

MDHHS VFC ENROLLMENT & RE-ENROLLMENT INSTRUCTIONS (Revised 1-11-2023)

All new VFC Providers as well as established providers must complete this process via MCIR.

New VFC Providers who begin the VFC enrollment triggers the Local Health Department (LHD) to initiate contact for becoming a VFC provider. Before enrolling, review program information at www.michigan.gov/vfc.

Established Providers must re-enroll annually, which requires ensuring that all information is up-to-date and accurate in MCIR (including Universal Hepatitis B Providers, AVP Providers, etc.).

Important reminders:

- The re-enrollment link is activated each January and must be completed by the due date indicated by your LHD. MDHHS provides final review and will suspend providers not re-enrolled by April 1st.
- The last step of enrollment requires an electronic signature—This must be of the **VFC Medical Director**. **Rejection will occur if the signature is not that of the VFC Medical Director.**
- **Review ALL tabs in MCIR for accuracy** (contact information, storage units, etc.)
 - Changes must be updated as they occur. For changes to Primary or Backup VFC Contact after enrollment is complete, inform your LHD to ensure any required trainings are completed.
- Re-enrollment is also a valuable opportunity to complete Annual Training, review Management Plans, Emergency Response Plans, etc. See www.michigan.gov/vfc for these tip sheets and templates.

INSTRUCTIONS: Initiate this process according to your status (established or new) below:

Established VFC Provider:

From MCIR Home, Select **Enroll in VFC Program**



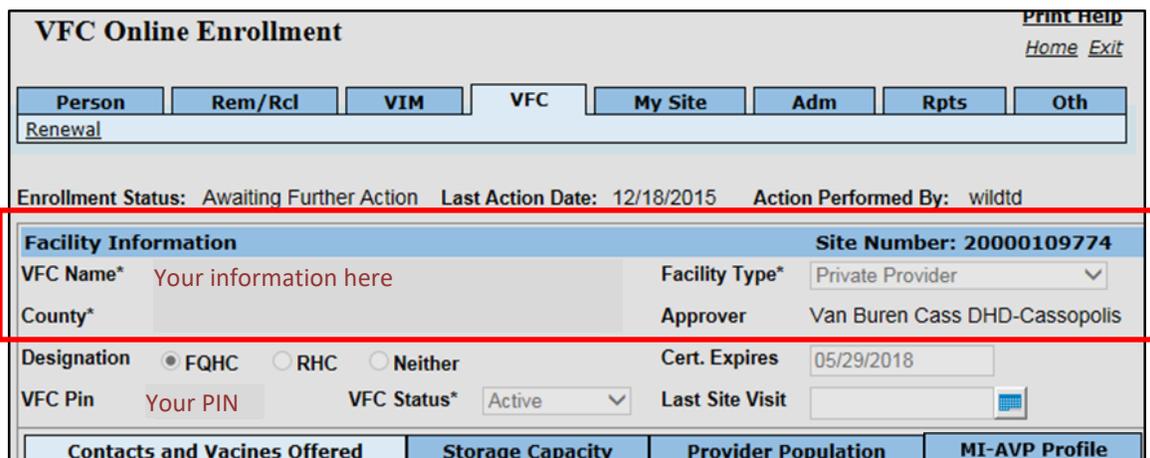
New VFC Provider:

From MCIR Home, select **Enroll in the VFC Program**



VFC Online Enrollment Screen appears next. Begin review as follows:

FACILITY INFORMATION: Review VFC Name and Facility Type. *If you are unsure, check with your LHD.*



A screenshot of the VFC Online Enrollment form. The 'Facility Information' section is highlighted with a red box. The form includes fields for VFC Name, Facility Type, County, Designation, VFC Pin, VFC Status, Site Number, Approver, Cert. Expires, and Last Site Visit. The 'Renewal' tab is selected in the top navigation bar.

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: wiltdt		
Facility Information				Site Number: 20000109774			
VFC Name*	Your information here			Facility Type*	Private Provider		
County*				Approver	Van Buren Cass DHD-Cassopolis		
Designation	<input checked="" type="radio"/> FQHC <input type="radio"/> RHC <input type="radio"/> Neither			Cert. Expires	05/29/2018		
VFC Pin	Your PIN		VFC Status*	Active	Last Site Visit		
Contacts and Vacines Offered		Storage Capacity		Provider Population		MI-AVP Profile	

All tabs must be reviewed before completion (a minimum of three tabs—some providers have more)

TAB 1: CONTACTS AND VACCINES OFFERED TAB

- Review all areas within “Contacts and Vaccines Offered” tab. See notes below:

The screenshot shows a web-based form for provider information. At the top, there are four tabs: "Contacts and Vaccines Offered" (highlighted in red), "Storage Capacity", "Provider Population", and "MI-AVP Profile". Below the tabs, the form contains several sections:

- Enrollment Info:** "Enroll Date" (02/12/1999) and "Renewal Date" (with a "See note 5" arrow pointing to a checkbox "Check, if considered a Specialty Provider").
- Contact Information:** "VFC Medical Director: VFC Medical Director here" and "Add VFC Primary Contact*" (with a "See note 1" arrow). Below it is "Add VFC Backup Contact*" (with a "See note 2" arrow) and the text "Designated VFC Primary & Backup Coordinators here".
- Providers:** A table with columns: Name, Phone, Email, Lic#/State, Type. It contains two rows of placeholder text: "Provider name here with indicated details (phone, license #, etc.)". A "See note 3" arrow points to this section.
- Vaccines Offered:** A grid of checkboxes for various vaccines: DTaP, Hepatitis A, Hepatitis B, Influenza, HIB, HPV, Meningococcal, MMR, Pneum Conj (PCV13), Polio, Rotavirus, Pneum Poly (PPV23), TD/Tdap, and Varicella. A "See note 4" arrow points to this section.
- Vaccine Delivery Address:** Fields for "Street*", "City*" (CASSOPOLIS), "State" (MI), and "Postal Code*" (49031-1023). A "See note 5" arrow points to the "City*" field.

