## **Instructions for Online VFC Recertification using GRITS**

Follow the below steps once you have received your "Annual recertification expires in 30 days" email:

1. Login to GRITS using your Organization Code (in all CAPS), username and password

	Leading the Way to Healthier Lives 👋
GRATS Gengia Registry of Immunization Transactions and Services Production Region 12.8.1 Online Registration New Organization	<text><text><text><text><text><text><text><text></text></text></text></text></text></text></text></text>

2. Click on the link "Manage Sites" below the "Maintenance" section on the blue menu panel.

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	organization Make Believe Pediatrics • user Nikki Griffin • role Administrator parent/vendor GA - GRITS Help Desk
Transactions and Services	announcements:
Staging Region 12.9.3	NEW 11/10/2017 ~ Nov 10th - GA State Holiday; GRITS Help Desk Unavailable
Maintenance manage schedules manage users manage schools manage physicians manage chinicians	NEW: 09/13/2017 ~ IMPORTANT - VFC Program Updates Sept. 13, 2017     NEW: 09/13/2017 ~ RE: GRITS Help Desk Assistance     08/31/2017 ~ Sept. 4th - GA State Holiday; GRITS Help Desk Unavailable     08/11/2017 ~ Prod Updates - GRITS Unavailable Friday night, 8/11 @ 7PM     more appouncements
manage sites manage temp log Inventory manage inventory	release notes:
manage transfers manage orders record temp log Clients manage client enter new client	<ul> <li>NEW 10/20/2017 ~ Release Version 12.9.3 Add H5N1 Vaccine Group; Afluria-PF IIV3 - Maint, Add CVX 156 08/11/2017 ~ Release Version 12.9.2 Add Stamaril Vaccine, TN &amp; Schedule; VFC Recert Updates 07/13/2017 ~ Release Version 12.9.1 Updated - Td Maint, Added CareSource &amp; Annual VFC Recert more release notes</li> </ul>
Immunizations manage immunizations manage opt-out imms opt-out imm history	inventory alerts:
Reports request reminder check reminder status request vacue usage	Inventory Transfer Notifications
request new client form request casa extract check request status blank forms	Transfer ID         Transfer Type         Site PIN: Name         Status           No Inventory Transfer Notifications.         Status         Status

## 3. Select your site.



## 4. Click on the "Recertify" button, after verifying all contact info is correct.

This button is clickable when the present date is within the recertification time frame (current date is within 30 days of the Due-by date).



5. **It is imperative that the "Generate" button is clicked before proceeding**. This step will override last years' numbers.

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<u>GR</u> TS	organization Make Believe P	ediatrics • vendor GA	user Nikk - GRITS Hel	i Griffin • <i>r</i> p Desk	ole Admini	strator				
Georgia Registry of immunization Transactions and Services							_			
Staging Region 12.18.0	Provider Population	Provider Population         VFC PIN: 179643         Make Believe 1								
Assessment Reports							Next			
request casa extract check request status							Cancel			
create assessment	Click the "Generate" button to populate immuniza	ation data for	the previous	12 months	from today's	date)	Generate			
Maintenance	Shok the Generate button to populate inimuniza		the previous	5 12 11011013	non today s	date)	Ocherate			
manage schedules manage users	Provider Population									
manage schools manage physicians	Provider Population based on patients seen during the previous 12 months (estimates are required for new clinics). Report the number of children who received vaccinations at your facility, by age group. Only count a child once based on the status									
manage clinicians	at the last immunization visit, regardless of the number of visits made. The following table documents how many children									
manage sites manage temp log	received VFC vaccine, by category, and how man	ny received n	ion-VFC vac	cine.						
Organizations										
Inventory	VFC Vaccine Eligibility Categories # of children who received VFC Vaccine by Age Category									
manage inventory			< 1 Year	1-2 Years	3-6 Years	7-18 years	Total			
manage orders										
record temp log	Enrolled in Medicaid		0	3	0	1	4			
manage client						0				
enter new client	No Health Insurance		0	1	0	0	1			
manage immunizations										
manage opt-out imms	American Indian / Alaska Native		0	0	0	0	0			
Reports						0				
request reminder check reminder status	Underinsured in the FQHC/RHC or Deputized Fac	cility '	0	1	0	0	1			
request vaccine usage				F			0			
request new client form blank forms	Total VFC		0	5	0	1	6			
opt out/opt in forms										
vac acct reports ad-hoc reports	Non-VFC Vaccine Eligibility Categori	es	# of children who received Non-VFC Vaccine by Age Category							
temp log reports			< 1 Year	1-2 Years	3-6 Years	7-18 years	Total			
vfc recert reports	Insured (private payhealth insurance covers vacc	ines)	0	2	0	0	2			
insurer listing										
manufacturer listing trade name listing	Underinsured <sup>2</sup>		0	0	0	0	0			
vaccine group listing										
vaccine listing vaccine relationships	Children's Health Program (CHIP) <sup>3</sup>		0	1	0	1	2			
General system user manual	(Amerigroup, CareSource, Peach State, WellCare	e)								
	Total Non-VFC		0	3	0	1	4			
	Total Patients		0	8	0	2	10			
	(must be equal to sum of Total VEC + Total Non-V	(FC)	<u> </u>	5	5	-	10			
		,								
	AVP (Adult Vaccine Program)									
	AVP Vaccine Eligibility Categorie	s		# c	of adults vac	cinated				

6. Follow the steps to complete the recertification process.

## **Additional Reminders:**

- If you do not complete by the VFC recertification due-by date (11/15/2018), your VFC PIN will be suspended.
- The VFC Provider Agreement form must be read before the "Accept" button is enabled.

Once recertification is complete, clicking "View Recert Data" will allow the recertification information to be viewed in pdf form.

Provider Population	VFC PIN: 1	79643		Make Believe 1		
Provider Population based on patients seen during the previous	12 months (estimate	s are required for no	ew clinics). Reports	the number of childr	en who received	
vaccinations at your facility, by age group. Only count a child o The following table documents how many children received VF	nce based on the stat C vaccine, by catego	tus at the last immu ory, and how many	nization visit, regard received non-VFC v	fless of the number of accine.	f visits made.	
÷ ,						
VFC Vaccine Eligibility Categories	#	of children who r	eceived VFC Vacci	ine by Age Category	/	
	< 1 Year	1-2 Years	3-6 Years	7-18 years	Total	
Enrolled in Medicaid	0	0		1	1	
No Health Insurance	0	0	0	0	0	
American Indian / Alaska Native	0	0	0	0	0	
Underinsured in the FQHC/RHC or Deputized Facility <sup>1</sup>	0	0	0	0	0	
Total VFC	0	0	0	1	1	
Non-VFC Vaccine Eligibility Categories	# of	children who reco	eived Non-VFC Va	ccine by Age Categ	ory	
	< 1 Year	1-2 Years	3-6 Years	7-18 years	Total	
Insured (private pay/health insurance covers vaccines)	0	0	0	0	0	
Children's Health Program (CHIP) <sup>3</sup> (A marigroup	0	0	0	1	1	
Camerier a readur Program (Critr) (Amerigroup,	0	0	0	1	1	
CareSource, Peach State, WellCare)						
Total Non-VFC	0	0	0	2	2	
Total Patients	0	0	0	3	3	
AVP (Adult Vaccine Program)						
AVP Vaccine Eligibility Categories	# of adults	vaccinated				
				19 Years and Older Total		
No Health Insurance					!	
Underinsured*					)	
Total AVP Eligible				1	2	
Non-AVP Vaccine Eligibility Categories				# of adults	vaccinated	
				19 Years and	Older Total	
Insured (private pay/health insurance covers vaccines)					i	
Enrolled in Medicaid				3	<b>i</b>	
Enrolled in Medicare				(	)	
Total Non-AVP Eligible				9	)	
Total Patients (must equal sum of Total AVP + Total Non-A	VP)			1	1	
* Underinsured includes adults with health insurance that does not covered by insurance.	not include vaccines	or only covers spec	ific vaccine types. A	Adults are only eligib	le for vaccines	
that are not covered by insurance.						
Type of Data Used to Determine Provider Population						
1. IIS (GRITS)						
Underingurad includes children with bealth incurance that does	not include vession	or only covers and	aifia vacaina tunas	Children are only ali	gible for vegaines	
Undernisured includes enharen with hearth insurance that does	not merude vacemes	s of only covers spe	enie vacenie types.	Children are only en	gible for vacenies	
	ccine, underinsured	children must be va	accinated through a	Federally Qualified I	Iealth Center	
that are not covered by insurance. In addition, to receive VFC va		e deputized provide	er must have a writte	en agreement with an	FQHC/RHC and	
that are not covered by insurance.In addition, to receive VFC va (FQHC) or Rural Health Clinic (RHC) or under an approved de	putized provider. Th					
that are not covered by insurance.In addition, to receive VFC va (FQHC) or Rural Health Clinic (RHC) or under an approved de the state/local/territorial immunization program in order to vacc	putized provider. Th inate these underinsu	ired children.				
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that are not covered by insurance. In addition, to receive VFC va (FQHC) or Rural Health Clinic (RHC) or under an approved va the state/local/territorial immunization program in order to vace <sup>2</sup> Underinsured are children that are underinsured but are not elig	putized provider. Th inate these underinsu gible to receive feder	al vaccine through	the VFC program be	ecause the provider o	r facility is not a	
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that are not covered by insurance. In addition, to receive VFC vo (FQHC) or Rural Health Clinic (RHC) or under an approved de the state/local/territorial immunization program in order to vace 'Underinsured are children that are underinsured but are not elig FQHC/RHC or a deputized provider. However, these children n children. 'CHIP/PeachCare - Children enrolled in the state Children's Hei eaccines through the VFC program. Patients in this group are er WellCare.	putized provider. Th inate these underinsu jible to receive feder nay be served if vacc hth Insurance Progra rolled in one of the	ared children. al vaccine through ines are provided b am (CHIP). These c following PeachCar	the VFC program be y the state program hildren are consider re plans: Amerigrou	ecause the provider o to cover these non-V ed insured and are no p, CareSource, Peacl	r facility is not a FC eligible ot eligible for a State, or	