

Pennsylvania Immunization Program Provider Agreement

All pages of this form must be completed for providers to be able to participate in the Pennsylvania Immunization Program. A form must be completed for each site where vaccines will be shipped and/or administered. This document provides shipping information and helps determine the amount of vaccine supplied through the PA Immunization Program to each provider site. A copy of this form will be kept on file at the Pennsylvania Department of Health. If you have questions call 717-787-5681.

The PA Immunization 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 Department before a change in status is made); or
- 3) A provider is added or deleted from the practice.

Check one: NEW REACTIVATION UPDATE

PA Immunization Provider PIN:

Facility Name:

Organization or Hospital System Affiliation:

Primary Vaccine Coordinator Name:

Email:

Phone Number:

Completed annual training:
• Yes • No

Type of training received:

Back-up Vaccine Coordinator Name:

Email:

Phone Number:

Completed annual training:
• Yes • No

Type of training received:

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? (*check one*)

Yes No

Office Email:

Facility Type: (*please only check one*):

Please review the [facility type definitions](#) to assist with facility type selection.

- | | | |
|--|---|---|
| <input type="checkbox"/> Addiction Treatment Center
<input type="checkbox"/> Birthing Hospital or Birthing Center
<input type="checkbox"/> Community Health Center
<input type="checkbox"/> Community Vaccinator (non-health department)
<input type="checkbox"/> Correctional Facility
<input type="checkbox"/> Family Planning Clinic (non-health department)
<input type="checkbox"/> Federally Qualified Health Center
<input type="checkbox"/> Hospital
<input type="checkbox"/> Indian Health Service, Tribal, or Urban Clinic
<input type="checkbox"/> Juvenile Detention Center | <input type="checkbox"/> Pharmacy
<input type="checkbox"/> Private Practice (e.g., family practice, pediatric, primary care)
<input type="checkbox"/> Private Practice (e.g., family practice, pediatric, primary care) as agent for FQHC/RHC-deputized
<input type="checkbox"/> Public Health Department Clinic (state/local)
<input type="checkbox"/> Public Health Department Clinic (state/local) as agent for FQHC/RHC-deputized
<input type="checkbox"/> Refugee Health Clinic | <input type="checkbox"/> Rural Health Clinic
<input type="checkbox"/> School-Based Clinic (permanent clinic location)
<input type="checkbox"/> STD/HIV Clinic (non-health department)
<input type="checkbox"/> Teen Health Center (non-health department)
<input type="checkbox"/> Urgent Care Center
<input type="checkbox"/> Women, Infants, and Children (WIC) Clinic
<input type="checkbox"/> Other (specify) _____ |
|--|---|---|

- Migrant Health Center
- Mobile Provider

Provider Type Definitions

Addiction Treatment Center

Provides counseling, behavioral therapy, medication, case management, and other types of services to persons with substance use disorders. This provider type is used for addiction treatment centers where on-site vaccination services are provided.

Birthing Hospital or Birthing Center

This provider type is used for birthing centers or birthing hospitals where on-site vaccination services are provided.

Community Health Center

Community-based and patient-directed organizations that serve populations with limited access to health care. This provider type is used for community health centers that provide vaccination services.

Community Vaccinator (non-health department)

This provider type is used for community-wide vaccinators that are external to health departments and conduct vaccination clinics in satellite, temporary, or offsite locations exclusively.

Correctional Facility

This provider type is used for juvenile correctional facilities as well as adult correctional facilities where juveniles are confined and on-site vaccination services are provided. Unlike juvenile detention centers, correctional facilities are long-term in nature; youths are confined in secure correctional facilities for periods generally ranging from a few months to a year or more.

Family Planning Clinic (non-health department)

Provides contraceptive services for clients who want to prevent pregnancy and space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, STD services (including HIV/AIDS), and other preconception health services (e.g., screening for obesity, smoking, and/or mental health). This provider type is used for family planning clinics where vaccination services are provided. NOTE: Non-health department clinics that offer only STD/HIV screening and treatment services should be categorized as “STD/HIV Clinic (non-health department).”

Federally Qualified Health Center

Community-based health care provider that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas. This provider type is used for federally qualified health centers (FQHCs) that provide vaccination services. NOTE: For tribal or urban Indian health clinics enrolled as FQHCs, use the “Indian Health Service, Tribal, or Urban Clinic” designation.

Hospital

This provider type is used for all hospitals, excluding birthing hospitals, where on-site vaccination services are provided. NOTE: For birthing hospitals, use the “Birthing Hospital or Birthing Center” designation.

Indian Health Service, Tribal, or Urban Clinic

This provider type is used to for Indian Health Service (IHS), Tribal, or Urban Indian Health Program facilities that provide vaccination services. Urban Indian Health Centers are also designated Federally Qualified Health Centers and provide comprehensive primary care and related services to American Indians and Alaska Natives. Alaska Village Clinics should be included in this provider type.

Juvenile Detention Center

Juvenile detention is defined as the temporary and safe custody of juveniles who are accused of conduct subject to the jurisdiction of the court who require a restricted environment for their own or the community's protection while pending legal action. This provider type is used for juvenile detention centers where on-site vaccination services are provided.

Migrant Health Center

Provides health services to migratory and seasonal agricultural workers and their families. This provider type is used for migrant health centers that provide vaccination services.

Mobile Provider

This provider type is used for providers who exclusively store and administer vaccines out of a mobile facility. This designation should NOT be used for providers who have a mobile unit associated with their facility, but the unit is not the primary site for vaccine administration.

Pharmacy

This provider type is used for stand-alone retail pharmacies (e.g., CVS, Duane Reade, Walgreens) or a retail pharmacy within a hospital or health system where on-site vaccination services are provided. This category also includes retail pharmacies that conduct community vaccination clinics at offsite or mobile locations.

Private Practice (e.g., family practice, pediatric, primary care)

This provider type is used for private practice locations, including solo, group, or HMO practitioners, that provide vaccination services.

Private Practice (e.g., family practice, pediatric, primary care) as agent for FQHC/RHC-deputized

A deputized provider has been delegated by a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as an agent to vaccinate underinsured children. This provider type is used for deputized private practices, including solo, group, or HMO practitioners, that provide vaccination services.

Public Health Department Clinic (state/local)

This provider type is used for state or local public health department clinics that provide vaccination services. This category includes public health department-run STD/HIV clinics, family planning clinics, and teen health centers.

Public Health Department Clinic (state/local) as agent for FQHC/RHC-deputized

A deputized provider has been delegated by a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as an agent to vaccinate underinsured children. This provider type is used for deputized state or local public health department clinics that provide vaccination services.

Refugee Health Clinic

Designated to improve the health care and monitor medical conditions of refugees who have relocated to the United States. This provider type is used for refugee health clinics that provide vaccination services. NOTE: If vaccination services are provided in a location that is co-located in a physical facility with a refugee health clinic but are not administered by refugee health staff, select the category of the provider with oversight of vaccination services.

Rural Health Clinic

Located in a non-urbanized Health Professional Shortage Area, Medically Underserved Area, or governor-designated and secretary-certified shortage area. This provider type is used for rural health clinics that provide vaccination services.

School-Based Clinic (permanent clinic location)

This provider type is used to for permanent school-based clinics that provide vaccination services. NOTE: Non-permanent school-based clinics should be categorized as "Community Vaccinator (non-health department)."

STD/HIV Clinic (non-health department)

Provides timely STD/HIV diagnosis, testing with on-site treatment, and partner services. This provider type is used for STD/HIV clinics NOT located within a health department where on-site vaccination services are provided. NOTE: this category should be used by non-HD clinics that exclusively offer STD/HIV screening and treatment services.

Teen Health Center (non-health department)

This provider type is used for teen health centers that are NOT public health department-sponsored and provide on-site vaccination services.

Urgent Care Center

Provides immediate medical outpatient care for the treatment of acute and chronic illness and injury. This provider type should be used for urgent care centers or walk-in clinics where on-site vaccination services are provided.

Women, Infants, and Children (WIC) Clinic

Serves low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support, and referrals to health care. This provider type is used for WIC clinics that also provide vaccination services. NOTE: If vaccination services are provided in a location that is co-located in a physical facility with a WIC clinic but are not administered by WIC staff, select the category of the provider with oversight of vaccination services.

