# VFC Re-enrollment Guide

New York City Department of Health and Mental Hygiene
Bureau of Immunization
September 2025



#### Overview

- Accessing <u>FACMAN</u>
- Selecting your facility
- Updating Facility Details, Providers, and Contacts
- Completing the VFC Re-enrollment form
- Additional Follow-up/corrections (if needed)
- Confirmation of Approved Re-enrollment

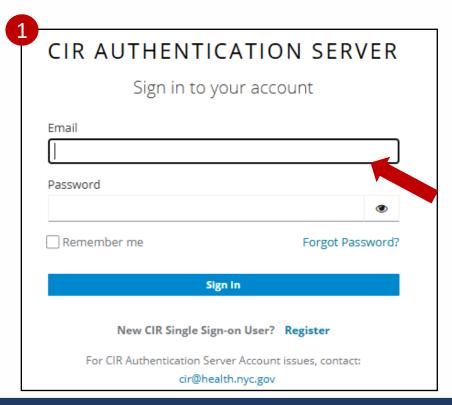


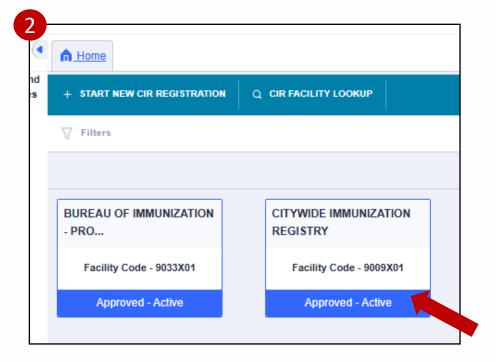
#### 2025 VFC Re-enrollment Process Update

- VFC Re-enrollment will now take place in the <u>Citywide Immunization</u> <u>Registry (CIR) Facility Manager (FACMAN)</u>. Key features include
  - Allows providers to manage facility details, provider and contact lists, and federal vaccine program enrollments- all in one place
  - Modern interface designed with improved logic for easier navigation
  - Pre-populated form with your existing facility information
  - Streamlined communication and instant email updates on the status of your submission

#### Accessing FACMAN

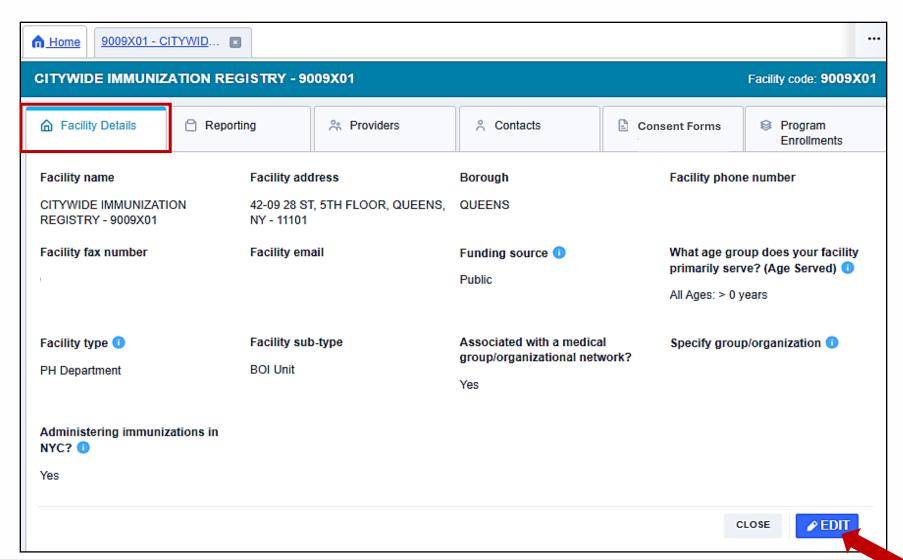
- 1. Access the <u>CIR Facility Manager (FACMAN)</u> and login using your email and password. This is the same email and password used to access the CIR Online Registry
- 2. Select the facility you wish to re-enroll. If you have multiple facilities enrolled in the VFC program, you will need to complete the VFC re-enrollment form for each one







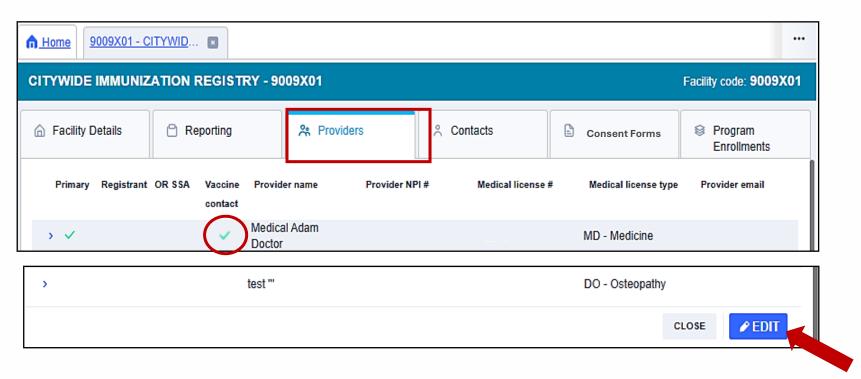
#### **Update Facility Details**



- Review the accuracy of the information in the 'Facility Details' tab
- If edits are needed, select the **Edit** button on the bottom right of he screen
- NOTE: Edits to the 'Facility Details' screen may require review and approval by CIR staff



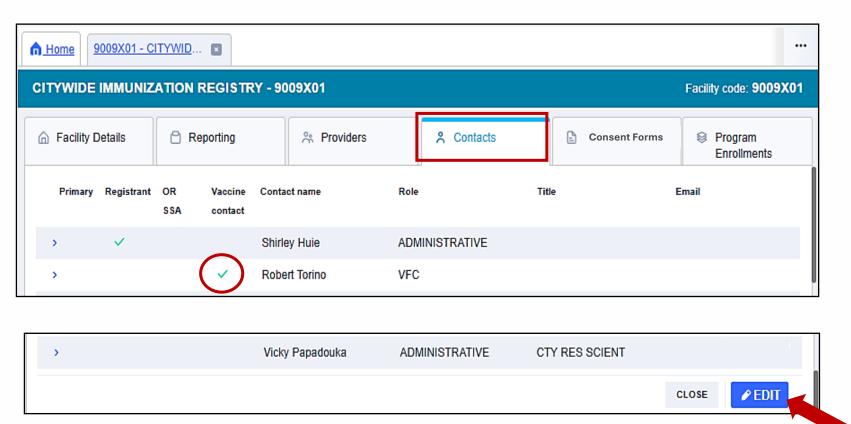
## **Update Providers List**



- Ensure the full list of providers at your facility is up to date
- Use the **Edit** button on the bottom right to
  - Remove all providers no longer at your facility
  - Add providers not on the list
  - Update existing provider information
- Providers listed as vaccine contacts (circled in red to the left) cannot be removed from this screen. Navigate to the VFC re-enrollment form to remove these providers from their vaccine contact role

Health

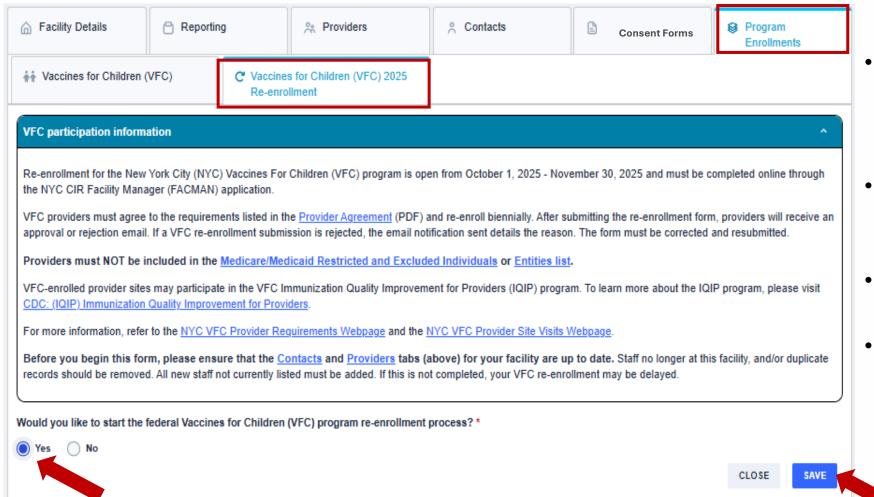
#### Update the Contacts List



- Ensure the full list of contacts at your facility is up to date.
- Use the **Edit** button on the bottom right to
  - Remove all contacts no longer at your facility
  - Add contacts not on the list
  - Update existing contact information
- Contacts listed as vaccine contacts (circled in red to the left) cannot be removed from this screen. Navigate to the VFC re-enrollment form to remove these providers from their vaccine contact role



