

The purpose of the Quick Reference Guide for VFC and State Enrollment is to provide the Electronic Signature Authority with step-by-step instructions for the enrollment process. If questions or concerns should arise during the enrollment process, contact the help desk at 866-439-4082.

The Electronic Signature Authority is the facility's medical director or equivalent. In South Carolina, the medical director or equivalent may be:

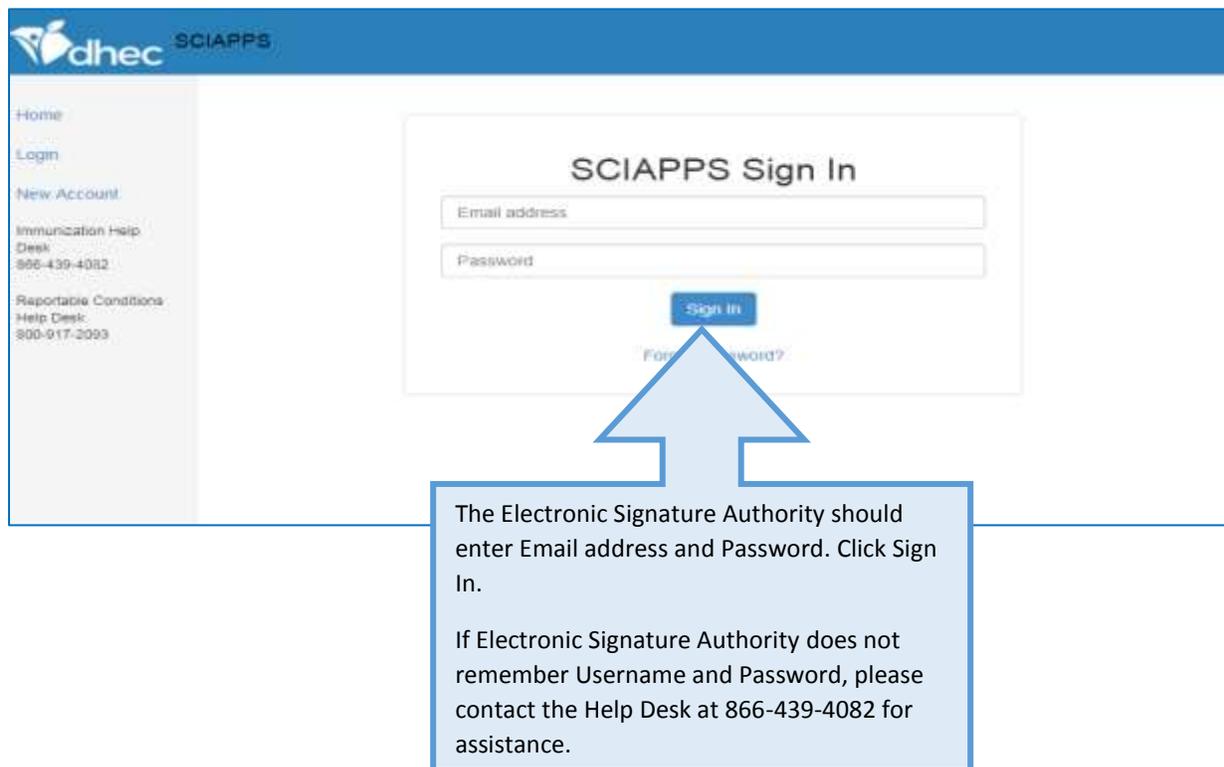
- Doctor of Medicine (MD)
- Doctor of Osteopathy (DO)
- Advanced Practice Registered Nurse (APRN)
- Registered Pharmacist (RPh)

Doctor of Medicine (MD) or Doctor of Osteopathy (DO) must co-sign the Vaccines for Children Program Provider Agreement, DHEC 1144, for Registered Pharmacist (RPh).

The Electronic Signature Authority must have a SCIAPPS account to proceed. If the Electronic Signature Authority does not have a SCIAPPS account, please select and print the Quick Reference Guide for Establishing a New Account on the SCIAPPS home page (<https://www.scdhec.gov/apps/health/sciapps>) and follow the step-by-step instructions to establish a new account.

Logging into SCIAPPS

To begin the VFC enrollment process with an existing SCIAPPS account, Electronic Signature Authority should go to: <https://www.scdhec.gov/apps/health/sciapps>

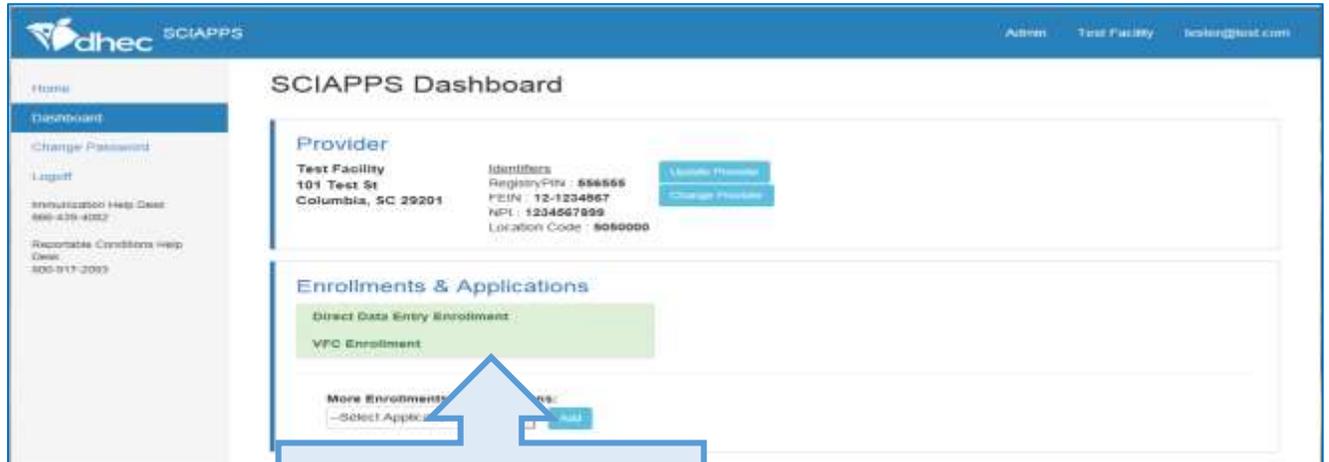


The screenshot shows the SCIAPPS Sign In page. The page has a blue header with the DHEC logo and 'SCIAPPS' text. On the left, there is a navigation menu with links for Home, Login, New Account, Immunization Help Desk (866-439-4082), and Reportable Conditions Help Desk (800-017-2093). The main content area is titled 'SCIAPPS Sign In' and contains two input fields: 'Email address' and 'Password'. Below these fields is a blue 'Sign In' button. A light blue callout box with a blue border and a blue arrow pointing to the 'Sign In' button contains the following text:

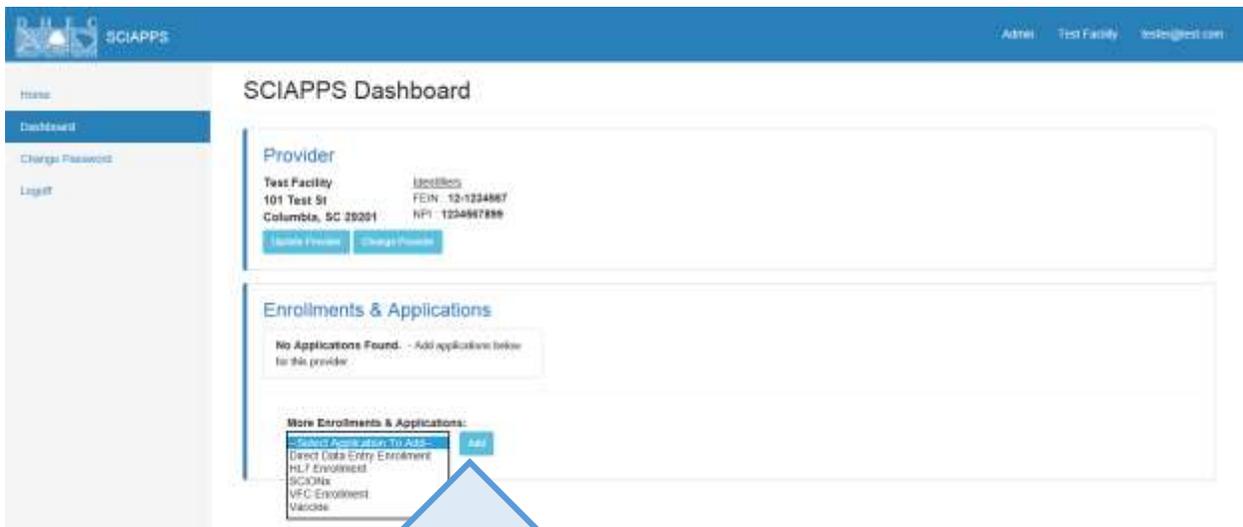
The Electronic Signature Authority should enter Email address and Password. Click Sign In.

If Electronic Signature Authority does not remember Username and Password, please contact the Help Desk at 866-439-4082 for assistance.

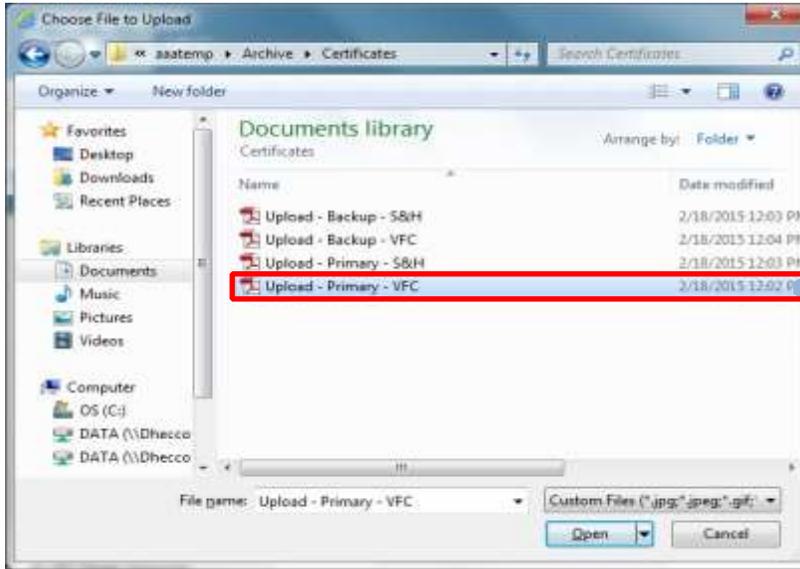
Navigating To VFC Enrollment



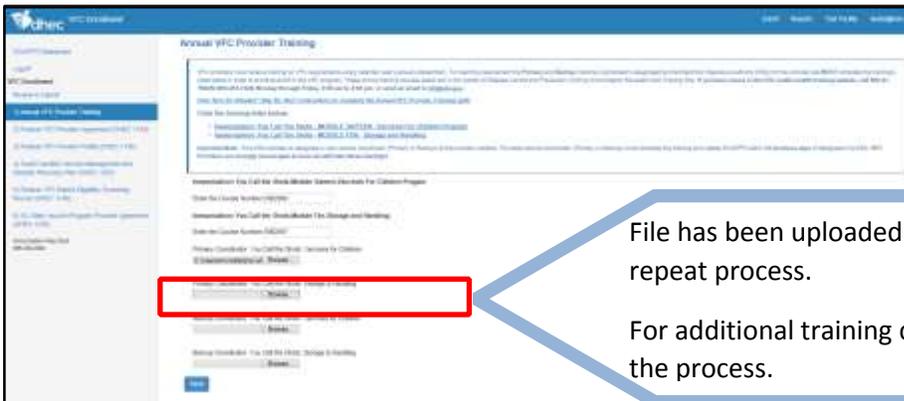
Click on the VFC Enrollment entry in the Enrollments & Applications section of the SCIAPPS Dashboard.



If the VFC Enrollment application is not listed, it can be added through the dropdown.



Select appropriate file for first certificate upload.
Click **OPEN**.

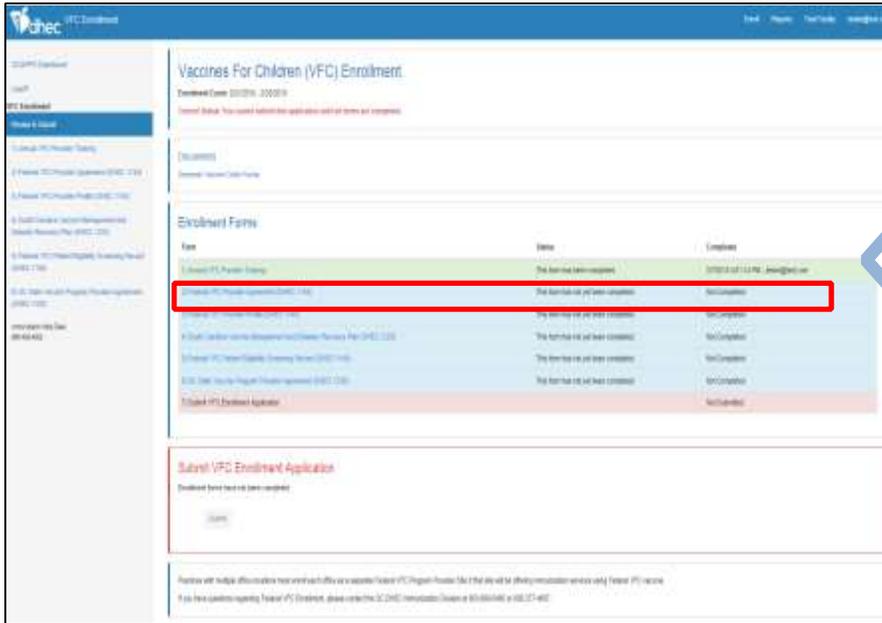


File has been uploaded. If incorrect file, repeat process.
For additional training certificates, repeat the process.

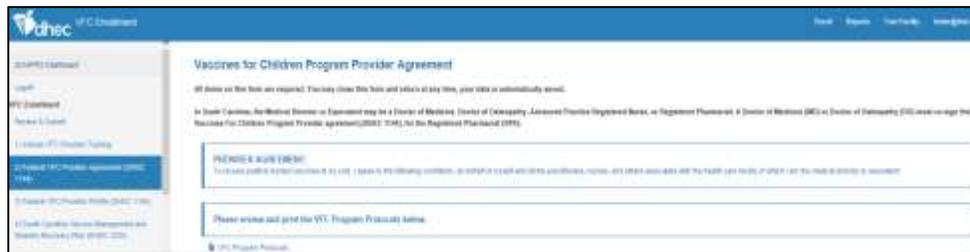


When the row is highlighted **GREEN**, the step/form has been completed. The columns **STATUS** and **COMPLETED** for each **FORM** are updated.
As the remaining forms are completed, the rows will be highlighted **GREEN**.

Federal VFC Provider Agreement, Form DHEC 1144



ENROLLMENT STEP 2:
Click on **FEDERAL VFC PROVIDER AGREEMENT (DHEC 1144)** to complete this form. This is a legal document. The Electronic Signature Authority must complete the form.

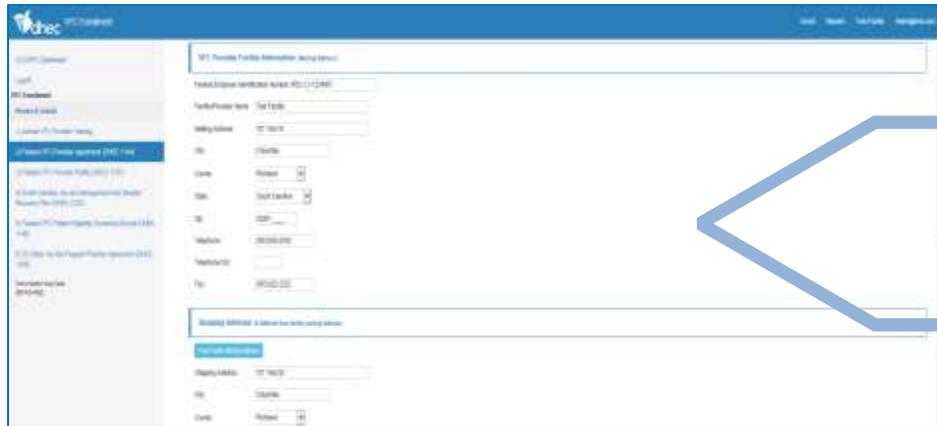
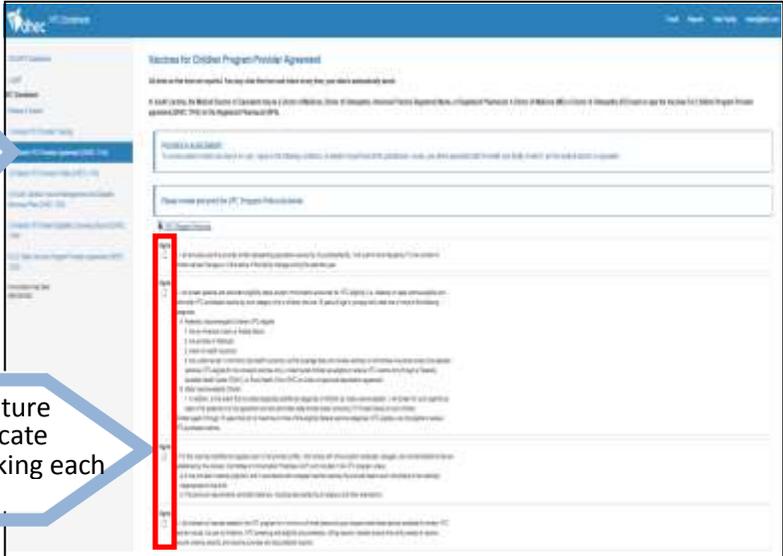


The ESA or VFC Coordinator must **Click** on the VFC Program Protocol to review.

The Electronic Signature Authority must read the Federal VFC Provider Agreement DHEC 1144

The Electronic Signature Authority must complete all required elements of the Federal VFC Provider Agreement

The Electronic Signature Authority must indicate agreement by checking each "Agree" box.



Complete the VFC Provider Facility Information mailing address and shipping address sections

The screenshot displays the VFC Enrollment web application interface. On the left is a navigation menu with options like 'VFC Enrollment', 'VFC Dashboard', and 'VFC Vaccine Coordinator'. The main content area is divided into three sections, each with a title and a set of input fields:

- VFC Vaccine Coordinator:** Fields for Name (John Tait), Title (SA), Telephone (803.688.0000), Telephone Ext., and Email (john.tait@dhec.sc.gov).
- Primary Coordinator:** Fields for Name (John Tait), Title (SA), Telephone (803.688.0000), Telephone Ext., and Email (john.tait@dhec.sc.gov).
- Additional Contact:** Fields for Name (John Tait), Title (SA), Telephone (803.688.0000), Telephone Ext., and Email (john.tait@dhec.sc.gov).

Below each section is a note about 'Updated Training Certificates' with links to 'You Can't Be Logged In to Child Care' and 'You Can't Be Logged In to Child Care'.

Complete the VFC Primary Vaccine Coordinator Information.

All facilities must have a VFC Backup Coordinator in addition to the Primary Coordinator.

New--All facilities may select an additional contact person (office manager etc.).

Complete the Providers Practicing at the Facility section.

The Electronic Signature Authority (Medical Director or Equivalent) must enter Title, Medical License No., Medicaid or NPI No. (if applicable) and select Specialty.

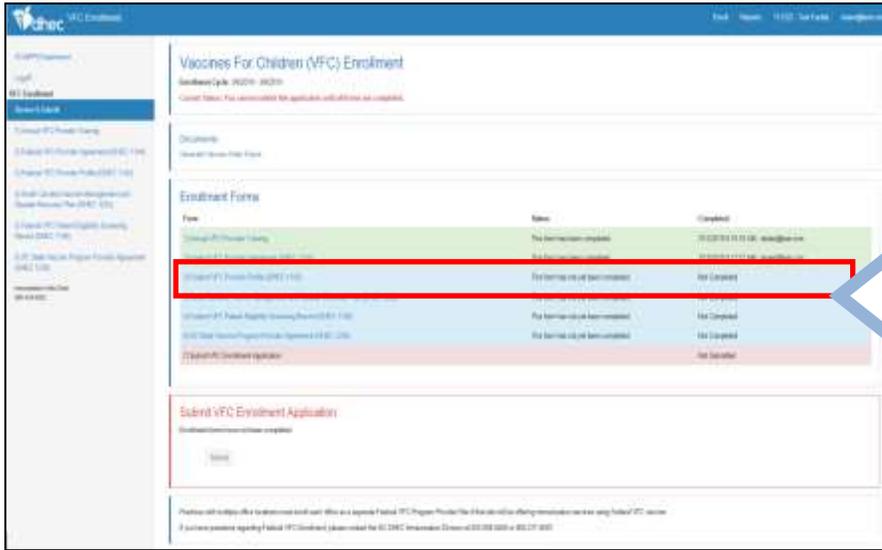
Enter all licensed health care providers including Title, Medical License No., Medicaid or NPI No. (if applicable), Specialty and Email Address.

Use the  and  buttons to add and delete rows.

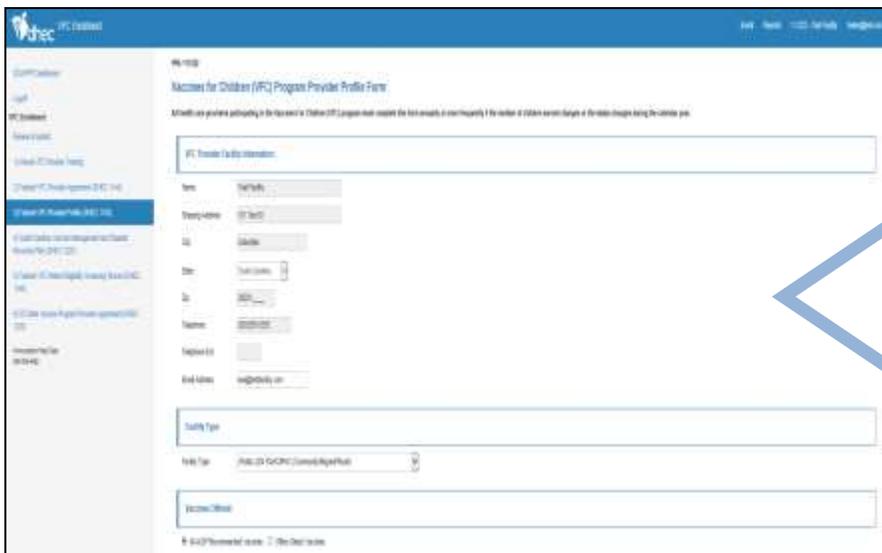
The Electronic Signature Authority (Medical Director or Equivalent) must enter his/her email address as his/her electronic signature **once the VFC application is complete** (this section will be grayed-out until all forms are complete). This email must match email address associated with account. If Rph, a second signature will be required.

Click **SAVE** once form is completed.

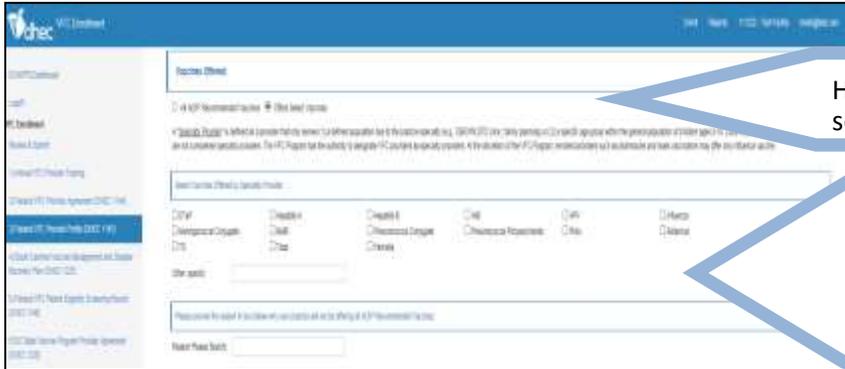
Federal VFC Provider Profile, DHEC 1145



ENROLLMENT STEP 3:
Click on **FEDERAL VFC PROVIDER PROFILE (DHEC 1145)** to complete the form.



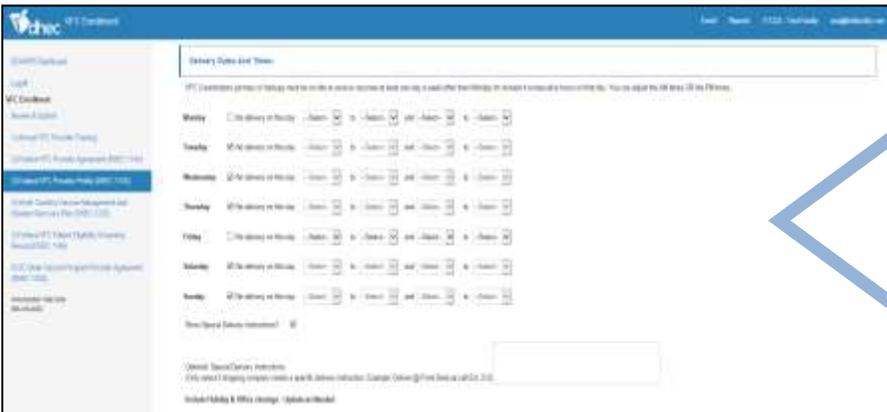
Most information is pre - populated. Please complete field as applicable.
Select **Facility Type**.



Health departments and pediatricians must select **All ACIP Recommended Vaccine**.

Specialty providers who serve a defined population due to the practice specialty or a specific age group within the general population of children ages 0-18 may select **Offers Select Vaccines** and indicate vaccines to be offered.

Specialty providers who serve a defined population must specify a reason why the practice will not be offering all ACIP Recommended Vaccines.



Enter all days and times vaccine may be received.

No delivery on this day must be unchecked to enter times for morning and afternoon.

Immunization Registry users who manually enter data on administered vaccines and the patient's vaccine eligibility may obtain data for the most recent twelve (12) month period of use via the **REPORTS** tab.

Completion of the Provider Population section is the next section. Re-enrolling provider's information must be based on **actual data** and not estimations. New VFC providers must use benchmarking as the type of data to determine eligibility.

Benchmarking defined as a point of reference from which measurements may be made. Sources of benchmarking data may come from US Census Bureau or the provider's business plan.

Provider Population for the previous 12 months must be reported for the number of children who receive vaccinations at your facility by age group by eligibility category.

A number must be entered in each field. Enter "0" as appropriate.



Click on desired report:

Annual VFC Provider Profile Data – The 3 Year Provider Profile Report (DHEC 1145) may also be selected to retrieve the last 3 years of profile data entered by the provider.

OR

Annual Registry Data – Report shows the most recent, consecutive 12 month time period

Once report is generated, click on **PRINT (open in new window)**.



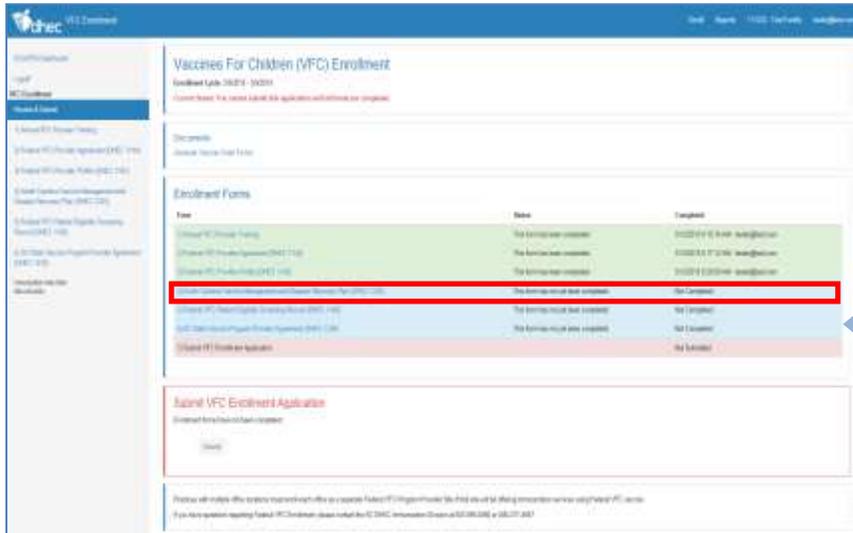
Unfortunately, South Carolina Immunization Registry users who submit data via HL7 will not be able to use this report to assist in the completion of the Provider Profile since electronic health records (EHR) document eligibility at the patient level. VFC requires eligibility at the vaccine level.