Other

This provider type is used for any provider type not captured in one of the other provider type options (e.g., CVS Minute Clinic or Walgreens Take-Care Clinic).

Family Medicine

Manages common illnesses and conditions for people of all ages, focusing on overall health and well-being throughout the lifespan.

Internal Medicine

Deals with the prevention, diagnosis, and nonsurgical treatment of diseases and disorders of the internal organs/structures in adults.

OB/GYN

Obstetrician-gynecologist. Provides specialized services in women’s health.

Pediatrics

Involves disease/disorder prevention, diagnosis, and treatment associated with the physical and developmental health of children from birth to young adulthood.

Preventive Medicine

Focuses on the health of individuals and communities with the goal of promoting health and well-being and preventing disease, disability, and death.

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 (PA VFC & Non-PA 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 any vaccines, children whose health				

insurance does not cover all vaccines, and children whose health insurance covers vaccines but has a fixed dollar limit or cap for vaccines)

* Persons 19 and older are not PA VFC Eligible.
 ** Underinsured children are only eligible through the PA VFC program if vaccinated at an FQHC or RHC or approved deputized provider.

Check type of data used to determine profile:

- A. Benchmarking B. Medical Claims Data C. Doses Administered D. Provider Encounter Data
 E. PA-SIIS F. Billing System G. Other

PROVIDER VACCINE DELIVERY HOURS, NOT OFFICE HOURS: INCLUDE LUNCH / TIME STAFF IS NOT AVAILABLE

Monday:	
Tuesday:	
Wednesday:	
Thursday:	
Friday:	

PA Immunization Provider PIN#

ANNUAL TRAINING REQUIREMENT (please check box to indicate compliance)

At a minimum, a facility’s immunization primary and back-up coordinator must complete the annual training requirement by enrollment of each calendar year. For more information concerning the requirement for annual training, please refer to the Vaccine Storage & Handling policy.

<https://www.health.pa.gov/topics/programs/immunizations/Pages/VFC.aspx>

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 designed as Specialty Providers by the PA Immunization 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 PA Immunization Program has authority to designate Immunization providers as specialty providers. At the discretion of the PA Immunization 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 B	<input type="checkbox"/> Rotavirus
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Meningococcal Conjugate	<input type="checkbox"/> Shingles
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> MMR	<input type="checkbox"/> TD
<input type="checkbox"/> HIB	<input type="checkbox"/> Pneumococcal Conjugate	<input type="checkbox"/> Tdap
<input type="checkbox"/> HPV	<input type="checkbox"/> Pneumococcal Polysaccharide	<input type="checkbox"/> Varicella
<input type="checkbox"/> Influenza	<input type="checkbox"/> Polio	Other: Specify

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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#
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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.

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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 or ineligibility 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. Federal 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

	<p>(RHC) or under an approved deputization agreement.</p> <p>B. State Vaccine-eligible Children</p> <p>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> <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> <p>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;</p> <p>b) The particular requirements contradict state law, including laws pertaining to religious and other exemptions.</p>
4.	<p>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.</p>
5.	<p>I will immunize eligible children with publicly supplied vaccine at no charge to the patient for the vaccine.</p>
6.	<p>I will not charge a vaccine administration fee to non-Medicaid federal vaccine eligible children that exceeds 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.</p>
7.	<p>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.</p>
8.	<p>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).</p>
9.	<p>I will comply with the requirements for vaccine management including:</p> <p>a) Order vaccine and maintain appropriate vaccine inventories;</p> <p>b) Not store vaccine in dormitory-style units at any time;</p> <p>c) Store 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;</p> <p>d) Returning all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration.</p>
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: 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> <p>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) Submit required deputization reporting data.</p> <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>For pharmacies, urgent care, or school-located vaccine clinics, I agree to:</p> <p>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.</p> <p><i>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 vaccinations, then the policy would apply to VFC patients as well.</i></p>
14	<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><i>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.</i></p>	
<p>Medical Director (Physician) or Equivalent Physician Name and Email:</p>	
Title:	Specialty:
Physician License#:	Medicaid or NPI#:
<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>Checking this box acknowledges my signature below.</p>	
Medical Director (Physician) Signature:	Date: