enable Editing” then use the Tab key to move between fields and enter your typed information.

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

Date Submitted: __________

Provider Information

VFC Site Name: __________ VFC PIN #: __________
TSR prepared by: __________ Email address: __________
Site’s Primary Vaccine Coordinator: __________

Event Details (ALL ARE REQUIRED)

Date or date range of event: __________
Time or timespan of event: __________

Description and causes: provide a detailed description of the incident, including the cause (power outage, temperature excursion, etc.): __________

Refrigerator
Storage unit name: __________ (Required)
Event involved refrigerator (check one): [ ] yes [ ] no
*Temp: __________
*Min Temp: __________
*Max Temp: __________
*No Temperature Data recorded: [ ]

Freezer
Storage unit name: __________ (Required)
Event involved freezer (check one): [ ] yes [ ] no
*Temp: __________
*Min Temp: __________
*Max Temp: __________
*No Temperature Data recorded: [ ]

*From data logger files

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

## NM VFC Troubleshooting Record

Please print and attach your on-hand inventory from NMIRS

<table>
<thead>
<tr>
<th>Vaccine Name</th>
<th># of Doses</th>
<th>Advice Given</th>
<th>Manufacturer’s response**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baudox</td>
<td></td>
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<tr>
<td>Boostrix</td>
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<td></td>
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<tr>
<td>Ergenix-B</td>
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<tr>
<td>Fluberal</td>
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<tr>
<td>Herxirix</td>
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<td></td>
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<tr>
<td>Intervax</td>
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<td></td>
</tr>
<tr>
<td>Kerax</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Menax4</td>
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<td></td>
<td></td>
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<tr>
<td>PediVax</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotarix</td>
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</tr>
</tbody>
</table>

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

### Acknowledgment of pages

Page 3 of 4

* Investing for tomorrow, delivering today.
  
NEW MEXICO DEPARTMENT OF HEALTH
  
1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org
Multi-Dose Vials

• If a Multidose vial has been opened/punctured and involved in temperature excursion, where it’s no longer viable. A return must be created in NMSIIS for that vaccine, but the vaccine can be physically tossed into a biohazard container.

• A multi-dose vial contains more than one dose of vaccine. Because (MDVs) typically contain a preservative to help prevent the growth of microorganisms, they can be entered or punctured more than once.

• Only the number of doses indicated in the manufacturer’s package insert should be withdrawn from the vial.

• After the maximum number of doses have been withdrawn the vial should be discarded, even if there is residue in the vaccine and the expiration date has not been reached.

MDVs can be used until the expiration date printed on the vial, unless the vaccine is contaminated or compromised in some way or there is Beyond Use Date noted in the package insert.
Prior to an Inventory count every provider must go into their NMSIIS On-Hand and check the Status of (Expiring Soon), then click on Filter.

A clock symbol will appear next to the vaccine indicating the vaccine is due to expire soon.

The clock symbol appears 3 months prior to expiration up until the vaccine expires.

Note: A step by step guide for Expiring Vaccines, is in the Reports Module in NMSIIS.
An Attempt to Transfer Prior to Expiration Form must be completed and submitted via email to your Regional Coordinator, at least 3 months prior to vaccines expiring.

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

3 months will allow your Regional Coordinator and VFC staff adequate time to find another clinic who may be able to administer the vaccines prior to expiration.

Failure to attempt to transfer 3 months prior to expiration, a warning notice will be sent out to the clinic’s Primary and Back-Up Coordinators.

After 3 warning notices of no attempts to transfer 3 months prior to expiration, the clinic will be responsible for paying back the VFC program by, privately purchasing the same number of doses wasted.

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

- **Return (Sealed Vial):**
  - Expired
  - Unopened/Cap on
  - Deemed not viable by the VFC Program and manufacture due to a temperature excursion.

- **Waste (broken seal):**
  - Opened/Cap off
  - Broken vial/syringe
  - Mixed incorrectly
  - Drawn up, but not administered.
Wasted Vaccines

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

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

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

![Inventory Wastage Guide](image-url)
Inventory Wastage Guide

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

- Locate the vaccine with the wasted doses and click on the “Action” drop down.
- Last click on “Adjustment” to adjust the wasted doses off your clinic’s inventory.
Inventory Wastage Guide

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

On the Reason drop-down the only reasons that should be chosen for VFC vaccines are the options reading “Ped Blend”. Note: The option Private Inventory is only for providers that still reconcile their privately purchased inventory.
Click on the drop-down for Modification and select “subtract”. Click on doses adjusted and type in the number of doses that were wasted. On your vaccine Adjustment all the fields must be completed except for Container ID-this field will be left blank.
Click in the “Comments” section and type in a detailed description of what happened to the dose or doses.

