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
   • TennIIS Help Desk: TennIIS.Help@tn.gov or (844) 206-9927
   • VFC Help Desk: VFC.Help@tn.gov
   • VFC Enrollment Team: VFC.Enrollment@tn.gov or (800) 404-3006
   • Quality Assurance Team: Temperature.Health@tn.gov or (800) 404-3006
Before Initial VFC Enrollment

1. Register as a TennIIS user
   – VFC enrollment requires an active TennIIS user account (see next slide)

2. Contact Quality Assurance
   – New providers will need to contact Quality Assurance to have the vaccine storage units approved (temperature.health@tn.gov)

3. 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) 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 TennIIS 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** 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. **Receive email** from TennIIS staff confirming setup in TennIIS
  3. **Send email** to **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:
      - [https://www.tn.gov/health/cedep/immunization-program.html](https://www.tn.gov/health/cedep/immunization-program.html)
## Guidance & Toolkits found on TN.Gov

### Immunization Program

<table>
<thead>
<tr>
<th>Vaccines for Children (VFC) Program</th>
<th>Immunization Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>VFC Guidance Documents &amp; Toolkits</td>
<td>Childcare – 12th Grade</td>
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<tr>
<td>CDC You Call the Shots Training Modules</td>
<td>Immunization Certificate Validation Tool</td>
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[https://www.tn.gov/health/cedep/immunization-program.html](https://www.tn.gov/health/cedep/immunization-program.html)
Pre-Enrollment Check List – Do you have ...

1. Facility Registered in TennIIS
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 TennIIS
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:
    - Google Chrome

  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 Google Chrome.
Annual Enrollment
Guided Instruction
Starting Enrollment

- www.tennesseeiis.gov

Go to TennIIS home page and login to TennIIS account
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 in the “Orders/Transfers” menu.
Select Provider Agreement

Click on “Orders/Transfers” to open drop-down menu

Next, click “Provider Agreement”

* 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. To proceed, click “Add” to begin a new Provider Agreement.
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
Agreement Signatory = Responsible Party

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

- Current PIN will pre-populate field

- This is the “responsible provider” who signs the VFC Provider Agreement & Routine and Emergency Vaccine Management Plan (REVMP), accepting responsibility for VFC participation.

- Returning Providers select the last year enrolled.
- New Providers leave this blank.

- Disregard “Information Sharing” – Do Not Check.

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

![Image of vaccine delivery address form]

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

• 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.

• **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](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

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

VFC.Enrollment@tn.gov
VFC Providers are required to provide/offer all child and adolescent ACIP Recommended Vaccines.

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

Use the drop-down lists to adjust times the facility is open and able to receive vaccine shipments.

Ensure the box is checked 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.

Times are based on a 24-hour clock.

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.

Select facility type using the drop-down list.

Facility Type: Private: Private Practice (solo/group/HMO)
Facility Comments:
Returning to a Saved Agreement

- You may edit or complete a saved application on the Provider Agreement screen
- Click the arrow button under “Select” to re-enter an open agreement and make changes

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”

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.

The Agreement Signatory may be a PA or APN. This provider 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

If the Agreement Signatory is a PA or APN, the supervising physician must also be listed

• License Numbers
  – Enter names exactly as shown on the license
    • VFC Enrollment cannot verify the license if the name is different
  – Use the highest level license number
    • If a person is licensed as a 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/
Once all required information is entered for every provider who will prescribe vaccines, click “Save and Add Provider/Practice Profile” to continue.
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

<table>
<thead>
<tr>
<th>VFC Vaccine Eligibility Categories</th>
<th># of children who received VFC Vaccine by Age Category</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt; 1 Year</td>
</tr>
<tr>
<td>VFC &lt; 19 yrs Enrolled in Medicaid (TennCare)</td>
<td>35</td>
</tr>
<tr>
<td>VFC &lt; 19 yrs No Health Insurance (Uninsured)</td>
<td>0</td>
</tr>
<tr>
<td>VFC &lt; 19 yrs American Indian/Alaskan Native</td>
<td>0</td>
</tr>
<tr>
<td>VFC &lt; 19 yrs Underinsured (FGHC, RHC, Health Dept only)</td>
<td>44</td>
</tr>
<tr>
<td><strong>Total VFC:</strong></td>
<td><strong>44</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-VFC Vaccine Eligibility Categories</th>
<th># of children who received non-VFC Vaccine by Age Category</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt; 1 Year</td>
</tr>
<tr>
<td>Private/Commercial Insurance (all ages)</td>
<td>0</td>
</tr>
<tr>
<td>State CHIP-CoverKids (VFC Ineligible)</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Non-VFC:</strong></td>
<td><strong>1</strong></td>
</tr>
</tbody>
</table>

**Total Patients** (must equal sum of Total VFC + Total Non-VFC):

- 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 (FGHC) 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 FGHC, RHC, or public health department and the vaccine administered is eligible for VFC funding.
- 5 Client does not qualify for federally-funded VFC/G17 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: Electronic medical record
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.

