



Vaccines for Children Requirements Manual

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Alaska Immunization Program
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Introduction

Thank you for your interest in receiving pediatric vaccines in partnership with the Alaska Immunization Program.

The [Vaccines for Children \(VFC\) program](#) represents an unprecedented approach to improving vaccine availability. The Centers for Disease Control and Prevention (CDC) purchases vaccine funded through the VFC program at a discount from manufacturers. Eligible providers may enroll with the Immunization Program to receive the vaccine at no cost to administer to eligible children.

Children who are not VFC-eligible may receive vaccines funded through the [Alaska Vaccine Assessment Program](#) (AVAP), a public-private partnership used to purchase and distribute vaccines through the Immunization Program.

Because all pediatric vaccines included on the Immunization Program's formulary are partially supported with VFC funds, providers enrolled to receive them are considered "VFC providers" and must comply with program requirements. Federal funding is awarded to the Immunization Program to implement and oversee VFC program activities in Alaska. Providers must ensure and demonstrate they are willing and able to maintain compliance with the program requirements found in this manual and attached links.

VFC Program Requirements

Provider Management Plan

This manual, along with the documents and forms linked throughout it, provides the information needed for providers to maintain compliance with requirements and acts as each provider's general VFC management plan.

Compliance with program requirements is necessary. As the VFC program is a Title XIX Medicaid program, noncompliant providers may find their vaccine order privileges suspended, may be required to participate in extended training activities, may be unenrolled, and/or may be subject to Medicaid fraud and abuse investigation.

Fraud and Abuse

The following definitions are consistent with "fraud" and "abuse" as defined in Medicaid regulation 42 CFR § 455.2:

1. **Fraud:** An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.
2. **Abuse:** Provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program (and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient); or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for healthcare.

Records Retention

Providers must maintain all records related to the VFC program for a minimum of three years and must be made available upon request by Immunization Program staff. VFC records include, but are not limited to, VFC eligibility documentation, billing records, temperature monitoring documentation, temperature monitor calibration certificates, and temperature excursion documentation.

Provider Criteria and Staffing

To be eligible to participate in the VFC program, providers must:

- Be licensed in Alaska to administer vaccines to children aged 18 years and younger. (Exception: IHS health professionals who are assigned or detailed to tribes or tribal organizations under the IPA or MOA are not required to be licensed in the state in which they are assigned or detailed.)
- Be willing and able to follow all VFC program requirements, policies, and procedures, including participation in site visits and educational opportunities.
- Have the capacity to order, receive, manage, store, and monitor the temperature of public vaccines.
- Be open at least four consecutive hours on a day other than a Monday to receive VFC vaccines.

Qualifying providers include: Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Nurse Practitioner (ANP), Pharmacist certified to administer immunizations, or Physician Assistant (PA) with their signing collaborating physician.

The provider signing the Provider Agreement on behalf of a multi-provider practice must have authority to sign on behalf of the entity and will be held accountable for the entire organization's compliance.

Providers on the Office of Inspector General's (OIG) [List of Excluded Individuals and Entities](#) (LEIE), are not eligible to participate in the program.

Certifying Providers must designate at least one on-site staff member for each of the following positions:

- Vaccine Coordinator
- Back-up Coordinator

Vaccine Coordinators and Back-up Coordinators are equally responsible for providing oversight for the VFC program within the facility. They must have the Certifying Provider's supporting authority to implement and enforce program requirements. Should designated staff be out of the office (i.e., on leave) for 30 days or more, an additional person must be identified as a Back-up Coordinator by submitting a [VacTrAK modify users form](#).

Facility/Staff Information

Providers are required to keep various types of information current with the Immunization Program. The [State-Supplied Vaccine Provider Information Change](#) chart lists what types of changes must be communicated to the Immunization Program, how to communicate that information, and the deadlines in which the changes must be submitted to the program.

Childhood Vaccine Eligibility

Eligible children birth through 18 years may receive vaccine that is funded through VFC or [AVAP](#). Eligibility screening and documentation must take place at each immunization visit.

Occasionally, children meet more than one eligibility status. When this occurs providers must consult with families in order to select and document the eligibility category that will require the least amount of out-of-pocket expenses for the child to receive immunizations. Information is available to assist with determining the correct eligibility category for [children](#).

VFC eligibility categories must never be used for people age 19 years and older. Eligibility determinations are how the Immunization Program accounts for the way in which each dose of state-supplied vaccine is used. Selecting VFC eligibility for persons age 19 years and older are an indication of misuse of federal funds.

Eligibility documentation (electronic or paper) must include the following:

- Patient's first and last name and middle initial
- Patient's date of birth
- Primary provider's name
- Date of each immunization visit
- Eligibility status

A paper version of an [eligibility screening form](#) is available if needed.

Fees for Vaccines and Vaccine Administration

The eligibility chart for children includes requirements regarding fees for vaccine and vaccine administration and requirements for access to care for VFC-eligible children.

Note that effective January 1, 2020, per CDC, providers who choose to bill for the vaccine administration fee of a non-Medicaid, VFC-eligible child after the date of service may issue only a single bill to the patient within 90 days of vaccine administration. This policy does not apply to vaccine administration fees billed to Medicaid for children who meet VFC program Medicaid eligibility criteria.

Unpaid administration fees may not be sent to collections and providers may not refuse to vaccinate a VFC-eligible child for whom there are unpaid vaccine administration fees.

Vaccine Administration Documentation

Federal statute 42 US Code 300aa-25 requires the following for each dose of vaccine administered:

- Vaccine name
- Date administered
- Publication date of VIS
- Date VIS provided to patient
- Name of vaccine manufacturer
- Vaccine Lot number
- Name and title of vaccinator
- Clinic address

Alaska Administrative Code [7 AAC 27.650](#) requires all healthcare providers document each dose of vaccine administered (including privately purchased vaccine) in [VacTrAK](#), Alaska's immunization information system (IIS), within 14 days of administration. For details on these requirements refer to the [Conditions Reportable to Public Health](#) manual.

Each time a vaccine is administered, providers must distribute current [Vaccine Information Statements](#) (VIS) to a patient prior to the administration. Use of the most current electronic VIS should occur immediately, however, providers must replace outdated printed or pre-downloaded versions within six months of publication of a newer version.

As applicable, providers must report clinically significant adverse events to the [Vaccine Adverse Event Reporting System](#) (VAERS).

Vaccine Storage and Temperature Monitoring

The vaccine cold chain is a temperature controlled environment used to maintain and distribute vaccines in optimal condition. It begins with the storage unit at the manufacturing plant and does not end until the vaccine is administered to the patient. Appropriate storage and handling conditions must be maintained at every link in the cold chain to maintain vaccine potency. Sound vaccine management practices will minimize vaccine loss and waste and the potential need to revaccinate that could result from administering compromised vaccine.

Storage Units

Providers must have equipment that meets [storage unit requirements](#), is used only for vaccine storage and pharmaceuticals, and maintains temperatures required for appropriate vaccine storage.

Each storage unit outlet and circuit breaker must be labeled to avoid intentional or accidental loss of power. ([Labels](#) are available.) Note: generators do not prevent manual disconnect from power source; "do not disconnect" signage is still required.

Storage Unit Temperatures

The following CDC required temperatures must be maintained at all times:

- Refrigerator: between 36.0°F and 46.0°F (2.0°C and 8.0°C)
- Freezer: between -58.0°F and +5.0°F (-50.0°C and -15.0°C)

To facilitate temperature stability:

- Store vaccines in their original box
- Store vaccines in the center of the unit with space between vaccines and the side/back of the unit to allow cold air to circulate
- Do not store food or drink in refrigerators or freezers used for vaccine storage
- Add water bottles. They help stabilize temperatures and act as barriers to prevent vaccine and temperature monitoring devices from moving to less than optimal locations in units
- Use small trays for quick movement of stock within a unit reducing the amount of time the door must remain open

Temperature Monitoring Devices

Temperature monitoring devices must be placed in the center of each vaccine storage unit as close to vaccine stock as possible to more accurately reflect vaccine temperature. Improper placement of the monitor may result in vaccine wastage.

All temperature monitoring devices, including back-up devices, must meet the requirements outlined on the [Temperature Monitoring Device Requirements](#). This includes keeping devices calibrated (due within two years of last calibration date for each device).

Calibration certificates for each device used, including the back-up device, must be readily available to the Immunization Program upon request.

