

**Vermont Immunization Pilot: Vaccine Purchasing Pool
Implementation Procedures:
Vermont Health Insurers and Providers**

**Drafted by:
Vermont Department of Health Immunization Program**

Implementation Procedures

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Definitions

“ACIP” means the Advisory Committee on Immunization Practices for the Centers for Disease Control and Prevention, composed of experts in fields associated with immunization. The Committee develops written recommendations for the routine administration of vaccines to the pediatric and adult populations, along with schedules regarding the appropriate periodicity, dosage, and contraindications applicable to the vaccines.

“Antigen” means the substance that evokes an immune response to a specific disease.

“Fiscal year” means the calendar year from January 1 to December 31.

“Health insurer” means any health insurance company, nonprofit hospital and medical service corporation, managed care organizations, and, to the extent permitted under federal law, any administrator of an insured, self-insured, or publicly funded health care benefit plan offered by public and private entities.

“Health insurer vaccine costs” means the “total estimated vaccine cost” times the percentage of the privately insured population for children and adults, and an agreed upon surcharge for operational costs.

“Operational costs” means the expenses incurred by the Department of Health to purchase and distribute vaccines for the insured population and for the management of billing and accounting for receipts from all participating health insurers.

“Share-of-the-market” means the number of covered lives for each private health insurer as a percentage of the number of covered lives of all private health insurers doing business in Vermont.

“Total estimated vaccine cost” means the estimated cost to the state to purchase vaccines by the Department of Health

“Vaccine” means one or more antigens administered to produce or increase immunity to a particular disease or diseases.

“Vaccine Purchasing Pool Fee” means the amount assessed on each of the participating insurers

“VDH” means the Vermont Department of Health

“VHCURES” means Vermont Healthcare Claims Uniform Reporting System

Vermont Immunization Pilot: Vaccine Purchasing Pool Pilot Implementation Procedures

Effective Dates: January 1, 2011 to December 31, 2012

1.0 Summary description of the pilot

1.1 Vermont Department of Health

VDH will: purchase vaccine for use by Vermont primary health care providers and arrange for its distribution; conduct outreach and training for providers and their staff; assess insurers annually for the cost of vaccine for their members; manage all aspects of the program; issue and maintain standards; and provide program and financial reports. Each insurer will be assessed in proportion to the number of its covered lives.

1.2 Primary Care Providers

Primary care providers will receive vaccine at no cost. The vaccine will be used to immunize patients in accord with the Vermont Immunization Schedule, which is based on the recommendations of the ACIP. In return, providers will sign agreements related to use, storage, handling and reporting; provide education and immunize patients per recommendations; ensure staff compliance with VDH agreements; enter immunization data in their electronic medical record (EMR) or the Immunization registry.

1.3 Providers will bill insurers for the cost of administering the vaccine and submit a claim for one cent as a means of reporting which vaccine is associated with the administration charge.

1.4 Insurers will reimburse VDH for the cost of vaccines and reimburse providers for the cost of administering the vaccine. Insurers will provide guidance to providers on submitting claims; and encourage use of state supplied vaccines by providers and their members.

1.5 All parties will work together to promote immunization for Vermont children and adults.

2.0 Population served

2.1 Individuals whose care is provided by Vermont licensed health care providers in practices located in Vermont.

2.2 Vermont residents who receive immunizations out-of-state will be covered according to their insurance policy and the policies or regulations of the state in which their care is provided.

2.2.1 VDH will work with border states to ensure policies are consistent with these procedures and prevent duplication in services or reimbursements.

See Section 4.0 for practices included.

3.0 Vaccine Availability (State supplied vaccines)

3.1 Pediatric and adult vaccines provided

3.1.1 Vaccines that include all antigens in the Vermont Recommended Immunization Schedule, issued and updated annually by VDH. The list of antigens and vaccines

