VERIP Guide

Virginia Electronic Registration for Immunization Programs
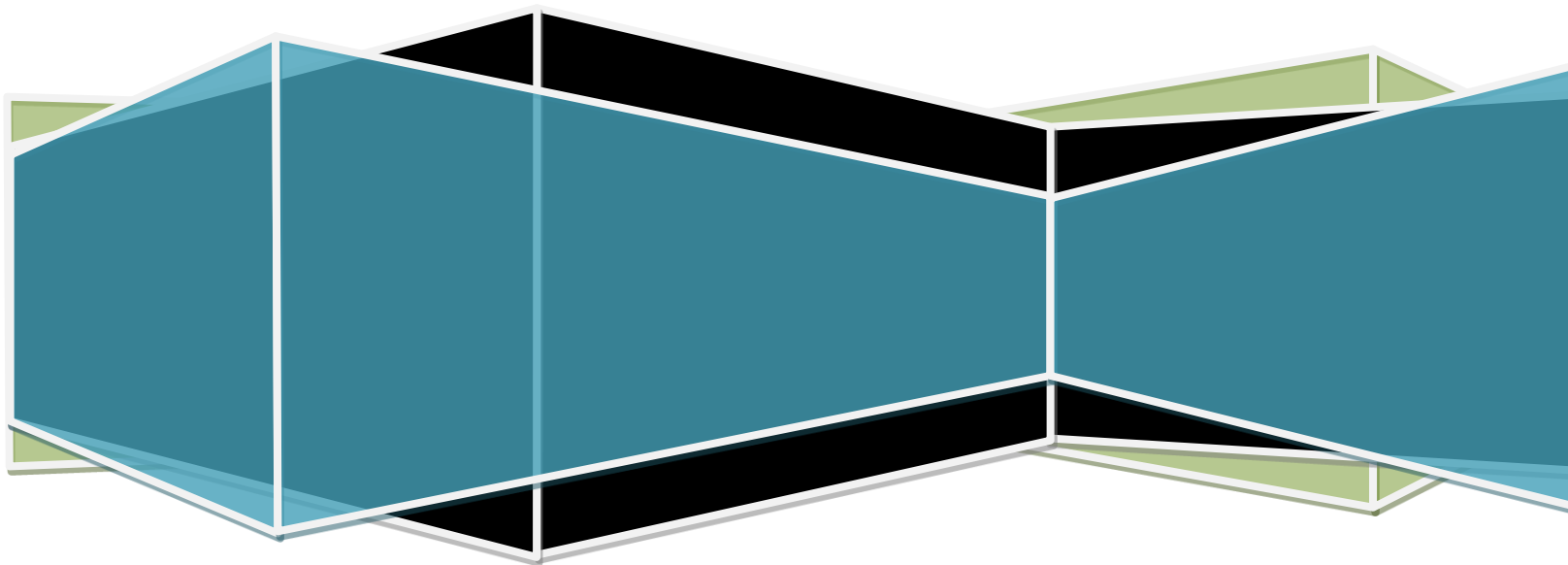
Table of Contents

Introduction

What is VIIS?

The Virginia Immunization Information System (VIIS) is a confidential, web-based immunization registry for the state of Virginia. VIIS is able to perform a variety of functions for health care providers including:

- Maintain computerized immunization records on all of their patients;
- Record immunizations, contraindications, and reactions on patient records;
- Validate immunization histories and provide immunization recommendations;
- Produce reminder recall notices when patients are due or overdue for immunizations;
- Generate vaccine usage and client reports;
- Manage vaccine inventory.

All VIIS Organizations are required to register in VERIP and sign the security agreements. Registration renewals are required annually. Providers are required to attend a VIIS training session before login credentials are given.

What is VERIP?

VERIP (Virginia Electronic Registration for Immunization Programs) is a web-based registration system for the Division of Immunization. Providers must complete a registration in VERIP before access to VIIS (Virginia Immunization Information System) is granted. The registration must be renewed annually in order to maintain VIIS access.

Homepage

Organizations that are registering for the first time can create an account by clicking the **Register Here** button.   *NOTE: If you are not sure that a registration has been created for your organization, please contact the VIIS Help Desk at 1-866-375-9795.*

Once an account has been created, a user can access their registration(s) by clicking on the **Login Here** button.

Create VERIP User Account

The user must fill-in all fields. Your User Name will be created for you as it is the same as your email address.

