APPENDIX

3

PROVIDER ENROLLMENT FORMS

Immunization Section–Vaccines for Children Program

Florida Vaccines for Children (VFC) Program
2014 Provider Initial Enrollment Form

Instructions for applying to the Florida VFC Program:

1. **Complete this form.**

2. **Fax or mail your application to:**
   Florida Vaccines for Children (VFC) Program
   4052 Bald Cypress Way, Bin A-11, Tallahassee, FL 32399
   Fax: 850-245-4734
3. **Once your application has been reviewed and approved, a representative will contact you to schedule an onsite visit to evaluate project details and requirements, and to verify your refrigerator storage unit. *All providers must comply with Vaccine Storage Equipment Requirement prior to participating in the VFC Program.* Please indicate your agreement with the following requirements:**

   _____ **I:**
   - **have a certified, calibrated thermometer for each vaccine storage unit.**
   - **have a stand-alone, two-door refrigerator/freezer or equivalent unit.**
   - **will notify the VFC Program when the VFC Program Coordinator, who is responsible for vaccine management, changes.**

Provider Profile Section	
NAME OF PHYSICIAN'S OFFICE, PRACTICE, OR CLINIC	**ASSIGNED VFC PIN (*Office Use Only*)**
Vaccine Delivery Information (All Fields Required)	**Mailing Information**
VACCINE DELIVERY ADDRESS (Number/Street - *No P.O. Boxes*)	**MAILING ADDRESS (*if different from shipping information*)**
CITY **ZIP CODE**	**CITY** **ZIP CODE**
TELEPHONE NUMBER	**FAX NUMBER**
VFC Program Coordinator*:	**EMAIL ADDRESS**
Back-Up VFC Program Coordinator*:	**EMAIL ADDRESS**

Check the one provider category that best describes you:

☐**Doctor's Clinic**	☐**Indian Tribes**
☐**Hospital Clinic**	☐**School Clinic**
☐**County Health Department**	☐**Community Health Center**
☐**FQHC (Federally Qualified Health Center)**	☐**Juvenile Correctional Center**
☐**Birthing Hospital**	☐**Other (specify):**

***The VFC Program Coordinator and the Back-Up VFC Program Coordinator will be assigned ordering and inventory permissions for this VFC Program PIN within the Florida SHOTS account.**

In order to participate in the Vaccines for Children (VFC) Program and/or to receive other publicly funded vaccine provided to me at no cost, I, on behalf of myself and all practitioners associated with this medical office, group practice, health maintenance organization, health department, community/rural clinic, or other entity of which I am the medical director or equivalent, agree to the following conditions:

1. **Screen patients and document eligibility status at all immunization encounters for eligibility and administer VFC Program-purchased vaccine only to children who are 18 years of age or younger, and meet one or more of the following categories:**
   a. **American Indian or Alaskan Native**
   b. **Enrolled in Medicaid**
   c. **Has no health insurance**
   d. **Underinsured: Children who have commercial (private) health insurance but the coverage does not include vaccines, children whose insurance covers only selected vaccines (VFC Program-eligible for non-covered vaccines only), or children whose insurance caps vaccine coverage at a certain amount—once that coverage amount is reached, these children are categorized as underinsured. Underinsured children are eligible to receive VFC Program vaccine only through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an approved deputization agreement.**

2. **Comply with immunization schedule, dosage, and contraindications that are established by the 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.**
   b. **The particular requirements contradict state law, including those pertaining to religious and other exemptions.**

3. **Maintain all records related to the VFC Program for a minimum of three (3) years and make these records available to public health officials, including the state or Department of Health and Human Services (DHHS) upon request.**

4. **Immunize eligible children with VFC Program-supplied vaccine at no charge for the vaccine to the patient or parent.**

5. **Not charge a vaccine administration fee to the non-Medicaid VFC Program-eligible children that exceed the administration fee cap of $24.01 per vaccine dose. For Medicaid VFC Program-eligible children, accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans.**

6. **Not deny administration of a federally purchased vaccine to an established patient because the child's parent/guardian/individual of record is unable to pay the administration fee.**

7. **Distribute the current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Compensation Act (NCVIA) which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).**

8. **Comply with the requirements for vaccine ordering, vaccine accountability, and vaccine management. Agree to operate within the VFC Program in a manner intended to avoid fraud and abuse. VFC Program providers may not store federally purchased vaccine in dormitory-style refrigerators at any time. Return all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six (6) months of spoilage/expiration. I assume responsibility for the proper handling and storage of VFC Program-provided vaccine after delivery to my facility and understand that I may have to replace wasted vaccine.**

9. **Participate in VFC Program compliance site visits, storage and handling unannounced visits, and other educational opportunities associated with VFC Program requirements.**

10. **Enroll in the Florida State Health Online Tracking System (SHOTS), the statewide immunization registry, in order to place vaccine orders. Participation in Florida SHOTS will facilitate direct ordering of vaccine by VFC Program providers in the future. If you do not have a Florida SHOTS account, complete an enrollment form online at https://www.flshots.com/flshots/enroll/applicantquestions.html. If you do not know if you have a Florida SHOTS account, contact the Florida SHOTS help desk at 1-877-888-7468.**

11. **Participate in all training required by the VFC Program.**

12. **The VFC Program or the provider may terminate this agreement at any time for personal reasons or failure to comply with these requirements. If the provider chooses to terminate the agreement, he or she agrees to properly return any unused VFC Program vaccine.**

All providers must comply with Vaccine Storage Equipment Requirement prior to participating in the VFC Program. Providers are required to have certified, calibrated thermometers, and stand-alone, two-door refrigerator/freezer units.

