



**State of Louisiana**  
Louisiana Department of Health  
Office of Public Health

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TO: Vaccines for Children Providers

FROM: Chaquetta Johnson, DNP, MPH, APRN  
Immunization Program Director

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SUBJECT: **Recertification Needed to Continue as a VFC Provider in 2023**

On behalf of the Louisiana Department of Health, Office of Public Health, we would like to thank you for being a Vaccines for Children (VFC) provider in 2022. Your commitment and participation has made it possible for many low income or uninsured Louisiana children to receive vaccines in their medical home.

The national VFC Program requires an annual recertification process each year. **To continue as a VFC provider, you will need to complete your 2023 re-enrollment online within LINKS by September 22, 2023.**

Before you begin your online renewal, please review the VFC Provider Recertification cover letter and Instruction document located under the VFC/VOMS section on the homepage of LINKS. **The guide includes important information and instructions to help you complete your agreement.** Please use the guide to help you work through the three screens needed to complete the agreement.

Most of the information you will need to complete your 2023 provider agreement is preloaded in the system. You will see it when you open the agreement. Please review the information and make sure it is correct. Update your information if it has changed.

**You will need to gather some additional information before logging on to LINKS. Gathering the information ahead of time will save you time and help the process go smoothly.**

- **Facility details-** Verify the physical address, immunization delivery address, and mailing address for your practice.
- **Contact details** – Verify and edit the names, email addresses, telephone and fax numbers for the following: signatory, primary, and back-up immunization coordinator.
  - Make sure email addresses are correct. Include phone and fax numbers for all contacts even if they are the same.
  - Complete the training completion fields under the relevant contacts.
- **Annual training requirements-** All primary and back-up vaccine coordinators must have VFC training each year. This generally means taking CDC's "You Call the Shots" Vaccines for Children (VFC) and Vaccine Storage and Handling modules which are available at <https://www.cdc.gov/vaccines/ed/youcalltheshots.html>. Vaccine Coordinators may also count a recent

VFC Compliance Site Visit for the training requirement if they were present. Enter the type of training provided for your vaccine coordinators. The completed certificates must be sent in with the provider’s signature page. Please put your facility’s VFC pin number on all the pages. You may also email your certificate to your IQIP Immunization Consultant.

- **Shipping details** – Verify the days of the week and core business hours that staff is available to receive immunizations. It must be more than one day of the week and delivery times should be in increments of 4 hours. Include closure for lunch.
- **Immunization Offered** – Most providers will select “All ACIP Recommended Immunizations.” If a provider is a specialty provider, (i.e. flu only clinics), they may check “Offers Selected Immunizations”. If you are a specialty provider, select the reason and mark the immunizations provided.
- **Physician/Vaccinator details** – Verify the name, designation, and Louisiana State professional medical license number, Provider Medicaid Number, and National Provider ID (NPI) which are required for the physician signing the agreement.

**Completing the recertification process could take 20 minutes or longer depending on how many physicians are active with your practice.** You must complete all required fields in each section of the agreement to proceed to the next screen. The information you enter will be saved as you complete each screen. If you need to stop before you have completed the agreement, be sure to save the screen you are on so you can come back later and complete the process. You must complete all three screens of the online agreement before you submit it to the state. **To begin the recertification process, click on the VFC/VOMS icon on the LINKS home page for instructions.**

After you submit the online agreement, you must print the PDF Full, sign, and keep the original agreement on file at your clinic. The provider licensed in the State of Louisiana to prescribe immunizations and who is responsible for making decisions about clinic operations must sign all signature forms. **We will not accept signatures from any other office personnel.** Mail or fax to us the PDF Signature page (5) and the completed Annual Provider Training certificates of your primary and back-up coordinators. If we do not have all certificates and the signature page, your re-enrollment is considered incomplete. Please remember to put your VFC pin number on all the pages.

**To ensure immunization ordering is not disrupted; DO NOT WAIT UNTIL THE LAST MINUTE TO COMPLETE YOUR ONLINE RE-ENROLLMENT!**

**We cannot approve your agreement until we review the submitted information. If we do not approve your agreement by September 22, 2023, you will not be able to order immunizations.**

If you have any questions concerning completion of these forms, please contact your Regional Immunization Consultant.

<b>Page 1: Provider Agreement</b>		
<b>FIELD</b>	<b>DESCRIPTION</b>	<b>Information for each facility</b>
<b>VFC PIN</b>	<b>PIN pre-populates based on user login. New providers will have a temporary PIN assigned</b>	
<b>FACILITY NAME</b>	<b>Required</b>	

<b>Agreement signatory</b>	<b>Required</b> <b>Name of the medical director or equivalent that will be signing the agreement</b>	
<b>Agreement signatory title</b>	<b>Required</b> <b>Title of the medical director or equivalent that will be signing the agreement (MD, APN, FNP, etc.)</b>	
<b>FACILITY ADDRESS</b>		
<b>street address</b>	<b>Required</b> <b>street address of facility</b>	
<b>street address 2</b>	additional address information: e.g., suite number	
<b>City</b>	<b>Skip to Zip Code</b>	
<b>State</b>	<b>Skip to Zip Code</b>	
<b>Parish</b>	<b>Skip to Zip Code</b>	
<b>zip code</b>	<b>Required</b> <b>Entering a zip code will populate city, state, and county.</b>	
<b>Vaccine Delivery Address</b>		
<b>Check if vaccine delivery address is the same as facility address</b>	Select check box if delivery address is same as FACILITY address	
<b>street address</b>	<b>Required</b> <b>street address of facility</b>	
<b>street address 2</b>	additional address information: e.g., suite number	
<b>City</b>	<b>Skip to Zip Code</b>	
<b>VFC PIN</b>	<b>PIN pre-populates based on user login. New providers will have a temporary PIN assigned</b>	
<b>FACILITY NAME</b>		
<b>Agreement signatory</b>	<b>Required</b> <b>Name of the medical director or equivalent that will be signing the agreement</b>	
<b>Agreement signatory title</b>	<b>Required</b> <b>Title of the medical director or equivalent that will be signing the agreement (MD, APN, FNP, etc.)</b>	
<b>FACILITY ADDRESS</b>		
<b>street address</b>	<b>Required</b> <b>street address of facility</b>	
<b>street address 2</b>	additional address information: e.g., suite number	
<b>City</b>	<b>Skip to Zip Code</b>	
<b>State</b>	<b>Skip to Zip Code</b>	
<b>parish</b>	<b>Skip to Zip Code</b>	