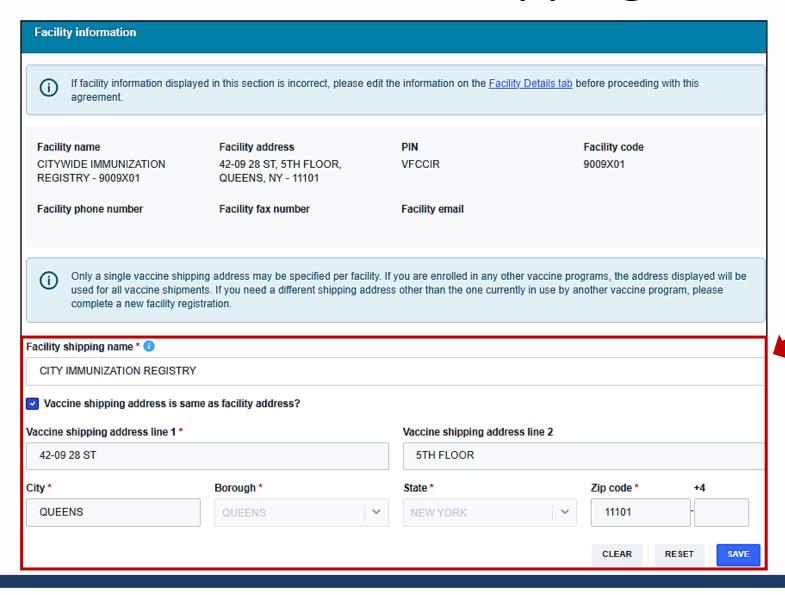
#### Starting the VFC Re-enrollment form



- After reviewing all information on the preceding tabs in FACMAN, click the **Program Enrollments** tab at the top right
- On the next line select the Vaccines for Children (VFC) 2025
   Re-enrollment sub-tab
- Review the pertinent participant information
- To agree and proceed to the form, select Yes at the bottom left, then
   Save on the bottom right



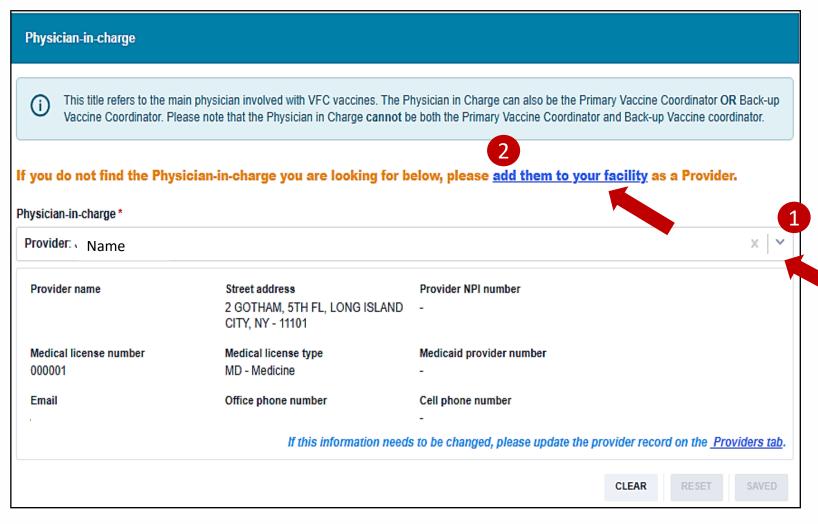
#### **Shipping Adress**



- Review the VFC vaccine shipping address currently on file for your facility.
- If the facility address and shipping address are the same, a check box available to indicate this
- Changes can be made if needed at the bottom of this section
- If changes are made to the shipping address, a VFC relocation site visit will be required.

Health

### Physician-in-Charge



- The current physician-in-charge at your facility will appear in the physician-in-charge box, with their information displayed below
- To change the Physician-in-charge
  - Click the dropdown arrow and select another provider from your provider list
  - 2. If the provider you are looking for does not appear, you must add them to your facility then return to the dropdown to select them



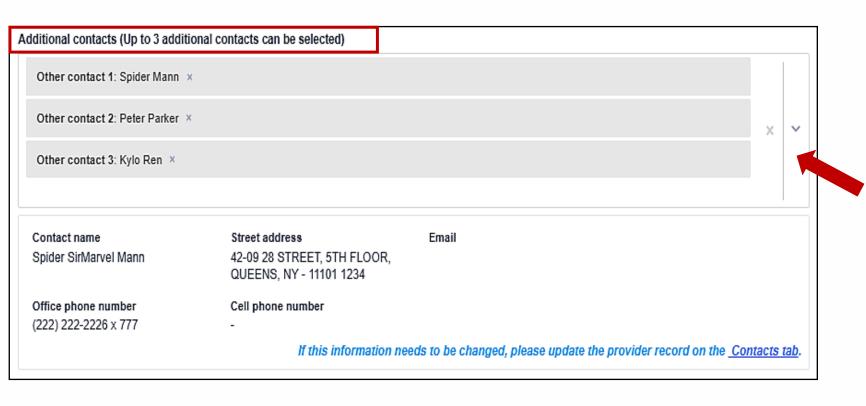
### Vaccine Contacts (1)



- The current primary vaccine coordinator, back-up vaccine coordinator, and shipping contact at your facility will appear in their three respective sections
- The primary and back-up vaccine coordinator cannot be the same person
- To make changes to the staff roles:
  - Click the dropdown arrow and select another contact or provider from your contact or provider list
  - 2. If the contact or provider you are looking for does not appear, you must add them to your facility then return to the dropdown to select them



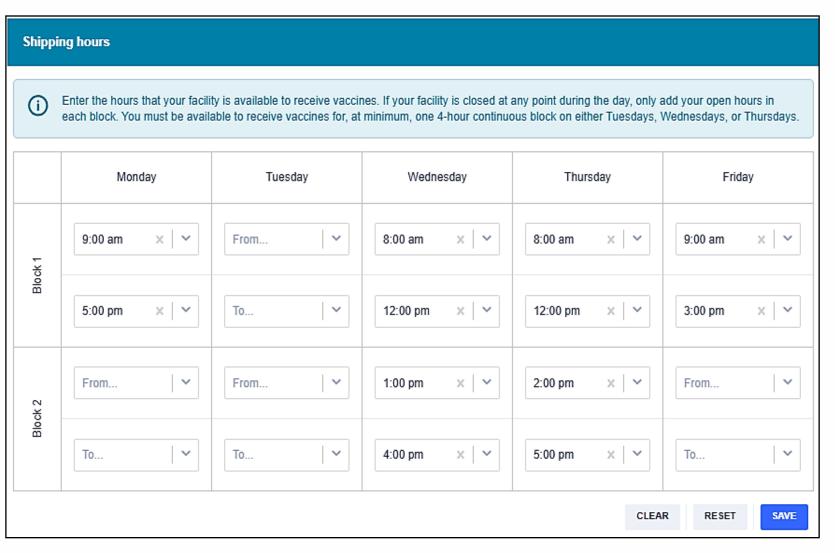
### Vaccine Contacts (2)



- Up to three additional contacts working with VFC vaccines at your facility may be added
- Select the contacts or providers from the dropdown list.
- Their information will appear below as they are selected from the dropdown list.



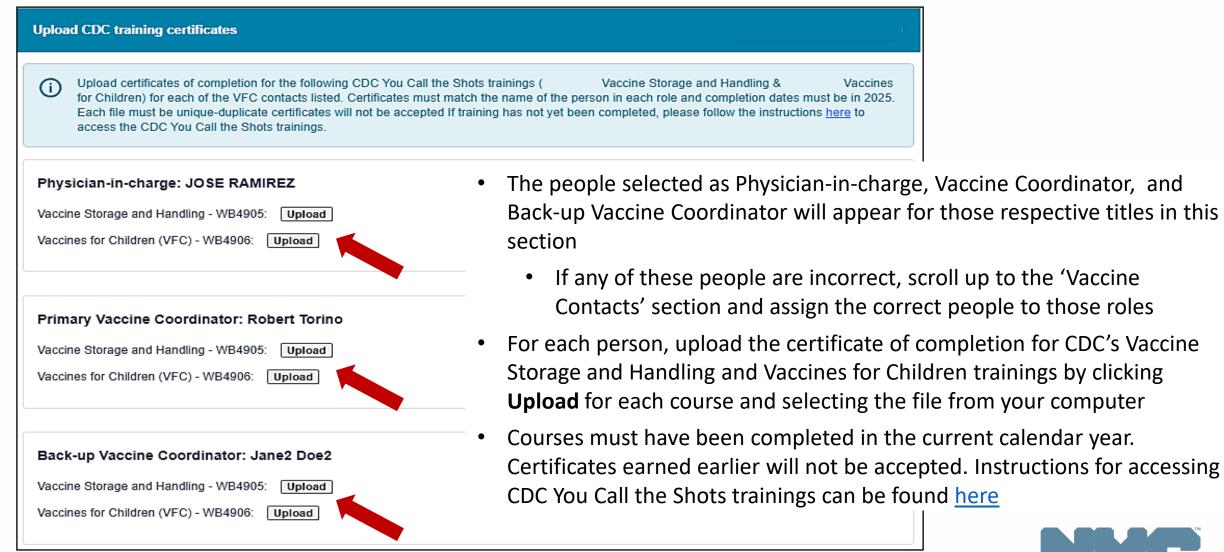
### **Shipping Hours**



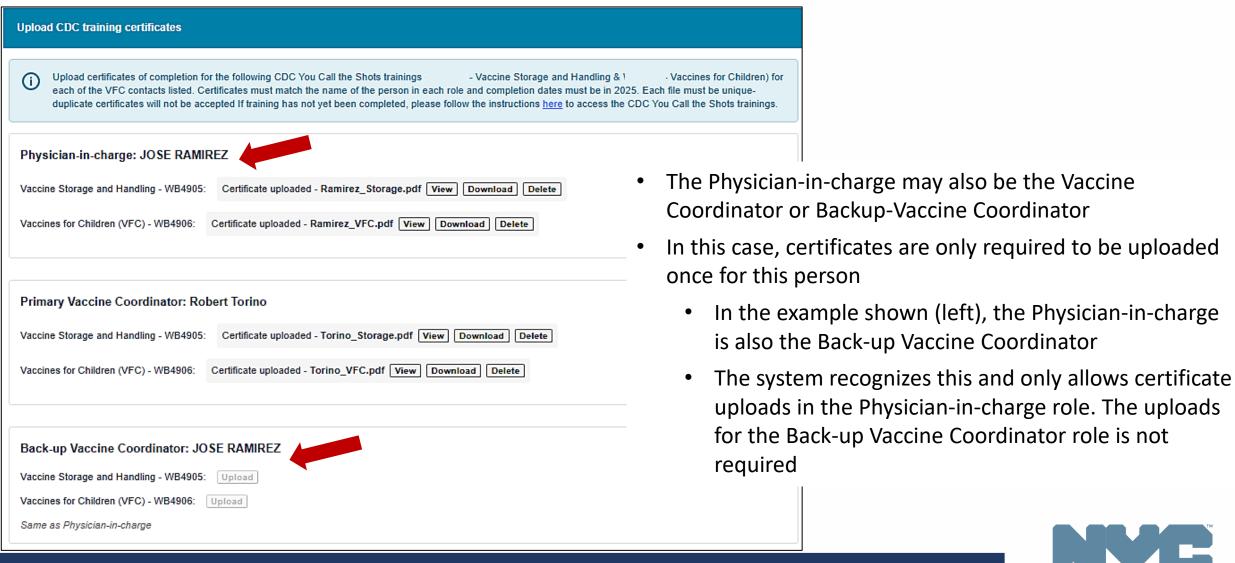
- The current shipping hours on file for your facility will pre-populate the fields on this screen
- Review and adjust your shipping hours as needed
- where is a period in the day where your facility cannot receive vaccine deliveries, please note that in the table using the time blocks available
- You must be available to receive vaccines for, at minimum, one 4hour continuous block on either Tuesdays, Wednesdays, or Thursdays.



## Upload CDC Training Certificates (1)

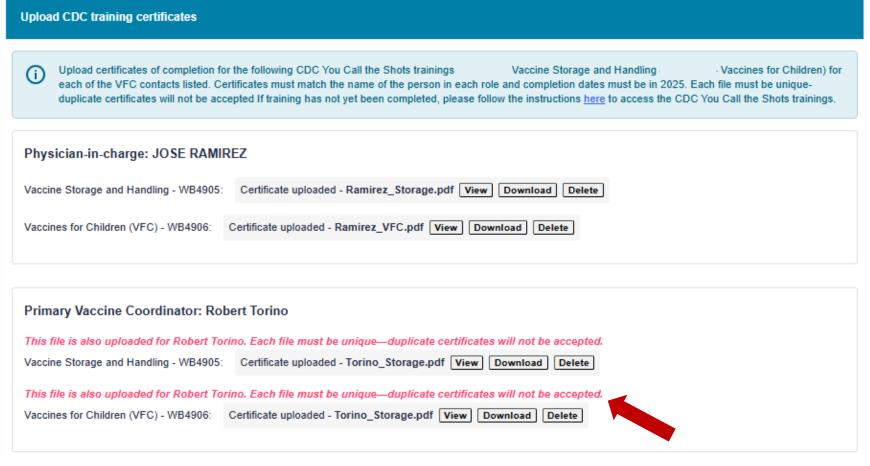


## **Upload CDC Training Certificates (2)**





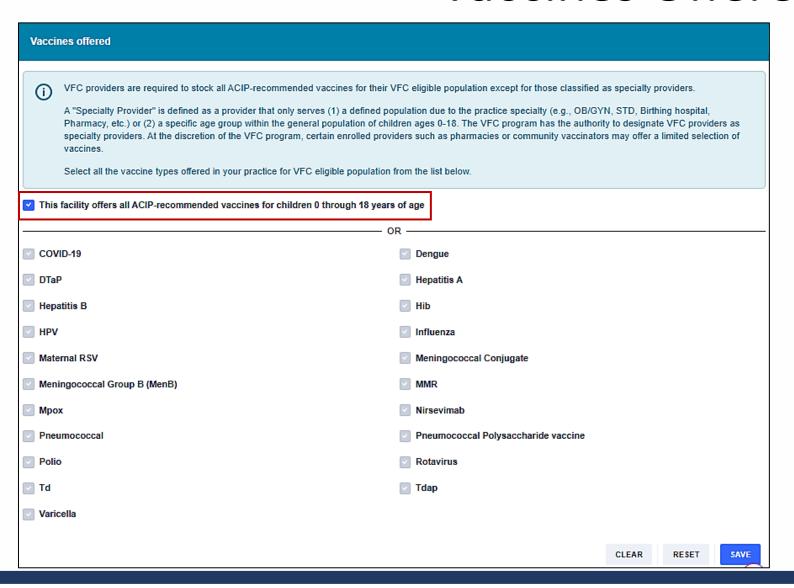
## CDC Training Certificates (3)



- Each file uploaded must have a unique name
- If a duplicate file is uploaded, a warning will display in red
- To correct this error:
  - 1. Click **Delete** next to the file that is not correct
  - 2. Once deleted, you will be able to click **Upload** again in that location and select the correct file

Health

#### Vaccines Offered



- If you offer all the ACIP recommended vaccines, then select the top checkbox (shown left)
- Specialty providers (Urgent Cares, Pharmacies, Inpatient Nurseries) are not required to carry all ACIP recommended vaccines for VFC eligible patients. If this applies to your facility, then select only the vaccines you offer from the available list



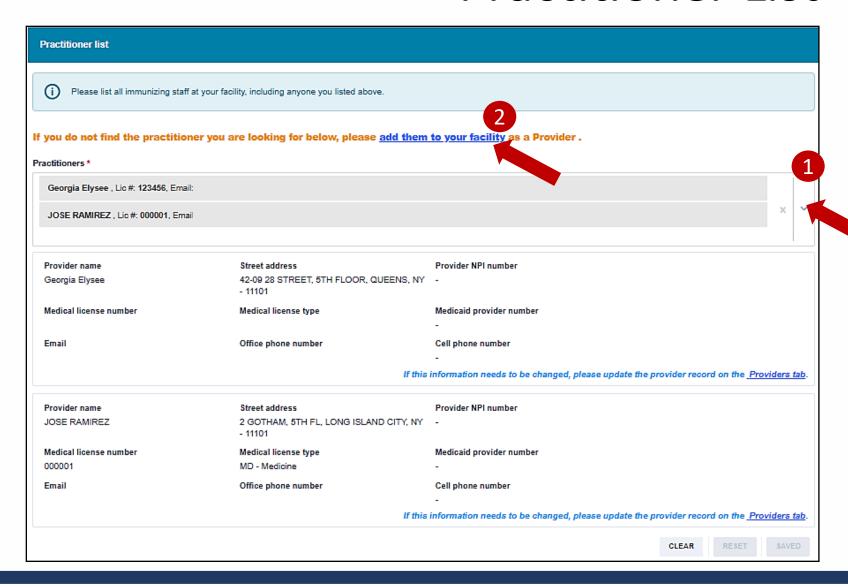
#### **Annual Patient Numbers**

| Annual patient numbers   |         |           |            |            |
|--|---------|-----------|------------|------------|
| This table is populated with the number of patients in each age group and VFC eligibility category reported to the CIR by your facility in the last year. If needed, adjust the data in the table so it is representative of your patient population over the last year. Do not enter percentages, symbols, etc.  Indicate the source used for the data entered by selecting one or more of the checkboxes below the table.  |         |           |            |            |
| Reporting period beginning  09/29/2024   |         |           |            |            |
| Category   | <1 Year | 1-6 Years | 7-18 Years | ≥ 19 Years |
| American Indian/Alaskan Native   | 0       | 0         | 0          | 0          |
| Child Health Plus B (CHPlus B)   | 0       | 0         | 0          | 0          |
| Medicaid/Medicaid Managed Care   | 0       | 0         | 0          | 0          |
| Not Eligible   | 0       | 0         | 0          | 0          |
| Not Insured/No Insurance   | 0       | 0         | 0          | 0          |
| Underinsured   | 0       | 0         | 0          | 0          |
| Total  | 0       | 0         | 0          | 0          |
| 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); a child whose insurance does not include first-dollar coverage for a vaccine. 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.  Not Eligible - Insurance covers all or part of the cost of vaccine. |         |           |            |            |
| Type of data used to determine profile:  Benchmarking Dose administered Registry Provider encounter data Medicaid claims data Other (specify)  |         |           |            |            |

- The annual patient numbers table
  will pre-populate with the number of
  patients in each age group and VFC
  eligibility category reported to the
  CIR by your facility in the last year
- If needed, adjust the table values so that the patient population shown is accurate to what your facility served in the last year
- Select one or more of the checkboxes at the bottom of the section to indicate what data source(s) were used to determine the patient profile



#### **Practitioner List**



- List all the staff immunizing with VFC vaccines at your facility in this section
- Include all immunizing staff, even if they are already listed in another section of this form
- Click the dropdown arrow and select each provider from your provider list
- 2. If the provider you are looking for does not appear, you must add them to your facility then return to the dropdown to select them

#### Storage Information

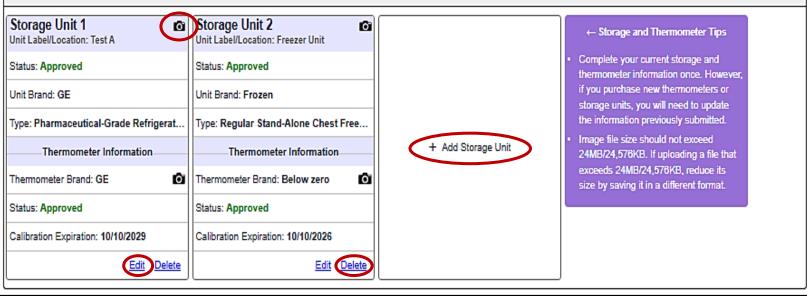
#### Storage information

(i)

As per the Centers for Disease Control & Prevention (CDC), vaccines must be stored in compliant storage units and monitored at all times using Digital Data Logger (DDL) thermometers.

For overall guidance on vaccine storage and handling requirements, refer to the CDC Vaccine Storage and Handling Toolkit.

- Take a picture of each storage unit at your practice and their corresponding Digital Data Logger (DDL) temperature monitoring thermometer, then upload them below.
- Storage unit pictures must have the door open and the inside of the unit should be clearly visible. Photos or images retrieved online or from websites are not acceptable.
- Indicate the brand, model and type of each storage unit and DDL.
- Indicate the calibration expiration date of the DDL as per the manufacturer.
- All edits made to storage and thermometer details will be in pending review status until approved. An email will be sent to notify your practice of the approval or rejection status of your submission. If rejected, the reason for the rejection will be included in this notification. Update the required details below before continuing.



- Ensure that the vaccine storage units and DDL thermometers at your practice are up to date
- You can check the photos currently on file by clicking the icon.
- To make changes to an existing unit, click Edit in the bottom right corner of the unit tile
- If you no longer have a storage unit that is listed, click **Delete** in the bottom right corner of the unit tile
- If you do not see a storage unit in your facility on this list, add it by clicking + Add Storage Unit
- For guidance on vaccine storage and handling requirements, refer to the <u>CDC Vaccine Storage and Handling</u> <u>Toolkit</u>

#### VFC Re-enrollment Agreement and Consent

#### Agreement and consent

#### Vaccines for Children (VFC) Program Re-enrollment 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 practice administrator or equivalent:

- I will annually submit a provider profile representing the VFC-eligible populations served by my practice/facility and the privately insured (i.e., non-VFC eligible)
  population I plan to vaccinate. 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)
    - Are an American Indian or Alaska Native;
    - 2. Are enrolled in Medicaid;
    - Have no health insurance;

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children re-enrollment requirements attended above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.