Signature: _____

Medical Director or equivalent
(Medical Doctor (MD), Doctor of Osteopathy (DO), Nurse Practitioner (NP), Physician Assistant (PA))

Name (Print): _____ **Date:** _____

Medical License Number: _____ **Email Address:** _____

Delivery Information Section

Indicate the days of the week and times between the hours of 8 a.m. and 5 p.m., your local time, you ***may receive vaccine deliveries***:

Day of the Week	Open Time		Closed Time
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Closed for lunch: _____

Please Note: *It is the provider's responsibility to notify the VFC Program in advance if the office will be closed during the days and times which are normally open for business. You can reach a VFC Program representative at 1-800-483-2543, option 6.*

VFC Program Eligibility Section

In a 12-month period, ***estimate*** the number of VFC Program children, by age and eligibility, which will be immunized at this location. *(For example, 3 in the "< 1 year old" category, 4 in the "1-6 years old" category, and 2 in the "7-18 years old" category, total 9.)* ***Note:*** *Do not count a child in more than one category.*

VFC Program Eligibility	A <1 Year	B 1-6 Years	C 7-18 Years	(A+B+C) Total
Enrolled in Medicaid				
Uninsured				
American Indian/Alaskan Native				
Underinsured/FQHC* (has health insurance but it does not cover immunizations)				
Privately Insured**				
Total				

*To be VFC Program-eligible, underinsured children must be vaccinated through a FQHC, RHC, or under an approved deputization agreement.
**Children who have private health insurance are *not* eligible for VFC Program vaccines.

Account Management in Florida SHOTS Section

Do you already have a Florida SHOTS account?	Yes or No?	If Yes, list your Organization LoginID:	
Are there other sites enrolled in the VFC Program?	Yes or No?	If Yes, list all the VFC Program PINs already enrolled in your organization.	

Vaccine Management in Florida SHOTS Section

List personnel who, in addition to the VFC Program Coordinator and the Back-Up VFC Program Coordinator, need permissions to manage and order your VFC Program vaccine in Florida SHOTS. Place an "x" or a checkmark for the requested permission. All personnel must have a Florida SHOTS User ID to access VFC Program functionality. System User IDs can only be created by your local organization administrator or the Florida SHOTS help desk. Contact the Florida SHOTS help desk at 1-877-888-7468 for further assistance.

Personnel Name	Florida SHOTS System User ID [Yes/No]	Update Inventory (Apply Pending Receipts to Inventory)	Can See Orders (View Only for Order Status)	Can Update Orders (Create/Modify VFC Program Vaccine Order Requests)

Required Training Documentation Section

All provider personnel who manage VFC Program vaccine must document completion of the following online courses offered by the CDC at http://www.cdc.gov/vaccines/ed/youcalltheshots.htm. Each participant must submit the certificate of completion with this form. Place an "x" or checkmark to indicate course completion. To include additional personnel, attach a separate list with the original document.

Title	Personnel Name	Vaccines for Children (VFC) Webinar	Vaccine Storage and Handling Webinar
Medical Director or Equivalent (provider who is signing the application)			
VFC Program Coordinator			
Back-up VFC Program Coordinator			

Provider List Section

Use this form to list all health care providers at your facility licensed to administer vaccines. To include additional immunization providers, attach a separate list with the original document. Include all required information.

Last Name, First, MI	Medical License Number	Medicaid Number	National Provider ID (NPI)	Title (MD, DO, NP, PA)	Specialty (Peds, Family Med, Other)

Florida Vaccines for Children (VFC) Program
2014 Provider Reenrollment Form

Instructions: The Provider Reenrollment Form is the provider's agreement to comply with all the conditions of the VFC Program. Providers must complete this form annually.

1. **Complete this form.**

2. **Fax or mail your application to:**
   Florida Vaccines for Children (VFC) Program
   4052 Bald Cypress Way, Bin A-11, Tallahassee, FL 32399-1700
   Fax: 850-245-4734

3. ***All providers must comply with Vaccine Storage Equipment Requirement prior to participating in the VFC Program.*** **Please indicate your agreement with the following requirements:**

   _____ **I:**
   - **have a certified, calibrated thermometer for each vaccine storage unit.**
   - **have a stand-alone, two-door refrigerator/freezer or equivalent unit.**
   - **will notify the VFC Program when the VFC Program Coordinator, who is responsible for vaccine management, changes.**

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CITY **ZIP CODE**	**CITY** **ZIP CODE**
TELEPHONE NUMBER	**FAX NUMBER**
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Check the one provider category that best describes you:

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d. **Underinsured: Children who have commercial (private) health insurance but the coverage does not include vaccines, children whose insurance covers only selected vaccines (VFC Program-eligible for non-covered vaccines only), or children whose insurance caps vaccine coverage at a certain amount—once that coverage amount is reached, these children are categorized as underinsured. Underinsured children are eligible to receive VFC Program vaccine only through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an approved deputization agreement.**

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