



State-Supplied Vaccine (SSV) Program Enrollment Instructions

Rhode Island Department of Health
Office of Immunization

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SSV Login

State of Rhode Island
Department of Health

Welcome to Immunize for Life

Welcome to the Immunize for Life, State-Supplied Vaccine (SSV) Program Enrollment. There are two ways to access the SSV Program for enrollment, updating Practice Information, and Seasonal Influenza dose reporting/ordering:

- 1. KIDSNET Login** (KIDSNET authorized users only)
 - Log in using individual KIDSNET user Id and password
 - Click on SSV Practice Menu in left hand menu
 - Click on the appropriate menu choice

If you are having difficulty logging into KIDSNET, please call the Help Desk 222-5960 or your KIDSNET Provider Relations Representative.

OR

- 2. SSV Login**
 - Log in using SSV PIN number and lead physician/medical director's license number
 - Click on the appropriate menu choice

If your practice/facility has never been enrolled in any SSV program, it has been longer than one year since you last enrolled in any SSV program, or you are having a problem logging in, please call Deb at 222-7876.

[KIDSNET Login](#) OR [SSV Login](#)

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State of Rhode Island
Department of Health

SSV Login Page

News and Alerts

This is the message of the day: Today is a good day to order vaccine!!!

Welcome to the Immunize for Life, State-Supplied Vaccine (SSV) Program log-in page. Log in using your SSV PIN number and your lead vaccine provider, physician or medical director's license number. If you have trouble logging into the system call 401-222-7876.

By logging on the user agrees to the terms stated on this page.

If your practice/facility has not been previously enrolled, or it has been longer than 1 year since you last enrolled in any vaccine program, you will need to call 401-222-7876 where you will be assigned your PIN number and password. In proceeding beyond this point, the user:

- Agrees that they are authorized by the Lead Vaccine Provider or Medical Director to enter through this web portal in order to complete enrollment, update practice information and/or place vaccine orders on behalf of the practice;
- Agrees to the Terms and Conditions related to this enrollment on behalf of the practice or facility.

By logging on the user agrees to the terms stated on this page

PIN: *

License No.: *

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Go to <https://kidsnet.health.ri.gov/vaccine> and select either the **SSV Login** link or, if you are a **KIDSNET/RICAIR** Provider, the **KIDSNET Login** link. Follow the instructions on the page to log in to the enrollment system:

1. SSV Login

All currently enrolled practice may log into the SSV Program enrollment site using their SSV PIN and Medical License Number. Enter your entire PIN (including any alpha prefixes such as "AV", E or "H"). For the license number, use credentials (e.g., MD) plus the five digits of your lead provider's license number. **If you are enrolling multiply sites, you must use a separate computer or browser for each site.** For SSV Login assistance, contact your Immunization Representative or Lauren Piluso at 222-4639 or lauren.piluso@health.ri.gov

If you need additional assistance, please contact your assigned immunization representative whose name and contact info can be found on each page of the online enrollment.

2. KIDSNET/RICAIR Login

Providers who participate in KIDSNET/RICAIR may access the upcoming season's enrollment by logging into KIDSNET with their assigned User ID and password. For KIDSNET/RICAIR Login assistance, please call the HELP Desk at 222-5960, or contact Janet Limoges at 222-7681 or janet.limoges@health.ri.gov.

3. First Time Enrollment

If you are not currently enrolled in the 'Immunize for Life' State-Supplied Vaccine (SSV) Program and wish to enroll **for the first time**, contact **Nicole Selema** at 222-4631 or nicole.selema@health.ri.gov.

First-time enrollees will be eligible to receive the upcoming season's vaccines at the start of the new fiscal year – July 1st. [Back to Table of Contents](#) 2

SSV Practice Menu



Navigation Menu

- Immunization Resource Manual & Form
- Logout

SSV Practice Menu

Practice:	RIDOH	Enrollment Year:	2022
Alpha Name:	RI DEPARTMENT OF HEALTH -RIDOH	Lead LVP Lic.:	MD13479
PIN:	1600 Family Practice	Vaccine Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Logged in as:	1600	Pandemic Vaccine Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Practice Contact:	NICOLE SELEMA 401-222-4631 nicole.selema@health.ri.gov	Backup Pandemic Vaccine Contact:	MEAGHAN JOYCE 401-222-1580 meaghan.joyce@health.ri.gov
Immunization Rep:	Lauren Piluso 401-222-4639 Lauren.Piluso@health.ri.gov		

Override date/time:

Verify that the SSV **PIN** and **Practice Name** are correct and that this is the practice you wish to enroll.

The **Practice Header** will be displayed at the top of each page of the enrollment. (For demonstration purposes, this information may be missing from some of the following slides in order to fit the primary information around the specific topic on the screen.)

Read the instructions, and then click on the **2023 SSV Enrollment** link.

- Welcome to the Enrollment site for State Supplied Vaccine.
[Instructions Guide](#)
- Enroll annually for the state fiscal year (July 1 - June 30) in which you wish to order vaccine.
 - Each Medical Practice location must enroll separately.
 - All pages of enrollment must be completed.
 - Read and print the Enrollment Confirmation page.
 - Follow any required steps if indicated on the Enrollment Confirmation page in order to complete the enrollment process.
- Navigation**
- DO NOT USE THE FORWARD or BACK ARROW of your internet browser**
 - Use the **NEXT** button to save data and move to the next page.
 - Use **PREVIOUS** button to return to a page.
 - When **RETURN TO MENU** is used, data on that page is not saved.

Maintain Practice Information Links

[2019 SSV Enrollment \(Available 04/25/2018\)](#)

Click here only if directed by RIDOH to do so

Click here to be directed to RIDOH's Resource Manual for Providers

Ocean State Management of State Supplied Immunizations System (OSMOSSIS)

[Enter OSMOSSIS](#) (Vaccine Ordering Module)

[OSMOSSIS Self Study](#)

[Data Logger Cloud Login](#)

For issues involving vaccine order or delivery, contact:
Denise.Cappelli@health.ri.gov 401-222-6737

Patient Profile

Practice Profile

Practice:	RIDOH	Enrollment Year:	2022
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Immunization Rep:	Lauren Piluso 401-222-4639 Lauren.Piluso@health.ri.gov		

This page is asking for your **patient** information numbers. You must provide accurate/current information regarding your patient demographics and insurance status by age group. This section now includes a box in which you must select the source of the data you are providing. Sources of data can include your billing system, EHR (electronic health record system), Encounter Form, etc. If you need help in determining this information, check with your billing personnel for assistance.

Type of Data Used to Determine Patient Population (choose all that apply)

<input type="checkbox"/> Benchmarking	<input type="checkbox"/> Doses Administered
<input type="checkbox"/> Medicaid Claims	<input type="checkbox"/> Provider Encounter Data
<input type="checkbox"/> EHR / KID\$NET	<input type="checkbox"/> Billing System
<input type="checkbox"/> Other (must describe): <input type="text"/>	

At least one selection is required

Vaccine Needs - Patients Only

Section A. Estimate the number of Patients, by age group, expected to receive vaccine during the twelve month period ending 06/30/2019

Age Group =>	<1 YEAR	1-6 YEARS	7-18 YEARS	19-24 YEARS	25-49 YEARS	50-64 YEARS	65+ YEARS	TOTAL
Patient Count	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0

VFC / Uninsured Eligibility

Section B. Indicate the number of patients in each category expected to receive vaccine during the twelve month period ending 06/30/2019.

Age Group =>	<1 YEAR	1-6 YEARS	7-18 YEARS	19-24 YEARS	25-49 YEARS	50-64 YEARS	65+ YEARS	TOTAL
Medicaid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Uninsured	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Alaskan Native / American Indian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Underinsured *	N/A	N/A	N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
TOTAL	0	0	0	0	0	0	0	0

*Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC). (All RI public health centers, such as: Providence Community Health Centers, Thundermist Health Centers, etc.)

*Other underinsured are children that are underinsured but are not eligible to receive federal vaccine through the VFC program because the provider or facility is not a FQHC.

! All fields must contain a numeric quantity (including '0' quantities)

Note: VFC vaccines are for patients <19 years of age only.

Influenza Doses Reservation

Practice:	RIDOH	Enrollment Year:	2022
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Immunization Rep:	Lauren Piluso 401-222-4639 Lauren.Piluso@health.ri.gov		

Please complete this page to reserve State Supplied influenza vaccine for the 2022-2023 Influenza Season. This page only needs to be completed once.

