

CLOUD AWARDS HOW TO CLEAN UP YOUR DATA TO IMPROVE YOUR RATES

Focus on patients who appear on the "Reminder Recall" list.

- If a dose has already been given, enter it into the patient's record in ASIIS.
 - Remember, only doses given by **another** provider should be added as "historical".
 - Doses **you** administer at your practice must be accounted for in ASIIS.

Recall patients who are missing doses to immunize them.

- Enter their immunization dates directly into ASIIS as soon as possible.
- Need reminder/recall postcards? Call TAPI at 602-288-7568 to request some.

Inactivate patients who have moved away or gone to another practice so no longer appear as your patients in ASIIS.

- ONLY inactivate patients for the reasons listed above.
- DO NOT inactivate **current** patients who are not up to date to temporarily raise your rates. This practice is not considered to be in line with the spirit of the Cloud Awards.

NEED ASSISTANCE?

- **Need Assistance with YOUR DATA in ASIIS?** Get help using ASIIS if you have questions about proper recording of immunizations or recall procedures.
 - **If you do not have an ASIIS log in and password,** please call ADHS-ASIIS at 602-364-3899 or 1-877-491-5741 to request help getting signed up to use ASIIS.
 - **If you have questions about entering immunization dates directly into ASIIS**, call the ASIIS staff at 602-364-3899 or 1-877-491-5741.
- Need Assistance RUNNING ASSESSMENTS or have GENERAL QUESTIONS about Cloud Awards? Call TAPI at 602-288-7568 or email awards@tapi.org if you would like help running assessments.



CLOUD AWARDS HOW TO CLEAN UP YOUR DATA TO IMPROVE YOUR RATES

Focus on patients who appear on the "Reminder Recall" list.

- If a dose has already been given, enter it into the patient's record in ASIIS.
 - Remember, only doses given by **another** provider should be added as "historical".
 - Doses **you** administer at your practice must be accounted for in ASIIS.

Recall patients who are missing doses to immunize them.

- Enter their immunization dates directly into ASIIS as soon as possible.
- Need reminder/recall postcards? Call TAPI at 602-288-7568 to request some.

Inactivate patients who have moved away or gone to another practice so no longer appear as your patients in ASIIS.

- ONLY inactivate patients for the reasons listed above.
- DO NOT inactivate **current** patients who are not up to date to temporarily raise your rates. This practice is not considered to be in line with the spirit of the Cloud Awards.

NEED ASSISTANCE?

- **Need Assistance with YOUR DATA in ASIIS?** Get help using ASIIS if you have questions about proper recording of immunizations or recall procedures.
 - **If you do not have an ASIIS log in and password,** please call ADHS-ASIIS at 602-364-3899 or 1-877-491-5741 to request help getting signed up to use ASIIS.
 - **If you have questions about entering immunization dates directly into ASIIS**, call the ASIIS staff at 602-364-3899 or 1-877-491-5741.
- Need Assistance RUNNING ASSESSMENTS or have GENERAL QUESTIONS about Cloud Awards? Call TAPI at 602-288-7568 or email awards@tapi.org if you would like help running assessments.

ASIIS Reminder/Recall Report

Select the **Reminder/Recall** drop-down from the left-hand menu in ASIIS, then click **Reminder/Recall** to navigate to the **Reminder/Recall** page

Organization	
Facilities	
Physicians &	
Vaccinators	How do you want to run this Reminder/Recall?
Inventory	
Management	For all patients you own
Registration Forms	 For all patients you have seen at your facility Include Inactive Patients (Excluding deceased)
Reports	Due Date Timeframe: Due Now -
Settings	State Level Status:
Reminder/Recall	County Level Status: Select
Reminder/Recall	County / Parish:
Run Templates	
Create Templates	
Manage Cohort	
DTT	Who do you want to Contact?
Scheduled Reports	
Job Queue	Patient Location: 0000_ADHS INTERNAL US× Facility
Change Password	Facility Group
Administration	Patient Age Range >= # of Select v < # of Select v
Answers	Patient Gender Limit To
	Exclude patients who were sent a notification in the last:
	# of • Days O Weeks O Months O Years
	Advanced
	Which vaccines would you like to include?
	Select a series
	I only want to see my patients who are:
	One does away
	Clear Schedule Generate Patient List

How do you want to run this Reminder/Recall?

Reports	Use Templates 🔪 See Patient Groups 🔪	
Reminder/Recall	1 2 3	Due Now
How do you	u want to run this Reminder/Recall?	Custom
 For all patients you ov For all patients you ha Include Inactive Patie Due Date Timeframe: 	vn vve seen at your facility nts (Excluding deceased) Due Now	3 Months or More Past Due 2 Months or More Past Due 1 Month or More Past Due
State Level Status: County Level Status: County / Parish:	Select All active All active with inactive Organizational Level Status All unknown	Due Now Due In 1 Month or Less Due In 2 Month or Less Due In 3 Month or Less

- Defaults to "For All Patients You Own"
- Due Date Timeframe: defaults to "Due Now"
- By State and County levels the Reminder/Recall can be run for patients that are: All active, All active with inactive Organizational Level Status, All unknown

Under "Due Date Timeframe" you decide which selections best fit your needs for the report you are trying to create. For instance, you can select "due now" or maybe you want to only select patients that are coming due in the next 2 months.

Who do you want to contact?



- Patient Location: Your name or clinic site/facility
- Select either : Patient Age Range or Patient Birth Date
 - Patient Age Range: For example, 24 months 35 months or 11 years 18 years
 - IQIP assesses 24 mos. 35 mos. & 13 years of age, but you may want to expand your focus
- Patient DOB: mm/dd/yyyy mm/dd/yyyy
 - You can use this tool for calculating patient ages based on birth dates

Focus on one age group at a time. Example: select patients at age 11 and recall Tdap, MCV, and HPV, or select patients 4 years of age for their kindergarten shots.

Which vaccines would you like to include?

4.5.1.5.5.1.4 * •	2214	
Vaccine Group N	umber of doses in this series	
DTaP/DT/Td HIB POLIO HEP-B 3 DOSE MMR VARICELLA PNEUMO (PCV)	4 3 3 3 1 1 4	
 Lonly want to see my patients. ✓ Due for all selected vaccin One dose away One visit to complete the s 	who are: es	

- Select series for your report: For example -4:3:1:3:3:1:4 (Toddler series); 1Tdap, 1 MCV, UTD HPV (Adolescent series)
- Select "Due for all selected vaccines"
- Click Generate Patient List

You decide which antigen(s) you would like to select for your report. For instance, if there was a measles outbreak, you can select custom - MMR to see which patients have received their MMR vaccine(s).

Creating a Customized Report

.

Which vaccines would you like to include?	
CUSTOM × • • • • • • • • • • • • • • • • • •	
Due for all selected vaccines One dose away One visit to complete the series	
Clear 🛗 Schedule 🗪 Generate Patie	ent List

- Select "Custom"
- Check box to select vaccine(s)
- Enter dose number for select vaccine(s)
- Select "Due for all selected vaccines"
- Generate Patient List

Meningococcal B Customized Report

Patient Age Range 16 Years × - 18	Yea	ars × –]	
CUSTOM Image: Custom Check the box to select vaccine(s): Enter a dose number (optional): DTaP/DT/Td Image: Custom DTaP/DT/Td Image: Custom POLIO POLIO HB* POLIO POLIO HB* POLIO HE*A 3 DOSE MMR Image: Custom HE*PA 3 DOSE Image: Custom MENINGOCCCCAL HE*A HE*PA 2 DOSE RoTAVIRUS HE*NAGCOCCCAL HE*A HE*D 2 DOSE RoTAVIRUS HE*NINGOCCCCAL HE*A B, RECOMBINANT Image: Custom MENINGOCCCCAL Image: Custom B, RECOMBINANT Image: Custom DENGUE Image: Custom Onto want to see mv patients who are: Image: Custom One dose away Image: Custom One visit to complete th		 *Cl yea Se Me Lea bla Se Se Ge 	hange ag ars to 18 lect "Cus lect type eningoco ave dose ank lect "Due lected va nerate P	ge range 16 years, tom" e of ccal B e number e for all accines" Patient List
Clear Echedule Generat	e Patient List			
VIEW VIEW VIEW Meningococcal B, Omv Bexsero ® (10pk) SKB 10 pack - SYRINGES NDC: 46028-0114-01	54321	01/12/23	VFC	Happy Tests
Meningococcal B, Recombinant				

