



Vaccines for Children (VFC) Program Annual Re-Enrollment Guide

2024

Re-Enrollment Check List – Do you have ...

1. Any new staff needing access to TennIS
2. Complete online Provider Agreement in TennIS
3. Proof of Annual training for Agreement Signatory (if new), Primary Coordinator and Backup Coordinator
4. VFC documents (Routine and Emergency and Vaccine Management Plan) and two-page Provider Agreement (PA)

If you answered YES to all – you are ready to Re-Enroll!

Re-Enrollment Check List – Do you have ...

1. Any new staff needing access to TennIIS
2. Complete online Provider Agreement in TennIIS
3. Proof of Annual training for Agreement Signatory (if new), Primary Coordinator and Backup Coordinator
4. VFC documents (Routine and Emergency and Vaccine Management Plan) and two-page Provider Agreement (PA)

If you answered NO –

1. Reach out to TennIIS Registration:

https://redcap.link/tenniis_registration_portal

2. Complete and upload documents to:

https://redcap.link/vfc_re-enrollment

Web browsers

- TennIIS is compatible with most web browsers for PC/Mac desktops and Android/Apple mobile devices
- For best performance, use the most current version of a browser. Older versions typically have poor performance or errors.
 - Currently, the only supported browser is:
 - **Internet Explorer 11**

If you use another browser, some functions may not work as expected. If you experience problems, please retry using the supported browser.

* Turn off Pop-Up Blockers for the TennIIS site by going to the Tools menu in Explorer 11.

The logo consists of a red square with the letters 'TN' in white, serif font. Below the red square is a thin blue horizontal bar.

TN

Annual Re-Enrollment Guided Instruction

Starting Enrollment

- www.tennesseeiis.gov

Go to TennIIS home page and log into your TennIIS account

TennIIS
TENNESSEE IMMUNIZATION
INFORMATION SYSTEM

Date: January 12, 2024

Welcome to the Tennessee Immunization Information System (TennIIS)

- ▶ About TennIIS
- ▶ New to TennIIS? Start Here to Register
- ▶ TennIIS Facility Registration and Adding New Users
- ▶ Electronic Data Exchange and Meaningful Use/MIPS Registration
- ▶ VFC Enrollment and Program Information
- ▶ Training and Education: FAQs, Training Guides/Videos/Webinars, and Workarounds
- ▶ Immunization Requirements and Other Helpful Resources
- ▶ Contact us
- ▶ Parents and General Public

Main
Home
Login

Patient

Vaccinations

Scheduled Reports

Job Queue

Change Password

Answers

IWeb
Version: 5.97.5
Help Desk
800-342-1813
E-Mail

Tennessee Immunization Program
Our Mission: To protect people of all ages in Tennessee from vaccine-preventable diseases.
Our Values: Credibility, Innovation, Accountability

TN

Select Your Facility

The screenshot shows the Tenriis Tennessee Immunization Information System interface. The user is logged in as Stephanie D. Thompson, and the organization is VFC RE-ENROLLMENT ORGANIZATION (792455). The date is January 04, 2024. The main navigation menu on the left includes options like Home, Logout, Select Organization, Select Facility, Select Pin, Document Center, and Help. The 'Select Facility' dialog box is open, prompting the user to 'Choose a Facility for this session.' It features a 'Facility:' label and a drop-down menu currently showing '--select--'. Below the menu, a note states: 'This will be used to limit your lot number selection when administering shots.' There are 'Cancel' and 'Continue' buttons at the bottom right of the dialog box.

1. Choose your facility from the drop-down box and click **“Continue”**

2. You must click **“Continue”** before beginning the provider agreement, or it will not populate once you click VOMS 2.0 under the **“Inventory Management”** menu.

Select Provider Agreement

The screenshot displays the VOMS dashboard. The left sidebar contains navigation options: Home, Inventory, Orders & Returns, Cold Storage, **Provider Agreement** (highlighted with a red box), and Reports. The top navigation bar includes the VOMS logo, a search bar with filters for 'VFC RE-ENROLLMENT ORGANIZATION' and 'STEPHANIE'S TESTING SITE', and user profile icons. The main content area is divided into four sections: 'NOTIFICATIONS' (empty), 'ACTION ITEMS' (empty), 'FACILITY STATISTICS' (showing 'TOTAL PUBLIC INVENTORY' and '3 MONTH PUBLIC WASTAGE SUMMARY' both with 'Quantity: 0' and '\$0'), and 'VACCINE WASTAGE OVERVIEW' (a line graph showing 0% waste).

Next, click **“Provider Agreement”**

8 * Contact VFC.Enrollment@tn.gov, if you don't see Provider Agreement.



Create a new Provider Agreement

Current VFC providers will see their current and past agreements listed.

Click **“Add”** to open a new Provider Agreement.

For **new** VFC providers the history will be blank go ahead and proceed to click **“Add”** to start a new Provider Agreement

The screenshot shows the Tenriis web application interface. At the top left is the Tenriis logo (Tennessee Immunization Information System). The user is logged in as STEPHANIE D. THOMPSON. The organization/facility is VFC RE-ENROLLMENT ORGANIZATION (792455) / RAPUNZEL. The date is January 12, 2024. A navigation menu on the left includes Main, Dashboard, Message, Favorites, Patient, Vaccinations, Organization, Facilities, Physicians & Vaccinators, Inventory Management, Reports, Settings, DTT, Scheduled Reports, Job Queue, Change Password, Administration, and Answers. The main content area is titled 'Provider Agreements' and includes a search bar and a table of agreements. The table has columns for Select, Select Frozen Vaccine, PDF-Full, PDF Signature Page, Facility Name, PIN, Approval Status, Date, Approval Date, Expiration Date, and Create Organization. One entry is shown for RAPUNZEL with PIN 111112, APPROVED status, and an expiration date of 01/31/2025. Below the table are navigation buttons (First, Previous, 1, Next, Last) and a row of action buttons: Add, Export Agreement, Export Provider, and Export Provider/Practice Profile. The 'Add' button is circled in red.

Select	Select Frozen Vaccine	PDF-Full	PDF Signature Page	Facility Name	PIN	Approval Status	Date	Approval Date	Expiration Date	Create Organization
-->	-->	PDF	PDF Signature	RAPUNZEL	111112	APPROVED	01/11/2024	01/11/2024	01/31/2025	



Review Information or Fill-in Blanks

- Provider Agreements will pre-populate using current or past data for returning providers.
- Items in **BOLD RED** are required elements
- **Review all pre-populated for accuracy**
- **Edit** fields as needed to update information

Organization (IRMS)/Facility: VFC RE-ENROLLMENT ORGANIZATION (792455) / VFC RE-ENROLLMENT FACI

New messages to read.

Provider Agreement Add/Edit

Approver Comments:	
Status:	
VFC PIN:	111111
Organization (IRMS) Name:	VFC RE-ENROLLMENT ORGANIZATION
Facility Name:	VFC RE-ENROLLMENT FACILITY1
Agreement Signatory:	SANDFORD BLATCH
Agreement Signatory Title:	MD
Is Information Sharing Agreement current?	<input type="radio"/> Yes <input type="radio"/> No
Last Renewed:	--select--

Facility Address:

Street Address:	710 JAMES ROBERTSON PARKWAY
Street Address2:	
City:	NASHVILLE
State:	TENNESSEE
County:	DAVIDSON
Zip Code:	37243

Vaccine Delivery Address:

Check if vaccine delivery address is the same as facility address:

Street Address:	710 JAMES ROBERTSON PARKWAY
Street Address2:	
City:	NASHVILLE
State:	TENNESSEE
County:	DAVIDSON
Zip Code:	37243

Mailing Address:

Check if mailing address is the same as facility address:

Street Address:	710 JAMES ROBERTSON PARKWAY
Street Address2:	

Agreement Signatory = Responsible Party

- The Practice's Owner or Medical Director is usually the signatory.

Provider Agreement Add/Edit	
Approver Comments:	If you exit before saving or if TennIS times out, information will be lost. You can return after saving or continue to add providers.
Status:	
VFC PIN:	111111
Organization Name:	VFC RE-ENROLLMENT ORGANIZATION
Facility Name:	STEPHANIE'S TESTING SITE
Agreement Signatory:	SANDFORD BLATCH
Agreement Signatory Title:	MD
Is Information Sharing Agreement current?	<input type="radio"/> Yes <input type="radio"/> No
Last Renewed:	--select--

This is the provider who signs the VFC Provider Agreement & REVMP, accepting responsibility for VFC participation.

Returning Providers select the last year enrolled.

New Providers leave this blank.

Disregard "Information Sharing" – Do Not Check.

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Why is the vaccine delivery address needed?

