

Virginia Electronic Registration for Immunization Programs (VERIP)

External User Guide

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Introduction

What is VERIP?

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

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, which includes the following:

- Maintain computerized immunization records on all 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 providers that utilize VIIS are required to register in VERIP and sign the security agreements. Registration renewals in VERIP are required annually. Providers are required to attend a VIIS training session before login credentials are given.



Register in VERIP (for First Time Users & Organizations)

- 1. Enter the following URL into your browser: <u>https://apps.vdh.virginia.gov/VERIP/Home.aspx</u>
 - a. Note: It is recommended that you use Google Chrome or Microsoft Edge, as Internet Explorer is not supported by VERIP.
- 2. Under "New to VERIP?", click on the "Register Here" link.
 - a. Note: If you are unsure whether a registration exists for your organization, please contact the VIIS Help Desk at 1-866-375-9795.

D	VERIP Registratio	n System	× -	+								_
\rightarrow	CÔ	ht <mark>ps://a</mark>	pps.vdh.vi	rginia.gov/V	ERIP/Hom	e.aspx	Q	τœ	V	X	£≡	Ē
	WIRGINIA DEPARTMENT OF HEALTH four and Your Environment			Virginia L	Departm	ent of H	Healt	h - VEI	RIP Re	gistra	ation Sy	rstem
	Welcome! - Proc	1 Environmer	nt									
			Social D	Distancing and	Wearing A	Face Cove	ering Sav	ves Lives	s!			
	This is the Virginia E the morbidity and m to providers for elec (VVFC). To learn mo	nortality association of the second sec	ated with vaco tion through t	cine-preventable his website are th	diseases. Two	programs wi	thin DOI t	that greatl	ly assist in	this miss	ion and are a	vailable
	To register or renew VDH Meaningful Use		tion in these p	programs, choose	from the link	s below. Not	e: this is	not the in	nmunizati	on regist	ry website o	r the
	•		ov. Note the g	ith this process, guidance docume								
		New	to VERIP?			COVID-1 FORM	9 Vaccin	e Provide	er Intent			
			Register	<u>r Here</u>		<u>Click</u> form		complet	e	ļ		
		Alrea	dy Register	ed?		Guidanc	ce Docur	ments				
			<u>Login H</u>	lere			VERIP VERIP					
		<u>Immuni</u>	zation Informat	<u>ion System (VIIS)</u>		<u>Virginia Vac</u>	cines for C	<u>hildren (VV</u>	<u>FC)</u>			
				<u>s</u>								

- 3. You will then be redirected to a new page to enter your user and organization information.
- 4. Under the "New User" tab, fill in all required fields. Once complete, click "Next."



a. Note: Your User Name will by default be the email address you enter. Please note that an email address can only be used by <u>one</u> user account. *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.*

Home Re	gister				
	VIIS Helpdes	record requests are not processed thr. <u>cat vdh virginia gov</u> or (866) 375-9795. ORGANIZATION		uest a record, contact the VIIS Help D Agreements	esk at Review
ex:(123) Email* Securit	ame* Number* 456-7890 ty Question* ty Answer*	Select Security Question	<u>v</u>]		
* are manda	itory				Next

- 5. You will then be prompted to create a password and enter the captcha code. Once complete, click **"Next."**
 - a. Note: Password must be at least 8 characters long and have at least 1 number and 1 special character (limited to "+ = @ # \$ % ^ &").

New User	Organization	Contacts	Agreements	Review
User Password*	(Password must be at least 8 characters long and ha limited to "+ = @ # S % ^ &")	ve at least 1 number and 1 special chara	acter	
Confirm Password*				
Captcha Code*	LDX 7N			
	Type the code from the image:			
				Next
* are mandatory				

- 6. Once the user account is created, the user will be automatically logged into VERIP. You should see "Welcome FirstName LastName" text in the menu bar. You will also receive an email regarding your new account.
 - a. Note: You will automatically be assigned the "VERIP User" role. To add additional roles to your account, please refer to section **Create and Modify User Accounts.**

	Home	Existing Registrations	Welcome Pippy Longstocking	<u>ogOff</u>
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7. You will be prompted to enter your organization information. When ready to proceed, please navigate to section **Register New Organization**.



Log into VERIP (for Registered Users & Organizations)

- 1. Enter the following URL into your browser: <u>https://apps.vdh.virginia.gov/VERIP/Home.aspx</u>.
 - a. Note: It is recommended that you use Google Chrome or Microsoft Edge, as Internet Explorer is not supported by VERIP.
- 2. Under "Already Registered?", click on the "Login Here" link.

VERIP Registration Sy	ystem × +		_
→ C D	nttps://apps.vdh.virginia.gov/VERIF	P/Home.aspx ପ୍ର 🏠	♥ 🗶 🖆 🕀
VIRGINIA DEPARTMENT Protecting You and Your Environment	Virginia Dep	oartment of Health - \	/ERIP Registration System
Welcome! - Prod En	vironment		
	Social Distancing and We	aring A Face Covering Saves L	ives!
the morbidity and morta to providers for electron	tronic Registration for Immunization Programs i ality associated with vaccine-preventable disea nic registration through this website are the Vi bout these programs, see below.	àses. Two programs within DOI that g	reatly assist in this mission and are available
To register or renew you VDH Meaningful Use we	IF participation in these programs, choose from bsite .	n the links below. Note: this is not th	e immunization registry website or the
vir	you have any difficulty with this process, pleas ginia dot gov. Note the guidance documents b u are new to VERIP.		
	New to VERIP?	COVID-19 Vaccine Pro FORM	vider Intent
	<u>Register Here</u>	<u>Click here to com</u>	<u>plete</u>
	Already Registered?	Guidance Document:	5
	Login Here	VERIP Guide VERIP Q&A	
			_
	Immunization Information System (VIIS)	Virginia Vaccines for Children	<u>ь (VVFC)</u>
	Seris,		

3. Enter your user credentials and click "Sign In" (hint: your username is your email address).

	Login - Prod Environment	
2	Username	•
۵	Password	*
	Sign In Forgot Password?	
* are mandato	ry	



4. Once logged in, you will be brought to the "Existing Registrations" page to view the VERIP Registration(s) associated to your account. You can also click **"Existing Registrations"** in the menu bar if you want to access this page.

Home	Existing Registrations	Welcome Pippy Longstocking LogOff
------	------------------------	-----------------------------------

5. Click on the pencil icon of the relevant registration you wish to access.

Existir	ng Registra	tion(s)				
• To n	nake changes o	registration(s) associated with your user account. or complete the renewal process for an existing re ation for a new organization not listed, select the	egistration, select the Pencil	outton to the right.	gister New Org	ganization
Edit	Status	Organization	Organization Type	Affiliation	Region	Program
/	Incomplete	Test Site ABC	Adult Care		Northern	VIIS

Reset Password

- 1. Enter the following URL into your browser: <u>https://apps.vdh.virginia.gov/VERIP/Home.aspx</u>.
 - a. Note: It is recommended that you use Google Chrome or Microsoft Edge, as Internet Explorer is not supported by VERIP.
- 2. Under "Already Registered?", click on the "Login Here" link.
- 3. On the login page, click "Forgot Password."

	Login - Prod Environment	
Do	Username	•
⋳	Password	*
	Sign In Forgot Password?	
* are mandato	ry	



4. Enter your username (hint: this is your email address) and Captcha code, then click "Next."

	Reset
٤*	
Captcha Code*	WJ 989
	Type the code from the image:
	Next

5. Answer your security question, then click "Next."

	SECURITY QUESTION
Security Question* Security Answer*	What is the name of your first grade teacher?
	Next

- 6. You should receive an email from <u>VERIPSupport@vdh.virginia.gov</u> with the Subject "VERIP Security Code." Open the email.
- 7. In the email, make note of the provided security code.
- 8. Enter the provided security code in VERIP, then click "Next."

	Security Code	
***Please c Security Code*	heck your email for the Security Code	
		Next

- 9. You will be prompted to create a new password and confirm password. Once complete, click "Submit."
- 10. Once successful, you will see a pop-up notification in VERIP as well as receive an email confirming successful update of password.
- 11. Log into VERIP.



Register New Organization

- 1. Log into VERIP
- 2. On the "Existing Registrations" page, click "Register New Organization."

