

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

All health care 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 facility changes during the calendar year.

Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_      Provider Identification Number: \_\_\_\_\_

### FACILITY INFORMATION

<b>Provider's 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>	

### FACILITY TYPE (select facility type)

Private Facilities	Public Facilities
<input type="checkbox"/> Private Hospital <input type="checkbox"/> Private Practice (solo/group/HMO) <input type="checkbox"/> Private Practice (solo/groups as agent for FQHC/RHC-deputized) <input type="checkbox"/> Community Health Center <input type="checkbox"/> Pharmacy <input type="checkbox"/> Birthing Hospital <input type="checkbox"/> School-Based Clinic <input type="checkbox"/> Teen Health Center <input type="checkbox"/> Adolescent Only Provider <input type="checkbox"/> Other: _____	<input type="checkbox"/> Public Health Department Clinic <input type="checkbox"/> Public Health Department Clinic as agent for FQHC/RHC-deputized <input type="checkbox"/> Public Hospital <input type="checkbox"/> FQHC/RHC (Community/Migrant/Rural) <input type="checkbox"/> Community Health Center <input type="checkbox"/> Tribal/Indian Health Services Clinic <input type="checkbox"/> Woman Infants and Children <input type="checkbox"/> Other: _____ <div style="float: right; width: 200px;"> <input type="checkbox"/> STD/HIV  <input type="checkbox"/> Family Planning  <input type="checkbox"/> Juvenile Detention Center  <input type="checkbox"/> Correctional Facility  <input type="checkbox"/> Drug Treatment Facility  <input type="checkbox"/> Migrant Health Facility  <input type="checkbox"/> Refugee Health Facility  <input type="checkbox"/> School-Based Clinic  <input type="checkbox"/> Teen Health Center  <input type="checkbox"/> Adolescent Only           </div>

### VACCINES OFFERED (select only one box)

All ACIP Recommended Vaccines for children 0 through 18 years of age.

Offers Select Vaccines (This option is only available for facilities designated as **Specialty Providers** by the VFC 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 VFC Program has the authority to designate VFC Providers as Specialty Providers. At the discretion of the VFC Program, enrolled providers such as pharmacies and mass vaccinators may offer only influenza vaccine.

**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 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	# of children who received VFC Vaccine by Age Category			
	<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 who received non-VFC Vaccine by Age Category			
	<1 Year	1-6 Years	7-18 Years	Total
Insured (private pay/health insurance covers vaccines)				
Children's Health Insurance Program (CHIP) <sup>2</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 include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by 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 these underinsured children.

<sup>2</sup>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
- IIS
- Other (must describe):
- Doses Administered
- Provider Encounter Data
- Billing System