

Seasonal Influenza Provider Dose Reporting Instructions

Below you will find instructions on how to submit your weekly doses administered, on-hand inventory, and vaccination campaign status report. Please have all the required information available before logging on to the weekly reporting website. **Vaccines administered to individuals less than 19 years of age must also be reported to KIDSNET.**

❑ Log onto the SSV Provider Website

- [KIDSNET Login](#) (KIDSNET authorized users only)
 - Log in using individual KIDSNET user Id and password
 - Click on SSV Practice Menu in left hand menu
- [SSV Login](#)
 - Log in using PIN number (that was used for enrollment) and lead physician/medical director's license number and you will be brought to the **SSV Practice Menu**
- From the SSV Practice Menu Select Seasonal Influenza Provider Dose Reporting

❑ Verify information

- Verify that you are reporting for the correct Pin and Provider name
- Verify that you are reporting data for the correct reporting period
 - Reports must be submitted by 11:59 AM each Monday in order to be eligible for additional vaccine deliveries for that reporting period.
 - Reports submitted after the 11:59 AM deadline will be held in the system and will need to be combined with the next reporting periods data
 - Include in the current weekly reporting period any doses previously not reported.

❑ Complete Section 1: Doses Administered

- **Required Reporting:**
 - **Age Groups:** Enter the total doses administered in each age group indicated
 - **Required Priority Groups:** Enter the number of doses administered from each age group in the appropriate vaccination group.
 - Pregnant Women
 - Healthcare Workers
- **Optional Reporting:**
 - **Series information:** Enter the number of doses administered as either the first or second dose for children under the age of 9
 - **Priority Groups:** Enter the number of doses administered from each age group in the appropriate vaccination group.
 - College Students
 - Chronic Illness
- **Other:** Doses that are not accounted for in any of the indicated priority groups will automatically be captured in this field. This field will automatically calculate based on data in the age group and priority group fields.
- **Reimbursable Doses** (Required – outlined in red) This section applies only to patients 19 years of age and older.
 - **Medicare:** Enter the number of state supplied vaccine doses used to vaccinate patients that are Medicare Fee for Service
 - **Medicaid:** Enter the number of state supplied vaccine doses used to vaccinate patients that are direct Medicaid recipients (not Rite Care recipients).
 - **Reimbursable:** Enter the number of state supplied vaccine doses used to vaccinate patients that are out of state residents or self pay. HEALTH will use the numbers submitted in this field and will invoice your practice for recovery of the vaccine cost only at the end of the influenza season. (Approx. \$9.50 per dose)

Seasonal Influenza Provider Dose Reporting Instructions

❑ Complete Section 2: Current Vaccine Inventory

- **Quantity on hand:** An accounting of each type of vaccine that the practice has on-hand must be submitted with each weekly report.
 - Enter the viable inventory on-hand under each vaccine type category.
 - Brand names are listed below each category for easier identification of which box they should be counted in.

❑ Complete Section 3: Practice's Seasonal Influenza Campaign Status

- **Campaign Options:** The practice may select 1 of 3 options regarding the current status of campaign:
 - **Option 1:** ** This is the final report for the season. No further influenza doses will be administered. **
 - This option locks your account and no further reporting or deliveries will be available. You will receive instructions regarding any unused inventory.
 - **Option 2 (Default):** This practice is continuing to vaccinate. The practice does not need any more vaccine at this time.
 - This option maintains your account for future reporting and deliveries.
 - **Option 3:** This practice is continuing to vaccinate. Please continue to ship vaccine to the practice as it becomes available.
 - This option maintains your account for future reporting and schedules a new delivery request.
 - Upon selection of this option an order table will be activated where you may enter in the type and quantity of vaccine you are requesting to continue your vaccination campaign (see "Vaccine Order Exceptions" below)
- **Vaccine Order Exceptions**
 - **Excessive inventory on hand**
 - If your practice is reporting doses on-hand of more than 50% of the vaccine that has been delivered to your practice to date, additional vaccine delivery requests will be denied.
 - **Requested inventory unavailable**
 - Dependent upon supply, HEALTH may fill your requested order entirely, proportionately, or not at all.
 - If you do not receive an order delivery by noon on Friday please contact HEALTH at vaccine@health.ri.gov before resubmitting another order the following week. HEALTH will verify the status of your order.
 - **Scheduled Clinic Delivery Request**
 - If your practice has scheduled clinics for the upcoming week and additional vaccine supply is necessary you may contact HEALTH at vaccine@health.ri.gov for approval of order regardless of inventory on-hand. In your email request please include "**Urgent vaccine delivery request**" in the subject line. HEALTH cannot be held accountable for canceled clinics due to vaccine limitations or unavailability.

❑ Doses Administered Reporting History

- **History:** This section keeps a running history of all reported activity for each weekly report. These fields are available for viewing and cannot be modified.