Robert Torino

CLOSE

SUBMIT

- Read the full text of the VFC
   Program Provider Agreement
   displayed in the scroll box in
   this section.
- Once you have read and understood the terms of the agreement, and have completed all sections of the form above, check the I Agree checkbox on the bottom left
- 2. To submit your agreement for review, click the **Submit** button on the bottom right



#### Additional Follow-up/Corrections

- You will receive processing updates via email
- If your VFC re-enrollment submission is rejected, the email notification sent will contain details stating the reason and any corrections needed
  - Return to the <u>Citywide Immunization Registry (CIR) Facility Manager (FACMAN)</u> and access the VFC 2025 Re-enrollment Form for the facility
  - Make the adjustment requested to the necessary section(s)
  - Agree and submit the re-enrollment for to be reviewed again
- If your VFC Enrollment submission is approved, you will receive confirmation via email save this message for your records



### Correcting a Rejected Re-enrollment (1)

Dear Provider,

The NYC Vaccines for Children (VFC) Re-enrollment Agreement for

Facility: CITYWIDE IMMUNIZATION REGISTRY - 9009X01

Facility Code: 9009X01

PIN: VFCCIR

Facility Address: 42-09 28 ST, 5TH FLOOR, QUEENS, NY, 11101

Facility Phone:

Facility Fax:

Facility Email: 30v

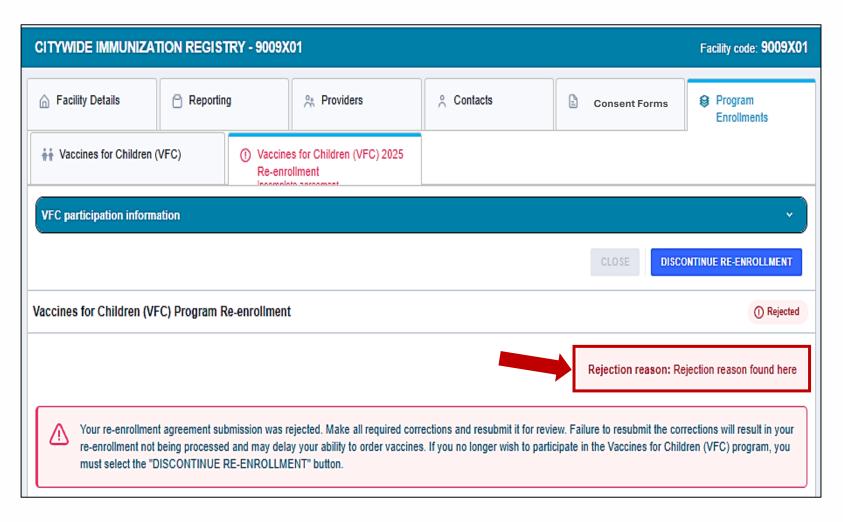
submitted by Georgia Elysee on 09/24/2025 at 04:25 PM has been REJECTED.

Your Vaccines for Children (VFC) Re-enrollment Agreement was REJECTED for the following reason(s): Rejection reason found here

- If your VFC re-enrollment is rejected, you will be notified through email
- The rejection reason will be listed for your review
- Return to <u>FACMAN</u> to make the corrections described in the email



## Correcting a Rejected Re-enrollment (2)



- In FACMAN, select the facility that had the re-enrollment rejected
- Click the **Program Enrollments** tab at the top right
- On the next line select the Vaccines for Children (VFC) 2025 Reenrollment sub-tab
- The reason the re-enrollment was rejected will appear at the top of the form
- Make the corrections identified
- Click I Agree and Submit at the bottom of the re-enrollment form to re-submit for review



#### Confirmation of Approved Re-enrollment

Dear Provider,

The NYC Vaccines for Children (VFC) Re-enrollment Agreement for

Facility: Citywide Immunization Registry

Facility Code: 9009X01

PIN: VFCCIR

Facility Address: TEST, LONG ISLAND CITY, NY, 11101

Facility Phone: 0000000000

Facility Fax: 000000000

Facility Email: @HEALTH.NYC.GOV

submitted by Robert Torino on 09/23/2025 at 04:27 PM has been APPROVED

- Once your VFC re-enrollment agreement is reviewed by NYC VFC staff and approved you will receive an email confirmation
- Save this message for your records
- Additional VFC requirements and helpful resources are listed in this email as well. Please take a moment to review them and ensure you and your staff are up to date on all VFC requirements and recommendations



#### Questions?

If you have additional questions about the VFC re-enrollment process, please email us at:

nycimmunize@health.nyc.gov

