

## VACCINES FOR CHILDREN PROGRAM

What is the Vaccines for Children Program?

- The Vaccines for Children (VFC) Program is a federal entitlement program that began October 1, 1994. This program supplies vaccine to participating providers.
- The goal of the VFC Program is to assure that no child is denied immunization services because of inability to pay for the vaccine.
- The VFC Program allows children to stay in their medical homes for the basic preventive health service of vaccination.

Benefits of Being a Vaccines for Children Provider

- Vaccine at no cost for eligible patients.
- ADMINISTRATION FEES are allowed, but the charge may not exceed the regional fee cap of \$19.58 per injection for non-Medicaid patients, and you may not deny vaccine for VFC-eligible patients due to inability to pay administration fees.
- DECREASED RATES of vaccine-preventable disease in Oklahoma. Your active and enthusiastic participation in this program will improve Oklahoma's low immunization rates and protect our children from disease.
- Oklahoma State Immunization Information System (OSIIS) is available at no charge. This system will generate vaccine orders, track children due or past due for vaccination, and keep your staff from doing more paperwork!
- As a VFC provider you have access to Oklahoma Immunization Service staff members to provide education in immunization techniques, vaccine administration, vaccine handling, vaccine storage, and understanding the immunization schedule. Staff members can also install CoCASA (Comprehensive Clinic Assessment Software Application) and train your staff to use this program. CoCASA is a program to help you assess and increase your immunization rates.

## VACCINES FOR CHILDREN PROGRAM REQUIREMENTS

VFC Eligibility and Fees

- Offer the vaccine to VFC-eligible children at no charge, charge no more than \$19.58 per dose for administration for non-Medicaid patients and ensure that no VFC-eligible child is denied a vaccination because of the parents' inability to pay the administration fee.
- VFC-eligible children include children from birth through 18 years of age in the following categories:
  - Children enrolled in Medicaid.
  - Children who do not have health insurance coverage.
  - Children who are American Indian or Alaskan Native as defined in the Indian Health Services Act.
  - Underinsured children who have some type of health insurance, but vaccinations are not covered must be referred to a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or County Health Department.
- Children with health insurance that covers the cost of vaccinations are not eligible through the VFC program, even when that coverage requires a deductible.
- Document the VFC eligibility status of each child immunized and maintain a record of the VFC eligibility for a period of 3 years. This information may be maintained in OSIIS.

## Vaccine Administration

- Follow Advisory Committee on Immunization Practices (ACIP) recommendations for vaccine administration, scheduling, dosage and contraindications, specifically:
  - Do not administer vaccine in the buttocks.
  - Do not administer MMR or Varicella vaccines prior to 4 days before the first birthday.
  - Follow recommended minimum intervals between doses of vaccine.
- Ensure vaccine is given only the appropriate site by the appropriate route.
- Give the appropriate Vaccine Information Statement (VIS) to the vaccine recipient or to the recipient's parent or legal representative prior to administration of **every** dose of vaccine.

## Record Keeping

- Maintain records in accordance with the National Childhood Vaccine Injury Act, which requires documenting in the vaccine recipient's permanent medical record (or in a permanent office log or file) the following information:
  - Date the vaccine was administered
  - Manufacturer and lot number of the vaccine
  - Name, address and title of the person administering the vaccine
  - Date Vaccine Information Statement (VIS) was given to parent/guardian
- Report adverse events following vaccination completely, accurately, and promptly on VAERS forms.

## Vaccine Management & Storage

- Order vaccine in appropriate amounts and update provider profile annually.
- Conduct a physical inventory of VFC vaccines weekly or monthly for very small providers.
  - OSIIS users – reconcile with inventory in OSIIS.
  - If not an OSIIS user, record on monthly Inventory & Doses Administered Report forms.
- Place a certified calibrated thermometer in all refrigerators and freezers where VFC vaccine is stored.
- Place a certified, calibrated thermometer on a shelf near the vaccine storage units to serve as a back-up thermometer.
- Check temperature of refrigerators and freezers twice daily and record exact temperatures on a log that includes the time temperature was taken and the initials of the person taking temperatures.
- Fax completed temperature logs to Immunization Field Consultant monthly.
- Label VFC vaccines and keep separate from privately purchased vaccine.
- Complete and maintain a Routine Vaccine Management Plan.
- Complete and maintain an Emergency Vaccine Management Plan.
- Record Minimum and Maximum temperatures daily.
- Per Oklahoma VFC program policy *DATA LOGGERS WILL BE REQUIRED IN 2017*.

## Vaccine Accountability

- **VFC vaccine is not free** It is paid for through federal tax dollars and thus must be accounted for when used or wasted.
- Maintain records of **all** vaccine used and/or wasted in the clinic.
- **No borrowing** between VFC and private stock is allowed in the clinic. If a child who has private insurance that covers vaccinations has received VFC vaccine it must be replaced by the clinic.

## Participate in Provider Site Visits

- Immunization Service staff routinely conduct quality assurance visits to ensure VFC program requirements are met and VFC vaccine is used and handled properly. These visits include:
  - Physically checking vaccine storage and handling
  - Vaccine administration questions
  - VFC screening and recording questions
  - Review of patient charts and OSIS records
  - Ensuring Vaccine Information Statements are given to the parents/caregiver.
- At the conclusion of the visit, Immunization Service staff meets with the clinic staff and reports his/her findings. He or she may recommend an immunization in-service for your staff.

## Vaccines For Children Provider Agreement

To participate in the Vaccines For Children (VFC) program and receive federally procured vaccine provided to my facility at no cost, I agree to the following conditions, on behalf of myself and all other practitioners, nurses and others associated with this medical office, group practice, managed care organization, community/migrant/rural clinic, health department, or other health delivery facility of which I am the physician-in-chief 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 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 vaccine 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 exceeds the administration fee cap of \$19.58 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. I will comply with the requirements for vaccine management including:
  - 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 OSDH Immunization Service 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. 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. For providers with a signed deputization Memorandum of Understanding between a FQHC or RHC and the OSDH Immunization Service to serve underinsured VFC-eligible children, I agree to:
  - 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.

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.*

13. For pharmacies, urgent care, or school located vaccine clinics, I agree to:
  - A. Vaccinate all “walk-in” VFC-eligible children and
  - B. Will not refuse to vaccinate VFC-eligible children based on 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 provider’s office policy is for all patients to make an appointment to receive immunizations then the policy would apply to VFC patients as well.*

14. I agree to replace vaccine purchased with federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a dose-for-dose basis.
15. I agree to document all administered vaccines into OSIIS.
16. I will submit a Provider Profile and Agreement yearly to be kept on file at the Oklahoma State Department of Health and update documents in accordance with State policy.
17. I understand this facility or the OSDH Immunization Service 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 OSDH Immunization Service.