



**Vaccines for Children (VFC) Program  
Provider Enrollment Guide  
New Enrollments  
2024**

# INTRODUCTION: Contents

Welcome to the step-by-step new provider enrollment guide.

1)VFC enrollment is completed through the Tennessee Immunization Information System (TennIIS)

2) Before attempting enrollment in TennIIS:

- Contact TennIIS Registration to setup the Facility/Organization
- You will find step-by-step instructions in this guide on how to complete your online Provider Agreement (PA)

3)Program Contact information:

- TennIIS Registration: [TennIIS.Registration@tn.gov](mailto:TennIIS.Registration@tn.gov)
- TennIIS Help Desk: [TennIIS.Help@tn.gov](mailto:TennIIS.Help@tn.gov)
- VFC Help Desk: [TennIIS.VFC@tn.gov](mailto:TennIIS.VFC@tn.gov)
- VFC Enrollment Desk: [VFC.Enrollment@tn.gov](mailto:VFC.Enrollment@tn.gov) or (800) 342-1813

# Before Initial VFC Enrollment

## 1. Register as a TennIS user

- VFC enrollment requires an active TennIS user account (see next slide)

## 2. Mandatory Initial VFC Provider Training

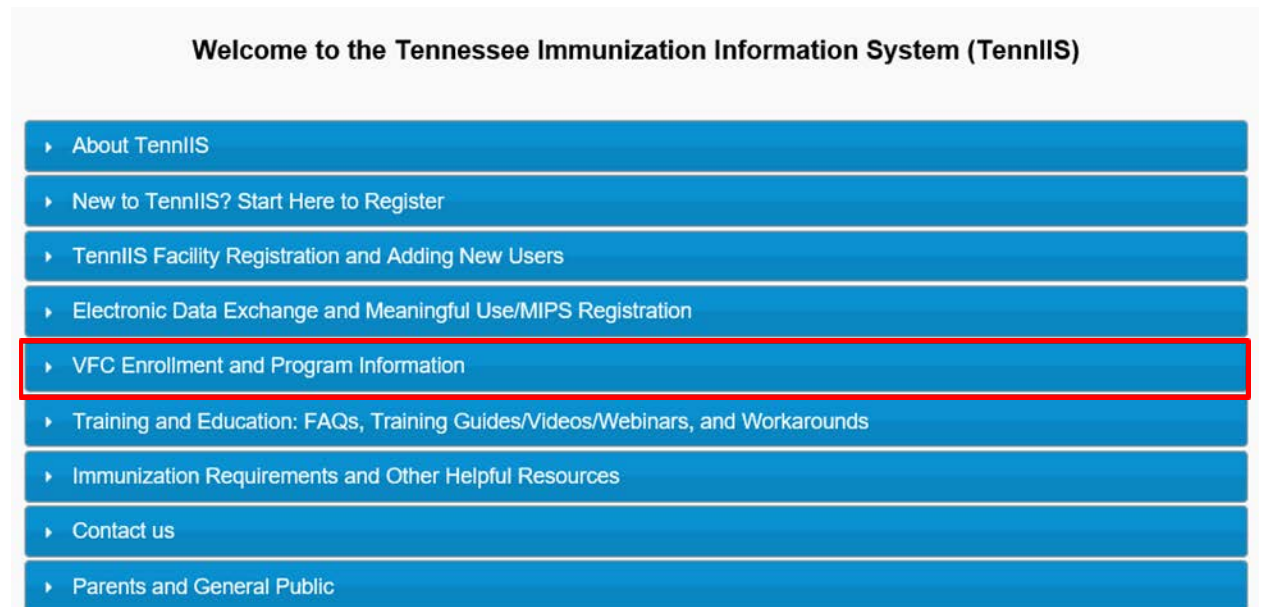
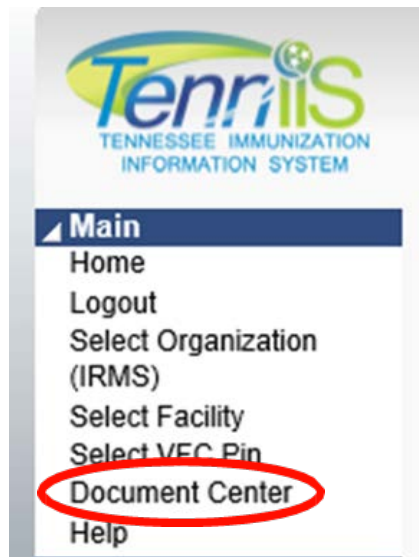
- The agreement signatory, as well as the primary & backup VFC Coordinators must complete the CDC's You Call the Shots (YCTS) **Modules 10** (Vaccine Storage and Handling), **16** (Vaccines for Children Program) & COVID-19 (What Healthcare Professionals Need to Know) for the current calendar year:  
<https://www.cdc.gov/vaccines/ed/youcalltheshots.html>
- New providers will have an Education/Compliance Site Visit once they have finished the TennIS online Provider Agreement and submitted all required documents to VFC Enrollment. New providers are still required to do the *You Call the Shots* in addition to completing the site visit.

# Registering for TennIIS

- Email [TennIIS.Registration@tn.gov](mailto:TennIIS.Registration@tn.gov) if:
  - Facility (or Organization) is not registered with TennIIS
  - An active TennIIS account needs to add, delete, or update users (Each user needs to have their own unique ID and password)
- Steps for new VFC Providers without TennIIS account:
  1. **Register** for a TennIIS account
  2. [TennIIS REDCap Link](#)
  3. **Send email** to [VFC.Enrollment@tn.gov](mailto:VFC.Enrollment@tn.gov)
    - Provide your organization/facility name (as set up in TennIIS) and a contact name along with their phone number and email address
    - Note your desire to enroll in the VFC Program

# Finding Enrollment Documents

- Information on Program and Enrollment
  - Required documents in two locations:



- **After signing into the secure area of TenniIS:** click the TenniIS Document Center on the Main Left-hand navigation bar
- **Public site:** From the Blue Bar on TenniIS home page, click “VFC Enrollment and Program Information” and from the drop down click the link to Tennessee Immunization Program page. Once on the page click on VFC Guidance Documents & Toolkits for Providers, **or use the link below:**

5 <https://www.tn.gov/health/cedep/immunization-program.html>



# Guidance & Toolkits found on TN.Gov

## Immunization Program

### Vaccines for Children (VFC) Program

VFC Guidance Documents & Toolkits

CDC You Call the Shots Training Modules

Fraud Prevention

Fact Sheets

Annual Immunization Review

### Immunization Requirements

Childcare - 12th Grade

Immunization Certificate Validation Tool

Immunization Summary Table

College Immunization Requirements

CDC Immunization Schedules

<https://www.tn.gov/health/cedep/immunization-program.html>

# Pre-Enrollment Check List – Do you have ...

1. Facility Registered in TennIS
2. Contact VFC Enrollment for preliminary discussion and handbook
3. Contact Quality Assurance to verify your vaccine storage units and receive information on temperature monitoring devices
4. Complete online Provider Agreement in TennIS
5. Proof of annual training for Agreement Signatory, Primary and Backup VFC Contacts
6. VFC documents - Routine and Emergency Vaccine Management Plan (REVMP) and three-page Provider Agreement (PA)
7. If applicable a confirmation letter of approval to be a Rural Health Clinic (RHC) or Federal Qualified Health Center (FQHC).

**If you answered YES to all – you are ready for your VFC Enrollment Site Visit!**

**Once the site visit is complete and the facility has passed, you will receive an acceptance letter from the VFC Enrollment Team.**

# 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 - 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.





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# Annual Enrollment Guided Instruction

# Starting Enrollment

- [www.tennesseeiis.gov](http://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

STC ONE

**TN**

# Select Your Facility

Logged in: STEPHANIE D. THOMPSON

Organization: VFC RE-ENROLLMENT ORGANIZATION (792455)

Date: January 04, 2024

**Select Facility**  
Choose a Facility for this session.

**Facility:** --select--

This will be used to limit your lot number selection when administering shots.

Cancel Continue

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 with the following elements:

- Header:** VOMS logo, search bar with filters for 'VFC RE-ENROLLMENT ORGANIZATION' and 'STEPHANIE'S TESTING SITE', and user profile icon.
- Left Navigation:** Home, Inventory, Orders & Returns, Cold Storage, **Provider Agreement** (highlighted), Reports.
- Notifications:** A blue box stating 'There Are No Notifications To Display'.
- Action Items:** An empty box.
- Facility Statistics:**

TOTAL PUBLIC INVENTORY	
Quantity: 0	\$0
3 MONTH PUBLIC WASTAGE SUMMARY	
Quantity: 0	\$0
- Vaccine Wastage Overview:** A line chart showing 0% wastage with the text '0 Vaccines Received' repeated four times at the bottom.
- Footer:** Version: 2.72.0, Database 5.104, ImmuCast v5.44.22.

Next, click **“Provider Agreement”**

\* Contact [VFC.Enrollment@tn.gov](mailto: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. To proceed, click **“Add”** to begin a new Provider Agreement.

The screenshot displays 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, and the current date is January 04, 2024. The organization/facility is identified as VFC RE-ENROLLMENT ORGANIZATION (792455) / STEPHANIE'S TESTING SITE. A navigation menu on the left includes options like 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 link for 'Instructions for completing Provider Agreements'. Below this, there is a search bar and a table header with columns: Select, Select Frozen Vaccine, PDF-Full, PDF Signature Page, Facility Name, PIN, Approval Status, Date, Approval Date, Expiration Date, and Create Organization. The table currently shows 'No data available in table' and 'Showing 0 to 0 of 0 entries'. Action buttons at the bottom include 'Add', 'Export Agreement', 'Export Provider', and 'Export Provider/Practice Profile'.

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

**Facility Address:**

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

**Vaccine Delivery Address:**

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

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

**Mailing Address:**

Check if mailing address is the same as facility address:

<b>Street Address:</b>	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:	
<b>VFC PIN:</b>	11111
Organization Name:	VFC RE-ENROLLMENT ORGANIZATION
<b>Facility Name:</b>	STEPHANIE'S TESTING SITE
<b>Agreement Signatory:</b>	SANDFORD BLATCH
<b>Agreement Signatory Title:</b>	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

**Vaccine Delivery Address:**  
Check if vaccine delivery address is the same as facility address:

**Street Address:**  
Street Address2:

**City:**

**State:** --select--

**County:** --select--

**Zip Code:**

If delivery address is the same as facility address, checking the box will pre-populate the address.

**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

- If delivery address is different from the 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:	
<b>Type1:</b>	Agreement Signatory (medical director or ec) ▾
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
<b>Type Of Training Received1:</b>	--select-- ▾
<b>Type2:</b>	Primary Vaccine Coordinator ▾
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
<b>Type Of Training Received2:</b>	--select-- ▾
<b>Type3:</b>	Back-up Vaccine Coordinator ▾
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
<b>Type Of Training Received3:</b>	--select-- ▾
<b>Type4:</b>	Facility ▾
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
<b>Type Of Training Received4:</b>	--select-- ▾

- 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, & Covid-19** for the current calendar year.
- A new Agreement Signatory must also complete "YCTS" & COVID-19 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>



# Phone Numbers 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 with extensions if available
  - Personal cell phones numbers are discouraged
- Use a work-related email address associated with the facility, not a personal email

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 <a href="http://www.cdc.gov/vacc">http://www.cdc.gov/vacc</a> ▼

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

[VFC.Enrollment@tn.gov](mailto: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 the 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 3<sup>rd</sup> and 4<sup>th</sup> 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:	
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.



# 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 every provider who will prescribe vaccines, click **“Save and Add Provider/Practice Profile”** to continue.

**Authorized Providers [Add/Edit]**

Last Name	First Name	Middle Initial	Title	Specialty
LAMB	MARY		DO	Family Medicine
<input checked="" type="radio"/> Yes <input type="radio"/> No	0000000012	1235896452		<input type="radio"/> Yes <input checked="" type="radio"/> No

Last Name	First Name	Middle Initial	Title	Specialty
WAYNE	BRUCE		PA	General Practice
<input checked="" type="radio"/> Yes <input type="radio"/> No	0000547892	6799087654		<input checked="" type="radio"/> Yes <input type="radio"/> No

Sort By:  Last Name  Status

Verify Current TennNIS Users

Back **Save and Add Provider/Practice Profile**



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# Provider/Practice Profile

# VFC-Eligible Children: Provider 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) <sup>1</sup>	35	43	39	117
VFC < 19 yrs No Health Insurance (Uninsured) <sup>2</sup>	9	153	616	778
VFC < 19 yrs American Indian/Alaskan Native <sup>3</sup>	0	0	0	0
VFC < 19 yrs Underinsured (FQHC, RHC, Health Dept only) <sup>4</sup>	0	0	0	0
<b>Total VFC:</b>	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) <sup>5</sup>	0	4	9	13
State CHIP-CoverKids (VFC Ineligible) <sup>6</sup>	1	1	4	6
<b>Total Non-VFC:</b>	1	5	13	19
<b>Total Patients</b> (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.**

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

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

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

<sup>4</sup> 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.

<sup>5</sup> 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).

<sup>6</sup> 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



# Complete, Accurate Profile Required

- 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			
	< 1 Year	1-6 Years	7-18 Years	Total
VFC < 19 yrs Enrolled in Medicaid (TennCare) <sup>1</sup>	2	3	5	10
VFC < 19 yrs No Health Insurance (Uninsured) <sup>2</sup>	0	6	0	6
VFC < 19 yrs American Indian/Alaskan Native <sup>3</sup>	0	0	6	6
VFC < 19 yrs Underinsured (FQHC, RHC, Health Dept only) <sup>4</sup>	0	9	0	9
<b>Total VFC:</b>	2	18	11	31
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) <sup>5</sup>	0	4	0	4
State CHIP-CoverKids (VFC Ineligible) <sup>6</sup>	0	0	18	18
<b>Total Non-VFC:</b>	0	4	18	22
<b>Total Patients</b> (must equal sum of Total VFC + Total Non-VFC):	2	22	29	53

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

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

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

<sup>4</sup> 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.

<sup>5</sup> 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).

<sup>6</sup> 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 \_\_\_\_\_

# Data Sources Used to Prepare Profile

- 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 **Save and Certify Frozen Vaccine**



TM

# Freezers & Refrigerators

# Acceptable Storage Units

- 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**

# Check Freezer Button

- 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
<b>Do you want to be certified for frozen vaccine (Varicella or MMRV)?</b>	<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.



# Required Questions

- 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

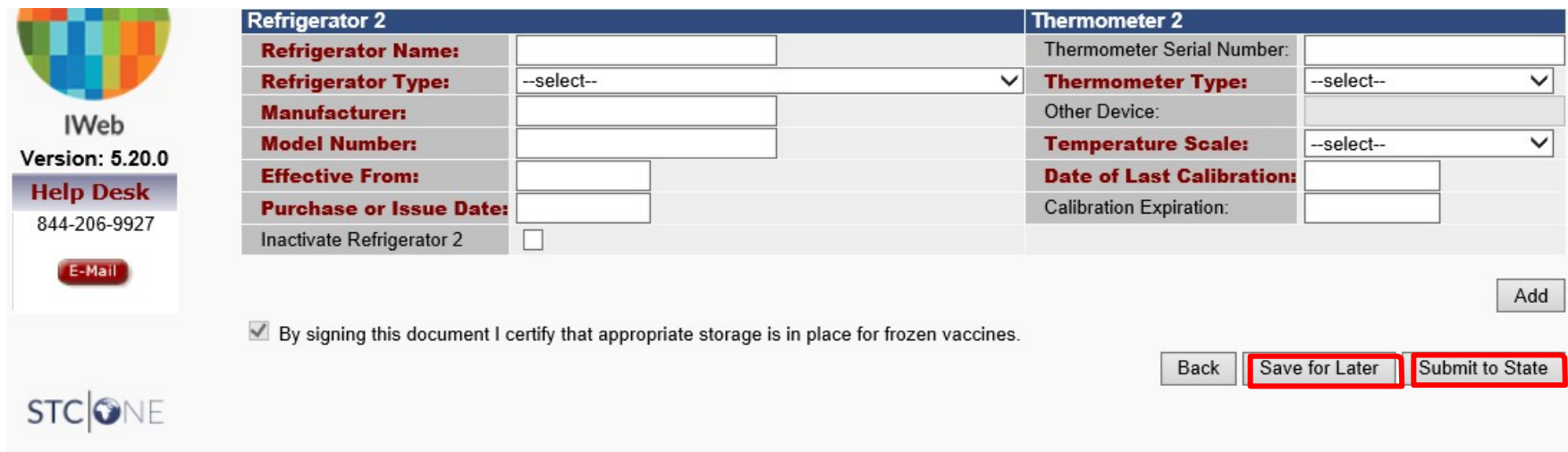
Inactive units cannot have the same name as another unit. The system will not allow you to save if two units have the same name.

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	Thermometer 1
Freezer Name: HISENSE	Thermometer Serial Number: 10050034691
Freezer Type: Stand-Alone Freezer (NO combination or dormitory style t	Thermometer Type: Digital Data Logger
Manufacturer: HISENSE	Other Device:
Model Number: LC50D6EWD	Temperature Scale: Celsius
Effective From: 03/31/2021	Date of Last Calibration: 05/23/2023
Purchase or Issue Date: 03/31/2021	Calibration Expiration: 05/23/2025
Is Ultra Cold Freezer: <input type="checkbox"/>	
Inactivate Freezer 1 <input type="checkbox"/>	
Refrigerator	Thermometer 1
Refrigerator 1	Thermometer 1
Refrigerator Name: FRIGIDARE	Thermometer Serial Number: 100500029974
Refrigerator Type: Stand-Alone Refrigerator (NO combination or dormitory st	Thermometer Type: Digital Data Logger
Manufacturer: FRIGIDARE	Other Device:
Model Number: FFRU17G8QW	Temperature Scale: Celsius
Effective From: 03/31/2021	Date of Last Calibration: 10/05/2022
Purchase or Issue Date: 03/31/2021	Calibration Expiration: 10/05/2024
Inactivate Refrigerator 1 <input type="checkbox"/>	

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

# Save or Submit Agreement

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



**Refrigerator 2**

<b>Refrigerator Name:</b>	<input type="text"/>
<b>Refrigerator Type:</b>	--select--
<b>Manufacturer:</b>	<input type="text"/>
<b>Model Number:</b>	<input type="text"/>
<b>Effective From:</b>	<input type="text"/>
<b>Purchase or Issue Date:</b>	<input type="text"/>
Inactivate Refrigerator 2	<input type="checkbox"/>

**Thermometer 2**

Thermometer Serial Number:	<input type="text"/>
<b>Thermometer Type:</b>	--select--
Other Device:	<input type="text"/>
<b>Temperature Scale:</b>	--select--
<b>Date of Last Calibration:</b>	<input type="text"/>
Calibration Expiration:	<input type="text"/>

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

[Back](#) [Save for Later](#) [Submit to State](#)

- 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

# Reviewing or Printing Your Agreement

- 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

The screenshot shows a table titled "Provider Search Results" with a search bar and a table of results. The table has columns for "Select", "PDF-Full", "PDF Signature Page", "Facility Name", "PIN", "Approval Status", "Date", "Approval Date", "Expiration Date", "Create Organization", "Delete", and "Hide". The first row of data is highlighted in blue and contains the following information: "1501 - COCKE CO. HEALTH DEPT.", "151001", "APPROVED", "12/13/2023", "03/06/2023", "03/04/2024". Red circles highlight the "Select" column header and the "Approval Status" column header. Red boxes highlight the "PDF-Full" and "PDF Signature Page" column headers and their corresponding links in the first row. The "Select" column contains two arrows pointing right. The "Approval Status" column contains the word "APPROVED". The "PDF-Full" column contains a link labeled "PDF". The "PDF Signature Page" column contains a link labeled "PDF Signature".

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

## REMINDERS:

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

# Final steps: Print/Submit Key Documents

- 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.**
    - Scan and email all documents to [VFC.Enrollment@tn.gov](mailto:VFC.Enrollment@tn.gov) fax to 615-401-6831.



# What Happens Next?

- Allow 7-10 business days for review process
- The Primary VFC Coordinator in TennIIS will receive an automated **message** in TennIIS and an email notice when the online agreement is “returned” or “approved”
  - Agreements 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



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](mailto:VFC.Enrollment@tn.gov) or at 800-342-1813.