- provided by VDH will be published on the VDH website (www.healthvermont.gov)
- 3.1.2 The Vermont Schedule will follow the Advisory Committee on Immunization Practices (ACIP) recommendations. The Patient Protection and Affordable Care Act (PPACA) immunization standards, which must follow ACIP, will be incorporated in the Vermont Schedule.
 - 3.1.3 Determination of specific vaccines to be included will be made by VDH following the recommendations of the Vermont Immunization Practices Advisory Committee.
 - 3.1.4 Mid year changes in recommendations made by ACIP that result in changes in vaccine availability and eligibility in Vermont will not be included in insurer assessments until the next fiscal year.
- 3.2 Vaccines not available at this time
- 3.2.1 Some brands of vaccine or combinations of antigens
 - 3.2.2 Vaccines that are used primarily to support delayed immunization schedules
 - 3.2.3 Seasonal influenza vaccine for adults
 - 3.2.4 Vaccines required by OSHA for employees and for which employers are required to pay
 - 3.2.5 Vaccines recommended for overseas travel
- 3.3 Identification of state supplied vaccines
- 3.3.1 Providers will be instructed to use the Health Care Procedure Coding Systems (HCPCS) National Level II Medicare Code Modifier: **(SL: State supplied vaccine)** when submitting information on claims forms to insurers.
 - 3.3.2 Claims submitted without the modifier code will indicate vaccines purchased by the health care provider.

See Appendix B for a list of the current vaccine recommendations

See Appendix C for Vermont Vaccine Availability and Eligibility

See Section 8.0 for payment procedures for insurers

See Section 9.0 for billing procedures for providers

4.0 Health Care Practice participation

- 4.1 All primary health care provider practices are expected to participate
 - 4.1.1 Primary care includes: pediatrics, family practice, general internal medicine
 - 4.1.2 Primary care practice settings include private practice, federally qualified health centers, rural health centers, and, clinics for the uninsured; it does not include college health services.
- 4.2 Provider practices that have the option to enroll at any time
 - 4.2.1 Obstetrics and/or gynecology
 - 4.2.2 Hospital newborn services, only
- 4.3 Providers practices NOT included in the pilot
 - 4.3.1 Specialty care providers, nursing homes, home health agencies, hospitals (other than newborn services), campus health for institutions of higher learning and other providers. These settings may be included at a later time.
 - 4.3.2 Retail outlets that administer vaccines
 - 4.3.3 Employer worksites that administer vaccines

5.0 Immunization Registry

- 5.1 Health care providers will report all immunizations given to children and adults to the Vermont Immunization registry as required in 18 VSA § 1129.
- 5.2 VDH will continue to work with Vermont Information Technology Leaders (VITL) and providers to pursue development of a data system that will allow entries in the electronic health record to be automatically entered into the immunization registry.

6.0 Health insurer participation and Fee Assessment

- 6.1 All health insurers, as previously defined, are expected to participate and follow these procedures. This includes:
 - 6.1.1 Major Medical (fully insured) plans including Catamount Health
 - 6.1.2 Third Party Administrators (Administrative services only)
 - 6.1.3 Medicaid
- 6.2 The Vaccine Purchasing Pool Fee will be assessed on all private health insurers with 200 or more Vermont covered lives
 - 6.2.1 The determination of the number of Vermont covered lives will be made annually by the Vermont Department of Banking, Insurance, Securities and Health Care Administration using data provided to them by health insurers in the “*Average Annual Enrollment and Paid Claims Report for the Period: July 1 – June 30*” a VHCURES requirement.
- 6.3 The following private insurers are excluded from payment of the Vaccine Purchasing Pool Fee
 - 6.3.1 Pharmacy Benefit Managers
 - 6.3.2 Administrative services only (ASO/TPA) managers for behavioral and dental health
 - 6.3.3 Medicare supplement plans
 - 6.3.4 Plans with fewer than 200 Vermont covered lives
 - 6.3.5 Plans that do not include immunization services
- 6.4 The following public insurers are excluded from payment of the Vaccine Purchasing Pool Fee (fee to be covered by funds awarded to the VDH for immunization services)
 - 6.4.1 Green Mountain Care (Medicaid, Dr. Dynasaur and Vermont Health Access Plan)
 - 6.4.2 Medicare
 - 6.4.3 Military
- 6.5 **Medical Expense:** The total payment made to VDH to cover the **Vaccine Purchasing Pool Fee** (including the surcharge) will be accounted for as a medical expense by the insurers, not an administrative cost and reported as such to state and federal authorities.
- 6.6 Penalties for non-payment of the Vaccine Purchasing Pool Fee are described in Section 7.3.2

7.0 Vaccine Purchasing Pool Fee assessed to insurers

- 7.1 VDH will calculate bills to insurers as follows:
 - 7.1.1 Project the total amount of vaccine and the anticipated cost of the vaccine to be purchased in the next year
 - 7.1.2 Calculate the proportion of vaccine costs attributable to privately insured children and adults using the most recent “Vermont Household Health Insurance Survey”

by the Department of Banking, Insurance, Securities and Health Care Administration (BISCHA) on the percent of Vermonters, by age, with private insurance

- 7.1.3 Add the surcharge for the costs of administration of the immunization pilot program as allowed in 18 V.S.A. § 1130 (e).
- 7.1.4 Adjust the amount due to account for federal funds available for the insured population and any over- or under- charges in the previous year.
- 7.1.5 Calculate amount due from each participating health insurance company, including ASO's, using the VHCURES report.
- 7.2 Billing
 - 7.2.1 Each insurer will be prospectively billed for their share of annual vaccine costs by December 10th of the current year (first year will be delayed)
- 7.3 Payment
 - 7.3.1 Payments will be made quarterly in January, April, July and October by the 10th of the month.
 - 7.3.2 Payments will be considered past due 30 days after billing and subject to enforcement.
- 7.4 Enforcement
 - 7.4.1 The Pilot's authorizing statute at 18 V.S.A. §1130 requires insurers to reimburse the Vermont Department of Health for the cost of vaccine provided to their subscribers and the administrative surcharge.
 - 7.4.2 VDH will notify BISHCA if an insurer is in excess of 30 days past due in payment.

8.0 Health Insurer Payment to Health Care Providers

- 8.1 All health insurers including those exempt from paying the Vaccine Purchasing Pool Fee will provide payment to health care providers on all claims submitted for administration of vaccine with an accompanying **zero (\$0.00) or one (\$0.01)** cent claim identifying the vaccine administered by CPT code, using the state modifier code shown in Procedure 3.3.1.
- 8.2 All insurers will monitor claims submitted by participating providers to ensure that no bills in excess of **\$0.00 or \$0.01** are submitted for state provided vaccine and deny payment if such claims are submitted.
- 8.3 Insurers will provide technical assistance to providers to facilitate compliance with their claims and reporting processes.
- 8.4 Other claims for payment
 - 8.4.1 Payments for vaccine that has not been supplied by the state may be paid, or denied, according to individual insurer payment policies.
 - 8.4.2 Payment for claims for vaccine by non-participating providers may be paid or denied according to health insurer payment policies.

9.0 Expectations of Health Care Providers

- 9.1 Immunize patients in accord with the Vermont Recommended Immunization Schedule based on ACIP recommendations.

- 9.2 Sign Provider Agreement forms governing vaccine ordering, accounting, documentation in the Immunization Registry, quality control and patient education.
 - 9.2.1 Individuals may not be billed for vaccine antigens provided by the VDH.
 - 9.2.2 For individuals that are uninsured and paying out of pocket, providers may charge a vaccine administration fee which cannot be higher than the maximum fee established by CMS. The current rate is \$13.86 per dose.
 - 9.2.3 Providers should be instructed to bill the correct CPT 4 codes for the vaccines with the Health Care Procedure Coding Systems (HCPCS) National Level II Modifier (SL: State Supplied Vaccine). The Health Care Procedure Coding Systems (HCPCS) National Level II Medicare Code Modifier: **(SL: State supplied vaccine)** will be included on the claim form.
 - 9.2.4 State supplied vaccine should be billed with a charge of **\$0.00 or \$0.01.**
- 9.3 Providers will ensure that all staff receive the training needed to comply with the terms of the agreement with VDH, including training of new staff.

See Appendix D for a copy of the Provider Agreements

10.0 Vaccine Purchasing Pool Fund Management

- 10.1 Purchase price of vaccine
 - 10.1.1 VDH will purchase all vaccines from the CDC contract whenever possible to ensure the lowest price.
 - 10.1.2 Annually, VDH will provide insurers with the current purchase price for vaccines, the estimated vaccine need and the calculation of the administrative surcharge.
- 10.2 Receipts
 - 10.2.1 All insurer payments for vaccine purchases will be deposited in the special fund created for this purpose. Funds in this account cannot be transferred for other uses.
- 10.3 Reconciliation
 - 10.3.1 The Vaccine Purchasing Pool Fund will be reconciled annually.
 - 10.3.2 When funds collected in one year exceed the actual amount spent for vaccine, the amount charged each insurer will be reduced in the following year.
- 10.4 Fraud and abuse
 - 10.4.1 VDH will follow current Fraud and Abuse Policies used for the Vaccines for Children program.
 - 10.4.2 Suspected cases of fraud or abuse will be reported to the Office of the Attorney General for investigation.
- 10.5 Reports: VDH will prepare an annual report of the Vaccine Purchasing Pool Pilot Program documenting progress in meeting the goals established for the program and the status of the Vaccine Purchasing Pool Fund.

