



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

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www.odh.ohio.gov

John R. Kasich/Governor

Lance Himes/Director of Health

Date: December 28, 2018

To: Vaccines for Children (VFC) Providers

From: Sietske de Fijter, MS *Sdf*
Chief, Bureau of Infectious Diseases
State Epidemiologist

Re: 2019 VFC Provider Profile Forms

Enclosed please find two VFC forms that will need to be completed by your facility to continue your VFC enrollment in 2019. The forms must be completed, signed and received by the Ohio Department of Health (ODH) no later than Friday January 25, 2019. VFC vaccine orders and shipments will not be processed for your VFC practice in 2019 until the following required VFC forms are received by ODH.

1. *Vaccines for Children Program 2019 Provider Profile – Ohio*
2. *Vaccines for Children Program Data Logger Verification Form – 2019*

The Centers for Disease Control and Prevention (CDC) no longer requires an annual VFC enrollment agreement but allows for re-enrollment every two years. Ohio VFC providers who previously enrolled in 2018, will not complete a new VFC enrollment agreement until 2020.

Notes:

- The medical director or equivalent in a VFC group practice is to sign the *Vaccines for Children Program 2019 Provider Profile – Ohio* for the entire group.
- ODH requires valid email addresses for the primary and secondary VFC coordinators so that ODH can communicate electronically with your facility.
- Make a copy for your records and mail the original by January 25, 2019.

Please send the original completed and signed forms to:

Immunization Program
Bureau of Infectious Diseases
Ohio Department of Health
35 E. Chestnut St., 6th Floor
Columbus, Ohio 43215

Thank you for participating in the VFC program. If you have any questions, please contact your ODH VFC Consultant at (800) 282-0546 or (614) 466-4643.

Enclosures: 2



Vaccines for Children Program 2019 Provider Profile – Ohio

Instructions:

1. Complete all sections of page one and page two.
2. Obtain a copy of your Ohio State Board of Pharmacy TDDD or Medical License.
3. Mail the original VFC Program 2019 Provider Profile and a copy of the TDDD or Medical License to this address:

**Immunization Program
 Bureau of Infectious Diseases
 Ohio Department of Health
 35 E. Chestnut St., 6th Floor
 Columbus, Ohio 43215**

Provider Demographic Information <i>(complete all information)</i>				
Facility / Clinic Name:			VFC #:	
Vaccine Shipping Address:				
City	State	Zip	County	
Mailing Address:				
City	State	Zip	County	
Telephone Number	Fax Number	Facility Email Address		
Primary VFC Coordinator:		Telephone Number	Email Address	
Back-up VFC Coordinator:		Telephone Number	Email Address	
Medical Director:		<input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Other:		
Employer Tax ID #:		Medical License #:		
Medicaid Provider #:		Practice / Clinic NPI:		
Facility Information <i>(check each that applies)</i>				
<input type="checkbox"/> Private Provider	<input type="checkbox"/> FQHC	<input type="checkbox"/> RHC	<input type="checkbox"/> Adolescent Only	<input type="checkbox"/> Local Health Department
Facility offers all ACIP recommended vaccines for children 0 – 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Ohio State Board of Pharmacy Information				
Each year, the Ohio State Board of Pharmacy requires ODH to obtain a copy of the current Terminal Distributor of Dangerous Drugs (TDDD) license from each VFC provider per OAC 4729-9-12. Most VFC providers are required to have a TDDD. Vaccine orders cannot be processed until ODH has this information on file.				
Record your Ohio State Board of Pharmacy TDDD license number here:				
Attach a current copy of your TDDD. The name and address on your TDDD should match the name and address where the VFC vaccines will be delivered and stored.				
If your practice is not required to have a TDDD, attach a current copy of the Medical Director's Ohio Medical License.				
The Ohio State Board of Pharmacy license number for the Ohio Department of Health is: 011987650.				

Facility / Clinic Name:	VFC #:
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2019 VFC Patient Eligibility Determination

Determine the number of VFC and non-VFC children at your practice or facility using these criteria:

- Use your practice's electronic medical record (EMR) system or a manual count method with patient charts or lists.
- Count each child **once** if the child received a vaccine during the previous 12-month period.
- Sort the number of counted children by their VFC status and VFC eligibility category.
- Sort the number of counted children by the 3 different age groups listed below.
- **Do not** count the number of doses or shots administered for each child.

Total Number of Children Who Received Vaccines: VFC & NON-VFC Eligible

For the 12 month period ending: ____ / ____ / ____

VFC Vaccine Eligibility Category	Number of children who received VFC vaccine			
	< 1 Year	1 - 6 Years	7 - 18 Years	Total
Enrolled in Medicaid / Medicaid HMO				
No Health Insurance (Uninsured)				
Native American / Alaskan Native				
Underinsured* (only for FQHC, RHC or deputized LHD)				
Total VFC				

***Underinsured children** are eligible to receive VFC vaccines only through a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or deputized local health department. The underinsured include:

- Children who have commercial (private) health insurance, but the coverage does not include any vaccines;
- Children whose insurance covers only selected vaccines (VFC eligible for non-covered vaccines only); and
- Children whose insurance caps vaccine coverage at a certain amount (once that coverage amount is reached, these children are categorized as underinsured). This does not include children with high insurance deductibles.

Non-VFC Vaccine Eligibility Category	Number of children who received non-VFC vaccine			
	< 1 Year	1 - 6 Years	7 - 18 Years	Total
Have Health Insurance (private insurance / non-Medicaid)				
Total Non-VFC				

Type of data used to determine number of VFC and non-VFC children:

- | | |
|--|---|
| <input type="checkbox"/> EMR | <input type="checkbox"/> ImpactSIS Registry |
| <input type="checkbox"/> Other Immun. Software | <input type="checkbox"/> Billing System |
| <input type="checkbox"/> Provider Encounter Data | <input type="checkbox"/> Medicaid Claims Data |

By signing this form, I certify on behalf of myself and all immunization providers at this facility the following:

- The information contained in the VFC 2019 Provider Profile is accurate.
- Each patient will be screened correctly in 2019 for VFC eligibility requirements.
- Each patient's VFC status will be documented correctly in 2019.

Medical Director or Equivalent Name (print):

Signature:

Date:

VACCINES FOR CHILDREN (VFC) PROGRAM DATA LOGGER VERIFICATION FORM - 2019

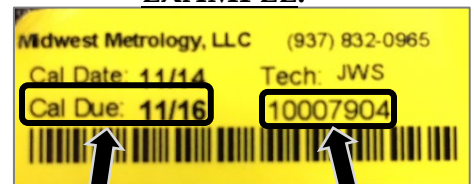
INSTRUCTIONS

- Review the information on the yellow sticker on each Ohio Department of Health (ODH) data logger in each storage unit that contains VFC vaccine in your office, then record the requested information below.
- Identify if a data logger is “Currently In Use” or “Backup (not in use)” or “Broken / Expired Calibration Date” by marking an for each data logger identified.
- If your clinic has one refrigerator with a data logger and one freezer with a data logger, and you also have a backup logger, then you will verify the information for 3 data loggers: Data Logger 1, Data Logger 2 and Data Logger 3.
- Return this data logger verification form with your VFC Provider Enrollment Agreement and Provider Profile by January 25, 2019.

Current ODH Data Logger: Lascar EL-USB-TP-LCD (with



EXAMPLE:



Cal Due:
Expiration of the calibration month/year

Serial Number:
8 digit identification number for logger and glycol probe

Using the yellow sticker as an example, this is how you would fill in the data logger information:

Data Logger: <input type="checkbox"/> Currently In Use or <input type="checkbox"/> Backup (not in use) or <input checked="" type="checkbox"/> Broken / Expired Calibration Date														
Serial Number:	1	0	0	0	7	9	0	4	Cal Due:	1	1	/	1	6

FACILITY INFORMATION

Facility Name:	County:	VFC Number						
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ODH Data Logger 1: <input type="checkbox"/> Currently In Use or <input type="checkbox"/> Backup (not in use) or <input type="checkbox"/> Broken / Expired Calibration Date											
--	--	--	--	--	--	--	--	--	--	--	--

Serial Number:									Cal Due:			/		
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ODH Data Logger 2: <input type="checkbox"/> Currently In Use or <input type="checkbox"/> Backup (not in use) or <input type="checkbox"/> Broken / Expired Calibration Date											
--	--	--	--	--	--	--	--	--	--	--	--

Serial Number:									Cal Due:			/		
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ODH Data Logger 3: <input type="checkbox"/> Currently In Use or <input type="checkbox"/> Backup (not in use) or <input type="checkbox"/> Broken / Expired Calibration Date											
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Serial Number:									Cal Due:			/		
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ODH Data Logger 4: <input type="checkbox"/> Currently In Use or <input type="checkbox"/> Backup (not in use) or <input type="checkbox"/> Broken / Expired Calibration Date											
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Serial Number:									Cal Due:			/		
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(Note: Use page 5 if your facility has more than 4 ODH data loggers.)

ODH Data Logger 5: <input type="checkbox"/> Currently In Use or <input type="checkbox"/> Backup (not in use) or <input type="checkbox"/> Broken / Expired Calibration Date													
Serial Number:									Cal Due:			/	
ODH Data Logger 6: <input type="checkbox"/> Currently In Use or <input type="checkbox"/> Backup (not in use) or <input type="checkbox"/> Broken / Expired Calibration Date													
Serial Number:									Cal Due:			/	
ODH Data Logger 7: <input type="checkbox"/> Currently In Use or <input type="checkbox"/> Backup (not in use) or <input type="checkbox"/> Broken / Expired Calibration Date													
Serial Number:									Cal Due:			/	
ODH Data Logger 8: <input type="checkbox"/> Currently In Use or <input type="checkbox"/> Backup (not in use) or <input type="checkbox"/> Broken / Expired Calibration Date													
Serial Number:									Cal Due:			/	
ODH Data Logger 9: <input type="checkbox"/> Currently In Use or <input type="checkbox"/> Backup (not in use) or <input type="checkbox"/> Broken / Expired Calibration Date													
Serial Number:									Cal Due:			/	
ODH Data Logger 10: <input type="checkbox"/> Currently In Use or <input type="checkbox"/> Backup (not in use) or <input type="checkbox"/> Broken / Expired Calibration Date													
Serial Number:									Cal Due:			/	