

ShowMeVax Read Only Tutorial



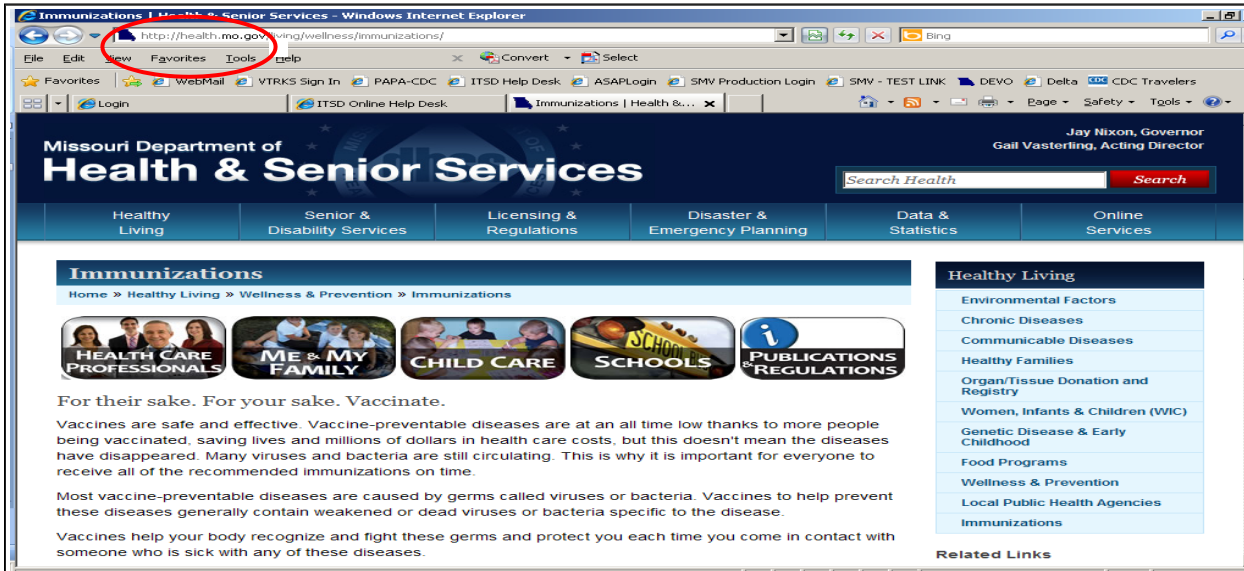
1

SMV Help Desk: 877.813.0933 / ShowMeVaxSupport@health.mo.gov

Missouri Department of Health and Senior Services
Bureau of Immunization Assessment and Assurance
February
2013

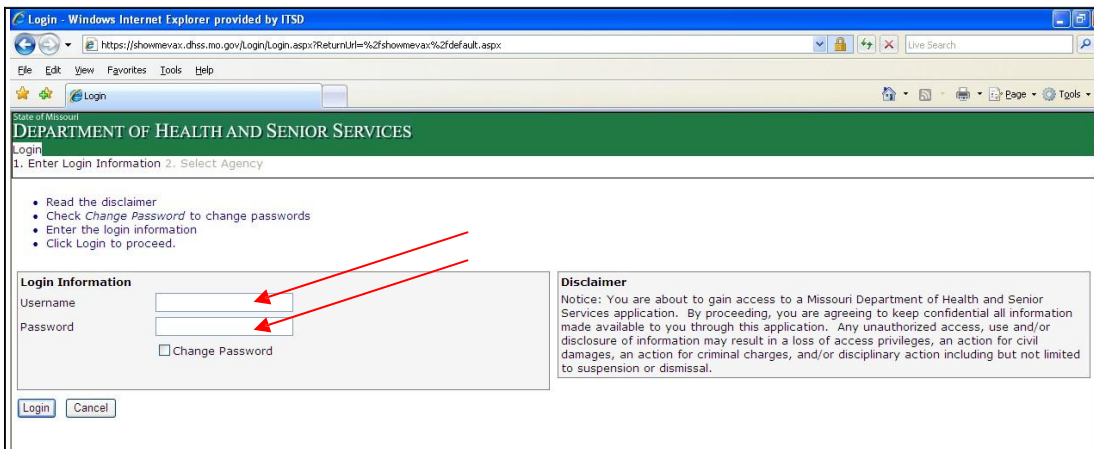
Accessing ShowMeVax website

1. Type this address into your Internet Explorer browser: <https://showmevax.dhss.mo.gov>

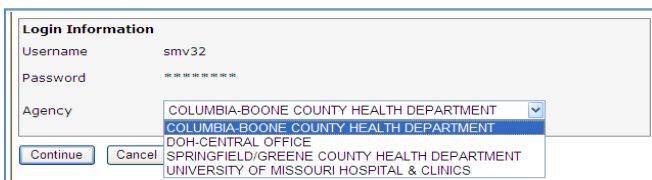


Log-in Screen

1. Enter Username and password: A Username and initial password will be provided to you once you have completed an ASAP request for access to ShowMeVax (SMV). Please reference the User Manual for questions about changing your password.

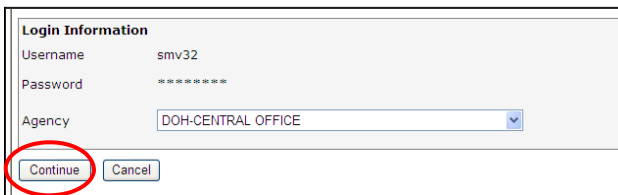


2. Agency selection: If you have been granted access for more than one agency, after successfully logging in, SMV will prompt you to select which of the agencies you would like to work under for the current session.




Note: If you are a user for only one agency, the agency selection option will not appear; skip to Home Screen instructions.

3. Click "Continue" to enter into the SMV application.



A login form titled "Login Information". It contains three fields: "Username" with the value "smv32", "Password" with a masked value "*****", and "Agency" with a dropdown menu showing "DOH-CENTRAL OFFICE". At the bottom, there are two buttons: "Continue" (highlighted with a red circle) and "Cancel".

Home Screen



A screenshot of the "ShowMeVax - Home" web application in Internet Explorer. The browser address bar shows "https://showmevax.dhss.mo.gov/ShowMeVax/SMVHome.aspx". The page header includes the DHSS logo, "State of Missouri", "DEPARTMENT OF HEALTH AND SENIOR SERVICES", and user information: "Username: BONCHD", "Agency: JEFFERSON CITY PUBLIC SCHOOL DISTRICT", and a "Sign Out" link. The main content area is titled "Welcome to the Missouri Immunization Registry". It features a left sidebar with links like "Search & Registration", "Demographics", and "Immunizations". The main area has sections for "Immunizations" (with links to "Forms" and "VFC Provider Forms"), "Related WebSites" (listing various immunization resources), and two tables for "Inventory items that are Running Low" and "Inventory items that are Expiring in 3 Months".

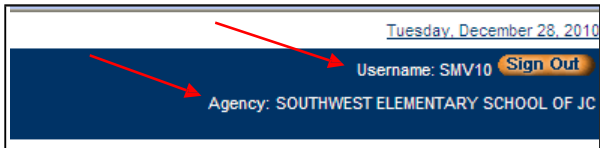
1. Top left corner:



A close-up of the top left corner of the ShowMeVax Home screen. It shows the DHSS logo, the text "State of Missouri", and the "DEPARTMENT OF HEALTH AND SENIOR SERVICES". Above the logo, there are three links: "DHSS Home", "State Home", and "eMomed", which are circled in red. To the right, there is a "Sign Out" button and a "Change" link for the agency.

- a) DHSS Home - Clicking on this link brings you to the DHSS public webpage.
- b) State Home - Clicking on this link will bring you to the State of Missouri's webpage.
- c) eMomed - Clicking on this link will allow you to interface with Medicaid for billing.

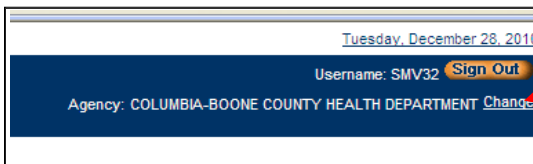
2. Top right corner:



a) Username - Your Username is displayed here.

b) Agency information - This details what agency you logged in under.

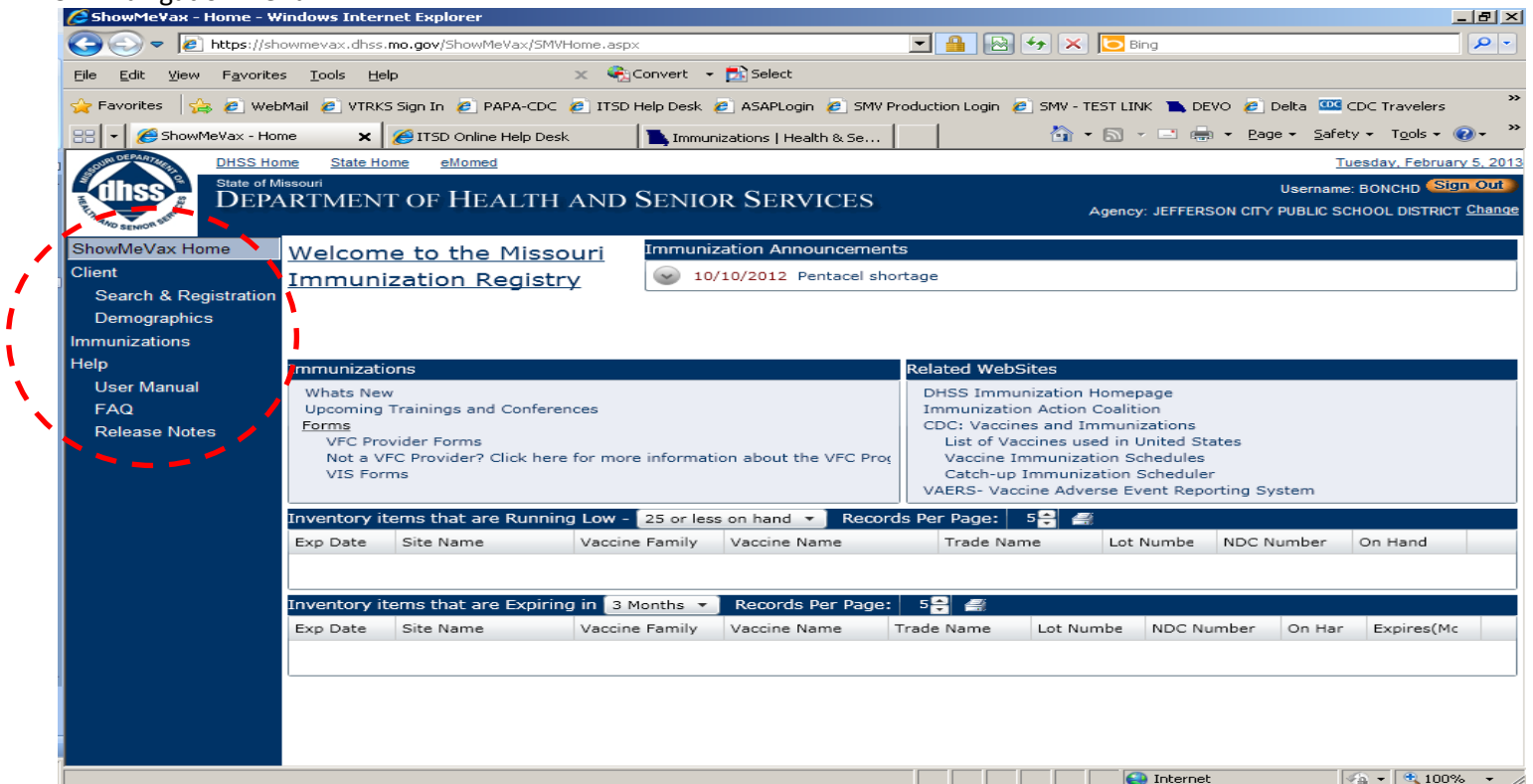
Note: If you are a user for more than one agency, you will have the option to change agencies while in SMV, by clicking on the "Change" button found in the top right corner of the SMV Home screen.



c) Sign Out button- Logs you out of your SMV session.



3. Navigation menu:



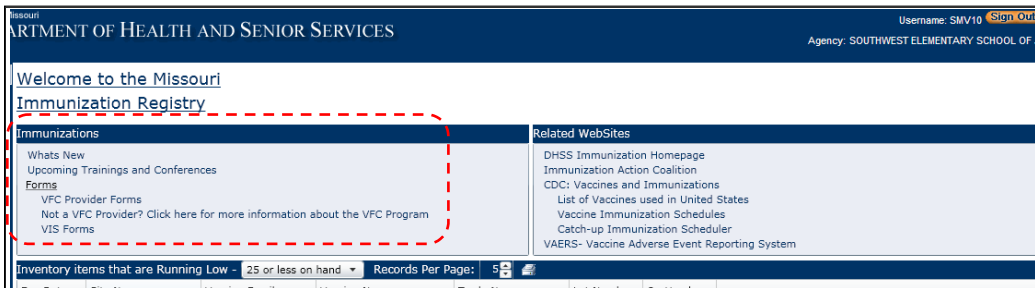
a) ShowMeVax Home - Takes you back to the SMV Home screen.

b) Client - Broken into two sections; Search & Registration and Demographics.

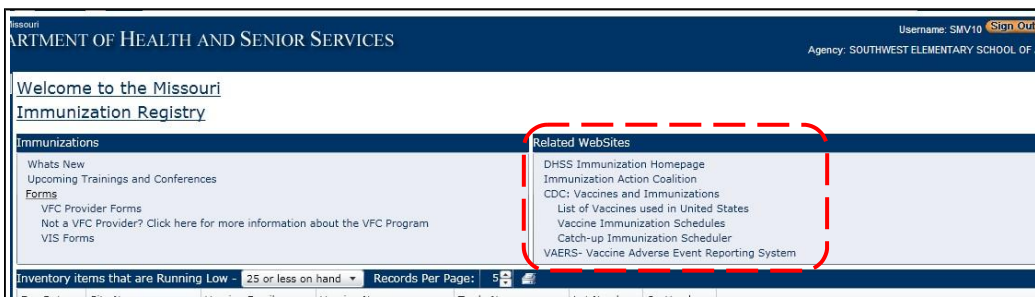
c) Immunizations - Brings you to the immunization record of the selected client.

d) Help - Broken into three sections; User Manual, FAQ document, and Release Updates. These documents are updated routinely as modifications and updates are made to SMV.

4. Immunizations: This section allows SMV staff to update the SMV users on what is up and coming in SMV, and in immunizations in general, such as a new training date or the release of a new vaccine.



5. Related Websites: This section is a listing of immunization related websites that our users have identified as good resources to have at their finger tips.



6. Inventory: Broken into two sections: inventory items that are running low and items that are expiring soon. This information will only be available to you if your agency manages vaccine inventory in the SMV application. If not, these two fields will be empty (shown in the 2nd image).

Inventory kept in SMV: 1st Image

Exp Date	Site Name	Vaccine Family	Vaccine Name	Trade Name	Lot Number	NDC Number	On Hand
03/09/2014	PRIVATE PAY	HEP A	HEP A ADULT	HAVRIX	AHAVB538A	58160-0826-52	1
08/13/2013	1VFC/317 CHILDREN	HUMAN PAPILLOMA	HPV QUADRAVALENT	GARDASIL	0692AA	00006-4045-41	1
04/06/2013	1VFC/317 CHILDREN	HEP B	DTAP/IPV/HEP B	PEDIARIX	AC21B300BA	58160-0811-51	1
11/18/2013	1VFC/317 CHILDREN	DTP/TD	TD	DECAVAC	U3696CA	49281-0291-83	10
03/17/2014	ADULT 317	HEP B	HEP B ADULT	ENGRIX-B	AHBVB945B	58160-0821-48	4

Exp Date	Site Name	Vaccine Family	Vaccine Name	Trade Name	Lot Number	NDC Number	On Hand	Expires (Mo)
04/06/2013	1VFC/317 CHILDREN	HEP B	DTAP/IPV/HEP B	PEDIARIX	AC21B300BA	58160-0811-51	1	2

a) Personalizing inventory view - You can modify what your organization considers “Running Low” or “Expiring” by changing the viewing criteria.

Inventory items that are Running Low - 25 or less on hand							
Exp Date	Site Name	Vaccine	10 or less on hand	Name	Trade Name	Lot Number	On Hand
01/20/2011	ED'S SITE	DTP/TC	25 or less on hand		DAPTACEL	123456	10
12/30/2010	ED'S SITE	DTP/TC	50 or less on hand		ADACEL	654321	10
07/01/2011	ED'S SITE	INFLU	100 or less on hand	INFLUENZA, LIVE FOR IN	FLUMIST	9631	19
06/30/2011	TEST SITE	HIB		DTAP/HIB	TRIHIBIT	655665	20
05/05/2011	TEST SITE	HEP B		HEP B (4 DOSE) DIALYSI	ENGERIX-B	34556345	23

Inventory items that are Expiring in 3 Months							
Exp Date	Site Name	Vaccine	1 Month	Vaccine Name	Trade Name	Lot Number	On Har
01/20/2011	ED'S SITE	DTP/TC	2 Months	DTAP	DAPTACEL	123456	10
12/30/2010	ED'S SITE	DTP/TC	3 Months	TDAP	ADACEL	654321	10
			6 Months				

b) Sorting - You can sort in ascending or descending order in the grid by clicking on a column header. This sort feature carries over to every instance in SMV where there are columns of information. The arrow on a column heading means the information is sorted in either ascending or descending order.

Click on any Column header to sort

Inventory items that are Running Low - 25 or less on hand							
Exp Date	Site Name	Vaccine Family	Vaccine Name	Trade Name	Lot Number	On Hand	
07/17/2012	BUTLER COUNTY HEA	HIB	HIB PRP-T (4 DOSE)	ACTHIB	UH083AB	12	
01/12/2012	BUTLER COUNTY HEA	DTP/TD	TD	DECAVAC	U3008AB	16	
05/18/2012	BUTLER COUNTY HEA	HEP B	HEP B (3 DOSE) PED/AD	ENGERIX-B	AHBVB824B	1	
04/27/2012	ADULT 317	HEP B	HEP B ADULT	ENGERIX-B	AHBVB798A	6	
03/12/2011	PRIVATE PAY	HEP B	HEP B ADULT	ENGERIX-B	AHBVB640A	4	

c) Paging - You can increase the number of records displayed per page by changing the preset number to greater than 5 records, or you can use the paging arrows to page to the next page.

Records Per Page: 5 or Page 1 of 6

No inventory kept in SMV: 2nd Image; inventory fields will be blank if your agency doesn't manage inventory in SMV.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES

Wednesday, February 15, 2012 10:00 AM

Username: BONCHD Sign Out

Agency: JEFFERSON CITY PUBLIC SCHOOL DISTRICT

[ShowMeVax Home](#)

[Client](#)

[Search & Registration](#)

[Demographics](#)

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[User Manual](#)

[FAQ](#)

[Release Notes](#)

[Welcome to the Missouri Immunization Registry](#)

[Immunization Announcements](#)

10/10/2012 Pentacel shortage

Immunizations

What's New

Upcoming Trainings and Conferences

Forms

VFC Provider Forms

Not a VFC Provider? Click here for more information about the VFC Program

VIS Forms

Related WebSites

DHSS Immunization Homepage

Immunization Action Coalition

CDC: Vaccines and Immunizations

List of Vaccines used in United States

Vaccine Immunization Schedules

Catch-up Immunization Scheduler

VAERS- Vaccine Adverse Event Reporting System

Inventory items that are Running Low - 25 or less on hand							
Exp Date	Site Name	Vaccine Family	Vaccine Name	Trade Name	Lot Number	NDC Number	On Hand

Inventory items that are Expiring in 3 Months							
Exp Date	Site Name	Vaccine Family	Vaccine Name	Trade Name	Lot Number	NDC Number	On Har

Searching for a Client

1. Search & Registration: Click "Search & Registration" in the Navigation menu, under the Client heading.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES

Wednesday, February 6, 2013
Username: BONCHD [Sign Out](#)
Agency: COLE COUNTY HEALTH DEPARTMENT [Change](#)

ShowMeVax Home
Client
Search & Registration
Demographics
Immunizations
Help
User Manual
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Welcome to the Missouri Immunization Registry

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10/10/2012 Pentacel shortage

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Not a VFC Provider? Click here for more information about the VFC Pr
VIS Forms

Related WebSites
DHSS Immunization Homepage
Immunization Action Coalition
CDC: Vaccines and Immunizations
List of Vaccines used in United States
Vaccine Immunization Schedules
Catch-up Immunization Scheduler
VAERS- Vaccine Adverse Event Reporting System

Inventory items that are Running Low - 25 or less on hand Records Per Page: 5 Page 1 of 16

Exp Date	Site Name	Vaccine Family	Vaccine Name	Trade Name	Lot Number	NDC Number	On Hand
03/09/2014	PRIVATE PAY	HEP A	HEP A ADULT	HAVRIX	AHAVB538A/	58160-0826-52	1

This brings you to the Search screen.

Client Search | My Recent Clients | My Location Recent Clients

Client Search Instructions

Person Name (Minimum Required Fields: Either Clients Last and First Name or Mothers Maiden Name and Date of Birth)

Last Name : jones First Name : sam

Gender : Date of Birth : Mon Day Year

Mother's Maiden Name : Search Type : LIKE

Person Identifier (Minimum Required Fields: Either Client's DCN or SSN or Client Id)

DCN : SSN :

Client Id :

2. Instructions: You will have instructions on all pages in SMV, with the exception of two Demographic screens that will be identified later in the tutorial. These instructions will guide you through how to use each screen correctly. If you ever get stumped on a screen, expand the instructions by clicking on the arrow to view how to take the next step in a process.

Client Search | My Recent Clients | My Location Recent Clients

Client Search Instructions

This page is used to search for an existing client in the ShowMeVax registry and also to register a client with the ShowMeVax registry.

- A new client can be registered only after performing a search.
- Users can perform either a person identifier (DCN, SSN or Client ID) search or a person name search (Last Name, First Name, Gender, Date Of Birth, Mother's Maiden Last Name).
- The DSS search button and the Register without DCN will be enabled only after performing a ShowMeVax Registry search.
- The Register with DCN button will be enabled only after performing a DSS search.
- The minimum required fields for performing a person identifier search are either Client's DCN or SSN or Client ID.
- The minimum required fields for performing a person name search (like, soundex, like and soundex) is either Clients Last Name (min 2 characters) and First Name or Mother's Maiden Last Name (min 2 characters) and Clients Year of Birth.
- The minimum required fields for performing a person name search (exact) is either Clients Last Name and First Name or Mother's Maiden Last Name (min 2 characters) and Clients Year of Birth.
- The minimum required fields for performing a person name DSS search is Clients Last Name, First Name, Gender and Date Of Birth.
- The required fields to register a person with DCN are: Clients Last Name, First Name, Date Of Birth and Gender.
- The required fields to register a person without DCN are: Clients Last Name and First Name.
- Clicking on the Clear Search button will clear the search criteria and the search results.

Person Name (Minimum Required Fields: Either Clients Last and First Name or Mothers Maiden Name and Date of Birth)

Last Name : First Name :

Gender : Date of Birth : Mon Day Year

Mother's Maiden Name : Search Type : LIKE

Person Identifier (Minimum Required Fields: Either Client's DCN or SSN or Client Id)

DCN : SSN :

Client Id :


3. Tabs:

The screenshot shows a web interface with three tabs at the top: "Client Search", "My Recent Clients", and "My Location Recent Clients". The "Client Search" tab is selected. Below the tabs is a section titled "Client Search Instructions". Under this section, there are two radio buttons: "Person Name" (selected) and "Person Identifier". The "Person Name" section includes fields for Last Name, First Name, Gender, Date of Birth (Mon, Day, Year), and Mother's Maiden Name. There is also a "Search Type" dropdown set to "LIKE" and "Search" and "Clear Search" buttons. The "Person Identifier" section includes fields for DCN, SSN, and Client Id.


- a) Client Search tab - This is the screen used to search for a client.
- b) My Recent Clients tab - This screen allows you to see a listing of the most recent records that you referenced. The list maxes out at 50 records.
- c) My Location Recent Clients tab - This screen shows you up to 250 of the most recently referenced records from every user within your organization.

4. Searching for a client:

This screenshot is similar to the one above, but it includes a red box on the left labeled "Radio Buttons" with two red dotted arrows pointing to the "Person Name" and "Person Identifier" radio buttons. The "Person Name" radio button is selected.

- a) You can search by Person Name, meaning you search last name, first name, DOB, gender, or by using mother's maiden name and DOB combination. Click on the radio button  to select this option.

Note: The more information you enter, the more confident you can be that SMV has returned the best results.

- b) You can search by Person Identifier, meaning you search by the SSN, the DCN, or the Client ID. Click on the radio button  to select this option.

- The DCN is a number assigned by the Department of Social Services. Every child born in the state of Missouri after 1995 was assigned a DCN, and at a minimum, their birth record will be in SMV.
- The Client ID is the unique identifier that SMV assigns every record in SMV.

c) Search Type

- Like: Searches SMV for any like names.

- Soundex: Searches the database for any name that sounds like the name entered, but may not be spelled the same. This is a good feature to use if you are unsure of an ethnic spelling, but know how the name is pronounced.
- Like and Soundex: Combination of the two previous functions.
- Exact: You can use this option when you are certain of the spelling of the name. This search type is the only way to find a person with 1 letter as a last name.

d) Once you've entered the client's information, click "Search". SMV will list the results of the search. If no records are found, SMV will notify you that no records were found.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES

Wednesday, February 6, 2013
Username: SMV12 Sign Out
Agency: DOH-CENTRAL OFFICE

Client Search My Recent Clients My Location Recent Clients

Client Search Instructions

Person Name (Minimum Required Fields: Either Clients Last and First Name or Mothers Maiden Name and Date of Birth)

Last Name : Duck First Name : Abby

Gender : FEMALE Date of Birth : Mon 09 Day 01 Year 2010

Mother's Maiden Name : Search Type : LIKE

Search

Clear Search

Person Identifier (Minimum Required Fields: Either Client's DCN or SSN or Client Id)

DCN : SSN :

Client Id :

Note: You may clear a search by clicking the "Clear Search" button found below the Search button.

e) If you see the correct client listed in search results, click on the row of the client you are searching for.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES

Wednesday, February 6, 2013
Username: SMV12 Sign Out
Agency: DOH-CENTRAL OFFICE

Client Search My Recent Clients My Location Recent Clients

Client Search Instructions

Person Name (Minimum Required Fields: Either Clients Last and First Name or Mothers Maiden Name and Date of Birth)

Last Name : duck First Name : abby

Gender : FEMALE Date of Birth : Mon 09 Day 01 Year 2010

Mother's Maiden Name : Search Type : LIKE

Search

Clear Search

Person Identifier (Minimum Required Fields: Either Client's DCN or SSN or Client Id)

DCN : SSN :

Client Id :

Search Result: 1 Records Found

Records Per Page: 5

Client Id	Client Name	Mother's Maiden	Gender	Date of Bir	SSN	DCN	Primary Address
200213905	DUCK, ABBY Primary Name : DUCK, ABBY		FEMALE	09/01/2010		63239252	

f) A window will appear giving you client details, and you will be prompted to validate that, yes, this is truly the client you are looking for. To verify, simply click the "Select" button. Otherwise, click "Cancel", and you will be routed back to the Search screen.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES

Wednesday, February 6, 2013
Username: SMV12 Sign Out
Agency: DOH-CENTRAL OFFICE

Client Search My Recent Clients My Location Recent Clients

Client Search Instructions

Person Name (Minimum Required Fields: Either Clients Last and First Name or Mothers Maiden Name and Date of Birth)

Last Name :
Gender :
Mother's Maiden Name :
Person Identifier
DCN :
Client Id :

Search Result: 1 Rec

Client Id Client
200213905 DUCK
Primary

ShowMeVax - Client Details for : DUCK, ABBY

Client Id : 200213905
Name : DUCK, ABBY
Primary Name : DUCK, ABBY
Gender : FEMALE Date of Birth : 09/01/2010
Primary Address
SSN : DCN : 63239252
Race : ☒ White ☐ Asian
☐ Black or African American ☐ American Indian/Alaskan
☐ Unknown ☐ Pacific Islander
Ethnicity : NON HISPANIC
Select Cancel

Client Demographics

1. Client Demographics: Once you have selected a client out of the SMV database, you will be automatically routed to that client's Demographics screen.

a) Client Banner- The Client Banner will display for the selected client on every SMV screen. This banner gives you key pieces of information at a glance.

DUCK, ABBY ClientID: 1969909040 DCN: 67579249
VFC Reviewed: Eligible: NO Date of Birth: 09/01/2010

Personal Information Address/Contact Information Family Unit Provider-Client Relation Medicaid Eligibility

Personal Information Instructions:

Type	Prim	Personal Information Instructions	Last Name	Suffix
PRINCIPAL	Y	ABBY	DUCK	

Mother's Maiden Name: Date of Birth: 9/1/2010 15


Gender: FEMALE

Race: ☒ White ☐ Asian
☐ Black or African American ☐ American Indian/Alaskan
☐ Unknown ☐ Pacific Islander

Ethnicity: NON HISPANIC

Country Of Birth: State Of Birth: County Of Birth: English Primary Language: ☐ Yes ☒ No Primary Language:

Special Accommodations/Assistance:
☐ BLIND ☐ HANDICAP ACCESSIBLE
☐ ENGLISH AS SECOND LANGUAGE - NEED INTERPRETER ☐ HEARING IMPAIRED - NEED SIGN INTERPRETER

- You can expand the banner to see additional details on the selected client by clicking the  button.

SMV READONLY HEALTHCARE PROVIDER ROLE

JONES, SAMMIE ClientID: 15070 DCN: 20242640

VFC Reviewed: Eligible: NO Date of Birth: 09/27/1986

Gender: FEMALE Both VFC Reviewed & Medicaid info are displayed Age: 26 (9517) Address: RR 1 BOX 367K GOODMAN, MO 64843-9733

Phone: Responsible Person: JONES, SAMMIE Mother's Maiden Name:

Medicaid Eligible: Medicaid Begin Date: Medicaid End Date:

Personal Information Address/Contact Information Family Unit Provider-Client Relation

Type	Primary	First Name	Middle Name	Last Name	Suffix
PRINCIPAL	Y	SAMMIE		JONES	
A.K.A.	N	SAMANTHA	R	JONES	
A.K.A.	N	SAMANTHA	RUTH	SPARLIN	

SMV READONLY NON-HEALTHCARE PROVIDER ROLE

JONES, SAMMIE ClientID: 15070 DCN: 20242640

No VFC Reviewed is displayed Date of Birth: 09/27/1986

Gender: FEMALE Age: 26 (9517) Address: RR 1 BOX 367K GOODMAN, MO 64843-9733

Phone: Responsible Person: JONES, SAMMIE Mother's Maiden Name:

No Medicaid info is displayed

Personal Information Address/Contact Information Family Unit Provider-Client Relation

Type	Primary	First Name	Middle Name	Last Name	Suffix
PRINCIPAL	Y	SAMMIE		JONES	
A.K.A.	N	SAMANTHA	R	JONES	
A.K.A.	N	SAMANTHA	RUTH	SPARLIN	

Note: The information displayed in the Client Banner area depends upon the user's assigned SMV security role.

b) Personal Information tab - Provides you with alternate names the client has on record, as well as their race, ethnicity, birth location, special accommodations, and primary language. This screen does not have instructions.

dhss State of Missouri DEPARTMENT OF HEALTH AND SENIOR SERVICES

Wednesday, February 6, 2013 Username: SMV32 Agency: COLUMBIA-BOONE CO HD

ShowMeVax Home Client Search & Registration Demographics Immunizations Inventory DataWarehouse Reports Help User Manual FAQ Release Notes

DUCK, ABBY ClientID: 200213905 DCN: 63239252

VFC Reviewed: Eligible: NO Date of Birth: 09/01/2010

Personal Information Address/Contact Information Family Unit Provider-Client Relation Medicaid Eligibility

Personal Information Instructions:

Type	Primary	First Name	Middle Name	Last Name	Suffix	Delete
PRINCIPAL	Y	ABBY		DUCK		

Add

Mother's Maiden Name: Date of Birth: 9/1/2010 15

Gender: FEMALE

Race: ☒ White ☐ Asian ☐ Black or African American ☐ American Indian/Alaskan ☐ Unknown ☐ Pacific Islander

Ethnicity: NON HISPANIC

Special Accommodations/Assistance: ☐ BLIND ☐ ENGLISH AS SECOND LANGUAGE - NEED INTERPRETER

Country Of Birth: State Of Birth: County Of Birth: English Primary Language: ☐ Yes ☒ No Primary Language:

Plurality: ☐ HANDICAP ACCESSIBLE ☐ HEARING IMPAIRED - NEED SIGN INTERPRETER

Mother's Last Name: Mother's First Name: Mother's Middle Name:

Edit

c) Address/Contact Information tab - Allows you to view either the address information for the client or the contact information, such as telephone or email address, if there is one on file.

- To view the address, click on the View/Manage Addresses tab.

DUCK, ABBY ClientID: 1969909040 DCN: 67579249
VFC Reviewed: Eligible: NO Date of Birth: 09/01/2010

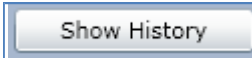
Personal Information **Address/Contact Information** Family Unit Provider-Client Relation Medicaid Eligibility

Address and Contact Information Instructions:

View/Manage Addresses **Contact Information**

Sensitive	Primary	Type	Address	City	State	Zip
N	Y	HOME	1245 MALLORD LANDING	JEFFERSON CITY	MO	65109

Show History

- To show historical addresses, click on the “Show History” button.  If previous addresses are in the system, they will be listed in the history.

DUCK, ABBY ClientID: 1969909040 DCN: 67579249
VFC Reviewed: Eligible: NO Date of Birth: 09/01/2010

Personal Information **Address/Contact Information** Family Unit Provider-Client Relation Medicaid Eligibility

Address and Contact Information Instructions:

View/Manage Addresses **Contact Information**

Sensitive	Primary	Type	Address	City	State	Zip
N	Y	HOME	1245 MALLORD LANDING	JEFFERSON CITY	MO	65109

Hide History

Sensitive	Primary	Type	Address	City	State	Zip	End Date
N	N	MAILING	987 PO BOX 189	JEFFERSON CITY	MO	65109	01/04/2011

- To view contact information, click on the Contact Information tab. Again, if you want to view past contact information, you will need to select the “Show History” button.

DUCK, ABBY ClientID: 1969909040 DCN: 67579249
VFC Reviewed: Eligible: NO Date of Birth: 09/01/2010

Personal Information **Address/Contact Information** Family Unit Provider-Client Relation Medicaid Eligibility

Address and Contact Information Instructions:

View/Manage Addresses **Contact Information**

Sensitive	Primary	Type	Contact	Extension
Y	Y	HOME	123-456-7890	

Show History

Click this button to show contact history

d) Family Unit tab - You can view the Family Unit that has been associated with the client by clicking on this tab.

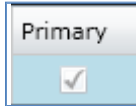
DUCK, ABBY ClientID: 1969909040 DCN: 67579249
VFC Reviewed: Eligible: NO Date of Birth: 09/01/2010


Personal Information Address/Contact Information **Family Unit** Provider-Client Relation Medicaid Eligibility

Family Unit Instructions

Primary	Responsible Person Client Id	Responsible Person DCN	Responsible Person Name	Family Unit Address	Family Unit Phone
<input checked="" type="checkbox"/>	1965386568	67579235	DUCK, DONALD		

- The person listed in bold in the Family Unit box is the Responsible Person for the client. If it is the Primary Responsible Person for the client, there will be a check mark in the Primary column.



- You can expand the family unit to see all members by clicking the  button.

DUCK, ABBY				ClientID: 1969909040	DCN: 67579249		
				VFC Reviewed:	Eligible: NO	Date of Birth: 09/01/2010	+
Personal Information	Address/Contact Information	Family Unit	Provider-Client Relation	Medicaid Eligibility			
Family Unit Instructions							
Primary	Responsible Person Client Id	Responsible Person DCN	Responsible Person Name	Family Unit Address	Family Unit Phone		
<input checked="" type="checkbox"/>	1965386568	67579235	DUCK, DONALD				
	Member Id	Member DCN	Primary	Member Name	Address	Responsible Person's Relationship	
	1965386568	67579235	<input checked="" type="checkbox"/>	DUCK, DONALD		SELF	
	1969909040	67579249	<input checked="" type="checkbox"/>	DUCK, ABBY	1245 MALLORD LANDING JEFFERSON CITY, MO 65109 USA	FATHER	
	1969909026	67579248	<input checked="" type="checkbox"/>	DUCK, EDWARD	210 E HIGH ST JEFFERSON CITY, MO 65101- USA	FATHER	DUCK, DONALD's relationship to DUCK, ABBY

c) Provider-Client Relation tab - Allows you to view the Provider-Client relationship, if one has been established. This screen does not have instructions.

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State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES

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DUCK, ABBY				ClientID: 200213905	DCN: 63239252		
				VFC Reviewed:	Eligible: NO	Date of Birth: 09/01/2010	+
Personal Information	Address/Contact Information	Family Unit	Provider-Client Relation	Medicaid Eligibility			
Provider-Client Relation Instructions:							
Provider Name	Effective Date	Chart Number	End Date	Closed Reason			
COLUMBIA-BOONE CO HD	02/06/2013						
Close Provider-Client Relation							

d) Medicaid Eligibility tab- Every time this tab is selected, SMV requests an update on Medicaid eligibility from DSS. The most current Medicaid information will be listed on this screen.

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State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES

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DUCK, ABBY				ClientID: 200213905	DCN: 63239252		
				VFC Reviewed:	Eligible: NO	Date of Birth: 09/01/2010	+
Personal Information	Address/Contact Information	Family Unit	Provider-Client Relation	Medicaid Eligibility			
Medicaid Eligibility Instructions:							
Status:	Status Date:	Refreshed Date:	Edit VFC Information				
Parent/Guardian Medicaid Case Information:							
DCN:	Status:						
Phone:	Address:						
City:	State:		Zip:				
Client's Medicaid Dates: No Medicaid Data found on DSS							
Client's Managed Care (Medicaid Only): No Medicaid Data found on DSS							
VFC Eligible: NO							

Immunizations

1. Immunizations: To view the immunization information on the client, click on the Immunizations option in the Navigation menu.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES

Wednesday, February 6, 2013
Username: SMV32 Sign Out
Agency: COLUMBIA-BOONE CO HD Change

Client: VFC Reviewed: Eligible: NO Date of Birth: 09/01/2010

Personal Information Address/Contact Information Family Unit Provider-Client Relation Medicaid Eligibility

Personal Information Instructions:

Type	Primary	First Name	Middle Name	Last Name	Suffix	Delete
PRINCIPAL	Y	ABBY		DUCK		X

Add

Mother's Maiden Name: Date of Birth: 9/1/2010 15

Gender: FEMALE

Race: ☒ White ☐ Asian
☐ Black or African American ☐ American Indian/Alaskan
☐ Unknown ☐ Pacific Islander

Ethnicity: NON HISPANIC

Country Of Birth: State Of Birth: County Of Birth:

English Primary Language: ☐ Yes ☒ No
Primary Language:

Special Accommodations/Assistance:
☐ BLIND ☐ HANDICAP ACCESSIBLE
☐ ENGLISH AS SECOND LANGUAGE - NEED INTERPRETER ☐ HEARING IMPAIRED - NEED SIGN INTERPRETER

Plurality:

Mother's Last Name: Mother's First Name: Mother's Middle Name:

Edit

2. Immunizations tab: Displays the immunization information recorded for the client. The screen is broken up into three sections - Common Vaccines, Travel Vaccines, and Other Vaccines. You can expand the list of each section by clicking on the down arrow.

