

Medicare Fee for Service (MFFS) Invoicing

In order to generate the MFFS invoice associated with your practice, based on information you provided during the influenza season, you will need to follow these steps:

1. You must deplete all influenza inventory in your facility by either administering, transferring, or returning the vaccines.
2. If RIDOH has not declared the end of the influenza season you must either continue vaccinating to deplete supply or transfer the remaining vaccine to another practice before you can continue.
3. Once you are able to report zero doses of influenza inventory on-hand you will need to complete one final Doses Administered Report [Submit Dose Admin Report / Flu Vaccine Order](#)
4. When you open the influenza vaccine ordering screen you will be asked to report any Returns/Waste of influenza vaccine. If RIDOH has declared the season over you may report all remaining doses in this section.
5. The next step would be to report total doses remaining in inventory, which should now be all zeros.
6. After reporting your inventory you will be asked to report Doses Administered for the last time for the season.
7. After reporting the doses administered it is very important that at the bottom of the page you select the following **Report Submit Option** and submit your final report.

Report Submit Option

- ☐ This practice is reporting doses administered and DOES require additional influenza vaccine
- ☐ This practice is only reporting doses administered and DOES NOT require any influenza vaccine at this time
- ☒ This practice is no longer administering vaccines and does not require any additional vaccine for the season

8. Once you have submitted the Final Report you will now see a new PRINT MFFS INVOICE link on the bottom of the OSMOSSIS Vaccine Ordering Menu

State of Rhode Island
Department of Health

Navigation Menu: Immunizations, Vaccines, Manual & Forms, Logout

Logged in as: 1400 as practice user: 05/11/2014 08:36AM
Practice: RIDOH
Alpha Name: RIDOH
ID#: 1400 FAMILY
Last LUP LCU: HD12345
Practice Contact: DENISE CARRELLI 401-322-4737
Vaccine Contact: VIVIANA GUEZDA 401-322-4439
Immunization Rep: Mark Francisco 402-222-5988
DASH File Location: /app01/da...

OSMOSSIS Vaccine Ordering Menu

MONTHLY Vaccine
Order ID: 10495
Next Order Date: N/A
Order Status: New
Buttons: PRINT OUT Current Inventory LUMP Report, Place Vaccine Order, Transfer Vaccine to Another Practice, Enter Vaccine Return or Waste Information, Product Lot Expiration Report

INFLUENZA Vaccine
Order ID: N/A
Next Order Date: N/A
Order Status: No Further Flu orders accepted
Buttons: PRINT OUT Current Flu Inventory LUMP Report, Submit Dose Admin Report / Flu Vaccine Order, Transfer Vaccine to Another Practice, Enter Vaccine Return or Waste Information

Buttons: Receive Shipment from ODA-Router, View Order History, Generate Returns Packing List, Print MFFS Invoice, Return to JSP Menu

Print MFFS Invoice

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On the following page you will see an Example of the MFFS Invoice. Please submit your Invoice and payment to RIDOH as soon as possible. Failure to make payment prior to June 30, 2016, will result in all future (after July 1, 2016) vaccine orders being withheld until payment is received by RIDOH



Rhode Island Department of Health
Immunization Program
3 Capitol Hill, Room 309
Providence, RI 02908

INVOICE

May 11, 2016

2015 - 2016 INFLUENZA SEASON MEDICARE FEE FOR SERVICE (MFFS) VACCINE PURCHASES

RIDOH
3 CAPITOL HILL
ROOM 309
PROVIDENCE, RI 02908-0000

SSV PIN	Influenza Season	Shipping Method	Payment Terms	Invoice #
1600	2015-2016	McKesson	Due by Jun 30, 2016 (Vaccine orders after Jul 01, 2016 will be withheld until payment has been received)	2016-1600-1

QTY OF DOSES REPORTED	DESCRIPTION	UNIT PRICE	LINE TOTAL
50	19515-0898-11 - Flulaval	\$14.350	\$717.50
130	42981-0397-65 - Fluzone HD	\$31.910	\$4,148.30
38	58160-0903-52 - Fluarix	\$15.293	\$581.13
This invoice is for reimbursement of doses reported as administered to Medicare Fee for Service patients, as agreed to when ordering the vaccines through the Immunization Program		TOTAL AMOUNT DUE	\$5,446.93

Please remit payment to:

Rhode Island Department of Health
Immunization Program
3 Capitol Hill, Room 309
Providence, RI 02908

Invoice Payment Amount \$ _____

Please return a copy of this invoice with your payment
Make all checks payable to the General Treasurer - State of Rhode Island

THANK YOU FOR YOUR CONTINUED SUPPORT OF THE STATE SUPPLIED VACCINE PROGRAM!

Failure to make payment in full will result in ineligibility for future vaccine orders in the State Supplied Vaccine Program as outlined in the Terms & Conditions of the SSV program. Questions please contact vaccine@health.ri.gov