Document Title: Wyoming Immunization Registry (WyIR) Enrollment Process	
Work Area: Wyoming Department of Health (WDH), Public Health Division (CPHD), Community and Public Health Section, Immunization Unit	**Document Owner:** WyIR Project Coordinator

PURPOSE

To outline processes for WyIR Enrollment.

INSTRUCTIONS

The WyIR Project Coordinator is responsible for notifying enrolled WyIR Provider/Organizationss to complete the WyIR Annual Enrollment process by the established deadline. The WyIR Project Coordinator is also responsible for directing potential WyIR Provider/Organizations on enrollment procedures.

The WyIR Project Coordinator will update the following documents, as needed: End User Licensing Agreement (EULA), WyIR Provider Enrollment Agreement, WyIR Remove User Form, and WyIR Access Level Form. Changes made to these documents will be routed for approval through the Immunization Program, Health Insurance Portability and Accountability Act (HIPAA) Compliance Office, Office of the Chief Information Officer (OCIO), and Attorney General's (AG) Office.

The updated WyIR documents utilized during the WyIR Annual Enrollment Process must be routed in this order for review:

1. Immunization Unit Administrative Assistant
2. Immunization Unit Manager
3. HIPAA Compliance Officer
4. OCIO Office
5. AG Office

The approximate timeline for routing the WyIR Annual Enrollment documents are as follows:

1. Allow five (5) business days for draft routing/edits the Immunization Unit Manager office
2. Allow ten (10) business days in the HIPAA Compliance office for draft routing/edits
3. Allow thirty days (30) business days in the OCIO office for draft routing/edits
4. Allow thirty (30) business days in the AG office for draft routing/edits

Once the changes are complete and approved, the information will be posted online under the "Provider Information" section of the WyIR page, a subsection of the Wyoming Immunization Unit homepage (http://www.health.wyo.gov/familyhealth/immunization/WyIR.html), as well as within the WyIR, when applicable.

The following sequence will be followed for annual enrollment:

1. The WyIR Project Coordinator will generate an email to the list of WyIR Providers from within the WyIR alerting them to the start of the annual enrollment process.

2. The WyIR Provider/Organization will complete, electronically sign, and email the completed WyIR Provider Enrollment Agreement to the WyIR Project Coordinator.

3. The WyIR Office will review the returned WyIR Provider Enrollment Agreement.

    a. If the form is not complete, it will be returned via email to the WyIR Provider/Organization for resubmission, along with a description in the body of the email stating what needs to be done.

    b. If the form is complete, the WyIR Project Coordinator will update the information within the WyIR, file the returned form under the provider's folder (G:/… WyIR.Provider Enrollment) for each calendar year, and proceed to the next step.

4. The WyIR Project Coordinator will email the WyIR Primary Contact the WyIR Access Level Form and the WyIR Remove User Form for submission. The WyIR Primary Contact will complete, electronically sign, and email the appropriate documents to the WyIR Project Coordinator.

5. The WyIR Project Coordinator will review the submitted forms.

    a. If the form is not complete, it will be returned to the WyIR Primary Contact for the Provider/Organization for resubmission, along with a description in the body of the email stating what needs to be done.

    b. If the information is complete, the WyIR Project Coordinator will update the information within the WyIR, which will present the updated EULA for WyIR Users upon login.

6. The completed forms will be stored upon the G: drive under the WyIR/Enrollment folder for each calendar year.

The following sequence will be completed for new enrollment:

1. The interested Provider/Organization will be notified of the required forms posted online under the "Provider Information" section of the WyIR page, a subsection of the Wyoming Immunization Program homepage (http://www.health.wyo.gov/familyhealth/immunization/WyIR.html).

2. The WyIR Provider/Organization will complete, electronically sign, and email the completed WyIR Provider Enrollment Agreement to the WyIR Project Coordinator.

3. The WyIR Office will review the returned WyIR Provider Enrollment Agreement.

    a. If the form is not complete, it will be returned to the WyIR Provider/Organization for resubmission, along with a description in the body of the email stating what needs to be done.

    b. If the form is complete, the WyIR Project Coordinator will update the information within the WyIR, file the returned form under the provider's folder (G:/… WyIR.Provider Enrollment) for each calendar year, and proceed to the next step.

4. The WyIR Project Coordinator will email the WyIR Primary Contact the WyIR Access Level Form and the WyIR Remove User Form for submission.

5. The WyIR Primary Contact will complete, electronically sign, and email the appropriate documents to the WyIR Project Coordinator.

6. The WyIR Project Coordinator will review the forms.

    a. If the form is not complete, it will be returned to the WyIR Primary Contact for the Provider/Organization for resubmission, along with a description in the body of the email stating what needs to be done.

    b. If the information is complete, the WyIR Project Coordinator will update the information within the WyIR, which will present the EULA for WyIR Users upon login.

7. The completed forms will be stored upon the G: drive under the WyIR/Enrollment folder for each calendar year.

DEFINITIONS

WyIR Project Coordinator – employed by the Department of Health

WyIR Provider/Organization – the immunization provider/organization that will undertake an agreement with the WyIR for access, as defined within the WyIR Rules and Regulations

WyIR Primary Contact – defined by the WyIR Provider/Organization on the WyIR Provider Enrollment Agreement; will coordinate the list of users that should remain active for their office and will complete the WyIR Access Level Form and WyIR Remove User Form

CONSENSUS PARTNERS

WyIR Staff

WDH IT Division

State OCIO Staff

State HIPAA Office Staff

State AG Staff

WyIR Provider Staff

STAFF NOTIFICATION AND/OR TRAINING PLAN(S) *(if applicable)*

RELATED DOCUMENTS

WyIR EULA <http://www.health.wyo.gov/Media.aspx?mediaId=12612>

WyIR Provider Enrollment Agreement <http://www.health.wyo.gov/Media.aspx?mediaId=12609>

WyIR Access Level Form <http://www.health.wyo.gov/Media.aspx?mediaId=12610>

WyIR Remove User Form <http://www.health.wyo.gov/Media.aspx?mediaId=12611>

RECORD CONTROL *(if applicable)*

Responsible Staff: WyIR Project Coordinator

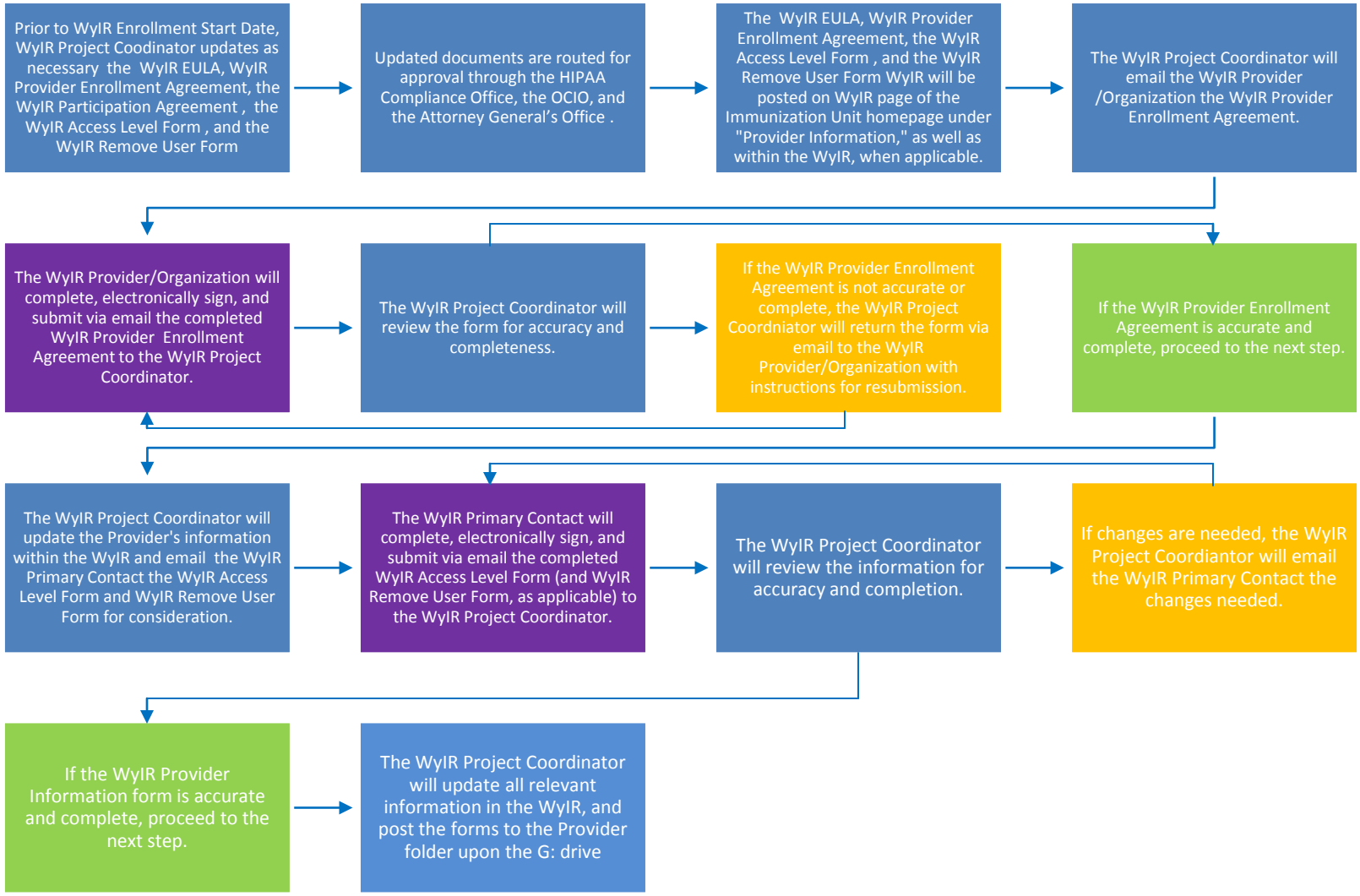
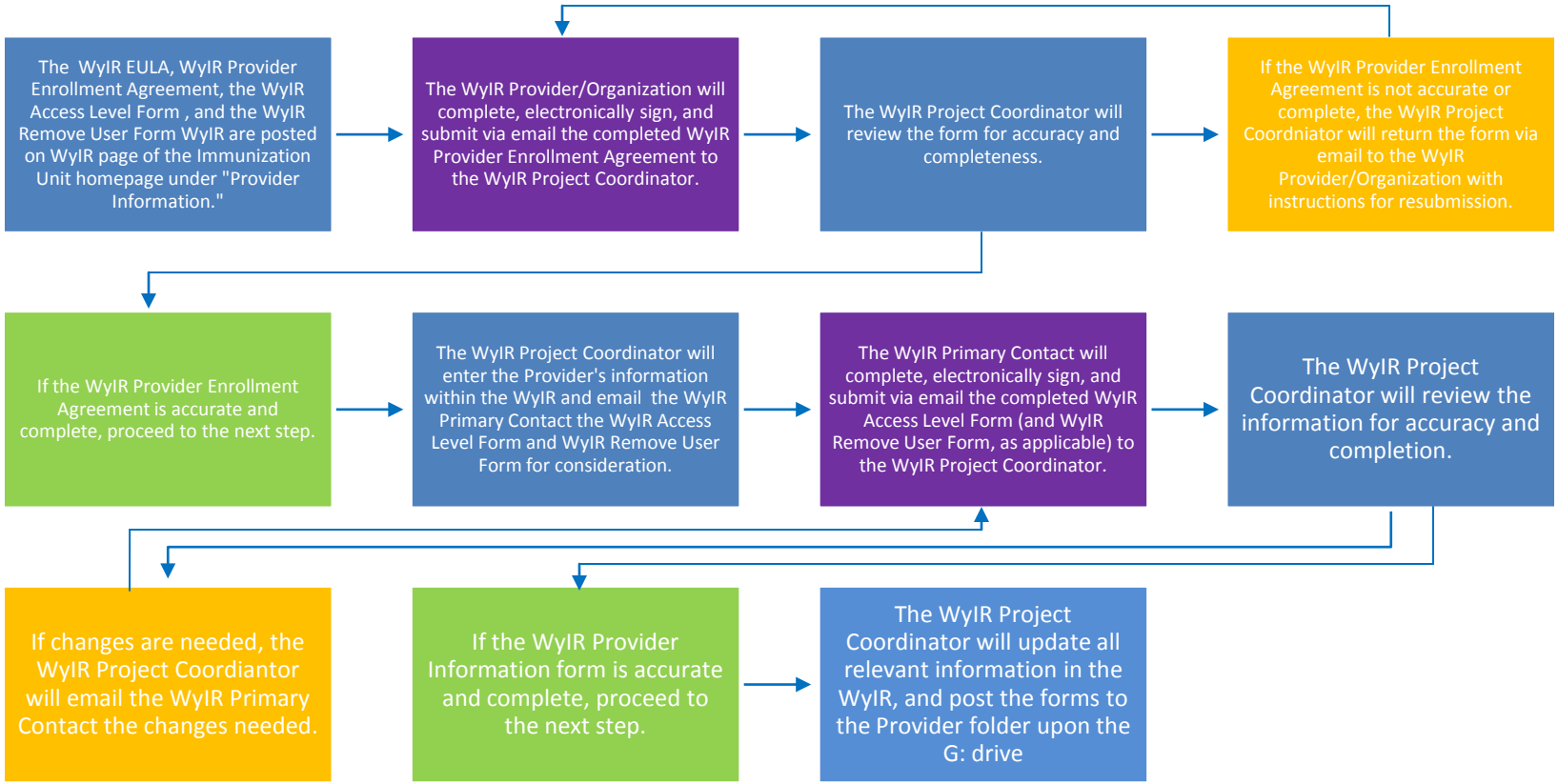
Storage Location: All document necessary for renewing the WyIR Annual Enrollment, as well as the completed and returned documents, will be stored upon the shared G: drive.

NONCONFORMANCE AND CORRECTIVE ACTION

AFFECTED WORK AREAS *(if applicable)*

FLOWCHART OPTION *(see page 5 for WyIR Annual Enrollment, page 6 for WyIR New Enrollment)*

WyIR Annual Enrollment Standard Operating Procedures



WyIR New Enrollment Standard Operating Procedures