



## 2022-2024 VERMONT CHILD VACCINE PROGRAM PROVIDER AGREEMENT

FACILITY INFORMATION			
Facility Name:			VFC Pin#:
Facility Address:			
City:	County:	State:	Zip:
Telephone:		Fax:	
Shipping Address (if different than facility address):			
City:	County:	State:	Zip:
MEDICAL DIRECTOR OR EQUIVALENT			
<b>Instructions:</b> <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>			
Last Name, First, MI:		Title:	Specialty:
License No.:		Medicaid or NPI No.:	Employer Identification No. (optional):
<i>Provide Information for second individual as needed:</i>			
Last Name, First, MI:		Title:	Specialty:
License No.:		Medicaid or NPI No.:	Employer Identification No. (optional):
VFC VACCINE COORDINATOR			
<b>Primary Vaccine Coordinator Name:</b>			
Telephone:		Email:	
Completed annual training: <input type="radio"/> Yes <input type="radio"/> No		Type of training received:	
<b>Back-Up Vaccine Coordinator Name:</b>			
Telephone:		Email:	
Completed annual training: <input type="radio"/> Yes <input type="radio"/> No		Type of training received:	



**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 practice administrator 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.	<p>I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federal 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:</p> <p>A. Federal Vaccine-eligible Children (VFC eligible)</p> <ol style="list-style-type: none"><li>1. Are an American Indian or Alaska Native;</li><li>2. Are enrolled in Medicaid;</li><li>3. Have no health insurance;</li><li>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.</li></ol> <p>B. State Vaccine-eligible Children</p> <ol style="list-style-type: none"><li>a) 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.</li></ol> <p>Children aged 0 through 18 years that do not meet one or more of the federal vaccine eligibility categories (VFC-eligible), are <b>not</b> 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> <ol style="list-style-type: none"><li>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;</li><li>b) The particular requirements contradict state law, including laws pertaining to religious and other exemptions.</li></ol>
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 exceeds the administration fee cap of \$21.22 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 Statement (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: <ul style="list-style-type: none"> <li>a) Order vaccine and maintain appropriate vaccine inventories;</li> <li>b) Not store vaccine in dormitory-style units at any time;</li> <li>c) Store vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet Vermont Vaccine Program storage and handling recommendations and requirements;</li> <li>d) Return all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration</li> </ul>
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><b>Fraud:</b> 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><b>Abuse:</b> 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.	I will participate in VFC program compliance site visits, including unannounced visits and other educational opportunities associated with VFC program requirements.
12.	<p>For pharmacies, urgent care, or school-located vaccine clinics, I agree to:</p> <ul style="list-style-type: none"> <li>a) Vaccinate all "walk-in" VFC-eligible children and</li> <li>b) Will not refuse to vaccinate VFC-eligible children based on a parent's inability to pay the administration fee.</li> </ul> <p>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.</p>
13.	Vermont health care providers must report to the Vermont Department of Health immunization data for children under the age of 18 within seven days of the immunization (Vermont Statutes Annotated, 18, Chapter 21 § 1129. Immunization Registry).

14.	I understand this facility or the Vermont Vaccine Program 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 Vermont Vaccine Program.
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***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.***

Medical Director or Equivalent Name (print):

Signature:

Date:

Name (print) *Second individual as needed:*

Signature:

Date:



## Vaccines for Children (VFC) Program Provider Profile Form

All healthcare providers participating in the Vaccines for Children (VFC) program must complete this form annually or more frequently if the number of children served changes or the status of the provider/facility changes during the calendar year.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Provider Identification Number \_\_\_\_\_

FACILITY INFORMATION		
<b>Provider Name:</b>		
<b>Facility Name:</b>		
<b>Vaccine Delivery Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Telephone:</b>	<b>Email:</b>	
PROVIDER TYPE (select only one provider type)		
<i>Please review the <a href="#">provider type definitions</a> to assist with provider type selection.</i>		
<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"/> Migrant Health Center <input type="checkbox"/> Mobile Provider	<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) _____
<b>If applicable, please indicate the <a href="#">specialty of the provider/practice</a> (Select all that apply):</b>		
<input type="checkbox"/> Family Medicine <input type="checkbox"/> Internal Medicine <input type="checkbox"/> OB/GYN <input type="checkbox"/> Pediatrics <input type="checkbox"/> Preventive Medicine <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> N/A		
<b>Is this provider site part of a hospital/healthcare system?</b>		
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A or don't know		

**Facility Type (select one):**

- Private Facility (privately funded entity; non-governmental)
- Public Facility (publicly funded or government entity)
- Combination (funded with public and private funds)

**Is this facility a mobile facility, or does this facility have mobile units?\***

- Yes
- No

\*A mobile unit is a dedicated vehicle with a primary purpose of providing medical services (e.g., immunization services).