DUCK, ABBY ClientID: 1969909040 DCN: 67579249
VFC Reviewed: Eligible: NO Date of Birth: 9/1/2010

< > This patient has a medical exemption for INFLUENZA.

Other Clients in Family Unit:

Immunizations Immunization Schedule View Medical History

Immunizations Instructions:

Immunization Record:

Common Vaccines:

DTP/TD	1/3/2011
POLIO	1/3/2011
HIB	
HEP B	9/1/2010 1/3/2011
PNEUMOCOCCAL	
ROTAVIRUS	
MMR	
VARICELLA	
HEP A	
INFLUENZA	*MEDICAL EXEMPTION FROM 10/12/2010 TO 11/1/2010*
MENINGOCOCCAL	
HUMAN PAPILLOMAVIRUS (HPV)	
ZOSTER (SHINGLES)	

Travel Vaccines:

Other Vaccines:


Basic details of the dose can be viewed by scrolling over the date of the shot.


More specific details can be viewed by clicking on the date of the shot. The View Existing Immunization window will appear, showing you the details surrounding the shot. Click "OK" to close the window.

a) Combination Shots - Combination shots are identified by a bolded date. In this example a Pediarix was given.

Common Vaccines:	
DTP/TD	1/3/2011
POLIO	1/3/2011
HIB	
HEP B	9/1/2010 1/3/2011
PNEUMOCOCCAL	
ROTAVIRUS	




b) Print - You can print the immunization record by clicking on the  icon on the top right corner of the record. A pop-up window will appear with the printable record.



VACCINE	TRADE NAME	DATE GIVEN
DTP/DT:		
DTAP/IPV/HEP B	PEDIARIX	1/3/2011
POLIO:		
DTAP/IPV/HEP B	PEDIARIX	1/3/2011
HEP B:		
HEP B (3 DOSE) PED/ADOL	NOS	9/1/2010
DTAP/IPV/HEP B	PEDIARIX	1/3/2011

- You can print by clicking on the print icon in the top right corner of the document or by going to the File menu, and then hitting the “Print” command.



VACCINE	TRADE NAME	DATE GIVEN
DTP/DT:		
DTAP/IPV/HEP B	PEDIARIX	1/3/2011
POLIO:		
DTAP/IPV/HEP B	PEDIARIX	1/3/2011
HEP B:		
HEP B (3 DOSE) PED/ADOL	NOS	9/1/2010
DTAP/IPV/HEP B	PEDIARIX	1/3/2011

c) Other Clients in Family Unit - If a client has other family members in his/her Family Unit; you can view each member's immunization information without doing a search for that individual. This option allows you to switch back and forth between family members' immunization records.

DUCK, ABBY ClientID: 1969909040 DCN: 67579249
VFC Reviewed: Eligible: NO Date of Birth: 9/1/2010

< > This patient has a medical exemption for INFLUENZA

Other Clients in Family Unit:

Immunizations Immunization Schedule View Medical History

Immunizations Instructions:

Immunization Record:

Common Vaccines:

DTP/TD	1/3/2011
POLIO	1/3/2011
HIB	
HEP B	9/1/2010 1/3/2011
PNEUMOCOCCAL	
ROTAVIRUS	
MMR	
VARICELLA	
HEP A	
INFLUENZA	*MEDICAL EXEMPTION FROM 10/12/2010 TO 11/1/2010*
MENINGOCOCCAL	
HUMAN PAPILLOMAVIRUS (HPV)	
ZOSTER (SHINGLES)	

Travel Vaccines:

Other Vaccines:

- Click on the arrow in the drop down box to display other family member names. By clicking on a name in the listing of family members, you will be re-routed to that individual's immunization record. Repeat this process to select another family member's immunization record, or to return to the previous client's records.

DUCK, ABBY ClientID: 1969909040 DCN: 67579249
VFC Reviewed: Eligible: NO Date of Birth: 9/1/2010

< > This patient has a medical exemption for INFLUENZA

Other Clients in Family Unit:

Immunizations Immunization Schedule View Medical History

Immunizations Instructions:

Immunization Record:

Common Vaccines:

DTP/TD	1/3/2011
POLIO	1/3/2011
HIB	
HEP B	9/1/2010 1/3/2011
PNEUMOCOCCAL	
ROTAVIRUS	
MMR	
VARICELLA	
HEP A	
INFLUENZA	*MEDICAL EXEMPTION FROM 10/12/2010 TO 11/1/2010*
MENINGOCOCCAL	
HUMAN PAPILLOMAVIRUS (HPV)	
ZOSTER (SHINGLES)	

Travel Vaccines:

Other Vaccines:

3. Immunization Schedule tab: This screen is a tool to help the user see what immunizations are up to date, overdue, or where the vaccine series has been completed for that age group. It is a recommendation only. It has been formulated to follow the ACIP recommendations, and will be updated as the ACIP recommendations are updated.

DUCK, ABBY ClientID: 1969909040 DCN: 67579249
VFC Reviewed: Eligible: NO Date of Birth: 9/1/2010

< > This patient has a medical exemption for INFLUENZA.

Other Clients in Family Unit:

Immunizations **Immunization Schedule** View Medical History

Immunization Schedule Instructions:

Vaccine	Next Dose	Next Dose Date	Min Date	Overdue	Recommendation	Dose Validity
DTP/DT	2	1/31/2011	1/31/2011	2/1/2011	UP TO DATE	1
POLIO	2	1/31/2011	1/31/2011	2/1/2011	UP TO DATE	1
HIB	1	10/31/2010	10/13/2010	11/30/2010	OVERDUE	1
HEP B	3	2/28/2011	2/28/2011	3/30/2011	UP TO DATE	1
PNEUMOCOCCAL	1	10/31/2010	10/13/2010	11/30/2010	OVERDUE	1
ROTAVIRUS					COMPLETE	1
MMR	1	9/1/2011	9/1/2011	11/30/2011	UP TO DATE	1
VARICELLA	1	9/1/2011	9/1/2011	11/30/2011	UP TO DATE	1
HEP A	1	9/1/2011	9/1/2011	10/1/2011	UP TO DATE	1
INFLUENZA	1	2/28/2011	2/28/2011	3/1/2011	UP TO DATE	1
MENINGOCOCCAL					UP TO DATE	1
HUMAN PAPILLOMAVIRUS (HPV)					UP TO DATE	1

Note: when the tab is pink in color it indicates that the client has immunizations that are due.

Immunization Schedule

- a) ACIP Recommendations - You can view the ACIP recommendation for each vaccine family in the schedule by clicking on the row of the vaccine in question. Then click on the **View ACIP Recommendations** option that appears. Simply click on the row again to close it so that the ACIP Recommendations no longer show.

DUCK, ABBY ClientID: 1969909040 DCN: 67579249
VFC Reviewed: Eligible: NO Date of Birth: 9/1/2010


< > This patient has a medical exemption for INFLUENZA.

Other Clients in Family Unit:

Immunizations **Immunization Schedule** View Medical History

Immunization Schedule Instructions:

Vaccine	Next Dose	Next Dose Date	Min Date	Overdue	Recommendation	Dose Validity
DTP/DT	2	1/31/2011	1/31/2011	2/1/2011	UP TO DATE	1
View ACIP Recommendations						
POLIO	2	1/31/2011	1/31/2011	2/1/2011	UP TO DATE	1
HIB	1	10/31/2010	10/13/2010	11/30/2010	OVERDUE	1
HEP B	3	2/28/2011	2/28/2011	3/30/2011	UP TO DATE	1
PNEUMOCOCCAL	1	10/31/2010	10/13/2010	11/30/2010	OVERDUE	1
ROTAVIRUS					COMPLETE	1
MMR	1	9/1/2011	9/1/2011	11/30/2011	UP TO DATE	1
VARICELLA	1	9/1/2011	9/1/2011	11/30/2011	UP TO DATE	1
HEP A	1	9/1/2011	9/1/2011	10/1/2011	UP TO DATE	1
INFLUENZA	1	2/28/2011	2/28/2011	3/1/2011	UP TO DATE	1
MENINGOCOCCAL					UP TO DATE	1
HUMAN PAPILLOMAVIRUS (HPV)					UP TO DATE	1

- Once you have clicked  **View ACIP Recommendations**, an ACIP Recommendation window will appear. The ACIP Recommendation window explains the ACIP recommendations in detail for the selected vaccine family. The recommendations displayed will be based on the age of the client that is being researched. If you want to view other age group recommendations for the selected vaccine family, you may click on the alternate recommendations.

ACIP Recommendation


Summary of ACIP Recommendations for Childhood and Adolescent Immunization for DTP/TD


DTaP, DT

- Give to children at ages 2m, 4m, 6m, 15-18m, 4-6yrs.
- May give dose #1 as early as age 6wks.
- May give #4 as early as age 12m if 6m have elapsed since #3 and the child is unlikely to return at age 15-18m.
- Do not give DTaP/DT to children age 7yrs and older.
- If possible, use the same DTaP product for all doses.

Td, Tdap

- Give 1-time Tdap dose to adolescents age 11-12yrs if 5yrs have elapsed since last dose DTaP; then boost every 10yrs with Td.
- Give 1-time dose of Tdap to all adolescents who have not received previous Tdap. Special efforts should be made to give Tdap to persons age 11yrs and older who are 1) in contact with infants younger than age 12m and 2) healthcare workers with direct patient contact.
- In pregnancy, when indicated, give Td or Tdap in 2nd or 3rd trimester. If not administered during pregnancy, give Tdap in immediate postpartum period.










OK  Show Recommendations for Adult Immunization

- b) Dose Validity - Click on the  symbol to view whether or not the doses given were valid according to the ACIP recommendations.

Immunizations **Immunization Schedule** View Medical History

Immunization Schedule Instructions:

Immunization Schedule:

Vaccine	Next Dose	Next Dose Date	Min Date	Overdue	Recommendation	Dose Validity
DTP/DT	2	1/31/2011	1/31/2011	2/1/2011	UP TO DATE	
POLIO	2	1/31/2011	1/31/2011	2/1/2011	UP TO DATE	
HIB	1	10/31/2010	10/13/2010	11/30/2010	OVERDUE	
HEP B	3	2/29/2011	2/29/2011	3/30/2011	UP TO DATE	 
PNEUMOCOCCAL	1	10/31/2010	10/13/2010	11/30/2010	OVERDUE	
ROTAVIRUS					COMPLETE	
MMR	1	9/1/2011	9/1/2011	11/30/2011	UP TO DATE	 Click to view Dose Validity
VARICELLA	1	9/1/2011	9/1/2011	11/30/2011	UP TO DATE	

- A Dose Validity window will appear indicating the validity of each dose given in that vaccine family to date. If a dose is not valid, the "Valid?" column will say "NO".


Dose Validity

HEP B

Service Date	Vaccine Name	Valid? *	Next Dose
09/01/2010	HEP B (3 DOSE) PEDI/ADOL	YES	Next Dose Date 3/2/2011
01/03/2011	DTaP/IPV/HEP B	YES	Min Due 3/2/2011
01/05/2011	HEP B (3 DOSE) PEDI/ADOL	NO	Overdue 3/30/2011
			Recommendation UP TO DATE

* This column indicates if the dose was considered as valid or invalid by immunization scheduler according to ACIP recommendations.

OK

- c) Print - Once again, you can print this screen by clicking the  symbol in the top right corner of the Immunizations Schedule screen. Follow the steps taken to print an immunization record in order to print the schedule (see Immunizations tab instructions, part b, page 14).

4. View Medical History tab: If a medical alert has been entered on the client, the details of the alert will be found on this screen. Once an alert has been entered, it will be on a continuous scroll on all three immunization screens.

DUCK, ABBY ClientID: 1969909040 DCN: 67579249
VFC Reviewed: Eligible: NO Date of Birth: 9/1/2010

< > This patient has a medical exemption for INFLUENZA

Other Clients in Family Unit: [dropdown]

Immunizations Immunization Schedule View Medical History

View Medical History Instructions:

Medical History:

Alert Type	Alert
MEDICAL EXEMPTION	This patient has a medical exemption for INFLUENZA.

- a) A version of the alert will also be indicated on the immunization record screen.

DUCK, ABBY ClientID: 1969909040 DCN: 67579249
VFC Reviewed: Eligible: NO Date of Birth: 9/1/2010

< > This patient has a medical exemption for INFLUENZA

Other Clients in Family Unit: [dropdown]

Immunizations Immunization Schedule View Medical History

Immunizations Instructions:

Immunization Record:

Common Vaccines:

DTP/DT	1/3/2011
POLIO	1/3/2011
HIB	
HEP B	9/1/2010 1/3/2011
PNEUMOCOCCAL	
ROTAVIRUS	
MMR	
VARICELLA	
HEP A	
INFLUENZA	*MEDICAL EXEMPTION FROM 10/12/2010 TO 11/1/2010*
MENINGOCOCCAL	
HUMAN PAPILLOMAVIRUS (HPV)	
ZOSTER (SHINGLES)	

Travel Vaccines:

Other Vaccines:

Missouri Department of Health and Senior Services
Bureau of Immunization Assessment and Assurance
930 Wildwood Drive
Jefferson City, MO 65109
Phone: 573.751.6124 • Fax: 573.526.0238
Email: ShowMeVaxSupport@health.mo.gov
Website: <http://health.mo.gov/immunizations>