Monitoring device requirements must be met for all temperature monitoring:

- Routine onsite storage
- Back-up thermometers
- Vaccine transport
- Mass vaccination clinics

The Alaska Immunization Program provides digital data loggers (DDLs) to select providers. If interested in whether your facility is eligible to receive a state-supplied device, contact Immunization Program inventory support staff. If ineligible to receive a state-supplied device, providers are responsible for purchasing and maintaining a device of choice that meets the requirement specifications.

(For providers using LogTag devices, [initial setup](#) and [daily use](#) instructions are available.)

Temperature Monitoring Documentation

Providers must review the alarm status and document the following at the beginning of each workday on a temperature log:

- At least one current/min/max temperature reading per day
- Date and time of each temperature review
- Alarm status ("yes" or "no" the alarm was triggered)
- The name or initials of the person who assessed and recorded each reading

Temperature documentation logs are provided for each type of storage unit (see [Refrigerator or Freezer Temperature Logs](#)). In addition to documenting daily temperature information noted above, data from monitoring devices must be downloaded and reviewed by provider staff weekly and when temperatures have gone out of range.

Temperature Excursion

Once viable stock is received into a provider's inventory, the provider assumes cold chain monitoring responsibilities. Immediately upon discovering any vaccine storage temperature has fallen outside the acceptable range for any length of time (also known as an "excursion") follow the procedures outlined in the [VFC Temperature Excursion Report](#). After contacting manufacturers to determine vaccine viability, submit the report.

For additional information regarding vaccine shipment related excursions, see [Vaccine Distribution](#).

Emergency Response Plan

Each facility is required to have a written emergency response plan outlining a methodology to ensure that vaccines are appropriately handled in the event of a power outage or storage unit failure. All staff must be familiar with your facility's plan.

The plan must:

- Be posted on or near your vaccine storage unit
- Be updated annually with staff signature and date of review
- Be updated whenever there is a change to the procedures or emergency contact staff
- Include the Vaccine Coordinator and at least one Back-up Coordinator responsible for vaccine management

An [emergency plan template](#) is available, as is vaccine [transport information](#).

Immunization Standards

The [Advisory Committee on Immunization Practices \(ACIP\)](#) is legislatively linked to the VFC program. VFC providers must maintain sufficient stock and offer all routine ACIP-recommended vaccines for the VFC population they serve and comply with the [immunization schedules, dosages, and contraindications](#).

[Immunization Quality Improvement for Providers](#) (IQIP), (formerly known as "AFIX"), is conducted with VFC enrolled providers and is used to assess immunization practices including those associated with ACIP recommendations. This required activity is intended to raise immunization coverage levels, reduce missed

opportunities, and improve standards of practices at the provider level.

Vaccine Inventory

The VFC program is an entitlement program for eligible children and having sufficient amounts of stock assures access to care. CDC's expectation is that VFC providers maintain adequate inventory of vaccine to administer to children based on their eligibility status.

Borrowing between privately purchased vaccine and that provided through the Immunization Program is not an acceptable practice. To prevent errors and vaccine borrowing, providers:

- Must perform monthly inventory reconciliation
- Must maintain an adequate supply of stock for each vaccine recommended for their patient population
- Must accurately screen and document eligibility
- Must separate privately purchased vaccines from those funded through VFC and AVAP
- Must administer vaccines to adults only as indicated on the [adult eligibility chart](#)
- Should implement a way to separate childhood vaccines that are not listed on the adult formulary (i.e., label "pediatric only")

By participating in the VFC program, providers agree to make available vaccines to the population served. The approved Provider Agreement, provider type and population served indicate which vaccines providers must provide.

Determining vaccine needs

To determine which vaccines and the quantity of each to order, providers must assess their:

- Current inventory
- Recent vaccine usage
- Upcoming expiration dates
- Seasonal need changes (i.e., back to school season)
- Provider Profile (which identifies eligibility category by age group)

CDC has recognized that stocking non-routine, VFC-covered vaccines (pneumococcal polysaccharide – PPSV23 and meningococcal serogroup B – MenB vaccine) at all times may not be a viable option for all providers. For this reason, providers may order PPSV23 and MenB as needed. Providers serving a large volume of VFC-eligible children and those who may routinely serve VFC-eligible children in need of these vaccines should continue to maintain a limited amount of PPSV23 and MenB.

Vaccine orders

- are placed through VacTrAK ([instructions](#))
- should be placed while providers still have a six-week supply of vaccine available to allow for potential delays
- Should be placed in smaller quantities and more frequently to minimize the amount of vaccine loss should an incident occur during shipment or in the vaccine storage unit.

Receipt of vaccine shipment

All facility staff must be trained to recognize a vaccine shipment. Immediately upon receipt, unpack vaccines and diluents and place them into the appropriate unit at recommended temperatures. See [Vaccine Distribution](#) for detailed procedures regarding receiving shipped vaccines, including how to process the [receipt of vaccine in VacTrAK](#).

Vaccine waste/Loss prevention

Vaccine loss is costly and often preventable. In addition to improper vaccine storage and handling practices, loss due to expiration is one of the most significant causes of vaccine wastage. To assist with preventing vaccine wastage, order appropriate quantities and store shorter dated vaccines in front of longer dated vaccines.

On occasion, a provider may experience a situation where they have stock close to expiring and transferring the vaccine may need to take place. [Vaccine transfers](#) must be pre-authorized by Immunization Program staff to ensure the receiving provider has a current Provider Agreement and appropriate vaccine accountability has been maintained. The cold chain must be maintained during the transfer process following [Vaccine Transport Methods](#).

Vaccines that do expire or those that are spoiled/wasted must be placed in a container or bag clearly labeled “Do Not Use” and separated from viable vaccines to prevent inadvertent use. See [return procedures](#) for additional processing and return information.

Off-site & Mass Vaccination Clinics

VFC providers who conduct off-site/mass vaccination clinics must contact inventory support staff with the Immunization Program for clinic approval.

VFC Quality Assurance

Federal and state requirements mandate that the Immunization Program conduct various types of quality assurance (QA) activities to monitor and enforce provider compliance. Providers found to be noncompliant during QA activities are required to conduct follow-up activities to remain in good standing with the VFC program. QA activities are conducted as follows:

- VacTrAK is used by the Immunization Program to monitor inventory management (i.e., appropriate use of VFC eligibility status) and track specific VFC [accountability requirement](#) needs.
- VFC Enrollment Visits are conducted to ensure newly enrolling providers and their staff members are provided with education about requirements and have appropriate resources to implement program requirements. (These visits are also required for providers who did not maintain an active enrollment status and had a break between enrollment periods.)
- Education on VFC requirements through a webinar is required annually for Vaccine Coordinators and Back-up Coordinators. New Certifying Providers, Vaccine Coordinators and Back-up Coordinators are required to take the course prior to receiving vaccines. The webinar is available through a link provided by Immunization Program staff.
Additional staff may gain access to the course by emailing a request to immune@alaska.gov.
- VFC Compliance Visits are conducted to assess vaccine management and immunization practices to ensure providers are compliant with requirements.

- VFC Vaccine Storage and Handling Visits are conducted to assess vaccine storage and handling and inventory practices to ensure providers are compliant with requirements. These visits may be planned in advance with providers or may occur without advanced notice.
- VFC Contacts are designed to provide additional education that focuses on specific requirement areas of need. VFC Contacts may be requested by provider/staff or may be Immunization Program required.

All QA activities conducted by the Immunization Program are designed to provide education and opportunities for providers to correct noncompliant practices and to ensure VFC providers operate in a manner that prevents fraud and abuse of the federal program.

The Immunization Program is required to investigate potential fraud and abuse if found during QA activities and when reported to the program. Referrals to the Immunization Program for investigation into fraud/abuse of the VFC program may be made by Immunization Program or provider staff, or the public. Referrals may be submitted via email to immune@alaska.gov or vfc@alaska.gov or by calling the program at 888-430-4321 (toll free) or 269-8088 (Anchorage) and requesting to speak with the Immunization Program or Deputy Program Manager.