NOTE: An email address can only be used by one person. VDH will not use your email address for any other purpose other than using VIIS and will not share your email address with third parties.

NOTICE | Immunization record requests are not processed through this website. To request a record, contact the VIIS Help Desk at VIIS_Helpdesk@vdh.virginia.gov or (866) 375-9795.

NEW USER	ORGANIZATION	CONTACTS	AGREEMENTS	REVIEW

First Name*

Last Name*

Phone Number*
ex:(123) 456-7890

Email*

Security Question*   Select Security Question

Security Answer*

User Name

User Password*

(Password must be at least 8 characters long and have at least 1 number and 1 special character limited to "+ = @ # $ % ^ &")

Confirm Password*

Remember your security question and answer if you need to reset your password.

Click **Next** when finished.

Next

Organization Tab

Once the user account is created, the user is automatically logged into VERIP. Note **Welcome Pippy Longstocking** text in the menu bar. User Pippy Longstocking can now edit her user account information by clicking on **Welcome Pippy Longstocking** (the user's name). There are other interactive buttons on the menu bar. See below what these buttons can do.

The **Existing Registrations** button will display all of the registrations associated with this user account.

Hover your mouse over the question mark icon of each field if you need more information.

To log off system, simply click **LogOff**.

Home | Existing Registrations   Welcome Pippy Longstocking LogOff

Click on **Home** to return to the homepage.

ORGANIZATION | **CONTACTS** | **AGREEMENTS** | **REVIEW & SUBMIT**

General

Organization Name* [   ]   Organization Type* [Select Organization Type ▼]

VIIS Org Code
(for existing accounts) [   ]   Other (specify) ** [   ]

Are you a VVFC Provider?*   ○ Yes ○ No   If Yes, what is your VVFC Pin [   ]

Already exchange data
electronically with VIIS or
want to?*   ○ Yes ○ No   Fax #
                                                  ex:(123) 456-7890 [   ]

Phone #*
ex:(123) 456-7890 [   ] - [   ]   Alt Phone #
                                                  ex:(123) 456-7890 [   ] - [   ]

Physical Address

Address Line1* [   ]   Address Line2 [   ]

Zip* [   ]   City [   ]   State [ ]

If the option "**Already exchange data electronically with VIIS or want to**" is chosen, the Memorandum of Agreement (MOA) will appear on the **Agreements** tab as a hyperlink. Directions for the MOA are found in the **Agreements** tab section of this guide.

All required fields must be completed. Required fields are marked with a red asterisk. ✱

| ORGANIZATION | CONTACTS | AGREEMENTS | REVIEW & SUBMIT |

General

Organization Name*   [ ] ?

VIIS Org Code (for existing account)   [ ] ?

Are you a VVFC Provider?*   ○ Yes ○ No ?

Already exchange data electronically with VIIS or want to?*   ○ Yes ○ No ?

Phone #* ex:(123) 456-7890   [ ] - [ ]

Organization Type*   Select Organization Type ▼ ?

Other (specify) **   [ ]

If Yes, what is your VVFC Pin   [ ] ?

Fax # ex:(123) 456-7890   [ ]

Alt Phone # ex:(123) 456-7890   [ ] - [ ]

Physical Address

Address Line1*   [ ] ?

Zip*   [ ] ?

Address Line2   [ ] ?

City   [ ] ? State [ ] ?

** Enter Other (specify) if Organization Type is Other.

When finished with this page, click **Next** to go to the VIIS Administrator's tab.

Next

City and State will populate based on zip code, or if there are multiple cities linked to a zip code you will get a pop-up. Select your city from the pop-up.

Please select zip code from following list.

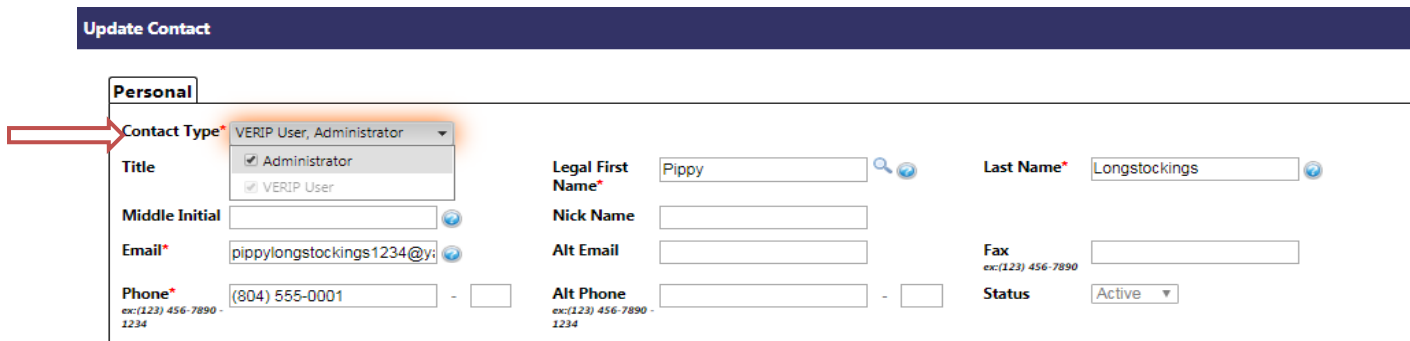| Zip	City	County
23225	FOREST HILL	RICHMOND
23225	N CHESTERFLD	RICHMOND
23225	NORTH CHESTERFIELD	RICHMOND
23225	RICHMOND	RICHMOND

Contacts Tab

What is a VIIS Adnistrator?

This tab is for the VERIP User to add the contact(s) at the practice who will serve as VIIS Administrator. The VIIS Administrator is the primary contact for those using VIIS at an organization. The VIIS Administrator is expected to keep track of the following: staff using VIIS have signed the VDH Confidentiality and Security agreements; their staff have been properly trained to access the registry; reset passwords for users; reactivate and inactivate VIIS user accounts; be able to train his or her staff; or, schedule a training with VIIS Trainer. The VIIS Administrator can be a doctor at a practice, but it is usually a nurse, office manager, or other clinical staff member who can dedicate the time needed to serve as VIIS Administrator.

Click the **"Pencil"** icon to update VIIS Administrator information.

		ORGANIZATION	CONTACTS	AGREEMENTS	REVIEW & SUBMIT				

								Add Contact	**View All VIIS Users**

Edit	Delete	Type	Name	Email	Phone	License #	Certification #	Date Created	Last Modified
✏️		VERIP User	Pippy Longstocking	rochgreen90@gmail.com	804-864-8080			12/20/2018 11:57:11 AM	

Select administrator from the highlighted drop box.

Update Contact

Personal

Contact Type*	VERIP User, Administrator ▼				
	☑ Administrator				
	☑ VERIP User				
Title		Legal First Name*	Pippy	Last Name*	Longstockings
Middle Initial		Nick Name			
Email*	pippylongstockings1234@y:	Alt Email		Fax *ex:(123) 456-7890*	
Phone* *ex:(123) 456-7890 - 1234*	(804) 555-0001 -	Alt Phone *ex:(123) 456-7890 - 1234*	-	Status	Active ▼

- All required fields must be completed. The required fields are marked with a **red** asterisk.
- VERIP has a validation mechanism for the Medical License Number (MLN) that checks for corresponding MLNs. Medical license is verified with the Virginia Department of Health Professions. If you are using a *Virginia Paramedic Certificate*, select "yes" and enter required information. *Note:* MLN includes MD, DO, NP, RN, LPN, etc. *Screenshot is on next page*.
- Enter the information in the required fields and click **Update**.

Medical License

Med. License#**	[ ] 🔵	Is this your medical license #?** [▼]	Expiry Date** [ ] 🔵 (mm/dd/yyyy)
License issued state**	[Select State Code ▼]	Type of license?** [Select Profession Type ▼]	
First Name**	[ ]	Last Name** [ ]	

VA Paramedic Certificate

Do you have a VA Paramedic Certificate?** ○ Yes ◉ No Certification #** [   ] 🔵   Expiry Date** [   ] 🔵 (mm/dd/yyyy)

Update information → [Update]

- The VIIS Administrator's information is then displayed in the grid at the bottom of the page *(example below)*.
- If you have more than one VIIS Administrator, click "add contact" and repeat the above steps to create a new row for the subsequent VIIS Administrators.
- If you need to edit information, click the **"Pencil"** icon in the edit column.
- To view status of VIIS users at your facility, click the – *View All VIIS Users button*. It will open in an Excel spreadsheet.
- Check the **Verify** box to confirm administrator information.
- Click **Next** once all VIIS Administrators have been saved to the registration.

Add additional contact(s), click add contact

View users in VIIS.

Edit/Pencil Icon

ORGANIZATION	CONTACTS	AGREEMENTS	REVIEW & SUBMIT

Please review the contact information for all VIIS Administrators listed below and confirm information is accurate and up-to-date by selecting the "Verify" check box for each VIIS Administrator.

[Add Contact]   [View All VIIS Users]

Edit	Delete	Type	Name	Email	Phone	License #	Certification #	Date Created	Last Modified	
✏️		VERIP User, Administrator	Pippy Longstockings	pippylongstockings1234@yahoo.com	804-555-0001	01010101		12/20/2018 12:14:10 PM	12/20/2018 4:38:08 PM	☐ Verify

[Back]   [Next]

Agreements

If the VERIP User completing this registration will also be the VIIS Administrator (highly likely), he/she will need to "sign" their Security and Confidentiality Agreements on the Agreements tab. The agreements will be blue hyperlinks and will be underlined. Click on each hyperlink to review, sign and submit the agreement.

Examples of the agreements are below.

NOTE: *Each VIIS Administrator must sign Security and Confidentiality agreements before access is given to VIIS.*

Registration Status:

a) **Pending** - means one or more VIIS Administrators need to sign their security agreements. The registration cannot be moved to the "Completed" status until <u>ALL</u> Administrators sign their agreements.

b) **Completed** – means the registration was submitted and all agreements were signed.

Example A – VIIS Security and User Confidentiality Agreement

    a.   The VIIS Administrator should scroll down the page of the VIIS Security Policy and User Confidentiality Agreement to read the entire document. To see the full text of the agreement, please send the Appendix.

    b.   The "**I Agree**" box must be checked and the VIIS Administrator must type his name in the **"Signed by"** box. You will receive a warning if both steps are not completed. When completed, click the **Accept** button.

VIIS Security Policy and User Confidentiality Agreement

Commonwealth of Virginia
Department of Health
VIIS Security Policy and User Confidentiality Agreement

VIIS Information:

The Code of Virginia, § 32.1-46.01 authorizes the Virginia Immunization Information System (VIIS), a statewide immunization information system that manages electronic immunization records. This policy states behaviors required of VIIS users, Virginia Department of Health (VDH), and Division of Immunization (DOI) to protect the confidentiality, privacy and accuracy of client information. VIIS is consistent with the Department of Health and Human Services and the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Authorized users of VIIS will include:

- Health care provider or health plans
- Schools or other organizations that provide health care services
- Individuals or organizations as required by law or in the management of a public health crisis
- Other immunization registries

The review of this policy must involve the participation of representatives from the private and public health care sectors.

VDH/DOI Host Site Security:

- The system will force users to change their password every 90 days
- The VIIS system will time-out after 30 minutes
- The VIIS system will maintain an audit trail for all information accessed
- VDH/HP will conduct a self-assessment of the potential risks and areas of vulnerability regarding VIIS and will develop, implement, and maintain appropriate security measures on an ongoing basis.
- The release of immunization information shall be for statistical purposes or for studies that do not identify individuals
- VDH/DOI will work with interested data exchange partners through Data Exchange steps outlined in MOA

☐ I Agree   Signed by [＿＿＿＿＿＿＿＿]   Date 1/2/2019

Scroll Bar

[Accept] [Cancel]

Example B – Information Systems Security Access Agreements

   a. The VIIS Administrator should scroll down the page of the VIIS Security Policy and User Confidentiality Agreement to read the entire document.
   b. The "**I Agree**" box must be checked and the VIIS Administrator must type his name in the **"Signed by"** box. You will receive a warning if both steps are not completed.
   c. When completed, click the **Accept** button.

Information Systems Security Access Agreement

Commonwealth of Virginia
Department of Health
Information Systems Security Access Agreement

As a user of the Virginia Department of Health (VDH) information systems, it is understood and agreed, to abide by VDH Security Policy and the following terms, which govern access to and use of, the information and computer services of VDH.

Access is being granted by VDH as a necessary privilege in order to perform authorized service functions for VDH. Passwords and logon IDs should not be shared. It is prohibited to use or knowingly permit use of any assigned or entrusted access control mechanisms (such as Logon IDs, passwords, terminal IDs or file protection) for any purposes other than those required to perform authorized service functions. It is agreed that passwords will be changed immediately if they are compromised and notification will be sent to the Office of Information Management (OIM). No passwords will be incorporated into any sign-on software.

If, due to authorized job functions, access is required to information on VDH information systems, which is not owned by the contracting division, written authorization for access to that information must be obtained from the information owner and presented to OIM.

It is agreed to not disclose any confidential, restricted or sensitive data to unauthorized persons. It is agreed to not disclose information concerning any access control mechanism of which we have knowledge unless properly authorized to do so, and we will not use access mechanisms, which have not been expressly assigned. VDH systems will not be used for commercial or partisan political purposes, such as using electronic mail to circulate advertising for products or for political candidates or issues.

We agree to abide by all applicable Federal and Commonwealth of Virginia Laws, and VDH agency policies, procedures and standards that relate to the security of VDH information systems and the data contained therein.

Scroll bar

☐ I Agree   Signed by [Pippy Longstockings]   Date 1/2/2019

Please make sure agreement is checked and signed with your name.

In this example, the Administrator did not click in the **"I Agree"** box. A warning message appeared.

[Accept] [Cancel]

Once each contract is signed, a status of **Completed** will appear with the name and date of the VIIS Administrator as entered on the form. If the agreements are not signed, the status will remain as **Pending**.

NOTE: The VERIP user is responsible for making sure each administrator(s) sign the agreements.

VIIS Administrators whose contracts are not hyperlinked will have their contracts e-mailed to them automatically once the registration is submitted on the next tab.

Example C – Memorandum of Agreement

If the option "Already exchange data electronically with VIIS or want to" is chosen on the **Organization** Tab, the Memorandum of Agreement (MOA) will appear on the **Agreements** tab as a hyperlink. .

NOTE: An updated MOA is required if your facility has changed Electronic Medical Record (EMR) system.

Steps to Print Empty MOA:

1. Click the "Print Empty MOA" hyper link to open the MOA in a separate window.

2. Print the MOA from the separate window, and close the MOA, returning to the registration system.

3. Complete and fax MOA to VIIS Staff at (804) 864-8190.

4. Once the MOA is received by VIIS Staff, the status will be updated from **Pending** to **Completed**.

*An example of the MOA can be found in the Appendix.

Review Registration

Users can review the registration on the Review tab before submitting.

Click **Submit** when finished. *NOTE: If Submit is not clicked, the registration is Incomplete.*

If a section needs editing, click on the **Edit** button to the right of the screen for each section that needs editing.

Click **Submit** when finished. *NOTE: If Submit is not clicked, the registration is Incomplete.*

Registration Submission

When the registration has been submitted successfully, the below message appears. The User now has three options: to register a new organization, to review existing registrations associated with the User's account, or to Log Off if no more action is needed.

Home	Existing Registrations		Welcome Pippy Longstockings LogOff

Successfully Completed Registration ! ! !

Thank you for submitting your registration for VIIS !

If you had multiple VIIS Administrators associated with your submitted registration, they will receive an e-mail shortly with directions on how to sign their security, confidentiality, and access. Once all agreements are signed and submitted, the registration for Fox Pediatrics will be complete.

If you did not have multiple VIIS Administrators associated with your submitted registration, your registration is complete.

Once the registration is complete, your VIIS Consultant will contact you to discuss training options and will provide your account credentials to access the registry website.

[Register New Organization]   [Existing Registrations]

Select **LogOff** to exit VERIP.

Selecting **Register New Organization** will take user to a blank Organization Tab to begin process again.

Home	Reg	ng Registrations	Welcome Jamie Fox	LogOff

ORGANIZATI | **VIIS ADMINISTRATORS** | **CONTRACTS** | **REVIEW**

Organization Name* _____   Organization Type* [Select Organization Type ▾]
VIIS Org Code (for existing accounts) _____   Other (specify) _____
Are you a VVFC Provider?* ○ Yes ○ No   If Yes, what is your VVFC Pin _____
Already exchange data electronically with VIIS or want to?* ○ Yes ○ No   Fax # ex:(123) 456-7890 _____
Phone #* ex:(123) 456-7890 _____   Alt Phone # ex:(123) 456-7890 _____

Physical Address

Address Line1* _____   Address Line2 _____
Zip* _____   City _____   State ___

[Next]

Selecting Existing Registrations button will take user to list of existing registration(s) associated with the User's account.

Existing Registration(s)

Below are the existing registration(s) associated with your user account.
- To make changes or complete the renewal process for an existing registration, select the Pencil Icon in the left column.
- To create a registration for a new organization not listed, select the Register New Organization button to the right.

[Register New Organization]

Edit	Status	Organization	Organization Type	Affiliation	Region	Program
✏	Complete	Fox Pediatrics	Family Practice		South Central	VIIS

To edit existing registrations, select the Pencil icon to the left of the Organization you would like to edit.

APPENDIX

Memorandum of Agreement

Instructions for Data Exchange with Virginia Department of Health/Division of Immunization for the Virginia Immunization Information System (VIIS).

Thank you for considering data exchange with VIIS. VIIS is a free, web-based computerized system used for combining information regarding vaccinations for individuals of all ages into one definitive, accurate record. VIIS (which is accessible to licensed healthcare professionals only) receives data from a number of sources including local health departments, private providers, healthcare plans, schools, health systems and FQHC/RHCs. Data can be submitted electronically in either flat file or HL7 file format. VIIS users can also access and/or upload data through the user interface of the system.

Data Exchange Steps
1. Contact from Provider/EHR/Health Plan of interest.
2. Ensure Provider/EHR/Health Plan has File Specifications. In addition to the required fields, we have noted preferred fields that contribute more information that prevents duplicate records in VIIS. It is strongly recommended that you send these fields as well as those that are required.
3. Complete Registration Process and MOA:
    a. Review and Consent to Information Systems Security Access Agreement;
    b. Review and Consent to VIIS Security Policy and User Confidentiality Agreement;
    c. Review, sign and fax MOA to **VIIS Staff: 804-864-8190.**
4. VDH will review MOA with Provider/EHR/Health Plan.
5. Provider/EHR/Health Plan supplies non-personal health information sample file for VDH to approve format of file.
6. Provider/EHR/Health Plan supplies sample file with personal health information straight from EHR system for VDH to approve content of file.
7. Provider/EHR/Health Plan discusses transport options and finalizes transport decision.
8. Provider/EHR/Health Plan has first successful submission – VDH monitors pendings and rejections and will contact IT/Clinical Contact as necessary.
9. Once patient data is received, VDH will place the data on our secure server that is shared with HP (our contractor for VIIS).
10. VDH to provide quarterly report on data exchange activity.

Data Exchange Responsibilities
VDH/DOI agrees to:
- work with the organization to resolve all data exchange issues;
- perform a HEDIS match of client immunizations in VIIS on a yearly basis***;** and
- handle and maintain all information in a confidential and secure manner, even after termination or expiration of this agreement.

The organization agrees to:
- specify the method and record format for data exchange with VIIS;
- designate an IT contact who will work with VDH to resolve all system or data problems;
- appoint a clinical contact to resolve client record issues (possible duplicates); and
- handle and maintain all information in a confidential and secure manner, even after termination or expiration of this agreement.

*Health Care Plans that perform DE with VIIS will be given priority in having their HEDIS report run before non-participating organizations.

Memorandum of Agreement between Virginia Department of Health/Division of Immunization   (VDH/DOI) and VIIS Organization interested in Data Exchange.

§ 32.1-46.01 of the Code of VA authorizes the Board of Health to establish the Virginia Immunization Information System (VIIS), a statewide immunization registry. VDH/DOI requests data exchange (DE) with other organizations to provide a complete immunization record in VIIS. The purpose of this MOA is to authorize data exchange between VDH and _____. Data shared will include patient demographic and immunization information.

IT Contact: _____ Phone/E-mail: _____

Clinical Contact: _____ _____Phone/E-mail: _____

Name of Electronic Health Record/Billing System: _____

I, _____, as Data Owner, have authority to approve access to shared data to VDH and VIIS.   This MOA shall be effective on __ / __ /_____ , and remain in effect until either party provides the other with written notice of its intention to terminate. This MOA may be amended at any time by written mutual agreement.

_____   _____

(Signature of Signing Authority)   (Date)

_____   _____   _____

(Name of VDH Signing Authority)   (Signature of VDH Signing Authority)   (Date)

Please Fax to VIIS Staff at 804-864-8190 or   **Mail to VIIS Staff: 109 Governor Street Rm 314W**
                                                                    Richmond, VA 23219

Completed by VDH

Direction of data flow will be:	☐ PO to VIIS	☐ VIIS to PO	☐ Bidirectional	
Transport: ☐ SFTP	☐ PhinClient	☐ HTTPS	☐ DX Module	☐ Other:_____
Approved: ☐ Format	☐ Content	☐ Transport		
Frequency: ☐ Real Time	☐ 2x Daily	☐ Daily	☐ Weekly	☐ Monthly
☐ Other _____				

Date DX goes live: _____   **VDH Staff:** _____