	Registration(s)				
• To make	e changes or com		er account. 1 existing registration, select the Pencil Ic 1, select the Register New Organization bu		Register	New Organization
	Status	Organization	Organization Type	Affiliation		

- 3. Under the "Organization" tab, fill in all required fields marked with a red asterisk. Once complete, click "Next."
 - a. Data Exchange: If organization already exchange data electronically with VIIS or wants to, select **"Yes"** and a Memorandum of Agreement (MOA) will appear on the "Agreements" tab as a hyperlink.
 - b. Organization Type: If Organization Type is "Other Org," you will be required to specify what type of organization your facility is in the "Other (specify)**" field.
 - c. Physical Address: The city and state will populate based on the zip code entered. If there are multiple cities linked to a zip code, a pop-up will open. Select your city from the popup by clicking on the zip code hyperlink.



ORGANIZATION C	ONTACTS	Agreements	REVIEW & SUBMIT	
General				
Organization Name*			Organization Type*	Select Organization Type
VIIS Org Code (for existing accounts)		Q	Other (specify) **	
Are you a VVFC Provider?*	O Yes O No 🥥		lf Yes, what is your VVFC Pin	
Already exchange data electronically with VIIS or want to?*	O Yes O No 🥥		Fax # ex:(123) 456-7890	
Phone #* ex:(123) 456-7890		•	Alt Phone # ex:(123) 456-7890	·
nysical Address				
Address Line1*			Address Line2	
Zip*] 🥥	City	🕢 State 🕡
* Enter Other (specify) if Organization T	ype is Other			
mandatory				Next

4. You will be prompted to enter your organization's contact information. When ready to proceed, please refer to section <u>Create and Modify User Accounts</u> regarding next steps.



Create and Modify User Accounts

The "Contacts" tab is for VERIP Users to add the admin(s) at the organization who will manage the organization's VERIP Registration (Role: "VERIP User") and/or serve as the organization's VIIS Administrator (Role: "Administrator"). Every organization must have at least **one** VIIS Administrator. Most of the time, a user is assigned both "VERIP User" and "Administrator" roles. Please note that sites do <u>not</u> need to create accounts in VERIP for all staff who will be entering immunization data in VIIS, as the assigned "Administrator" in VERIP will have access admin access in VIIS to create VIIS user accounts for staff.

Add VIIS Administrator User

Note: You must be assigned the "VERIP User" role in order to add a VIIS Administrator.

- 1. Log into VERIP and open the applicable VERIP Registration by clicking on the pencil icon to the left of the organization's name.
- 2. Navigate to the "Contacts" tab.
 - a. Note: Depending on your site's VERIP Registration status, you may need to confirm that the information listed under the "Organization" tab is up to date.
- 3. To add a user, click "Add Contact."
 - a. Note: All additionally created contacts will automatically be assigned the "Administrator" role.

ANIZ/	TION	Сом	TACTS	Agreements	REVIEW & S	UBMIT			
								Add Contact	View All VIIS Users
Edit	Delete	Туре	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	

- 4. Fill in all required fields marked with a red asterisk. Once complete, click "Save."
 - Medical License: VERIP has a validation mechanism for the Medical License Number (MLN) that checks for corresponding MLNs. Medical licenses are verified with the Virginia Department of Health Professions. Please note that MLN includes MD, DO, NP, RN, LPN, etc.
 - b. VA Paramedic Certificate: If you are using a Virginia Paramedic Certificate, select "Yes" and enter the required information.



Title Select Title V Legal First Legal Fir									d Contact ersonal
Email*			Last Name*]्				Select Title 🗸	
Phone* ex(72) 365-7800 Alt Phone Status Active > Active > <td></td> <td></td> <td></td> <td>]</td> <td></td> <td>Nick Name</td> <td>0</td> <td></td> <td>Middle Initial</td>]		Nick Name	0		Middle Initial
Phone Alt Brane Status Active > Active Status Active >]		Alt Email	0		Email*
Med. Is this your medical license #?** ▼ Expiry Date** License #** Type of Select Profession Type ▼ License *** Least Name** Last Name**		Active 🗸		-		ex:(123) 456-7890 -			xc(123) 456-7890 -
License issued Select State Code ♥ Type of Select Profession Type ♥ Istete** Irst Name** Last Name**	 				dical license #?**	Is this your m	0	nse	Med.
			(mm/dd/yyyy)		Select Profession Type 🗸		3	Select State Code	License issued
A Paramadic Cartificate						Last Name**			First Name**
Do you have a VA Paramedic Certificate?** Yes No Certification #**	 			0	••	Certification #	••		

