

## VACCINES FOR CHILDREN PROGRAM PROVIDER AGREEMENT

### INSTRUCTIONS

The Medical Director or equivalent must review, date and sign the Provider Agreement. The completed Provider Agreement can be emailed to [ChicagoVFC@cityofchicago.org](mailto:ChicagoVFC@cityofchicago.org) or faxed to the Vaccine Management Unit at 312-746-6220 by **April 15<sup>th</sup>, 2023**. Providers who do not submit by April 15<sup>th</sup> will be unable to order VFC vaccine until the Provider Agreement is submitted.

### FACILITY INFORMATION

Facility Name:

VFC Pin#:

### PROVIDER 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:**

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>Federally Vaccine-eligible Children (VFC eligible)</p> <ol style="list-style-type: none"> <li>1. Are an American Indian or Alaska Native;</li> <li>2. Are enrolled in Medicaid;</li> <li>3. Have no health insurance;</li> <li>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 Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement.</li> </ol> <p>Children aged 0 through 18 years that do not meet one or more of the eligibility federal vaccine categories (VFC eligible), are <b>not</b> 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"> <li>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;</li> <li>b. The particular requirements contradict state law, including laws pertaining to religious and other exemptions.</li> </ol>
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 \$23.87 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).
9.	<p>I will comply with the requirements for vaccine management including:</p> <ul style="list-style-type: none"> <li>a. Ordering vaccine and maintaining appropriate vaccine inventories;</li> <li>b. Not storing vaccine in dormitory-style units at any time;</li> <li>c. Storing vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet Chicago Department of Public Health storage and handling requirements;</li> <li>d. Returning all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration</li> </ul>
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><b>Fraud:</b> 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><b>Abuse:</b> 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.	I will participate in VFC program compliance site visits including unannounced visits, and other educational opportunities associated with VFC program requirements.
12.	<p>For pharmacies, urgent care, or school located vaccine clinics, I agree to:</p> <ul style="list-style-type: none"> <li>a) Vaccinate all "walk-in" VFC-eligible children and</li> <li>b) Will not refuse to vaccinate VFC-eligible children based on a parent's inability to pay the administration fee.</li> </ul> <p>Note: "Walk-in" refers to any VFC eligible child who presents requesting a vaccine; not just established patients. "Walk-in" does not mean that a provider must serve VFC 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 VFC patients as well.</p>

13.	I agree to replace vaccine purchased with federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a <u>dose-for-dose</u> basis.
14.	<p>a. I agree to participate in the Immunization Information System known as Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE). I-CARE is administered by the Illinois Department of Public Health (IDPH) as authorized by the Immunization Data Registry Act, 410 ILCS 527. Data in the I-CARE registry may only be used to assure adequate immunization, avoid unnecessary immunizations, meet immunization requirements, and for other public health purposes as determined by the Department. Participation will include, but not be limited to, documenting patients with VFC eligibility criteria and administration data for all VFC shots provided, VFC vaccine inventory, temperatures of refrigerators and freezers storing or containing VFC vaccines, and routine use of the VFC vaccine ordering system.</p> <p>b. When my staff, representative or I access I-CARE, I agree to be bound by the Department's terms of use for interacting with the registry. I further agree to be bound by any applicable federal laws, regulations or guidelines related to accessing an IDPH system and ordering publicly funded vaccines.</p> <p>c. In advance of any I-CARE 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. <b><u>If changes occur, I will inform the Department within 48 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.</u></b> I certify that my identification is represented correctly on this provider enrollment form.</p>
15.	<p>The term of this Agreement is from <b><u>May 2023 - April 2024 unless</u></b> terminated earlier.</p> <p>I understand this facility, or the Chicago Department of Public Health may terminate this agreement at any time. If termination of this agreement should occur, I will properly return any unused federal vaccine as directed by the Chicago Department of Public Health.</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 ( <b>print</b> ):	VFC PIN:
Signature:	Date:
Name (print) <i>Second individual as needed</i> :	
Signature:	Date: