

# VFC & VFAAR

## Enrollment Job Aid

Use this Cheat Sheet to guide you through completing the Vaccines for Children (VFC) or Vaccines for Adults at Risk (VFAAR) enrollment form.

Have any questions about the enrollment process? Contact our Immunization Education Coordinators! You can email them at [DPHProviderHelp@phila.gov](mailto:DPHProviderHelp@phila.gov).

## Preparation

### Step 1

**Update your clinic information before you start the enrollment form.**

- [Access our Clinic Address & Delivery Hour Update Guide here.](#)
- [Access our Staff Changes Job Aid here.](#)

Make sure that each staff member has all of the required information based on their contact type. All prescribing clinicians (i.e. MD, DO, PA, NP, CRNP) at your site need to be added as a Physician Contact.

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## Complete the Enrollment Form

### Step 2

Reach out to the appropriate staff or department to get the patient population for your site. You'll need this information to complete your enrollment form.

VFC providers will need counts for children <1, 1- 6 and 7-18 for each of these categories for the last 12 months:

- American Indian or Alaska Native
- Does not have health insurance
- Is enrolled in Medicaid
- Is underinsured (Federally Qualified Health Centers (FQHCs) only)
- Not VFC eligible (has Private or CHIP health insurance)

VFAAR providers will need counts of uninsured and insured adults in the following age categories for the last 12 months:

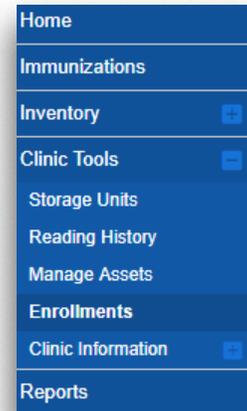
- 19 - 26
- 27- 49
- 50 - 64
- 65 and older

Have questions about how to get this information? Email us at [DPHProviderHelp@Phila.gov](mailto:DPHProviderHelp@Phila.gov).

### Step 3

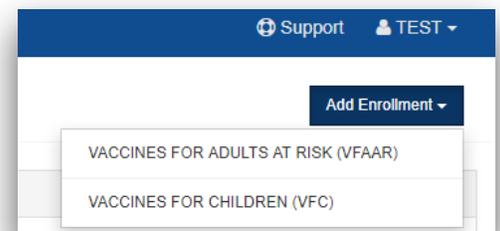
To open the enrollment form, click on **Clinic Tools** then **Enrollments** on the left hand side menu. On the screen that opens, click on **Add Enrollment** on the right hand side and select either VFC or VFAAR.

**Sites that are both VFC and VFAAR will need to submit enrollments for both programs.**



### TIP: + and -

Click on the "+" symbol to expand the enrollment form sections. Once finished with a section, you can close the section by clicking on the "-" symbol. During enrollment, you will need to expand each section and verify the information within.



# VFC & VFAAR Enrollment Job Aid

## Step 4

Move through each section of the enrollment form, outlined here:

### Part 1: Preparation

- Checklist
- Required Staff & Staff Training
- Delivery Hours

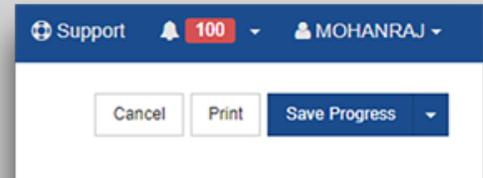
### Part 2: Required Forms

- **Provider/Clinic Profile**
  - Review Facility/Clinic Info\*
  - Vaccines Offered (VFC only) (Step 5)
  - Provider/Clinic Population (Step 6)
  - Source of Data
- **Provider/Clinic Agreement**
  - Review Facility/Clinic Info\*
  - Review Medical Director\*
  - Review Vaccine Coordinators\*
  - Prescribing Staff Members (Step 7)
  - Primary Agreement (Step 8)

\*For the sections marked with an asterisk, click on the blue links to edit the information as you move through the form. (Be sure to save **before** clicking on the links found throughout the enrollment form).

## TIP - SAVE OFTEN

The system will NOT automatically save your work. Save often as you work through your enrollment. Always save before clicking on any links that take you to a different page or website.



To save, click on the **Save Progress** button at the top right of the screen.

## TIP - GREEN CHECKS



Your enrollment form is complete and finished once all the sections have green checks.

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## Step 5

**VFC providers only.** (VFAAR providers can move to Step 6): In section 2 you'll need to indicate the vaccines you offer.

Select **'All ACIP Recommended Vaccines for children 0 through 18 years of age'** if you see pediatric patients of all ages.

Select **'Offers Select Vaccines'** if you see a specific age group within the general population of children ages 0-18 (e.g., 5 - 18 years olds) or a defined population due to the practice specialty (e.g., OB/GYN; STD clinic; family planning). **Indicate the specific vaccines that you will have on hand for VFC eligible patients.**

VACCINES FOR CHILDREN (VFC) 2020 ? i

Status: Not Submitted Cancel Print Save Progress

✓ Delivery Hours +

**2. Required Forms**

⚠ Provider / Clinic Profile -

⚠ Review Facility/Clinic Information +

⚠ Vaccines Offered -

All ACIP Recommended Vaccines for children 0 through 18 years of age.  Offers Select 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 (1) a defined population due to the practice specialty (e.g., OB/GYN, STD clinic, family planning) or (2) a specific age group within the general population of children ages 0-18. 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.

<input type="checkbox"/> DTaP	<input type="checkbox"/> Hepatitis A
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> HIB
<input type="checkbox"/> HPV	<input type="checkbox"/> Influenza
<input type="checkbox"/> Meningococcal Conjugate	<input type="checkbox"/> MMR
<input type="checkbox"/> Pneumococcal Conjugate	<input type="checkbox"/> Pneumococcal Polysaccharide
<input type="checkbox"/> Polio	<input type="checkbox"/> Rotavirus
<input type="checkbox"/> TD	<input type="checkbox"/> Tdap
<input type="checkbox"/> Varicella	<input type="checkbox"/> Other, specify

Close Section

⚠ Provider/Clinic Population +

## Step 6

Under **Provider/Clinic Populations** provide the patient population counts for the indicated age ranges and eligibility statuses for the last 12 months. Enter "0"s into the fields that you don't have qualifying patients. Indicate the source of the data provided.

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### Step 7

Confirm that the entered **Prescribing Staff Members** information from clinic tools is correct. Check that all the clinicians' names match what is listed on their license and that their title (i.e. MD, DO, PA, NP, CRNP) and license number is indicated before checking the box to confirm this section.

### Step 8

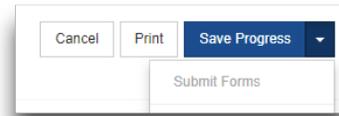
Have your **Medical Director** (Physician Signing Agreement) log into PhilaVax and click on the **Agreement** button to electronically sign the enrollment form. For sites that are both VFC and VFAAR, a separate electronic signature by the medical director is needed.

**Only the Medical Director has the permissions needed to sign the form.** Share [this guide](#) with your Medical Director.



### Step 9

Submit the form by clicking on the arrow next to **Save Progress** to send your enrollment form to the Immunization Program for review.



## Congratulations! You are done!

**We'll contact you if there are any issues with your site's enrollment form.** If it says rejected, review the comments from our staff, address any issues and resubmit the form. Once the form is approved, print a copy for your records.