- The correct vaccine delivery address is **critical!**
 - Errors cause undeliverable vaccine shipments and waste
- Double-check for accuracy

The image shows two screenshots of a web form for entering a vaccine delivery address. The top screenshot shows the form with a red box around the checkbox labeled 'Check if vaccine delivery address is the same as facility address:'. A red arrow points from this checkbox to a text box on the right that says 'If delivery address is the same as facility address, checking the box will pre-populate address.' The bottom screenshot shows the same form with the checkbox checked, and the address fields populated with the following information:

Vaccine Delivery Address:	
Check if vaccine delivery address is the same as facility address:	<input checked="" type="checkbox"/>
Street Address:	710 JAMES ROBERTSON PARKWAY
Street Address2:	
City:	NASHVILLE
State:	TENNESSEE
County:	DAVIDSON
Zip Code:	37243

- If delivery address is different from facility address, enter the address manually
 - The same process applies for the mailing address field

VFC Coordinators & Facility Contacts

- Required: Name/details for one of each **type** of contact

The VFC contacts must be unique to that facility and cannot be VFC contacts for another location:

Minimum of one each must be listed:

1. **Agreement Signatory (Medical Director)**
2. **Primary VFC Coordinator**
3. **Backup VFC Coordinator**
4. **Facility Contact**

A total of four contacts must be entered in. "Facility contact" may be one of the VFC coordinators, an office staff member or central organization person.

Contact Details:	
Type1:	Agreement Signatory (medical director or ec) v
Contact First Name1, Middle Initial 1, and Last Name 1:	<input type="text"/>
Phone Number1:	<input type="text"/>
Phone Number Extension1:	<input type="text"/>
Fax Number1:	<input type="text"/>
Email Address1:	<input type="text"/>
Completed Annual Training1:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Type Of Training Received1:	--select-- v
Type2:	Primary Vaccine Coordinator v
Contact First Name2, Middle Initial 2, and Last Name 2:	<input type="text"/>
Phone Number2:	<input type="text"/>
Phone Number Extension2:	<input type="text"/>
Fax Number2:	<input type="text"/>
Email Address2:	<input type="text"/>
Completed Annual Training2:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Type Of Training Received2:	--select-- v
Type3:	Back-up Vaccine Coordinator v
Contact First Name3, Middle Initial 3, and Last Name 3:	<input type="text"/>
Phone Number3:	<input type="text"/>
Phone Number Extension3:	<input type="text"/>
Fax Number3:	<input type="text"/>
Email Address3:	<input type="text"/>
Completed Annual Training3:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Type Of Training Received3:	--select-- v
Type4:	Facility v
Contact First Name4, Middle Initial 4, and Last Name 4:	<input type="text"/>
Phone Number4:	<input type="text"/>
Phone Number Extension4:	<input type="text"/>
Fax Number4:	<input type="text"/>
Email Address4:	<input type="text"/>
Completed Annual Training4:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Type Of Training Received4:	--select-- v

- **Annual Training is mandatory** for Primary and Backup VFC Coordinators. Submit certificates of completion for CDC's You Call the Shots (YCTS) **modules 10, 16**, for the current calendar year.
- A new Agreement Signatory must also complete "YCTS" for an initial enrollment or for currently enrolled facilities with a change in the Signatory.
- Facility contacts are encouraged but not required to complete annual training.

<http://www.cdc.gov/vaccines/ed/youcalltheshots.html>

Phones and Email: Critical

- **All contact emails are added to the VFC Listserv, the primary VFC Program communication tool**
- Phone and email addresses are **required** for all coordinators and for the Agreement Signatory
 - Please provide direct phone numbers or extensions if available
 - Personal cell phones numbers are discouraged
- Use a work-related email address associated with the facility, not personal email (make sure to turn off pop up blockers)

Contact Details:	
Type1:	Primary Vaccine Coordinator ▼
Contact First Name1, Middle Initial 1, and Last Name 1:	MICHELLE <input type="text"/> PFEIFFER <input type="text"/>
Phone Number1:	(615)569-2010 <input type="text"/>
Phone Number Extension1:	<input type="text"/>
Fax Number1:	(615)625-7700 <input type="text"/>
Email Address1:	michelle.pheiffer@gmail.com <input type="text"/>
Completed Annual Training1:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Type Of Training Received1:	You Call The Shots http://www.cdc.gov/vacc ▼

- **The VFC Program should be notified immediately of changes in contacts to avoid missing critical VFC Program communications!**

VFC.Enrollment@tn.gov



Vaccines Offered – Check Appropriate Box

- VFC Providers are required to provide/offer **all child and adolescent ACIP Recommended Vaccines**.

Vaccines Offered			
<input checked="" type="radio"/> All ACIP Recommended Vaccines			
<input type="radio"/> Offers Selected Vaccines (This option is only available for facilities designated as Specialty Providers by the VFC Program)			
A "Specialty Provider" is defined as a provider that only serves			
<input type="radio"/> A defined population due to practice specialty (e.g. OB/GYN; STD Clinic; family planning). Please specify:			
<input type="text"/>		(e.g. We are an STD clinic)	
or			
<input type="radio"/> A specific age group within the general population of children ages 0-18. Please specify:			
<input type="text"/>		(e.g. We serve children ages 0-6 years)	
Local health departments and pediatricians are not considered specialty providers. The VFC Program has the authority to designate VFC providers as specialty providers. At the discretion of the VFC Program, enrolled providers such as pharmacies and mass vaccinators may offer only influenza vaccine.			
Select Vaccines Offered by Specialty Provider:			
<input type="checkbox"/> DTaP	<input type="checkbox"/> Meningococcal Conjugate	<input type="checkbox"/> TD	
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> MMR	<input type="checkbox"/> Tdap	
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Pneumococcal Conjugate	<input type="checkbox"/> Varicella	
<input type="checkbox"/> HIB	<input type="checkbox"/> Pneumococcal Polysaccharide	<input type="checkbox"/> Other: <input type="text"/>	
<input type="checkbox"/> HPV	<input type="checkbox"/> Polio		
<input type="checkbox"/> Influenza	<input type="checkbox"/> Rotavirus		

