

Arkansas New Vaccines For Children (VFC) PROVIDER CHECKLIST

VFC providers perform vital functions of the including eligibility screening, vaccine storage and handling, and vaccine administration. It is essential for VFC providers to have a clear understanding of VFC program requirements and how the VFC program works.

STEPS ONE THROUGH FIVE serve as a checklist for becoming a VFC Provider. In order to ensure the process goes smoothly and efficiently, read the directions below and complete the VFC Provider Enrollment Checklist prior to the VFC enrollment visit.

STEP ONE Complete the VFC New Provider forms online and check off boxes that apply.

The forms include the following documents:

- 1 Arkansas (WebIZ) New Facility Enrollment Form
- 2 WebIZ New User Enrollment
- 3 VFC Provider Agreement Form
- 4 VFC Provider Profile Form
- 5 Vaccine Storage Certification Form for Vaccine Storage

STEP TWO Identify the Primary and Back-Up Vaccine Coordinators

Each VFC provider must designate sufficient staff to perform proper oversight and ensure proper implementation of vaccine ordering, inventory, and storage/handling of federally purchased vaccines. Each facility must designate one staff member to be the Primary Vaccine Coordinator. This person is responsible for providing oversight for all vaccine management within the office and ensuring all vaccines are stored and handled correctly. Each facility must also designate at least one Back-Up or Alternate Vaccine Coordinator who will assume oversight responsibilities in the absence of the Primary Vaccine Coordinator.

STEP THREE Primary and Back-Up Vaccine Coordinators complete the online training modules below and print the certificates to have on file.

CEs are provided at no charge by the CDC.

1. [Module: Vaccines for Children \(VFC\)](#)
2. [Module: Vaccine Storage and Handling](#)

STEP FOUR Make a copy of all VFC provider forms

This is for your records. Place the forms with the temperature logs and Certificates of Completion from the CDC training Modules for your VFC Enrollment Visit.

VFC ENROLLMENT CHECKLIST

Requirement	Requirement Met
Submit to the VFC Coordinator	
VFC Provider Enrollment Form-	
VFC Provider Profile	
Temperature log with 5 days of temperatures	
"You Call the Shots" Certificates of Completion for the Vaccine Coordinators	
Storage Unit(s)- Must be one of the following:	
Purpose-built	
Pharmaceutical	
Medical Grade	
Standalone unit	
Combination household unit but only use the refrigerator section (cannot use the freezer section). Use a separate standalone freezer for frozen vaccines.	
Temperature Monitoring Equipment	
Certified, Calibrated Digital Data Logger that meets the following requirements:	
<ul style="list-style-type: none"> • A digital display of current, minimum, and maximum temperatures 	
<ul style="list-style-type: none"> • Minimum accuracy of +/-1.0°F (+/-0.5°C) 	
<ul style="list-style-type: none"> • A buffered temperature probe immersed in a vial filled with 30-60ml of buffered material (glycol, sand, etc.) 	
<ul style="list-style-type: none"> • Out-of-range temperature alarm 	
<ul style="list-style-type: none"> • Logging interval of at least 30 minutes 	
<ul style="list-style-type: none"> • Memory Storage of 4,000 reading or more 	
Current and valid Certificates of Calibration for all thermometers	
Back-up thermometer- <u>must be a digital data logger beginning January 1, 2018</u>	
Do Not Disconnect Signage	
Do not unplug sign on storage unit plug outlet(s)	
Do not disconnect sign on the storage unit circuit breaker(s)	
<u>Do Not Unplug/Turn Off Sign</u>	
Vaccine Management Plan	
Completed Vaccine Management Plan posted on or near all storage units	
Designated Vaccine Coordinators	
Vaccine Coordinator identified	
Back-up Vaccine Coordinator identified	

Required Training	
Vaccine Coordinator <u>and</u> Back-up Vaccinator must view:	
You Call the Shots-Module 16-Vaccines For Children Program You Call the Shots- Module 10- Storage and Handling	
Vaccine Coordinator and Back-up Vaccine Coordinator must provide copies of completion certificates for both “You Call the Shots” trainings	

RESOURCES

VFC Provider Guide	VFC Provider Guide
Vaccine Storage and Handling Toolkit	CDC Vaccine Storage and Handling Toolkit
VFC Vaccine Coordinator Duties	VFC Vaccine Coordinator Duties
Arkansas Immunization Coalition website	http://www.immunizear.com/
CDC “Pink Book”	https://www2.cdc.gov/vaccines/ed/pinkbook/
Immunization Action Coalition website	http://www.immunize.org/
CDC website	https://www.cdc.gov/

VACCINES FOR CHILDREN PROGRAM PROVIDER AGREEMENT

FACILITY INFORMATION

Facility Name:			VFC Pin#:
Facility Address:			
City:	County:	State:	Zip:
Telephone:		Fax:	
Shipping Address (if different than facility address):			
City:	County:	State:	Zip:

MEDICAL DIRECTOR OR EQUIVALENT

Instructions: *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 outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.*

Last Name, First, MI:	Title:	Specialty:
License No.:	Medicaid Provider No.:	NPI Number:
<i>Provide Information for second individual as needed:</i>		
Last Name, First, MI:	Title:	Specialty:
License No.:	Medicaid Provider No.:	NPI Number:

VFC VACCINE COORDINATOR

Primary Vaccine Coordinator Name:	
Telephone:	Email:
Completed annual training: <input type="radio"/> Yes <input type="radio"/> No	Type of training received:
Back-Up Vaccine Coordinator Name:	
Telephone:	Email:
Completed annual training: <input type="radio"/> Yes <input type="radio"/> No	Type of training received:

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:

1.	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.
2.	<p>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:</p> <p>A. Federally Vaccine-eligible Children (VFC eligible)</p> <ol style="list-style-type: none">1. Are an American Indian or Alaska Native;2. Are enrolled in Medicaid;3. Have no health insurance;4. 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. <p>B. State Vaccine-eligible Children</p> <ol style="list-style-type: none">1. 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. <p>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.</p>
3.	<p>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:</p> <ol style="list-style-type: none">a) 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;b) The particular requirements contradict state law, including laws pertaining to religious and other exemptions.
4.	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.
5.	I will immunize eligible children with publicly supplied vaccine at no charge to the patient for the vaccine.
6.	I will not charge a vaccine administration fee to non-Medicaid federal vaccine-eligible children that exceeds the administration fee cap of \$19.54 per vaccine dose. I will not charge a vaccine administration fee to non-Medicaid state vaccine-eligible children that exceeds the administration fee cap of \$9.56 per vaccine dose. For Medicaid children, I will accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans.

7.	I will not deny administration of publicly purchased vaccine to an established patient because the child's parent/guardian/individual of record is unable to pay the administration fee.
8.	I will distribute the current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).
9.	I will comply with the requirements for vaccine management including: a) Ordering vaccine and maintaining appropriate vaccine inventories; b) Not storing vaccine in dormitory-style units at any time; c) Storing vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet Arkansas Department of Health Immunization Program <u>storage</u> and handling requirements; d) Returning all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration
10.	I agree to operate within the VFC program in a manner intended to avoid fraud and abuse. Consistent with "fraud" and "abuse" as defined in the Medicaid regulations at 42 CFR § 455.2, and for the purposes of the VFC Program: Fraud: is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law. Abuse: provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program, (and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient); or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.
11.	I will participate in VFC program compliance site visits including unannounced visits, and other educational opportunities associated with VFC program requirements.
12.	For providers with a signed deputization Memorandum of Understanding between a FQHC or RHC and the Arkansas Department of Health Immunization Program to serve underinsured VFC-eligible children, I agree to: a) Include "underinsured" as a VFC eligibility category during the screening for VFC eligibility at every visit; b) Vaccinate "walk-in" VFC-eligible underinsured children; and c) Report required usage data Note: "Walk-in" in this context refers to any underinsured child who presents requesting a vaccine; not just established patients. "Walk-in" does not mean that a provider must serve underinsured patients without an appointment. If a provider's office policy is for all patients to make an appointment to receive immunizations then the policy would apply to underinsured patients as well.
13.	For pharmacies, urgent care, or school located vaccine clinics, I agree to: a) Vaccinate all "walk-in" VFC-eligible children and b) Will not refuse to vaccinate VFC-eligible children based on a parent's inability to pay the administration fee. Note: "Walk-in" refers to any VFC eligible child who presents requesting a vaccine; not just established patients. "Walk-in" does not mean that a provider must serve VFC patients without an appointment. If a provider's office policy is for all patients to make an appointment to receive immunizations then the policy would apply to VFC patients as well.

14.	<p>All providers shall report to the Department of administration of any childhood immunization to any person under twenty-two years of age.</p> <ol style="list-style-type: none"> 1. A Department approved format for reporting of data shall be used by all Providers to report immunizations given. 2. Providers shall submit information on immunization provided within two weeks of administration. 3. When reporting immunization, previous unreported doses shall also be reported to provide a complete immunization history to the registry. 4. Failure to report shall result in the Department contacting the Provider to encourage compliance. Continued non-compliance may result in sanctions not to exceed \$25.00 and/or removal from the Vaccines for Children (VFC) program.
15.	<p>I understand this facility or the Arkansas Department of Health Immunization Program may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the Arkansas Department of Health Immunization Program</p>

<p><i>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 enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.</i></p>	
<p>Medical Director or Equivalent Name (print):</p>	
<p>Signature:</p>	<p>Date:</p>
<p>Name (print) <i>Second individual as needed:</i></p>	
<p>Signature:</p>	<p>Date:</p>

<p>Clinic Hours-These are the times your vaccines can be safely delivered:</p>				
Mon	Tues	Wed	Thurs	Fri
Sat	Sun	Closed for Lunch between:		

Arkansas 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 of the facility changes during the calendar year.

Date: ____/____/____

Provider Identification Number# _____

FACILITY INFORMATION		
Provider's Name:		
Facility Name:		
Vaccine Delivery Address:		
City:	State:	Zip:
Telephone:	Email:	
FACILITY TYPE (select facility type)		
Private Facilities	Public Facilities	
<input type="checkbox"/> Private Hospital <input type="checkbox"/> Private Practice (solo/group/HMO) <input type="checkbox"/> Private Practice (solo/groups as agent for FQHC/RHC-deputized) <input type="checkbox"/> Community Health Center <input type="checkbox"/> Pharmacy <input type="checkbox"/> Birthing Hospital <input type="checkbox"/> School-Based Clinic <input type="checkbox"/> Teen Health Center <input type="checkbox"/> Adolescent Only Provider <input type="checkbox"/> Other _____	<input type="checkbox"/> Public Health Department Clinic <input type="checkbox"/> Public Health Department Clinic as agent for FQHC/RHC-deputized <input type="checkbox"/> Public Hospital <input type="checkbox"/> FQHC/RHC (Community/Migrant/Rural) <input type="checkbox"/> Community Health Center <input type="checkbox"/> Tribal/Indian Health Services Clinic <input type="checkbox"/> Woman, Infants and Children <input type="checkbox"/> Other _____ <div style="float: right; width: 200px;"> <input type="checkbox"/> STD/HIV <input type="checkbox"/> Family Planning <input type="checkbox"/> Juvenile Detention Center <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Drug Treatment Facility <input type="checkbox"/> Migrant Health Facility <input type="checkbox"/> Refugee Health Facility <input type="checkbox"/> School-Based Clinic <input type="checkbox"/> Teen Health Center <input type="checkbox"/> Adolescent Only </div>	
VACCINES OFFERED (select only one box)		
<input type="checkbox"/> All ACIP Recommended Vaccines for children 0 through 18 years of age.		
<input type="checkbox"/> Offers Select Vaccines (This option is only available for facilities designated as Specialty Providers by the VFC Program)		
<p>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.</p>		
Select Vaccines Offered by Specialty Provider:		
DTaP	Meningococcal Conjugate	TD
Hepatitis A	MMR	Tdap
Hepatitis B	Pneumococcal Conjugate	Varicella
HIB	Pneumococcal Polysaccharide	Other, specify:
HPV	Polio	
Influenza	Rotavirus	

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 Vaccine Eligibility Categories	# of children who received VFC Vaccine by Age Category			
	<1 Year	1-6 Years	7-18 Years	Total
Enrolled in Medicaid				
No Health Insurance				
American Indian/Alaska Native				
Underinsured in FQHC/RHC or Deputized Facility ¹				
Total VFC:				
Non-VFC Vaccine Eligibility Categories	# of children who received non-VFC Vaccine by Age Category			
	<1 Year	1-6 Years	7-18 Years	Total
Insured (private pay/health insurance covers vaccines)				
Other Underinsured ²				
Children's Health Insurance Program (CHIP) ³				
Total Non-VFC:				
Total Patients (must equal sum of Total VFC + Total Non-VFC)				

¹Underinsured 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.

²Other underinsured are children that are underinsured but are not eligible to receive federal vaccine through the VFC program because the provider or facility is not a FQHC/RHC or a deputized provider. However, these children may be served if vaccines are provided by the state program to cover these non-VFC eligible children.