- 5. Repeat for any additional VIIS Administrator users.
- 6. Once complete, check the **"Verify"** box to confirm Administrator information for each user assigned the Administrator role, then click **"Next."**

Drg/	NIZA	TION	Солтаст	TS	Agreements	VIEW & SUB	міт				
F	lease	review	the contact informal	tion for all VIIS Administ	rators listed below and confirm infor	mation is accura	ite and up-to	-date by selecting	the "Verify" check box	for each VIIS Admi	nistrator.
									Add Contact	View All V	IIS Users
	Edit	Delete	Туре	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	Uerify
									Br	ack	Next
											пеле

 You will be redirected to the "Agreements" tab. When ready to proceed, please refer to section <u>Sign Agreements</u> regarding next steps.

Edit User Access

Note: You must be assigned the "VERIP User" role in order to edit a user.

- 1. Log into VERIP and open the applicable VERIP Registration by clicking on the pencil icon to the left of the Organization's name.
- 2. Navigate to the "Contacts" tab.
 - a. Note: Depending on your site's VERIP Registration status, you may need to confirm that the information listed under the "Organization" tab is up to date.
- 3. To edit a user's access, click on the pencil icon to update a user's access.

ANIZA	TION	Сом	TACTS	Agreements	REVIEW & S	GUBMIT			
								Add Contact	View All VIIS Users
Edit	Delete	Туре	Name	Email	Phone	License #	Certification #	Date Created	Last Modified
1		VERIP User	Pippy Longstocking	rochgreen90@gmail.com	804-864-8080			12/20/2018 11:57:11 AM	



- 4. For Contact Information changes, update the necessary fields and click **"Update"** when complete.
- 5. For role changes, click **"Contact Type"** to open the dropdown menu. Select the role(s) the user should have access to, then click **"Update."**
 - a. Role Descriptions:
 - i. **VERIP User**: This role is for users that are only utilizing VERIP. The VERIP User can create and edit user access for an organization's VERIP registration.
 - ii. Administrator: This role is for users that are only utilizing VIIS for the organization. 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 required to serve as VIIS Administrator. The VIIS Administrator is expected to manage the following:
 - 1. Staff utilizing VIIS (e.g., ensure staff attend VIIS Trainings & create accounts for staff)
 - 2. VIIS user password resets
 - 3. VIIS user account activations & deactivations
 - iii. **VERIP User & Administrator**: This role is for users who will be managing both the organization's VERIP and VIIS accounts.
 - b. Note: All users that are selected with the "Administrator" role will need to be required to enter information regarding Medical License and VA Paramedic Certificate.

User ministrator RIP User		al First	Рірру	10 -			
	Nar	ne*	трру	Q 🕢	Last Name*	Longstockings	0
	Nicl	Name]			
ongstockings1234@y;	Alt	Email]	Fax ex:(123) 456-7890		
555-0001	exc(1.	23) 456-7890 -		-	Status	Active 🗸	
	ngstockings1234@y;	ngstockings1234@y; Alt i 55-0001 - Alt	ngstockings1234@y; 🥥 Alt Email	ngstockings1234@yri 2 Ait Email	ngstockings1234@yr 2 Alt Email	ngstockings1234@yr; Alt Email Fax ee(12) 457-7890 55-0001 - Alt Phone ee(12) 457-7890 - Status	ngstockings1234@yr] Alt Email Fax ee(122) 457-7890 555-0001 - Status Active

- 6. Repeat for any additional users.
- 7. Once complete, check the **"Verify"** box to confirm Administrator information for each user assigned the Administrator role, then click **"Next."**
- You will be redirected to the "Agreements" tab. When ready to proceed, please refer to section Sign Agreements regarding next steps.



Remove Users

Note: You must be assigned the "VERIP User" role in order to remove a user.

- 1. Log into VERIP and open the applicable VERIP Registration by clicking on the pencil icon to the left of the Organization's name.
- 2. Navigate to the "Contacts" tab.
 - a. Note: Depending on your site's VERIP Registration status, you may need to confirm that the information listed under the "Organization" tab is up to date.
- 3. To remove a user, click the red X icon under the "Delete" column.
- Note: You <u>must</u> have at least one user assigned to the Administrator role in order to proceed with updating your registration.

Sign Agreements

The "Agreements" tab contains the following: Security & User Confidentiality Agreements for VIIS Users, Memorandum of Agreement (MOA) for data exchange if elected, and the CDC Provider Agreement if provider is administering the COVID-19 Vaccine.

Security & User Confidentiality Agreements

The Security and User Confidentiality Agreements must be completed by all users assigned to the "Administrator" role, as they will need to sign these agreements before granted access to VIIS.

- 1. Log into VERIP and open the applicable VERIP Registration by clicking on the pencil icon to the left of the Organization's name.
- 2. Navigate to the "Agreements" tab.
 - a. Note: Depending on your site's VERIP Registration status, you may need to confirm that the information listed under the "Organization" tab is up to date as well as verify the Administrators in the "Contacts" tab.
- 3. Scroll down to the section titled "Administrators." You should see your name and as well as the Agreements.



a. Note: For Administrators who are not assigned to the VERIP User role in addition to the Administrator role, the agreements will not be hyperlinked since these users do not have VERIP access, and their agreements will be automatically emailed to them once the registration is submitted.

ANIZATION CONTACTS AGREE	MENTS RE	VIEW & SUBMIT	
			e Agreements required for VIIS Administrators to complete fo elect each one listed under your name to electronically sign
	Status 🥥	Signed By 🥥	Signed Date 🥥
Administrators			
Pippy Longstockings			
Please select each security and confidentiality agreement, review registration.	v and sign that you agree to f	ollow these policies. These agreements mu	st be reviewed and signed before you can submit your
nformation Systems Security Access Agreement 🥥	Pending		
/IIS Security Policy and User Confidentiality Agreement 🥥	Pending		
	Please click	Next to proceed to the Review	a Submit screen, Back Next

- 4. Complete the Agreements:
 - a. For Administrators who have access to VERIP (i.e., assigned to the VERIP User role in addition to the Administrator role), click on each blue hyperlink to sign agreement:
 - i. Information Systems Security Agreement
 - 1. Read the Agreement.
 - 2. Check the "I Agree" box.
 - 3. Type your name into the "Signed by" box.
 - 4. When complete, click "Accept."
 - ii. VIIS Security Policy and User Confidentiality Agreement
 - 1. Read the Agreement.
 - 2. Check the **"I Agree"** box.
 - 3. Type your name into the "Signed by" box.
 - 4. When complete, click "Accept."

🗆 I Agree	Signed by	Date 5/3/2021	
			Accept Cancel
			Accept

- b. For Administrators who do NOT have user access to VERIP (i.e., only assigned to the Administrator role), you will automatically receive an email from
 - veripsupport@vdh.virginia.gov with the subject "VIIS Contracts to Sign."
 - i. Open the email.
 - ii. Click on the blue hyperlinks for each agreement to access the agreement webpage.
 - iii. Read the Agreement.
 - iv. Check the "I Agree" box.
 - v. Type your name into the "Signed by" box.
 - vi. When complete, click "I Agree."



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I Agree	Signed by		Date 5/20/2021
		I Agree Close	

- 5. Once each agreement is signed, your status for each agreement should show as "Completed" with the date the agreement was signed. If the agreements are not signed, the status will remain as "Pending."
 - a. Note: The VERIP User(s) is responsible for making sure each administrator(s) signs the agreements.

		the Agreements have a link, be sure to	select each one listed under your name to electronically sig
	Status 🥝	Signed By 🥥	Signed Date 🥥
Pippy Longstockings			
Plages calast and confidentiality agreement radiant	and sign that you agree t	o follow these policies. These agreements	must be reviewed and signed before you can submit your
registration.			
	Completed	Pippy Longstockings	1/2/2019

Memorandum of Agreement (MOA)

The MOA is a Memorandum of Agreement between your practice and VDH for the electronic exchange of immunization data between your EMR (Electronic Medical Record) and the immunization registry. It is a required document that you must complete, sign, and return by fax. If the option "Already exchange data electronically with VIIS or want to" is selected under the "Organization" tab, the Memorandum of Agreement (MOA) will appear under the Agreements tab as a hyperlink. Please note that an updated MOA is required if your facility has changed Electronic Medical Record (EMR) systems.

