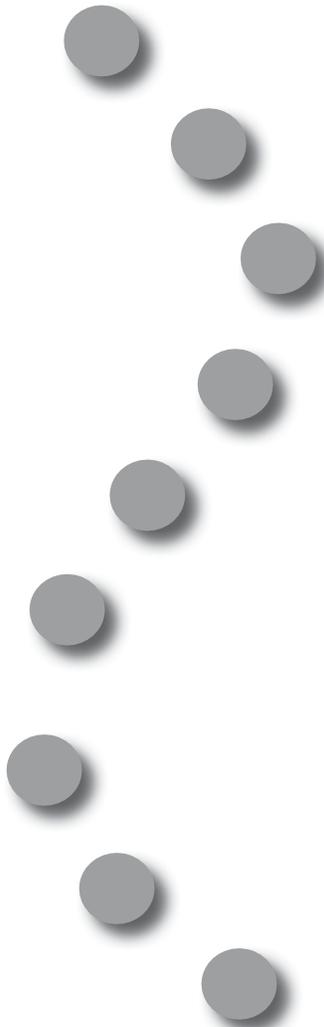


Provider Enrollment Packet



Missouri Department of Health and Senior Services
Bureau of Immunizations
Vaccines for Children Program
P.O. Box 570 • Jefferson City, MO 65102
800.219.3224 • health.mo.gov/immunizations

Vaccines for Children

The Vaccines for Children (VFC) program is funded by the Centers for Disease Control and Prevention (CDC) and coordinated by the Missouri Department of Health and Senior Services (DHSS) to provide free vaccines to children in Missouri who qualify.

All vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and approved by the CDC and United States Department of Health and Human Services are provided, at no cost, to participating medical providers. Any medical provider authorized to administer pediatric vaccines in Missouri may become a Vaccines for Children (VFC) provider.

There is no charge to medical providers to participate; however, there are requirements all VFC providers must follow.

To enroll in the VFC program you will need to submit a completed Provider Enrollment Packet, along with all required enrollment documents, see Enrollment Checklist (page 2). The Provider Enrollment Packet is a fillable document available on our website at: <http://health.mo.gov/living/wellness/immunizations/pdf/providerenrollmenttoolkit.pdf>. If you have any issues accessing or completing the packet please contact the VFC program at 800.219.3224.

You must have proper vaccine storage units. See the Guidelines for Buying a Refrigerator or Freezer (pages 3-4) which explains refrigerator and freezer requirements. All refrigerators and freezers storing VFC vaccine must be stand-alone units. VFC vaccine cannot be stored in combination (household) style units.

All Missouri VFC providers must have a certified calibrated data logger in each refrigerator or freezer used to store VFC vaccine and a back-up data logger readily available. Data loggers must have a certificate of traceability and calibration with a recertification due date. Data loggers must have a certificate of traceability and calibration with a recertification date.

Missouri requirements for data loggers include:

- Digital temperature display that can be read from outside of the storage unit.
- A detachable, buffered probe in glycol
- Alarm for out-of-range temperatures
- Current, minimum, and maximum temperatures
- Low battery indicator
- Accuracy of +/- 1°F (0.5°C)
- Memory storage of at least 4,000 readings
- User programmable logging interval or reading rate set to record every four (4) hours or less.
- Readings from the data logger must be downloaded once per month

Please ensure the VFC program receives a copy of the data logger certificate for each unit storing VFC vaccine and for the back-up data logger. Your VFC Provider Identification Number (PIN) must be written on each certificate, as well as identifying if it is for refrigerator, freezer, or back-up use. Each certificate has an expiration date, before the certificate expires, a new data logger must be obtained or the device must be re-calibrated.

Providers are required to check and record temperatures, in each unit containing VFC vaccine, twice a day and record it on a temperature log. Temperature logs are required to be submitted to the VFC program on the first business day of each month. New providers must check and record one week (5-days; 2 times per day) of temperatures on a temperature log (Fahrenheit or Celsius) and submit it to the VFC program before the enrollment process can be completed. A copy of each data logger certificate must accompany the enrollment documents. For more information on data loggers, see the list of Vaccine Data Logger Websites (page 5). This is not an all-inclusive list.

Vaccines for Children (continued)

Every medical provider receiving federally purchased vaccine through the VFC program is required to re-enroll annually. The re-enrollment process is conducted via electronic survey.

Note: Medical providers with multiple satellite clinics must complete enrollment forms for each site.

The following is an **Enrollment Checklist** to ensure all required enrollment documents are submitted:

- The following sections of the Provider Enrollment Packet require signature:
 - Provider Enrollment/Re-Enrollment (page 8)
 - Certification of Capacity to Store Vaccine (page 10)
 - Provider Participation Agreement (page 12)
 - Emergency Response Plan (page 15)
 - Vaccine Management Plan (page 18)
- Return the completed ShowMeVax (SMV) Memorandum of Agreement (MOA).
- Return copies of the current certifications of calibration for each data logger used to store VFC vaccine in your clinic. A back-up data logger must also be available in case of storage unit issues and for transporting vaccine.
- Return 1 week (5-days) of temperature readings that have been checked twice daily and entered on the Temperature Log.

Each item listed above is **required** to enroll in the VFC program. Fax or scan and email completed items to:

VFC Program
Missouri Department of Health and Senior Services
Bureau of Immunizations
930 Wildwood, P.O. Box 570
Jefferson City, MO 65102
FAX: (573) 526-5220
VFC@health.mo.gov

GUIDELINES FOR BUYING A REFRIGERATOR OR FREEZER

VACCINES FOR CHILDREN

A Vaccines for Children vaccine storage equipment requirement began April 1, 2009. This requirement has helped ensure that VFC-supplied vaccines are properly stored and managed. It has also ensured that enough usable space is available to store the increased number of recommended vaccines.

All providers must comply with required specifications and requirements in order to receive VFC vaccines. The type of refrigerator/freezer needed is based on:

- Number of vaccine doses the practice orders in a year (*below*).
- Maximum amount of vaccine stored (*see back*).

Did you know an average Vaccines for Children (VFC) provider stores tens of thousands of dollars worth of vaccines?

Not having the correct refrigerator or freezer may lead to costly vaccine losses or worse, inadvertently giving non-viable vaccines to your patients!

Doses/Year	Required Equipment
Very high volume (10,000 doses/year)	Pharmacy-grade refrigerator-only and stand-alone freezer units
High volume (2,000-10,000 doses/year)	Refrigerator-only (16.7 cu. ft. minimum) and stand-alone freezer units
Medium volume (500-2,000 doses/year)	Refrigerator-only (16.7 cu. ft. minimum) and stand-alone freezer units
Low volume (under 500 doses/year)	Refrigerator-only (16.7 cu. ft. minimum) and stand-alone freezer units or under the counter pharmacy-grade refrigerator-only and stand-alone freezer units

All refrigerator units must:

- Maintain required vaccine storage temperatures at 36-46°F (2-8°C) year-round.
- Be automatic defrost (frost-free) and free of any frost, ice, water or coolant leaks. Manual defrost (cyclic defrost) refrigerators with visible cooling plates/coiling in the internal back wall are not acceptable.
- Provide enough space to store the largest number of doses expected at one time (including influenza season), allowing for vaccine storage at least 2-3 inches away from walls, floor and other boxes, and away from cold air vents.
- Be reliable (with a quiet compressor) and has not needed frequent repairs. Replacement should be considered for household refrigerator/freezer combination units over 10 years old.
- Have doors that seal tightly and close properly.
- Not have convertible features that switch to an all-freezer unit.
- Be used only for vaccine storage. In limited circumstances, and as space allows, other medications may be stored in the same units.

All freezer units must:

- Maintain required vaccine storage temperatures at 5°F or below (<-15°C) year-round.
- Provide enough space to store vaccines along with sufficient frozen cold packs.
- Have an automatic defroster. (Manual defrosters are acceptable only if the office has an alternate place to store vaccines when defrosting the unit.)

Providers enrolled prior to April 2009 are required to obtain refrigerator-only units when household style units malfunction and/or need replacement.

3 EASY STEPS

THINGS TO THINK ABOUT BEFORE BUYING

- Contact the Vaccines for Children program prior to buying to assure appropriate equipment is purchased.
- Where will it go?
 - It must be placed away from direct sunlight and in a well ventilated area.
 - There must be enough space around it to allow air to flow freely.
 - There must be an electric outlet nearby that can be used only by the refrigerator or freezer and does not depend on the light switch. (Extension cords shall not be used.)
- What is the warranty and extended service option?
- Will the store dispose of or recycle your old unit?
- Is there an energy rebate?
- How long will it take for the delivery?

GETTING STARTED

- Plug in the refrigerator or freezer (one unit per outlet).
- Place thermometers or probes in the center of unit.
- Set temperatures to recommended ranges:
Freezer: Below 5°F (-15°C)
Refrigerator: Between 40-42°F (5°C)
- Record temperatures twice a day on your vaccine Temperature Log.
- Submit one week of temperature readings to the Vaccines for Children program prior to validation visit from the Immunization Quality Manager.
- Review the storage guidelines at health.mo.gov/immunizations/storagehandling.php.

- Estimate the maximum number of doses of VFC vaccine and privately purchased vaccine that will be stored in the refrigerator and freezer.