The screenshot shows the 'VFC Enrollment' form. The section 'Type of Data Used to Determine Provider Population' contains several radio button options: 'All Vaccines', 'Selected Vaccine(s)', 'Data Addressed Date', 'Provider Encountered Date', 'Billing System', and 'Other (Specify)'. Below this section are fields for 'Email address of person completing form' and 'First Name of person completing form'. A red box highlights the 'SAVE' button at the bottom left of the form.

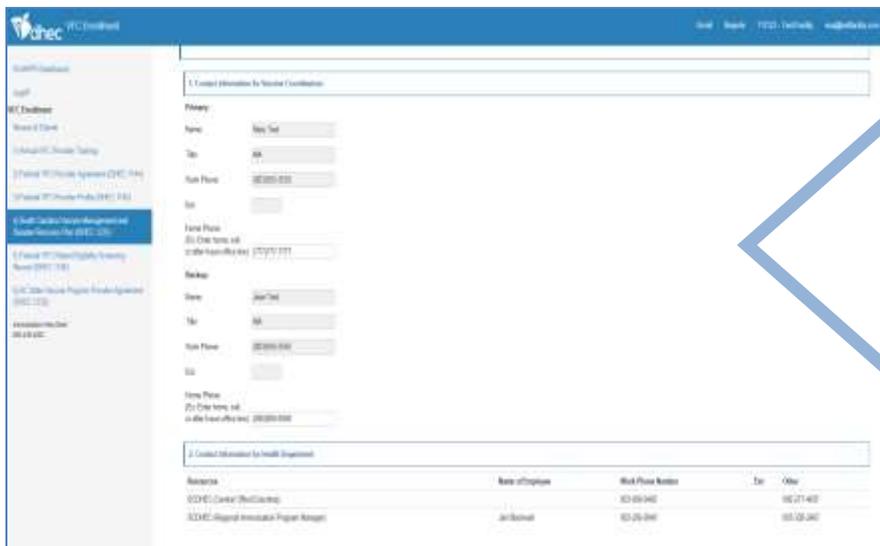
Enter **Type of Data Used to Determine Provider Population** (choose all that apply).

ESA must enter his/her individual Email address as signature and enter name.
After completing the entire form, click **SAVE**.

VFC Vaccine Management & Disaster Recovery Plan, (DHEC 1225)



ENROLLMENT STEP 4:
Click on **VFC Vaccine Management & Disaster Recovery Plan (DHEC 1225)** to complete the form.



Complete the contact information for the primary and back - up vaccine coordinators.
The contact information for DHEC will automatically populate based upon the county in which the practice is located.

The screenshot shows the 'Part A. Facility Details' section of the VFC Enrollment form. It contains three sub-sections, each with a table for 'Electrical Power Sources' and 'Refrigeration Systems'. Each table has columns for 'Name of System/Component', 'Type of Contact', 'Method', 'LP', 'Date Period', and 'ID'. The first section is for 'Electrical power restoration in the event of a power failure', the second for 'Refrigeration repair and emergency maintenance', and the third for 'Refrigeration repair and emergency maintenance'.

Continue to complete the sections for:

- Contacts for restoring electrical power in the event of a power failure
- Contacts for refrigeration repair and emergency maintenance.

Note: A second group of entry fields is available if needed but an entry is not required.

Person completing the form must click each **Agree** .

This screenshot shows the 'Part A. Facility Details' section of the VFC Enrollment form, specifically the 'Refrigeration Systems' table. A red box highlights the 'Agree' checkbox in the first row of the table. The table has columns for 'Name of System/Component', 'Type of Contact', 'Method', 'LP', 'Date Period', and 'ID'. Below the table, there is a large block of text containing terms and conditions, numbered 1 through 7.



When completing the calibrated digital data logger (DDL) section:

Press to add a row.
Press to delete a row.

Enter all certificates of calibration for DDL(s) used to monitor VFC/State vaccine.

Upload one certificate of calibration for each unit using the **BROWSE** feature. (For guidance on the **BROWSE** feature, go to page 3. Do not send certificates of calibration to the Immunization Division.

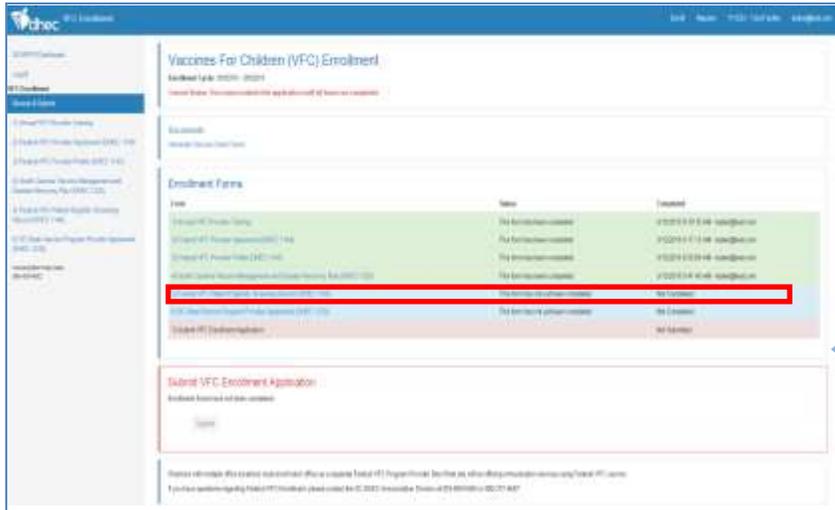


The provider will indicate the Disaster Recovery Plan for the practice within the following:

A response of "Yes" or "No" is not an acceptable response.

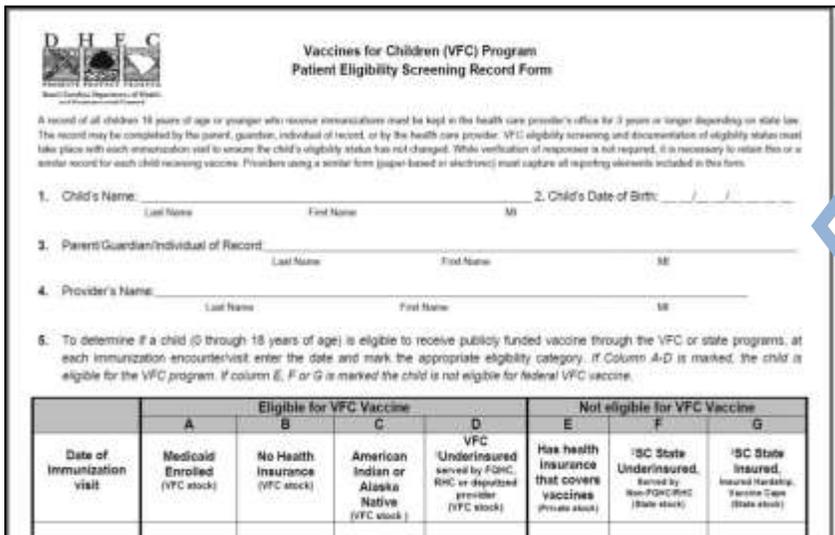
Refer to [CDC Vaccine Storage and Handling Toolkit](#) for guidance.

Federal VFC Patient Eligibility Screening Record (DHEC 1146)



ENROLLMENT STEP 5:
Click on **FEDERAL VFC PATIENT ELIGIBILITY SCREENING RECORD (DHEC 1146)** to complete.

Click on **DHEC 1146** to review the form.



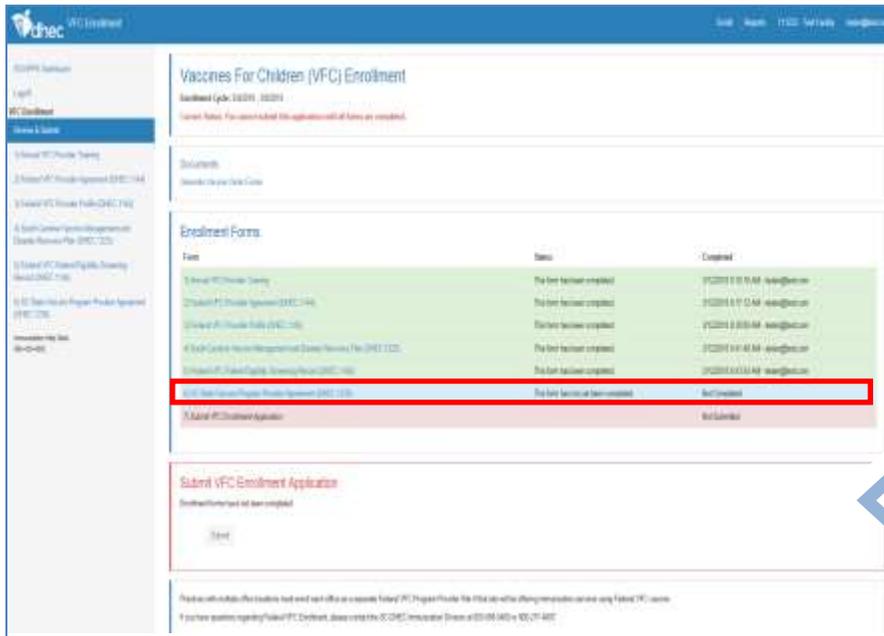
Provider needs to review Patient Eligibility Screening Record Form.
Once review is completed, close window.

Click each **Agree** .
Click **SAVE**.

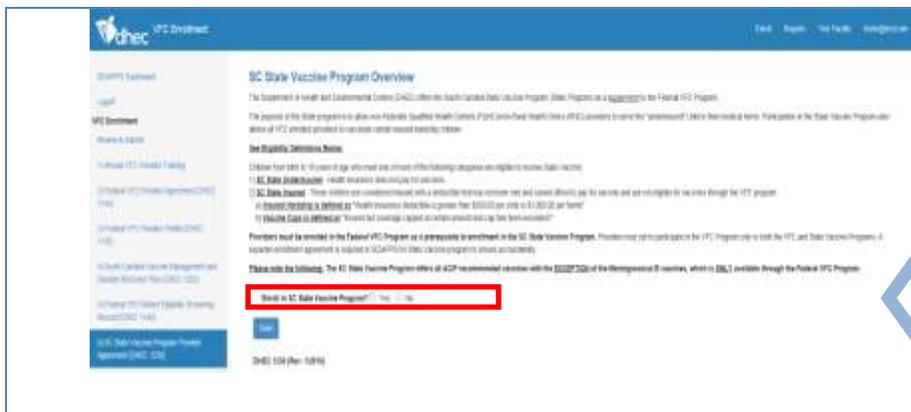


SC State Vaccine Program Provider Agreement (DHEC 1230)

Enrollment in the South Carolina State Vaccine Program is **optional** and in addition to enrollment in the VFC Program. Providers may not enroll solely in the State Vaccine Program. The State Vaccine Program requires documented eligibility screening and vaccine inventory. The vaccine inventory must be ordered prior to seeing this patient population.

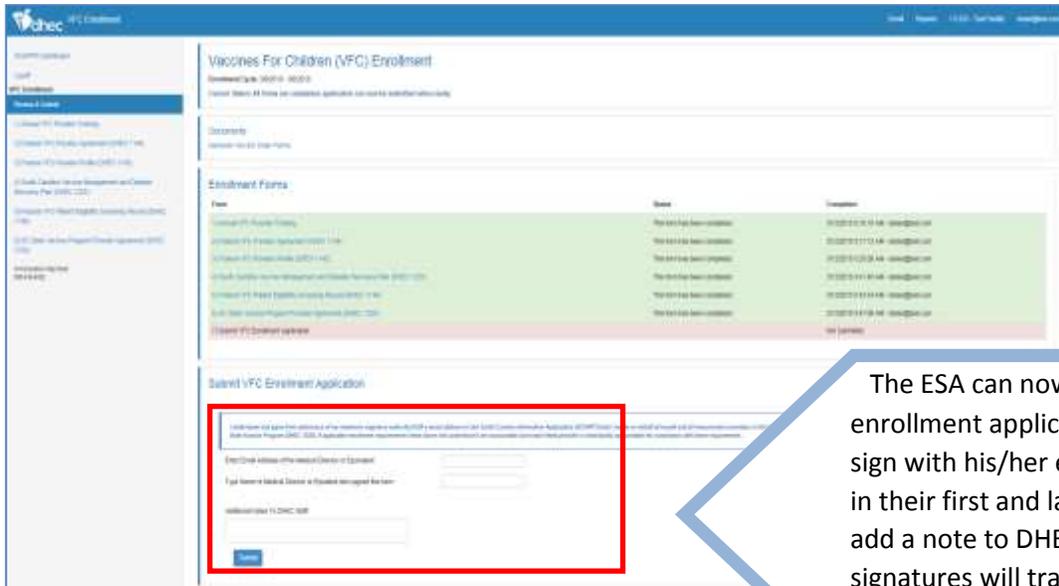


ENROLLMENT STEP 6:
Click on **SC STATE VACCINE PROGRAM PROVIDER AGREEMENT (DHEC 1230)** to complete the form.



To enroll in the SC State Vaccine Program, click **YES**, complete the form and click **SAVE**.
OR
If enroll in the SC State Vaccine Program is not desire, click **NO** and **SAVE**.

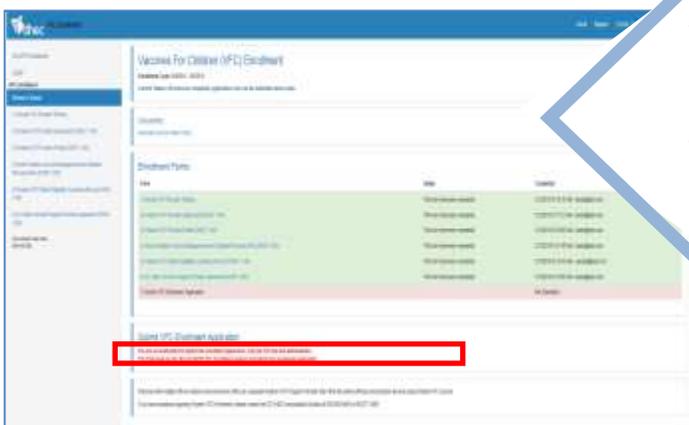
Submission of VFC Enrollment Application



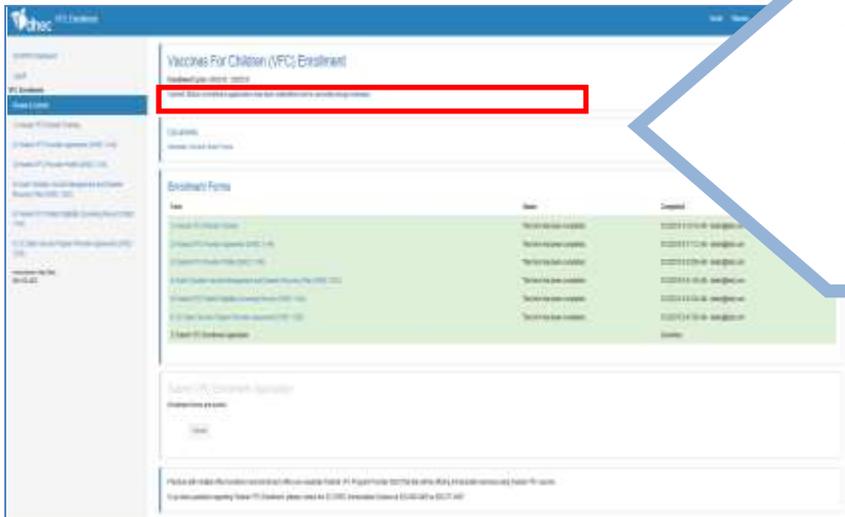
The ESA can now sign the VFC enrollment application here. The ESA will sign with his/her email address and type in their first and last name. The ESA may add a note to DHEC staff, if desired. The signatures will transfer to the DHEC 1144 and the DHEC 1230, if applicable.

Submission of VFC Enrollment Application (VFC Coordinator)

The person who has been assigned the security role of VFC Coordinator in SCIAPPS can now complete all VFC enrollment documents on behalf of the ESA. The ESA must provide their electronic signature before submitting All VFC forms needed for VFC Enrollment.



The VFC Coordinator is not authorized to submit the enrollment form application. The ESA must log into the SCIAPPS and submit application.



Providers may monitor the current status of the VFC Enrollment Application.

Once the VFC enrollment is approved, the ESA will receive email communication from the DHEC Immunization Division regarding vaccine management and VFC program updates.

When complete, click **LOGOUT**.