

VFC-MCIR Inventory Provider Merge Scenarios

Scenario	LHD Responsibility	MCIR Responsibility	MDCH Responsibility
1) Provider A is a VFC provider merging with provider B (also VFC) whose office is in another county	Coordinate with FR btw two counties. Provider A closed out by county A. County B collects new VFC enrollment form.	Assist in closing of inventory for provider A. May assist with adding inventory to provider B VIM. May disable old site.	Inactivates PIN for A. Approves new enrollment form for B. Asks MCIR Tech to merge history.
2) Provider A and Provider B merge practices, both are VFC and both remain in the same county	LHDs reports to MDCH which site is becoming inactive. Then follow the same steps as above. Close one and collect new form.	Assist in closing inventory for provider closing. May assist with adding inventory to provider who is active. May disable old site.	Inactivates PIN for closing site. Approves new enrollment form for new merged site. Asks MCIR Tech to merge history.
3) Provider A is a VFC provider, merges with provider B who is not a VFC provider in another county	Coordinate with FR. County A inactivates provider A. New county collects enrollment for new site.	Assist in closing inventory for provider closing. May assist with adding inventory to provider who is active. May disable old site.	Inactivates PIN for A. Approves new enrollment form for B in new county and new PIN #. Asks MCIR Tech to merge history.
4) Provider A and provider B merge practices in the same county however one is VFC and one is not	If the new merged office wants to remain VFC, should keep current VFC PIN # and add additional provider on new form.	Keep MCIR VIM for current VFC PIN#, make sure all staff use VFC enrolled MCIR site. If old non-VFC site had MCIR site, should disable.	Receive updated VFC enrollment form with additional provider.
5) Provider A and provider B are both non-VFC and merge, both are in the same county or different counties	If they want to become VFC they must enroll in the county of office location. LHD to assist with enrollment.	MCIR may disable MCIR site if no longer going to be in use. Will need to train on MCIR VIM and E-ordering for New VFC site.	Approves enrollment form and issues PIN # for which ever county the office is located.
6) Provider A (who is VFC) is bought	Collect new enrollment for new physician.	MCIR site ID remains the same, add new physician to	VFC PIN # remains the same, approves the new

out by a health system, practice stays where it's at but has a new physician		enrollment form.	enrollment form with new physician signature.
7) Provider A (who is VFC) is bought out by a health system, practice stays where it's at and keeps the same physician	No change on enrollment unless office name changes then send email to MDCH of change.	No change on MCIR site ID, update MCIR enrollment form if necessary.	No change if site name stays the same, but if not, Connie will update form with new name once email has been received from LHD.
8) Provider A retires, sells practice to Provider B who is moving into Provider A's office and attempting to maintain old patient records. Both are VFC	Seems that Provider A site is to remain active, LHD to collect new enrollment with provider B name. Send to MDCH. Must alert MDCH of closure of Provider B old office.	MCIR will keep Provider A site ID active.	Receives new VFC enrollment form with provider B's name. Keep Provider A PIN # for same MCIR Site ID. Ask MICR tech to merge history.
9) Provider A (who is VFC) retires and sells practice to provider B (who is not VFC) and does not want to stay VFC, but stays in the same location	LHD closes VFC program at this site. Alerts MDCH of provider retiring and closing VFC participation. Retrieve VFC vaccine if necessary.	MCIR will keep Provider B MCIR ID active. Will disable provider A site ID.	Inactivate VFC participation for provider A.
10) Provider A (who is VFC) closes his practice and merges with Provider B (who is non-VFC) in a different county	Both counties Coordinate with FR. Must alert MDCH of Provider A closure with reason. Need to inactivate A and retrieve vaccine if necessary. If they want VFC at new site, must enroll.	Provider B MCIR Site ID remains active. Disables Provider A site.	Process enrollment of provider B in the county the site is located if providers want VFC. If not, inactivate Provider A site.

Questions:

Is a new MCIR agreement required in these scenarios

-update the certificate expired date Yes

-can regional staff changes existing agreement if doc is the same Yes, depending on the changes needed.

-should we be requesting a new agreement from the office showing they are requesting the changes, regardless of the doc

No, if address is different and site remains the same. If physician changes, need new signature on agreement. Site ID stays the same.

Can they use an existing pin for vfc? Yes, if provider left the program and is coming back or merging into a VFC site.

-what happens to vfc history? VFC asks MCIR Tech to merge history, which is just merging of the roster.

-can they stack pin numbers? No, have asked for a history in the PIN # on electronic enrollment process to have this ability.

-when do we merge sites or copy users/rosters – upon the site's request or automatically? This is up to the LHD and the site depending on their plan of operation.

What if practices merging have one HL7 site (tested and approved), and one site that is not? Depends on which site is merging.

Depends on EMRs, could have two different systems. All must be tested by MCIRHelp.

What if practices merging have one EXT site, and one site that is not? The office decides on which system to use and then testing must occur.

What if practices being bought out by a health system are being added to an HL7 or EXT transfer? If the practice is going to a better system, then the old site should be disabled and merge with the new health system site. Old practice must then follow the new health system guidelines. Should not need a new MCIR agreement form.