

**2012
Vaccines for Children
Universal Hepatitis B Hospital Program
Provider Enrollment Form**

Each line of field must be filled out completely.

Practice/Facility Name _____ **VFC PIN #** _____

Contact Name _____ County _____

Shipping Address _____
Street (No PO Box) _____ City _____ State _____ Zip Code _____

Mailing Address _____
Street (No PO Box) _____ City _____ State _____ Zip Code _____

Telephone (_____) _____ Fax (_____) _____

Facility Medicaid Provider # _____ Federal Tax ID # _____

E-mail Address _____

Hours of Operation/Delivery Instructions _____

All state approved public and private hospitals participating in the Vaccine for Children/State Children's Health Insurance Program (VFC/SCHIP) must complete this form. This document provides shipping information and helps the State determine the amount of vaccine to be supplied through VFC/SCHIP/Universal Hepatitis B. This form also may be used to compare estimated vaccine needs with actual vaccine supply. VFC eligibility status must be updated annually or more frequently if (1) the number of children being served changes and/or (2) the status of the facility changes (e.g., no longer delivering babies).

Type of Facility:

- A. Public Hospital
- B. Private Hospital

If hospital is part of joint ownership/operating arrangement (name) _____

2012 Contract Requirements

PIN #

As a condition of participation in Vaccines for Children/State Children's Health Insurance Program/Universal Hepatitis B Program (VFC/SCHIP/Universal Hepatitis B) and receives federally-procured vaccine, the above referenced Facility agrees to the following terms on behalf of all practitioners, nurses and others associated with the Facility.

1. VFC/SCHIP/Universal Hepatitis B program-purchased vaccine shall be provided to all newborns regardless of insurance status. Hepatitis Immune Globulin (HBIG) shall be administered, if the infant qualifies and is medically stable, within 12 hours of birth. The State does not supply HBIG but shall reimburse providers who administer HBIG to appropriate infants whose parents cannot pay or do not have insurance that covers the costs.
2. Hepatitis B vaccine shall be administered as recommended by the Advisory Committee on Immunization Practices (ACIP) unless in the physician's medical judgment, and in accordance with accepted medical practice, it is deemed such compliance to be medically inappropriate.
3. A monthly immunization report (MIR) accompanied by corresponding temperature logs and wasted vaccine form shall be submitted monthly to the Kansas Immunization Program by the 10th day of the month following the reporting month. These records shall be maintained for a period of 3 years.
4. Infant eligibility screening records and release of such records will be bound by the privacy protection of the federal law.
5. All records related to the VFC program shall be made available to the Kansas Immunization Program or to the United States Department of Health and Human Services upon request, during site visits and staff in-services, including assessment of immunization rates.
4. The most current Vaccine Information Statement (VIS) shall be distributed each time a vaccine is administered and maintain records in accordance the National Childhood Vaccine Injury Act (NCVIA) which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).
5. There shall be no charge for the cost of the VFC procured vaccine. Facility will not charge a vaccine administration fee that exceeds the fee cap of \$14.80 per dose.
6. VFC procured vaccines shall not be denied to a newborn because the child's parent is unable to pay the administration fee.
8. Kansas requirements for ordering vaccine, vaccine accountability, vaccine management, shall be maintained, and the Facility shall operate within the VFC program in a manner intended to avoid negligence, fraud and abuse. Kansas Immunization Program Vaccine Management policies and procedures describe facility accountability for avoidable wasted and unaccounted for vaccine.
9. Proper storage and handling standards for vaccines outlined in the CDC's Vaccine Storage & Handling Toolkit shall be maintained.
10. An annual enrollment form shall be submitted at the beginning of each calendar year. During the year, facility will notify the Kansas Immunization Program immediately of any changes in pertinent information relative to the enrollment form.
11. The Kansas Immunization Program may terminate this agreement at any time for failure to comply with these requirements. Facility may terminate this agreement at any time by notifying the Kansas Immunization Program, completing the formal disenrollment process, and returning any remaining VFC vaccine. Re-enrollment will be at the discretion of the KIP Director.
12. The Practice/Facility shall be bound by CDC's terms of use for interacting with the online ordering system, and shall be bound by any applicable federal laws, regulations or guidelines related to accessing a CDC system and ordering publically funded vaccines.
13. In advance of any VTrackS access each member of the Practice/Facility staff or representative who is authorized to order vaccines shall be identified. In addition, the Practice/Facility shall maintain a record of each staff member who is authorized to order vaccines. If changes occur; CDC and Kansas Immunization Program shall be notified 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.

Administrator/Medical Director (requires signature)

Date

Printed Name of Administrator/Medical Director

2012 Health Care Providers
(Please Print Names)

PIN #

Your National Provider Identifier (NPI) and License Number is required for all listed providers on this page. The license number is necessary for any provider at the site who is authorized under state law to prescribe vaccines. This enrollment will not be processed without all requested data.

First Name MI DO, ND, NP or PA	Last Name, Title: MD,	NPI	License Number	Specialty: Family Med, Peds, GP, etc.
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Photocopy this page for additional providers.

2012 Eligibility/Profile Status

PIN #

For the upcoming twelve-month period, project the total number of all infants who will be born and vaccinated at your facility by eligibility category.

Eligibility Categories	# Infants
Medicaid (HW19)	
Uninsured	
American Indian/Alaskan Native	
Total VFC Eligible	
State Insured/SCHIP (HW21)	
Insured	
Total Infants to be Vaccinated	

Type of data used to determine eligibility status:

- | | |
|---|--|
| <input type="checkbox"/> A. Benchmarking Data | <input type="checkbox"/> B. Medicaid Claims Data |
| <input type="checkbox"/> C. Provider Encounter Data | <input type="checkbox"/> D. Vaccine Replacement Data |
| <input type="checkbox"/> E. Doses Administered Data | <input type="checkbox"/> F. Prior Ordering Data |
| | <input type="checkbox"/> G. Other _____ |

Retain a copy of this form for your files and remit a copy to the Kansas Immunization Program.

Kansas Immunization Program, 1000 SW Jackson Street, Suite 075, Topeka KS 66612-1274
Phone 785/296-5591; Fax 785/296-6510