11.0 Evaluation

- 11.1 VDH will provide summary data on the amount of vaccine ordered by antigen, the total cost of vaccines purchased, participating providers and immunization rates.
 - 11.1.1 VDH will develop, with input from the Immunization Pilot Advisory Committee an evaluation methodology to determine the costs and effectiveness of the Pilot

program, including whether the total cost to health insurers of participation in the pilot program is less than or equal to their estimated costs had they not participated in the program.

- 11.2 Health care providers will provide data on use of vaccine (reported as part of the ordering system) and respond to a questionnaire/survey related to their satisfaction with the cost, effectiveness and operation of the pilot.

12.0 Pilot Advisory Committee

- 12.1 The Pilot Advisory Committee established under 18 V.S.A. § 1130 will continue to guide pilot implementation. Additional members and ad hoc members may be added to focus on particular components.
- 12.2 The Committee will meet throughout the pilot period.
- 12.3 For issues of shared concern it will meet jointly with the Immunization Practices Advisory Committee.

APPENDIX A:**Title 18: Health*****Chapter 21: COMMUNICABLE DISEASES*****18 V.S.A. § 1130. Immunization pilot program****§ 1130. Immunization pilot program**

(a) As used in this section:

- (1) "Health care facility" shall have the same meaning as in section 9402 of this title.
 - (2) "Health care professional" means an individual, partnership, corporation, facility, or institution licensed or certified or authorized by law to provide professional health care services.
 - (3) "Health insurer" shall have the same meaning as in section 9402 of this title, but does not apply to insurers providing coverage only for a specified disease or other limited benefit coverage.
 - (4) "Immunizations" means vaccines and the application of the vaccines as recommended by the practice guidelines for children and adults established by the Advisory Committee on Immunization Practices (ACIP) to the Centers for Disease Control and Prevention (CDC).
 - (5) "State health care programs" shall include Medicaid, the Vermont health access plan, Dr. Dynasaur, and any other health care program providing immunizations with funds through the Global Commitment for Health waiver approved by the Centers for Medicare and Medicaid Services under Section 1115 of the Social Security Act.
- (b)(1) The department of health shall establish an immunization pilot program with the ultimate goal of ensuring universal access to vaccines for all Vermonters at no charge to the individual and to reduce the cost at which the state may purchase vaccines. The pilot program shall be in effect from January 1, 2010 through December 31, 2012. During the term of the pilot program, the department shall purchase, provide for the distribution of, and monitor the use of vaccines as provided for in this subsection and subsection (c) of this section. The cost of the vaccines and an administrative surcharge shall be reimbursed by health insurers as provided for in subsections (e) and (f) of this section.
- (2) The department shall solicit, facilitate, and supervise the participation of health care professionals, health care facilities, and insurers in the immunization pilot program in order to accomplish the state's goal of universal access to immunizations at the lowest practicable cost to individuals, insurers, and state health care programs.
 - (3) The department shall gather and analyze data regarding the immunization pilot program for the purpose of ensuring its quality and maximizing protection of Vermonters against diseases preventable by vaccination.

(c) The immunization pilot program shall include a bulk purchasing pool to maximize the discounts, rebates, or negotiated price of all vaccines for children and certain recommended vaccines for adults. The department shall determine which vaccines for adults shall be purchased

under the program. The department may join a multi-state purchasing pool or contract with a wholesale distributor to negotiate prices for the vaccines provided through the program.

(d) The immunization pilot program shall provide for distribution of the vaccines to health care professionals and health care facilities for administration to patients.

(e) Health insurers shall reimburse the department for the actual cost of vaccines provided to their subscribers and for the administration surcharge established in subsection (f) of this section.

(f) The department shall charge each health insurer a surcharge for the costs and administration of the immunization pilot program. The surcharge shall be deposited into an existing special fund and used solely for the purpose of administering the pilot program.

(g)(1) No later than July 1, 2009, the commissioner shall convene an advisory committee to provide recommendations regarding the immunization pilot program, including:

(A) the vaccines to be included in the pilot program;

(B) the pilot program's target patient utilization goal for each vaccine selected for inclusion in the pilot;

(C) the purchase price of vaccines;

(D) the administrative surcharge established pursuant to subsection (f) of this section; and

(E) the design of the evaluation for the immunization pilot program.