- 1. Log into VERIP and open the applicable VERIP Registration by clicking on the pencil icon to the left of the organization's name.
- 2. Navigate to the "Agreements" tab.
 - a. Note: Depending on your site's VERIP Registration status, you may need to confirm that the information listed under the "Organization" tab is up to date as well as verify the Administrators in the "Contacts" tab.
- 3. Under the section titled "Data Exchange, click the **"Print Empty MOA"** hyperlink to open the MOA in a separate window.
 - a. The Empty MOA can also be found in Appendix.
- 4. Print the MOA, then close the window and return to the VERIP Registration window.
- 5. Complete and fax the MOA to the VIIS Help Desk at (804) 864-8190 for review. Once approved, the VIIS Help Desk will upload the completed MOA to your organization's VERIP Registration.



a. Note: The status will change from "Pending" to "Completed" when the MOA is approved and uploaded.

RGANIZATION	CONTACTS	AGREEMENTS	REVIEW & SUBMIT	
Below is the list o access to VIIS. If t it. Data Exchang Be sure to select	f Contracts that include a Meme he MOA link appears below, foll e	orandum of Agreement (MOA) if y ow the directions to complete it nent (MOA) link below, download, p	rou chose to exchange data with VIIS, and the A I f the Agreements have a link, be sure to selec	greements required for VIIS Administrators to complete for it each one listed under your name to electronically sign do not have to complete another MOA if one is already on file
		fax the MOA to VDH at (804)864-819 rint Empty MOA	0. Print Filled MOA	
Upload Complet	ed MOA : S	tatus:	Pending <u>View History</u>	
Allowed file type Allowed file size		Upload		
Signed By:			Signed Date:	
		Status 🥥	Signed By 🥝	Signed Date 🥥

CDC COVID-19 Vaccination Program Provider Agreement

If Provider has submitted a COVID-19 Provider Intent Form for administering the COVID-19 Vaccine, they will need to complete the CDC COVID-19 Vaccination Program Provider Agreement, which will be available under the Agreements tab. Please access instructions for completing the CDC COVID-19 Agreement at https://www.vdh.virginia.gov/content/uploads/sites/191/2020/12/VDH-CDC-Agreement-and-Profile-Instructions-12-1-2020.pdf.



Review & Submit VERIP Registration

The "Review & Submit" tab is the final step organizations must complete before submitting a new or updated VERIP Registration. It will display information from all the previous tabs (Organization, Contacts, Agreements) for final review before submitting.

- Log into VERIP and open the applicable VERIP Registration by clicking on the pencil icon to the left of the organization's name.
- Navigate to the "Review & Submit" tab.
 - a. Note: Depending on your site's VERIP Registration status, you may need to confirm that the information listed under the "Organization" tab is up to date, verify the Administrators in the "Contacts" tab, and ensure all Administrators have signed the required agreements.
- 3. If a section needs editing, click on "Edit" to the right of the section.
- 4. When complete, click **"Submit."**