Refrigerator	
Add the number of doses on hand (current inventory) from your last order form.	
VFC vaccine	_____
VFC flu vaccine	+ _____
Private vaccine	+ _____
Private flu vaccine	+ _____
Total doses	= _____
Multiply (max inventory)	x 1.25
Maximum doses	= _____

Freezer	
Add the number of doses on hand (current inventory) from your last order form.	
VFC MMR & Varicella vaccine	_____
Private MMR & Varicella vaccine	+ _____
Total doses	= _____
Multiply (max inventory)	x 1.25
Maximum doses	= _____

- Match your maximum doses with the minimum cubic feet needed to safely store your vaccine.

Stand-Alone Refrigerator Units

Max. Doses	Minimum Cubic Ft.
2,000+ doses	May need more than one refrigerator
1000 – 2000	40 cu. ft.
900 – 1000	36 cu. ft.
801 – 900	21 – 23 cu. ft.
701 – 800	17 – 20 cu. ft.
400 – 700	16.7 cu. ft.
100 – 399	4.9 – 6.1 cu. ft. (Must be pharmacy grade)

Stand-Alone Freezer Units

Max. Doses	Minimum Cubic Ft.
501 – 6,000	7 – 14.8 cu. ft.
201 – 500	5 – 5.6 cu. ft.
0 – 200	1.5 – 4.9 cu. ft.

- Search for product name and model numbers on the internet for prices, dimensions and locations. Verify with the VFC program that the specifications meet all requirements.



Vaccine Data Logger Websites

This list is not all inclusive for all products available. All web sites do not open directly to the thermometers. For those web sites, enter a search for data logger vaccine.

<http://www.thermcoproducts.com/>

<https://traceable.com/>

<http://www.novatech-usa.com/Home?search=6451>

<http://www.novatech-usa.com/Home?search=6450>

<http://www.vfcdataloggers.com/>

<http://www.novatech-usa.com/Home?search=datalogger>

<http://www.thomassci.com>

<http://www.berlingerusa.com/fridgetag2/>

<http://shop.gohcl.com/default.aspx?page=item%20detail&itemcode=19195>

<http://shop.gohcl.com/default.aspx?page=item%20detail&itemcode=19197>

<http://www.deltatrak.com/usb-data-logger-with-glycol-bottle>

Note: The use of trade names and commercial sources in this document is for identification only, and does not imply endorsement by the Missouri Department of Health and Senior Services Bureau of Immunizations

CDC Web sites

CDC Vaccine Storage and Handling Guidance: <http://www.cdc.gov/vaccines/recs/storage/default.htm>

The Storage and Handling Toolkit: <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf>



Provider Enrollment



Thank you for your interest in becoming a VFC provider. Please complete the packet as thoroughly as possible. Enrolled medical provider sites should update their information whenever the estimate of eligible children to be served changes; the status of the facility changes (i.e., a private provider becomes an agent of a FQHC etc.); or the individuals with prescription-writing privileges change.

FACILITY INFORMATION

Facility Name:		VFC PIN:
Facility Address (No PO Box):		
City:	State:	Zip:
Telephone:	Fax:	County:
Mailing Address (if different than facility address):		
City:	State:	Zip:

VFC VACCINE CONTACTS

Primary Vaccine Coordinator Name:		
Telephone (Direct Line):	Ext:	E-mail:
Back-up Vaccine Coordinator Name:		
Telephone (Direct Line):	Ext:	E-mail:

VACCINE DELIVERY SCHEDULE

Between the hours of 8 am and 5 pm, note the days of the week and times you are available to receive vaccine deliveries.

	Open	Lunch Start	Lunch End	Close
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

VFC VACCINE STORAGE UNITS

Refrigerator:	# of Units	Freezer:	# of Units
<input type="radio"/> Biomedical (Under Counter)	_____	<input type="radio"/> Small (Under counter)	_____
<input type="radio"/> Freezerless (Stand Alone)	_____	<input type="radio"/> Chest (Stand Alone)	_____
<input type="radio"/> Pharmacy Grade (Large Capacity)	_____	<input type="radio"/> Upright (Stand alone)	_____
		<input type="radio"/> Pharmacy Grade (Commercial)	_____
		<input type="radio"/> No Frozen Vaccine	_____

PROVIDER TYPE

<input type="radio"/> Public Health Department or Local Public Health Agency (LPHA)	<input type="radio"/> Private Practice
<input type="radio"/> Federally Qualified Health Center (FQHC)	<input type="radio"/> Rural Health Center (RHC)
<input type="radio"/> Other Public _____	<input type="radio"/> Private Hospital
	<input type="radio"/> Other Private _____

VACCINES OFFERED (select 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 a pharmacies and mass vaccinators may offer only influenza vaccine.

