

DOH USE ONLY	Date rec'd _____ VFC PIN _____
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VFC VACCINE COORDINATOR

Primary Vaccine Coordinator Name:	
Telephone:	Email:
Completed Annual Training <input type="checkbox"/> Yes <input type="checkbox"/> No	Training Set Completed: <input type="checkbox"/> Newly Enrolling <input type="checkbox"/> Annual Renewal <input type="checkbox"/> Staff Change
Back-Up Vaccine Coordinator Name:	
Telephone:	Email:
Completed Annual Training <input type="checkbox"/> Yes <input type="checkbox"/> No	Training Set Completed: <input type="checkbox"/> Newly Enrolling <input type="checkbox"/> Annual Renewal <input type="checkbox"/> Staff Change

Training sets are listed below. Trainings can be accessed at:

https://www.health.ny.gov/prevention/immunization/vaccines_for_children/vaccine_personal.htm#training

Training Number/Title	Annual Renewal	Staff Change	Newly Enrolling
1. VFC Program Background and Enrollment		X	X
2. VFC Personnel and Training		X	X
3. VFC Provider Requirements	X	X	X
4. Vaccine Management Plans		X	X
5. The Vaccine Cold Chain	X	X	X
6. Selecting Vaccine Storage Units			X
7. Setting up Vaccine Storage Units			X
8. Selecting Temperature Monitoring Equipment			X
9. Temperature Monitoring Device Calibration			X
10. Monitoring Vaccine Storage Unit Temperatures	X	X	X
11. Temperature Excursions	X	X	X
12. Managing Vaccine Inventory	X	X	X
13. Vaccine Orders	X	X	X
14. Accepting a Vaccine Delivery		X	X
15. Vaccine Disposal and Returns		X	X
16. Vaccine Preparation			X
17. Vaccine Transport		X	X

PROVIDER AGREEMENT

To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the pharmacists associated with the pharmacy or health care facility of which I am the pharmacy director or equivalent:

- 1) I will annually submit a pharmacy 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 information on the first page of this agreement changes.
- 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)
 - i) Are an American Indian or Alaska Native;
 - ii) Are enrolled in Medicaid;
 - iii) Have no health insurance;
 - iv) 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
 - i) 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 pharmacy 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 prescriber's medical judgment, and in accordance with accepted medical practice, the prescriber 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) VFC Vaccine Eligible Children

I will not charge a vaccine administration fee to non-Medicaid federal vaccine eligible children that exceeds the administration fee cap of \$25.10 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.

Non-VFC Vaccine Eligible Children

I will not charge a vaccine administration fee to non-Medicaid state vaccine-eligible children that exceeds the administration fee cap of \$25.10 per vaccine dose. I will accept the reimbursement for immunization administration set by the State Children's Health Insurance Program (SCHIP).

- 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) I will comply with the requirements for vaccine management including:
- Ordering vaccine and maintaining appropriate vaccine inventories;
 - Not storing vaccine in dormitory-style units at any time;
 - Storing vaccine under proper storage conditions at all times. Vaccine storage units and temperature monitoring equipment and practices must meet New York State Department of Health storage and handling requirements;
 - 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) I agree to:
- Vaccinate all "walk-in" VFC-eligible children and
 - 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 pharmacy policy is for all patients to make an appointment to receive immunizations then the policy would apply to VFC patients as well.
- 13) I agree to replace vaccine purchased with state or federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a **dose-for-dose** basis.
- 14) I will report ALL doses administered according to patient's VFC vaccine eligibility, within two weeks of administration, in the New York State Immunization Information System (NYSIIS). Providers, including pharmacists, are required by Public Health Law to report all childhood immunizations to NYSIIS.
- I will use the NYSIIS Ordering Module to submit vaccine orders.
- I will report vaccine inventory in NYSIIS and ensure that inventory reported with each order reflects current doses administered as reported in NYSIIS.
- I will record twice daily current and once daily minimum and maximum temperatures in NYSIIS.
- If my practice uses an Electronic Medical Record (EMR) system to report doses administered to NYSIIS, I will ensure that the EMR system contains the necessary fields required by NYSIIS and can export a data file for submission that uploads all required fields appropriately into NYSIIS.
- 15) I understand this facility or the New York State 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 New York State Department of Health.

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PROVIDER POPULATION

Pharmacy population based on patients seen during the previous 12 months. New pharmacies should estimate the number of clients that are likely to be immunized in a year. 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	Number of children who received VFC Vaccine by Age Category		
	2-6 Years	7-18 Years	Total
Enrolled in Medicaid			
No Health Insurance			
American Indian/Alaska Native			
Underinsured ¹			
Total VFC			
Non-VFC Vaccine Eligibility Categories	# of children who received non-VFC Vaccine by Age Category		
	2-6 Years	7-18 Years	Total
Insured (private pay/health insurance covers vaccines)			
Children's Health Insurance Program (CHIP) ²			
Total Non-VFC			
Total Patients (must equal sum of Total VFC + Total Non-VFC)			

- Underinsured 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.
- CHIP – 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
- Medicaid Claims Data
- NYSIIS
- Billing System
- Other (must describe): _____

<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 Adults program requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.</i>	
Pharmacy Director Name (print):	
Signature:	Date: