

STATE OF NEVADA

KENNY C. GUINN
Governor

MICHAEL J. WILLDEN
Director



ALEX HAARTZ, MPH
Administrator

BRADFORD LEE, M.D.
State Health Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH DIVISION

Bureau of Community Health

505 E. King Street, Room 103
Carson City, NV 89701-4774
(775) 684-5900
September 21, 2006

To Prospective Nevada State Immunization Provider,

Attached you will find the *Immunization Program Enrollment Agreement* for enrolling in the Nevada State Health Division's Immunization Program including the Vaccines for Children Program (VFC). To enroll, completely fill out the agreement. Make certain it is filled out completely and signed by the appropriate *Physician in Chief*. The VFC Coordinator must review your enrollment before it is mailed to the state office. Please do not fax as it will not be processed.

Once you have completed the agreement please contact the VFC Coordinator for your area to set up an orientation of your office staff:

Carson City: Marena Works, RN @ 775-887-2190
Clark County: Anna Cabiling, RN @ 702-759-0853
Clark County: Maria Gueco, RN @ 702-759-0854
Washoe County: Jeanette O'Brien, RN @ 775-328-6179
Rural Counties: Linda Platz, RN @ 775-684-5913

As a state-vaccine provider you must:

- Screen the parent or guardian to determine VFC eligibility of the child and record.
- Maintain records on all VFC-eligible children who are immunized with VFC-provided vaccine, and make these records available to public health officials, upon request.
- Comply with the recommended immunization schedule as established by the Advisory Committee on Immunization Practices (ACIP).
- Immunize eligible children with state-supplied vaccine at no charge to the patient for the vaccine.
- Not charge a vaccine administration fee that is above the fee cap (\$16.13) established by CMS for Nevada.
- Immunize eligible children enrolled in the practice even if the family cannot pay the administration fee.
- Provide vaccine information materials and maintain records in accordance with the National Vaccine Injury Compensation Act. This mandate applies to all providers, regardless of their participation in the VFC program.

Please be aware:

- The vaccines must be stored in a reliable refrigerator with a separate sealed outside freezer door and separate controls for the refrigerator and freezer.
- Providers must use a **certified** thermometer and record the refrigerator and freezer temperatures twice daily, on the state “Daily Temperature Log” form. This temperature log must be faxed to your appropriate VFC Coordinator.
- The *Monthly Usage and Inventory* report must be faxed to the state on the 25th of each month.
- Providers may be required to reimburse the Nevada State Immunization Program for the cost of vaccine lost due to provider negligence.
- The Centers for Disease Control and Prevention requires the use of hard data for the “Profile” numbers. You may use your own “hard data” (i.e. Medicaid claims data, provider encounter data, registry data, doses administered data).

For questions, please call the Regional VFC Coordinator for your area:

Carson City: Marena Works, RN @ 775-887-2190

Clark County: Anna Cabiling, RN @ 702-759-0853

Clark County: Maria Gueco, RN @ 702-759-0854

Washoe County: Jeanette O’Brien, RN @ 775-328-6179

Nevada State Health Division (rural counties): Linda Platz, RN @ 775-684-5913

Sincerely,

Linda Platz, RN
Vaccines for Children Coordinator

Rev September 21 2006

**STATE OF NEVADA HEALTH DIVISION
BUREAU OF COMMUNITY HEALTH
IMMUNIZATION PROGRAM ENROLLMENT AGREEMENT
VACCINES FOR CHILDREN (VFC)**

Please return original, signed agreement via US mail to the

Nevada Immunization Program

505 East King Street, Room 103

Carson City, Nevada 89701-4774

Program enrollment number _____
(4-digit number issued by the State Immunization Program)

Clinic/Facility/Practice name _____

All public and private health care providers participating in the Nevada Immunization Program, including the *Vaccines for Children (VFC) Program* must complete this form. The VFC Program is an entitlement program administered by the Centers for Disease Control and Prevention and provides publicly purchased vaccines, for eligible children, at no charge to public and private providers.

The Provider Enrollment/Profile Agreement must be updated annually or more frequently if the number of children being served by your facility changes or your practice information changes. This document must provide accurate shipping information and an accurate provider profile in order to assist the State in determining the amount of vaccine to be supplied through the State Immunization/VFC Program.

Type of Clinic/Facility/Practice: please check all that apply

- | | |
|---|--|
| _____ A. Public Health Department | _____ E. Federally Qualified Health Center (FQHC)* |
| _____ B. Public Hospital | _____ F. Rural Health Clinic ** |
| _____ C. Private Practice (Individual or Group) | _____ G. Other Public Facility _____ |
| _____ D. Private Hospital | _____ H. Other Private Facility _____ |

*Federally Qualified Health Centers (FQHC) - A center that provides health care to a medically under-served population may apply to the BPHC/HRSA for FQHC status. If approved and the health center meets the Health Resources and Services Administration qualifications, FQHC status is conferred. FQHCs include community and migrant centers, special health facilities such as those for the homeless and persons with AIDS that receive grants under the Public Health Service Act, and "look-alikes" which meet the qualifications but do not actually receive grant funds. They also include health centers within public housing and Indian Health Centers.

**Rural Health Clinic - The Rural Health Clinic program was established in 1977. Its two-fold purpose is to increase access to health care for rural underserved communities and to expand the use of nurse practitioners (NPs), physician assistants (PAs), and certified nurse midwives (CNMs) in rural communities. To be eligible for certification as an RHC, a clinic must be located in a Health Professional Shortage Area, Medically Underserved Area, or a Governor-Designated Shortage Area. RHCs are required to be staffed by PAs, NPs, or CNMs at least half of the time the clinic is open.

Shipping Contact _____
(the person responsible for the vaccines)

Street _____ **Suite** _____

City _____ **State** _____ **Zip Code** _____

Phone number and extension _____ **Facility Fax number** _____

Mailing Contact _____
(may be the same as the 'shipping' contact)

Street: _____ **Suite** _____

City _____ State _____ Zip Code _____

Clinic e-mail address (please include) _____

Days and times the clinic is open to accept delivery of vaccines:

Days _____ Hours _____

Note: Please notify the Nevada State Immunization Program of any changes, i.e. clinic closures or changes in hours of operation.

County location of facility _____

Facility approved for Varicella storage Yes _____ No _____
(to be determined by VFC coordinator)

SECTION I: PROVIDER ENROLLMENT

To participate in the Nevada State Health Division’s Immunization Program, which includes the federal Vaccines for Children (VFC) program, and receive state supplied vaccines provided to my facility at no cost, I, on behalf of myself and all practitioners, nurses and other staff for whom I am the physician-in-chief or equivalent, agree to the following:

- 1) Before administering vaccine provided through the Nevada Immunization Program, I will screen all patients to determine VFC eligibility status.
 - I will administer VFC designated vaccine (per attached) only to children, birth through 18 years who qualify under one or more of the following criteria:
 - a. Are American Indian or Alaska Native
 - b. Are Medicaid enrolled (or qualified through a State Medicaid waiver)
 - c. Have no health insurance
 - d. Have health insurance that does not pay for the vaccine (only applicable at FQHC or RHC or their designee)
 - I may administer all state provided vaccine to children enrolled in Nevada Check Up.
 - I may administer all state provided vaccines, which are not VFC designated vaccines, to all non VFC eligible children.
- 2) I will adhere to the appropriate immunization schedule, dosage, and contraindications, as established by the Advisory Committee on Immunization Practices (ACIP) unless: a) in my medical judgment, and in accordance with accepted medical practice, I deem such adherence to be medically inappropriate; or b) the particular requirement contradicts the law in my state pertaining to religious and medical exemptions (per NRS 432A, 392, 394). Note: The ACIP Schedule is compatible with the American Academy of Pediatrics (AAP) and American Academy of Family Physicians (AAFP) recommendations.
- 3) I will maintain records of the patients VFC status for a period of 6 years. Release of such records will be bound by the privacy protection of the federal Health Insurance and Portability Act of 1996.
- 4) I will maintain clients’ immunization records for a period of 6 years (per 45 C.F.R. 164.530).
- 5) I will make such records available to the health authority and/or designee, if requested (per NAC 441A.750). This includes the collection of data for the Clinic Assessment Software Application (CASA).
- 6) My staff and I will attend a new provider orientation provided by the health authority and/or designee.
- 7) I will ensure that parent(s) or guardian(s) will receive the appropriate Vaccine Information Statement(s) prior to the administration of any vaccine and immunization records will be maintained in accordance with the National Childhood Vaccine Injury Act. Vaccine adverse events will be reported to the State Immunization Program, along with any supporting documentation, in accordance with the Vaccine Adverse Event Reporting System (VAERS) protocol.
- 8) I will not impose a charge for the cost of any of the state supplied vaccines.