**VACCINES OFFERED**

**Is this provider a specialty provider?\*** *Please note: the Immunization Program must review and approve any provider who identifies as a specialty provider.*

- Yes
- No

**Vaccines Offered (Select One):**

- All ACIP-recommended vaccines for children 0 through 18 years of age
- Select vaccines only (This option is available only for facilities designated as Specialty Providers by the 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, family planning, etc.) 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 Immunization Program has the authority to designate VFC providers as specialty providers. At the discretion of the Immunization Program, certain enrolled providers such as pharmacies or community vaccinators may offer a limited selection of vaccines.

**Select Vaccines Offered by Specialty Provider:**

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



## PROVIDER POPULATION

Provider population based on patients seen during the previous 12 months. Report the number of children by age group who received vaccinations at your facility. Count a child only once based on the age/eligibility categories at the last immunization visit, regardless of the number of visits made. The following table details the number of children who received VFC vaccine and non-VFC vaccine, by eligibility category

VFC Vaccine Eligibility Categories	# of children by age category who received VFC vaccine			
	<1 Year	1–6 Years	7–18 Years	Total
Enrolled in Medicaid				
No health insurance				
American Indian/Alaska Native				
Underinsured in FQHC/RHC or deputized facility <sup>1</sup>				
<b>Total VFC:</b>				
Non-VFC Vaccine Eligibility Categories	# of children by age category who received non-VFC vaccine			
	<1 Year	1–6 Years	7–18 Years	Total
Health insurance (covered by state universal vaccine plan)				
Other underinsured <sup>2</sup>				
Children's Health Insurance Program (CHIP) <sup>3</sup>				
<b>Total Non-VFC:</b>				
<b>Total Patients</b> (must equal sum of Total VFC + Total Non-VFC)				

<sup>1</sup>*Underinsured* includes children with health insurance that does not cover vaccines or only covers specific vaccine types. Children are eligible only for vaccines that are not covered by their insurance.

In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate underinsured children.

<sup>2</sup>*Other underinsured* are children that are underinsured but are not eligible to receive federal vaccine through the VFC program because the provider or facility is not a FQHC/RHC or a deputized provider. However, these children may be served if vaccines are provided by the state program to cover these non-VFC eligible children.

<sup>3</sup>CHIP – Children enrolled in the state Children’s Health Insurance Program (CHIP). Children enrolled in CHIP are considered insured and are not eligible for vaccines through the VFC program. Each state determines how CHIP vaccine is purchased and administered by participating providers.

**TYPE OF DATA USED TO DETERMINE PROVIDER POPULATION (choose all that apply)**

- Benchmarking
- Medicaid claims data
- IIS
- Other (must describe):
- Doses administered
- Provider encounter data
- Billing system

**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 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 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).

**Provider Specialties Definitions**

**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.

## 2022 to 2024 Provider Agreement and Guidelines for Frozen Vaccines

**STORAGE REQUIREMENTS:** If you wish to receive frozen vaccine you will have to complete this signed agreement showing that your practice meets the following guidelines for proper storage and handling.

- a) Merck & Company, Inc. the manufacturer of frozen vaccine will pack and ship vaccine directly to the provider office after receiving an order from CDC which is submitted through Vaccine Inventory Management System (VIMS).
- b) Vaccines **MUST** be stored in a freezer, and **MUST** maintain temperatures between -15°C to -50°C (+5°F to -58°F ).
- c) The freezer **MUST** have a separate door from the refrigerator, (e.g. stand alone freezer). Dorm-style or larger refrigerator/freezer combinations where the freezer is within the refrigerator is **NOT** acceptable.
- d) A continuous monitoring device (data logger) with current certificate of traceability and calibration must be placed in the freezer.
- e) Freezer Max/Min temperatures must be recorded once a day as well as time and initials for each reading and any out of range temperatures **MUST** be reported to the Immunization Program immediately. Please call 1-802-863-7638.
- f) State and/or VFC supplied frozen vaccine **cannot be moved or redistributed from the provider site that received it without permission from the Vermont Immunization Program.**

Practice PIN: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Vaccine Contact Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

I agree to the additional conditions herein for the storage, handling and use of varicella and zoster vaccine.

\_\_\_\_\_  
Signature of Medical Director or Equivalent

\_\_\_\_\_  
Date

**2022 to 2024 Vermont Immunization Program  
Enrollment in the Vermont Adult Vaccine Program (VAVP)**

Facility Name: \_\_\_\_\_ Facility PIN #: \_\_\_\_\_  
Facility NPI #: \_\_\_\_\_

**Check all that apply:**

By checking this box, I acknowledge that practice named above is also enrolling in Vermont Adult Vaccine Program (VAVP).

Number of adult patients	Total Number of Adults ages 19 – 64

This record is to be **submitted via mail, email or fax** and kept on file at the Vermont Department of Health Immunization Program.

[Ahs.vdhimmunizationprogram@vermont.gov](mailto:Ahs.vdhimmunizationprogram@vermont.gov)

**VERMONT DEPARTMENT OF HEALTH  
IMMUNIZATION PROGRAM  
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108 CHERRY STREET  
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