³CHIP – Children enrolled in the state Children's Health Insurance Program (CHIP). These children are considered insured and are not eligible for vaccines through the VFC program. Each state provides specific guidance on how CHIP vaccine is purchased and administered through participating providers.

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

- | | |
|------------------------|-------------------------|
| Benchmarking | Doses Administered |
| Medicaid Claims | Provider Encounter Data |
| IIS | Billing System |
| Other (must describe): | |

VACCINE COORDINATORS ~ ROLES AND RESPONSIBILITIES

Vaccines are expensive, sensitive and can lose their effectiveness if they are exposed to temperatures (heat and/or cold) outside the required range and when exposed to light. Failure to adhere to storage requirements may reduce vaccine potency, and/or increased local reactions after their administration. The loss of vaccine effectiveness is cumulative, permanent, and irreversible. Careful vaccine management is essential.

The VFC Program requires providers to designate a **Primary Vaccine Coordinator** and a **Back-Up Vaccine Coordinator**. The **Primary Vaccine Coordinator** is responsible for providing oversight for all vaccine management within the office including storage and handling.

The **Back-Up Vaccine Coordinator** assumes oversight responsibilities in the absence of the Primary Vaccine Coordinator.

VFC PROVIDER TRAINING REQUIREMENTS:

Primary and Back-Up Vaccine Coordinators must be fully trained on routine and emergency vaccine management policies and procedures related to vaccine shipments, storage, handling, transport and inventory management.

Primary and Back-Up Vaccine Coordinators must undergo annual training on VFC program requirements, including proper storage and handling. All training must be documented.

Training must occur in one of the following situations:

- During the annual VFC compliance visit
- Attendance at a Regional Immunization Training Session

Primary Vaccine Coordinator is responsible for ensuring that all staff receives training on VFC Guidelines, proper storage/handling and vaccine administration.

New staff (non VFC Coordinators or Back-Up Coordinator) should take the on-line CDC modules listed below, upon hiring and annually.

- On-line training using CDC "**You Call the Shots**" modules as described below. This training also offers Continuing Education credits at no charge. The certificate of completion should be printed and a copy kept with temperature logs.

CDC's "**You Call the Shots**" on line training:

<http://www.cdc.gov/vaccines/ed/youcalltheshots.htm>

Module: Vaccines for Children (VFC)

(<http://www2a.cdc.gov/nip/isd/ycts/mod1/courses/vfc/ce.asp>)

Module: Vaccine Storage and Handling

(<http://www2a.cdc.gov/nip/isd/ycts/mod1/courses/sh/ce.asp>)

OVERSIGHT RESPONSIBILITIES:

- Notify Immunization Program immediately of any changes in key staff (Primary or Backup Vaccine Coordinator).
- Check and record temperatures twice daily (beginning and end of each clinic day) for every vaccine storage unit recording the Min/Max temperatures. Clear the min/max after each reading).
- Assure refrigerator temperatures are within acceptable range: between 36° and 46° Fahrenheit.
- Maintain freezer temperatures below 5° Fahrenheit and -50° Fahrenheit).
- Take immediate action if temperatures are not within appropriate ranges (isolate/quarantine vaccine, mark as DO NOT USE), notify ADH at 501.661.2170.
- Ensure that when vaccine stock arrives that the packing slip matches the contents and that the internal temperature of the shipping container is at the appropriate temperature range for the vaccine contained. Ensure stock is stored in appropriated refrigerator/freezer and the order has been received in WebIZ (making sure the packing slip also matches the WebIZ statement) as soon as it appears.
- Perform inventory and stock rotation routinely as recommended.
- Ensure all expired vaccine is removed from storage units upon expiration date.
- Ensure training is provided for staff on vaccine management/storage & handling with orientation, annually and as needed.
 1. Proper handling of vaccine
 2. Managing vaccine inventory
 3. Storing vaccines appropriately
 4. Stabilize temperatures
 5. Safeguard the electrical supply for vaccine storage units
 6. Accountability/the NO borrowing policy between VFC and Private stock vaccine
 7. Proper Documentation in WebIZ
 8. Emergency procedures related to the safe keeping of vaccine
- Review and perform Reminder/Recall for children and adolescents who are not up-to-date on all recommended vaccines.

Any questions should be directed to the VFC Coordinator at 501.661.2170.