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**Provider/Practice Profile**

<table>
<thead>
<tr>
<th>VFC Vaccine Eligibility Categories</th>
<th># of children who received VFC Vaccine by Age Category</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled in Medicaid</td>
<td>150</td>
<td>150</td>
</tr>
<tr>
<td>No health insurance</td>
<td>100</td>
<td>50</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Underinsured in FQHC/RHC or deputized facility *1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total VFC:</td>
<td>260</td>
<td>202</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-VFC Vaccine Eligibility Categories</th>
<th># of children who received non-VFC Vaccine by Age Category</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insured (private pay/health insurance covers vaccines)</td>
<td>300</td>
<td>300</td>
</tr>
<tr>
<td>Insured (Private)</td>
<td>200</td>
<td>100</td>
</tr>
<tr>
<td>Children's Health Insurance Plan CHIP (CoverKids) *2</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Total Non-VFC:</td>
<td>506</td>
<td>410</td>
</tr>
<tr>
<td>Total Patients (must equal sum of Total VFC + Total Non-VFC)</td>
<td>756</td>
<td>612</td>
</tr>
</tbody>
</table>

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*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.

*2 In addition, to receive VFC vaccine, uninsured 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 uninsured children.

*3 CHIP – Children enrolled in the state Children's Health Insurance Program (CHIP). These children are considered insured and are not eligible for vaccines through the VFC program. Each state provides specific guidance on how CHIP vaccine is purchased and administered through participating providers.
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
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.

**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.
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

<table>
<thead>
<tr>
<th>Freezer 1</th>
<th>Thermometer 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Freezer Name:</strong></td>
<td><strong>Thermometer Serial Number:</strong></td>
</tr>
<tr>
<td><strong>Freezer Type:</strong></td>
<td><strong>Thermometer Type:</strong></td>
</tr>
<tr>
<td><strong>Manufacturer:</strong></td>
<td><strong>Other Device:</strong></td>
</tr>
<tr>
<td><strong>Model Number:</strong></td>
<td><strong>Temperature Scale:</strong></td>
</tr>
<tr>
<td><strong>Effective From:</strong></td>
<td><strong>Date of Last Calibration:</strong></td>
</tr>
<tr>
<td><strong>Purchase or Issue Date:</strong></td>
<td><strong>Calibration Expiration:</strong></td>
</tr>
<tr>
<td><strong>Inactivate Freezer 1</strong></td>
<td><strong>Add</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Refrigerator 1</th>
<th>Thermometer 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Refrigerator Name:</strong></td>
<td><strong>Thermometer Serial Number:</strong></td>
</tr>
<tr>
<td><strong>Refrigerator Type:</strong></td>
<td><strong>Thermometer Type:</strong></td>
</tr>
<tr>
<td><strong>Manufacturer:</strong></td>
<td><strong>Other Device:</strong></td>
</tr>
<tr>
<td><strong>Model Number:</strong></td>
<td><strong>Temperature Scale:</strong></td>
</tr>
<tr>
<td><strong>Effective From:</strong></td>
<td><strong>Date of Last Calibration:</strong></td>
</tr>
<tr>
<td><strong>Purchase or Issue Date:</strong></td>
<td><strong>Calibration Expiration:</strong></td>
</tr>
<tr>
<td><strong>Inactivate Refrigerator 1</strong></td>
<td><strong>Add</strong></td>
</tr>
</tbody>
</table>

**Required** - Serial Number and Calibration Expiration Date

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

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

• 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.
- The REVMP must reflect the online Provider Agreement

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 TennIIS
  - The 3-page Provider Agreement signed by the Agreement Signatory
  - Routine and Emergency Vaccine Management Plan (REVMP) all pages (1-15)
    1. Pages 2, 11, and 15 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 & Email all documents to [VFC.Enrollment@tn.gov](mailto:VFC.Enrollment@tn.gov) or fax to 615-401-6831.
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”
  – 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 or at 800-404-3006.

VFC Enrollment Team