



VFA
California Vaccines
for Adults

VFC
California Vaccines
For Children

CDPH
Immunization
Branch

Afternoon TEACH Series
Featured Topic:
Get your Practice Ready for 2019
Vaccines for Children (VFC)
Recertification

California Department of Public Health
Immunization Branch



Today's Facilitator

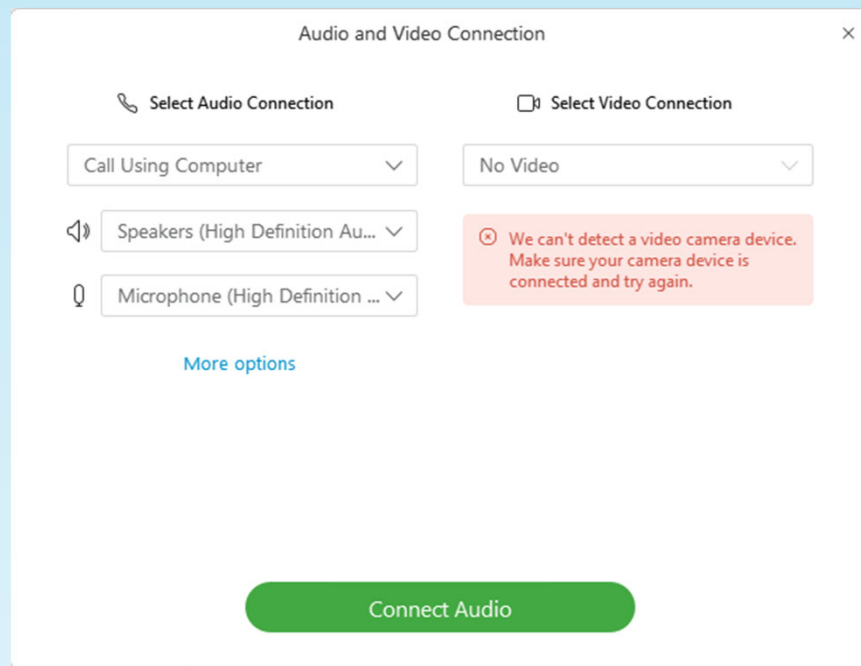


Edgar Ednacot
Chief, Information and Education Section,
Immunization Branch



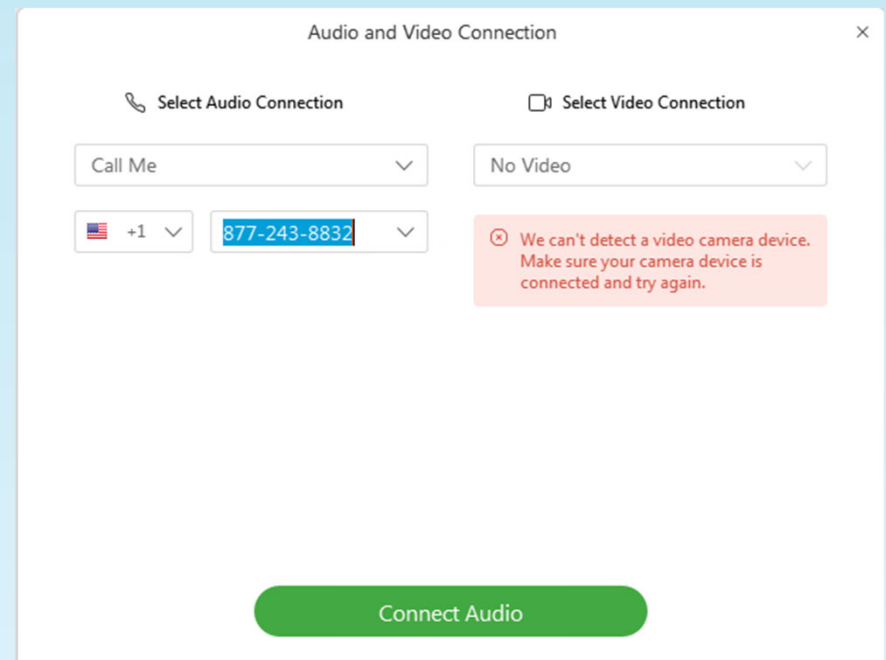
Webinar Tech Tips!

1. Listen to today's webinar through the computer audio



The screenshot shows the 'Audio and Video Connection' window with the 'Select Audio Connection' dropdown set to 'Call Using Computer'. The 'Select Video Connection' dropdown is set to 'No Video'. Under 'Select Audio Connection', there are two options: 'Speakers (High Definition Au...)' and 'Microphone (High Definition ...)', both with speaker icons. A 'More options' link is visible below the microphone option. A red error message box on the right states: 'We can't detect a video camera device. Make sure your camera device is connected and try again.' A green 'Connect Audio' button is at the bottom.

2. If you cannot connect through the computer audio, have WebEx call you



The screenshot shows the 'Audio and Video Connection' window with the 'Select Audio Connection' dropdown set to 'Call Me'. The 'Select Video Connection' dropdown is set to 'No Video'. Under 'Select Audio Connection', there are two options: 'Call Me' and '877-243-8832', both with a phone icon. A red error message box on the right states: 'We can't detect a video camera device. Make sure your camera device is connected and try again.' A green 'Connect Audio' button is at the bottom.



Getting Your Question(s) Submitted

- Write down your questions in the Chat box as we move through the presentation

A screenshot of a web-based chat window. The window has a title bar that says "Chat" with a close button (X) in the top right corner. The main area is a large white rectangle for text input. At the bottom, there is a "Send to:" dropdown menu currently set to "All panelists", a text input field, and a "Send" button.

In case you have technical difficulties during the webinar use the email address below for assistance.

Cecilia.LaVu@cdph.ca.gov



Objectives of Today's TEACh Session

1. Review the purpose of VFC's Recertification
2. Review VFC Program requirements for 2019
3. Share tips to help your practice complete your VFC Recertification on-time
4. Discuss what happens after VFC Recertification
5. Answer questions you may have about the recertification process



Key Presenter



Christina Sapad, MPA
**Assistant Chief, Vaccine
Management and VFC Program
Section
Immunization Branch**



The Purpose of VFC Recertification: Recertification Overview



Polling Question #1

What is VFC Recertification?

- a. The EZIZ.org training lessons that need to be completed yearly.
- b. The form used to update your Vaccine Coordinator.
- c. A federal requirement in which enrolled providers renew their participation annually in the VFC Program in order to continue receipt of VFC vaccines.
- d. I don't know



Answer:

What is VFC Recertification?

- a. The EZIZ.org training lessons that need to be completed yearly.
- b. The form used to update your Vaccine Coordinator.
- c. **A federal requirement in which enrolled providers renew their participation annually in the VFC Program in order to continue receipt of VFC vaccines.**
- d. I don't know

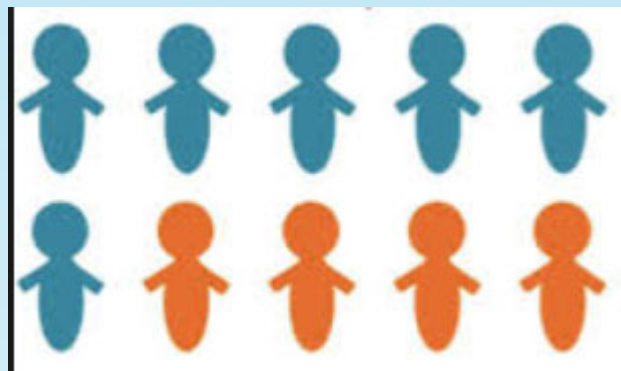


VFC Program

The VFC Program was created 24 years ago to help provide vaccines to children whose parents or guardians may not otherwise afford or have access to vaccinations.

VFC Providers have been integral in improving the health of California's children.

Nowadays, over 10M doses of vaccines are distributed annually to approximately 3,700 active enrolled providers in the state



60% of CA population 18 years of age and under is eligible to receive VFC supplied vaccines.



Vaccines for Children

Protecting America's children every day

The Vaccines for Children (VFC) program helps ensure that all children have a better chance of getting their recommended vaccines. VFC has helped prevent disease and save lives.



CDC estimates that vaccination of children born between 1994 and 2016 will:

prevent **381 million** illnesses



more than the current population of the entire U.S.A.

help avoid **855,000** deaths



greater than the population of Seattle, W.A.

save nearly **\$1.65 trillion** in total societal costs
(that includes \$360 billion in direct costs)



or \$5,077 for each American

Updated 2017 analysis using methods from "Benefits from Immunization during the Vaccines for Children Program Era—United States, 1993–2013"



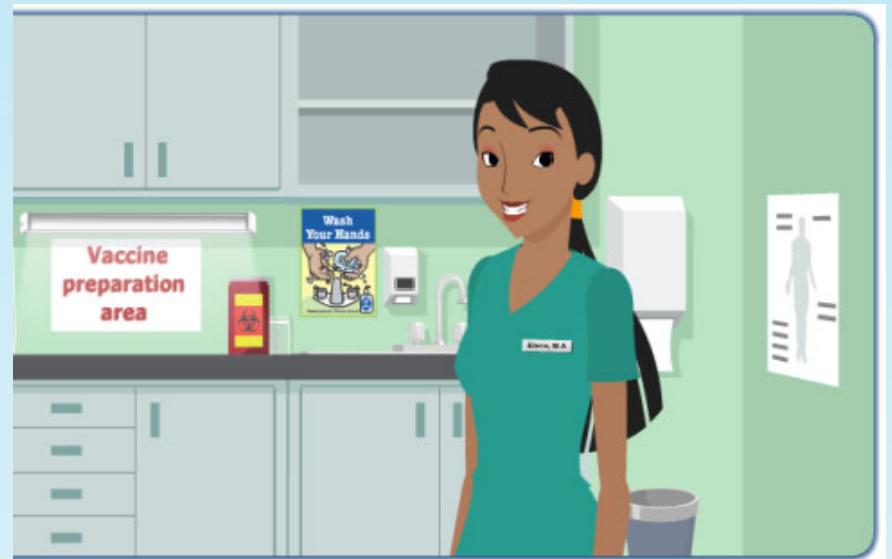
U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

