

## 2019-2020 VACCINES FOR CHILDREN PROGRAM PROVIDER PROFILE

### FACILITY INFORMATION

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 enrollment period.

Facility Name: \_\_\_\_\_

VFC Pin#: \_\_\_\_\_

Vaccine Delivery Address: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Days and Times Vaccine May Be Delivered: \_\_\_\_\_

### FACILITY TYPE (select only one 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 District Clinic <input type="checkbox"/> Public Health District 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 _____	<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

### VACCINES OFFERED (select only one box)

All ACIP Recommended Vaccines

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 Idaho Immunization Program (IIP) has the authority to designate VFC providers as specialty providers.

#### Select Vaccines Offered by Specialty Provider:

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



**PROVIDER POPULATION**

Report the estimated number of children your facility may vaccinate in the next 12 months, by age group. Only count a child once based on the anticipated eligibility status, regardless of the number of visits each child may have. The following table documents how many children may receive VFC vaccine, by category, and how many may receive 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
Have Health Insurance (that covers vaccines)				
Other Underinsured <sup>2</sup> (non-Idaho resident)				
Birth Dose (Hep B) – Other Insured at Birthing Hospitals Only <sup>3</sup>		← Birthing Hospitals ONLY		
<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. In Idaho only the Public Health Districts have a written agreement with an FQHC/RHC and the IIP in order to vaccinate these 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 (Public Health Districts). These children may be served if vaccines are privately purchased and provided to cover these non-VFC eligible children.

<sup>3</sup>Birth Dose of hepatitis B administered at the birthing facility to infants that are non-Idaho, non-Washington residents who have a health insurance benefit.

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

- Benchmarking
- Medicaid Claims
- IIS (IRIS)
- Other (must describe):
- Doses Administered
- Provider Encounter Data
- Billing System