(2) The advisory committee shall include representatives from the three largest health insurers licensed to do business in Vermont and the office of Vermont health access and shall be chaired by the chief of the immunization program for the department of health.

(3) The advisory committee shall meet throughout the term of the pilot program.

(h) The department of health shall develop, with input from the advisory committee established pursuant to subsection (g) of this section, an evaluation methodology to determine the costs and effectiveness of the pilot program, including whether the total cost to health insurers of participation in the pilot program is less than or equal to their estimated costs had they not participated in the program.

(i) The department may adopt rules under chapter 25 of Title 3 if necessary to implement this section. (Added 2005, No. 191 (Adj. Sess.), § 23; amended 2007, No. 70, § 29; 2009, No. 61, § 42.)

APPENDIX B

When Do Children & Teens Need Vaccinations?

Vermont Recommended Immunization Schedule

Birth	Hepatitis B				
2 months	Hepatitis B, DTaP, Polio, Hib, PCV, Rotavirus				
4 months	Hepatitis B, DTaP, Polio, Hib, PCV, Rotavirus				
6 months	Hepatitis B, DTaP, Polio Hib, PCV, Rotavirus*, Influenza (every flu season)				
12-15 months	MMR, Varicella, Hib, PCV, Hepatitis A			Influenza (every flu season)	
15-18 months	DTaP, Hepatitis A (6 months after 1st dose)				
Immunize your little Vermonter: Assure that your child has all of the above vaccines before age 2!					
4-6 years	MMR, Varicella, DTaP, Polio, Influenza (every flu season)				
11-12 years	Tdap	Meningococcal, 1 dose	HPV, 3 dose series	Varicella? No previous vaccine or disease (2 doses needed)	Influenza, Every Flu Season!
13-18 years	Assess and catch up for any missing vaccines. Influenza (every flu season)				

* Rotateq requires 3 doses; Rotarix requires 2 doses

10/2010

Diseases that your child will be protected against:

DTaP: diphtheria, tetanus (lock jaw), pertussis (whooping cough)

Hepatitis A & B: serious liver diseases

HPV: human papillomavirus, causes cervical cancer & genital warts

Hib: haemophilus influenzae, a brain, throat and blood infection

Influenza: a very contagious viral infection

Meningococcal: a blood infection and/or meningitis

MMR: measles, mumps and rubella

PCV: pneumococcal, a blood, lung and brain infection

Polio: causes paralysis

Rotavirus: causes severe diarrhea

Tdap: tetanus, diphtheria and pertussis for children ≥ 10 years

Varicella: chickenpox

Immunization Program
108 Cherry Street
Burlington, Vermont 05401

802-863-7638 or 1-800-640-4374



VERMONT
DEPARTMENT OF HEALTH

healthvermont.gov
1-800-640-4374

Vermont Recommended Adult Vaccination Schedule

This simplified schedule for persons aged 19+ years assumes receipt of ACIP recommended childhood vaccines. Comprehensive vaccine specific information is available at: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. Please consult the Vermont Immunization Registry for the immunization status of Vermonters.

Vaccine	Dose
Influenza (LAIV and TIV)	Flu vaccine: give yearly to all adults, including health care workers (HCW). Healthy adults, including HCW through 49 years may receive LAIV Intranasal mist.
Tetanus, diphtheria, pertussis (Tdap and Td)	Give Tdap to all adults, including HCW who have not yet received a dose. There is <u>no</u> minimum interval after last Td. Give Td at 10 year intervals after Tdap.
Human papillomavirus (HPV)	Give 3 dose series of HPV2 or HPV4 to females through 26 years. Males through 26 years may be given 3 doses of HPV4.
Pneumococcal (PPSV23)	Give 1 dose routinely at age 65 and older. If a dose was administered before age 65, allow a 5 year interval before a second dose. Give 1 dose to adults ages 19-64 with chronic illness or other increased risk, now including smokers or persons with asthma.
Herpes zoster (ZOS)	Give 1 dose shingles vaccine at age 60 and older.
Hepatitis A (HepA)	Give 2 doses to adults at increased risk and those who want protection from Hepatitis A.
Hepatitis B (HepB)	Give 3 doses to adults at increased risk, including HCW and those who want protection from Hepatitis B.

Immunization Program
Vermont Department of Health
108 Cherry Street, PO Box 70
Burlington, VT 05402-0070

802-863-7638
800-640-4374—toll free in VT



01.24.2011

Appendix C

VFC/VFA Vaccine Availability and Eligibility – Effective February 1, 2011

VFC VACCINE- Birth through Age 18	Pediatric Licensing	Specifics for use of State Supplied vaccine
DTaP Diphtheria and tetanus toxoids and acellular pertussis	6 wks – 6 yrs	None
DTaP-Hep B-IPV	6 wks – 6 yrs	None
DTaP-IPV/Hib	6 wks – 6 yrs	None
DTaP-IPV	4 yrs – 6 yrs	Indicated only for the 5 th DTaP and 4 th polio booster dose, after the primary series
Td Tetanus and diphtheria toxoid (adult formulation)	7 yrs – 18 yrs	Use when a medical contraindication to acellular pertussis vaccine exists, or for dose 2 and 3 to complete the primary series for previously unvaccinated 7-18 yr olds
Tdap Tetanus and diphtheria toxoids, and acellular pertussis	7 yrs – 18 yrs	None
Hep B Hepatitis B	Birth – 18 yrs	None
IPV Inactivated poliovirus	6 wks – 18 yrs	None
Hib Haemophilus influenzae type b	6 wks – 59 months	None
MMR Measles, mumps and rubella	12 months – 18 yrs	None
Var Varicella	12 months – 18 yrs	None
Flu Influenza	6 months – 18 yrs	None
PCV Pneumococcal conjugate	6 wks – 59 months	None
PPV 23 Pneumococcal polysaccharide	2 yrs – 18 yrs	Available for individual pediatric patients with high risk medical need
MCV 4 Meningococcal conjugate	2 yrs – 18 yrs	Routinely: one dose at age 11-12 with one booster dose at age 16. For those given dose one at age 13-15, give one booster dose at age 16-18. Those given dose one at age 16 or older, no booster dose needed. Not routinely recommended after age 21. For high risk see complete ACIP recommendations.
Hep A Hepatitis A	12 months – 18 yrs	Routinely for 12-23 months, catch up of 2 – 6 year olds, and only for high risk (travel, MSM, IDU) of age 7 – 18 yrs.
RV Rotavirus	6 wks – 32 wks	None
HPV Human papillomavirus	9 yrs – 18 yrs	None
VFA VACCINE - AGE 19 and older	ADULT LICENSING	SPECIFICS FOR USE OF STATE SUPPLIED VACCINE
Tdap	19 yrs and older	None
HPV Human papillomavirus	19 yrs – 26 yrs	None
Pneumococcal Vaccine	19 yrs and older	Routine for all individuals age 65 and older. Also for people age 19 - 64 with chronic medical conditions, now including people with asthma and those who smoke
Hepatitis B	19 yrs and older	Available to individuals who are at risk for Hepatitis A and B
Hepatitis A		
Hepatitis A-B		
For the Vermont Recommended Immunization Schedule and the most recent Vaccine Availability and Eligibility please go to: http://healthvermont.gov/hc/imm/provider.aspx		

Appendix D



**Vermont Immunization Program
 Provider Profile and Enrollment in the Vaccines for Children (VFC) and/or the Vaccines for Adults (VFA) Program**

Please check one box:

- Vaccines for Children Program
- Vaccines for Adults Program
- Vaccines for Children & Vaccines for Adults Program

Physician-In-Charge: _____

State of Vermont Medical License Number: _____

Name of Practice: _____

Contact Person: _____

Email Address: _____

Telephone Number: _____ Fax Number: _____

Physical Street Address: _____

Mailing Address: Check here if mailing address is the same as above

Days/ Hours Open for Delivery of Vaccines: _____

Type of Facility:

- | | |
|--|--|
| <input type="checkbox"/> A. Public Health Department | <input type="checkbox"/> D. Federally Qualified/ Rural Health Center |
| <input type="checkbox"/> B. Public Hospital | <input type="checkbox"/> E. Private Hospital |
| <input type="checkbox"/> C. Private Practice (Individual or Group) | <input type="checkbox"/> F. Other Facility _____ |

Profit

Non-profit If your organization is non-profit as defined by Section 501(c)(3) of the Internal Revenue Service Tax Code, please check this box.

If unsure of your tax status please consult your auditor or business manager.

Immunization Data:

NOTE: The following information is used to determine the amount of vaccine needed for your practice and **MUST** be based on **actual data**, not estimates.

DATA SOURCE: Vermont Department of Health Doses Administered Data from 2009

Part A. Based on the data source listed above, below is the projected number of children who will receive vaccinations at your health care facility by age group for a 12 month period beginning July 1, 2010.