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

Note: The Comments field is required and will accommodate up to 250 characters.
NMSIIS will now take you back to your On-Hand Inventory screen, and you will be able to see that the dose or doses were adjusted off your On-Hand Inventory. No further action for the wasted dose or doses is needed after the adjustment has been successfully created.
Coming Soon updated version of Online CHILe Training!
*New updated forms will be implemented and sent out March 1*
VFC Provider
Re-Certification

Lynne Padilla
VFC Program Manager
It’s ALMOST Time for Re-Certification

• The VFC Provider Re-Certification period will tentatively begin April 3, 2023

• The Re-Certification will tentatively be due no later than May 19, 2023
Follow along with the VFC 2023-2024 Provider Recertification Instructions.
To make the re-certification process go smoother, prepare the following:

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

Bianca Gonzales
Requirements

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

• To view who is listed as a VFC contact for your location, login to your NMSIIS account. From the NMSIIS home page menu, select ‘Clinic Tools’ > ‘Clinic Information’ > ‘Staff’
On the ‘Clinic Staff Change Request’ screen, your location will have a Z3, Z4, and Z5 contact listed. These are entered by the VFC Team during the onboarding process. **NOTE: Each location must have a Z3, Z4, and Z5 contact.**
Adding a New Contact

• Be sure you select the correct contact type
• The only contact types which should be selected are:
  • PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)
  • NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)
  • NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS)

• No alternate contacts types needed for VFC contact changes
  • NOTE: COVID Contact changes should be submitted separate from VFC Contact changes

• Be sure the new contact has completed NMSIIS training, the NMSIIS user agreement, and CHIL-e training
  • NOTE: User may also need to complete ‘You Call the Shots’ training
How to Add a New Contact

- From the NMSIIS home page menu, select ‘Clinic Tools’ > ‘Clinic Information’ > ‘Staff’

- Select ‘Add New Contact’ from the top right corner of the ‘Clinic Staff Change Request’ page
Required Information for PSA
Z3 Contacts

• Contact Type
  • Must be a Z3

• First and Last Name

• Email
  • NOTE: Must be less than 40 characters and cannot be the same as another contact

• Phone Number
  • Include an ext. if it applies

• License Number
  • NOTE: PSA must be an MD, DO, or CNP
Required Information for Z4 and Z5 Contacts

- **Contact Type**
  - Must be a Z4 or Z5

- **First and Last Name**

- **Email**
  - **NOTE:** Must be less than 40 characters and **cannot** be the same as another contact

- **Phone Number**
  - Include an ext. if it applies

- **Training**
  - CHIL-e training must be attached to requests for new Z4 and Z5 contacts
Adding Training

• Required training(s) must be attached to contact change requests
• CHIL-e training must be renewed annually and submitted into NMSIIS after completion
• Once you select ‘Add Training’, there will be a pop-up. You will need to select ‘Course Name’, enter ‘Completion Date’, and attach the training certificate of completion ‘Choose File’
• Upon clicking on the ‘Choose File’ button, your computer’s files will open. Locate the training certificate, click on it to attach, then press ‘Open’.
• Once all required fields are filled and required training(s) are attached, select ‘Create’ from the top right corner. Your request will then show as pending under ‘Change Request History’

**Investing for tomorrow, delivering today.**

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Removing a Contact

- To remove a contact, select the ‘Edit’ dropdown by the contact. You will then select ‘Remove’. A popup will show to confirm your request to remove the staff member. Press ‘OK’. The request will show as ‘Pending’ under ‘Change Request History’.
When submitting a request to change a contact, you must submit a request to remove the listed contact **AND** a request to add the new contact.

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

• To edit existing contacts, select the ‘Edit’ button to the right of the contact. Edit information which needs to be updated, then select ‘Update’.
  • NOTE: Any field can be updated; Contact Type should not be updated.

• The request will be ‘Pending’ under ‘Change Request History’
Status of Contact Change Requests

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

Change Request History

<table>
<thead>
<tr>
<th>Name</th>
<th>Submitted On</th>
<th>Clinic</th>
<th>Status</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUCK, DAISY</td>
<td>01/11/2023</td>
<td>TEST CLINIC</td>
<td>DENIED</td>
<td>RESUBMIT, Comments</td>
</tr>
</tbody>
</table>

Comments

PHONE NUMBER IS A REQUIRED FIELD. BG

OK
Status of Contact Change Requests (cont.)

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

• Any changes to staff information (email, phone #, training renewals, etc.) should be submitted in NMSIIS
  • NOTE: A copy of CHIL-e training certificates should also be sent to your regional coordinators

• Step by step instructions can be found under the NMSIIS ‘Reports’ tab
  • VFC Provider Staff Change of Contact and Training Documents 8/22
  • VFC Physician Signing Agreement Change of Contact Instructions 8/22

• When a request is submitted, please be sure to check on the status
  • Can take up to 4-5 business days for the request to be reviewed.
For Questions or Assistance with VFC Contact Change Requests, contact the NMSIIS Help Desk at 833-882-6454 or the VFC Program at Vaccine.Orders@doh.nm.gov
This training is not mandatory and does not take the place of NMSIIS or CHIL-e training. Participation today does not account for any credits or CEU’s.
OPEN FORUM/QUESTIONS
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