

**Florida SHOTS™**  
**VACCINES FOR CHILDREN**  
**ANNUAL ENROLLMENT**  
**IN FLORIDA SHOTS**

**Contact Information**

[www.flshots.com](http://www.flshots.com)

**Free help desk:**

877-888-SHOT (7468)

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



# ENROLLING IN VFC

## STEP 1: Log onto Florida SHOTS.

Access VFC enrollment through your Florida SHOTS account.

**NOTE:** Only the VFC enrollee in your office has access to complete the “VFC Annual Enrollment” and update the “Provider Agreement” and “Provider Profile.”

## STEP 2: Review the “User Task List.”

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

**NOTE:** If there are no other tasks on the list, you will automatically be dropped onto the re-enrollment page.

The screenshot shows the Florida Shots logo at the top left with the tagline "keeping shots in check". Below the logo is a "Submit" button and a "User Task List" header. The user is identified as "User: FATIMA AVILES". A table displays the task list with two items:

Item #	Group Desc	Item Description
1	Re-enrollment	Re-enroll in VFC
2	Temperature Logging	Missing Temperature Reading

On the left side, there is a navigation menu with categories: "Task List", "Patients", "Administration", "Customer Support", "VFC Re-enroll", and "Meaningful Use". Under "Patients", there are sub-items like "Search for Patient", "Redisplay Search Results", "Today's Patient List", "Search for Form 680", "To-be Certified 680s", "Release Patient Record", and "Discard Updates". Under "Administration", there are sub-items like "Patient Data", "Patient Identification", "Patient Information", "Parent/Guardian", and "Immunization Status".

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

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

The screenshot shows the "Administration" menu in the Florida Shots interface. The menu items are: "Change Password", "Security Question Edit", "Organization Edit", "Personnel List", and "Service Site List". The "Service Site List" item is circled in red.

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This will bring up a list of VFC PINs within your organization.

Site Name	BID	Pin	Expires	Reenrollment Status	Reenrollment Options
DON VACCINE STORAGE	1031	520070	12/08/2022	Enrolled	<a href="#">Create Form</a>
IMM OUTREACH	1660	627003	12/08/2022	Enrolled	<a href="#">Create Form</a>
BOCA CIEGA HS	2174	700193	12/08/2022	Enrolled	<a href="#">Create Form</a>

Select your PIN from the list to edit the service site; this will bring you to the “Site Maintenance” page.

**Site Maintenance**  
BEACH PEDIATRICS

Site Name: \* BEACH PEDS  
 Provider Site ID: 002  
 Administers Vaccs:   
 Site Type: \* DOCTOR'S CLINIC

National Prov ID:   
 Is Central Ordering Site:   
 Other (specify):

Default Site:  Archived:   
 Last Reminder Recall: 05/25/2017

VFC PIN: 501043  
 VFC EID: 1493

**VFC Shipping Address**  
 Line 1: \* BEE BLVD  
 Line 2:   
 City: \* WEST  
 State: \* FL Zip: \* 33400  
 County: \* PALM BEACH

**VFC Shipping Address**  
 Line 1: \* BEE BLVD  
 Line 2: \* STE A  
 City: \* WEST  
 State: \* FL Zip: \* 33400  
 Same as Service Site Address

**VFC Mailing Address**  
 Same as VFC Shipping Address

**VFC Shipping Site Contact Info**  
 Phone: \* (999)999-9999  
 Fax: \* (999)999-9999  
 Email:   
 Contact: RYDER,GAIL Change

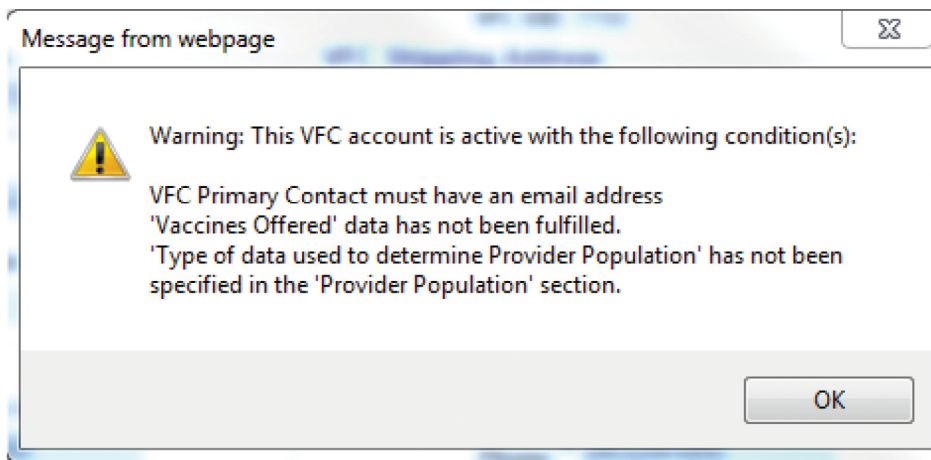
**VFC Shipping Contact Info**  
 Phone: \* (561)999-9999  
 Fax: \* (561)999-9999  
 Email: invalid@flshots.com  
 Same as Service Site Contact Info  
 Contact: AVILES,FATIMA Change  
 2nd Contact: SMITH,MAGGIE A Change

**VFC Maintenance**

Completed Application Received:   
 Email sent to applicant with VFC EID and notified of further processing steps:   
 Licenses verified via MQA:   
 Licenses verified via IG:   
 Field Staff assigned:

Enrollee: SMITH,THOMAS P Change  
 Status: \* Active  
 SubStatus: \* Active  
 Reason:  
 VFC EID Create Date: 10/31/1997 12:00:00AM  
 VFC PIN Assign Date: 10/31/1997 12:00:00AM

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



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

The enrollee **must** have a Florida SHOTS user ID and password to e-sign the enrollment form. Contact your Local Org Administrator or the help desk to complete this task.