<1 Year	1-6 Years	7-18 Years	Total Number of Children

For adult patients

≥ 19 Years	Total Number of Adults

If you only offer immunization services to adults do not fill out part B.

Part B. Take the number of children above and indicate the number of who are expected to be VFC eligible, by category and age group below.

*** Underinsured: Only a FQHC or RHC should complete the Underinsured row.

	< 1 Year	1 – 6 Years	7 – 18 Years	Total
Enrolled in Medicaid				
No Health Insurance				
Amer. Indian/Alaskan Native				
*** Underinsured (Only FQHC/RHC)				

Total				
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Provider Agreement to Enroll in the Vaccines For Children (VFC) and/or Vaccine For Adults (VFA) Program

The Vermont Department of Health Immunization Program receives funding for vaccines from the Federal grant "Immunizations and VFC" grant H23CH1222529, CFDA # 93.268.

In order to participate in the Vermont Department of Health (VDH) Vaccines For Children (VFC) &/or the Vaccines for Adults (VFA) Program, I agree to the following conditions, on behalf of myself and all the practitioners, nurses and others associated with this provider office.

1. I will screen patients (≤ 18 years of age) for VFC Program eligibility and document who qualifies under one or more of the following categories:
 - a) Is an American Indian or Alaskan Native
 - b) Is enrolled in Medicaid (or qualified through a State Medicaid waiver)
 - c) Has no health insurance
 - d) Has health insurance that does not pay for the vaccine (only applicable to FQHC or RHC)

And/or

I will screen patients (19 years of age and older) for the VFA program eligibility by ensuring that the patient is a Vermont resident.

2. I will maintain all records related to the VFC & VFA program for a minimum of three years and make these records available to public health officials including the Vermont Department of Health or the Department of Health and Human Services (DHHS) upon request.
3. I will permit visits to my facility by authorized representatives of the VDH Immunization Program to review compliance with VFC and/or VFA Program requirements including vaccine storage and record-keeping.
4. I will comply with and administer vaccines according to the appropriate immunization schedule, dosage, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP), and included in the VFC and/or VFA Program except if the following applies:
 - a) In my medical judgment, and in accordance with accepted medical practice, I deem such compliance to be medically inappropriate
 - OR
 - b) The particular requirement contradicts Vermont law pertaining to religious and other exemptions.
5. I will distribute the most current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA). This includes reporting clinically significant adverse events to the Vaccine Adverse Events Reporting System (VAERS).
6. I will not impose a charge for the cost of the vaccine provided to my practice through federal and state funding.
7. I will not impose a charge for the administration of the vaccine to the non-Medicaid, VFC eligible child that is higher than the maximum fee of \$13.86 established by the federal government. I will accept reimbursement for immunization administration set by the state Medicaid agency. I will not deny administration of a federally purchased vaccine to a child because the child's parent/guardian/individual of record is unable to pay the administration fee.
8. I will comply with the following requirements for ordering, proper storage, handling and accountability of vaccine.
 - a) I will designate personnel to be responsible for vaccine.

- b) Vaccine personnel will develop vaccine storage and handling plan for my practice site, or use the Vermont Department of Health template plan.
 - c) My practice will have appropriate equipment that can store vaccine and maintain proper conditions. Two types of storage units are acceptable: 1. A refrigerator that has a separate freezer compartment with a separate exterior door or; 2. stand alone refrigerator and freezers.
 - d) My practice will use a certified, calibrated thermometer in the vaccine storage units. Refrigerator and freezer temperatures MUST be logged twice a day (once in the AM and once in the PM). Refrigerator temperatures are required to be (2 – 8° C) or (35 – 46° F) and freezer temperatures are required to be (5° F or colder) or (-15° C or colder). Any out of range temperatures MUST be reported to the Immunization Program immediately. Please call 1-800-464-4343 ext. 7638 or 1-802-863-7638.
 - e) My practice will follow proper vaccine storage practices (e.g. rotation of vaccine stock, correct vaccine placement in refrigerator unit).
 - f) I will report vaccine usage, waste, current inventory, and expiration dates on the Vaccine Accountability Sheets. I will notify the Vermont Department of Health Immunization Program if vaccine expires, wasted or is exposed to out-of-range temperatures.
 - g) I agree to operate in a manner intended to avoid fraud and abuse.
 - h) I understand that my responsibility for proper storage and handling of vaccine begins when delivery is accepted. I will check vaccine temperature monitors and take action if cold chain monitor was activated.
 - i) My practice site will correctly prepare and administer vaccines
 - j) My practice will conduct a monthly inventory to monitor vaccine use, and will order vaccine in accordance with vaccine need and federal and state guidance.
 - k) Vaccine security and equipment maintenance will be performed by my practice site.
 - l) I will cooperate with the VDH to recall patients if doses were mishandled or administered incorrectly.
 - If there is mishandled vaccine, the VDH Immunization Program will make every effort to work with the clinic in question to address the administration of mishandled vaccine, balancing clinic needs, cost to parents, providers and health plans, risk of illnesses or outbreaks, and overall affect on public health.
 - General recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP) recommendations that define and designate proper vaccine storage and handling will be followed. IF doses administered are of questionable potency, these doses should not be counted as valid and should be repeated.
 - The VDH may offer limited resources, as available, to assist with recalls and revaccination.
 - If a clinic declines to recall patients who received questionable doses, the VDH may request a list of affected patients and, in conjunction with the local health department, may conduct its own recall of these patients, in which case the clinic may be billed for the mishandled vaccine.
 - If a clinic declines to provide a list of affected patients, the VDH may issue a community notice alerting patients that they have received a potentially non-viable dose of vaccine at this clinic, and encourage these patients to contact the local health department to explore revaccination.
 - Recognizing the diversity of potential storage and handling issues that may arise, the VDH Immunization Program reserves the right to manage all cases of mishandled vaccine on a case-by-case basis, while adhering to the above guidelines.
 - m) I understand that failure to store and handle vaccines properly may result in a fine or financial liability to reimburse the VDH Immunization Program for mishandled/wasted doses.
9. I will renew enrollment annually.
10. I understand that the VDH Immunization Program may terminate this agreement at any time for failure to comply with these requirements or I may terminate this agreement at any time for personal reasons. If I terminate this agreement, I will properly return any unused vaccine purchased with federal or state funding.

Signature of Physician-In-Charge

Print Name of Physician-In-Charge

Date

Additional Providers within the Practice

Provider Profile and Enrollment (continued)

Please print or type the names and medical license numbers of all health care providers in your practice (attach copies of the Additional Providers within the Practice sheet if additional space is needed).

Last Name, First, MI (Provider must have prescription writing privileges)	Medical License Number	Title (MD, DO, DN, NP, PA)
Last Name, First, MI (Provider must have prescription writing privileges)	Medical License Number	Title (MD, DO, DN, NP, PA)
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Last Name, First, MI (Provider must have prescription writing privileges)	Medical License Number	Title (MD, DO, DN, NP, PA)

This record is to be **submitted** to and kept on file at the Vermont Department of Health Immunization Program and must be updated annually. For questions call 1-800-464-4343 ext. 7638 or 802-863-7638.

VERMONT DEPARTMENT OF HEALTH
IMMUNIZATION PROGRAM
P.O. BOX 70
108 CHERRY STREET
BURLINGTON, VT 05402

Provider Agreement and Guidelines for Varicella Vaccine

For VFC enrolling practices only

ELIGIBILITY: The Vermont Department of Health Immunization Program provides varicella vaccine for children ages 12 months through 18 years. Adult patients who need varicella vaccine can be vaccinated through the VDH District Offices if they present 1.) A prescription for varicella vaccine and 2.) A copy of a negative titer for varicella.

STORAGE REQUIREMENTS: If you wish to receive varicella 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 VARIVAX will pack and ship varicella vaccine with dry ice directly to the provider office after receiving an order from CDC, which is submitted by the Immunization Program.
- b) Varicella vaccine **MUST** be stored in a freezer, and **MUST** maintain temperatures at or below -15 C (+5 F).
- c) The freezer **MUST** have a separate door from the refrigerator, (e.g. regular household refrigerator). Dorm-style or larger refrigerator/freezer combinations where the freezer is within the refrigerator is **NOT** acceptable.
- d) Freezer temperatures must be recorded twice a day and any out of range temperatures **MUST** be reported to the Immunization Program immediately. Please call 1-800-464-4343 ext. 7638 or 1-802-863-7638.
- e) State-Supplied varicella vaccine cannot be moved or redistributed from the provider site that received it.

Practice Name: _____

Contact Name: _____
(Office Vaccine Manager)

Contact Telephone Number: _____

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

Signature of Physician-In-Charge

Print Name of Physician-In-Charge

Date