



State of New Jersey

DEPARTMENT OF HEALTH

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To: New Jersey Vaccines for Children (VFC) and 317-Funded Adult (317) Program Providers

Date: January 13, 2020

Re: 2020 Provider Re-enrollment

To remain an active participant with the New Jersey Vaccines for Children (VFC) and/or the 317-Funded Adult (317) Program in 2020, every provider* must re-enroll between January 13, 2020 and March 13, 2020.

*Providers who received an enrollment site visit for the VFC or 317 Program after January 1, 2020 do not need to complete the 2020 re-enrollment application.

Offices that do not complete the 2020 re-enrollment process in a timely manner may have program vaccines removed from their office. All offices are encouraged to submit their re-enrollment application early to avoid disruption in vaccine ordering.

To access the 2020 re-enrollment application, sign into NJIIS to begin the VFC re-enrollment process. In NJIIS, click on VACCINE ORDERING on the left, then click VFC Re-enrollment. (See Figure 1)



Figure 1

The 2020 re-enrollment application will appear.

This year's re-enrollment is a condensed version. VFC and 317 providers will only have access to make changes in four of the 13 sections of the re-enrollment application including Vaccine Coordinators, Thermometer Requirements, Population, and Agreement. All other tabs are not editable.

FACILITY TYPE: **You cannot make changes in this section.** Click the “Next” button located at the bottom right side of the screen to proceed to the next section. (See Figure 2) If the information on this page is incorrect, please send an email to vfc@doh.nj.gov.

VFC Re-enrollment

< ✓ FACILITY TYPE VACCINES OFFERED VACCINE COORDINATORS THERMOMETER REQUIREMENTS FACILITY STORAGE OFFICE INFORMATION >

Which type of VFC you want to proceed with?

VFC Type*
PEDIATRIC

VFC Facility Type*
PUBLIC HEALTH DEPT

A medical professional authorized to prescribe vaccines under NJ state law can become a VFC provider. Medicaid and NJ FamilyCare plan A providers need to enroll in the VFC program to receive free vaccine. Medicaid will not reimburse for the cost of children's vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).

The VFC program was created to meet the vaccination needs of children from birth through 18 years of age who may not otherwise be vaccinated due to cost of the vaccine. Patients eligible to receive VFC vaccines are children who:

- are enrolled in Medicaid or Medicaid Managed Care (NJ FamilyCare Plan A only)
- are American Indian or Alaskan Native
- do not have any health insurance
- are underinsured*, which means that their insurance Doesn't cover certain ACIP recommended vaccines. The patient would be eligible to receive only those vaccines not covered by insurance.

*PLEASE NOTE: Underinsured children are only eligible to receive VFC vaccines only at a Federally Qualified Health Center (FQHC).

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Figure 2

VACCINES OFFERED: Most providers must offer all ACIP recommend vaccines. The option “Offers selected vaccines” is only available for facilities designated as Specialty Providers by the VFC Program. **You cannot make changes in this section.** Click the “Next” button located at the bottom right side of the screen and proceed to the next section. (See Figure 3)

VFC Re-enrollment

< ✓ FACILITY TYPE VACCINES OFFERED VACCINE COORDINATORS THERMOMETER REQUIREMENTS FACILITY STORAGE OFFICE INFORMATION >

VACCINES OFFERED

All ACIP Recommended vaccines*

Offers selected vaccines (This option is only available for facilities designated as Specialty Providers by VFC Program)*

A "Specialty Provider" is defined as a provider that only serves (1)a defined population due to the practice Specialty(OBT/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 Programs has the authority to designate VFC providers as Specialty providers.At the discretion of VFC Program,enrolled providers such as pharmacies and mass vaccinators may offer only influenza vaccine

Select vaccines offered by Specialty provider:

<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"/> Men B	<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	

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Figure 3

VACCINE COORDINATORS: All vaccine coordinators must have taken NJIIS Fundamentals and the Vaccine Ordering and Management in NJIIS webinar to have access to the vaccine ordering features in NJIIS. In addition, vaccine coordinators must take a training that satisfies the annual education training requirement. In this section, you will click the down arrow to select your Primary and Backup VFC Coordinators then click next.

NOTE: Only users who completed both the NJIIS Fundamentals training and the Vaccine Ordering & Management in NJIIS webinar will be seen in the dropdown.

VFC Re-enrollment

< FACILITY TYPE VACCINES OFFERED **VACCINE COORDINATORS** THERMOMETER REQUIREMENTS FACILITY STORAGE OFFICE INFORMATION >

Designate 2 onsite staff as Vaccine Coordinators. These positions will be responsible for some key requirements and will provide oversight for all vaccine management within the office.

