

Florida SHOTS™

VACCINES FOR CHILDREN ANNUAL ENROLLMENT IN FLORIDA SHOTS

Contact Information

www.flshots.com

Free help desk:

877-888-SHOT (7468)

Monday – Friday, 8 A.M. to 5 P.M. Eastern



ENROLLING IN VFC

STEP 1: Log onto Florida SHOTS.

Access VFC enrollment through your **Florida SHOTS** account.

Note: Only the VFC primary contact, secondary contact or the enrollee in your office has access to complete the “VFC Annual Enrollment” and update the “Provider Agreement” and “Provider Profile.”

STEP 2: Review the “User Task List.”

If you are a primary contact, secondary contact, or the enrollee and your reenrollment is due within the next 60 days, you will receive a notification on your “User Task List” to re-enroll with the VFC Program. If you do not have this notification on your task list this could mean you are not one of the individuals who can complete the re-enrollment, or it is not time for your office to re-enroll.

USER TASK LIST			Show Help Text
User Task List			
Item Nbr	Group Desc	Item Description	
2	Re-enrollment	Re-enroll in VFC	
3	Temperature Logging	Missing Temperature Reading	

STEP 3: Review and update your “Service Site List.”

The **first step in the VFC enrollment process** is updating the details regarding your service site. To update this, you need to select “Administration” from the left-hand menu, click “Service Site List.”

Task List
Patients
Reminder Recall
Vaccine Inventory
Assess Imm Levels
Reports
Administration
Change Password
Security Question Edit
Organization Edit
Personnel List
Service Site List

ENROLLING IN VFC

This will bring up a list of VFC PINs within your organization. Select your PIN from the list to edit the service site; this will bring you to the “Site Maintenance” page.

SITE MAINTENANCE [Show Help Text](#)

SWEET PEDIATRICS [View Org Info](#) [Return to Order Requests](#)

Site Name: * Default Site: ☒ Archived: ☐

Provider Site ID: National Prov ID:

Administers Vaccs: ☒ Is Central Ordering Site: ☐ Last Reminder Recall:

Site Type: * Other (specify):

VFC PIN: 700376 VFC EID: 2416

FLSHOTS Service Site Address **VFC Shipping Address** **VFC Mailing Address**

Line 1: * ☒ Same as Service Site Address ☒ Same as VFC Shipping Address

Line 2:

City: *

State: * Zip: *

County: *

FLSHOTS Service Site Contact Info **VFC Shipping Contact Info**

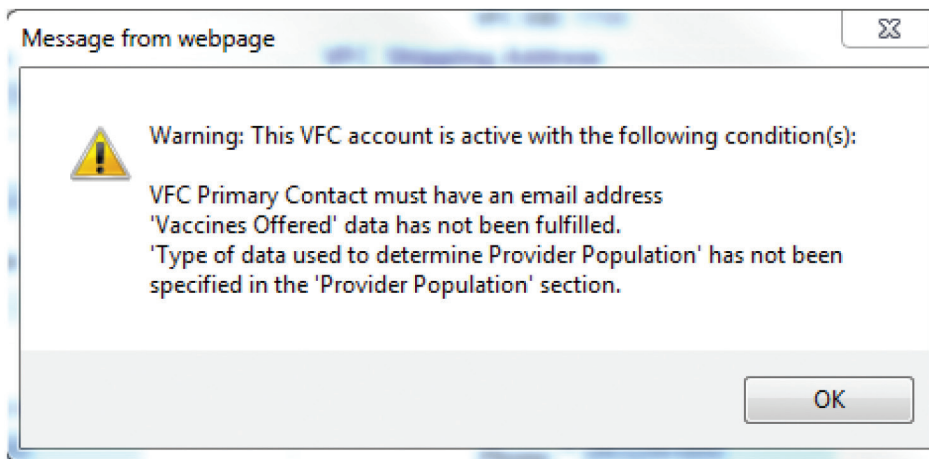
Phone: * ☒ Same as Service Site Contact Info

Fax: * Contact: [FARRAR, KEENAN](#) [Change](#)

Email: 2nd Contact: [SWEET, MEGAN](#) [Change](#)

Contact: [BROWN, CHARLIE](#) [Change](#)

A warning may pop up with information that is missing from your service site maintenance page. **You will need to complete all tasks in this message.** The following example shows two common messages you may see in this pop-up; other examples are listed below.



Warning: “Enrollee is not designated in Florida SHOTS as a System User”

The enrollee **must** have a [Florida SHOTS](#) user ID and password to e-sign the enrollment form. Contact your Local Org Administrator or your VFC representative to complete this task.

Warning: “VFC Primary Contact must have an email address”

If you receive this warning, your VFC primary contact does not have an email address on file, and you **will need to contact your VFC Program representative at 1-877-888-7468** to complete this step before you can proceed.

ENROLLING IN VFC

Warning: “ ‘Vaccines Offered’ data has not been fulfilled”

To complete this request, scroll to the bottom of the “Site Maintenance” page and click “Vaccines Offered.” Select which vaccines are offered at your clinic. Most VFC providers offer all ACIP-recommended vaccines, so this option is the default selected within the system. If you only offer select vaccines, click the second option listed (“Offers Select Vaccines”) and then select each vaccine offered in your practice.

☐ Ordering Profile

☐ Delivery Time 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.

Warning: “ ‘Type of data used to determine Provider Population’ has not been specified in the ‘Provider Population’ section.”

To complete this request, scroll to the bottom of your “Site Maintenance” page and click “Provider Population.” You will need to report the number of children who received vaccinations at your facility in the past year, by age group. The numbers that are pre-filled are your eligibility numbers from your last VFC enrollment. You will also need to check the box that indicates the type of data your site used to determine the provider population.

☒ **Provider Population**

Provider Population based on patients seen during the previous 12 months. Report the number of children who received vaccinations at your facility, by age group. Only count a child once 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.

VFC Eligibility	<1 Year	1-6 Years	7-18 Years	Total
Enrolled in Medicaid	1502	1513	1392	4407
Uninsured	12	18	30	60
American Indian/Alaskan Native	0	0	0	0
Underinsured in FQHC/RHC or deputized facility*	0	0	0	0
Privately Insured (private pay/health insurance covers vaccines)**	0	0	0	0
Total	1514	1531	1422	4467

* 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. 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.

** Children who have private health insurance are **NOT** eligible for VFC vaccines.

TYPE OF DATA USED TO DETERMINE PROVIDER POPULATION (choose all that apply)

<input type="checkbox"/> Benchmarking	<input checked="" type="checkbox"/> Doses Administered
<input type="checkbox"/> Medicaid Claims Data	<input type="checkbox"/> Provider Encounter Data
<input checked="" type="checkbox"/> IIS	<input type="checkbox"/> Billing System

*After you complete these fields, press “Submit” at the bottom of the page to proceed. Clicking “Submit” after entering any data on the “Service Site Maintenance” page will save the information you entered within [Florida SHOTS](#). This is helpful if you aren’t able to complete the entire enrollment process at one time. Clicking “Submit” allows you to stop and return to your saved information at a later time. The information you documented previously will still be in the system.

ENROLLING IN VFC

Other Items to Review/Update on the Service Site

Address: You have the ability to update your “VFC Shipping Address.” To update this field you will need to uncheck the box “Same as Service Site Address.” If you update this field, press “Submit” to proceed with other updates.

VFC Shipping Address

Line 1: *

Line 2:

City: *

State: * Zip: *

☐ Same as Service Site Address

Please note that all blue and asterisk fields are required within [Florida SHOTS](#). So for each section that you review and modify, ensure that these blue or asterisk fields have information.

Phone Number and Email Address: If your contact information is different from what we have on this page, please edit this field. If there is a better number at which to reach you, such as an extension, please add this. To update these fields you will need to uncheck the “Same as Service Site Contact Info” box.

VFC Shipping Contact Info

Phone: *

Fax: *

Email:

☐ Same as Service Site Contact Info

Primary/Secondary Contacts: These fields cannot be edited by the provider. To make any changes to one or both of these contacts, you must email your request to FloridaVFC@flhealth.gov before you submit your annual enrollment.

VFC Shipping Contact Info

☒ Same as Service Site Contact Info

Contact: [FARRAR,KEENAN](#)

2nd Contact: [SWEET,MEGAN](#)

ENROLLING IN VFC

Delivery Time Information: Please view these hours to ensure they are correct to avoid deliveries being made outside of your business hours. If you update this field press “Submit” to proceed with other updates.