- 9) I will not impose a charge for the administration of a state supplied vaccine to a VFC eligible child that is higher than the maximum fee established for Nevada by the Federal Registry Vol. 59 No 190/Monday October 3, 1994 of \$16.13 per vaccine.
- 10) I will not deny administration of a state supplied vaccine to a VFC eligible child because of the child's parent/guardian/individual of record's inability to pay the administration fee, nor will I bill (per the Federal Registry Vol. 59 No 190/Monday October 3, 1994).
- 11) I will comply with the procedures outlined by the Nevada Immunization Program in *A Provider's Guide to Immunization in Nevada* to include, but not limited to:
 - a. ordering of vaccines,
 - b. storing and handling of vaccines and maintenance of the cold chain,
 - c. submitting the "Monthly Usage and Inventory Report" by the 25th of every month,
 - d. notifying the Nevada Immunization Program 3 months prior to expiration of any vaccine, and
 - e. returning all expired/wasted vaccines to the Nevada Immunization Program per instructions.
- 12) I will ensure that the *Provider Profile*, required by the VFC program, will be completed and submitted along with the *Provider Enrollment Agreement* annually or more frequently should clinic information change.
- 13) I will promptly advise the State Immunization Program of any changes in my practice information, i.e. address, clinic hours, personnel changes, and phone number.
- 14) I will allow time for the State's requirement of an annual quality improvement visit.
- 15) I agree the State or I may terminate this agreement, at any time, for any reason or failure to comply with these requirements.
- 16) The clinic/facility/practice will be financially responsible for the replacement cost of any state-supplied vaccines that expire, are wasted or cannot be accounted for due to negligent vaccine storage and accountability practices.

I certify that I have read and agree to the requirements listed above pertaining to participation in the Nevada State Immunization Program, which includes the federal Vaccines for Children Program.

DATE: _____

SIGNATURE of Physician in Chief (authorized to prescribe Vaccines under Nevada State law) _____

Medical License # _____

Medicaid Provider # _____

Please return completed/signed form to:
NEVADA STATE IMMUNIZATION PROGRAM
LINDA PLATZ, RN
505 E. KING STREET ROOM 103
CARSON CITY, NV 89701-3701
PHONE: (775) 684-5913
 Revised 9/21/06

SECTION II: PROVIDER PROFILE (please see attached for further explanation)

Vaccine Need: Please complete the table below in order for the Immunization/VFC Program to calculate your vaccine allowance. The information must be based on patient load (hard data) and not estimates. Please document below the data source for this information.

For the 12-month period beginning now, <u>project the number of children</u> who will receive vaccinations at your health facility, by age group and by the specific category listed below.				
VFC ELIGIBLE:	<1 year	1-6 years	7-18 years	Total
1. The number of children enrolled in Medicaid				
2. The number of children with no health insurance (uninsured)				
3. The number of children who are American Indian/Alaska Native				
4. The number of children who are underinsured (complete this row only if you qualify as a FQHC or RHC or a designee of FQHC)				
5. <u>SUBTOTAL VFC ELIGIBLE (TOTAL 1-4)</u>				
6. The number of children in Nevada Check <input type="checkbox"/> Up				
7. All remaining children including those whose insurance covers immunization (with or without a deductible) and others not covered under the VFC Program				
8. <u>TOTAL NUMBER OF CHILDREN SERVED BY YOUR FACILITY</u> (TOTAL "SUBTOTAL" ADD 5+6+7)				

Please tell us the type of data used to determine the above profile numbers: (Check all areas that apply)

- | | |
|--|---|
| <input type="checkbox"/> Benchmarking Data | <input type="checkbox"/> Registry Data |
| <input type="checkbox"/> Medicaid Claims Data | <input type="checkbox"/> Doses Administered Data* |
| <input type="checkbox"/> Provider Encounter Data | <input type="checkbox"/> Other _____ |

Please contact the Nevada State Health Division's Immunization Program, if you have questions about completing this form. The VFC Coordinators' direct line is 775-684-5913.

For questions, please call the VFC Coordinator for your area:

- Carson City Health Department: Marena Works, RN @ 775-887-2195
- Southern Nevada Health District: Anna Cabiling, RN @ 702-759-0853
- Southern Nevada Health District: Maria Gueco, RN @ 702-759-0854
- Washoe County District Health Department: Jeanette O'Brien, RN @ 775-328-6179
- Nevada State Health Division (rural counties): Linda Platz, RN @ 775-684-5913

SECTION III: PROVIDER INFORMATION

Please print or type the names and medical license numbers of all the health providers who may possess a medical license and prescription writing privileges (attach another sheet if additional space is needed). It is not necessary to include the names of all staff within this facility that may administer vaccine, but rather, only those who possess a medical license or are authorized to write prescriptions.

Last Name, First, MI (Provider must have prescription writing privileges)	Title (MD, DO, ND, NP, PA)	Specialty (Peds, Family Med. GP, Other (specify))	Medical License No.
--	----------------------------	--	---------------------

Medicaid Provider No. _____

Last Name, First, MI (Provider must have prescription writing privileges)	Title (MD, DO, ND, NP, PA)	Specialty (Peds, Family Med. GP, Other (specify))	Medical License No.
--	----------------------------	--	---------------------

Medicaid Provider No. _____

Last Name, First, MI (Provider must have prescription writing privileges)	Title (MD, DO, ND, NP, PA)	Specialty (Peds, Family Med. GP, Other (specify))	Medical License No.
--	----------------------------	--	---------------------

Medicaid Provider No. _____

Last Name, First, MI (Provider must have prescription writing privileges)	Title (MD, DO, ND, NP, PA)	Specialty (Peds, Family Med. GP, Other (specify))	Medical License No.
--	----------------------------	--	---------------------

Medicaid Provider No. _____

Last Name, First, MI (Provider must have prescription writing privileges)	Title (MD, DO, ND, NP, PA)	Specialty (Peds, Family Med. GP, Other (specify))	Medical License No.
--	----------------------------	--	---------------------

Medicaid Provider No. _____

Last Name, First, MI (Provider must have prescription writing privileges)	Title (MD, DO, ND NP, PA)	Specialty (Peds, Family Med. GP, Other (specify))	Medical License No.
--	---------------------------	--	---------------------

Medicaid Provider No. _____

Last Name, First, MI (Provider must have prescription writing privileges)	Title (MD, DO, ND, NP, PA)	Specialty (Peds, Family Med. GP, Other (specify))	Medical License No.
--	----------------------------	--	---------------------

Medicaid Provider No. _____

This record is to be submitted in original to and kept on file at the State Health Division and must be updated in accordance with State policy.

**Please return completed/signed form to:
NEVADA STATE IMMUNIZATION PROGRAM
LINDA PLATZ, RN
505 E. KING STREET ROOM 103
CARSON CITY, NV 89701-3701
PHONE: (775) 684-5913
Revised 9/21/06**

**Instructions for filling out
SECTION II PROVIDER PROFILE**

Per Centers for Disease Control and Prevention (CDC) the profile must be based on data and not provider estimates. It may be based on data gathered from your clinics submission of “Monthly Usage and Inventory Report”, or on the vaccine replacement method or on benchmarking. Other sources of information may include State Medicaid claims data, provider encounter data or registry information. The determinants may include vaccine-ordering patterns of providers, birth and population information, Medicaid claims data, provider profile information and/or other indicators of expected vaccine use.

1-4. VFC ELIGIBLE: These four categories are those by which the child may qualify for Vaccines for Children. You may request a “Report of Doses Administered By Age Category” from the state (as explained below) or by using your facilities unique percentage of children enrolled in Medicaid, no health insurance, etc..

5. SUBTOTAL VFC ELIGIBLE (TOTAL 1-4): add columns 1-4

6. The number of children in your practice enrolled in Nevada Check Up.

7. All remaining children including those whose insurance covers immunization (with or without a deductible) and others not covered under the VFC Program.

8. TOTAL NUMBER OF CHILDREN SERVED BY YOUR FACILITY: This is the grand total of all unduplicated children that your clinic/facility/practice anticipates will be immunized in a 12-month period. Unduplicated, means counting a child only once even though the same child may receive immunization several times during the year. The number must come from hard data not just estimates.

You may request a “Report of Doses Administered By Age Category” from the state. This “Report of Doses Administered By Age Category” is compiled from your clinic’s submission of the “Monthly Usage And Inventory Report”. If used it must be converted into the numbers of children being served. Please take note, this is a report of all shots given and not broken into the categories requested above other than age groups.

Example Formulas:

<1 and 1-6 Years Age Group

Every 3 doses of diphtheria containing product administered to children <1 year old is equivalent to one child. Every 4th dose of diphtheria containing product administered to a child 1-6 years of age is equivalent to one child. Therefore, 5 doses of diphtheria containing product are equivalent to 3 children.

7-18 Years Age Group

Every dose of measles containing vaccine administered to a child 7-18 years of age is equivalent to one child.

OR

If you use your facilities unique percentage of children enrolled in Medicaid, no health insurance, American Indian, Alaskan Native, etc you would multiply that unique percentage by your total number of children in that age group to obtain the number of children for each category.

Of your total number for each age group how many are expected to be VFC eligible, by category?

1. What percent of your immunized children are enrolled in Medicaid? _____%
2. What percent of your immunized children have no health Insurance? _____%
3. What percent of your immunized children are American Indian/Alaskan Native? _____%
4. What percent of your immunized children are underinsured? _____%

(fill out only if you are a FQHC or RHC)

Example: if 58 % of your immunized children are enrolled in Medicaid, and you have 130 children <1Year Old then multiply 130 by .58 which equals 75 children. The 75 children would be placed in the blank box in #1 labeled <1 Year Old, which is also in the “Enrolled in Medicaid”.

STATE OF NEVADA

KENNY C. GUINN
Governor

MICHAEL J. WILLDEN
Director



ALEX HAARTZ, MPH
Administrator

BRADFORD LEE, M.D.
State Health Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH DIVISION
Bureau of Community Health
505 E. King Street, Room 103
Carson City, NV 89701-4774
(775) 684-5900
FAX (775) 684-8338

VFC DESIGNATED VACCINES

Hepatitis A, Prevnar® (PCV7), Comvax®, Pediarix®, Menactra® and RotaTeq®

State-supplied Hepatitis A, Prevnar® (PCV7), Comvax®, Pediarix®, Menactra®, and Rota Teq®, vaccine are available only for children who qualify for the Vaccines for Children program (VFC). Under Federal guidelines, a child must meet one of the following criteria to qualify for the VFC program:

- 1) Medicaid enrolled
- 2) Uninsured
- 3) American Indian or Alaskan Native
- 4) Underinsured: **NOTE:** Underinsured children are eligible to receive VFC vaccine (those listed above) only at a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), County Health Districts or Nevada State Health Division Community Health Nursing.

Nevada Check-Up children are eligible to receive all state-supplied vaccines, including: Hepatitis A, Pneumococcal conjugate-Prevnar (PCV7), Comvax®, Pediarix®, Menactra®, and RotaTeq®.

I will administer VFC designated vaccine: Hepatitis A, Prevnar (PCV7), Comvax®, Pediarix®, Menactra® and RotaTeq® only to children, birth through 18 years of age who qualify under one or more of the above mentioned criteria. I will adhere to the appropriate immunization schedule, dosage, and contraindication, as established by the Advisory Committee on Immunization Practices (ACIP). I will record and maintain records of the patients' VFC status for a period of 6 years.

Provider PIN # _____
(4-digit number issued by the State Immunization Program)

Provider Name

Provider Signature

Date

Nevada State Immunization Program
Linda Platz, RN VFC Coordinator
Phone: 775-684-5913 Fax: 775-684-8338
Carson City Health Department
Marena Works RN VFC Coordinator
Phone: 775-887-2195 Fax: 775-887-2248

Washoe County District Health Department
Jeanette O'Brien RN VFC Coordinator
Phone: 775-328-6179 Fax: 775-325-8018
Southern Nevada Health District
Anna Cabiling RN VFC Coordinator
Phone: 702-759-0853 Fax: 702-383-1446
Maria Gueco RN VFC Coordinator
Phone: 702-759-0854 Fax: 702-383-1446