

# 2020 Enrollment **Cheat Sheet**

It's enrollment time again and the Philadelphia Immunization Program is here to help! Our **Cheat Sheet** will get you re-enrolled in Vaccines for Children (VFC) or Vaccines for Adults at Risk (VFAAR) in no time!

## Welcome! **Enrollment Overview**

Below is the overview of steps you'll need to take to complete your 2020 enrollment.

### Part 1: Preparation

- **Preparation** (Step 1)
  - 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
  - Source of Data
- **Provider/Clinic Agreement**
  - Review Facility/Clinic Info
  - Review Medical Director
  - Review Vaccine Coord.
  - Prescribing Staff Members (Step 6)
  - Primary Agreement (Step 7)

## Having Issues?

### Contact Us!

Have any questions about the enrollment process?

Contact our Immunization Education Coordinators!

You can email them at

**dphproviderhelp@phila.gov**

or call **215.685.6872** or

**215.685.6490**.

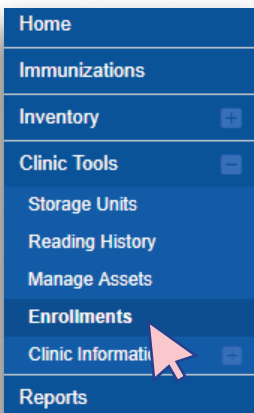
## STEP 01

**Update your clinic information before you start the enrollment form.** Review Clinic tools to see if any Clinic information needs to be updated. Use the our **Clinic Tools Cheat Sheet** to update any clinic information that's changed. The enrollment form will automatically populate answers based on your clinic information, speeding up your enrollment process.

Using the Clinic Tools Cheat Sheet, check that your medical director's (Physician Signing Agreement) contact information is correct. Also check that both primary and back-up vaccine coordinator's contact information is correct. When adding training (Online Ordering Clinic Tools/You Call the Shots), put the default date 02/01/2020.

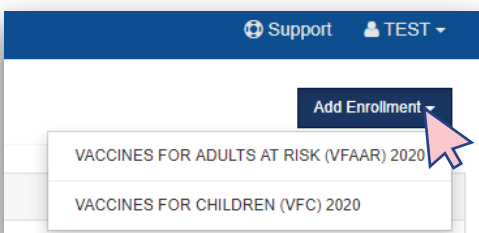
## STEP 02

Once your clinic information is up to date, open the enrollment form. Click on **Clinic Tools** then **Enrollments** on the left hand side menu.



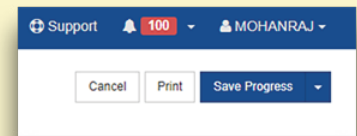
## STEP 03

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 Save Often

The system will NOT automatically save your work. **We encourage you to save often as you work through your enrollment.** We also suggest that you save before you click on any links that may take you to a different page or website.

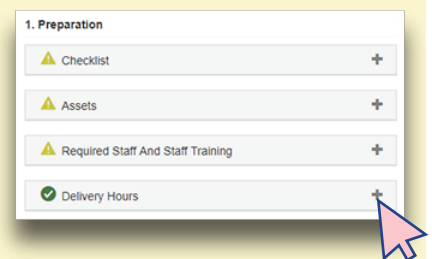


To save, click on the **Save Progress** button at the top right of the screen.

## 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.

## STEP 04

Move through each section of the enrollment form (see the Enrollment Overview on page 1). Notice something is not right? You can use the blue links to edit any clinic or staff information at any time as you move through the form. **Be sure to save before clicking on the links found throughout the enrollment form.**

Information not correct?

Click here to update your clinic profile information. [Edit Clinic Info](#)

## STEP 05

**VFC providers only.** (VFAAR providers can move to Step 06): 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.

**'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 VFC vaccines that you have on hand.**

PhilaVax CHOP - THE CHILDREN'S HOSPITAL OF PHILADELPHIA, PU0017 - CHO... PATIENT SEARCH Support JILLIAN

### VACCINES FOR CHILDREN (VFC) 2020

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 06

Under **Provider/Clinic Populations** provide the patient population counts for the indicated age ranges and eligibility status 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.

## STEP 07

Confirm that the entered **Prescribing Staff Members** information from clinic tools is correct. (All prescribing clinicians (i.e. MD, DO, PA, NP, CRNP) at your site need to be added as a Physician Contact.) Please make sure 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.

## STEP 08

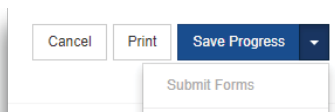
Finally, complete the enrollment process by having your **Medical Director** (Physician Signing Agreement) log into PhilaVax and click on the **Agreement** button to electronically sign the enrollment form. For sites that are both VFC and VFAAR, a separate electronic signature by the medical director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

**Only the Medical Director has the permissions needed to sign the form. A vaccine coordinator cannot complete this step.**



## STEP 09

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



## Tip Green Checks

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



# Congratulations! You are enrolled!

**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 issue and resubmit the form. Once the form is approved print a copy for your records.

Thank you for being part of the VFC/VFAAR program and keeping Philadelphia healthy and vaccinated!