[Ordering Profile](#)

[Delivery Time Information](#)

Indicate the days of the week and times between the hours of 8 a.m. and 5 p.m., using the provider's local time zone. These selections indicate when the provider will receive vaccine deliveries.

	From Time	Thru Time
Monday:	8:00AM	4:00PM
Tuesday:	8:00AM	4:00PM
Wednesday:	8:00AM	4:00PM
Thursday:	8:00AM	4:00PM
Friday:	8:00AM	4:00PM
Closed for Lunch:	-None-	-None-

Add'l Shipping Note:

Fully Formulated Shipping Note:

VFC Physician/Imm Provider List: This list contains all active and inactive immunization providers associated with your PIN. If there are providers listed as “Active” but who are no longer in your practice, you can make them “Inactive” by selecting their name, and then select “Service Site Responsibilities” at the bottom of the page. On this page, un-check the box under “Immunization Provider” to make them inactive. This will not remove them from the list, but will list them as inactive. You will not be able to inactivate an enrollee. Please note: To **add** an immunization provider or a new physician, you **must contact your VFC Program representative at FloridaVFC@flhealth.gov**.

[VFC Physician/Imm Provider List](#)

Physician Name	Medical License Number	Current VFC Physician Status for this VFC EID	Roles
BROWN, CHARLIE	ME 12345	Active	
SWEET, MEGAN	PN 99999	Inactive	

VFC Site Personnel List: This is a list of employees in your practice that have VFC permissions/roles within [Florida SHOTS](#). To edit this, click the name of the individual whose permissions/roles you would like to revise, and click “Service Site Responsibilities” at the bottom of the page.

[VFC Site Personnel List](#)

Personnel Name ▲	Status	Medical License	Site Contact	Update Inventory	VFC Enrollee	VFC Primary Contact	VFC Secondary Contact	VFC Immunization Provider	VFC Can See Orders	VFC Can Update Orders
BROWN, CHARLIE	Active	ME12345	✓	✓	✓			✓	✓	✓
FARRAR, KEENAN	Active			✓		✓			✓	✓
PERSON, GOOD	Active			✓					✓	✓
SWEET, MEGAN	Active	PN99999		✓			✓	✓	✓	✓

ENROLLING IN VFC

This page will display all PINs in your organization. Individual VFC permissions/roles will be displayed under “VFC Provider Information” at the top of the page. Check or un-check boxes to add or remove VFC permissions for any and all PINs and click “Submit.”

Note: Boxes in gray can only be changed by VFC Program representatives. The “Florida Shots Service Site Information” boxes to the left can only be changed by local [Florida SHOTS](#) admin users or by [Florida SHOTS](#) help desk staff.

SERVICE SITE RESPONSIBILITIES Show Help Text

(Medical license not valid for VFC Enrollee or VFC Immunization Provider)

Show sites: ☒ Active ☐ Archived ☐ All

FLShots Service Site Information		VFC Provider Information		Primary Contact	Secondary Contact	Can See Orders	Can Order Vaccines	Can See Temp Log	Can Update Temp Log	Immunization Provider
Site Name	Can Update Contact Inventory	EID Pin	Status Enrollee	Contact	Contact					
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Step 4: Complete the VFC annual enrollment process.

In order to complete the VFC annual enrollment process, you will need to finalize your enrollment “Provider Agreement” and “Provider Profile” forms. To access these forms, click “VFC Re-enroll” on the [Florida SHOTS](#) menu on the left-hand side (or the link in your Task List). The “VFC Re-enroll” page will display instructions for completing the form portion of your enrollment.

Task List
Patients
Reminder Recall
Vaccine Inventory
Assess Imm Levels
Reports
Administration
Customer Support
VFC Re-enroll
Sign out



ENROLLING IN VFC

Annual Training

You must enter information regarding the required annual training received by the primary and secondary contacts. This training is available as a recorded webinar on www.flshotsusers.com. If you have not attended this training yet, please select “No” for “Your Annual Training Received.”

Selecting “No” will NOT affect your enrollment.

