

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

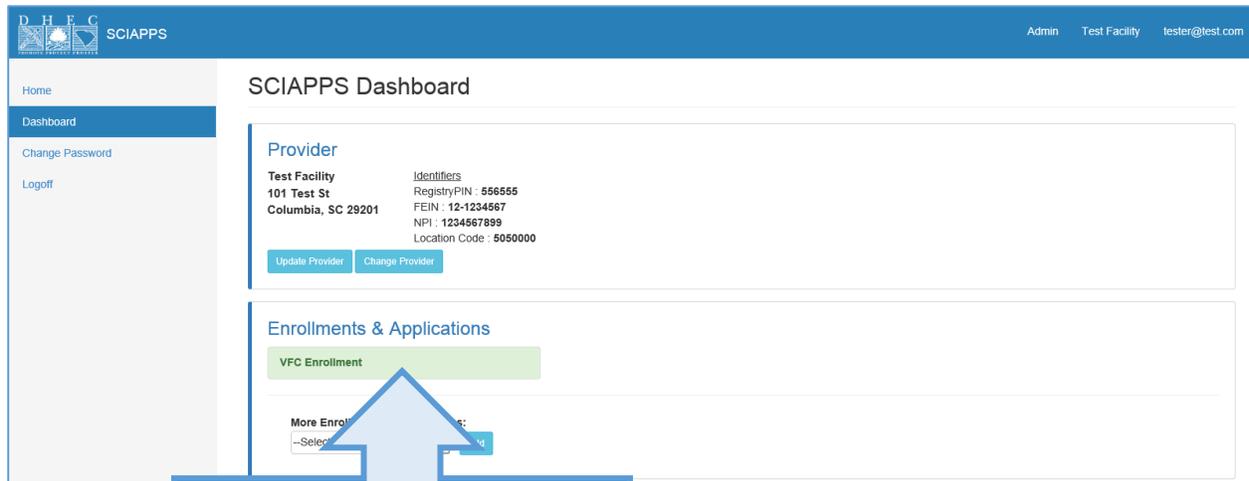
To begin the VFC enrollment process with an existing SCIAPPS account, Electronic Signature Authority should go to: <https://www.scdhec.gov/apps/health/sciapps>

The screenshot shows the SCIAPPS Sign In page. The header includes the DHEC logo and the text 'SCIAPPS'. A navigation menu on the left lists 'Home', 'Login', and 'New Account'. The main content area is titled 'SCIAPPS Sign In' and features two input fields: 'Email address' and 'Password'. Below these fields is a blue 'Sign In' button. A light blue arrow points from a text box below to the 'Sign In' button.

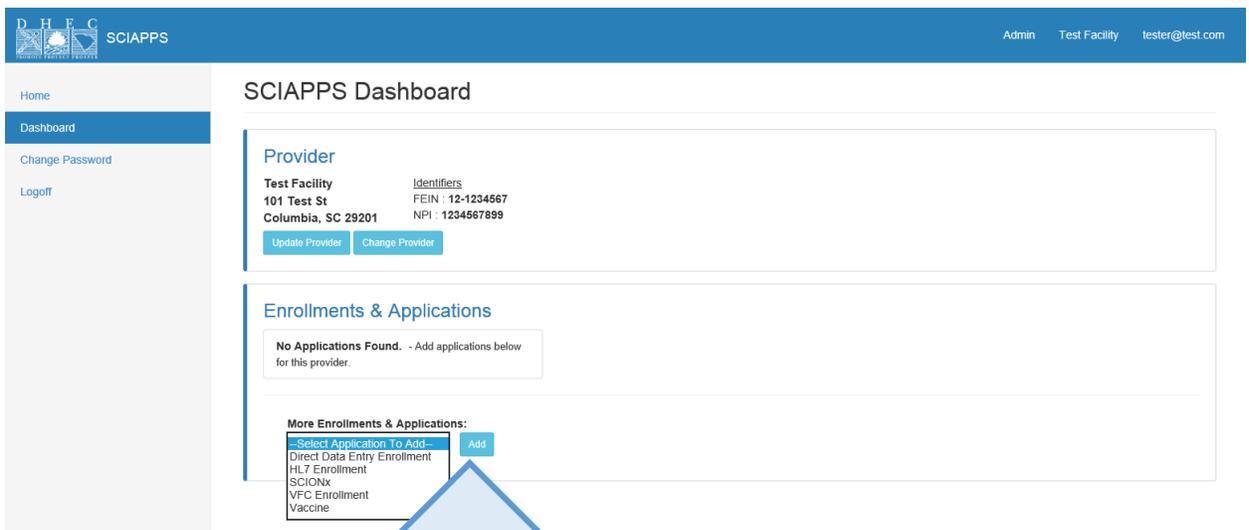
The Electronic Signature Authority should enter Email address and Password. Click Sign In.

