Checklist for Completing the New VFC Provider Profile

Here is the list of all pertinent information you will need to have on hand to complete the profile

- Facility Name – the name of the facility applying to become part of the VFC program. It should be the same name as the NPI facility name, ImmPRINT, and Meaningful Use (MU) name.
- Facility Address – the mailing address of the facility (includes City, County, State, and Zip Code)
- Phone number of facility
- Fax number of facility
- Shipping Address (if different from facility address) – physical address where vaccine is shipped, cannot be a P.O. Box (includes City, County, State, and Zip)
- Clinic/Office NPI number (optional)
- Effective date of Clinic/Office NPI number (optional)
- Payee NPI number (if applicable)
- Effective date of Payee NPI number (if applicable)
- Clinic Hours of Operation (example: M-F, 8:00 am – 5:00 pm)
- Office Hours Closed for Lunch (example: 12:30 pm – 1:30 pm, if not closed for lunch please write "open during lunch")
- Medical Director or Equivalent (the practitioner authorized to prescribe and write standing orders for staff to administer pediatric vaccines under state law and be accountable for compliance by the entire organization)
    - Last name, First name, Middle Initial
    - Title
    - Specialty
    - AL License #
    - AL Medicaid # (required for payment)
    - Medicaid Effective Date (required for payment)
    - NPI # (required for payment)
    - NPI Effective Date (required for payment)
- Primary Vaccine Coordinator (the person onsite whose primary responsibility will be to oversee the VFC vaccine)
    - Full name
    - Telephone #
    - Email address (required) – each person must have their own unique email address, it can be their work email or their personal email
    - Completed annual training - as a new provider, you will not have completed the annual training and should select None. You will be directed to CDC's "You Call the Shots" modules on CDC's website at https://www.cdc.gov/vaccines/ed/youcalltheshots.html for more information.
    - Primary Vaccine Coordinator should be the office manager or equivalent
- Back-up Vaccine Coordinator (the person onsite who will back-up the Primary Vaccine Coordinator and oversee the VFC vaccine in their absence)
    - Full name
    - Telephone #
    - Email address (required) – each person must have their own unique email address, it can be their work email or their personal email, but must not be shared with others
    - Completed annual training - as a new provider, you will not have completed the annual training and should select None. You will be directed to CDC's "You Call the Shots" modules on CDC's website at https://www.cdc.gov/vaccines/ed/youcalltheshots.html for more information.
- Facility Type (choose facility type from list)

- Vaccines Offered – if requesting to be Adolescent only provider, choose "Offers Select Vaccines" as your practice will be designated as a Specialty Provider. The AL VFC program must grant permission for a facility to be designated as a Specialty Provider.
- Select Vaccines offered by Specialty Provider – providers who are granted permission to be designated as a Specialty Provider should check the vaccines that they plan to offer as a VFC provider.
- Provider Population – report the number of children who have received or you anticipate will receive vaccinations at your facility by age group for a 12 month period. Only count a patient once, regardless of the number of visits.
- VFC Vaccine Eligibility Categories:
  - Children Enrolled in Medicaid by Age Category <1 Year.
  - Children with No Health Insurance by Age Category <1 Year.
  - Children who are American Indian/Alaskan Native by Age Category <1 Year.
  - Children who are Underinsured in FQHC/RHC by Age Category <1 Year.
  - Total VFC Vaccine Eligibility Categories <1 Year.
  - Children Enrolled in Medicaid by Age Category 1-6 Years.
  - Children with No Health Insurance by Age Category 1-6 Years.
  - Children who are American Indian/Alaskan Native by Age Category 1-6 Years.
  - Children who are Underinsured in FQHC/RHC by Age Category 1-6 Years.
  - Total VFC Vaccine Eligibility Categories 1-6 Years.
  - Children Enrolled in Medicaid by Age Category 7-18 Years.
  - Children with No Health Insurance by Age Category 7-18 Years.
  - Children who are American Indian/Alaskan Native by Age Category 7-18 Years.
  - Children who are Underinsured in FQHC/RHC by Age Category 7-18 Years.
  - Total VFC Vaccine Eligible Categories 7-18 Years.
  - Total VFC Vaccine Eligibles
- Non-VFC Vaccine Eligibility Categories:
  - Children who are Insured (private pay/health insurance covers vaccines) by Age Category <1 Year.
  - Children who are covered under Children's Health Insurance Program (CHIP) by Age Category <1 Year.
  - Total non-VFC Eligible Categories <1 Year.
  - Children who are Insured (private pay/health insurance covers vaccines) by Age Category 1-6 Years.
  - Children who are covered under Children's Health Insurance Program (CHIP) by Age Category 1-6 Years.
  - Total non-VFC Eligible Categories 1-6 Years.
  - Children who are Insured (private pay/health insurance covers vaccines) by Age Category 7-18 Years.
  - Children who are covered under Children's Health Insurance Program (CHIP) by Age Category 7-18 Years.
  - Total non-VFC Eligible Categories 7-18 Years.
  - Total non-VFC Eligible
- Total number of Patients – the profile will calculate this number.
- Type of Data Used to Determine Provider Population – your practice will have to explain how you came up with your patient demographic information. (examples: Benchmarking, Claims data, doses administered, encounter data, IIS, billing system, or other for those with no previous data).
- Capacity for Storing Vaccines agreement
  - Certify the types of storage units at your facility
- Emergency Response Plan

- - Name of Clinic
  - VFC PIN (new providers leave blank)
  - Primary Person Responsible
  - 24 hour Phone number
  - Secondary Person Responsible
  - 24 hour Phone number
  - Person with 24 hour access to facility
  - 24 hour Phone number
  - Emergency Back-up Location with back-up generator
    - Location and contact name
    - Contact phone #
  - Secondary location with back-up generator
    - Location and contact name
    - Contact phone #
  - Document how your facility will be notified of an outage
  - If emergency back-up location is more than 30 minutes away, consider renting a refrigerated truck.
    - Name of refrigeration company
    - Refrigeration company phone #
- Electronic Signature – the electronic signature of the Medical Director or Equivalent
  - Date of signature
  - Medical Director or Equivalent Signature (info is typed in)
  - Medical Director's email address – must be different from Primary and Back-up Vaccine Coordinator
  - Name of staff member who completed the paperwork
  - Staff member's email address
- Medicaid Data Sheet – allows you to add information on all other providers at the practice who will be requesting reimbursement from Medicaid.
  - Last name, First name, Middle Initial
  - Title
  - Specialty
  - AL License #
  - AL Medicaid # (required for payment)
  - Medicaid Effective Date (required for payment)
  - NPI # (required for payment)
  - NPI Effective Date (required for payment)