Your Annual Training Received

VFC Primary Contact:

☒ No
☐ Yes

Training Type:

VFC Secondary Contact:

☒ No
☐ Yes

Training Type:

Annual training can change each year. If this occurs the VFC Program office will communicate to all VFC providers through a blast communication.

Provider Agreement and Provider Profile Forms

Review your “Provider Agreement” and “Provider Profile” forms to ensure all information on these forms is accurate and complete. To make edits, you will need to return to your “Service Site,” as discussed above. If you do not have access to a field you need to edit, please contact your VFC Program representative for assistance.

Note: All “Active” individuals within your organization will be listed on the vaccine inventory management section of the “Provider Profile” form. All individuals with VFC inventory roles will be noted with “yes” under the roles they currently have. This list will not include the enrollee, primary, or secondary contact.

Provider Agreement and Provider Profile forms

Click [Provider Agreement and Provider Profile forms](#) to view the re-enrollment form which will be created if the Submit button below is clicked.

The pdf file is your completed application form that will be used to approve your re-enrollment. You must make sure that the application form accurately represents your organization prior to submitting your agreement. If changes to the application are needed then do not click the Submit button below. Instead, either change the data via Florida SHOTS or contact your VFC administrator at the Florida Department of Health. When the changes have been made within Florida SHOTS, return to this page to certify your application form.

How to view .pdf files?

To download and view .pdf files the Adobe® Reader® program must be installed on your computer. The Adobe® Reader® program is free, and may be downloaded by going to the following site: <http://get.adobe.com/80/reader/>.

Florida SHOTS Renewal

If your [Florida SHOTS](#) account is set to expire within the next year, you will have the option to renew it at the same time. Select the “Yes” radio button to renew your account. This will only be available if the [Florida SHOTS](#) account holder and the VFC enrollee are the same.

The Florida SHOTS account for K Account Holder will expire on 01/31/2016.

Please select the “Yes” radio button to renew your Florida SHOTS account.

☒ Yes ☐ No

ENROLLING IN VFC

Electronic Signature

To electronically sign the agreement, the enrollee should check the box certifying that all information on the “Provider Agreement” and “Provider Profile” forms is complete and accurate. The enrollee is certifying that he or she agrees to be held accountable for compliance by the entire organization and its VFC providers with the responsible conditions as outlined in the “Provider Agreement.” After checking the box **the enrollee will enter his or her Florida SHOTS password and click “Submit.”**

Mark the checkbox below and enter the Florida SHOTS sign-in password of _____ to electronically sign this agreement.

☐ certifies that all of the information on the [Provider Agreement and Provider Profile forms](#) is complete and accurate and further agrees to be held accountable for compliance by the entire organization and its VFC providers with the responsible conditions as outlined in the provider enrollment agreement.

The Florida SHOTS password of _____ : * _____

If you have not completed all updates required on your “Service Site” page, you will not be able to e-sign your enrollment form. You will see a red box at the bottom of the enrollment page listing missing items.

Your VFC Re-enrollment form cannot be submitted for the following reason(s):

- [VFC Shipping Contact Info must have an email address](#)
- [Enrollee: MILLER, LUCY S is not designated in Florida SHOTS as a System User.](#)

You can click on an item in this box to go back to the “Service Site” to make the required changes. (See **Step 3** above for more information.) After submitting these changes, you can get back to the enrollment page by selecting “Return to VFC Enrollment” at the bottom of the site page. This button would appear only if you have gone to “Service Site” from the VFC enrollment.

Enrollment Status

After you submit your VFC annual enrollment, a notification will be sent to the VFC office for approval. You can view the status by opening your “Service Site” page and clicking “Reenrollment History.” The “Reenrollment Status” will be blank until the VFC office either approves or rejects your forms. This will show the past three years of reenrollment history.

☐ [Reenrollment History](#)

Create Date/Time Created by	Application Type	Enrollee Primary Contact Secondary Contact	Reenrollment Status	Status Set Date/Time Set by
2015-02-26 12:15:38 SWEET, MEGAN	Reenrollment View Form	SWEET, MEGAN SWEET, MEGAN		

Your VFC Program representative will contact you if they have questions regarding the enrollment paperwork submitted. If edits need to occur, the agreement will need to be resubmitted before your site can complete its VFC annual enrollment.