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.

## CDC Training Upload

Form	Status	Completed
1) CDC Training Upload	This form has not yet been completed.	Not Completed
2) Federal VFC Provider Agreement (DHEC 1144)	This form has not yet been completed.	Not Completed
3) Federal VFC Provider Profile (DHEC 1145)	This form has not yet been completed.	Not Completed
4) VFC Vaccine Management & Disaster Recovery Plan (DHEC 1225)	This form has not yet been completed.	Not Completed
5) Federal VFC Patient Eligibility Screening Record (DHEC 1146)	This form has not yet been completed.	Not Completed
6) SC State Vaccine Program Provider Agreement (DHEC 1230)	This form has not yet been completed.	Not Completed
7) Submit VFC Enrollment Application		Not Submitted

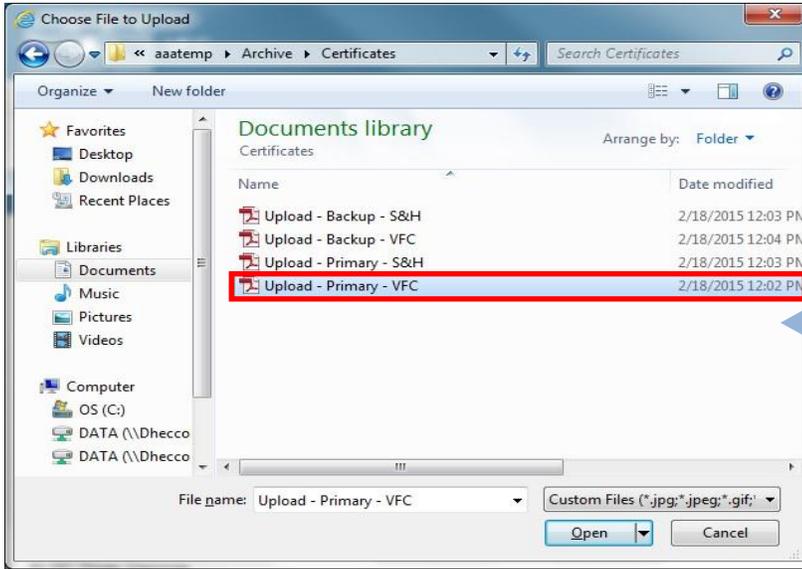
### ENROLLMENT STEP 1:

Electronic Signature Authority (ESA) must upload training certificates for the primary and back-up vaccine coordinator. Click on **CDC Training Upload** to begin.

**NOTE:** Electronic Signature Authority (ESA) cannot begin the enrollment process until these training certificates are uploaded.

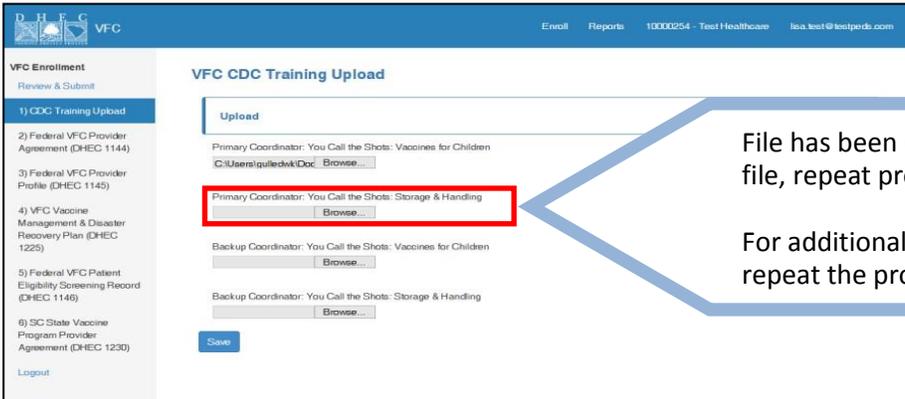
Electronic Signature Authority (ESA) must have the training certificates saved in portable document format (pdf) on his/her computer. Each training certificate must be saved separately.