Weekly Reporting (Administration)



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Seasonal Influenza Provider Dose Reporting Entry

Practice:

Current Reporting Period: Mon, Aug 22 2011 12:01AM to Sun, Aug 28 2011 11:59PM

Report for this period must be completed by: Mon, Aug 29 2011 11:59PM



Please review doses of vaccine reported in previous weeks (see bottom of page). Include in the current week's reporting period any doses previously not reported.

(indicates required data)

Section 1: Doses Administered

Doses administered for each age group are required.

Series Information (<9 yrs may require two doses)

Age Group	Doses	# of First Doses	# of Second Doses
6 - 35 Months	<input type="text" value="10"/>	<input type="text" value="5"/>	<input type="text" value="5"/>
36 - 59 Months	<input type="text" value="20"/>	<input type="text" value="15"/>	<input type="text" value="5"/>
5 - 18 Years	<input type="text" value="30"/>	<input type="text" value="25"/>	<input type="text" value="5"/>
TOTAL PEDIATRIC DOSES	<input type="text" value="60"/>		

NOTE: If dose # is unknown, report it as a first dose.

Vaccine Group Information

Age Group	Doses	Pregnant Women	Healthcare Worker	College Student	Chronic Illness	Other
19 - 24 Years	<input type="text" value="40"/>	<input type="text" value="10"/>	<input type="text" value="15"/>	<input type="text" value="5"/>	<input type="text" value="10"/>	<input type="text" value="0"/>
25 - 49 Years	<input type="text" value="50"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="50"/>
50 - 64 Years	<input type="text" value="60"/>	<input type="text" value="10"/>	<input type="text" value="5"/>	<input type="text" value="20"/>	<input type="text" value="0"/>	<input type="text" value="25"/>
65+ Years	<input type="text" value="70"/>	<input type="text" value="0"/>	<input type="text" value="50"/>	<input type="text" value="5"/>	<input type="text" value="0"/>	<input type="text" value="15"/>
TOTAL ADULT DOSES	<input type="text" value="220"/>					

Medicare, Medicaid, or Reimbursable Doses (19+ years only)

Medicare	<input type="text" value="80"/>	# of Medicare Fee for Service patients vaccinated with State Supplied Vaccine
Medicaid	<input type="text" value="90"/>	# of Medicaid recipients vaccinated with State Supplied Vaccine
Reimbursable Doses	<input type="text" value="10"/>	# of Out of State residents & self pay patients vaccinated with State Supplied Vaccine

Weekly Reporting (Inventory)

Section 2: Current Vaccine Inventory

Vaccine Type	6 - 35 M	3 - 18 Y	2 - 18 Y	19+ Y and Pregnant Women	19+ Y	19+ Y
	(Injectable)	(Injectable)	(Intranasal)	(Injectable)	(Syringe)	(Multi-Dose Vial)
Quantity On Hand	100	110	120	130	140	150
Brand Names	* Fluzone .25ml	* Fluzone .5ml * Fluarix .5ml	* Flumist	* Affluria .5ml	Fluvirin .5ml	Flulaval .5ml

* Denotes preservative-free vaccine

Section 3: Practice's Seasonal Influenza Campaign Status

Selection Required

- ** This is the final report for the season. No further influenza doses will be administered. **
- This practice is continuing to vaccinate. The practice does not need any more vaccine at this time.
- This practice is continuing to vaccinate. The vaccine quantities listed below are requested for delivery this week.

Vaccine Type	6 - 35 M	3 - 18 Y	2 - 18 Y	19+ Y and Pregnant Women	19+ Y	19+ Y
	(Injectable)	(Injectable)	(Intranasal)	(Injectable)	(Syringe)	(Multi-Dose Vial)
Number Of Doses						
Brand Names	* Fluzone .25ml	* Fluzone .5ml * Fluarix .5ml	* Flumist	* Affluria .5ml	Fluvirin .5ml	Flulaval .5ml

 All fields above must contain a numeric quantity, including '0' quantities

 Vaccine deliveries may take 3-7 business days from order date. Deliveries are not guaranteed, subject to vaccine availability. Provider orders that exceed the pre-book request may be delayed even longer in order to meet the needs of provider orders that have not yet received their entire allotment.

All entries are valid

Submit

Cancel

Doses Administered Reporting History

Date	Total Doses	6-35 MO	36-59 MO	5-18 YR	19-24 YR	25-49 YR	50-64 YR	65+ YR	PW	HCW	CS	ACI	Other	Medi-care	OOS/ SP
Aug 08, 2011 - Aug 14, 2011	280	10	20	30	40	50	60	70	0	0	0	0	220	80	90
Aug 15, 2011 - Aug 21, 2011	380	10	20	30	140	50	60	70	0	0	0	0	320	80	90