

CONTRACT

VVFC Contract Terms *Updating Your VVFC Contract*

VVFC Contract Terms

The signed Registration Form is a contractual agreement. The contractual section of the Registration Form states:

To participate in the Virginia Vaccines For Children (VVFC) Program and receive federally and/or state procured vaccine provided to my facility at no cost, I, on behalf of myself and any and all practitioners associated with this medical office, group practice, Health Maintenance Organization, hospital, health department, community/migrant/rural clinic, or other entity of which I am the physician-in-chief or equivalent, agree to:

- Screen all immunization encounters for eligibility. Administer VVFC federal and state-purchased vaccine to a) Federally vaccine-eligible children who are 18 years of age or younger and meet one or more of the following categories: i) enrolled in Medicaid ii) has no health insurance iii) is an American Indian or Alaskan Native iv) is underinsured: Children who have commercial (private) health insurance but the coverage does not include vaccines, children whose insurance covers only selected vaccines (VFC- eligible for non-covered vaccines only), or children whose insurance caps vaccine coverage at a certain amount-- once that coverage amount is reached, these children are categorized as underinsured. Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) b) State vaccine-eligible children 18 years of age or younger at FQHC/RHC/LHD/Participating Public Hospital who are not eligible for federal VFC funded vaccine and are receiving immunizations required for school i) DTaP, Hepatitis B, Hib, MMR, Polio, Td, and Varicella vaccines ii) MMRV when all components are indicated for children 12 months through 12 years iii) HPV for females who are 11 or 12 years of age iv) Pneumococcal for all children less than 5 years of age v) TDaP for all children at entry into sixth grade, if at least five years have elapsed since the last dose of tetanus toxoid-containing vaccine c) State vaccine-eligible adults 19 years and up at FQHC/RHC/LHD/Participating Public Hospital i) receiving Td, MMR, and Polio vaccine
- Maintain all records related to the VFC program for a period of 3 years, and make these records available to the State Health Department or the Department of Health and Human Services (DHHS). Release of records will be bound by the privacy protection of Federal Medicaid Law.
- Comply with the immunization schedules, dosage, and contraindications established by the DHHS 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.
 - The particular requirements contradict state law, including those pertaining to religious and other exemptions.
- Provide the most current vaccine information statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Act, which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).
- Not impose a charge for the cost of the vaccine.
- Charge the vaccine administration fee charged to non-Medicaid VFC-eligible children cannot exceed \$14.71 per vaccine dose, the established fee set forth by the state.
- Accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans for Medicaid VFC-eligible children, .
- Not deny administration of a federally procured vaccine to a child due to the inability of the

- child's parent/guardian/ individual of record to pay an administration fee.
- Comply with the State's requirements for vaccine ordering, vaccine accountability, and vaccine management. I agree to operate within the VVFC program in a manner intended to avoid fraud and abuse.

The State or provider may terminate this agreement at any time for personal reasons or failure to comply with these requirements. If the provider chooses to terminate the agreement, he or she agrees to properly return any unused VFC vaccine.

The VVFC program requires a main contact physician authorized to prescribe vaccines to sign this contract. In certain instances a Nurse Practitioner or Physician Assistant may sign if there is not a Physician in charge. All additional Physicians, Nurse Practitioners, and Physician Assistants that participate in the VVFC program at your facility must register by signing Section 5 of the Registration Form.

Updating Your VVFC Contract

VVFC providers shall register annually to update contact information and patient profile data.

You will be notified when it is time to update your registration. In order to maintain current enrollment status, your practice will have approximately 30 days to return the registration form to the VVFC office. If your practice does not comply by sending the necessary registration information, a hold will be placed on your facility's vaccine orders. To order vaccines again, you must submit a Registration Form. Please be sure to submit your annual registration update on time.

Although the registration is updated annually, please notify the Order Center of new contact people, mailing addresses, shipping addresses, practice hours, email addresses, and physicians as they occur. This helps ensure our data is current and that you receive your vaccine products in a timely and efficient manner.