www.cdc.gov/features/vfcprogram

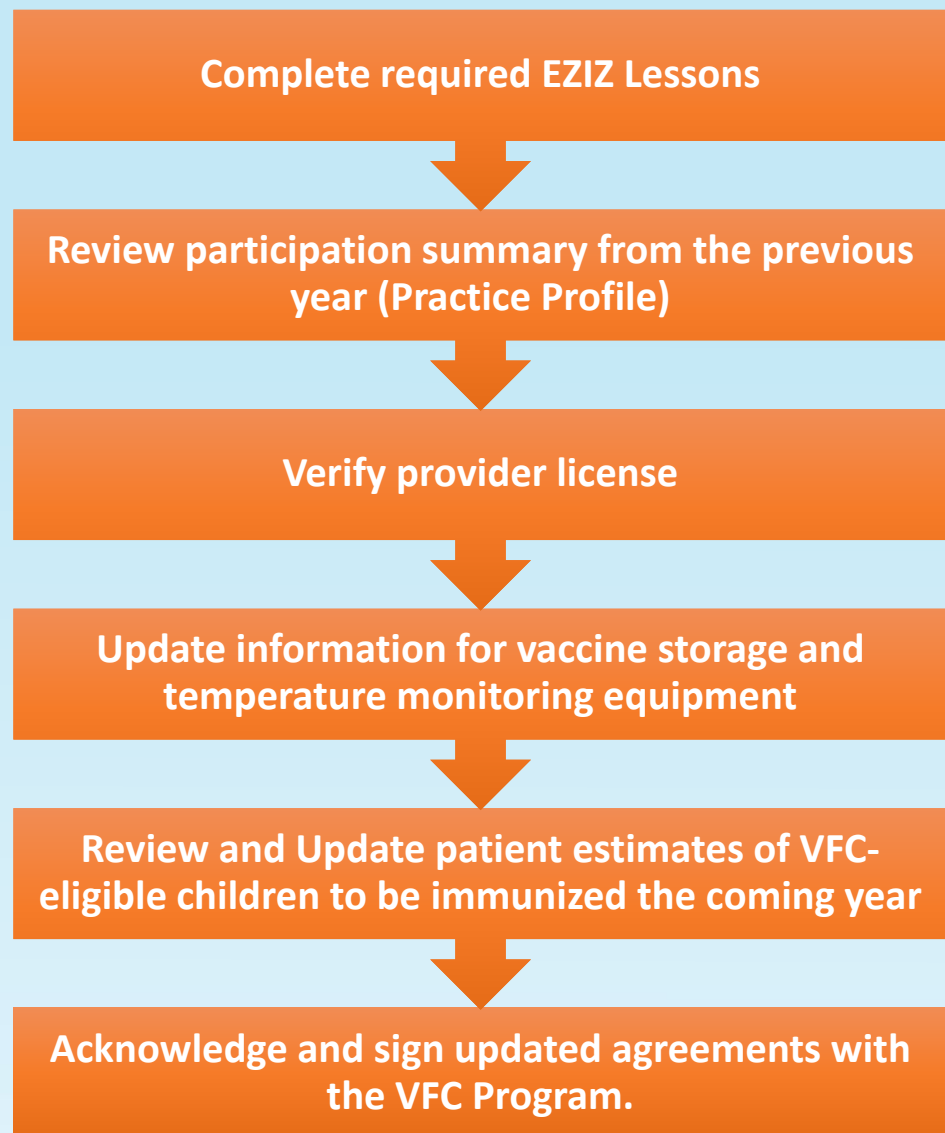
NCIRDg702 | 04/16/18

What is VFC Recertification?

- Recertification, also referred to as 'annual' re-enrollment, is the process in which enrolled providers renew their participation in the VFC Program in order to continue receipt of VFC vaccines
- Annual recertification is a federal requirement to remain enrolled in the VFC Program
- Recertification is completed electronically through MyVFCvaccines



Overall steps of the Recertification Process includes:



Important Definitions: Key Practice Staff

- ***Provider of Record:***

Physician-in-chief, medical director, or equivalent role that signs and agrees to the terms of the VFC [“Provider Agreement”](#) and the California VFC Program [“Provider Agreement Addendum”](#) and who is ultimately accountable for the practice’s compliance. The Provider of Record must be a licensed MD, DO, NP, PA, pharmacist, or a Certified Nurse Midwife with prescription-writing privileges in California.

- ***Provider of Record Designee:***

On-site person that is designated by the Provider of Record to sign VFC documents on his/her behalf and assume responsibility for VFC-related matters in the absence of the Provider of Record.



Important Definitions: Key Practice Staff

- ***Vaccine Coordinator:***

On-site employee who is fully trained and responsible for implementing and overseeing the provider's vaccine management plan. The Vaccine Coordinator might be responsible for all vaccine management activities, including training other (especially new) staff. In other practices, a different person might have one or more vaccine management responsibilities.

- ***Backup Vaccine Coordinator:***

On-site employee who is fully trained in the practice's vaccine management activities and fulfills the responsibilities of the Vaccine Coordinator if the Vaccine Coordinator is unavailable.



Key Dates & Information

- 2019's VFC Recertification will launch on **Wednesday, December 12, 2018.**
- Recertification will be due on Monday, **January 21, 2019.**
- You must complete required training lessons **before** you can access the Recertification form.
- In order to continue to receive VFC Supplied vaccines during 2019, each VFC provider account must be on active-Recertified status.



Program Requirements



VFC Provider Agreement

- Outlines federal requirements to receive publicly funded VFC vaccines
- Review of this information is key for the provider of record!



VFA
California Vaccines
for Adults



VACCINES FOR CHILDREN (VFC) PROGRAM

PROVIDER AGREEMENT

To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or equivalent:

1.	I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.
2.	<p>I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:</p> <p>A. Federally Vaccine-eligible Children (VFC eligible)</p> <ol style="list-style-type: none"> 1. Are an American Indian or Alaska Native; 2. Are enrolled in Medicaid; 3. Have no health insurance; 4. Are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement. <p>B. State Vaccine-eligible Children</p> <ol style="list-style-type: none"> 1. In addition, to the extent that my state designates additional categories of children as "state vaccine-eligible", I will screen for such eligibility as listed in the addendum to this agreement and will administer state-funded doses (including 317 funded doses) to such children. <p>Children aged 0 through 18 years that do not meet one or more of the eligibility federal vaccine categories (VFC eligible), are not eligible to receive VFC-purchased vaccine.</p>
3.	<p>For the vaccines identified and agreed upon in the provider profile, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC program unless:</p> <ol style="list-style-type: none"> a) In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the child; b) The particular requirements contradict state law, including laws pertaining to religious and other exemptions.
4.	I will maintain all records related to the VFC program for a minimum of three years and upon request make these records available for review. VFC records include, but are not limited to, VFC screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.
5.	I will immunize eligible children with publicly supplied vaccine at no charge to the patient for the vaccine.
6.	I will not charge a vaccine administration fee to non-Medicaid federal vaccine eligible children that exceeds the administration fee cap of \$26.03 per vaccine dose. For Medicaid children, I will accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans.

Provider Agreement Addendum

CA-specific requirements:

- Vaccine management
- Training
- Storage equipment
- Vaccine ordering
- Vaccine administration
- Program integrity



VFA
California Vaccines
for Adults



California Vaccines for Children (VFC) Program Provider Agreement Addendum



I, on behalf of myself and any and all practitioners associated with this medical office, group practice, Health Maintenance Organization (HMO), health department, community/migrant/rural clinic, hospital, or other entity of which I am the physician-in-chief, medical director or equivalent, agree to comply with all VFC Program requirements listed below.

1. Vaccine Management Plan

- Maintain a current and completed [vaccine management plan](#) (IMM-1122) for routine and emergency situations that includes practice-specific vaccine management guidelines and protocols, names of staff with temperature monitoring responsibilities, and required EZIZ lesson completion dates for all key practice staff.
- Review and update the plan at least once a year, when VFC Program requirements change, and when staff with designated vaccine management responsibilities change.
- Designate a staff member responsible for updating the management plan; ensure staff with assigned vaccine management responsibilities review, sign, and date the vaccine management plan annually and each time it is updated.
- The vaccine management plan must be easily accessible, ideally near the vaccine storage units.
- Conduct regular vaccine management drills to maintain competency and readiness for emergency procedures, such as vaccine transport.

2. Training & Staffing

- Designate an on-site Provider of Record Designee authorized to sign VFC Program documents and assume responsibility for VFC-related matters in the absence of the Provider of Record.
- Designate fully trained on-site Vaccine Coordinator and Backup Vaccine Coordinator as detailed in "[Vaccine Coordinator Roles & Responsibilities](#)" (IMM-968).
- Ensure Provider of Record and Designee, Vaccine Coordinator and Backup, and other key practice staff comply with federal VFC educational requirements, such as annual EZIZ trainings; ensure staff demonstrate competency in their assigned VFC responsibilities.
- Ensure staff, including supervisors and new employees, are properly trained on temperature monitoring, including proper use of the practice's temperature monitoring devices and the required corrective actions for out-of-range temperatures.
- Ensure staff authorized to accept packages are trained to immediately notify the Vaccine Coordinator when vaccines are delivered.
- Immediately report to the VFC Program any changes in key practice staff who have immunization-related responsibilities; a change in the Provider or Record or Designee requires a signed "[Key Practice Staff Change Request Form](#)" (IMM-1166).
- Ensure that staff are knowledgeable of and familiar with ACIP-recommended immunizations, including schedules, indications, dosages, and new products.

3. Vaccine Storage Units

- Use only refrigerators or freezers that comply with [VFC vaccine storage unit requirements](#). Very high volume providers must use pharmacy- or biologic-grade refrigerators. Other providers may use refrigerators and freezers that are pharmacy- or biologic-grade, commercial-grade, and household-grade stand-alone.
- Never use any of the following for vaccine storage: household-grade combination refrigerator-freezers, compact household-grade stand-alone refrigerators (with capacity 11 cubic feet or less), dormitory-style or bar-style

Signing the Agreement

- By signing the VFC Provider Agreement and the VFC Provider Agreement Addendum, the Provider of Record agrees to follow all VFC requirements for participation in the VFC Program
- The medical director, or equivalent, authorized to administer pediatric vaccines under CA law signs the provider agreement
- Providers signing the agreement on behalf of a multi-provider practice must have the authority to sign on behalf of the entire organization
- The Provider of Record is held accountable to the organization's compliance, site visit requirements, and educational requirements



VFA
California Vaccines
for Adults

VFC
California Vaccines
For Children



PROVIDER AGREEMENT

To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or equivalent:

1. I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.
2. I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:
 - A. Federally Vaccine-eligible Children (VFC eligible)
 1. Are an American Indian or Alaska Native;
 2. Are enrolled in Medicaid;
 3. Have no health insurance;
 4. Are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-

California Vaccines for Children (VFC) Program Provider Agreement Addendum

I, on behalf of myself and any and all practitioners associated with this medical office, group practice, Health Maintenance Organization (HMO), health department, community/migrant/rural clinic, hospital, or other entity of which I am the physician-in-chief, medical director or equivalent, agree to comply with all VFC Program requirements listed below.

1. Vaccine Management Plan

- A. Maintain a current and completed [vaccine management plan](#) (IMM-1122) for routine and emergency situations that includes practice-specific vaccine management guidelines and protocols, names of staff with temperature monitoring responsibilities, and required EZIZ lesson completion dates for all key practice staff.
- B. Review and update the plan at least once a year, when VFC Program requirements change, and when staff with designated vaccine management responsibilities change.
- C. Designate a staff member responsible for updating the management plan; ensure staff with assigned vaccine management responsibilities review, sign, and date the vaccine management plan annually and each time it is updated.
- D. The vaccine management plan must be easily accessible, ideally near the vaccine storage units.
- E. Conduct regular vaccine management drills to maintain competency and readiness for emergency procedures, such as vaccine transport.

2. Training & Staffing

- A. Designate an on-site Provider of Record Designee authorized to sign VFC Program documents and assume responsibility for VFC-related matters in the absence of the Provider of Record.
- B. Designate fully trained on-site Vaccine Coordinator and Backup Vaccine Coordinator as detailed in ["Vaccine Coordinator Roles & Responsibilities"](#) (IMM-968).
- C. Ensure Provider of Record and Designee, Vaccine Coordinator and Backup, and other key practice staff comply with federal VFC educational requirements, such as annual EZIZ trainings; ensure staff demonstrate competency in their assigned VFC responsibilities.
- D. Ensure staff, including supervisors and new employees, are properly trained on temperature monitoring, including proper use of the practice's temperature monitoring devices and the required corrective actions for out-of-range temperatures.
- E. Ensure staff authorized to accept packages are trained to immediately notify the Vaccine Coordinator when vaccines are delivered.
- F. Immediately report to the VFC Program any changes in key practice staff who have immunization-related responsibilities; a change in the Provider or Record or Designee requires a signed ["Key Practice Staff Change Request Form"](#) (IMM-1166).
- G. Ensure that staff are knowledgeable of and familiar with ACIP-recommended immunizations, including schedules, indications, dosages, and new products.

3. Vaccine Storage Units

- A. Use only refrigerators or freezers that comply with [VFC vaccine storage unit requirements](#). Very high volume providers must use pharmacy- or biologic-grade refrigerators. Other providers may use refrigerators and freezers that are pharmacy- or biologic-grade, commercial-grade, and household-grade stand-alone.
- B. Never use any of the following for vaccine storage: household-grade combination refrigerator-freezers, compact household-grade stand-alone refrigerators (with capacity 11 cubic feet or less), dormitory-style or bar-style

2019 VFC Requirements - Highlights

- Administer all ACIP-recommended vaccines (including flu) in-house; do not refer patients to other facilities where they might be charged for vaccine administration.
- Ensure that VFC-eligible children have access to non-routine, ACIP-recommended vaccines when indicated or when requested.
- Administer all VFC-supplied vaccines at the approved location for the VFC PIN; administration of doses outside the approved location (e.g., special event clinics, health fairs, special school clinics, or mass vaccination clinics) is not routinely allowed and requires prior approval from the VFC Program.
- For non-Medi-Cal, VFC-eligible children, waive the administration fee if the parent/guardian is unable to pay. Never bill parents who are unable to pay the waived administration fees.



Summary of all VFC Program Requirements

California Vaccines for Children (VFC) Program

2019 Program Participation Requirements at a Glance

Requirement	Summary	Resources/Job Aids
Vaccine Management Plan UPDATED!	<p>Maintain a current and completed vaccine management plan (for routine and emergency situations) that includes practice-specific, vaccine-management guidelines and protocols, names of staff with temperature monitoring responsibilities, and completion dates of required EZIZ lessons for key practice staff.</p> <p>Review and update the plan at least annually, when VFC Program requirements change, and when staff with designated vaccine-management responsibilities change.</p> <p>Designate a staff member responsible for updating the practice's management plan.</p> <p>Ensure staff with assigned vaccine-management responsibilities review, sign, and date the vaccine management plan annually and each time it is updated.</p> <p>Keep the vaccine management plan in a location easily accessible by staff, ideally near the vaccine storage units.</p>	<p>EZIZ VFC Program Requirements lesson</p> <p>Vaccine Management Plan (IMM-1122)</p>
Key Practice Staff	<p>Designate and maintain key practice staff in the practice's profile, and report key practice staff changes on the online form on MyVFCVaccines. Changes to the Provider or Provider of Record Designee cannot be made online, and a Key Practice Staff Change Request form needs to be completed and submitted to the VFC Program.</p> <p>There are four required VFC roles:</p> <p>Provider of Record (POR): The physician-in-chief, medical director, or equivalent role that signs and agrees to the terms of the VFC "Provider Agreement" and the California VFC Program "Provider Agreement Addendum" and is ultimately accountable for the practice's compliance. Must be a licensed MD, DO, NP, PA, pharmacist, or a Certified Nurse Midwife with prescription-writing privileges in California.</p> <p>Provider of Record Designee: The on-site person designated by the Provider of Record to sign VFC documents on his/her behalf and to assume responsibility for VFC matters in his/her absence.</p> <p>Vaccine Coordinator: An on-site employee who is fully trained and responsible for implementing and overseeing the provider's vaccine management plan.</p> <p>Backup Vaccine Coordinator: An on-site employee fully trained in the practice's vaccine management activities and fulfills the responsibilities of the Vaccine Coordinator in his/her absence.</p> <p>Immunization Champion (optional): A staff member who goes above and beyond their normal duties to promote immunizations to patients and in the community.</p>	<p>Vaccine Coordinator Roles & Responsibilities (IMM-968)</p> <p>VFC Key Practice Staff Change Request Form (IMM-1166)</p>

Provider Operations Manual (POM)

- The Provider Operations Manual (POM) is a reference guide that helps providers stay compliant with VFC Program requirements
- This reference guide provides clear instructions that help providers incorporate VFC Program requirements and best practices into their existing practice protocols.



Vaccines for Children Program
Provider Operations Manual



Polling Question #2

The Provider of Record must agree to comply with which document that details CA specific requirements related to vaccine management, training, storage equipment, vaccine ordering, vaccine administration and program integrity?

- a. VFC Provider Agreement
- b. VFC Provider Agreement Addendum
- c. Program Participation Requirements at a Glance
- d. Provider Operations Manual



Answer:

The Provider of Record must agree to comply with which document that details CA specific requirements related to vaccine management, training, storage equipment, vaccine ordering, vaccine administration and program integrity?

- a. VFC Provider Agreement
- b. VFC Provider Agreement Addendum**
- c. Program Participation Requirements at a Glance
- d. Provider Operations Manual



Training and IT Requirements



VFC's Educational Requirement

- Every provider must receive comprehensive training upon enrollment and annually thereafter.
- All key practice staff are required to fulfill federal educational requirements annually which includes a VFC programmatic training, covering VFC program requirements outlined in the agreement, and training on proper vaccine storage and handling.
- This requirement is met by completing a set of EZIZ Lessons.
- Lessons must be completed BEFORE each practice can re-enroll or recertify each year.

Legend: ✓= Required Lesson		Start Date	Key Practice Staff			
			Vaccine Coordinator	Backup Vaccine Coordinator	Provider of Record	Provider of Record Designee
Lessons	VFC Program Requirements *	Recertification Launch	✓	✓	✓	✓
	Storing Vaccines*	Recertification Launch	✓	✓	✓	✓
	Monitoring Storage Unit Temperatures*	Recertification Launch	✓	✓	✓	✓
	Conducting a Vaccine Inventory *	Recertification Launch	✓	✓	Encouraged	Encouraged
Review & Acknowledge	Provider Operations Manual (NEW)	Recertification Launch	✓	✓	✓	✓
	Vaccine Management Plan (Updated)	Recertification Launch	✓	✓	✓	✓

*Test-out option available



Legend: ✓ = Required Lesson		Start Date	Key Practice Staff			
			Vaccine Coordinator	Backup Vaccine Coordinator	Provider of Record	Provider of Record Designee
Lessons	VFC Program Requirements *	Recertification Launch	✓	✓	✓	✓
	Storing Vaccines*	Recertification Launch	✓	✓	✓	✓
	Monitoring Storage Unit Temperatures*	Recertification Launch	✓	✓	✓	✓
	Conducting a Vaccine Inventory *	Recertification Launch	✓	✓	Encouraged	Encouraged
Review & Acknowledge	Provider Operations Manual (NEW)	Recertification Launch	✓	✓	✓	✓
	Vaccine Management Plan (Updated)	Recertification Launch	✓	✓	✓	✓

*Test-out option available

Provider Operations Manual (POM) Acknowledgement Lesson

This resource will be outlined as part of this year's lessons.

- ✓ Keep the printed copy in a location easily accessible to key practice staff.
- ✓ Refer to the easy step-by-step procedures when staff have questions performing vaccine-related tasks.
- ✓ Click the check box at the end to receive credit for this lesson.



Vaccines for Children Program
Provider Operations Manual



VFC's Annual Educational Requirement

- If you took the required lessons in the previous year with a passing score and also received a passing score on this year's Pre-lesson Check, you will have the option to skip the lesson (test-out) or take it again to refresh your knowledge.
- Other staff with vaccine management responsibilities should also take the EZIZ Lessons.



EZIZ Training Account

- Complete all lessons under one training account per user
 - Do not use/create multiple training accounts per person.
 - Contact the VFC Call Center if you do not remember your username or password.
- Ensure that your training account is linked to your practice's VFC PIN.
- All key practice staff within the practice must have taken the lesson before the online form can be accessed.



When to Begin the Required Trainings

- Once Recertification is launched, you may begin taking the required lessons on www.EZIZ.org.
- Any lessons completed **prior** to the Recertification launch date will **not** receive credit towards 2019 VFC Recertification.



Internet Browsers

- Ensure that your Internet browser is up to date
- Use either Internet Explorer or Firefox
- Delete your browser history
- Install Adobe Flash and enable JavaScript
- Pop-ups will provide instructions as needed.



Message from webpage



Congratulations! Your score qualifies you to skip the rest of this lesson (test-out). Please click OK to continue to the lesson, or click CANCEL to skip the lesson.

OK

Cancel

Resources

Don't forget

to download helpful job aids for all the lessons

The Chrome Browser is not

For California VFC Rec

EZIZ Lesson



Message from webpage



Are you sure that you want to restart all the lessons required for recertification?

OK

Cancel

Google Custom Search

A one-stop shop for immunization training and resources.

A one-stop shop for immunization

History

is best viewed with Javascript. Please turn on Javascript by visiting site.

required
all requ
)
sons are
vaccines to
viewing tl

vaccine C

Your browser does not have Flash Player installed. Please install Flash Player in order to take EZIZ lessons. Install Flash Player

Sign up to receive EZIZ news and VFC letters via email!



VFC Program Requirements *

Begin

Storing Vaccines

Retry

Review
(Optional)

Monitoring Storage Unit

Begin

TEACH



VFA

California Vaccines
for Adults

VFC

California Vaccines
For Children



Polling Question #3

When should you begin taking the EZIZ lessons required for Recertification?

- a. 1 month before Recertification launch
- b. Now
- c. Once Recertification launches
- d. Never; I already passed the lesson last year.



Answer:

When should you begin taking the EZIZ lessons required for Recertification?

- a. 1 month before Recertification launch
- b. Now
- c. Once Recertification launches**
- d. Never; I already passed the lesson last year.





Prepare for Recertification



Optional- Complete Recertification Worksheet

Gather information
needed ahead of
time to complete
the online VFC
Recertification
Form.



VFA
California Vaccines
for Adults

VFC
California Vaccines
For Children

State of California—Health and Human Services Agency
VACCINES FOR CHILDREN (VFC) PROGRAM
2019 VFC RECERTIFICATION WORKSHEET

California Department of Public Health

Use this worksheet to gather information needed ahead of time to complete the online VFC Recertification Form on MyVFCvaccines.org.

DO NOT SUBMIT THIS WORKSHEET TO THE VFC PROGRAM.

Practice Information/Shipping					
Practice Name			Contact Person	PIN	
Practice Information/Shipping Address (No P.O. Box)			County	Registry ID	
Shipping Address, Part 2			City	ZIP	
Employer Identification Number (EIN)		National Provider Identifier (NPI)	Phone	Fax	
CHDP Provider? <input type="radio"/> Yes <input type="radio"/> No		MEDI-CAL Provider? <input type="radio"/> Yes <input type="radio"/> No	Would you like to be on the VFC online locator? <input type="radio"/> Yes <input type="radio"/> No		
DELIVERY: Check all days and times you may receive vaccines. If closed during week/hour, please specify.					
Tuesday Wednesday Thursday Friday		From: _____ To: _____ From: _____ To: _____ From: _____ To: _____ From: _____ To: _____	(Closed for lunch from: _____ to: _____) (Closed for lunch from: _____ to: _____) (Closed for lunch from: _____ to: _____) (Closed for lunch from: _____ to: _____)		

Key Practice Staff						
Role/Responsibility	Name	Title (If a job, NP, PA, DNVR, etc.)	Specialty/Clinic Title	National Provider ID	Medical License #	Contact Information
Provider of Record			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email: _____ Email for program communications: _____
Vaccine Coordinator			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email: _____ Email for program communications and order confirmations: _____
Backup Vaccine Coordinator			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email: _____ Email for program communications and order confirmations: _____
Provider of Record Designee			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email: _____ Email for program communications: _____

Page 1 of 4

IMM-1207 (11/18)

**Gather
information for
patient estimate
verification**

VFC will pre-load estimated number of VFC eligible children to be immunized during 2019 based on reported vaccine administration.

Your practice must verify and edit these figures, plus add private patients, based on your actual patients served during 2018.

Tip: Run reports now from your Electronic Health Record (EHR), Immunization Registry, or VFC Vaccine Usage Logs to gather patient population data



VFA
California Vaccines
for Adults



Verify Medical
Licenses & NPI
numbers
ahead of time



The California
Department of
Consumer Affairs
[BreEZe online
service](#) allows
consumers to
verify professional
licenses.



VFA
California Vaccines
for Adults

VFC
California Vaccines
For Children



Department of Consumer Affairs

[About BreEZe](#) [FAQ's](#) [Help Tutorials](#)

[Skip navigation](#)
[Contact Us](#)

DCA BreEZe Online Services

Welcome to the California Department of Consumer Affairs (DCA) BreEZe Online Services. BreEZe is DCA's new licensing and enforcement system and a one-stop shop for consumers, licensees and applicants! BreEZe enables consumers to verify a professional license and file a consumer complaint. Licensees and applicants can submit license applications, renew a license and change their address among other services.

- If you were registered with the DCA Online Professional Licensing services before, you will need to re-register with BreEZe.
- BreEZe only accepts credit card payments for American Express, Discover, MasterCard, and Visa.

FOR CONSUMERS

Check Licenses and file complaints.

[License
SEARCH](#)[File a
COMPLAINT](#)

FOR APPLICANTS AND LICENSEES

Applicant and licensing needs are available here.
You will need to [register](#), or use your
existing user name and password

Returning User

Fields marked with * are required

* User ID:

* Password:

[Forgot Password?](#)
[Forgot User ID?](#)[Sign In](#)

New Users

[BreEZe Registration](#)

Providers can look up their National Provider Identification (NPI) number on the [National Plan & Provider Enumeration System \(NPPES\)](#) website.



VFA
California Vaccines
for Adults

Search NPI Records

NPI Number	NPI Type	Taxonomy Description		
<input type="text"/>	Any <input type="button" value="v"/>	<input type="text"/>		
for individuals		for organizations		
First Name	Last Name	Organization Name (LBN, DBA, Former LBN or Other Name)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
City	State	Country	Postal Code	Address Type
<input type="text"/>	Any <input type="button" value="v"/>	Any <input type="button" value="v"/>	<input type="text"/>	Any <input type="button" value="v"/>
<input type="button" value="Clear"/>		<input type="button" value="Search"/>		

The NPI Registry Public Search is a free directory of all active **National Provider Identifier (NPI)** records. Healthcare providers acquire their unique 10-digit NPIs to identify themselves in a standard way throughout their industry.

Individuals or organizations apply for NPIs through the CMS **National Plan and Provider Enumeration System (NPPES)**. After we supply an NPI, we publish the parts of the NPI record that have public relevance, including the provider's name, specialty (taxonomy) and practice address.

CMS provides this service based on federal law (45 CFR Part 162). We also supply this directory in a [full download](#) file, or through an [Application Programming Interface \(API\)](#).

If you are a provider with questions about your record, our Enumerator can assist you: 800.465.3203 | 800.692.2326 TTY | [email](#).

The Endpoint information will be temporarily unavailable. Thank you for your patience as we make improvements!

Verify Data Logger Calibrations and Gather Certificates of Calibration

The VFC Program requires annual calibration testing for all primary and backup temperature monitoring devices, or every other year when the manufacturer recommends a period longer than two years.

Devices that are determined to not be accurate to $\pm 1.0^{\circ}\text{F}$ ($+0.5^{\circ}\text{C}$) must be replaced.

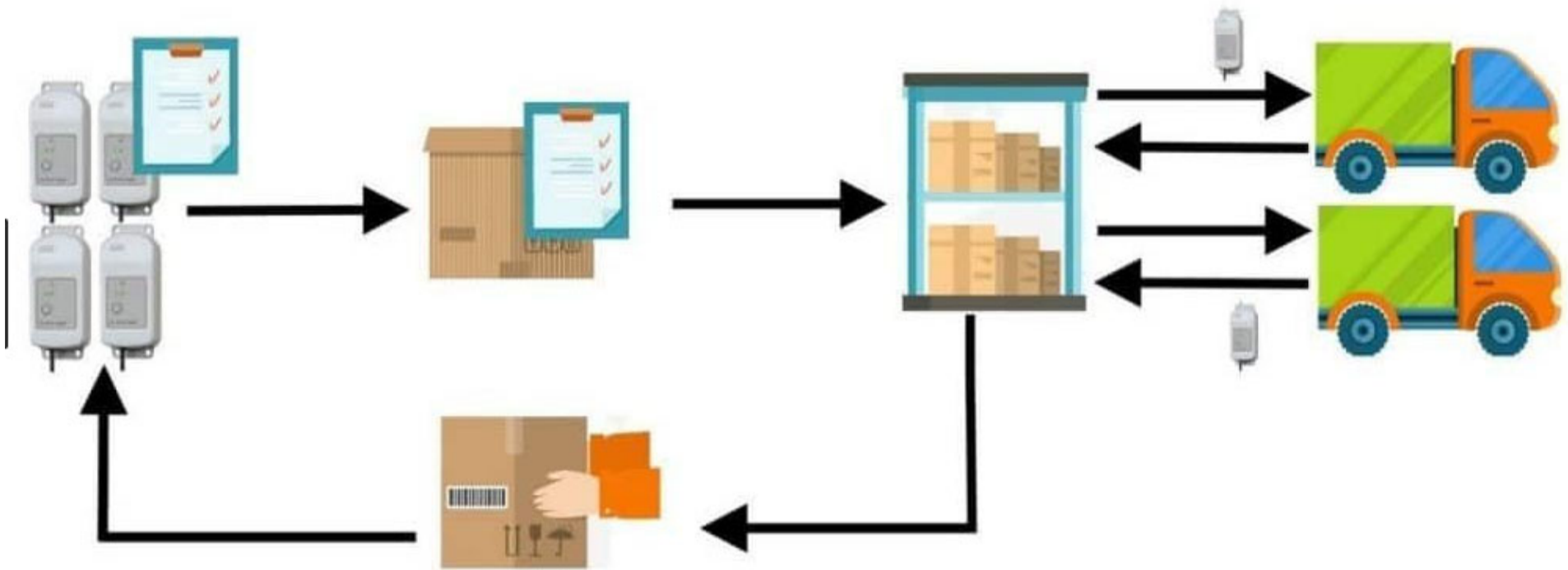
Tip: Verify that your data logger (DDL) calibration is up to date

- Go to <http://eziz.org/vaccine-storage/calibrated-thermometers/> for more information on data logger calibration testing
- Ensure that all staff with temperature monitoring responsibilities are trained on the use of your clinic's data loggers



Verify Data Logger Calibrations and Gather Certificates of Calibration

Plan Ahead: If any of your data loggers have an expired certificate of calibration, or will be expiring soon, make sure you send your DDLs for calibration services prior to submitting your recertification.



Complete Required Trainings

All key practice staff are required to fulfill federal educational requirements by completing the EZIZ Lessons.

This must be done prior to accessing the 2019 Recertification form.

WEEKLY PLAN

DAY	ACTIVITIES	DINNER	LAUNDRY	CLEANING
M				
T				
W				
TH				
F				
S				
SU				
PHONE CALLS	COMPUTER	TO-DO TASKS	ERRANDS	
	EZIZ			

Tip: Keeping in mind that staff will need a couple of hours to complete all required lessons, calendar time in advance!

- ✓ Lessons cannot be completed prior to Recertification launch date.
- ✓ Any lessons completed **prior** to the Recertification launch date will **not** receive credit towards 2019 VFC Recertification.



**Complete Any
Pending Mandatory
Corrective Actions**

Work with your VFC Field Representative now to correct any issues that may block you from completing Recertification

The following items will block you from accessing Recertification

1. Providers suspended for *mandatory corrective actions*
2. Providers with Digital MIN/MAX thermometers
3. Providers with a household grade combination refrigerator/freezer unit



Completing the Recertification Form



Recertification Form

- Set aside time to complete the Recertification form in one sitting.
- Information will be pre-filled on each page of the Recertification form. Ensure all the information is up to date or make changes as necessary.
- Information entered on each page will automatically be saved as you move forward.

Save & Continue >>





Google Custom Search

A one-stop shop for immunization training and resources.

Home

Vaccine Programs

Vaccine Management

Storage Units

Temperature Monitoring

EZIZ Training

Job Aids & Resources

Contact VFC

Phone: 1-877-243-8832
Business hours: 9-5
Fax: 1-877-329-9832

- Find a VFC field representative in your area
- Find other VFC provider offices in your area
- Send us your comments at ImmunizationBranch@cdph.ca.gov

Sign up to receive
EZIZ news and
VFC letters
via email!



MAIN PAGE

Izzy the Bear- Pediatrics MD
PIN: 888888

Order confirmation email: test@cdph.ca.gov
Add'l order confirmation email: test@cdph.ca.gov
Phone: (877) 243-8832
Address: 850 Marina Bay Pkwy Richmond, CA 94804

Provider Category: Low Volume
Order Frequency: Every 3 months

Date of last order: June 20, 2017
Last order processed on: November 06, 2017
Order should be submitted on or after: Feb 04, 2018

Provider of Record: Test Provider
Provider of Record email: test@cdph.ca.gov
Vaccine Coordinator: Ima Person
Vaccine Coordinator email: test@cdph.ca.gov

[Key Practice Staff Change Request](#)

[Current Provider's Information](#)

[Update Practice Information](#)

VFC Practice Profile [2017](#) [2016](#)

Orders

Flu Order

Order VFC Vaccine

View Order History

Inventory

Enter Returns & Transfers

View Returns & Transfers

View Shipping History

Recertification

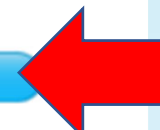
View Recertification

SHOTS

All temperature excursions must be reported through SHOTS (Storage and Handling Online Triage System)

Report/View Excursions

Log Out



Thank you for your participation in the California Vaccines for Children Program during 2018. Over 6 million children under 18 years of age in state are eligible to participate in VFC Program. We appreciate your efforts in ensuring that California's children are protected against vaccine preventable diseases.

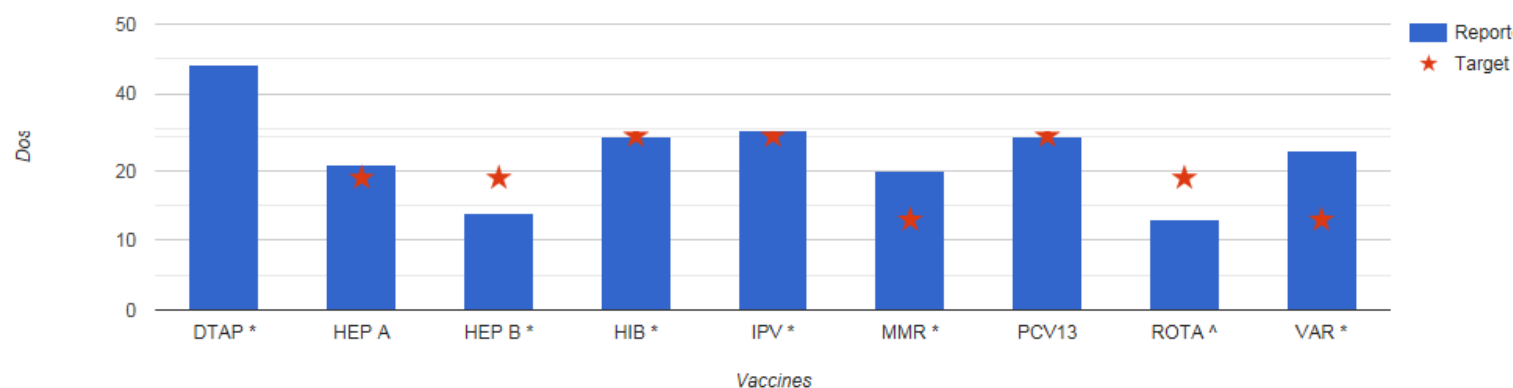
Your VFC Practice Profile:

- **Your Practice Volume and Order Frequency:** *Low Volume - Every 3 months*
- **Total vaccine doses received in 2018: 2630, Total Cost: \$12,308.70**
 - **VFC:** 160.00, **Total Cost** \$12,308.70
 - **Flu:** 2,470.00, **Total Cost** \$0.00
- **Vaccine doses wasted 4, Total cost: \$158.28**
 - **Expired:** 0, **Total Cost** \$0.00
 - **Wasted:** 0, **Total Cost** \$0.00
 - **Spoiled:** 4, **Total Cost** \$158.28
- **VFC eligible children reported in 2018: Ages <1: 17 Ages 1-6: 0**
- **VFC eligible adolescents reported in 2018: Ages 7-18: 0**
- **Percentage of VFC eligible patients 0-18 years of age in your practice: 100%**

2018 Summary of VFC Population and Vaccine Administration (12 month period, January 2018-December 2018):

Total VFC Eligible Children (<1 - 6 years) Reported in 2018: 17, 100%

Pediatric Vaccine Administration, January 2018 - December 2018.



* Total doses used include a sum of all products (single and combination vaccines) in the vaccine group.

^ Target for rotavirus is based on the 3 dose schedule for RotaTaq®. Providers using Rotarix® will have a lower target usage due to the 2 dose schedule for Rotarix®.

Key Provider Messages:

- Providers enrolled in the VFC Program agree to provide all ACIP recommended vaccines for populations served.

Required Lesson Information for Your PIN

Required Lesson Information for Your PIN

In order to access and complete VFC's 2019 Recertification form, every California VFC provider must complete federal VFC educational requirements for the practice. The training modules are now available on the EZIZ.org training page. Providers cannot begin to recertify until training has been completed by key practice staff.

The following EZIZ accounts associated with your PIN have reviewed and acknowledged the Vaccine Management Plan and the new 2019 Provider Operation Manual and have completed the 3 lessons required for the Provider of Record and Provider of Record Designee:

- Christina Sapad

The following EZIZ accounts associated with your PIN have reviewed and acknowledged the Vaccine Management Plan and the new 2019 Provider Operation Manual and have completed the 4 lessons required for the Vaccine Coordinator and Backup Vaccine Coordinator:

- Christina Sapad

If you are ready to start the 2019 Recertification, click the start button below to begin.

Start



Practice Information

Vaccines for Children (VFC) Program Provider eRecertification Form

- 1**
Practice Profile
- 2**
Key Practice Staff
- 3**
VFC/317 Vaccine Storage and Temperature Monitoring Equipment
- 4**
Provider Population
- 5**
Health Care Providers with Prescription Writing Privileges
- 6**
Provider Agreement Addendum
- 7**
VFC Provider Agreement
- 8**
Preview / Complete

It is a federal requirement that the Provider of Record of each enrolled site to which VFC Program vaccines will be delivered must complete and re-submit this form at least once a year. Enrolled sites should update their information whenever (1) the estimated number of eligible children to be served changes; (2) the status of the facility changes (e.g. a private provider becomes an agent of a federally qualified health center, etc.), or (3) the persons with prescription-writing privileges changes. To change your provider type, please contact the VFC customer service line at 1-877-243-8832

Practice Information / Shipping Address

PRACTICE NAME ⓘ Real Last and Final Test	PIN 222222	REGISTRY ID (IF YOU HAVE ONE) ⓘ VFC123
VACCINE DELIVERY / SHIPPING ADDRESS (NO P.O. BOX) * 5555 Ferguson Dr	CITY * Commerce	ZIP * 90022
VACCINE DELIVERY ADDRESS, PART 2 	SPECIAL INSTRUCTIONS FOR DELIVERY (IF ANY) 	COUNTY * SAN DIEGO ▼
EMPLOYER ID NUMBER (EIN) * ⓘ 99 - 9999999	PRACTICE NATIONAL PROVIDER IDENTIFIER (NPI) * ⓘ 9999999999	PHONE * 877 - 243 - 8832 FAX 877 - 329 - 9832
CHDP PROVIDER? * <input checked="" type="radio"/> Yes <input type="radio"/> No	MEDI-CAL PROVIDER? * <input checked="" type="radio"/> Yes <input type="radio"/> No	WOULD YOU LIKE TO BE ON THE VFC ONLINE LOCATOR? * <input checked="" type="radio"/> Yes <input type="radio"/> No
FACILITY TYPE? State Licensured Community Health Center (non-Federal)		

DELIVERY DAYS AND TIMES *

Please enter all of the days and times that your practice can receive vaccine shipments. If closed during lunch hour, please specify.

'Closed From/To' fields are not required if you accept deliveries during all hours of operation.

Providers must be on site with appropriate staff available to receive vaccines at least one day a week other than Monday, and for at least four consecutive hours during the day.

Tuesday	Open From 8AM ▼ To 5PM ▼	Closed/Lunch From -- ▼ To -- ▼
Wednesday	Open From -- ▼ To -- ▼	Closed/Lunch From -- ▼ To -- ▼
Thursday	Open From 9AM ▼ To 6PM ▼	Closed/Lunch From -- ▼ To -- ▼
Friday	Open From -- ▼ To -- ▼	Closed/Lunch From -- ▼ To -- ▼

* = required field ⓘ = more information

Save & Continue >>

Key Practice Staff

Vaccines for Children (VFC) Program Provider eRecertification Form



Please enter a current and valid medical license number for the Provider of Record. Medical Licenses will be validated to ensure active status of license.

Please do not put -0- in front of the license number (e.g. number should be '1234', not '01234').

Medical license that cannot be validated will result in an incomplete 2019 Recertification for your practice.

Role / Responsibility	Name *	Title	Specialty and Clinic Title *	License Information *	Direct Phone Number *	Email *
Provider of Record (as confirmed at completion of EZIZ training requirement)	Ima Person	MD	SPECIALTY: None CLINIC TITLE: * Medical Director	NATIONAL PROVIDER ID (NPI) 1234567890 MEDICAL LICENSE NUMBER G 57694	510 - 555 - 5555 EXT:	EMAIL ADDRESS FOR OFFICIAL VFC LETTERS AND MEMOS. megan.brunner@cdph.ca.gov PLEASE RE-TYPE EMAIL
Vaccine Coordinator (as confirmed at completion of EZIZ training requirement)	Ima Person	--	SPECIALTY: -- CLINIC TITLE: * Medical Director		510 - 555 - 5555 EXT:	EMAIL ADDRESS FOR VACCINE ORDER CONFIRMATIONS, OFFICIAL VFC LETTERS AND MEMOS. megan.brunner@cdph.ca.gov PLEASE RE-TYPE EMAIL
Backup Vaccine Coordinator (as confirmed at completion of EZIZ training requirement)	Ima Person	--	SPECIALTY: -- CLINIC TITLE: * Medical Director		510 - 555 - 5555 EXT:	EMAIL ADDRESS FOR VACCINE ORDER CONFIRMATIONS, OFFICIAL VFC LETTERS AND MEMOS. megan.brunner@cdph.ca.gov PLEASE RE-TYPE EMAIL
Provider of Record Designee (as confirmed at completion of EZIZ training requirement)	Ima Person	--	SPECIALTY: -- CLINIC TITLE: * Medical Director		510 - 555 - 5555 EXT:	EMAIL ADDRESS FOR OFFICIAL VFC LETTERS AND MEMOS. megan.brunner@cdph.ca.gov PLEASE RE-TYPE EMAIL
Primary VFA Contact (person responsible for managing your practice's Vaccines for Adults (VFA) Program)	Ima Person	--	SPECIALTY: -- CLINIC TITLE: * --		- - - EXT:	EMAIL ADDRESS FOR OFFICIAL VFA LETTERS AND MEMOS. megan.brunner@cdph.ca.gov PLEASE RE-TYPE EMAIL

If you do not see your name as part of the key practice staff, [click here](#) for a list of EZIZ users associated with your practice. If you do not see your name, contact the VFC Office at 1-877-243-8832.

* = required field i = more information

Those that are also part of our Vaccines for Adults (VFA) Program will need to enter the primary VFA Contact



California Vaccines
for Adults

California
For

Vaccine Storage Equipment

Vaccines for Children (VFC) Program Provider eRecertification Form

1

Practice Profile

2

Key Practice Staff

3

VFC/317 Vaccine Storage and Temperature Monitoring Equipment

4

Provider Population

5

Health Care Providers with Prescription Writing Privileges

6

Provider Agreement Addendum

7

VFC Provider Agreement

8

Preview / Complete

Review and update the vaccine storage unit and temperature monitoring equipment on file used to store federally-purchased vaccines (VFC, 317). Ensure that the information provided (brand, model number, serial number, calibration expiration date) is current and correct.

To add a vaccine storage unit and associated temperature monitoring device, all fields must be filled out. To remove a vaccine storage unit and associated temperature monitoring device, all information entered must be cleared. Click "Add more" to view additional lines to add or remove vaccine storage units and associated temperature monitoring equipment.

Vaccine Storage Units (used to store VFC vaccines)

INDICATE YOUR REFRIGERATOR STORAGE UNIT TYPE(S) BELOW:

1) REFRIGERATOR TYPE: * Stand-Alone	UNIT USE: * Primary	UNIT LOCATION/ID: * Room #5	BRAND, MODEL: * Helmer Scientific HLR125
	UNIT GRADE: * Purpose-built (Pharmacy/Laboratory Grade)		CAPACITY IN CUBIC FEET: * 25.2
THERMOMETER TYPE: * Data Logger	CALIBRATION EXPIRATION DATE: * 11/27/2020	THERMOMETER MODEL: * MFC400/LogTag	THERMOMETER SERIAL NUMBER: * 161589645
2) REFRIGERATOR TYPE: *	UNIT USE: *	UNIT LOCATION/ID: *	BRAND, MODEL: *
	UNIT GRADE: *		CAPACITY IN CUBIC FEET: *
THERMOMETER TYPE: *	CALIBRATION EXPIRATION DATE: *	THERMOMETER MODEL: *	THERMOMETER SERIAL NUMBER: *
3) REFRIGERATOR TYPE: *	UNIT USE: *	UNIT LOCATION/ID: *	BRAND, MODEL: *
	UNIT GRADE: *		CAPACITY IN CUBIC FEET: *
THERMOMETER TYPE: *	CALIBRATION EXPIRATION DATE: *	THERMOMETER MODEL: *	THERMOMETER SERIAL NUMBER: *
Add more			
Add more			
Add more			
Add more			
Add more			

Include any storage and temperature monitoring equipment that will be used for federally purchased vaccines (VFC and 317), including those located on mobile clinics

Patient Population

Vaccines for Children (VFC) Program Provider eRecertification Form



The VFC-eligible patient population has been pre-filled for your practice based on usage data reported by your actual patient population served by your practice.

Provider Population

ESTIMATED NUMBER OF VFC AND PRIVATELY INSURED PATIENTS 0-18 YEARS WHO WILL RECEIVE IMMUNIZATION IN YOUR PRACTICE. ENTER -0- IF THERE ARE NO PATIENTS IN THE CLINIC WITHIN ANY OF THE LISTED CATEGORIES.

Note: these numbers are calculated based on your VFC vaccine usage history. Update the numbers as necessary based on the number of patients seen in your practice.

Category	< 1 yr	Ages 1-18
	Number of patients *	Number of patients *
TOTAL VFC Eligible	0	0
1. CHDP/Medi-Cal Eligible	0	0
2. Uninsured	0	0
3. Am. Indian/Alaska Native	0	0
4. Underinsured (FQHCs and RHCs only)	Underinsured children may be immunized with VFC-supplied vaccines.	
Privately Insured	0	0
ALL CHILDREN	0	0

You must check this box if you put 0 patients under privately insured. "Acknowledge that our practice does not see privately insured patients based on the data source selected above. *Misrepresentation of your patient estimates may lead to fraud.*"

Acknowledge that our practice does not see privately insured patients based on the source selected above. ☐
Misrepresentation of your patient estimates may lead to fraud.

Misrepresentation of your patient estimates may lead to fraud.

I certify that the estimates I have provided are a true reflection of my pediatric patient population according to the data source selected. ☐
Below are the age-appropriate ACIP-recommended vaccines that I will provide based on my patient estimates.

- If I have patients ages 1 year or younger, I will order and provide the following vaccines: DTaP, Hep B, Hib, Influenza, Polio, Pneumococcal Conjugate, Rotavirus,
- If I have patients ages 1-6 years, I will order and provide the following vaccines: DTaP, Hep A, Hep B, Hib, Influenza, Polio, Pneumococcal Conjugate, MMR, Varicella,
- If I have patients ages 7-18 years, I will order and provide the following vaccines: HPV, Influenza, Meningococcal Conjugate, Tdap

☐ I certify that I have reviewed the provided patient estimates. I have edited or confirmed the estimates and they are a true reflection of my pediatric patient population according to the data source selected.

Additional Healthcare Providers

Vaccines for Children (VFC) Program Provider eRecertification Form



Health Care Providers with Prescription Writing Privileges

Instructions: You must use this form to list all other health care providers at your facility with prescription writing privileges who will administer VFC-supplied vaccines. Note: It is not necessary to include the names of all staff who may administer VFC vaccine, but rather only those who possess a medical license or are authorized to write prescriptions.

#	LAST NAME *	FIRST NAME *	NATIONAL PROVIDER ID (NPI) *	MEDICAL LICENSE NUMBER *	TITLE *	SPECIALTY *	
1	Doe	John	123456789	G 12345	MD	Pediatrics	Delete
2	Smith	Jane	987654321	NP 54321	NP	Family Practice	Delete

ADD NEW PROVIDERS:

#	LAST NAME *	FIRST NAME *	NATIONAL PROVIDER ID (NPI) *	MEDICAL LICENSE NUMBER *	TITLE *	SPECIALTY *
1				--	--	--
2				--	--	--
3				--	--	--
4				--	--	--
5				--	--	--
6				--	--	--

* = required field i = more information

Save & Continue >>

<< Previous Step

CDPH

California vaccines
for Adults

California vaccines
For Children

Immunization
Branch

VFC Provider Agreement

Vaccines for Children (VFC) Program Provider eRecertification Form



California Vaccines for Children (VFC) Program Provider Agreement Addendum

IMPORTANT: The following section must be completed by the Provider of Record. This is a legal agreement between the Provider of Record and the VFC Program. To renew participation in the VFC Program and receive publicly funded vaccines, the clinic's Provider of Record must review and agree to the following conditions on behalf of himself/herself and all the practitioners, nurses, and others associated with this clinic.

I, on behalf of myself and any and all practitioners associated with this medical office, group practice, Health Maintenance Organization (HMO), health department, community/migrant/rural clinic, hospital, or other entity of which I am the physician-in-chief, medical director or equivalent, agree to comply with all VFC Program requirements listed below.

1. Vaccine Management Plan

- Maintain a current and completed **vaccine management plan** (for routine and emergency situations) that includes practice-specific vaccine management guidelines and protocols, names of staff with temperature monitoring responsibilities, and completion dates of required EZIZ lessons for key practice staff.
- Review and update the plan at least annually, when VFC Program requirements change, and when staff with designated vaccine-management responsibilities change.
- Designate a staff member responsible for updating the practice's management plan.
- Ensure staff with assigned vaccine-management responsibilities review, sign, and date the vaccine management plan annually and each time it is updated.
- Store the vaccine management plan in a location easily accessible by staff, ideally near the vaccine storage units.

2. Training & Staffing

- Designate an on-site Provider of Record Designee authorized to sign VFC Program documents and assume responsibility for VFC-related matters in the absence of the Provider of Record.
- Designate fully trained, on-site Vaccine Coordinator and Backup Vaccine Coordinator as outlined in **Vaccine Coordinator Roles & Responsibilities**.
- Ensure Provider of Record and Designee, Vaccine Coordinator and Backup, and other key practice staff comply with federal VFC educational requirements, such as annual EZIZ trainings; ensure staff demonstrate competency in their assigned VFC responsibilities.
- Ensure that staff are knowledgeable of and familiar with all ACIP-recommended immunizations, including schedules, indications, dosages, and new products.
- Ensure staff, including supervisors and new employees, are properly trained on temperature monitoring, including proper use of the practice's digital data loggers and the required corrective actions for out-of-range temperatures.
- Ensure staff authorized to accept packages are trained to immediately notify the Vaccine Coordinator when vaccines are delivered.
- Conduct regular vaccine transport drills to maintain competency and readiness for emergencies.
- Immediately report to the VFC Program any changes in key practice staff who have immunization-related responsibilities; a change in the Provider or Record or Designee requires a signed **Key Practice Staff Change Request Form**.

3. Vaccine Storage Units

- Use only refrigerators or freezers that comply with **VFC vaccine storage unit requirements**. Very high volume providers must use purpose-built (pharmacy-, biologic-, or laboratory-grade) refrigerators. Other providers may use refrigerators and freezers that are purpose-built (preferred) or commercial-grade (acceptable). Household-grade, stand-alone units are discouraged. Purpose-built combination units, including auto-dispensing units without doors, are allowed.
- Acknowledge that manual-defrost freezers are acceptable if the practice has access to an alternate storage unit when defrosting the freezer. The alternate storage unit must comply with VFC **vaccine storage unit requirements** and be monitored using a **VFC-compliant digital data logger**. Temporary storage of VFC-supplied vaccines in a cooler is unacceptable.
- Never use any of the following for routine vaccine storage: household-grade, combination refrigerator-freezers; compact, household-grade, stand-alone refrigerators (with capacity 11 cubic feet or less); dormitory-style or bar-style combination refrigerator/freezers; manual-defrost refrigerators; convertible units; cryogenic (ultra-low) freezers; or any vaccine transport unit (including coolers and battery-operated units).
- Purchase new refrigerators (purpose-built) or freezers (any grade) if existing storage units experience frequent temperature excursions jeopardizing vaccine supply, or malfunctioned resulting in spoiled vaccines.

4. Vaccine Storage Unit Configuration

- Prepare vaccine refrigerators** and **vaccine freezers** following VFC Program requirements.
- Place water bottles (in refrigerators) and ice packs (in freezers only) to stabilize temperatures. (Exception for purpose-built, auto-dispensing units without doors.)
- Place buffered probes in the center of the refrigerator and freezer near vaccines. (Exception for purpose-built, auto-dispensing units without doors.)
- Place the data logger's digital display outside the storage units to allow temperature monitoring without opening vaccine storage unit doors. (Exception for purpose-built, auto-dispensing units without doors.)
- Plug the vaccine refrigerator and freezer directly into nearby, dedicated wall outlets that do not have built-in GFI circuit switches and are not controlled by light switches; never plug vaccine storage units into extension cords, or power strips or surge protectors with an on/off switch.
- Post **"Do Not Unplug"** (IMM-744) signs on electrical outlets and circuit breakers to prevent interruption of power.
- Set up vaccine refrigerators** and **vaccine freezers** following VFC Program requirements.
- Clearly identify VFC-supplied and privately purchased vaccines. Designate and label separate shelf space or mesh baskets.
- Clearly label shelves or baskets to group vaccines by pediatric, adolescent, and adult types.
- Allocate enough space to position vaccines or baskets 2-3 inches away from walls, storage unit floor, and other baskets to allow space for air circulation. (Exception for purpose-built, auto-dispensing units without doors.)
- Post **VFC temperature logs** on vaccine storage unit doors or in an easily accessible location.

5. Digital Data Loggers

VFC and 317 Provider Agreements

Vaccines for Children (VFC) Program Provider eRecertification Form



In addition to the VFC Agreement, 317 providers (LHDs) will see a 317 Agreement. VFA Providers have a separate 317 Agreement tailored towards VFA requirements.

VFC PROVIDER AGREEMENT

IMPORTANT: The following agreement is for the use of 317-funded vaccines.

Agreement for the Use of 317-Funded Vaccines

To receive publicly funded

1. I will annual

2. I will screen

following ca
A. Federally

1. Are i

2. Are i

3. Have

4. Are i
Fede

B. State Vac

1. In ac

Children ag

3. For the vacc

a. In th

b. The i

4. I will mainte
of vaccine,

5. I will immu

6. I will not ch
or the contr

7. I will not de

8. I will distrib
Event Repoi

9. I will compl

a. Orde

b. Not s

- Federally-funded Section 317 vaccine doses will be administered to any individual aged 19 years and older, who is uninsured or underinsured. Eligibility screening will be conducted prior to the administration of vaccine doses. Verification of eligibility can be obtained verbally from the individual.
- Vaccine doses will be administered in compliance with the most recent immunization schedule, dosage, and contraindications established by the Advisory Committee on Immunization Practices (ACIP) unless:
 - in making a medical judgment in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the patient; or
 - the patient declines particular immunizations.
- Patients immunized with 317-funded vaccines will not be billed for the cost of the vaccine, however an administration fee of up to \$26.03 per vaccine dose may be charged to patients. If the individual is unable to pay the administration fee, the vaccine dose cannot be denied.
- Current Vaccine Information Statements (VIS) will be offered prior to each vaccination. Vaccine administration records will be maintained in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) www.vaers.hhs.gov
- Immunization of patients will be documented using either the California Immunization Registry (CAIR), Electronic Health Record (EHR), 317 Eligibility Screening Form, or a similar paper log containing the required documentation elements found in the 317 Eligibility Screening Form and 317 Vaccine Usage Log. The total number of patients immunized with 317 doses and inventory on-hand will be promptly reported to CDPH.
- The patient's written 317 eligibility status and all records related to the 317 vaccine project will be retained for three (3) years. If requested, these records will be made available to CDPH. Records include, but are not limited to, vaccine administration documentation, billing records, medical records that verify receipt of vaccine, and vaccine temperature log records. Release of such records will be bound by federal and state privacy laws.
- Standards for vaccine management outlined will be followed, including:
 - vaccine ordering and maintaining appropriate vaccine inventories;
 - not storing vaccine in dormitory-style units or combination vaccine units at any time;
 - storing vaccine under proper storage conditions at all times;
 - monitoring and documenting vaccine storage unit temperatures on temperature logs;
- Organization will operate within the 317 Vaccine Program guidelines intended to avoid fraud and abuse.
- Authorized representatives of the 317 Vaccine Program will be permitted to visit the facility in order to review compliance with policies and procedures.
- Vaccine purchased with federal funds (317) that are deemed non-viable due to provider negligence will be replaced on a dose-for-dose basis.
- The term of this agreement is from November 1, 2017 until vaccine doses are completely administered. 317-funded vaccines can continue to be administered until its expiration date.
- I understand that the CDPH, Immunization Branch or my practice/organization may terminate this agreement at any time for personal reasons, no reason, or failure to comply with these requirements

PROVIDER OF RECORD ELECTRONIC SIGNATURE * <input type="checkbox"/> By checking this box and entering my name and medical license below, I Test Provider certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children program requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.		MED. LICENSE NUMBER A9999	DATE 12/06/2018
PERSON SUBMITTING APPLICATION:			
NAME [Text Field]		TITLE [Text Field]	
PHONE [Text Field]		EMAIL [Text Field]	

What Happens After Recertification



After Submitting Recertification

- Email confirmation will be sent to all key practice staff and the person who completed the Recertification Form
- Any required follow-up actions will be at the top of confirmation of submission page and the confirmation email
- View your submitted Recertification on your MyVFCvaccines home page and click on the link “View Recertification”



Review and Update Vaccine Management Plan

- Review your vaccine management plan and update with any changes
- All key practice staff must sign the plan annually



VFA
California Vaccines
for Adults

VFC
California Vaccines
For Children



Vaccine Management Plan					
KEEP YOUR MANAGEMENT PLAN NEAR THE VACCINE STORAGE UNITS					
The California VFC Program requires each practice to maintain a vaccine management plan for routine and emergency situations. This template includes space for information about the practice such as guidelines, protocols, contact information, and staff training. VFC Field Representatives may ask to review it during compliance and unannounced storage and handling site visits.					
Instructions: Review and update your plan at least once a year. Ensure that all content in each section (including emergency contact information and alternate vaccine storage location) is up to date. Make sure key practice staff sign and acknowledge the signature log whenever your plan is revised.					
Section 1: Important Contacts					
KEY PRACTICE STAFF & ROLES					
Office/Practice Name		VFC PIN Number			
Address					
Role	Name	Title	Phone #	Alt Phone #	E-mail
Provider of Record					
Provider of Record Designee					
Vaccine Coordinator					
Backup Vaccine Coordinator					
Immunization Champion (optional)					
Receives vaccines					
Stores vaccines					
Handles shipping issues					
Monitors storage unit temperatures					
USEFUL EMERGENCY NUMBERS					
Service	Name	Phone #	Alt Phone #	E-mail	
VFC Field Representative					
VFC Call Center		1-877-243-8832			
Utility Company					
Building Maintenance					
Building Alarm Company					
Refrigerator/Freezer Alarm Company					
Refrigerator/Freezer Repair					
Point of Contact for Vaccine Transport					

www.cdph.org 1 IMM-1122 (12/18)

If You Need to Update Information After Recertification



MAIN PAGE

Izzy the Bear- Pediatrics MD
PIN: 888888

Order confirmation email: megan.brunner@cdph.ca.gov
Add'l order confirmation email: thisidonotknow@gmail.com
Phone: (877) 243-8832
Address: 850 Marina Bay Pkwy Richmond, CA 94804

Provider Category: Low Volume
Order Frequency: Every 3 months

Date of last order: June 20, 2017
Last order processed on: November 06, 2017
Order should be submitted on or after: Feb 04, 2018

Provider of Record: Ima Person
Provider of Record email: megan.l...@...
Vaccine Coordinator: Ima Person
Vaccine Coordinator email: megar...@...
[Key Practice Staff Change Request](#)

[Current Provider's Information](#)
[Update Practice Information](#)
VFC Practice Profile [2017](#) [2016](#)

Orders

[Flu Order](#)

[Order VFC Vaccine](#)

[View Order History](#)

Inventory

[Enter Returns & Transfers](#)

[View Returns & Transfers](#)

[View Shipping History](#)

Recertification

[View Recertification](#)

SHOTS

All temperature e
reported through
and Handling Onli

[Report/View](#)

State of California—Health and Human Services Agency
VACCINES FOR CHILDREN (VFC) PROGRAM

California Department of Public Health

KEY PRACTICE STAFF CHANGE REQUEST FORM

Complete, sign, and fax to the CA VFC Program at 1-877-FAXX-VFC (1-877-329-9832)

INSTRUCTIONS: Providers are required to notify the VFC Program immediately to report changes in key practice staff. Use this form to make any changes to key practice staff with responsibilities related to the VFC Program. The Provider of Record must sign the form acknowledging his/her authorization of these changes.

- Provider of Record (POR):** The clinic's Provider of Record (POR) is responsible for the clinic's overall compliance with VFC Program requirements. This is usually the clinic's physician-in-chief or the clinic's medical director (a licensed Medical Doctor, Doctor of Osteopathy, Nurse Practitioner, Physician Assistant, or a Certified Nurse Midwife with prescription privileges in the State of California).
- Vaccine Coordinator:** A designated, on-site, and fully trained staff member responsible for all vaccine management activities within the practice.
- Backup Vaccine Coordinator:** A designated, on-site, and fully trained staff member responsible for all vaccine management activities within the practice when the Vaccine Coordinator is unavailable.
- Provider of Record Designee:** An on-site staff member designated by the clinic's Provider of Record to act on his/her behalf on VFC Program related matters, such as signing the visit acknowledgement form, when the POR is unavailable.

Key clinic staff must complete required lessons on the VFC website www.EZIZ.org. Completion of those lessons must occur before the VFC Program makes any changes to the practice's VFC Provider information.

Practice Information	
Practice Name	PIN
Address	County
City	ZIP
Phone	Fax

Key Practice Staff							
Change	Completed Required Lessons	Role/Responsibility	Name	Title (MD, DO, NP, PA)	Specialty/Clinic Title (if applicable)	National Provider ID # (if applicable)	Contact Information
<input type="checkbox"/>	<input type="checkbox"/>	Provider of Record*			Specialty: _____ Clinic Title: _____		Direct Phone Number: _____ Email: _____
<input type="checkbox"/>	<input type="checkbox"/>	Vaccine Coordinator	Go to your MyVFCvaccines.org home page and click on "Update Practice Information" to update the Vaccine Coordinator online				
<input type="checkbox"/>	<input type="checkbox"/>	Backup Vaccine Coordinator	Go to your MyVFCvaccines.org home page and click on "Update Practice Information" to update the Backup Vaccine Coordinator online				
<input type="checkbox"/>	<input type="checkbox"/>	Provider of Record Designee			Clinic Title: _____		Direct Phone Number: _____ Email: _____

*Any changes to the Provider of Record on this form must include a signed copy of the VFC Provider Agreement and the California Provider Agreement Addendum. Continue to page 2 through 6 ONLY if the Provider of Record has changed since the practice last Recertified with VFC.

By signing this form, I authorize these changes be made to key practice staff with responsibilities related to the VFC Program.	
Provider of Record Name (print):	Date:
Provider of Record (signature):	

Not Submitting Recertification



VFA
California Vaccines
for Adults

VFC
California Vaccines
For Children



Not Submitting Recertification On-Time

- Not submitting Recertification by the stated deadline will lead to account suspension
 - No VFC orders can be placed
 - No VFC vaccine transfers to the clinic can be submitted
- Failure to submit within a certain time period after the deadline will lead to termination from the VFC Program



Summary

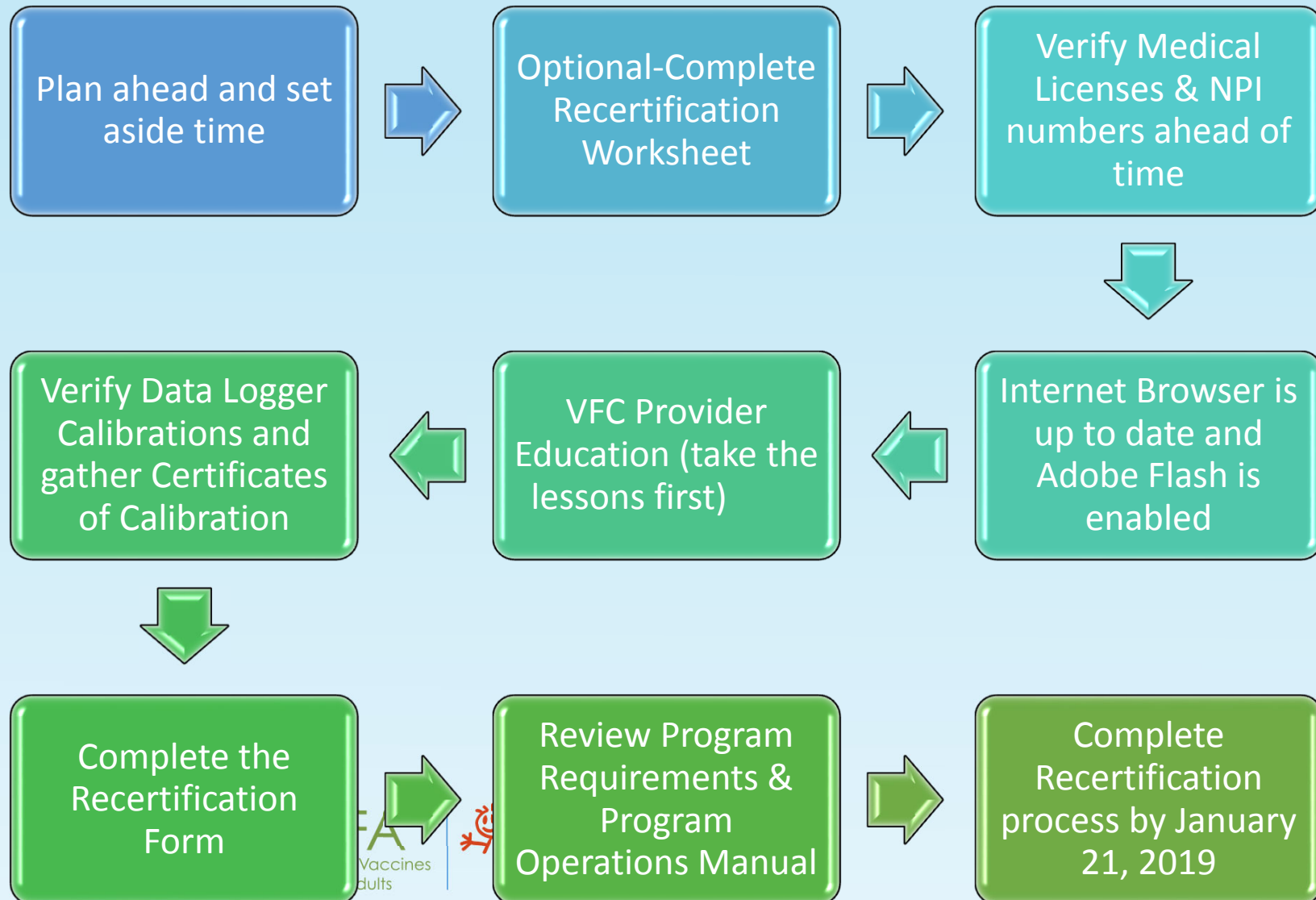


Plan ahead & set time

- Designate time on your calendar to complete Recertification activities
- Check with your IT Department to ensure your browsers are up-to-date, and Adobe Flash Player and JavaScript are enabled
- Run reports now from your Electronic Health Record (EHR), Immunization Registry, or VFC Vaccine Usage Logs to gather patient population data
- Ensure your data logger calibration certificates are up-to-date
- Verify medical license information for health care providers with prescription-writing privileges that will be administering vaccines



Steps for Successful Completion



Question and Answer Session

- Thank you for your submitted questions!
- Any unanswered questions will be added to VFC's Recertification FAQs document and posted on EZIZ along with this webinar recording.



VFA
California Vaccines
for Adults

VFC
California Vaccines
For Children

Immunization
Branch

California Vaccines for Children (VFC) Program 2019 VFC Recertification – Frequently Asked Questions (FAQs)

EZIZ Lessons

Q: What lessons are the Vaccine Coordinator, Backup Vaccine Coordinator, Provider of Record, and Provider of Record Designee required to complete for 2019 Recertification?

A: The lessons required by role are listed below:

Legend: ✓ = Required Lesson	Start Date	Key Practice Staff			
		Vaccine Coordinator	Backup Vaccine Coordinator	Provider of Record	Provider of Record Designee
Lessons	VFC Program Requirements *	Recertification Launch	✓	✓	✓
	Storing Vaccines*	Recertification Launch	✓	✓	✓
	Monitoring Storage Unit Temperatures*	Recertification Launch	✓	✓	✓
	Conducting a Vaccine Inventory *	Recertification Launch	✓	✓	Encouraged
Review & Acknowledge	Provider Operations Manual <i>(NEW)</i>	Recertification Launch	✓	✓	✓
	Vaccine Management Plan <i>(Updated)</i>	Recertification Launch	✓	✓	✓

* Test-out option available

Q: When can providers and key practice staff start taking the [EZIZ lessons](#) required for 2019 Recertification?

A: Once 2019 Recertification has launched, they may begin taking the required lessons and receive credit for completion. **IMPORTANT:** Any lessons completed prior to the Recertification launch date will not receive credit towards 2019 VFC Recertification.

Q: Does it matter what internet browser I use to complete the lessons?

A: There are certain browsers and versions that can be used to complete the lessons, however Internet Explorer and Mozilla Firefox have been the most compatible with the EZIZ lessons. Ensure that your internet browsers are up-to-date and that your browser history is cleared to prevent issues with accessing the lessons. The lessons will require that Adobe Flash and JavaScript are enabled.

Q: One of the lessons did not display my post-lesson test results - how do I know if I passed?

A: If there is a link that says "Certificate" and a date completed in your learning history for that lesson, then you passed. If there is a link that says "Retry", then you did not pass the lesson and must retake it.

Thank You

We would like to thank you for your renewed participation in the California Vaccines for Children (VFC) Program!

Please complete the survey to let us know how we are doing and to suggest future topics you would like more information on.