- Exceptions include specialty providers approved by Tennessee Vaccine-Preventable Diseases and Immunization Program (VPDIP):
 - Hospitals giving only birth dose hepatitis B
 - Juvenile Detention Centers
 - Providers serving only adolescents

Shipping Days & Hours – Critical

- Check the boxes to indicate the days and hours vaccine shipments can be accepted. Incorrect information can cause missed shipments and wasted vaccine.

Document days and times that you are able to receive vaccines:

Monday:	<input checked="" type="checkbox"/>	09:00	17:00	--select--	--select--
Tuesday:	<input checked="" type="checkbox"/>	09:00	17:00	--select--	--select--
Wednesday:	<input type="checkbox"/>	--select--	--select--	--select--	--select--
Thursday:	<input checked="" type="checkbox"/>	09:00	13:00	--select--	--select--
Friday:	<input checked="" type="checkbox"/>	13:00	17:00	--select--	--select--

Times are based on a 24-hour clock.

Facility Type: Private Practice (e.g. family practice, pediatric, primary care)

Facility Type Other:

Facility Comments:

Back Save and Add Provider

- Using drop down lists, adjust times for each day to show hours open and able to receive shipments
- Ensure the check box is marked for each day you are able to receive shipments
- Lunch/mid-day closure:
 - If closed for lunch, or otherwise unable to receive shipments at any time during the day **all 4 columns** must be completed. (See Tuesday above)
 - If able to receive a shipment all day, put beginning and ending hours in **the first 2 columns**. In the 3rd and 4th columns have the word "select" showing. (See Wednesday above)
- Select facility type using the drop-down list

If all required fields on the first screen of the agreement are correct, click **"Save and Add Provider."** If you exit before saving or if TennIIS times out, information will be lost. You can return after saving or continue to add providers.

Returning to a Saved Agreement

- From the Provider Agreement Screen, edit or complete a saved application
- Click the arrow button under “Select” to re-enter an agreement to make changes

Provider Search Results												
Show 10 entries										Search: <input type="text"/>		
Select	Select Frozen Vaccine	PDF-Full	PDF Signature Page	Facility Name	PIN	Approval Status	Date	Approval Date	Expiration Date	Create Organization	Delete	Hide
-->	-->			RAPUNZEL	111112	EXPIRED	01/12/2024	01/11/2023	01/11/2024		Delete	Hide
-->	-->			RAPUNZEL	111112	PENDING PROVIDER SUBMISSION	01/12/2024				Delete	Hide

Showing 1 to 2 of 2 entries

First Previous 1 Next Last

Add Export Agreement Export Provider Export Provider/Practice Profile

- Shown above are saved, incomplete enrollment applications. Once saved, the "Approval Status" is "Pending Provider Submission."
- Agreements reviewed by VFC staff that require corrections are marked "Returned."
Providers may edit agreements marked "Pending Provider Submission" or "Returned."
- Once you have selected a saved or editable agreement, scroll down and click "Add Providers" to continue to the next section.



Medical Providers

Adding Providers

- For current VFC participants, provider information will pre-populate from previous agreement. Add or inactivate providers as needed.

One provider must be designated as Medical Director or equivalent. This person will be the agreement signatory and this field populates the agreement signatory page.

To add additional providers, click "Add New Provider"

Last Name	First Name	Middle Initial	Title	Specialty
<input type="text" value="WAYNE"/>	<input type="text" value="BRUCE"/>	<input type="text"/>	<input type="text" value="PA"/>	<input type="text" value="General Practice"/>
Active with this Practice	Medical License Number	NPI Number	Medicaid Provider Number	Medical Director or Equivalent
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text" value="0000547892"/>	<input type="text" value="6799087654"/>	<input type="text"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No

Sort By: Last Name Status

Verify Current TennHS Users

Back Save and Add Provider/Practice Profile

Add New Provider

Provider names must be entered **exactly as shown on provider's license** and must be a valid Tennessee license. Licenses must be **10-digit numbers**. Add leading zeros "0" in front of the number until the total digits are 10. Do NOT put letters (like TN, DO, or MD) in the license number. It is assumed to be a TN license.