zip code	<b>Required</b> Entering a zip code will populate city, state, and county.	
<b>Vaccines Offered</b>		
All ACIP recommended vaccines, or offers selected vaccines	<b>Required</b> Select the appropriate radio button based on the vaccine offered by your facility	Choose “All ACIP Recommended Vaccines” unless you have been approved by the Immunization Program as a specialty provider or only serve adolescents.
A defined population due to practice specialty	Question is available only if “offers select vaccines” is chosen. Select if your facility only serves a specialty group of patients. Enter specifics in comment box, e.g., Ob/Gyn.	
A specific age group within the general population of children aged 0-18 years.	Question is available only if “offers select vaccines” is chosen. Select this if your facility only serves a specific age group and enter the age group served in comment box.	
Select vaccines offered by a specialty provider	Question available if selected “offers select vaccines”. Select check boxes of vaccines offered by the clinic.	
<b>Shipping Information (refer to user guide for illustrations)</b>		
Days of operation	<b>Required</b>	
HOURS OF OPERATION	<b>Required</b> Adjust hours based on available to receive shipments as needed <u>Please include if closed for lunch</u>	
FACILITY TYPE	<b>Required</b> - select from dropdown list.	

**Page2:AuthorizedProvidersAdd/Editfielddescriptions**

List all the authorized providers within the practice (providers with prescribing privileges).

FIELD	DESCRIPTION	
Last name <b>Name must be entered exactly as it appears on the provider's license.</b>	<b>Required</b> Enter last name as it appears on the provider's license.	
FIRST NAME <b>Name must be entered exactly as it appears on the provider's license.</b>	<b>Required</b> Enter first name as it appears on the provider license.	
TITLE	<b>Required</b> Select title from dropdown list	
SPECIALITY	<b>Required</b> Select specialty from drop down:	

<b>ACTIVE WITH THIS PRACTICE</b>	<b>Required - Select appropriate radio button</b>	
<b>MEDICAL LICENSE NUMBER</b>	<b>Required</b> <b>ENTER MEDICAL LICENSE NUMBER OF PROVIDER</b>	
<b>Provider Medicaid Number</b>	<b>Required</b>	
<b>NPI NUMBER</b>	<b>Required</b> <b>ENTER NPI NUMBER OF PROVIDER</b>	
<b>MEDICAL DIRECTOR OR EQUIVILANT</b>	SELECT RADIO BUTTON - <b>Required</b> The selected provider will be listed as the signatory party for the provider agreement.	
<b>Page 3: Provider/Practice Profile field description</b>		
<b>VFC VACCINE ELIGIBLE CATEGORY</b>		
Children who receive VFC vaccine in past 12 months by age group		
<b>Enrolled in Medicaid</b>	<b>Required</b> <b>Enter number of children in this category who received VFC vaccine in your practice by age group.</b>	
<b>NO HEALTH INSURANCE</b>	<b>Required</b> <b>Enter number of children in this category who received VFC vaccine in your practice by age group.</b>	
<b>AMERICAN INDIAN/ALASKA NATIVE</b>	<b>Required</b> <b>Enter number of children in this category who received VFC vaccine in your practice by age group.</b>	
<b>UNDERINSURED IN FQHC/RHC</b>	<b>Required</b> <b>Enter number of children in this category who received VFC vaccine in your practice by age group.</b>	
<b>TOTAL (COLUMN)</b>	AUTOMATICALLY CALCULATES	
<b>TOTAL VFC (ROW)</b>	AUTOMATICALLY CALCULATES	
<b>NON -VFC ELIGIBLE CATEGORY</b>		
Children who receive non-VFC vaccine, by age		
<b>INSURED (health insurance)</b>	Enter number of children in this category who received non-VFC vaccine in your practice by age group.	
<b>CHILDRENS HEALTH INSURANCE PROGRAM</b>	Enter number of children in this category who received non-VFC vaccine in your practice by age group.	
<b>TOTAL (COLUMN)</b>	AUTOMATICALLY CALCULATES	
<b>TOTAL NON-VFC ROW)</b>	AUTOMATICALLY CALCULATES	
<b>TOTAL PATIENTS</b>	AUTOMATICALLY CALCULATES	
<b>WHAT DATA SOURCE WAS USED?</b>	<b>Required</b> <b>Select data source(s) for the numbers of children you provided in each eligibility category (select all that apply)</b>	

FINAL STEP: After submitting your online agreement, you will be able to view and print a PDF of your agreement. You will need to print the signature page (5) and make sure your primary and secondary vaccine coordinators have completed the annual trainings of *“You Call the Shots”* Vaccines for Children (VFC) and Vaccine Storage and Handling. The completed certificates must be sent in with the provider’s signature page. Please put your VFC pin number on all the pages. See the Walkthrough Guide for more detailed instructions and screenshots.