

2016 Pennsylvania Vaccines for Children Program Provider Agreement

All pages of this form must be completed annually in order for providers to be able to participate in the Vaccines for Children (VFC) Program; a form must be completed for each site to which vaccines will be shipped. This document provides shipping information and helps determine the amount of vaccine supplied through the VFC program to each provider site. A copy of this form will be kept on file at the Pennsylvania Department of Health (DOH). Questions call 717-787-5681.

The PA VFC Program Provider Agreement (PPA) must be updated annually or more frequently if:

- 1) the number of children served changes
- 2) the type of facility changes (i.e., proper documentation must be forwarded to the DOH before a change in status is made); or
- 3) a provider is added or deleted from the practice

Check one: <input type="radio"/> NEW <input type="radio"/> ANNUAL RENEWAL <input type="radio"/> UPDATE			VFC Pin#:	
Facility Name:				
Primary Vaccine Coordinator Name:			Email:	
Back-up Vaccine Coordinator Name:			Email:	
Facility Address:				
City:		Zip Code:		County:
Shipping Address (if different than facility address):				
City:		Zip Code:		County:
Telephone:			Fax:	
Does your medical facility have access to the internet? (<i>check one</i>)			<input type="radio"/> Yes <input type="radio"/> No	Office Email:
Type of facility: (<i>please only check one</i>):				
<input type="checkbox"/> Family Practice/General Practitioner; Internal Medicine; <input type="checkbox"/> OB/GYN; <input type="checkbox"/> Pediatrician; <input type="checkbox"/> Federally Qualified Health Center (FQHC); <input type="checkbox"/> Rural Health Clinic (RHC); <input type="checkbox"/> Other:				
Annual Patient Population For a 12 month period, report the number of children who received vaccines at your facility, by age group. Only count a child once based on the status of the last immunization visit, regardless of the number of visits made.				
Years of age	<1	1-6	7-18	>19**
Total Number Enrolled in the Practice (VFC & Non-VFC)				
<i>DO NOT COUNT A CHILD IN MORE THAN ONE CATEGORY LISTED BELOW.</i>				
Number of Children Enrolled in Medical Assistance				
Number of Uninsured Children				
Number of American Indian/Alaskan Native Children				
*Number of Underinsured Children (children whose health insurance does not cover vaccines)				
*Underinsured children are only eligible through the PA VFC program if vaccinated at an FQHC or RHC or approved deputized provider. **Persons 19 and older are not VFC Eligible.				
Check type of data used to determine profile:				
<input type="checkbox"/> A. Benchmarking <input type="checkbox"/> B. Medical Claims Data <input type="checkbox"/> C. Doses Administered <input type="checkbox"/> D. Provider Encounter Data <input type="checkbox"/> E. PA-SIIS Registry <input type="checkbox"/> F. Billing System <input type="checkbox"/> G. Other				
PROVIDER VACCINE DELIVERY HOURS, NOT OFFICE HOURS: INCLUDE LUNCH / TIME STAFF IS NOT AVAILABLE				
Monday:				
Tuesday:				
Wednesday:				
Thursday:				
Friday:				

**2016 Pennsylvania Department of Health
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VFC PIN#

ANNUAL TRAINING REQUIREMENT (please check box to indicate compliance)

At a minimum, a facility's VFC primary and back up coordinators must complete the annual training requirement by October 1, 2016 or have a VFC compliance site visit within the current year. For more information concerning CDC's requirement for annual training please refer to section 4 of the VFC provider handbook or visit our website at <http://www.health.state.pa.us/vfc>.

VACCINES OFFERED (select only one box)

- All Advisory Committee on Immunization Practices (ACIP) Recommended Vaccines for Children 0 through 18 years of age.
 Offers Select Vaccines (**This option is only available for facilities designated as Specialty Providers by the VFC Program**)

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 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.

SELECT VACCINES OFFERED BY SPECIALTY PROVIDER:

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> DTaP | <input type="checkbox"/> Meningococcal Conjugate | <input type="checkbox"/> TD |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> MMR | <input type="checkbox"/> Tdap |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Pneumococcal Conjugate | <input type="checkbox"/> Varicella |
| <input type="checkbox"/> HIB | <input type="checkbox"/> Pneumococcal Polysaccharide | <input type="checkbox"/> Other, specify: |
| <input type="checkbox"/> HPV | <input type="checkbox"/> Polio | |
| <input type="checkbox"/> Influenza | <input type="checkbox"/> Rotavirus | |

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VFC Pin#: _____

PROVIDERS PRACTICING AT THIS FACILITY

Instructions: List below all licensed health care providers (MD, DO) at your facility who have prescribing authority. Attach information if needed.

Provider Name	Title	License #	MA ID or NPI#

Please indicate any changes to practice staff below:

Add Delete	Provider Name	Title	License #	MA ID or NPI#
Add <input type="checkbox"/> Delete <input type="checkbox"/>				
Add <input type="checkbox"/> Delete <input type="checkbox"/>				
Add <input type="checkbox"/> Delete <input type="checkbox"/>				
Add <input type="checkbox"/> Delete <input type="checkbox"/>				
Add <input type="checkbox"/> Delete <input type="checkbox"/>				
Add <input type="checkbox"/> Delete <input type="checkbox"/>				

Vaccines will be shipped to the vaccine delivery address indicated on the provider site profile within 30 days of receipt of your order.

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. 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)
 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.
 - B. State Vaccine-eligible Children
 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.

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.
3. 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:
 - 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 exceed the administration fee cap of **\$23.14** 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 a 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.	<p>I will comply with the requirements for vaccine management including:</p> <ul style="list-style-type: none"> 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 Pennsylvania Department of Health storage and handling recommendations and requirements; d) Returning all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration.
10.	<p>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:</p> <p>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.</p> <p>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.</p>
11.	<p>I will participate in VFC program compliance site visits including unannounced visits, and other educational opportunities associated with VFC program requirements.</p>
12.	<p>For providers with a signed deputization Memorandum of Agreement between a FQHC or RHC and the Pennsylvania Department of Health to serve underinsured VFC-eligible children, I agree to:</p> <ul style="list-style-type: none"> 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. <p><i>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.</i></p>
13.	<p>I understand this facility or the Pennsylvania Department of Health 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 Pennsylvania Department of Health.</p>
<p>Medical Director (Physician) or Equivalent Physician Name:</p>	
<p>Title:</p>	<p>Specialty:</p>
<p>Physician License#:</p>	<p>Medicaid or NPI#</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 for compliance with these requirements.</i></p> <p><input type="checkbox"/> Checking this box acknowledges my signature below.</p>	
<p>Medical Director (Physician) Signature:</p>	<p>Date:</p>

After completing the "2016 VFC Program Provider Agreement Form" mail to the Division of Immunizations Room 1026 H&W Building 625 Forster Street, Harrisburg, PA 17120-0701 or fax to 717-214-7223.