At the bottom, there are three buttons: "Save and Continue", "Save Changes", and "Cancel". A note at the bottom left states: "* Asterisk denotes required field".

Notes:

- Contact Information: VFC Medical director** is the responsible party and ensures all staff follow VFC guidelines. **VFC Primary Contact** and **Backup**: must be trained on procedures for vaccine shipments, storage and handling, transport, and inventory management. *MUST be registered MCIR users.*
- Providers:** Include all providers who will prescribe vaccines (MD, DO, PharmD, NP, PA).
- Vaccines Offered:** VFC providers must offer all ACIP vaccines for their population—which auto-populates for most. Specialty providers must provide all vaccines for their specialty (see note 5).
- Vaccine Delivery Address:** review for accuracy and provide any updates
- Specialty Provider:** Not applicable for most providers. This is only to be check marked if you are a Specialty Provider and offer certain vaccines (ie: birthing hospital, teen clinic, etc.). The LHD can assist in determining this if needed. If **Specialty Provider** box is checked, select vaccines offered.

TAB 2: STORAGE CAPACITY

- Select the next tab for review: “Storage Capacity”

Contacts and Vacines Offered	Storage Capacity	Provider Population	MI-AVP Profile	
<p>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.</p> <p><i>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.</i></p>				
Description	P-Grd	FF	Log Appl Make/Model	Temp Log Make/Model
Add Storage Device				
No storage devices found				

- For all storage units, click “Add Storage Unit” and complete information below (unit information and corresponding data logger information). If you are unable to identify the Model, enter the Make (or other identifying information) in this section.

Add/Edit Storage Unit ✕

Add/Edit Storage Unit

Type	Small Stand-alone Refrigerator ▼		
Desc	Small Stand-alone Refrigerator (NO FREEZER COMPARTMENT) ^		
Details			
Is unit designed for vaccine storage?*		<input type="radio"/> Yes <input type="radio"/> No	
Are you using a data temperature logger?*		<input type="radio"/> Yes <input type="radio"/> No	
Unit: Make	<input type="text"/>	Model*	<input type="text"/>
Logger: Make	<input type="text"/>	Model	<input type="text"/>

TAB 3: PROVIDER POPULATION

- Select “Provider Population” tab: This a projection of the children served annually in the practice who need immunizations and the portion of those patients eligible for VFC vaccines.
- For established providers, this auto-populates from the previous year. For new providers with MCIR data, generate a **Provider Profile Data** report (under Vaccine—Reports) and enter this data. For brand new practices, you must enter the data manually and indicate data source.
- For assistance running reports, see www.michigan.gov/vfc “Provider Profile”

Contacts and Vacines Offered	Storage Capacity	Provider Population			
<p>Provider Population based on patients seen during the previous calendar year. 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.</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

TABS AVAILABLE TO CERTAIN PROVIDERS:

High Risk Profile: Only for participating clinics not eligible for the MI-AVP program (e.g. Teen Health Center)

- Run a **Doses Administered** report for the previous calendar year. Populate accordingly:

Contacts and Vacines Offered	Storage Capacity	Provider Population	High Risk Profile	
<p>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.</p> <p>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).</p>				
		< 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

MI-AVP Profile: Only for LHDs, FQHCs, Migrant Health Centers and Tribal Health Centers

- Run a **Doses Administered** report for the previous calendar year. Populate accordingly:

Contacts and Vacines Offered	Storage Capacity	Provider Population	MI-AVP 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			<input type="text" value="0"/>
Number of doses of Hepatitis B vaccine			<input type="text" value="0"/>
Number of doses of Tdap vaccine			<input type="text" value="0"/>
Number of doses of Td vaccine			<input type="text" value="0"/>
Number of doses of MMR vaccine			<input type="text" value="0"/>
ANNUAL TOTALS			<input type="text" value="0"/>

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"/>

Once all updates are performed, click "Save and Continue" at bottom of screen:



FINAL STEPS:

- Provide electronic signature for the **VFC Medical Director** (indicated previously on the “contact information tab”. Enrollment will be rejected if this is not signed appropriately.)
- Select “I Agree”
- This enables the **Submit Completed Enrollment** button. **Once selected, no further changes may be made.** This must be selected in order to submit enrollment for processing.

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:*

- Click the **Done** button to send the enrollment information to LHD for approval.

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

- For NEW providers, the LHD will contact you for the next steps in becoming a VFC provider.
- For established providers, the LHD will contact you if necessary.

REVIEWING ENROLLMENT STATUS OF SUBMISSION/APPROVAL:

- From MCIR Home Screen, select “Edit My Site”

My Site

[Site Preferences](#)

[User Preferences](#)

[Edit My Site](#)

[View My Site List](#)

[Go to New Site](#)

VFC TAB:

- Scroll to the tabs below and select the “VFC” tab
- Click on the “Enrollment” tab

Import/Export
 Transfer

Follow Up
 Sickle Cell

Contact Information **MCIR Users** **Site Contacts** **VFC** **Business Hours**

VFC Name* Your information here Facility Type* Hospital

VFC Pin* Your PIN here VFC Status* Active Last Site Visit

E Ordering **Shipping** **Storage** **Enrollment**

- Under “Enrollment Application”, all VFC enrollments submitted online will be visible.
- 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					