To upload the first training certificate, click on **BROWSE.**



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

**Vaccines For Children (VFC) Enrollment**  
Enrollment Cycle: 3/1/2015 - 2/29/2016  
Current Status: You cannot submit this application until all forms are completed.

Form	Status	Completed
1) CDC Training Upload	This form has been completed.	3/12/2015 3:47:31 PM - lisa.test@testpedc.com
2) Federal VFC Provider Agreement (DHEC 1144)	This form has not yet been completed.	Not Completed
3) Federal VFC Provider Profile (DHEC 1145)	This form has not yet been completed.	Not Completed
4) VFC Vaccine Management & Disaster Recovery Plan (DHEC 1225)	This form has not yet been completed.	Not Completed
5) Federal VFC Patient Eligibility Screening Record (DHEC 1146)	This form has not yet been completed.	Not Completed
6) SC State Vaccine Program Provider Agreement (DHEC 1230)	This form has not yet been completed.	Not Completed
7) Submit VFC Enrollment Application		Not Submitted

**Submit VFC Enrollment Application**  
Submit

Practices with multiple office locations must enroll each office as a separate Federal VFC Program Provider Site if that site will be offering immunization services using Federal VFC vaccine.  
If you have questions regarding Federal VFC Enrollment, please contact the SC DHEC Immunization Division at 803-898-0480 or 800-277-4887.

**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 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.

**VACCINES FOR CHILDREN PROGRAM PROVIDER AGREEMENT**

All items on this form are required. You may close this form and return at any time, your data is automatically saved.

In South Carolina, The Medical Director or Equivalent may be a Doctor of Medicine, Doctor of Osteopathy, Advanced Practice Registered Nurse, or Registered Pharmacist. Registered Pharmacist can sign the agreement independently, only if they are a specialty provider for the influenza vaccine, otherwise they must have an MD or DO to co-sign the VFC Program Provider agreement as the Medical Director or Equivalent.

**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:

- 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.
- I will screen patients and document eligibility status at each immunization encounter for VFC eligible (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:
  - Federally Vaccine-eligible Children (VFC eligible)
    - Are an American Indian or Alaska Native
    - Are enrolled in Medicaid
    - Have no health insurance
    - 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.
  - State Vaccine-eligible Children
    - 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.
- 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.
- 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:
  - 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;
  - The particular requirements contradict state law, including laws pertaining to religious and other exemptions.
- 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.

**VFC Enrollment**  
Review & Submit

1) CDC Training Upload

2) Federal VFC Provider Agreement (DHEC 1144)

3) Federal VFC Provider Profile (DHEC 1145)

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

5) Federal VFC Patient Eligibility Screening Record (DHEC 1148)

6) SC State Vaccine Program Provider Agreement (DHEC 1230)

Logout

**VFC Provider Facility Information: (Mailing Address)**

Federal Employer Identification Number (FEI): 98-7097098

Facility/Provider Name: Test Healthcare

Mailing Address: 98 Pediatric Way X

City: Columbia

County: Richland

State: South Carolina

Zip: 29201

Telephone: (803)898-0460

Telephone Ext:

Fax: (803)898-0326

**Shipping Address: (if different than facility mailing address)**

Copy Facility Mailing Address

Shipping Address: 98 Pediatric Way

City: Columbia

County: Richland

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

**VFC Enrollment**  
Review & Submit

1) CDC Training Upload

2) Federal VFC Provider Agreement (DHEC 1144)

3) Federal VFC Provider Profile (DHEC 1145)