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

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

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

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

Ordering Profile

Delivery Time Information

Vaccines Offered

All ACIP Recommended Vaccines for children 0 through 18 years of age

Offers Select Vaccines (This option is only available for facilities designated as **Specialty Providers** by the VFC Program)

A **Specialty Provider** is defined as a provider that only serves (1) a defined population due to the practice specialty (e.g. OB/GYN; STD clinic; family planning) or (2) a specific age group within the general population of children ages 0-18. Local health departments and pediatricians are not considered specialty providers. The VFC Program has the authority to designate VFC providers as specialty providers. At the discretion of the VFC Program, enrolled providers such as pharmacies and mass vaccinators may offer only influenza vaccine.

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

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

Provider Population

Provider Population based on patients seen during the previous 12 months. Report the number of children who received vaccinations at your facility, by age group. Only count a child once based on the status at the last immunization visit, regardless of the number of visits made. The following table documents how many children received VFC vaccine, by category, and how many received non-VFC vaccine.

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

\* Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance. In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate these underinsured children.

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

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

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

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

# ENROLLING IN VFC

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## Other Items to Review/Update on the Service Site

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

**VFC Shipping Address**

Line 1: \*

Line 2:

City: \*

State: \*  Zip: \*

Same as Service Site Address

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

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

**VFC Shipping Contact Info**

Phone: \*

Fax: \*

Email:

Same as Service Site Contact Info

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

**VFC Shipping Contact Info**

Same as Service Site Contact Info

Contact: [FARRAR,KEENAN](#)

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

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

[Ordering Profile](#)

[Delivery Time Information](#)

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

**Delivery Times**

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

Add'l Shipping Note:

Fully Formulated Shipping Note:

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

[VFC Physician/Imm Provider List](#)

Physician Name	Medical License Number	Current VFC Physician Status for this VFC EID	Roles
<a href="#">BROWN, CHARLIE</a>	ME 12345	Active	
<a href="#">SWEET, MEGAN</a>	PN 99999	Inactive	

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

[VFC Site Personnel List](#)

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

# ENROLLING IN VFC

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

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

**Service Site Responsibilities** ?

BEACH PEDIATRICS    Name: FATIMA AVILES    (Medical license not valid for VFC Enrollee or VFC Immunization Provider)

Show sites:  Active    Archived    All

FLShots Service Site Information			VFC Provider Information										
Site Name	Contact	Can Update Inventory	EID	Pin	Status	Enrollee	Primary Contact	Secondary Contact	Can See Orders	Can Order Vaccines	Can See Temp Log	Can Update Temp Log	Immunization Provider
BEACH E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1494	501044	Active	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BEACH PEDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1493	501043	Active	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W BEACH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1492	501042	Active	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Step 4: Complete the VFC annual enrollment process.

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

- [Task List](#)
- [Patients](#)
- [Reminder Recall](#)
- [System Transactions](#)
- [Vaccine Inventory](#)
- [Assess Imm Levels](#)
- [Reports](#)
- [Administration](#)
- [Customer Support](#)
- [VFC Re-enroll](#)
- [Meaningful Use](#)
- [Sign out](#)

# ENROLLING IN VFC

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## Annual Training

You must enter information regarding the required annual training received by the primary and secondary contacts. Training information is available on the [Training Guides](#) page.

**Your Annual Training Received**

VFC Primary Contact: FATIMA AVILES

No  
 Yes

Training Type:

VFC Secondary Contact: MAGGIE A SMITH

No  
 Yes

Training Type:

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

## Provider Agreement and Provider Profile Forms

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

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

## Florida SHOTS Renewal

**Provider Agreement and Provider Profile forms**

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

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

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

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

## Electronic Signature

The Florida SHOTS account for BEACH PEDIATRICS will expire on 08/01/2017.

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

Yes  No



# ENROLLING IN VFC

To electronically sign the agreement, the enrollee will need to login to Florida SHOTS to review and electronically sign the agreement form. If the enrollee has not updated their password to meet the current requirements, they must do so before they can electronically sign the form. The enrollee is certifying that he or she agrees to be held accountable for compliance by the entire organization and its VFC providers with the responsible conditions as outlined in the “Provider Agreement.” After checking the box **the enrollee will click “Submit.”**

You can click on an item in this box to go back to the “Service Site” to make the required changes. (See **Step 3** above for more information.) After submitting these changes, you can get

Mark the checkbox below to electronically sign this agreement.

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

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

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

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

back to the enrollment page by selecting “Return to VFC Enrollment” at the bottom of the site page. This button would appear only if you have gone to “Service Site” from the VFC enrollment.

### Enrollment Status

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

A VFC Program representative will contact you if they have questions regarding the enrollment paperwork submitted. If edits need to occur, the agreement will need to be resubmitted before your

#### [Reenrollment History](#)

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

site can complete its VFC annual enrollment.