Not sure which Meningococcal B to select? Check your reconciliation page in VOMS 2.0 to determine which type of Meningococcal B your clinic is administering.

12345

05/14/2023

VFC

Happy Tests

VIEW

PFR

10 pack - SYRINGES NDC: 00005-0100-10

Meningococcal B Recall Report & Patient Record

	Patient Recall Group Listing by Ownership										
Report Criteria	ı						Report Date:	January 23, 2023			
Organization: Facility: All Recall Date: through Birth Date Range: through Physician: All Include Inactive Patients: No Program: All State: All High Risk Category: All Deferred Vaccinations Only: No Deferred Vaccinations Only: No Vacc. Groups: MENINGOCOCCCAL B, RECOMBINANT, MENINGOCOCCAL B, OMV											
Total Patients	Selected: 1										
Patient ID	First Name	Middle Name	Last Name	Birthday	Guardian F.N.	Phone Number	Chart Nu	ımber			
	Vaccine	Group Name		Dose Numbe	r Rec	ommended Date	Mini	mum Date			
	MENINGOCOCCAL B, RECOMBINANT MENINGOCOCCAL B, OMV			1 1		05/05/2021 05/05/2021	05 05	5/05/2015 5/05/2015			

Remember: Meningococcal B vaccine is considered a "permissive" vaccine by the CDC. This means that providers should decide on an individual basis whether or not this vaccine is right for a particular patient. Patients who need ANY dose of Meningococcal B, including the first dose, will be on the recall list.

*Meningococcal B is different from the quadrivalent MenACWY vaccine (MCV4). MenACWY is recommended for all adolescents.

What patients do you want to add to your recall group?

Rem	inder/Re	ecall			1	2	3				
What patients do you want to add to your recall group?											
Remove	e Patients who c	lon't have an	availal	ole							
Nam	ne Phone	Address	Emai	1							
D	- Detiente wheele										
Hemove	e Patients who h	lave received	more	than Sei	ect of notifications	·					
	Last	First	Age	Vaccines Due	Available Contact Methods	R/R Attempts	Reason for Inactivation				
	A	÷	¢	¢		¢					
×	Patient 1		12	2		0	✓ Select				
	Patient 2		12	2		0	Deceased				
	Patient 4		17	2		0	Select				
	i diferit i			Showing	1 to 4 of 4 ontrice	Ű	PreviousNext				
L											
						Expor	rt Patient List Vubmit				

- Remove patients (if needed)
- Patient Demographics
- Patient address, phone, cell, or email info in ASIIS
- "Inactivate" multiple patients no longer at your clinic/practice.
- Press "Export Patient List" to export as an Excel spreadsheet
- Press "Submit" to Create the Report

- There are only two selections to choose for inactivation. <u>ONLY</u> inactivate patients if they have moved or are no Ionger receiving services at your practice/clinic. What do you want to do with your selected recall group?



Numbered icons indicate number of patients in ASIIS:

- In your recall group
- with an address
- with any phone number
- with a cell number
- with an email address

Select "Generate A Patient List" to create your Recall Report

Generate Patient List

Create a List of Patients Not Up-to-Date in ASIIS

• • • • •

Reminder/Recall	\otimes
Instructions	
Notes: Selecting to generate a patient list will display the reminder recall criteria, total patients from the generated final patient list, and list of vaccines due for each patient. Click <i>Run</i> to generate the patient recall list.	
Make this count towards number of recall attempts	Run

- Instructions window message appears
- Click on "Run" to generate your patient recall list

, Keep in mind by selecting specific criteria, you are able to control the number of recall attempts on a patient,

Toddler Reminder Recall Report

Patient Recall Group Listing by Ownership

Drganization (IR Recall Date: Birth Date Range nclude Inactive State: All High Risk Categ Deferred Vaccin Vacc. Families:	MS): e: through Patients: No ory: All ations Only: No DTaP/DT/Td, HEP-B 3 DOSE	E, HIB, MMR, PNEUMO (PC)	/), Polio, Varicella	Facility: Health P Physicia Program County/f Zip Code District/f	lan: All n: All : All Parish: All : All Region Number: All	report bate. January 25,
Iotal Patients Se						
Patient ID	First Name	Middle Name	Last Name	Birthday	Guardian F.N.	Chart Number
Patient ID	First Name Vaccine Family Name	Middle Name	Last Name Dose Number	Birthday	Guardian F.N. Recommended Date	Chart Number Minimum Date
atient ID	First Name Vaccine Family Name HIB	Middle Name	Last Name Dose Number 3	Birthday	Guardian F.N. Recommended Date	Chart Number Minimum Date 11/29/2016
atient ID	First Name Vaccine Family Name HIB MMR	Middle Name	Last Name Dose Number 3 1	Birthday	Guardian F.N. Recommended Date 11/29/2016 11/29/2016	Minimum Date 11/29/2016 11/29/2016
atient ID	First Name Vaccine Family Name HIB MMR VARICELLA	Middle Name	Last Name Dose Number 3 1 1	Birthday	Guardian F.N. Recommended Date 11/29/2016 11/29/2016 11/29/2016	Chart Number Minimum Date 11/29/2016 11/29/2016 11/29/2016
atient ID	First Name Vaccine Family Name HIB MMR VARICELLA PNEUMO (PCV)	Middle Name	Last Name Dose Number 3 1 1 4	Birthday	Guardian F.N. Recommended Date 11/29/2016 11/29/2016 11/29/2016 11/29/2016	Chart Number Minimum Date 11/29/2016 11/29/2016 11/29/2016 11/29/2016

- Vaccines series
- Patients in recall group
- Patient demographics
- Missing vaccine(s), dose, recommended & minimum dates vaccine is/was due in ASIIS

Adolescent Reminder Recall report

.

	Patient Recall Group Listing by Ownership										
Report Criteria							Report Date: Ja	nuary 23, 202			
Organization: 001 Recall Date: Birth Date Range: Include Inactive P State: All High Risk Categor Deferred Vaccinat Vacc. Groups: ME	janization: 0000 ADHS INTERNAL USE Facility: All sall Date: through Health Plan: All th Date Range: through Physician: All uide Inactive Patients: No Program: All te: All County/Parish: All h Risk Category: All Zip Code: All <u>'erred Vaccinations Only: No</u> District/Region Number: All te: All										
Total Patients Sele	cted: 9										
Patient ID	First Name	Middle Name	Last Name	Birthday	Guardian F.N.	Phone Number	Chart Number	1			
	Vaccine Group Name		Dose Number		ate	Minimum Date					
	Tdap MENINGOCOCCAL HPV		1 1 1		01/07/2018 01/07/2022 01/07/2022		01/07/2018 01/07/2022 01/07/2020				
Patient ID	First Name	Middle Name	Last Name	Birthday 09/12/2013	Guardian F.N.	Phone Number	Chart Number				
	Vaccine Group Name		Dose Number		Recommended D	ate	Minimum Date				
	Tdap		2		09/12/2020		09/12/2020				
Patient ID	First Name	Middle Name	Last Name	Birthday 01/01/2011	Guardian F.N.	Phone Number	Chart Number				
	Vaccine Group Name		Dose Number		Recommended Da	te	Minimum Date				
	Tdap		В		09/12/2020		09/12/2020				

- Vaccines series
- Patients in recall group
- Patient demographics
- Missing vaccine(s), dose, recommended & minimum dates vaccine due in ASIIS
- Recall Report also includes MCV #2 and Tdap #B (booster)

How to Inactivate Patients in ASIIS

Note: Only inactivate patients that are no longer receiving services in your practice. Inactivating patients helps to raise immunization coverage rates, and keeps ASIIS information current and up-to-date.

Step 1: Navigate to ASIIS <u>https://asiis.azdhs.gov/</u> & Log in.



Step 2: Click the Patients tab, then select Search/Add.



Step 3: Type in the first and last name (and birth date if known) of the patient and press Search on the bottom right of the page. Below the patient search table you will see the names of patients matching your search criteria.

Patient Search						Click here to us	se the 'adv	anced' search
First Name or Initial:	Mickey	W	IC ID:					
Last Name or Initial:	Mouse	S	IS Patient ID	/ Bar Code:				
Birth Date:	mm/dd/aaa/		art Number					
	mm/dd/yyyy							
Family and Address Inte	ormation:	`						_
Guardian First Name:		M	other's Maid	en Name:				
Street:								
City:		S	ate:			Select	•	
Zip Code:		PI	one Numbe	r:				
Country:	United States		×	•				
Check here if adding a new	v patient.						Clear	Search
Patient Search Results								
Records Found = 55		Sear	h Criteria: F	irst Name / Last Na	ame (Exact)		
Show 100 🗸 entries						Search:		
First Name 🔺 Mid	dle Name 🗢 🛛 Last Na	ne 💠 Birth	Date 💠	SIIS Patient ID	♦ Grd I	First Name 🜲	Grd La	st Name 🗢
MICKEY	MOUS	E ##/##	####	##/##/####				
MICKEY	MOUS	E ##/##	####	##/##/####				
MICKEY	MOUS	E ##/##	####	##/##/####				
MICKEY	MOUS	= ##/##	####	##/##/####				
MICKEY	MOUS	E ##/##	####	##/##/####				
MICKEY	MOUS	= ##/##	####	##/##/####				
MICKEY	MOUS	E ##/##	####	##/##/####				

Step 4: Select the correct patient from the list by clicking on their name.

Note: Please be aware that your search may have many matching results.

Patient Search								Click here to a	use the 'adu	anced' search
First Name or Initial:	ī	Mickey		WIC ID:						anced Search
		Maura		CIIC Datia		(Day Cada)				
Last Name or Initial.	Ľ	Mouse		SIIS Patient ID / Bar Code:						
Birth Date:	r	mm/dd/yy	уу	Chart Nur	Chart Number:					
Family and Addre	ss Information	n:								
Guardian First Name	ə:			Mother's	Maide	n Name:				
Street:										
City:				State:		,		Select	•	
Zip Code:				Phone Nu	mber	:				
Country:		United S	tates		×	•				
Check nere if addi	ng a new patient.								Clear	Search
Patient Search Res	sults									
Records Found = 55				Search Criter	ia: Fir	rst Name / Last Na	ame	(Exact)		
Show 100 🗸 entries								Search:		
First Name 🔺	Middle Name	e 🗢	Last Name	\$ Birth Date	\$	SIIS Patient ID	\$	Grd First Name 🖨	Grd La	ist Name 🌲
MICKEY			MOUSE	##/##/####		##/##/####				
MICKEY			MOUSE	##/##/####		##/##/####				
MICKEY			MOUSE	##/##/####		##/##/####				
MICKEY			MOUSE	##/##/####		##/##/####				
MICKEY			MOUSE	##/##/####		##/##/####				
MICKEY			MOUSE	##/##/####		##/##/####				
MICKEY			MOUSE	##/##/####		##/##/####				

Step 5: Once you have clicked on the patient and the patient demographic page opens, scroll to the bottom of the patient demographic page and press the "Edit" button.

Patient Demograp	bhic Master View		
Record Info			
SIIS Patient ID			
Organization O	wner	1066 - 0000_ADHS	INTERNAL USE
Facility Owner		-	
Entry Date	12/13/2012 01:18:12 PM	Last Update	12/20/2022 12:00:00 AM
Entered By		Last Updated By	
Patient Status			
State Level	Active	Organization Level	Active
County Level	Active (Maricopa)		
Patient			
First Name	MICKEY	Race	Black or African American,
	Edit High Risk Categ	jories	Update Programs
			Back Edit
			MyIF Verify My IF

Step 6: Select the reason for inactivation from the dropdown at the top of the patient demographic page (Inactive or Deceased).

Patient Demographics Edi	i				
Patient Status					
State Level	Active	Organization Level		Active	
County Level	Active (Maricopa)			Active	
Patient				Inactive	
First Name	MICKEY	Race	Black or .	Deceased	Asian 🗙
Middle Name	D	Ethnicity	Hispar	nic or Latino	•
Last Name	MOUSE	Language	Englis	h	*

Step 7: Scroll to the bottom of the page and click "Save"

+ Alias		
+ Secondary Patient Demographics		
+ School		
+ Insurance		
+ Medical Home		
+ Birth & Death		
	Cancel	Save

The patient is now Inactive.

Patient Demographic Master View								
Record Info								
SIIS Patient ID								
Organization Owne	r	1066 - 0000_ADHS	INTERNAL USE					
Facility Owner		-						
Entry Date	12/13/2012 01:18:12 PM	Last Update	12/20/2022 01:27:44 PM					
Entered By		Last Updated By						
Patient Status								
State Level A	Active	Organization Level	Inactive					
County Level	Active (Maricopa)							
Patient								
First Name	MICKEY	Race	Black or African American, Asian					
Middle Name	D	Ethnicity	Hispanic or Latino					
Last Name	MOUSE	Language	English					
Suffix								
Birth Date		Medicaid #						
Birth File #		Multi Birth Indicator	N					
		Birth Order						

Please include your VFC PIN number on your report (hand-written is fine!)

Coverage Rate Report VFC PIN # []]]

Report Criteria

Report Criteria				TODDIEDE And Banga 24 25 months
Run By: As of Date:	Today's Date		Age Range:	24 Months through 35 Months
Series:	DTaP/DT/Td(4), HIB(3),	POLIO(3), HEP-B 3 D	OSE(3), MMR(1),	VARICELLA(1), PNEUMO (PCV)(4)
Vaccine:			Range:	All
State Level Status:	Active		County Level Status:	Active (All)
Organization Level Status:	Active		Vaccine Status:	Valid Vaccinations Only
Patient Race:	All		Gender:	All
State:	AZ		Patient County:	All
District/Region:	All		Zip Code:	All
Organization:			Facility:	
Evaluate At Age:	24 Months		Patient VFC Status:	All

Aggregate (Total Only)	Total Patients	Completion	By	Vaccine	Incomplete Series	Series Complete
, (<u>3</u> 3, c 3 u c (1 c u c))		DTaP/DT/Td	≥4	24 (100%)		
		HIB	≥3	24 (100%)		
		POLIO	≥3	24 (100%)		
TOTAL	24	HEP-B 3 DOSE	≥3	23 (96%)	1 (4%)	23 (96%)
		MMR	≥1	24 (100%)		
		VARICELLA	≥1	24 (100%)		
		PNEUMO (PCV)	≥4	24 (100%)		

Coverage Rate Report

Report Criteria			TEENS Age Range 13-15 years
Run By: As of Date:	Today's Date MENINGOCOCCAL(1), HPV(3), Tdap(1)	Age Range:	13 Years through 15 Years
Vaccine:		Vaccine Date Range:	All
State Level Status:	Active	County Level Status:	Active (All)
Organization	Active	Vaccine Status:	Valid Vaccinations Only
Patient Race: State: District/Region: Organization:	All AZ All	Gender: Patient County: Zip Code: Facility: Patient VFC	
Evaluate At Age	: All	Status:	

Aggregate (Total Onlv)	Total Patients	Completion By Vaccine		Incomplete Series	Missed Opportunities	Series Complete	
TOTAL		MENINGOCOCCAL	.≥1	82 (96%)	4 (59/)	77 (01%)
	85	HPV Tdap	≥3 ≥1	(92% 81 (95%) ⁸ (9%))	4 (5%)	11 (31%)