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

5) Federal VFC Patient Eligibility Screening Record (DHEC 1148)

6) SC State Vaccine Program Provider Agreement (DHEC 1230)

Logout

**VFC Vaccine Coordinator:**

**Primary Coordinator**

Name: Mary Test

Title: MA

Telephone: (803)898-0460

Telephone Ext:

Email: mary.test@testpedc.com

**Uploaded Training Certificates:**  
You Call the Shots: Vaccines for Children: Upload - Primary - VFC.pdf  
You Call the Shots: Storage & Handling: Upload - Primary - SAH.pdf

**Backup Coordinator**

Name: Jean Test

Title: MA

Telephone: (803)898-0460

Telephone Ext:

Email: jean.test@testpedc.com

**Uploaded Training Certificates:**  
You Call the Shots: Vaccines for Children: Upload - Primary - SAH.pdf  
You Call the Shots: Storage & Handling: Upload - Primary - VFC.pdf

Complete the VFC Vaccine Coordinator section.

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

**Providers Practicing At This Facility**

The official VFC registered health care provider signing the agreement must be a practitioner authorized to administer pediatric vaccines under state law who will also be held accountable for compliance by the entire organization and its VFC providers with the responsible conditions of the provider enrollment agreement. The individual listed here must sign the provider agreement.

Medical Director Or Equivalent

Name: Lisa Test  
 Title: Doctor of Medicine  
 Medical License Number: 123456  
 Medicaid or NPI No.: 1381981387  
 Specialty (i.e. Peds, Family Med, GP, OB/GYN): PEDIATRICS  
 Email: lisa.test@testpedi.com

Are you a pharmacist offering vaccines other than influenza?  Yes  No

Please list below all licensed health care providers (MD, DO, NP, PA, pharmacist) at your facility who have prescribing authority.

Name	Title (i.e. MD, DO, APRN, PA)	Medical License No.	Medical or Medicaid or NPI No.	Specialty (i.e. Peds, Family Med, GP, OB/GYN)	E-Mail Address
Lisa Test	Doctor of Medicine	123456	1381981387	PEDIATRICS	lisa.test@testpedi.c

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.

I understand and agree that submission of my electronic signature authority (ESA's email address) in the South Carolina Immunization Provider Access System (SCIPAS) that I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines For Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

Enter Email Address of the Medical Director or Equivalent: lisa.test@testpedi.com

Type Name of Medical Director or Equivalent who signed this form: Lisa Test, MD

**Save**

DHEC 1144 (Rev. 2/2015)

The Electronic Signature Authority (Medical Director or Equivalent) must enter his/her email address as his/her electronic signature. The email must match the email address associated with account creation.

Second signature will be required if needed.

Click **SAVE** once form is completed.

## Federal VFC Provider Profile, DHEC 1145

**Vaccines For Children (VFC) Enrollment**  
Enrollment Cycle: 3/1/2015 - 2/29/2016  
Current Status: You cannot submit this application until all forms are completed.

Form	Status	Completed
1) CDC Training Upload	This form has been completed.	3/12/2015 3:47:31 PM - isa.test@testpedc.com
2) Federal VFC Provider Agreement (DHEC 1144)	This form has been completed.	3/12/2015 4:32:10 PM - isa.test@testpedc.com
3) Federal VFC Provider Profile (DHEC 1145)	This form has not yet been completed.	Not Completed
4) VFC Vaccine Management & Disaster Recovery Plan (DHEC 1225)	This form has not yet been completed.	Not Completed
5) Federal VFC Patient Eligibility Screening Record (DHEC 1146)	This form has not yet been completed.	Not Completed
6) SC State Vaccine Program Provider Agreement (DHEC 1230)	This form has not yet been completed.	Not Completed
7) Submit VFC Enrollment Application		Not Submitted

**Submit VFC Enrollment Application**  
Submit

**ENROLLMENT STEP 3:**

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

**Vaccines for Children (VFC) Program Provider Profile Form**  
All health care providers participating in the Vaccines For Children (VFC) program must complete this form annually or more frequently if the number of children served changes or the status changes during the calendar year.

