

Virginia Vaccines for Children Registration

FACILITY NAME _____ PIN _____

Do you have more than one location where vaccines are stored? No ___ Yes ___

 (Address or PIN)

Section 1: Vaccine Shipping Information

SHIPPING CONTACT AND TITLE _____ PHONE _____

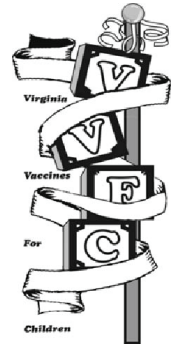
VACCINE DELIVERY ADDRESS (NO P.O. BOXES) _____

CITY _____ STATE _____ ZIP CODE _____

FAX NUMBER _____ EMAIL _____

BUSINESS HOURS/DELIVERY HOURS OR ADDITIONAL DELIVERY _____

INSTRUCTIONS (I.E. CLOSED WEDNESDAYS, DELIVER TO SIDE DOOR) _____



Section 2: VVFC Mailing Information

MAILING CONTACT _____ OFFICE MANAGER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Section 3: Type of Facility

<input type="checkbox"/> Private Practice	<input type="checkbox"/> Federally Qualified Health Center (FQHC)*	Facility Medicaid number: _____
<input type="checkbox"/> Hospital	<input type="checkbox"/> Rural Health Clinic (RHC)**	Facility Medicaid number: _____
<input type="checkbox"/> Health Department	<input type="checkbox"/> FQHC/RHC "Look-alike"*	Facility Medicaid number: _____
<input type="checkbox"/> Free Clinic***	<input type="checkbox"/> Other (please specify) _____	

***Federally Qualified Health Center:** A center that provides health care to a medically underserved population may apply to the Bureau of Primary Health Care (BPHC) within the Health Resources Services Administration (HRSA) for FQHC status. FQHCs include community and migrant health centers, special health facilities such as those for the homeless and persons with AIDS that receive grants under the public Health Service Act, and "look-alikes" which meet qualifications, but do not actually receive grant funds.

****Rural Health Clinic:** A provider class under the Health Care Financing Administration (HCFA) that must meet certain qualifications for services provided and staffing.

*****Free Clinic:** A Free Clinic is a private, nonprofit, community-based or faith-based organization that provides health care at little or no charge to low-income, uninsured people through heavy use of volunteer health professionals and partnerships with other health-related organizations.

Section 4: Patient Profile

Estimate the number of patients who will receive vaccinations in the next 12 months. Count a patient once in each 12 month period no matter the number of visits. Please indicate the data/method used to estimate your patient profile in the table below:

Benchmarking ___ Medicaid Claims Data ___ Doses Administered ___ Provider Encounter Data ___ Registry ___ Other _____

Patient Type	0-12 MONTHS	1-6 YEARS	7-18 YEARS	19 YEARS AND OLDER FQHC, RHC, LHD, Participating Public Hosp.	TOTAL
Enrolled in Medicaid or Medicaid HMOs And <19 yrs of age are VVFC ELIGIBLE					
No Health Insurance And < 19 yrs of age are VVFC ELIGIBLE					
American Indian or Alaskan Native And <19 yrs of age are VVFC ELIGIBLE					
Underinsured And < 19 yrs of age are VVFC ELIGIBLE AT FQHC / RHC.*					
Patients with Private Insurance STATE ELIGIBLE AT FQHC, RHC, LHD, Participating Public Hosp **					
Annual Total					

*Underinsured: Children who have commercial (private) health insurance but the coverage does not include vaccines, children whose insurance covers only selected vaccines (VVFC- 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 VVFC vaccine only through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)

**Some Non-VVFC Eligible patients may be eligible for free vaccines in certain public facilities (i.e. health department, FQHC, RHC, free clinic). For details, please refer to the Vaccine Use Guidelines under Public Providers at <http://www.vdh.virginia.gov/epidemiology/immunization/vfc/vcforms.htm>

Phone 804-864-8055 or 800-568-1929
 Fax 804-864-8090

Virginia Vaccines For Children, Division of Immunization
 P.O. Box 2448, 109 Governor Street, Room 314 West
 Richmond, VA 23218

VFC Program Contract

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 an 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.

VVFC Practitioner Name	Signature	NPI Number	Medical License Number	Date
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Section 5: Additional Practitioner Registration

Additional practitioners licensed or otherwise authorized for administration of pediatric vaccines under Virginia law at your facility should be listed below. If a new physician joins your facility or a physician leaves, please notify our office. (Attach additional paper if necessary)

VVFC Practitioner Name	Signature	NPI Number	Medical License Number	Date
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VVFC Practitioner Name	Signature	NPI Number	Medical License Number	Date
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VVFC Practitioner Name	Signature	NPI Number	Medical License Number	Date
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VVFC Practitioner Name	Signature	NPI Number	Medical License Number	Date
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