

Arkansas Vaccines for Children (VFC) Program 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: ___/___/___

Provider Identification Number# _____

FACILITY INFORMATION

Provider's Name: _____

Facility Name: _____

Vaccine Delivery Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

FACILITY TYPE (select facility type)

Private Facilities

- Private Hospital
- Private Practice (solo/group/HMO)
- Private Practice (solo/groups as agent for FOHC/RHC-deputized)
- Community Health Center
- Pharmacy
- Birthing Hospital
- School-Based Clinic
- Teen Health Center
- Adolescent Only Provider
- Other _____

Public Facilities

- Public Health Department Clinic
- Public Health Department Clinic as agent for FOHC/RHC-deputized
- Public Hospital
- FOHC/RHC (Community/Migrant/Rural)
- Community Health Center
- Tribal/Indian Health Services Clinic
- Woman, Infants and Children
- Other _____
- STD/HIV
- Family Planning
- Juvenile Detention Center
- Correctional Facility
- Drug Treatment Facility
- Migrant Health Facility
- Refugee Health Facility
- School-Based Clinic
- Teen Health Center
- Adolescent Only

VACCINES OFFERED (select only one box)

- All ACIP Recommended Vaccines for children 0 through 18 years of age.
- Offers Select Vaccines (This option is only available for facilities designated as Specialty Providers by the VFC Program)

A "Specialty Provider" is defined as a provider that only serves (1) a defined population due to the practice specialty (e.g., OB/GYN; STD clinic; family planning) or (2) a specific age group within the general population of children ages 0-18. Local health departments and pediatricians are not considered specialty providers. The VFC Program has the authority to designate VFC providers as specialty providers. At the discretion of the VFC Program, enrolled providers such as pharmacies and mass vaccinators may offer only influenza vaccine.

Select Vaccines Offered by Specialty Provider:

- | | | |
|-----------------------------------|---|---------------------------------------|
| <input type="radio"/> DTaP | <input type="radio"/> Meningococcal Conjugate | <input type="radio"/> TD |
| <input type="radio"/> Hepatitis A | <input type="radio"/> MMR | <input type="radio"/> Tdap |
| <input type="radio"/> Hepatitis B | <input type="radio"/> Pneumococcal Conjugate | <input type="radio"/> Varicella |
| <input type="radio"/> HIB | <input type="radio"/> Pneumococcal Polysaccharide | <input type="radio"/> Other, specify: |
| <input type="radio"/> HPV | <input type="radio"/> Polio | |
| <input type="radio"/> Influenza | <input type="radio"/> Rotavirus | |

PROVIDER POPULATION

Provider Population 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.

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				
No Health Insurance				
American Indian/Alaska Native				
Underinsured in FQHC/RHC or Deputized Facility ¹				
Total VFC:				
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)				
Other Underinsured ²				
Children's Health Insurance Program (CHIP) ³				
Total Non-VFC:				
Total Patients (must equal sum of Total VFC + Total Non-VFC)				

¹Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance.

In addition, to receive VFC vaccine, underinsured children must 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/RHC and the state/local/territorial immunization program in order to vaccinate these underinsured children.

²Other underinsured are children that are underinsured but are not eligible to receive federal vaccine through the VFC program because the provider or facility is not a FQHC/RHC or a deputized provider. However, these children may be served if vaccines are provided by the state program to cover these non-VFC eligible children.

³CHIP – 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.

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

- | | |
|--|---|
| <input type="radio"/> Benchmarking | <input type="radio"/> Doses Administered |
| <input type="radio"/> Medicaid Claims | <input type="radio"/> Provider Encounter Data |
| <input type="radio"/> IIS | <input type="radio"/> Billing System |
| <input type="radio"/> Other (must describe): | |