**VFC Provider Facility Information:**

Name: Test Healthcare  
Shipping Address: 98 Pediatric Way  
City: Columbia  
State: South Carolina  
Zip: 29201  
Telephone: (803)896-0460  
Telephone Ext:  
Email Address: isa.test@testpedc.com

**Facility Type**  
Facility Type: --Select Facility Type--

**Vaccines Offered:**  
 All ACP Recommended Vaccines  Offers Select Vaccines

Most information is pre - populated. Please complete field as applicable.

Select **Facility Type**.

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

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.

VFC Vaccine Eligibility Categories	# of children who received VFC Vaccine by Age Category			Total
	<1 Year	1-6 Years	7-18 Years	
Enrolled in Medicaid	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
No health insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
American Indian/Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Underinsured in FQHC/RHC or Designated Facility <sup>1</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
<b>TOTAL VFC:</b>	0	0	0	0

Non-VFC Vaccine Eligibility Categories	# of children who received non-VFC Vaccine by Age Category			Total
	<1 Year	1-6 Years	7-18 Years	
Insured (private pay/health insurance covers vaccines)	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Other Underinsured (not State Program, not FQHC, not RHC) <sup>1</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
SC State Insured (through benchmarking and Medicaid Cap) <sup>1</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
<b>TOTAL NON-VFC:</b>	0	0	0	0
<b>TOTAL PATIENTS:</b> (must equal sum of Total VFC + Total Non-VFC)	0	0	0	0

<sup>1</sup>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.

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 left sidebar lists menu items: 'Review & Submit', '1) CDC Training Upload', '2) Federal VFC Provider Agreement (DHEC 1144)', '3) Federal VFC Provider Profile (DHEC 1145)', '4) VFC Vaccine Management & Disaster Recovery Plan (DHEC 1229)', '5) Federal VFC Patient Eligibility Screening Record (DHEC 1146)', '6) SC State Vaccine Program Provider Agreement (DHEC 1230)', and 'Logout'. The main content area includes a 'VFC Enrollment' header, a 'Review & Submit' section, and a 'Type of Data Used to Determine Provider Population' section. This section contains a text input field for the user to specify data types, followed by checkboxes for: A. Benchmarking, B. Medicaid Claims Data, C. Dose Administered Data, D. Provider Encounter Data, E. Registry, F. Billing System, and G. Other (Specify). Below this is a 'Signature' field, an 'Email address of person completing form:' field, and a 'Print Name of person completing this form:' field. A 'Save' button is at the bottom left. A callout box on the right points to the text input field with the text: 'Enter Type of Data Used to Determine Provider Population (choose all that apply)'. Another callout box at the bottom points to the signature and name fields with the text: 'ESA must enter his/her individual Email address as signature and enter name. After completing the entire form, click SAVE.'

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)

**VFC Enrollment**

**Vaccines For Children (VFC) Enrollment**

Enrollment Cycle: 3/1/2015 - 2/29/2016  
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1) CDC Training Upload	This form has been completed.	3/12/2015 3:47:31 PM - lisa.test@testpedis.com
2) Federal VFC Provider Agreement (DHEC 1144)	This form has been completed.	3/12/2015 4:32:10 PM - lisa.test@testpedis.com
3) Federal VFC Provider Profile (DHEC 1145)	This form has been completed.	3/13/2015 2:15:37 PM - lisa.test@testpedis.com
4) VFC Vaccine Management & Disaster Recovery Plan (DHEC 1225)	This form has not yet been completed.	Not Completed
5) Federal VFC Patient Eligibility Screening Record (DHEC 1146)	This form has not yet been completed.	Not Completed
6) SC State Vaccine Program Provider Agreement (DHEC 1230)	This form has not yet been completed.	Not Completed
7) Submit VFC Enrollment Application		Not Submitted

Submit VFC Enrollment Application

Submit

**ENROLLMENT STEP 4:**

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

**1. Contact Information for Vaccine Coordinators:**

**Primary:**

Name:

Title:

Work Phone:

Ext:

Home Phone:

**Backup:**

Name:

Title:

Work Phone:

Ext:

Home Phone:

**2. Contact Information for Health Department**

Resources	Name of Employee	Work Phone	Other
SCDHEC (Central Office/Columbia):		803-896-0490	800-277-4687
SCDHEC (Regional Immunization Program Manager):	Jan Blackwell	803-286-9948	803-320-2467

**3. Points of contact for restoring electrical power in the event of a power failure:**

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.

