

## Arizona Vaccines for Children (VFC) Program 2015 Provider Profile Form

All health care providers participating in the Vaccines for Children (VFC) program must complete this form annually or more frequently if the number of children served changes or the status of the facility changes during the calendar year.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PIN# \_\_\_\_\_

### FACILITY INFORMATION

<b>Provider's Name:</b>		
<b>Facility Name:</b>		
<b>VFC Contact:</b>		
<b>Vaccine Delivery Site <u>Street</u> Address:</b>		
<b>Delivery City:</b>	<b>Delivery State:</b>	<b>Delivery Zip:</b>
<b>Telephone:</b>	<b>Email:</b>	
<b>Fax:</b>	<b>Mailing Address or PO Box:</b>	
	<b>City, State, Zip:</b>	
<b>Closed for Lunch: Y ___ N ___</b>	<b>Days when office is open:</b>	
<b>Hours closed for lunch:</b>	<b>Hours when office is open:</b>	

### FACILITY TYPE (select facility/practice type)

Private Facilities	Public Facilities
<input type="checkbox"/> Private Hospital <input type="checkbox"/> Private Practice (solo/group/HMO) <input type="checkbox"/> Private Practice (solo/groups as agent for FQHC/RHC-deputized) <input type="checkbox"/> Community Health Center <input type="checkbox"/> Pharmacy <input type="checkbox"/> Birthing Hospital <input type="checkbox"/> School-Based Clinic <input type="checkbox"/> Teen Health Center <input type="checkbox"/> Adolescent Only Provider <input type="checkbox"/> Other _____	<input type="checkbox"/> Public Health Department Clinic <input type="checkbox"/> Public Health Department Clinic as agent for FQHC/RHC-deputized <input type="checkbox"/> Public Hospital <input type="checkbox"/> FQHC/RHC (Community/Migrant/Rural) <input type="checkbox"/> Community Health Center <input type="checkbox"/> Tribal/Indian Health Services Clinic <input type="checkbox"/> Woman Infants and children <input type="checkbox"/> Other _____
<p style="text-align: center;"><b>Practice Type:</b></p> <input type="checkbox"/> Community Health Center <input type="checkbox"/> Family/General <input type="checkbox"/> Pediatrics <input type="checkbox"/> Other _____	<input type="checkbox"/> STD/HIV <input type="checkbox"/> Family Planning <input type="checkbox"/> Juvenile Detention Center <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Drug Treatment Facility <input type="checkbox"/> Migrant Health Facility <input type="checkbox"/> Refugee Health Facility <input type="checkbox"/> School-Based Clinic <input type="checkbox"/> Teen Health Center <input type="checkbox"/> Adolescent Only

## PROVIDER POPULATION

Provider Population is based on patients seen during the previous 12 months. *Report the number of children who received vaccinations at your facility, by age group. 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 received VFC vaccine, by category, and how many received non-VFC vaccine. If you need assistance, please call the VFC Program Office at 602-364-3642.*

VFC Vaccine Eligibility Categories	# of children who received VFC Vaccine by Age Category			
	<1 Year	1-6 Years	7-18 Years	Total
Enrolled in Medicaid (AHCCCS)				
No Health Insurance (Uninsured)				
American Indian/Alaska Native				
Underinsured in FQHC/RHC or deputized facility <sup>1</sup>				
<b>Total VFC:</b>				
Non-VFC Vaccine Eligibility Categories	# 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 vaccines)				
Enrolled in CHIP (KidsCare) <sup>2</sup>				
Underinsured in non-deputized facility <sup>3</sup>				
<b>Total Non-VFC:</b>				
<b>Total Patients</b> (must equal sum of Total VFC + Total Non-VFC)				

<sup>1</sup>Underinsured - children with health insurance, but the coverage does not include vaccines or the health insurance covers only selected vaccines. Underinsured children are eligible to receive VFC vaccine only for the vaccines that are not covered by health insurance. To receive VFC vaccine, underinsured children may only be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC and the state immunization program in order to vaccinate these underinsured children.

<sup>2</sup>CHIP (KidsCare) – 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.

<sup>3</sup>Underinsured - children with health insurance but the coverage does not include vaccines or the health insurance covers only selected vaccines. When an Underinsured child presents at a non-deputized provider, private vaccine stock is administered for the vaccines that are covered by health insurance. For the vaccines not covered by health insurance, the underinsured child is referred to a deputized provider office, CHD, FQHC or RHC to receive VFC vaccines or administered private vaccine stock and charged out-of-pocket

### TYPE OF DATA USED TO DETERMINE PROVIDER POPULATION (choose all that apply)

- Benchmarking
- Medicaid Claims Data
- ASIS
- Other (must describe):
- Doses Administered
- Provider Encounter Data
- Billing System