Reminder: The information you provide on this page does not constitute an order. It is only used to reserve flu vaccine supply for the upcoming season. To order vaccine during the season, you will need to submit orders weekly through OSMOSSIS (more information below). **There are no automatic influenza vaccine shipments.**

Important Information

- Providers are required to submit orders via the OSMOSSIS Weekly Influenza Vaccine Ordering module to receive their shipments. Influenza vaccine may be ordered once every five business days or after the previous order has been received, whichever comes last.
- Vaccine release will be based on the amount of vaccine received by RIDOH from the vaccine manufacturers (e.g. if RIDOH has received 30% of its annual Adult supply, providers will be able to order up to 30% of their annual Adult reservation).
- The amount of vaccine available to order will be on providers' order screens as "MAX" allowed.
- Providers can order no more than their total reserved amount until RIDOH receives 100% of total supply. After that date, providers will be allowed to exceed their reservation by 20%, if supply allows.
- Each season there is a shipping blackout period (approximately Dec 20 - Jan 2), please plan accordingly.

Previously Reported Doses Administered

For the 2022-2023 season, providers are allowed to reserve up to 20% over the total number of doses reported as administered last season. A practice that has never ordered flu vaccine previously will be allowed to reserve up to 250 doses, with the ability to order additional doses to replenish doses reported as administered.

You reported the following Doses Administered for the 2021-2022 influenza season.

6 Mo-18 Yrs (Injectable)	2-18 Yrs (Flumist)	19+ Yrs	65+ Yrs (Enhanced)	Total 2021-2022 Doses Administered	Total 2022-2023 Doses Available for Order
0	0	4	0	4 *	10

* Your "Reserved Totals" below cannot exceed your [Total 2022-2023 Doses Available for Order](#) listed above

If the supply available to your medical practice is not sufficient for the entire season, please complete this page for the maximum allowed and then submit an [Influenza Vaccine Reserve Modification Form](#) to your Immunization Rep with a detailed explanation as to why you need additional supply.

This section is specific to **flu vaccine** needs for **both staff AND patients**. "Reservation" refers to the amount of flu vaccine that you *estimate* will be needed for the entire upcoming flu season.

Note: reserving flu vaccine doses during enrollment does not constitute an actual order.

After flu vaccine becomes available in September or October, you will be instructed on how to **order** your already *reserved* flu vaccine via the OSMOSSIS online ordering system.

Providers are allowed to *reserve* up to 120% of the flu vaccine doses that were *reported as administered* during the previous flu season.

(Continued on next page)

Influenza Doses Reservation (cont.)

Reservation Dose Quantity - Patients & Staff

In **multiples of 10**, enter the amount of **doses** you would like to reserve for each age group for the entire 2018-2019 influenza season. All injectable vaccines will be shipped in preservative free pre-filled syringes.

Important Note: **Non-HD vaccine supply for 65+ years should be included with the 19+ Years.** Fluzone High Dose (ages 65+) continues to be trivalent only; all other vaccines are quadrivalent.

Last updated by: 1211 on 04-27-2018

Product	6 Mo-18 Yrs (Injectable)	3-18 Yrs (Fluoral)	19+ Yrs	65+ Yrs (High Dose)	Reservation Total
RESERVED TOTALS	2000	1000	1000	1000	5000

* Warning: if your "Reserved Totals" exceeds your "Total 2018-2019 Doses Available for Reserve", you will not be allowed to proceed to the next page.

Providers will be required to order influenza vaccine by **age group**, not by vaccine product/brand. RIDOH will group supply based on the **age group** the vaccine was purchased for and fill orders based on ANY available product purchased for that age group.

Special Risk Groups

Please identify the amount of individuals in each of the Special Risk Groups listed below that you intend on vaccinating this season. These individuals should be included as part of the total reservation you submitted above. This field is required in case there is a vaccine shortage, outbreak, or pandemic situation that would require RIDOH to prioritize vaccine.

Vaccination Group	Doses
Pregnant Women (all ages)	0
Healthcare Workers (staff)	0
Adults, 65+ Year of Age	0
Total Doses	15

Reservation Notes:

Your total Reservation amount cannot exceed the "Total 2022-2023 Doses Available for Order".

All state-supplied influenza vaccines are preservative and latex-free. All vaccine are quadrivalent

 All entries are valid

If you have any questions about this process, please contact your Immunization Rep (listed at the top of this page).

Thank you!

Important: Medicare Fee-For-Service (MFFS) Patients:

For enrollment or dose administration purposes, MFFS patients are no longer being categorized separately from other patients. Therefore, there are no separate "reserve order" or dose administration categories required for this population. For the 2021-2022 season practices will not have to reimburse RIDOH for doses administered to MFFS patients.

Medical Practice Information

Throughout enrollment, red asterisks (*) indicate required fields.

Verify or update the information on this page, including current address, backline phone number, telephone extension, alternate phone number, and practice name and affiliation, if applicable.

Hospital Affiliated Practice: Select **Yes** if your practice is associated with a hospital-based organization (Lifespan, CharterCARE, etc.)

Please note that you must have an approved refrigerator unit (and freezer, if storing Varicella and MMRV vaccine) to receive vaccines. Dorm-style units (having just one exterior door with a freezer compartment within the fridge unit), are not allowed. Combination units can only the refrigerator portion on the unit.

Please make sure to check the appropriate Refrigerator and Freezer boxes that apply. If you are a pediatric practice or administer Varicella or MMRV vaccines, then you must also check the freezer box in order to be eligible to receive frozen vaccines.

Instructions

This record is to be submitted to and kept on file at the Rhode Island Department of Health and must be updated in accordance with Federal policy. Please review the information and make any necessary corrections. If there are any blank spaces, fill in the information.

Click the [Next] button to proceed to the next step.

Medical Practice Information * Required Fields

Legal Practice Name: *

Federal Employer Identification Number: *

Hospital Affiliated Practice (optional): Yes No

Check if the Practice has a dedicated storage unit for vaccine: * Refrigerator *

Freezer Type - Required for storage of frozen vaccine (e.g. varicella vaccine): * None Standard Only Ultra-Cold Only Both Standard and Ultra-Cold

Mailing Address and Phone

Address Line1: *

Address Line2:

City: *

State: *

Zip Code: *

(Required telephone format example: 401-222-4602. For extension please use X123 format.)

Phone (back line preferred): *

Alt Phone:

Fax: *

Contact Information

Practice:	RIDOH	Enrollment Year:	2022
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PIN:	1600 Family Practice	Vaccine Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
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Practice Contact:	NICOLE SELEMA 401-222-4631 nicole.selema@health.ri.gov	Backup Pandemic Vaccine Contact:	MEAGHAN JOYCE 401-222-1580 meaghan.joyce@health.ri.gov
Immunization Rep:	Lauren Piluso 401-222-4639 Lauren.Piluso@health.ri.gov		

Best business practice is to provide different vaccine and office contact names * Required Fields

Routine Vaccine Contact (Ordering, Storage & Handling)

First Name: *

Last Name: *

Provide back line phone number or extension. Required telephone format example: 401-222-4602

Phone: * Ext:

Alt. Phone: Ext:

CDC does not accept email addresses longer than 40 characters

Email: *

Pandemic Vaccine Contact (Ordering, Storage & Handling)

Pandemic Vaccine Contact is the same as Routine Vaccine Contact

First Name: *

Last Name: *

Provide back line phone number or extension. Required telephone format example: 401-222-4602

Phone: * Ext:

Alt. Phone: Ext:

CDC does not accept email addresses longer than 40 characters

Email: *

Backup Pandemic Vaccine Contact (Ordering, Storage & Handling)

First Name:

Last Name:

Provide back line phone number or extension. Required telephone format example: 401-222-4602

Phone: Ext:

Alt. Phone: Ext:

CDC does not accept email addresses longer than 40 characters

Email:

Office Contact (Alternate Vaccine Contact)

First Name: *

Last Name: *

Provide back line phone number or extension. Required telephone format example: 401-222-4602

Phone: * Ext:

Alt. Phone: Ext:

CDC does not accept email addresses longer than 40 characters

KIDSNET/RICAIR Group Administrator

Current KIDSNET/RICAIR Group Administrator:

Request Assignment of KIDSNET/RICAIR Group Administrator

Suggested KIDSNET/RICAIR Group Administrator:

[Click here](#) for information about KIDSNET/RICAIR Group Administrator duties.

Ensure that vaccine, office, pandemic and back-up pandemic contact information is accurate and current. We require the Vaccine Contact and Office Contact (Alternate Vaccine Contact) not be the same person. Once enrolled, it is the practice's responsibility to update this information whenever necessary.

To request a change in the KIDSNET/RICAIR Administrator, check the designated box and indicate the responsible individual in the space provided.

Licensed Vaccine Provider List

Licensed Vaccine Providers						
	Name	Title	License No.	Email	Status	Lead Prescriber
edit	MCDONALD, JAMES V.	MD	MD13479	James.McDonald@health.ri.gov	Active	Lead Prescriber
edit	ALEXANDER-SCOTT, NICOLE	MD	MD13022	Nicole.AlexanderScott@health.ri.gov	Inactive	
edit	JOYCE, MEAGHAN	MD	MD12125	meaghan.joyce@HEALTH.RI.GOV	Inactive	
edit	PILUSO, LAUREN	MD	MD12125	lauren.pilus@health.ri.gov	Inactive	

[Add Another Provider](#)

Licensed Vaccine Provider - Additional Providers

Additional Providers

Use this page to add or update the names and medical license numbers for other health providers in your practice. Include those who possess a medical license and are authorized to write prescriptions and/or administer vaccine.

*** Required Fields**

Medical License Number: *

Medicaid Provider Number:

NPI:

First Name: *

Last Name: *

Middle Initial:

Credential: *

Email:

Status: Active Inactive

Last Status Change: May 13, 2015

The **Licensed Vaccine Provider** list should consist of the Lead Physician (Medical Director) and all other medical staff that are licensed to write prescriptions for medication/vaccines.

If you need to add a new Licensed Vaccine Provider (a Rhode Island-licensed professional who can prescribe vaccine), click **Add Another Provider**. Complete all required fields and click **Save**. The new provider should now be visible on your list of providers.

If you need to modify information about an existing provider, click the **edit** link next to the provider's name. NOTE: An e-mail address is required for the Lead Vaccine Provider. Other licensed providers who wish to receive notifications from RIDOH should also supply their email addresses on this page.

Vaccine Management Plan

Each practice must maintain a Vaccine Management Plan. This plan must be provided to the Office of Immunization each program year during re-enrollment. The Vaccine Management Plan must be available for your Immunization Program Representative to review during a site visit or upon request.

The Vaccine Management Plan must include the following:

1. Contact information for Vaccine Coordinator/Vaccine Contact
2. Contact information for Back-up Vaccine Coordinator/Office Contact
3. Roles and responsibilities of coordinators
4. Practice procedures for vaccine ordering
5. Practice plan for receiving vaccine
6. Practice plan for vaccine inventory control
7. Practice plan for monitoring the storage unit and temperature

A template for the Vaccine Management Plan can be found at <https://health.ri.gov/publications/plans/VaccineManagementPlan.pdf>

The Vaccine Management Plan must be reviewed by the practice each year during re-enrollment. The practice must update and re-upload the Vaccine Management Plan during re-enrollment if there are any changes to the personnel or procedures listed in the plan.

Do you have a Vaccine Management Plan?*

Yes No

Upload Vaccine Management Plan - VMP

If you do not have a VMP on your computer in .doc, .docx, .pdf, .xps, or .txt format:

1. Click [here](#) to get a copy of a VMP template.
2. Complete the template and save to your computer, noting where it is saved.
3. Providers must have a full copy of their VMP available during a site visit from RIDOH.

Once you have a VMP saved on your computer:

1. Click the "Add..." button below.
 - a. A file selection window will open.
 - b. Find where you saved your VMP.
 - c. Double click on your VMP document.
 - d. The file selection window will close and return you to the Upload VMP page.

Each State-Supplied Vaccine (SSV) provider enrolled practice must have and maintain a **Vaccine Management Plan (VMP)**.

The VMP should be maintained and updated whenever there are staffing changes to the Vaccine and Back-up Vaccine Coordinator and/or procedures change. This plan must be provided to the Office of Immunization each program year during re-enrollment. The VMP must be available for your Immunization Program Representative to review during a site visit or upon request.

Vaccine Storage Emergency Preparedness Plan

Vaccine Storage Emergency Preparedness Plan

Practice:	RIDOH	Enrollment Year:	2022
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Immunization Rep:	Lauren Piluso 401-222-4639 Lauren.Piluso@health.ri.gov		

Alternate vaccine storage can include the following, although **the first two are highly recommended**:

1. Identify and arrange with an alternate storage facility (e.g. hospital, fire department, nursing home, etc.) with a backup generator, where the vaccine can be properly stored during an emergency. It must be a facility where someone is always present. Please note that for transport and alternate storage, vaccines must be packed in qualified containers; AND, a temperature monitoring device (TMD) must be placed with the vaccine in the container. The temperature probe goes in the container right next to the vaccines and the device stays out and rests on top of the container; OR
2. Have a generator on-site and identify an alternate storage location as indicated above; the backup is needed in case of vaccine unit or generator malfunction; OR
3. If you cannot find an alternate site, you can use qualified containers and pack outs to store vaccines temporarily and safely at your office. Always place a TMD with the vaccines; OR
4. **During an emergency only**, if a site cannot implement the above options, vaccines can be stored at home with a generator in a vaccine unit that is solely designated for vaccine and is monitored with a CDC-required TMD. Please note that vaccines must be packed out in qualified containers for transport.

Back-Up Storage Facilities

Emergency Preparedness Plan Alternate Storage Site(s) for Enrollment Year 2019

Providers without back-up power (generator) should list an alternative vaccine storage site where vaccine will be relocated during a times of emergency due to power outage, impending weather emergency, mechanical failure, or any other incident that may result in loss of vaccine.

Arrangements are to be made in advance with the alternate locations. Please list all required information below regarding agreements to store vaccine on behalf of the practice. If you are unable to find an alternate site nearby, please select Option 2 or 3, noting that you must have the equipment and supplies readily available at your practice or residence.

Note: The Vaccine Storage Emergency Preparedness Plan is formerly known as the “Storage Disaster Plan”

Every enrolled practice must have a **Vaccine Storage Emergency Preparedness Plan** to safeguard state-supplied vaccines in the event of a mechanical failure, emergency, or natural disaster.

All practices are required to select at least one of the three options on this page, even if you have a back-up power source (e.g., generator). This is to prevent loss should your back-up power source fail to operate properly.

If you choose to use an alternate facility, you will need to provide the name, address, etc. of your alternate facility within this enrollment application. **Please confirm with the facility before providing this information to ensure they have adequate space to store your vaccine in the event of an emergency.**

Vaccine Storage Emergency Preparedness Plan (cont.)

* Required Fields

 Does your practice have a back-up generator? * Yes No

Must select at least one of the three options below:

Option 1 (check to enable - highly recommended for providers without a back-up generator)

- Alternate Vaccine Storage sites consist of local hospital, retirement home, fire station, another practice, supermarket, or retail pharmacy. Arrangements should be made in advance to store your vaccine when weather predictions call for such inclement weather (tornadoes, hurricanes, ice, severe snow storms, etc.) or when your vaccine storage equipment cannot be fixed or the power cannot be restored within 6 hours. Before moving your vaccine, call the location to ensure their back-up power is working.

Facility Name: *

Address List 1: *

Address List 2:


City: *

State: *

Zip Code: *

Contact Name: *

Emergency Phone: * (Required telephone format example: 401-222-4602. For extension please use X123 format.)

Date Arranged: *  Alternate site agreements should be renewed annually.

Option 2 (check to enable - highly recommended for providers with a back-up generator)

Use qualified containers and pack outs to store vaccines temporarily and safely at your office. By selecting this option, you affirm that your practice has the necessary supplies needed to store the vaccine properly. Supplies must be readily available for inspection during a RIDOH site visit.

Option 3 (check to enable - For Emergencies Only)

By selecting this option, you affirm that you have a generator and stand-alone storage unit at your residence solely designated for vaccine storage during an emergency event. Please supply the address where the vaccine will be located during the emergency.

Facility Name: *

Address List 1: *

Address List 2:

City: *

State: *

Zip Code: *

If your practice does not have a back-up power source, we strongly recommend that you provide the information for an alternate site for vaccine storage.

You will need to continue to keep your completed **Emergency Preparedness Plan** updated and available in your office for review during SSV site visits.

In the **Date Arranged** box, you must select, in the calendar icon to the right of the box, the date on which you made this arrangement with the alternate facility. This arrangement should be re-confirmed every year.

Vaccine Storage Emergency Preparedness Plan (cont.)

Upload Emergency Preparedness Plan Addendum (Recommended)

1. If you do not have a Vaccine Storage Disaster Plan on your computer in .doc, .docx, .pdf, or .txt format:
 1. Click [here](#) to get a copy of a Vaccine Storage Emergency Preparedness Plan template.
 2. Complete the template and save to your computer, noting where it is saved.
 3. Providers must have a full copy of their Vaccine Storage Emergency Preparedness Plan available during a site visit from RIDOH.
2. Once you have a Vaccine Storage Disaster Plan saved on your computer:
 1. Click the "Add..." button below.
 - a. A file selection window will open.
 - b. Find where you saved your Disaster Plan.
 - c. Double click on your Vaccine Storage Emergency Preparedness Plan document.
 - d. The file selection window will close and return you to the Upload Vaccine Storage Emergency Preparedness Plan page.
 2. Verify that you have the correct document and that "Done" appears under the file name.
 3. If the correct document was not selected click the "Clear All" button and Add the correct document.
 4. Click Next or Save to complete the upload process.

Click "Add..." button and select disaster plan file to upload (doc, docx, pdf, or txt files only):

A screenshot of a web interface showing a blue button with a plus sign and the text '+ Add...'. Below the button is a white rectangular area, likely representing a file selection window or a list of files.

Previous

Next

Return to Menu

If your **Emergency Preparedness Plan** from last year was not saved on your computer, or you wish to complete a new one, select the [here](#) link to bring up the [Vaccine Storage Emergency Preparedness Plan](#) template. Be sure to save the plan on your computer for easy updating.

Note: Uploading your Emergency Preparedness Plan during online enrollment is **optional**.

Once saved, you may upload the completed template to the Enrollment system. To upload, click + **Add...** and select the appropriate file.

SSV / VFC Terms & Conditions



Immunization State-Supplied Vaccine (SSV) Program Agreement to Participate

Practice:	RIDDOH	Enrollment Year:	2022
Alpha Name:	RI DEPARTMENT OF HEALTH -RIDDOH	Lead LVP Lic.:	MD13479
PIN:	1600 Family Practice	Vaccine Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Logged in as:	1600	Pandemic Vaccine Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Practice Contact:	NICOLE SELEMA 401-222-4631 nicole.selema@health.ri.gov	Backup Pandemic Vaccine Contact:	MEAGHAN JOYCE 401-222-1580 meaghan.joyce@health.ri.gov
Immunization Rep:	Lauren Piluso 401-222-4639 Lauren.Piluso@health.ri.gov		

Immunization State-Supplied Vaccine (SSV) Program Agreement to Participate
Before proceeding: Click to Read Agreement

Medical Director: **KIM CRAWFORD, MD**

By typing the name of the Medical Director below, I am certifying that, subject to the penalties of perjury, the following statements are true and accurate:

- I am the Medical Director stated above (or I have been duly authorized by the Medical Director stated above to execute documents on his behalf or her behalf, including the attached document entitled "Immunization State-Supplied Vaccine (SSV) Program, Rhode Island Child and Adult Immunization Registry (RICAIR), and KIDSNET Agreement to Participate – Terms & Conditions" (the Terms & Conditions))
- I have read and comprehended the Terms & Conditions
- I agree to abide by the Terms & Conditions, as set forth therein, with the intention to be legally bound

I accept the terms and conditions in this agreement

Federal Vaccines for Children (VFC) Program Terms & Conditions

Practice:	CRAWFORD FAMILY MEDICINE	Enrollment Year:	2022
Alpha Name:	CRAWFORD FAMILY MEDICINE	Lead LVP Lic.:	MD07139
PIN:	1120 Adult Practice	Vaccine Contact:	KIM CRAWFORD 401-647-7412 crawfordmedicine@verizon.net
Logged in as:	Larsen	Pandemic Vaccine Contact:	KIM CRAWFORD 401-647-7412 crawfordmedicine@verizon.net
Practice Contact:	KIM CRAWFORD 401-647-7412 crawfordmedicine@verizon.net	Backup Pandemic Vaccine Contact:	KIM CRAWFORD 401-647-7412 crawfordmedicine@verizon.net
Immunization Rep:	Heidi Wallace 401-222-4631 Heidi.Wallace@health.ri.gov		

Federal Vaccines for Children (VFC) Program Agreement
Before proceeding: Click to Read Agreement

Medical Director or Equivalent: **KIM CRAWFORD, MD**

The official VFC-registered health care provider signing the agreement must be a practitioner authorized to administer pediatric vaccines under state law, who will also be held accountable for compliance by the entire organization and its VFC providers with the responsible conditions outlined in the provider enrollment agreement. **The individual listed here must sign the provider agreement.**

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

I accept the terms and conditions in this agreement

Signed by:

Enrollment requires that you read and agree to the **Terms and Conditions** of the State Supplied Vaccine (SSV) Program.

If your practice vaccinates patients younger than 19 years of age, you are also required to read and agree to the Terms and Conditions of the Vaccines for Children (VFC) Federal Program.

To accept these Terms and Conditions and continue with the enrollment process, click the **I accept...** checkbox before clicking **Next**.

You may print the Terms and Conditions for your records. RIDOH no longer requires a signed printed copy due to electronic signature being captured when accepting the Terms and Conditions.

Enrollment Wizard Confirmation

Enrollment Wizard Confirmation

Click [here](#) to print a copy of this page

2022 - 2023 Enrollment Year

State Supplied Vaccine #:

Lead Vaccine Prescriber License:

Practice:

KIDSNET/RICAIR Group Administrator:

Online Enrollment Date:

Vaccine Authorization: For all recommended age groups.