SPECIALTY OR SPECIALTY PROVIDER TYPE

- STD Clinic OB/GYN Family Planning Other _____

SELECT VACCINES OFFERED BY SPECIALTY PROVIDER:

<input type="radio"/> DTaP	<input type="radio"/> HIB	<input type="radio"/> Pneumococcal Conjugate	<input type="radio"/> Varicella
<input type="radio"/> Polio	<input type="radio"/> HPV	<input type="radio"/> Pneumococcal Polysaccharide	<input type="radio"/> Other; specify:
<input type="radio"/> Influenza	<input type="radio"/> Meningococcal ACWY	<input type="radio"/> Rotavirus	_____
<input type="radio"/> Hepatitis A	<input type="radio"/> Meningococcal B	<input type="radio"/> TD	

PROVIDER POPULATION

Estimate the number of children by age group who receive immunizations at your facility. 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 by category received VFC vaccine and how many received non-VFC vaccine in the previous 12 months.

Estimate the % of patients 0-18 years of age who are VFC eligible. _____

VFC Vaccine Eligibility Categories	Number of children who received VFC vaccine by age category			
	<1 Year	1-6 Years	7-18 Years	Total
Medicaid Eligible				
No Health Insurance				
American Indian or Alaskan Native				
Underinsured (FQHC/RHC/DEPUTIZED LPHAs ONLY) ¹				
Total VFC Eligible				
Non-VFC Vaccine Eligibility Categories	Number 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 Vaccine) ¹				
Children’s Health Insurance Program (CHIP) ²				
Total Needing Immunizations (VFC + Non-VFC):				
Eligible for Non-VFC 317 Vaccine (LPHAs ONLY)³	19+ Years (LPHAs ONLY)=			

¹ Underinsured includes children with health insurance which does not cover vaccines or only covers specified vaccine types. Children are only eligible for VFC vaccines if those vaccines are not covered by their insurance.

In addition, to receive VFC vaccine, underinsured children must be vaccinated through a FQHC or RHC or under a 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 underinsured children. All LPHAs in Missouri are deputized providers.

² 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.

³ LPHAs receive Section 317 funding to vaccinate uninsured and underinsured adults.



Certification of Capacity to Store Vaccine



Please review all the terms of this agreement carefully. To participate in the VFC program and receive federally-procured vaccine, providers must acknowledge and agree to conditions in this agreement.

COMPLY WITH STORAGE AND HANDLING REQUIREMENTS

All VFC providers must comply with Missouri's VFC Refrigerator/Freezer Unit Requirements found at health.mo.gov/living/wellness/immunizations/pdf/624.pdf

New providers must use stand alone refrigerator and stand alone freezer units for storage of vaccine. Small dormitory refrigerators are not allowed for vaccine storage even for daily use.

DESIGNATE A VACCINE COORDINATOR

Designate one fully trained staff member to be the primary vaccine coordinator and at least one individual to be the back-up and ensure on-going training.

SETUP REFRIGERATOR AND FREEZER PROPERLY

See Vaccine Refrigerator and Freezer Setup found at health.mo.gov/living/wellness/immunizations

Ensure space to allow air flow.

Keep vaccines away from the walls, floor and other boxes.

Group vaccines by type and clearly label the designated space for each vaccine.

Place probe in the center of the refrigerator and freezer.

Do not store food in the refrigerator or freezer.

Do not store vaccine in the doors or drawers.

Remove drawers and fill the space with water bottles in the refrigerator and ice packs in the freezer.

USE CERTIFIED CALIBRATED DATA LOGGERS

Data loggers must be certified in accordance with the National Institute of Standard and Technology. Additionally, any type of temporary storage requires a certified data logger. All Missouri VFC providers must have a certified calibrated data logger for each unit storing VFC vaccine and a back-up data logger for temporary vaccine storage or transferring vaccine. (See page 1.)

STORE VACCINE AT RECOMMENDED TEMPERATURES

Freeze Varicella at 5°F or below or -15°C or colder. (The ideal temperature is 0°F or -18°C to keep temperatures from getting too warm.)

Refrigerate all other vaccines at 36°F to 46°F or 2°C to 8°C. (The ideal temperature is 40°F or 4°C to keep temperatures from getting too warm or too cold.)

CHECK AND RECORD REFRIGERATOR AND FREEZER TEMPERATURES TWICE A DAY

Temperatures should be checked and recorded first thing in the morning and at close of business.

Temperatures must be recorded on an appropriate temperature log or entered for submitting via the Vaccine Ordering System (VOS).

If the temperature is out-of-range, immediate action must be taken to correct improper vaccine storage conditions. Document all actions taken on the temperature log or note in VOS temperature log comments and contact your assigned VFC liaison immediately.

At the end of the day, check to make sure that refrigerator and freezer doors are shut.

KEEP VFC VACCINE SEPARATE FROM PRIVATELY PURCHASED VACCINE

Must be able to clearly distinguish public and private vaccine stock. Vaccine should be labeled either VFC or private for clear identification and ideally kept on different shelves to minimize potential confusion.

MAINTAIN AND ROTATE STOCK

Rotate stock by placing short-dated vaccine in the front.

Keep vaccine in original packaging until used.

If you have vaccine that will expire within 90 days, efforts should be made to ensure the vaccine will be utilized or transfer to your local health department or another area VFC provide.

MONITOR CAPACITY TO STORE VACCINES ESPECIALLY DURING FLU SEASON

Inventory vaccine and ensure that there is enough space in the refrigerator and freezer before ordering.

CONTACT YOUR VFC LIAISON IMMEDIATELY IF YOU HAVE STORAGE AND HANDLING PROBLEMS WITH VFC VACCINE SHIPMENTS

Vaccine shipments must be inspected immediately upon delivery to confirm the contents and verify temperature monitors indicate vaccine has not been exposed to temperatures outside the appropriate range. Any issue with vaccine shipments must be reported to your VFC liaison immediately.

CONTACT YOUR VFC LIAISON IF YOU HAVE STORAGE AND HANDLING CONCERNS

If you have any problems with your refrigerator or freezer, keep the refrigerator or freezer doors shut and notify your VFC liaison. Ensure that your Emergency Response Plan is current and an alternate location has been identified.

This space was left blank intentionally.

You will be held financially responsible for replacing vaccine doses due to negligence if the above procedures are not followed.

Signature: _____

Medical License Number: _____ Date: _____

By signing your name, entering your medical license number and date, you, on behalf of yourself and all practitioners associated with this medical office, group practice, health department, specialty clinic, hospital or other entity of which you are the physician-in-charge, medical director or equivalent, agree to comply with each of the VFC program requirements.



Provider Participation Agreement



To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or equivalent:

PROVIDER AGREEMENT

1.	I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.
2.	<p>I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally or state vaccine-eligible) and administer VFC purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:</p> <p>A. Federally Vaccine-eligible Children (VFC eligible)</p> <ol style="list-style-type: none"> 1. Are an American Indian or Alaska Native; 2. Are enrolled in Medicaid; 3. Have no health insurance; 4. Are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a FQHC, or RHC or under an approved deputization agreement. <p>B. State Vaccine-eligible Children</p> <ol style="list-style-type: none"> 1. In addition, to the extent that my state designates additional categories of children as "state vaccine-eligible", I will screen for such eligibility as listed in the addendum to this agreement and will administer state-funded doses (including 317 funded doses) to such children. <p>Children aged 0 through 18 years that do not meet one or more of the eligibility federal vaccine categories (VFC eligible), are not eligible to receive VFC purchased vaccine.</p>
3.	<p>For the vaccines identified and agreed upon in the provider profile, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC program unless:</p> <ol style="list-style-type: none"> a) In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the child; b) The particular requirements contradict state law, including laws pertaining to religious and other exemptions.
4.	I will maintain all records related to the VFC program for a minimum of three years and upon request make these records available for review. VFC records include, but are not limited to, VFC screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.
5.	I will immunize eligible children with publicly supplied vaccine at no charge to the patient for the vaccine.
6.	I will not charge a vaccine administration fee to non-Medicaid federal vaccine eligible children that exceeds the administration fee cap of \$21.53 per vaccine dose. For Medicaid children, I will accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans.
7.	I will not deny administration of a publicly purchased vaccine to an established patient because the child's parent/guardian/individual of record is unable to pay the administration fee.
8.	I will distribute the current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).

	<p>I will comply with the requirements for vaccine management including:</p> <ul style="list-style-type: none"> a) Ordering vaccine and maintaining appropriate vaccine inventories; b) Not storing vaccine in dormitory-style units at any time; c) Storing vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and, temperature monitoring equipment and practices must meet Missouri Department of Health and Senior Services (DHSS) storage and handling recommendations and requirements; and d) Returning all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration.
10.	<p>I agree to operate within the VFC program in a manner intended to avoid fraud and abuse. Consistent with "fraud" and "abuse" as defined in the Medicaid regulations at 42 CFR § 455.2, and for the purposes of the VFC program:</p> <p>Fraud: is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.</p> <p>Abuse: provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program, (and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient); or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.</p>
11.	<p>I will participate in VFC program compliance site visits including unannounced visits, and other educational opportunities associated with VFC program requirements.</p>
12.	<p>For providers with a signed deputization Memorandum of Understanding between a FQHC or RHC and the Missouri Department of Health and Senior Services (DHSS) to serve underinsured VFC-eligible children, I agree to:</p> <ul style="list-style-type: none"> a) Include "underinsured" as a VFC eligibility category during the screening for VFC eligibility at every visit; b) Vaccinate "walk-in" VFC-eligible underinsured children; and c) Report required usage data <p>Note: "Walk-in" in this context refers to any underinsured child who presents requesting a vaccine; not just established patients. "Walk-in" does not mean that a provider must serve underinsured patients without an appointment. If a provider's office policy is for all patients to make an appointment to receive immunizations then the policy would apply to underinsured patients as well.</p>
13.	<p>I agree to replace vaccine purchased with state and federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a dose-for-dose basis.</p>
14.	<p>Should my staff, representative, or I access ShowMeVax, I agree to be bound by DHSS' terms of use for interacting with the online ordering system. I further agree to be bound to any applicable federal laws, regulations or guidelines related to accessing ShowMeVax and ordering publicly funded vaccines. In advance of any ShowMeVax access by my staff, representative or myself, I will identify each member of my staff or representative who is authorized to order vaccines on my behalf. In addition, I will maintain a record of each staff member who is authorized to order vaccines on my behalf. If changes occur, I will inform DHSS within 24 hours of any change in status of current staff members or representatives who are no longer authorized to order vaccines, or the addition of any new staff authorized to order on my behalf. I certify that my identification is represented correctly on this provider enrollment form.</p>
15.	<p>I understand this facility or Missouri Department of Health and Senior Services may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the Missouri Department of Health and Senior Services.</p>

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

Medical Director or Equivalent Name (print):

Signature:	Date:
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Emergency Response Plan



Your *Emergency Response Plan* must include actions to be taken in the event of refrigerator or freezer malfunction, out-of-range temperatures, power failure, natural disaster or other emergencies that might compromise appropriate vaccine storage conditions. You must complete and remit a copy of this plan.

All staff should review, sign and date the emergency response plan on an annual basis or when there is a change in staff that has responsibilities outlined in the emergency response plan.

FACILITY INFORMATION

Facility Name:	VFC PIN:
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Primary Person Responsible:

Phone:	Cell:
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Secondary Person Responsible:

Phone:	Cell:
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Person with 24-Hour Access to Building:

Phone:	Cell:
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POWER OUTAGE ***REPORT TO THE VFC PROGRAM IMMEDIATELY AT 800.219.3224***

How will you be notified of a power outage at your facility (alarm, phone call, paging service)?

Insert description of how the responsible person will be notified. Who will be notified first, second, etc.?

1. Name:	Phone:	Cell:
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2. Name:	Phone:	Cell:
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3. Alarm Company Name (If Applicable):

Phone:	Cell:
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4. Electric Company:

Phone:

If your facility does not have a generator: Identify at least one location with a generator (hospital, pharmacy, nursing home or fire station) that may be used for a back-up location for vaccine storage.

Alternate Storage Facility (If Applicable):

Phone:	Cell:
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If your facility has a generator: Who will turn on the generator and maintain it (supplying fuel if needed) during the power outage?

Name:	Phone:	Cell:
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When entering the vaccine storage facility, please do the following:

Utilize the (insert which entrance) _____ of the building.

Flashlights will be located on the _____.

Circuit breakers may be checked and the box is located: _____.

THEN use the Emergency Response Worksheet to document vaccine that has been subjected to unsafe temperatures.

LABEL vaccine "DO NOT USE" until the efficacy of the vaccine has been determined.

SEND a copy of ALL documentation must be sent to the VFC program upon completion.

TRANSPORT per the Transport Vaccine Procedures.

MECHANICAL FAILURE OF EQUIPMENT *REPORT TO THE VFC PROGRAM IMMEDIATELY AT 800.219.3224*****

MECHANICAL FAILURE OF EQUIPMENT INCLUDES situations where the refrigerator or freezer door was left open, the temperature of the refrigerator or freezer was too warm or too cold, the storage unit was unplugged or any other situation which would cause improper storage conditions.

TAKE ACTION! Correct the mechanical failure if you can (shut the door, plug in the unit, or move the thermostat to the correct position). If the mechanical failure cannot be immediately rectified refer to the Transport Vaccine Procedures.

THEN use the Emergency Response Worksheet to document vaccine that has been subjected to unsafe temperatures.

LABEL vaccine "DO NOT USE" until the efficacy of the vaccine has been determined.

SEND a copy of **ALL** documentation to the VFC program upon completion.

Who needs to be contacted to repair or replace the unit?

1. Name:	Phone:	Cell:
2. Name:	Phone:	Cell:
3. Name:	Phone:	Cell:

TRANSPORT VACCINE PROCEDURES

Who will transport the vaccine (personal vehicles may be used)? CDC discourages transporting vaccine in the trunk of a car or in the bed of a truck during weather extremes.

Name:	Phone:	Cell:
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Call: Before transporting vaccine, call the back-up location site to ensure that their generator is working and they are aware you will be transporting vaccine to them. Once you arrive at the back-up location, assure that they are aware of how to properly store and maintain the vaccine while it is in their possession.

Contact Person at Back-up Location:

Name:	Phone:	Cell:
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Where are ice/gel packs to be used for transport located? _____

Insulated containers (styrofoam or vaccine shipping boxes) to use are located: _____

Bubble wrap and/or other barrier are located: _____

Count and document the lot numbers and expiration dates of all vaccines to be transported.

Label vaccine containers with your facility name and contact information.

Packing Refrigerator Vaccine: To pack for transport, place ice/gel packs in the bottom of a container, lay a barrier (bubble wrap, crumpled paper, etc.) on top of the ice/gel packs followed by the vaccine and the data logger, cover with another layer of bubble wrap or crumpled paper followed by an additional layer of ice/gel packs. Close lid. Log time and temperature on documents before transport and immediately upon arrival at destination.

Packing Freezer Vaccine: MMR (not diluents), MMRV, and Varicella (VAR) must be transported in a separate container with extra ice/gel packs to maintain freezer temperatures. No barrier is needed. Mark the container "Freezer Vaccines" place the vaccine in the container along with a data logger and pack container with enough ice/gel packs to maintain temperature. If temperature exceeds 5°F (-15°C) contact the vaccine manufacturer for assistance. Log time and temperature on documents before transport and immediately upon arrival at destination.

Take the most direct route to the back-up location. Directions:

Upon Arrival: Open the containers, record the temperatures, inventory the stock (with the receiving person) and ensure that the receiving person places vaccines in the proper storage units which are maintained at the proper temperature ranges.

REVIEW EMERGENCY PLAN

The emergency plan **must** be reviewed and/or updated annually or when changes in staff occur.

The primary and secondary vaccine coordinators are responsible for training other staff who are responsible for administering vaccines or who may be required to transport vaccine in an emergency situation, following the facility's vaccine storage and handling plan.

All staff should review, sign and date the emergency plan annually.

Primary Vaccine Coordinator (Print Name):

Signature:

Date:

Back-Up Vaccine Coordinator (Print Name):

Signature:

Date:

Additional Staff (Print Name):

Signature:

Date:

Additional Staff (Print Name):

Signature:

Date:



Vaccine Management Plan



The Vaccine Management Plan follows the “Vaccine Management Guidance” found in the VFC program manual. It provides guidance on vaccine storage and handling, vaccine ordering, vaccine shipments, vaccine inventory control and vaccine wastage plans. You must complete and remit a copy of this plan.

FACILITY INFORMATION

Facility Name:		VFC PIN:
Primary Vaccine Coordinator:	Phone:	Cell:
Back-Up Vaccine Coordinator:	Phone:	Cell:

VACCINE STORAGE AND HANDLING

Responsibilities Include:

- Will only open one box of vaccine at a time.
- Will not “dump” vaccine into other containers (even if they are the same vaccine).
- Check and use vaccine within time frames specified by manufacturer’s labeling and recommendations prior to administration.
- Ensure vaccines are not “pre-drawn” from their vials.
- Ensure vaccines are kept away from sides and back of the refrigerator.
- Remove produce drawers and place bottles of water in that space.
- Ensure vaccines are not stored in the door of the refrigerator and place bottles of water in that space.
- Line the freezer sides and floor with ice packs.
- Regularly check all storage units to ensure adequate air circulation is occurring around vaccine and that vaccine has not been placed in closed bins (such as the plastic closed containers supplied by drug manufacturer representatives).
- Take appropriate steps to ensure refrigerators and freezers are not unplugged accidentally, the “Do Not Unplug” sticker is visible, and the use of plug guards or other means to secure plugs are in place.
- Ensure that units are plugged directly into outlets and not into power strips or extension cords.
- Identify and label the circuit breakers for the vaccine refrigerators and freezers using the “Do Not Turn Off” stickers or similar labeling.
- Ensure that all staff are proficient in their ability to properly pack vaccine for transfer or emergency shipping.
- Ensure that all staff are proficient in their ability to read data loggers, know correct temperature ranges, and can properly record temperatures on correct (F or C) temperature log sheets or enter for submitting via VOS.
- Ensure that temperatures are taken twice per day AM/PM when clinic is open and logged on an appropriate (F or C) temperature log or entered for submitting via VOS.
- VFC office coordinator or designee will record temperatures daily. Temperature logs that contain out-of-range temperatures that are marked “Yes” indicating temperature was within range, is considered negligence.
- If at any time there is a break in the cold chain the VFC program is to be immediately notified and provided with the completed Emergency Response Worksheet.
- Ensure that all required VFC monthly reports are submitted to the VFC program on time via VOS.
- Maintain a simple training log documenting staff training.

VACCINE ORDERING

Responsibilities Include:

- Ensure that all orders are made by ordering the number of vaccine doses needed, not the number of boxes.
- Ensure that if more than one vaccine manufacturer is available, order one brand as much as possible to lessen administration and accounting errors.
- Ensure that all orders include VFC PIN and provider name.
- Ensure that the vaccine ordered is only to maintain approximately a 30-45 day supply of vaccine.
- Ensure that the vaccine orders, accountabilities, and temperature logs are submitted electronically via VOS or paper.

VACCINE ORDERING (CONTINUED)

- Ensure that all vaccine orders are submitted properly with required documentation.
- Temperature logs are to be documented from the first day of the month through the close of business the last day of the month.
- Temperature logs are due to the the VFC program the first business day of every month.
- Ensure that all monthly reports are submitted within the assigned ordering schedule to assure provider remains in good standing and orders can be processed without delay.

VACCINE SHIPMENTS**Responsibilities for Receiving Include:**

- Upon receipt of vaccine, immediately examine all vaccine shipments for damage, or opening prior to receipt, contacting the VFC program within two hours of delivery if abnormalities are noted.
- Immediately open the shipping box and count vaccines received, comparing the numbers against shipping invoice and order form, checking the temperature indicator to ensure vaccine cold chain has been maintained, contacting the VFC program within two hours of delivery if abnormalities are noted.
- Immediately store vaccines in the appropriate refrigeration storage units, checking expiration dates and placing the order received in the proper stock rotation to assure vaccines with the shortest expiration date are used first.
- Maintain vaccine packing slip from manufacturers for three years.

VFC Highly Recommends:

- Documenting the date and time your order was received on packing slip.
- Writing the expiration date in black marker on top of vaccine box.
- Taping boxes of vaccine shut that are not already secured by the manufacturer to avoid opening more than one box of vaccine at a time and to help facilitate your monthly vaccine inventory count.

INVENTORY CONTROL (INCLUDES STOCK ROTATION & VACCINE TRANSFER)**Responsibilities Include:**

- Check expiration dates monthly.
- Put the expiration date on the box so it is easily visible yet not obscuring vital vaccine information on the box.
- Rotate vaccine as needed to ensure that the shortest expiration dated vaccine is used first.
- Ensure that vaccine does not expire.
- If expiration date is within 90 days, contact the local public health agency and a minimum of two other VFC provider to see if they will accept a transfer.
- Before transfer is made, contact the VFC program at 800.219.3224 for transfer approval.

Responsibilities for Vaccine Transfers Include:

- Contact the VFC program at 800.219.3224 prior to transfers.
- Transport vaccine per the Emergency Reponse Plan: Transport Vaccine Procedures. Ensure vaccine is properly packed.
- Complete a Vaccine Transfer form to take with the vaccine to the new location. Upon arrival open the containers, record the temperatures, inventory the stock (with the receiving person) and see that the receiving person places vaccines in the proper refrigeration units, which are maintained at the proper temperature ranges. If vaccine has been placed in a closed zip lock bag for transfer, remove from zip lock bag and place in storage units.
- After transfer is complete, submit the transfer electronically via VOS or fax a copy of the completed Vaccine Transfer form to the VFC program at 573.526.5220.

VACCINE WASTAGE**Responsibilities Include:**

- In the event that vaccine is wasted, the wastage must be reported to the VFC program. Wastage can be reported electronically via a VOS wastage or return form or fax a copy of the completed Vaccine Wastage and Return form to the VFC program at 573.526.5220.
- Upon receipt of a wastage report your VFC liaison will process the wastage form, which will generate a Vaccine Return ID and request a pre-paid return label from McKesson for all returnable vaccine. You will be emailed or faxed a copy of the Vaccine Return ID, which must be included with the vaccine being returned. The vaccine in the box and the vaccine listed on the Vaccine Return ID need to match.
- Ensure the wastage vaccine amounts are deducted from your monthly SMV inventory and dosage or vaccine accountability form submitted to the VFC program. Vaccine that is unaccounted for will be considered wastage and is subject to replacement.
- **ALL** wastage must be entered in VOS prior to submitting monthly inventory and dosage forms.

You will be held financially responsible for replacing vaccine doses due to negligence if the above procedures are not followed.

Signature: _____

Medical License Number: _____ Date: _____

By signing your name, entering your medical license number and date, you, on behalf of yourself and all practitioners associated with this medical office, group practice, health department, specialty clinic, hospital or other entity of which you are the physician-in-charge, medical director or equivalent, agree to comply with each of the VFC program requirements.