Agreements with errors in name or license will be returned for corrections and will delay approval.

Agreement Signatory's can be a NP or PA. They will need a supervising physician on the Authorized Providers page.

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Adding Authorized Providers

- “Providers” are those with responsibility for medical decisions and vaccine prescribing authority
 - Medical Doctors (MD, DO)
 - Advanced Practice Nurses (Nurse Practitioners)
 - Physician Assistants

The supervising physician for a listed APN or PA provider that is the Agreement Signatory must also be listed

- License Numbers
 - Enter names exactly as shown on the license
 - VPDIP cannot verify the license if the name is different
 - Use the highest-level license number
 - If a person is licensed as an RN and APN, use the APN license #
 - Need to find a number? Look up healthcare license numbers at the TDH website: <https://apps.health.tn.gov/Licensure/>



Saving and Provider/Practice Profile

- Once all required information is entered for all providers who will prescribe vaccines, click "Save and Add Provider/Practice Profile" to continue.

Last Name	First Name	Middle Initial	Title	Specialty
<input type="text" value="Lawrence"/>	<input type="text" value="Jennifer"/>	<input type="text" value="G"/>	<input type="text" value="NP"/>	<input type="text" value="Family Medicine"/>
Active with this Practice	Medical License Number	NPI Number	Medicaid Provider Number	Medical Director or Equivalent
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text" value="000003216"/>	<input type="text" value="1234567890"/>	<input type="text" value="1230000"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
Last Name	First Name	Middle Initial	Title	Specialty
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="--select--"/>	<input type="text" value="--select--"/>
Active with this Practice	Medical License Number	NPI Number	Medicaid Provider Number	Medical Director or Equivalent
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No

Sort By: Last Name Status



Provider/Practice Profile

- The VFC Program judges the appropriateness of all VFC vaccine orders using the Provider/Practice Profile. Order patterns inconsistent with the profile are flagged for further investigation.

Provider/Practice Profile				
VFC Vaccine Eligibility Categories	# of children who received VFC Vaccine by Age Category			
	< 1 Year	1-6 Years	7-18 Years	Total
VFC < 19 yrs Enrolled in Medicaid (TennCare) ¹	35	43	39	117
VFC < 19 yrs No Health Insurance (Uninsured) ²	9	153	616	778
VFC < 19 yrs American Indian/Alaskan Native ³	0	0	0	0
VFC < 19 yrs Underinsured (FQHC, RHC, Health Dept only) ⁴	0	0	0	0
Total VFC:	44	196	655	895
Non-VFC Vaccine Eligibility Categories	# of children who received non-VFC Vaccine by Age Category			
	< 1 Year	1-6 Years	7-18 Years	Total
Private/Commercial Insurance (all ages) ⁵	0	4	9	13
State CHIP-CoverKids (VFC Ineligible) ⁶	1	1	4	6
Total Non-VFC:	1	5	13	19
Total Patients (must equal sum of Total VFC + Total Non-VFC):	45	201	668	914

If you exit before saving or if TennIS times out, information will be lost. You can return after saving or continue to add providers.

¹ Child (< 19 years old) is currently enrolled in Medicaid or Medicaid managed care and the vaccine administered is eligible for VFC funding.

² Child (< 19 years old) does not currently have private insurance coverage and the vaccine administered is eligible for VFC funding.

³ Child (< 19 years old) is a member of a federally recognized tribe and the vaccine administered is eligible for VFC funding.

⁴ Used by Federally Qualified Health Centers (FQHC) or rural health centers (RHC) and public health departments only. Child (< 19 years old) has insurance but the insurance does not cover vaccines, limits the vaccines covered, or caps vaccine coverage at a certain amount; therefore the child is eligible for VFC coverage at a FQHC, RHC, or public health department and the vaccine administered is eligible for VFC funding.

⁵ Client does not qualify for federally-funded VFC/317 vaccine because they are not a child (< 19 years old) who is (a) enrolled in Medicaid (TennCare), (b) uninsured, (c) American Indian/Alaskan Native, or (d) underinsured, nor are they an uninsured adult (>= 19 years).

⁶ Child (< 19 years old) is currently enrolled in TN State-CHIP CoverKids and is therefore ineligible for VFC vaccine.

2) What data source (or type of data) was used: (check all that apply)

- Benchmarking
- Medicaid Claims
- Doses Administered
- Provider Encounter Data
- Billing System
- Other



- Below is a completed profile. Every category must be completed. Totals calculate automatically.
 - Profiles will pre-populate from the most recent agreement
 - **Update numbers before submission with current year-to-date or previous calendar year period**
 - The profile will be reviewed at the VFC Compliance Site Visit and as a routine part of VFC fraud/abuse screening
- New enrollees that are building their patient population and report zeros must report an updated profile within 6 months.

Provider/Practice Profile				
VFC Vaccine Eligibility Categories	# of children who received VFC Vaccine by Age Category			Total
	< 1 Year	1-6 Years	7-18 Years	
VFC < 19 yrs Enrolled in Medicaid (TennCare) ¹	2	3	5	10
VFC < 19 yrs No Health Insurance (Uninsured) ²	0	6	0	6
VFC < 19 yrs American Indian/Alaskan Native ³	0	0	6	6
VFC < 19 yrs Underinsured (FQHC, RHC, Health Dept only) ⁴	0	9	0	9
Total VFC:	2	18	11	31
Non-VFC Vaccine Eligibility Categories	# of children who received non-VFC Vaccine by Age Category			Total
	< 1 Year	1-6 Years	7-18 Years	
Private/Commercial Insurance (all ages) ⁵	0	4	0	4
State CHIP-CoverKids (VFC Ineligible) ⁶	0	0	18	18
Total Non-VFC:	0	4	18	22
Total Patients (must equal sum of Total VFC + Total Non-VFC):	2	22	29	53

¹ Child (< 19 years old) is currently enrolled in Medicaid or Medicaid managed care and the vaccine administered is eligible for VFC funding.

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³ Child (< 19 years old) is a member of a federally recognized tribe and the vaccine administered is eligible for VFC funding.

⁴ Used by Federally Qualified Health Centers (FQHC) or rural health centers (RHC) and public health departments only. Child (< 19 years old) has insurance but the insurance does not cover vaccines, limits the vaccines covered, or caps vaccine coverage at a certain amount; therefore the child is eligible for VFC coverage at a FQHC, RHC, or public health department and the vaccine administered is eligible for VFC funding.

⁵ Client does not qualify for federally-funded VFC/317 vaccine because they are not a child (< 19 years old) who is (a) enrolled in Medicaid (TennCare), (b) uninsured, (c) American Indian/Alaskan Native, or (d) underinsured, nor are they an uninsured adult (>= 19 years).

⁶ Child (< 19 years old) is currently enrolled in TN State-CHIP CoverKids and is therefore ineligible for VFC vaccine.

2) What data source (or type of data) was used: (check all that apply)

Benchmarking

Medicaid Claims

Doses Administered

Provider Encounter Data

Billing System

Other _____

- Indicate original source of the data provided to VFC
- Select all that apply
- Click **“Save and Certify Frozen Vaccine”** to proceed

2) What data source (or type of data) was used: (check all that apply)

- Benchmarking
- Medicaid Claims
- Doses Administered
- Provider Encounter Data
- Billing System
- Other

Back



TM

Freezers & Refrigerators

- The next section addresses the site's vaccine storage.
- You will need the storage unit types, data on temperature monitoring devices, serial numbers, and calibration dates.
- Free-standing or purpose-built units for vaccine storage are recommended

If you exit before saving or if TennIS times out, information will be lost. You can return after saving or continue to add providers.

RECOMMENDED ACCEPTABLE STORAGE UNIT TYPES

Refrigerators: *Pharmaceutical-grade or household-grade **standalone** unit. As of Jan. 1, 2018, household-grade combination units do not meet VFC requirements and will not be accepted.

Freezers: Standalone (counter-height acceptable), auto-defrost, commercial or pharmaceutical grade unit.

NO DORM-STYLE REFRIGERATORS or COMBINATION FRIDGE/FREEZER UNITS

- If you have a freezer, you must check YES for the “certified for frozen vaccine” question. A location for freezer information will automatically be added.
 - For current VFC sites, freezer and refrigerator data will pre-populate from the most recent provider agreement. Review and correct this information as needed.
 - During site visits, VFC representatives will confirm the accuracy of the information.

Cold Storage Unit	
VFC PIN:	111111
Clinic:	VFC RE-ENROLLMENT FACILITY1
Do you want to be certified for frozen vaccine (Varicella or MMRV)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Instructions: Your refrigerator information is required for all units within your practice. Use the "Add" button to add additional units. If you choose to be certified for frozen vaccines, then you must answer the questions below and enter your freezer information.