		_	AGREEMEN						-
							Expand All	Sections Collapse All Section	Subr
ter review	ving your info	rmation on t	nis screen, c	lick SUBMIT	to comple	te your registration.			
ganization									
rganization	Name	Fox Pediatrios				Organization Type	Family Practice		Ed
IIS Org Code	/	PP123				Other (specify)			
urrently a V	VFC Provider?	Yes				VVFC Ptn	PP123		
E with VIIS		Yes				Fax			
hone		(999) 555-0068	6			Alt Phone			
hystoal Addr	ress	000 Disneylans RICHWOND, VA	i Island A - 23219						
ntacts / VIIS	Administrators								
									Ed
itle				Legal First	Pippy			rgstockings	
Addle Name				Name Nick Name			Name		
				Alt Phone				RIP User, Administrator	
hone	(804) 555-0001				-		Fax		
imati		ings1234@yahoo.		Alt Emetil					
Aedical Joense	01010101			Is this your me	edical license	• Yes			
toense Name	 Pippy Longstool 	kings		Expiry Date	12/31/2055				
	a VA Paramedic C	Certificate?							
Certification	*			Expiry Date					
reements									
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- a. Note: If "Submit" is not clicked, the registration will be identified as Incomplete.
- 5. If the registration has been submitted successfully, the below message appears. The user now has three options: (1) Register New Organization; (2) Review existing Registrations associated with the User's account; or (3) Log Off if no more action is needed.

Home	Existing Registrations	Welcome Pippy Longstockings LogOff				
Succe	Successfully Completed Registration ! ! !					
Thank y	ou for submitting your registrat	ion 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 agreements. 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 th	Once the registration is complete, your VIIS Consultant will contact you to discuss training options and will provide your account oredentials to access the registry website.					
Regia	ster New Organization Ex	isting Registrations				

- a. Selecting **"Register New Organization**" will take user to a blank "Organization" tab to begin process again.
- b. Selecting **"Existing Registrations"** will take user to list of existing registration(s) associated with their account.



Understand VERIP Registration Status

An organization's VERIP Registration status is dependent on a variety of factors. Please read descriptions on each status for more detail:

- **Incomplete** At least the Organization Tab has been completed and "Next" button selected. The "Submit" button has not been selected under the Review Tab. This is an automated status change.
- **Pending** "Submit" button has been selected under the Review Tab, however, at least one VIIS Administrator still needs to sign agreement(s). VIIS Trainer may need to remind the VIIS Administrator(s) to sign agreements. If 10 days pass since registration submitted, it is recommended that the VIIS Administrator be removed. This is an automated status change.
- **Complete** "Submit" button has been selected and all VIIS Administrators have signed the agreements. Ready for review by VIIS Trainer. This is an automated status change.
- **Approved** –VIIS Org has been approved to access VIIS but their VIIS account has not yet been created by the VIIS Trainer. This is a manual status change, and optional for VIIS Trainers to use.
- Active VIIS Org has been approved for access to VIIS and their VIIS user account has been created by the VIIS Trainer. This is a manual status change.
- **Renewal** It has been at least twelve (12) months since the registration was submitted (i.e., "Submit" button selected under the Review Tab). This is an automated status change. The organization will be in "Renewal" status for an entire month. If the registration is not submitted by the organization by the end of month, the status automatically changes to Expired at the beginning of the next month.
- **Expired** It has been thirteen (13) months since the registration was submitted. This is an automated status change. VIIS Org is automatically notified by email that if action is not taken, access to VIIS will be removed.
- **Inactive** The organization is closed, no longer interested in utilizing VIIS, and/or non-compliant with policy. This is a manual status change.
- **Denied** Registration was created by mistake, either due to duplication or by accident. When status is changed to "Denied," VIIS Org Code is automatically removed. This is a manual status change.
- **Recruit** Registration was in the "Recruit" list from TDB and/or created by VDH Staff in VERIP that have not been completed by VERIP User.



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 nonparticipating 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				
IT Contact:	Phone/E-mail:			
Clinical Contact:	Phone/E-mail:			
Name of Electronic Health Record/Bi	illing System:			

l,	, 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 termina	te. This MOA may be amended at any time by written mutual
agreement.	

(Signature of Signing Authority)			(Date)			
(Name of VDH Signing Authority)			(Signature of V	ty) (Date)		
Please Fax to V	'IIS Staff at 804-86	64-8190 or	Mail to VIIS Sta	aff: 109 Governor S Richmond, VA 2		
		Cor	npleted by VDH			
Direction of d Transport: Approved: Frequency:	ata flow will be: SFTP Format Real Time Other	 PO to VIIS PhinClient Content 2x Daily 	 VIIS to PO HTTPS Transport Daily 	☐ Bidirectional ☐ DX Module ☐ Weekly	Other: Monthly	
Date DX goes li	ve:		Staff:			

