

FAX BACK FOR REPORTING FACILITY CHANGES

This form is provided to alert the VFC Program when facilities experience staffing or other changes. Upon receipt of this FAX Back, Immunization staff will contact your facility to arrange for a visit (if necessary) to address your specific needs. Please check the type of change(s) that occurred:

- | | |
|---|--|
| <input type="checkbox"/> New immunization staff
<input type="checkbox"/> New VFC contact
<input type="checkbox"/> Refrigerator – Moved
(Refrigerator unplugged)
<input type="checkbox"/> New Physician/Nurse Practitioner* | <input type="checkbox"/> Clinic/Office relocated
<input type="checkbox"/> Remove VFC contact _____
<input type="checkbox"/> New refrigerator or freezer
(must be validated prior to storing VFC vaccine)
<input type="checkbox"/> Other _____ |
|---|--|

Name of Clinic _____ PIN # _____

Address _____

Name's of VFC Contact (Primary): _____
 (Must have two)
 (Secondary): _____

VFC Contact E-mail address _____

Telephone No. _____ FAX No. _____

Please check if this is a new address.

*Physicians name	Title	Medical License #	Medicaid Provider #

Will this change your client enrollment data? _____ If yes, please amend your Provider Profile.

If you have questions, please feel free to contact the VFC program at 800-219-3224.

Vaccines for Children Program
 Missouri Department of Health and Senior Services
 PO Box 570
 Jefferson City, MO 65102
 FAX: 573-526-5220

VFC Provider Guidelines

- Screen patients for VFC eligibility
- Administer VFC vaccine to VFC eligible children only
- Comply with the appropriate ACIP immunization schedule
- Provide Vaccine Information Statements and report clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS)
- Do Not charge for the cost of the vaccine
- Do Not charge above the regional fee cap established by the Centers for Medicare and Medicaid Services (CMS) (for Medicaid clients only)
- Limit administration fee to \$15.07 per injection or less for uninsured, American Indian or Alaskan Native children (lower fees are encouraged). If you are an FQHC or RHC you may use the same administration fee allowance for underinsured children
- Administer vaccine regardless of child's parent/guardian/individual of record inability to pay administration fee
- Comply with state's requirement for vaccine ordering and vaccine accountability
- Maintain documentation of VFC vaccines administered, including eligibility records for 3 years or until age of majority if part of patient chart
- Provide records for review to public health officials and program representatives when requested
- Participate in ongoing immunization improvement activities in collaboration with program representatives as requested
- Complete an updated Provider Profile on an annual basis
- Maintain proper refrigeration equipment with a separate up-to-date certified, calibrated thermometer for each refrigerator and/or freezer containing vaccine
- Check and record equipment temperature two times per day, AM and PM; document actions taken if temperatures are outside of program guidelines
- Retain temperature log for 3 years
- Call the state VFC program office at 1-800-219-3224 or utilize the "Fax Back" form if equipment is replaced or relocated
- Call the state VFC program office or utilize the "Fax Back" form if your clinic VFC staff leave