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** .

When completing the calibrated thermometer section:

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

Enter all certificates of calibration for thermometers 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. The plan should outline the steps staff should follow in the event of a disaster.

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)

Form	Status	Completed
1) CDC Training Upload	This form has been completed.	3/12/2015 3:47:31 PM - lea.test@testperds.com
2) Federal VFC Provider Agreement (DHEC 1144)	This form has been completed.	3/12/2015 4:32:10 PM - lea.test@testperds.com
3) Federal VFC Provider Profile (DHEC 1145)	This form has been completed.	3/13/2015 2:15:37 PM - lea.test@testperds.com
4) VFC Vaccine Management & Disaster Recovery Plan (DHEC 1225)	This form has been completed.	3/13/2015 2:59:23 PM - lea.test@testperds.com
5) Federal VFC Patient Eligibility Screening Record (DHEC 1146)	This form has not yet been completed.	Not Completed
6) SC State Vaccine Program Provider Agreement (DHEC 1230)	This form has not yet been completed.	Not Completed
7) Submit VFC Enrollment Application		Not Submitted

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

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

**Vaccines for Children (VFC) Program Patient Eligibility Screening Record Form**

A record of all children 18 years of age or younger who receive immunizations must be kept in the health care provider's office for 3 years or longer depending on state law. The record may be completed by the parent, guardian, individual of record, or by the health care provider. VFC eligibility screening and documentation of eligibility status must take place with each immunization visit to ensure the child's eligibility status has not changed. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccine. Providers using a similar form (paper-based or electronic) must capture all reporting elements included in this form.

1. Child's Name: \_\_\_\_\_ 2. Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last Name First Name MI

3. Parent/Guardian/Individual of Record: \_\_\_\_\_  
Last Name First Name MI

4. Provider's Name: \_\_\_\_\_  
Last Name First Name MI

5. To determine if a child (0 through 18 years of age) is eligible to receive publicly funded vaccine through the VFC or state programs, at each immunization encounter/visit enter the date and mark the appropriate eligibility category. If Column A-D is marked, the child is eligible for the VFC program. If column E, F or G is marked the child is not eligible for federal VFC vaccine.

Date of Immunization visit	Eligible for VFC Vaccine				Not eligible for VFC Vaccine		
	A	B	C	D	E	F	G
	Medicaid Enrolled (VFC stock)	No Health Insurance (VFC stock)	American Indian or Alaska Native (VFC stock)	VFC Underinsured served by FQHC, RHC or deputized provider (VFC stock)	Has health insurance that covers vaccines (Private stock)	SC State Underinsured, Served by Non-FQHC/RHC (State stock)	SC State Insured, Insured Handship, Vaccine Caps (State stock)

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

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

**VFC Patient Eligibility Screening Record DHEC1146**

Please review and print the form below.

**Agree**  I, **iea.test@testpedc.com** have reviewed this form and agree to use it as required by the Vaccines For Children (VFC) program.

**Save**

DHEC 1146 (Rev. 2/2015)

### 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.**

**Vaccines For Children (VFC) Enrollment**

Enrollment Cycle: 3/1/2015 - 2/29/2016  
Current Status: You cannot submit this application until all forms are completed.

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1) CDC Training Upload	This form has been completed.	3/12/2015 3:47:31 PM - iea.test@testpedc.com
2) Federal VFC Provider Agreement (DHEC 1144)	This form has been completed.	3/12/2015 4:32:10 PM - iea.test@testpedc.com
3) Federal VFC Provider Profile (DHEC 1145)	This form has been completed.	3/13/2015 2:15:37 PM - iea.test@testpedc.com
4) VFC Vaccine Management & Disaster Recovery Plan (DHEC 1225)	This form has been completed.	3/13/2015 2:59:23 PM - iea.test@testpedc.com
5) Federal VFC Patient Eligibility Screening Record (DHEC 1146)	This form has been completed.	3/13/2015 3:11:13 PM - iea.test@testpedc.com
6) SC State Vaccine Program Provider Agreement (DHEC 1230)	This form has not yet been completed.	Not Completed
7) Submit VFC Enrollment Application		Not Submitted

**Submit VFC Enrollment Application**

**Submit**

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

**VFC Enrollment**

Review & Submit

- 1) CDC Training Upload
- 2) Federal VFC Provider Agreement (DHEC 1144)
- 3) Federal VFC Provider Profile (DHEC 1145)
- 4) VFC Vaccine Management & Disaster Recovery Plan (DHEC 1225)
- 5) Federal VFC Patient Eligibility Screening Record (DHEC 1146)
- 6) SC State Vaccine Program Provider Agreement (DHEC 1230)

Logout

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**SC State Vaccine Program Overview**

The Department of Health and Environmental Control (DHEC) offers the South Carolina State Vaccine Program (State Program) as a supplement to the Federal VFC Program.

The purpose of the State program is to allow non-Federally Qualified Health Centers (FQHC)/non-Rural Health Clinics (RHC) providers to serve the "underinsured" child in their medical home. Participation in the State Vaccine Program also allows all VFC enrolled providers to vaccinate certain insured-hardship children.

**See Eligibility Definitions Below:**

Children from birth to 18 years of age who meet one of more of the following categories are eligible to receive State Vaccine:

- 1) **SC State Underinsured** - Health insurance does not pay for vaccines.
- 2) **SC State Insured** - These children are considered insured with a deductible that has not been met and cannot afford to pay for vaccine and are not eligible for vaccines through the VFC program.
  - a) **Insured Hardship is defined as:** "Health insurance deductible is greater than \$500.00 per child or \$1,000.00 per family"
  - b) **Vaccine Caps is defined as:** "Insured but coverage capped at certain amount and cap has been exceeded."

**Providers must be enrolled in the Federal VFC Program as a prerequisite to enrollment in the SC State Vaccine Program.** Providers may opt to participate in the VFC Program only or both the VFC and State Vaccine Programs. A separate enrollment agreement is required in SCI PAS for State Vaccine program to ensure accountability.

**Please note the following: The SC State Vaccine Program offers all ACIP recommended vaccines with the EXCEPTION of the Human Papillomavirus (HPV) vaccine, which is ONLY available through the Federal VFC Program.**

Enroll in SC State Vaccine Program?  Yes  No

Save

DHEC 1230 (Rev. 2/2015)

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

**Submit VFC Enrollment Application**  
Additional Notes To DHEC Staff:  
  
**Submit**

In conjunction with submission of VFC Enrollment Application, Electronic Signature Authority (ESA) may add notes to DHEC Staff.

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Click **SUBMIT**.

**Logout**

**Vaccines For Children (VFC) Enrollment**  
Enrollment Cycle: 3/1/2015 - 2/29/2016  
Current Status: Enrollment application has been submitted and is currently being reviewed.

Form	Status	Completed
1) CDC Training Upload	This form has been completed.	3/12/2015 3:47:31 PM - lisa.test@testpedi.com
2) Federal VFC Provider Agreement (DHEC 1144)	This form has been completed.	3/12/2015 4:32:10 PM - lisa.test@testpedi.com
3) Federal VFC Provider Profile (DHEC 1145)	This form has been completed.	3/13/2015 2:15:37 PM - lisa.test@testpedi.com
4) VFC Vaccine Management & Disaster Recovery Plan (DHEC 1225)	This form has been completed.	3/13/2015 2:59:23 PM - lisa.test@testpedi.com
5) Federal VFC Patient Eligibility Screening Record (DHEC 1146)	This form has been completed.	3/13/2015 3:11:13 PM - lisa.test@testpedi.com
6) SC State Vaccine Program Provider Agreement (DHEC 1230)	This form has been completed.	3/13/2015 3:26:41 PM - lisa.test@testpedi.com
7) Submit VFC Enrollment Application		Submitted

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**.