- Information is required for **each** unit storing VFC vaccine
- “Thermometer” must be digital data logger or a continuous temperature monitoring device (No Min/Max)
- Name for each unit must be unique

Freezer	
Can freezer maintain an average temperature of 5 °F or colder?: <input type="radio"/> Yes <input type="radio"/> No	
Does freezer have a separate, insulated door?: <input type="radio"/> Yes <input type="radio"/> No	
Freezer 1	Thermometer 1
Freezer Name: <input type="text"/>	Thermometer Serial Number: <input type="text"/>
Freezer Type: --select--	Thermometer Type: --select--
Manufacturer: <input type="text"/>	Other Device: <input type="text"/>
Model Number: <input type="text"/>	Temperature Scale: --select--
Effective From: <input type="text"/>	Date of Last Calibration: <input type="text"/>
Purchase or Issue Date: <input type="text"/>	Calibration Expiration: <input type="text"/>
Is Ultra Cold Freezer: <input type="checkbox"/>	
<input type="button" value="Add"/>	
Refrigerator	Thermometer 1
Refrigerator Name: <input type="text"/>	Thermometer Serial Number: <input type="text"/>
Refrigerator Type: --select--	Thermometer Type: --select--
Manufacturer: <input type="text"/>	Other Device: <input type="text"/>
Model Number: <input type="text"/>	Temperature Scale: --select--
Effective From: <input type="text"/>	Date of Last Calibration: <input type="text"/>
Purchase or Issue Date: <input type="text"/>	Calibration Expiration: <input type="text"/>
<input type="button" value="Add"/>	

By signing this document I certify that appropriate storage is in place for frozen vaccines.

Answer “yes” to freezer questions to be certified for frozen vaccines. Add information for each unit. Use the “Add” button to add additional units.

Required- Serial Number and Calibration Expiration Date



Inactive units cannot have the same name as another unit. The system will not allow you to save if two units have the same name.

Freezer	
Can freezer maintain an average temperature of 5 °F or colder?:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Does freezer have a separate, insulated door?:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Freezer 1	
Freezer Name:	HISENSE
Freezer Type:	Stand-Alone Freezer (NO combination or dormitory style t
Manufacturer:	HISENSE
Model Number:	LC50D6EWD
Effective From:	03/31/2021
Purchase or Issue Date:	03/31/2021
Is Ultra Cold Freezer:	<input type="checkbox"/>
Inactivate Freezer 1	<input type="checkbox"/>
Thermometer 1	
Thermometer Serial Number:	10050034691
Thermometer Type:	Digital Data Logger
Other Device:	
Temperature Scale:	Celsius
Date of Last Calibration:	05/23/2023
Calibration Expiration:	05/23/2025

Refrigerator	
Refrigerator 1	
Refrigerator Name:	FRIGIDARE
Refrigerator Type:	Stand-Alone Refrigerator (NO combination or dormitory st
Manufacturer:	FRIGIDARE
Model Number:	FFRU17G8QW
Effective From:	03/31/2021
Purchase or Issue Date:	03/31/2021
Inactivate Refrigerator 1	<input type="checkbox"/>
Thermometer 1	
Thermometer Serial Number:	100500029974
Thermometer Type:	Digital Data Logger
Other Device:	
Temperature Scale:	Celsius
Date of Last Calibration:	10/05/2022
Calibration Expiration:	10/05/2024

To inactivate a unit, click the "INACTIVE" button below that unit's entry.

- If you need to add, change, or correct information later: click the **“Save For Later”** button

Refrigerator 2		Thermometer 2	
Refrigerator Name:	<input type="text"/>	Thermometer Serial Number:	<input type="text"/>
Refrigerator Type:	--select--	Thermometer Type:	--select--
Manufacturer:	<input type="text"/>	Other Device:	<input type="text"/>
Model Number:	<input type="text"/>	Temperature Scale:	--select--
Effective From:	<input type="text"/>	Date of Last Calibration:	<input type="text"/>
Purchase or Issue Date:	<input type="text"/>	Calibration Expiration:	<input type="text"/>
Inactivate Refrigerator 2	<input type="checkbox"/>	<input type="button" value="Add"/>	

By signing this document I certify that appropriate storage is in place for frozen vaccines.

- You're nearly done. This is the time to catch errors. Errors found after submission will delay approval.
 - Review each section one last time for any mistakes before clicking **“Submit to State”**
 - After clicking “Submit to State,” the application will be locked and the VFC Program will be notified to begin a review

- To view a saved agreement, return to **“Provider Agreement”**
- Click arrow under “Select” to review submitted agreement
- To print, click the PDF Full link for full PA . For only the 3-page PA click PDF Signature Page
- The REVMP must reflect the online Provider Agreement

Provider Search Results

Show 100 entries Search:

Select	Select Frozen Vaccine	PDF-Full	PDF Signature Page	Facility Name	PIN	Approval Status	Date	Approval Date	Expiration Date	Create Organization	Delete	Hide
-->	-->	PDF	PDF Signature	1501 - COCKE CO. HEALTH DEPT.	151001	APPROVED	12/13/2023	03/06/2023	03/04/2024		Delete	Hide

Showing 1 to 1 of 1 entries

First Previous 1 Next Last

Add Export Agreement Export Provider Export Provider/Practice Profile

REMINDERS:

- Agreements may be edited if the Approval Status is “Pending” or “Returned.” “Submitted” agreements can only be viewed.

- You have submitted your VFC online enrollment application, but you are not done with enrollment yet.
- **Enrollment cannot be completed until you submit:**
 - The online Provider Agreement in TennIS
 - The 3-page Provider Agreement signed by the Agreement Signatory
 - Routine and Emergency Vaccine Management Plan (REVMP) all pages (1-17)
 1. Pages 2, 14, 15 (if applicable), and 17 need to be signed
 2. Page 8 needs to be filled out for Manual Defrost Plan
 - Certificates of Annual Training for :
 - Agreement Signatory (new Agreement Signatories only)
 - Primary Vaccine Coordinator
 - Backup Vaccine Coordinator
- **REQUIRED DOCUMENTS:**
 1. Click **“PDF-Full”** to print and save a copy of the **enrollment form** for your files (pages 3 - 5 contain the 3-page Provider Agreement that needs to be signed)
 2. **Submit signed Provider Agreement to the VFC Program with the Routine and Emergency Vaccine Management Plan and proof of Agreement Signatory, VFC Primary Coordinator & Backup Coordinator annual training.**
 - Upload all documents to https://redcap.link/vfc_re-enrollment .



What Happens Next?

- Allow 7-10 business days for review process
- The Primary VFC Coordinator TennIIS will receive an automated **message** in TennIIS and an email notice when the online agreement is “returned” or “approved”
 - Agreement are “returned” when there is missing or incorrect information. Instructions are provided at the top of the online Provider Agreement in the Approver Comments.
- To view TennIIS messages, click “Messages” in the main menu. You will also see a red “New Messages to Read” sign at the top of the page to alert you to new messages when you log in




TM

Re-Enrollment Redcap

Re-Enrollment Redcap Survey

https://redcap.link/vfc_re-enrollment

The logo for the Tennessee Department of Health, featuring the letters "TN" in white on a red square background, with a blue horizontal bar below it.

Department of
Health

Returning?

AAA
+ -

VFC Re-Enrollment

Welcome to the new Re-Enrollment REDCap Project! Our goal is to make things more streamlined for you as we know your time is valued. Please complete and submit the following forms to complete a VFC Vaccine Provider Agreement:


1. Provider Information
2. Delegated Authority (*Private Providers only*)
3. Additional Documents
4. Training Certificates

You will be able to Save and Return to this form during your Re-Enrollment process.

Please note we will no longer be accepting emailed or faxed documents.

Thank you!

Provider Information

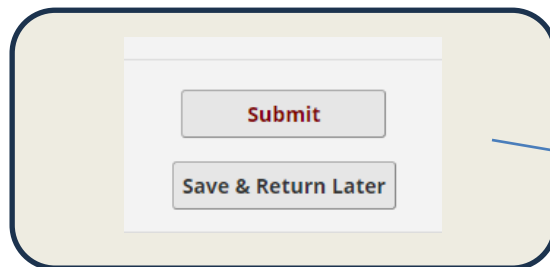
A small version of the Tennessee Department of Health logo, consisting of a red square with "TN" in white and a blue bar below it.

Provider Information

Additional Documents

Provider Information	
VFC PIN #: <small>* must provide value</small>	<input type="text"/>
Organization: <small>* must provide value</small>	<input type="text"/>
Facility Name: <small>* must provide value</small>	<input type="text"/>
Is this facility a Local, Metro, or Regional Health Department? <small>* must provide value</small>	<input type="radio"/> Yes, this is a Health Department facility <input type="radio"/> No, this is a private provider <small>reset</small>
Facility Address	
Facility Address Street: <small>* must provide value</small>	<input type="text"/>
Facility Address Street 2:	<input type="text"/>
Facility Address City:	<input type="text"/>

Additional Documents	
Please upload your FQHC Certificate if you are a FQHC Provider:	Upload file
Please download the Provider Agreement and upload below: Attachment: 3-page Provider Agreement.pdf (0.5 MB)	
Please upload your signed Provider Agreement Here:	Upload file
Please download the REVMP and upload below: Attachment: FINAL REVMP VFC Bridge FINAL 12.8.23.pdf (1.05 MB)	
Please upload your REVMP Here:	Upload file
Did you make changes to your REVMP for the Enrollment Team? Upload it here:	Upload file
Did you make changes to your REVMP for the Quality Assurance Team? Upload it here:	Upload file



You can return to your specific facility link by clicking on Save & Return Later. Write down your Return Code.





Thank you for participating in the VFC Program!

We hope you found this guide to be helpful.

If you have questions, please contact the VFC Enrollment Team at VFC.Enrollment@tn.gov or at 800-342-1813.