The Vaccine Coordinators must complete both:

- New Jersey Inventory Management Order and Distribution System (NJIMODS) webinar
- New Jersey Immunization Information System (NJIIIS) Fundamentals training

Select the Primary and Backup Coordinators from the list of staff that have access to both NJIIS and IMODS.

Primary VFC Coordinator *

Backup VFC Coordinator *

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Figure 4

Annual Education requirement for Vaccine Coordinators: The Vaccine Coordinators are required to have annual education as required by the Centers for Disease Control and Prevention (CDC). The Vaccine Coordinators are required to complete ONE of the following every 12 months in order to meet the annual education requirement:

- Understanding VFC and 317:** Annual Provider Education Webinar – (You will not receive a certificate of completion.) Register for this webinar at: [Understanding VFC and 317](#)
- You Call the Shots: Vaccines for Children (VFC) & Vaccine Storage and Handling Modules** – You must take both modules to satisfy the education requirement. Please use the following links to register:
[Module 16 - Vaccines for Children](#)
[Module 10 - Storage and Handling](#)

Email or fax the two You Call the Shots certificates of participation to the VFC Program (vfc@doh.nj.gov or 609-826-4868) to receive credit for taking these trainings. Be sure to put your provider PIN number on each certificate.

- “Vaccine Storage & Handling” workshop at the New Jersey Immunization Conference** – this conference was held on May 29, 2019. All participants that received credit were emailed a copy of their completion certificate in June 2019. There is no need for you to email or fax a copy of that certificate to the VFC Program as we already have a copy on file.

If you have a question about your annual education status, please send an email to vfc@doh.nj.gov.

THERMOMETER REQUIREMENTS: The CDC requires primary and back-up digital data loggers (DDLs) with the ability to continuously record temperatures at an interval of at least 30 minutes. If you need to update your thermometers and/or certificates of calibration, please complete this section. First select the category (primary or backup thermometer), then select the type of thermometer, the number of probes, enter the thermometer Certification or Serial Number and the NIST Expiration Date. Then click the blue “+ Add” button located on the right side of the screen. Repeat these steps to enter all additional thermometers for your office. (See Figure 5)

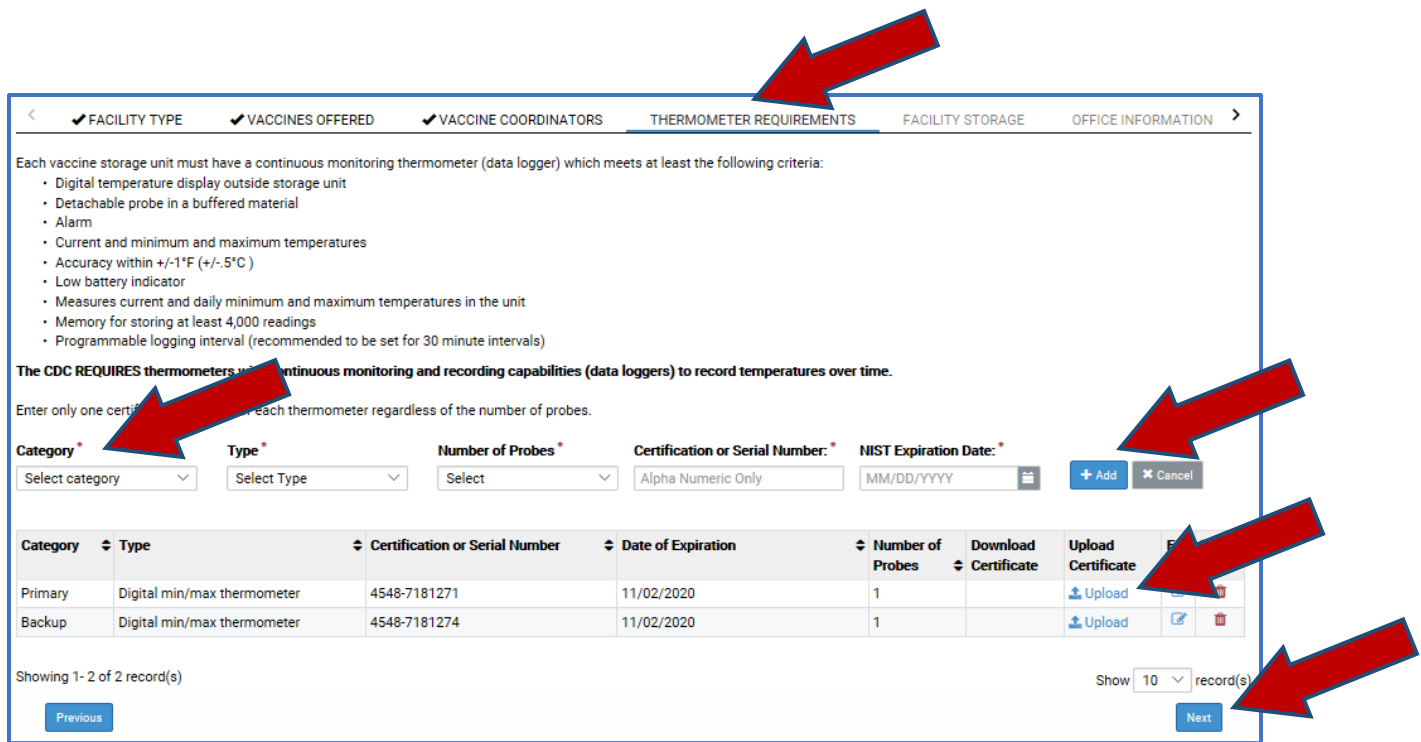


Figure 5

Thermometer calibration certificates must be uploaded into the Thermometer Requirement section. Click “Upload” to add a thermometer calibration certificate to the re-enrollment package. Then a box titled “Upload Thermometer Certificate File” will appear. Click “Browse” to attach the certificate file saved on your computer and then click the blue “Upload” button. (See Figure 6)

Please keep in mind that all DDLs used to monitor VFC or 317 vaccines must be calibrated at least every 2 years.

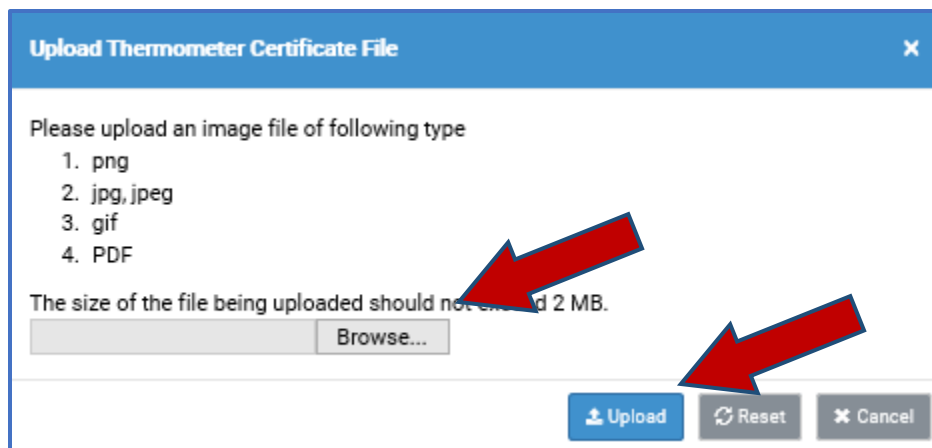


Figure 6

FACILITY STORAGE: This section shows the types of VFC and/or 317 storage units at the practice. **You cannot make changes in this section.** Click the “Next” button located at the bottom right side of the screen and proceed to the next section. If you have a new storage unit, please send 5 days of in-range temperatures along with the make, model, and serial number to vfc@doh.nj.gov. Please do not store VFC/317 vaccines in a new unit until you receive approval from the VFC Program.

OFFICE INFORMATION: This section includes the facility’s Medicaid Number, NPI Number and Tax ID as well as the shipping and email addresses. **You cannot make changes in this section.** Click the “Next” button located at the bottom right side of the screen and proceed to the next section. If you need to update this information, please fill out the attached IMM-48 Update to Provider Information form and email it to vfc@doh.nj.gov.

VACCINE DELIVERY: This section shows your facility’s vaccine delivery hours, which are listed in military time (00:00 hours to 24:00 hours). Your office must be open at least one weekday for four consecutive hours. **You cannot make changes in this section.** Click the “Next” button located at the bottom right side of the screen and proceed to the next section. If you need to update your facility’s delivery hours, please fill out the attached IMM-48 Update to Provider Information form and email it to vfc@doh.nj.gov.

POPULATION: Must be completed for all VFC/317 and non-VFC/317 Eligibility Categories. Enter the number of patients you see for each category. Then select the type of data used to determine the patient population (e.g. Bench Marking; Doses Administered; Facility Encounter Data). (See Figure 7)

For the last 12 month period, report the number of all children who received vaccinations at your health facility, by age group. Only count an child once based on the status at the last immunization visit, regardless of the number of visits made.

VFC vaccines Eligibility Categories	# of children who received VFC vaccine by Age category			
	< 1 Year	1-6 Years	7-18 Years	Total
Enrolled in Medicaid and NJ Family Care(Plan A)	0	2	17	19
No Health Insurance	0	6	118	124
American Indian/Alaskan Native	0	0	0	0
Underinsured Seen in FQHC	0	0	0	0
Total VFC Eligible	0	8	135	143

Non-VFC vaccines Eligibility Categories	# of children who received non-VFC vaccine by Age category			
	< 1 Year	1-6 Years	7-18 Years	Total
Insured (private pay/health insurance covers vaccines)	0	0	0	0
Childrens Health Insurance Program (NJ FamilyCare B,C,D)	0	0	0	0
Total Non-VFC Eligible	0	0	0	0
Total Patients (Total VFC Eligible + Total VFC Non-eligible)	0	8	135	143

Type of Data used to determine profile

BenchMarking
 Doses Administered
 Medicaid Claims Data
 Facility Encounter Data
 Registry
 Other

Figure 7

MEDICAL DIRECTOR: One licensed medical physician must be indicated as the Medical Director. The physician indicated as the Medical Director must be the same person who signs the provider agreement. **You cannot make changes in this section.** Click the “Next” button located at the bottom right side of the screen and proceed to the next section.

If you need to change your facility’s Medical Director, please complete the **highlighted portions** of the attached IMM-26/36 for pediatric sites and IMM-18/25 for adult sites and send these forms along with your VFC/317 PIN number to vfc@doh.nj.gov.

AGREEMENT: Ensure that the Medical Director reads the Provider Enrollment Agreement and then click “I agree”. The Medical Director must provide an electronic signature by typing their **full name** on the signature line. The Medical Director is responsible for ensuring that all VFC or 317 program policies and procedures are carried out in the office. (See Figure 8)

I agree

Medical Director Signature *

Date *

Figure 8

LICENSED MEDICAL PHYSICIANS: You cannot make changes to this section. All active PA, NP, MD and DOs at the facility should be visible in NJIIS. If you need to update the licensed medical professionals at your site, please send the information below and your VFC/317 PIN number to vfc@doh.nj.gov. (See Figure 9)

1. Licensed Medical Provider		Title: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP	Date of Birth: <input type="text"/>
Last Name: <input type="text"/>	First Name: <input type="text"/>	Middle Name: <input type="text"/>	
NPI No.: <input type="text"/>	Medical License No.: <input type="text"/>	Medicaid No.: <input type="text"/>	
2. Licensed Medical Provider		Title: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP	Date of Birth: <input type="text"/>
Last Name: <input type="text"/>	First Name: <input type="text"/>	Middle Name: <input type="text"/>	
NPI No.: <input type="text"/>	Medical License No.: <input type="text"/>	Medicaid No.: <input type="text"/>	

Figure 9

ASSOCIATED MEDICAL OFFICES: You cannot make changes to this section. This section should include other offices within the practice. If you need to update this section, please email vfc@doh.nj.gov.

REVIEW: Review the full VFC re-enrollment application for this facility. Print a copy of your completed application and then click “Submit”.

– Comments Box: Enter information here that you want to relay or were asked to inform the program concerning your re-enrollment.

A pop-up will appear to inform you that your re-enrollment was successfully submitted. VFC will also send an automated email confirming the application was submitted successfully.

You can check the progress of your re-enrollment application online. Click on Vaccine Ordering and Re-enrollment to see the status of your application. If your application is rejected, an email will be sent indicating which corrections are necessary to complete the re-enrollment process. You must re-submit your application within NJIIS with the necessary corrections. Once your application is approved and activated, you will see an enrollment expiration date of 3/18/2021. (See Figure 10)

Status : ACTIVE	Last Order Date : 12/03/2019	Enrollment Exp Date : 03/18/2021
Vaccine Hold :	Days Since Last Flu Vaccine Ordered : 36	Days Since Last Vaccine Override by VFC Program : 402

Figure 10

The New Jersey VFC Program is pleased to offer this consolidated re-enrollment process to our providers and has taken steps to ease and simplify this requirement. However, should you have any questions or issues in completing the online re-enrollment application or making an update via the IMM forms, please contact the program at (609) 826-4862 or vfc@doh.nj.gov and a customer service representative will assist you.

NOTE: Throughout the year, changes to your site should be reported to VFC when they occur. Please do not wait for the re-enrollment period to make updates.