The following requirements **MUST BE** met before the practice can be certified and begin ordering vaccines on July 1, 2022.

Required Actions for new Practices:

- An orientation and site visit, or its equivalent, is required for all new practices and those ordering vaccines for the first time.

Required Actions for all Practices:

- Prior to ordering, complete the Annual SSV/OSMOSSIS Training. A link to the training can be found on the SSV Menu.

Once all requirements have been met and submitted, your Immunization Program Representative will review the information and certify your practice for 2022 - 2023 enrollment.

Finish

Agreements

[Click to display or print the Immunization State-Supplied Vaccine \(SSV\) Program Agreement](#)

[Click to display or print the Federal Vaccines for Children \(VFC\) Program Agreement](#)

Enrollment Confirmation

Please print a copy of the **Confirmation** page for your records. Click **Finish** to return to the SSV Menu Page.

Enrollment Conditions

Please review and follow the **Enrollment Conditions** to submit any additional required information to RIDOH. Your practice will need to meet all Enrollment Conditions before it may be certified and allowed to participate in the SSV/VFC Program.

If you are new to the Vaccines for Children (VFC) Program (vaccines for children <19 years of age), you will also need to schedule an orientation visit by contacting Meaghan Joyce at 222-1580 or Meaghan.joyce@health.ri.gov.

Enrollment Completion



Practice:	RIDOH	Enrollment Year:	2022
Alpha Name:	RI DEPARTMENT OF HEALTH -RIDOH	Lead LVP Lic.:	MD13479
PIN:	1600 Family Practice	Vaccine Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Logged in as:	1600	Pandemic Vaccine Contact:	LAUREN PILUSO 401-222-4639 lauren.piluso@health.ri.gov
Practice Contact:	NICOLE SELEMA 401-222-4631 nicole.selema@health.ri.gov	Backup Pandemic Vaccine Contact:	MEAGHAN JOYCE 401-222-1580 meaghan.joyce@health.ri.gov
Immunization Rep:	Lauren Piluso 401-222-4639 Lauren.Piluso@health.ri.gov		


Welcome to the Enrollment site for State Supplied Vaccine.
[Instructions Guide](#)


- Enroll annually for the state fiscal year (July 1 - June 30) in which you wish to order vaccine.
- Each Medical Practice location must enroll separately.
- All pages of enrollment must be completed.
- Read and print the Enrollment Confirmation page.
- Follow any required steps if indicated on the Enrollment Confirmation page in order to complete the enrollment process.

- Navigation**
- DO NOT USE THE FORWARD or BACK ARROW of your internet browser
 - Use the NEXT button to save data and move to the next page.
 - Use PREVIOUS button to return to a page.
 - When RETURN TO MENU is used, data on that page is not saved.

Maintain Practice Information Links
Enroll 2020 - (Available 06/01/2019)

[View Practice Profile](#)
[View Influenza Vaccine Supply Reservation Page](#)
[Medical Information](#)
[Delivery Instructions](#)
[Contact Information](#)
[Licensed Vaccine Provider List](#)
[Vaccine Storage Emergency Preparedness Plan \(VSEPP\)](#)
[View Vaccine Storage Emergency Preparedness Plan \(VSEPP\)](#) (uploaded 09/12/2013)

 [Click here only if directed by RIDOH to do so](#)

 [Click here to be directed to RIDOH's Resource Manual for Providers](#)

Ocean State Management of State Supplied Immunizations System (OSMOSSIS)

[Enter OSMOSSIS](#) (Vaccine Ordering Module)
[OSMOSSIS Self Study](#)
[Data Logger Cloud Login](#)

For issues involving vaccine order or delivery, contact:
Denise.Cappelli@health.ri.gov 401-222-6737



After clicking **Finish**, you will return to the SSV Practice Menu page where you started.

- Once your enrollment is certified by RIDOH you will notice that there are now links to each of the enrollment sections, where you can make edits or updates at any time.

To exit the system, click **Logoff** in the yellow box, or simply close your internet browser.

For general enrollment or vaccine questions, or to find out who your RIDOH immunization representative is, contact:

Lauren Piluso | 222-4639
Lauren.piluso@health.ri.gov

For Vaccines for Children (VFC) Provider questions, contact:

Meaghan Joyce | 222-1580
Meaghan.joyce@health.ri.gov

For KIDSNET/RICAIR questions, contact:

Janet Limoges | 222-7681
janet.limoges@health.ri.gov