

VFC Provider Online Enrollment Instructions

Re-enrollment for an Established Provider

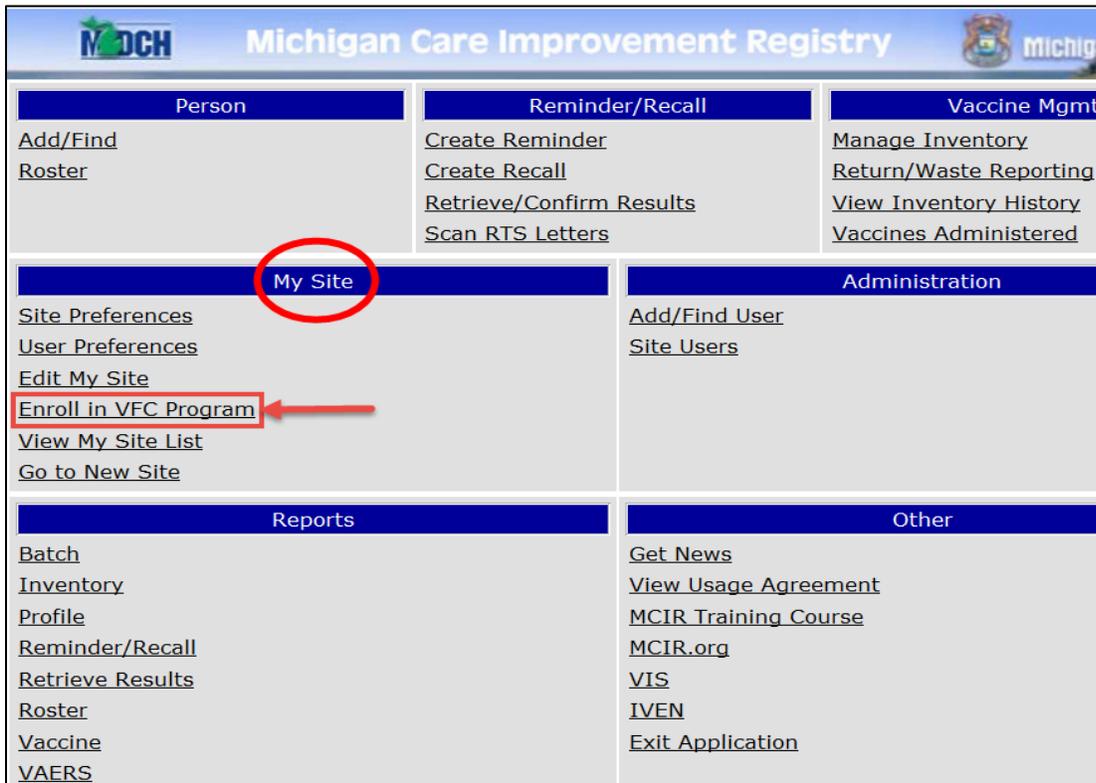
An established VFC provider needing to re-enroll into the VFC Program should select **Online Renewal** under **VFC Program** from their MCIR home page.



Person	Reminder/Recall	School/Childcare
Add/Find Roster	Create Reminder Create Recall Retrieve/Confirm Results Scan RTS Letters	IP-100 IP-101 My Schools My Childcares Edit News
Vaccine Mgmt	VFC Program	My Site
Manage Inventory Return/Waste Reporting Process Return/Waste Reports Search Return/Waste Reports View Inventory History Vaccines Administered	Place VFC Pediatric Orders Place Public Adult Orders Order History/Status Order Search Process Orders All Hazard Provider Roster Prebook Roster Process Enrollments Online Renewal	Site Preferences User Preferences Edit My Site View My Site List Go to New Site

New VFC Provider Enrollment

A new provider enrolling in the VFC Program for the first time should select **Enroll in the VFC Program** under **My Site** from their MCIR home page.



Person	Reminder/Recall	Vaccine Mgmt
Add/Find Roster	Create Reminder Create Recall Retrieve/Confirm Results Scan RTS Letters	Manage Inventory Return/Waste Reporting View Inventory History Vaccines Administered
My Site	Administration	Other
Site Preferences User Preferences Edit My Site Enroll in VFC Program View My Site List Go to New Site	Add/Find User Site Users	Get News View Usage Agreement MCIR Training Course MCIR.org VIS IVEN Exit Application
Reports	Other	
Batch Inventory Profile Reminder/Recall Retrieve Results Roster Vaccine VAERS		

The VFC Online Enrollment screen appears. Please note: The online enrollment process may be stopped at any point and continued later by clicking on the Save Changes button at the bottom of the page. Across the top of the screen you will see the **Enrollment Status**, **Last Action Date** and **Action Performed By**. This information is helpful if you do have to save the enrollment and come back and finish at a later time (highlighted below):

Under **Facility Information** everything will be grayed out except the **VFC Name**. Update your **VFC Name** if necessary. Verify your **Facility Type**. The **Facility Type** governs the **Provider Population** screens you will be required to fill out. *If you are unsure of your Facility Type, check with your local health department.*

VFC Online Enrollment
[Print Help](#)
[Home](#) [Exit](#)

Person
Rem/Rcl
VIM
VFC
My Site
Adm
Rpts
Oth

[Renewal](#)

Enrollment Status: Awaiting Further Action Last Action Date: 12/18/2015 Action Performed By: wildtd

Facility Information
Site Number: 20000109774

VFC Name*

County*

Designation FQHC RHC Neither

VFC Pin VFC Status*

Facility Type*

Approver

Cert. Expires

Last Site Visit

Contacts and Vaccines Offered
Storage Capacity
Provider Population
MI-VRP Profile

Enroll Date Renewal Date Check, if considered a Specialty Provider

Contact Information

VFC Medical Director: Dr. Neil R. See, MD VFC (269) 445-3874

[Add VFC Primary Contact*](#)

[Add VFC Backup Contact*](#)

Providers

Name	Phone	Email	Lic#/State	Type
Add Provider				
Kristy Alexander, NP VFC			4704235673/MI	Nurse Practitioner
Rebecca Kelln, PA VFC			5601006095/MI	Physician Assistant

Vaccines Offered

<input checked="" type="checkbox"/> DTaP	<input checked="" type="checkbox"/> Influenza	<input checked="" type="checkbox"/> Meningococcal	<input checked="" type="checkbox"/> Polio	<input checked="" type="checkbox"/> TD/Tdap
<input checked="" type="checkbox"/> Hepatitis A	<input checked="" type="checkbox"/> HIB	<input checked="" type="checkbox"/> MMR	<input checked="" type="checkbox"/> Rotavirus	<input checked="" type="checkbox"/> Varicella
<input checked="" type="checkbox"/> Hepatitis B	<input checked="" type="checkbox"/> HPV	<input checked="" type="checkbox"/> Pneum Conj (PCV13)	<input checked="" type="checkbox"/> Pneum Poly (PPV23)	

Vaccine Delivery Address

Street*

City* State Postal Code*

* Asterisk denotes required field

Save and Continue
Save Changes
Cancel

THREE tabs must be completed before your enrollment form can be submitted: **Contacts and Vaccines Offered**, **Storage Capacity**, and **Provider Population**. Please click the Save Changes button before moving from one tab to the next.

CONTACTS AND VACCINE OFFERED TAB

VFC Online Enrollment
[Print Help](#)
[Home](#) [Exit](#)

Person
Rem/Rcl
VIM
VFC
My Site
Adm
Rpts
Oth

Renewal

Enrollment Status: Awaiting Further Action Last Action Date: 12/18/2015 Action Performed By: wildtd

Facility Information
Site Number: 20000109774

VFC Name*

County*

Designation FQHC RHC Neither

VFC Pin VFC Status*

Facility Type*

Approver Van Buren Cass DHD-Cassopolis

Cert. Expires

Last Site Visit

Contacts and Vacines Offered	Storage Capacity	Provider Population	MI-VRP Profile
Enroll Date 02/12/1999 Renewal Date		<input type="checkbox"/> Check, if considered a Specialty Provider	?

Contact Information

VFC Medical Director: Dr. Neil R See, MD VFC (269) 445-3874

[Add VFC Primary Contact*](#)

[Add VFC Backup Contact*](#)

Providers

Name	Phone	Email	Lic#/State	Type
Add Provider				
Kristy Alexander, NP VFC			4704235673/MI	Nurse Practitioner
Rebecca Kelln, PA VFC			5601006095/MI	Physician Assistant

Vaccines Offered

<input checked="" type="checkbox"/> DTaP	<input checked="" type="checkbox"/> Influenza	<input checked="" type="checkbox"/> Meningococcal	<input checked="" type="checkbox"/> Polio	<input checked="" type="checkbox"/> TD/Tdap
<input checked="" type="checkbox"/> Hepatitis A	<input checked="" type="checkbox"/> HIB	<input checked="" type="checkbox"/> MMR	<input checked="" type="checkbox"/> Rotavirus	<input checked="" type="checkbox"/> Varicella
<input checked="" type="checkbox"/> Hepatitis B	<input checked="" type="checkbox"/> HPV	<input checked="" type="checkbox"/> Pneum Conj (PCV13)	<input checked="" type="checkbox"/> Pneum Poly (PPV23)	

Vaccine Delivery Address

Street*

City* State Postal Code*

* Asterisk denotes required field

Save and Continue
Save Changes
Cancel

The Enroll Date and Renewal Date will be grayed out. Check the Specialty Provider box if you are considered a Specialty Provider or are not offering all vaccines checked at the bottom of the screen (for example – you are a birthing hospital offering only Hepatitis B vaccine or an adolescent clinic seeing only teens and don't offer certain vaccines).

Under **Contact Information**, update/enter information for the **VFC Medical Director** who is taking responsibility for ensuring all staff follow the VFC Program guidelines. Enter information for both the **VFC Primary Contact** and the **VFC Backup Contact**. *The Primary and Backup VFC Contacts MUST be registered MCIR users.*

Contact Information

VFC Medical Director: Dr. Neil R See, MD VFC (269) 445-3874

[Add VFC Primary Contact*](#)

[Add VFC Backup Contact*](#)

This is what the **VFC Primary Contact** and **VFC Backup Contact** information gathering screen looks like:

Add Contact

Contact Information

Type* User*

Title First Name* MI Last Name* Suffix
 Primary
 Backup

Phone Numbers

Office* () - Ext

Fax () - Ext

Cell/Pgr () -

Email Address

Email*

Under **Providers**, all providers currently in the MCIR **Site Contacts** will be pre-populated on the screen. Review the providers listed, update information if necessary, and/or add new prescribing personnel. Verify that these providers participate in the VFC Program and remove medical personnel no longer within the practice, by clicking the  icon to delete the provider's information. Add all providers within the practice who will be prescribing vaccines (MD, DO, Pharmacist, NP or PA).

Providers				
Name	Phone	Email	Lic#/State	Type
Add Provider				
Kristy Alexander, NP VFC			4704235673/MI	Nurse Practitioner 
Rebecca Kelln, PA VFC			5601006095/MI	Physician Assistant 

This is what the **VFC Medical Director** and **Providers** information gathering screens look like:

Add Contact				
Contact Information				
Type*	Medical Doctor (MD) ▾			
Title	First Name*	MI	Last Name*	Suffix
▾				
License #		License State	▾	
NPI		Medicaid Prov. ID		
Specialty	Not Specified ▾			
Phone Numbers			Email Address	
Office	() -	Ext	Email	
Fax	() -	Ext		
Cell/Pgr	() -			
Submit			Cancel	

If the **Specialty Provider** box was checked, check all vaccines that will be offered.

If the **Specialty Provider** box is not checked, all the vaccine selections will be checked and grayed out.

Vaccines Offered				
<input type="checkbox"/> DTaP	<input type="checkbox"/> Influenza	<input type="checkbox"/> Meningococcal	<input type="checkbox"/> Polio	<input type="checkbox"/> TD/Tdap
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> HIB	<input type="checkbox"/> MMR	<input type="checkbox"/> Rotavirus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> HPV	<input type="checkbox"/> Pneum Conj (PCV13)	<input type="checkbox"/> Pneum Poly (PPV23)	

The **Vaccine Delivery Address** is pre-filled. Edit if needed.

Vaccine Delivery Address				
Street*	130 MEDICAL CENTER DR			
City*	CARLETON	State	MI	Postal Code* 48117-9461

STORAGE CAPACITY TAB

Contacts and Vaccines Offered **Storage Capacity** **Provider Population** **MI-VRP Profile**

All providers must have the appropriate equipment to store VFC vaccine. Based on the examples below, please indicate which refrigerator and/or freezer unit(s) best resembles the unit(s) found in your practice.

NOTE: CDC recommends that providers have stand-alone, pharmaceutical grade refrigerator and freezer units. Please review the VFC Resource Book for VFC Providers, Section II at www.michigan.gov/vfc for more information.

Description	P-Grd	FF	Log	Appl	Make/Model	Temp Log	Make/Model
Add Storage Device							
No storage devices found							

* Asterisk denotes required field

For EACH storage unit used to hold VFC vaccine, click on Add Storage Device and complete the information required. If you can't identify the Model, just enter the Make in the Model* section or some other identifying information.

Add/Edit Storage Device

Add/Edit Storage Device

Type Small Stand-alone Refrigerator

Desc Small Stand-alone Refrigerator (NO FREEZER COMPARTMENT)

Details

Is device designed for vaccine storage?* Yes No

Are you using a data temperature logger?* Yes No

Device: **Make** **Model***

Logger: **Make** **Model**

PROVIDER POPULATION TAB(S)

The provider population contains data that is pre-filled from the provider’s profile data from the previous calendar year, i.e. January 1, 2015-December 31, 2015. **NEW PROVIDERS must check the box next to the type of data used to determine provider population and enter estimated numbers for each eligibility category.**

Contacts and Vacines Offered	Storage Capacity	Provider Population			
<p>Provider Population based on patients seen during the previous calendar year. <i>Reports the number of children who received vaccinations at your facility, by age group. Only counts a child <u>once</u> based on the status at the last immunization visit, regardless of the number of visits made. The following table documents how many children received VFC vaccine, by category, and how many received non-VFC vaccine.</i></p>					
<p>Please check the type of data used to determine provider population (choose all that apply)</p> <p> <input type="checkbox"/> Benchmarking <input type="checkbox"/> Billing System <input type="checkbox"/> Doses Administered <input type="checkbox"/> MCIR <input type="checkbox"/> Medicaid Claims <input type="checkbox"/> Provider Encounter Data </p>					
VFC Vaccine Eligibility Categories		# of children who received VFC vaccine by age category			
		< 1 Year	1-6 Years	7-18 Years	TOTAL
Enrolled in Medicaid		0	0	0	0
No Health Insurance		0	0	0	0
Native American/Alaskan Native		0	0	0	0
Underinsured in FQHC/RHC or deputized facility ¹		0	0	0	0
Total VFC		0	0	0	0
Non-VFC Vaccine Eligibility Categories		# of children who received non-VFC vaccine by age category			
		< 1 Year	1-6 Years	7-18 Years	TOTAL
Other Underinsured ²		0	0	0	0
Insured (Private Pay)		0	0	0	0
Total Non-VFC		0	0	0	0
Total Patients (sum of Total VFC + Total Non-VFC)		0	0	0	0
<p>¹ Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance.</p> <p>In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate these underinsured children.</p> <p>² Other underinsured are children that are underinsured but are <u>not eligible</u> to receive federal vaccine through the VFC program because the provider or facility is not a FQHC/RHC or a deputized provider. However, these children may be served if vaccines are provided by the state program to cover these non-VFC eligible children.</p>					

High Risk Profile

**Only for participating clinics that are not eligible for the MI-VRP program (e.g. Teen Health Center)*

Run the Doses Administered report for the previous calendar year. Populate the profile with the number of Hep A and Hep B doses by age group from the report.

Contacts and Vacines Offered	Storage Capacity	Provider Population	High Risk Profile
Provider Profile The numbers under the Provider Profile are used to develop annual population estimates that are submitted to and used by CDC to determine Michigan's annual allocation of VFC funds. The aggregate numbers are also used to compare estimated vaccine needs with actual vaccine supply.			
Profile Table The following information must be based on data rather than estimates and should reflect the number of doses expected to be administered in a year. Generate a MCIR "Doses Administered Report" for past year with MI-VRP eligibility for all ages to determine numbers for table below (See Section III - Page 4, Michigan's VFC Resource Book).			
	< 19 years	≥ 19 years	TOTAL
Number of doses of Hepatitis A vaccine	0	0	0
Number of doses of Hepatitis B vaccine	0	0	0
ANNUAL TOTALS	0	0	0

** Asterisk denotes required field*

Save and Continue Save Changes Cancel

MI-VRP Profile

Only available to LHDs, FQHCs, Migrant Health Centers and Tribal Health Centers

Run the Doses Administered report for the previous calendar year. Populate the profile with the number of Hep A, Hep B, MMR, Td and Tdap doses for ≥19 years of age from the report.

Contacts and Vacines Offered	Storage Capacity	Provider Population	MI-VRP Profile
Provider Profile The numbers under the Provider Profile are used to develop annual population estimates that are submitted to and used by CDC to determine Michigan's annual allocation of VFC funds. The aggregate numbers are also used to compare estimated vaccine needs with actual vaccine supply.			
Profile Table The following information must be based on data rather than estimates and should reflect the number of doses expected to be administered in a year. Generate a MCIR "Doses Administered Report" for past year with MI-VRP eligibility, 19 years and older to determine numbers for table below (See Section III - Page 4, Michigan's VFC Resource Book).			
MI-VRP Eligibility Criteria	19 years & older		
Number of doses of Hepatitis A vaccine			0
Number of doses of Hepatitis B vaccine			0
Number of doses of Tdap vaccine			0
Number of doses of Td vaccine			0
Number of doses of MMR vaccine			0
ANNUAL TOTALS			0

** Asterisk denotes required field*

Save and Continue Save Changes Cancel

Universal Hep B Profile

Only available to Universal Hep B sites.

Enter the number of births in each category for the previous calendar year.

Contacts and Vacines Offered	Storage Capacity	Universal Hep B Profile
Provider Profile		
The numbers under the Provider Profile are used to develop annual population estimates that are submitted to and used by CDC to determine Michigan's annual allocation of VFC funds. The aggregate numbers are also used to compare estimated vaccine needs with actual vaccine supply.		
<i>NOTE: The following information must be based on data rather than estimates and should reflect the number of children expected to be born in a year.</i>		
Universal Hepatitis B Eligibility Criteria		Number of Births
Enrolled in Medicaid		<input type="text" value="0"/>
No Health Insurance		<input type="text" value="0"/>
Native American/Alaskan Native		<input type="text" value="0"/>
Underinsured		<input type="text" value="0"/>
Fully Insured/Private Pay (includes MICHild)		<input type="text" value="0"/>
ANNUAL TOTALS		<input type="text" value="0"/>
* Asterisk denotes required field		
<input type="button" value="Save and Continue"/>		<input type="button" value="Save Changes"/> <input type="button" value="Cancel"/>

Click on Save and Continue. The VFC Provider Agreement will display and enable entry of the electronic signature.

To review the enrollment, click **Review Enrollment**.

To complete the electronic signature, **enter the Medical Director's name previously entered on the enrollment form under the Contact Information section** and check the "I Agree" checkbox. (Be sure that you enter the Medical Director's name, NOT the name of the person filling out the form.) This enables the **Submit Completed Enrollment** button. **Once this button has been clicked, no further changes may be made to the enrollment application.**

13.	I agree to replace vaccine purchased with state and federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a <u>dose-for-dose</u> basis.
14.	I will report immunization records of any child born after January 1, 1994, and seen in my practice to the Michigan Care Improvement Registry (MCIR) according to the provision of Public Health Act 540 of 1996 (within 72 hours).
15.	I understand this facility or the Michigan Department of Health and Human Services may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the Michigan Department of Health and Human Services.

BY TYPING YOUR NAME BELOW, YOU AGREE THAT THE FOLLOWING IS TRUE: (1) YOU REPRESENT THAT YOU HAVE ACTUAL AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF PROVIDER: (2) THAT YOU HAVE READ THE TERMS STATED ABOVE: (3) YOU UNDERSTAND THE TERMS STATED ABOVE: (4) A PRINTOUT OF THE TERMS STATED ABOVE WILL CONSTITUTE AND "AGREEMENT" UNDER THE UNIFORM ELECTRONIC TRANSACTION ACT (MCL 450.831 et seq; Act 305 of 2000) AND (5) YOU (AND EACH LISTED PROVIDER) AGREE TO ABIDE BY ALL THE TERMS OF THE AGREEMENT STATED ABOVE.

Signature:*

I Agree:*

Please Note: fields displaying an asterisk are required

A .pdf version of the Provider Agreement will display that may be printed or saved.

VFC Online Enrollment [Print Help](#)
[Home](#) [Exit](#)

Person **Rem/Rcl** **VIM** **My Site** **Adm** **Rpts** **Oth**

[Site Preferences](#) [User Preferences](#) [Edit My Site](#) [View My Site List](#) [Go to New Site](#)

Please download and print the following agreement for your records before proceeding. If the form does not appear below, you can download it [here](#).

[Done](#)

MCIR SITE ID# **50012335302**
VFC PIN # **040005**

2016 VACCINES FOR CHILDREN PROGRAM PROVIDER AGREEMENT

FACILITY INFORMATION			
Facility Name: Alpena Regional Med Center		VFC Pin#: 040005	
Facility Address: 1501 W. Chisholm			
City: Alpena	County: No County	State: MI	Zip: 49707
Telephone: (989) 356-7368		Fax: (989) 356-7373	
Shipping Address (if different than facility address): 1501 W. Chisholm St.			
City: Alpena	County: No County	State: MI	Zip: 49707

MEDICAL DIRECTOR OR EQUIVALENT

Instructions: The official VFC registered health care provider signing the agreement must be a practitioner authorized to administer pediatric vaccines under state law who will also be held accountable for compliance by the entire organization and its VFC providers with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.

Last Name, First, MI: Conboy Leah	Title: Doctor	Specialty: Not Specified
License No.: 5101017389	Medicaid (optional):	National Provider Id (NPI): 1447456264

VFC VACCINE COORDINATOR

Click the **Done** button to send the enrollment information to your local health department for approval. You will then be returned to your home page in MCIR.

To view VFC Enrollment(s) at any time:
 From the main menu in MCIR under My Site, click on Edit My Site.

The screenshot shows the MCIR main menu with several navigation tabs: Person, Reminder/Recall, Vaccine Mgmt, My Site, Administration, Reports, and Other. The 'My Site' tab is circled in green. Under the 'My Site' tab, the 'Edit My Site' link is highlighted with a red box and a red arrow pointing to it.

Click on the VFC tab (1)
 Click on the Enrollment tab (2)

The screenshot shows the 'Details' page for Site Number 50012335302. The 'VFC' tab is highlighted with a red box and a red arrow labeled '1'. The 'Enrollment' tab is highlighted with a red box and a red arrow labeled '2'. The page includes fields for Name, County, Program, Facility Type, and MCIR Options.

At the bottom of the page under Enrollment Application, all VFC enrollments submitted online will be visible. Click on the enrollment and the .pdf version will populate.

The Status will be "Awaiting Approval" if it has not been approved by MDHHS:

Enrollment Application					
Description	Created By	Created	Status	Approved	Approver
VFC-Enrollment-20151216	garnc	12/16/2015	Awaiting Approval	03/09/2001	
View Past Applications					

The Status will be "Completed" if the enrollment has been approved by MDHHS:

Description	Created By	Created	Status	Approved	Approver
VFC-Enrollment-20151203	garnc	12/03/2015	Completed	12/09/2015	garnc
View Past Applications					