Examples of VFC program fraud and abuse include, but are not limited to:

- Failure to comply with any part of the Provider Agreement
- Providing VFC vaccine to non-VFC-eligible persons
- Selling or otherwise misdirecting VFC vaccine
- Billing a patient or third party for VFC vaccine
- Charging more than \$27.44 per dose for administration of VFC vaccine to non-Medicaid eligible child(ren)
- Denying VFC-eligible child(ren) VFC-funded vaccine because of person's inability to pay the administration fee or having unpaid vaccine administration fee(s)
- Issuing more than a single bill to a patient for VFC vaccine administration or issuing a bill after 90 days of vaccine administration (effective Jan. 1, 2020)
- Submitting an unpaid VFC administration fee to collections
- Failure to screen for and document eligibility status at each visit
- Failure to maintain VFC records for a minimum of three years
- Failure to fully account for VFC-funded vaccine
- Failure to properly store and handle VFC vaccine
- Over-ordering VFC vaccine (e.g., quantities or patterns that do not match the provider's profile)
- Wasting VFC vaccine

Enrollment and Unenrollment

Providers interested in receiving pediatric and/or adult vaccines through the immunization program, may contact immune@alaska.gov and specify whether they are interested in receiving pediatric vaccine. Program staff will contact providers to begin the enrollment process which includes, but is not limited to signing a VFC Provider Agreement acknowledging their understanding of, and agreeing to, maintain the requirements of the VFC program. The Immunization Program holds the Certifying Provider responsible for the assurance that requirements for VFC program participation are met. (For agreement language see

pages 11 through 13.)

FQHCs must identify themselves as such when enrolling to receive vaccines.

Providers receiving state-supplied vaccines are assigned a unique six-digit Provider Identification Number (PIN). Reference the assigned PIN in all communication with the Immunization Program.

Unenrolling from the VFC program may be provider or Immunization Program determined. Providers who choose to unenroll must email afc@alaska.gov within 30 days of planned agreement termination and include the following information to ensure timely contact from Immunization Program staff:

- Organization/facility name
- PIN
- Contact person
- Contact phone
- Date of unenrollment
- Reason for ending VFC Program participation

Program staff will contact provider staff to assist with the transfer of vaccine.

Provider Agreements Language

(As pediatric vaccine supplied by the Alaska Immunization Program is partially funded through VFC, providers receiving pediatric vaccine are considered VFC providers.)

VFC Provider Agreement	
<i>To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the equivalent:</i>	
1.	<i>I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.</i>
2.	<p><i>I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federal or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:</i></p> <p><i>A. Federal Vaccine-eligible Children (VFC eligible)</i></p> <ol style="list-style-type: none"> <i>1. Are an American Indian or Alaska Native;</i> <i>2. Are enrolled in Medicaid;</i> <i>3. Have no health insurance;</i> <i>4. Are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement.</i> <p><i>B. State Vaccine-eligible Children</i></p> <ol style="list-style-type: none"> <i>a) In addition, to the extent that my state designates additional categories of children as "state vaccine-eligible," I will screen for such eligibility as listed in the addendum to this agreement and will administer state-funded doses (including 317 funded doses) to such children.</i> <p><i>Children aged 0 through 18 years that do not meet one or more of the federal vaccine eligibility categories (VFC-eligible), are not eligible to receive VFC-purchased vaccine.</i></p>
3.	<p><i>For the vaccines identified and agreed upon in the provider profile, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC program unless:</i></p> <ol style="list-style-type: none"> <i>a) In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the child;</i> <i>b) The particular requirements contradict state law, including laws pertaining to religious and other exemptions.</i>
4.	<i>I will maintain all records related to the VFC program for a minimum of three years, or longer if required by state law, and upon request make these records available for review. VFC records include, but are not limited to, VFC screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.</i>
5.	<i>I will immunize eligible children with publicly supplied vaccine at no charge to the patient for the vaccine.</i>
6.	<i>I will not charge a vaccine administration fee to non-Medicaid federal vaccine eligible children that exceeds the administration fee cap of \$27.44 per vaccine dose. For Medicaid children, I will accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans.</i>
7.	<i>I will not deny administration of a publicly purchased vaccine to an established patient because the child's parent/guardian/individual of record is unable to pay the administration fee.</i>
8.	<i>I will distribute the current Vaccine Information Statement (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).</i>

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9.	<p><i>I will comply with the requirements for vaccine management including:</i></p> <ul style="list-style-type: none"> <i>a) Order vaccine and maintain appropriate vaccine inventories;</i> <i>b) Not store vaccine in dormitory-style units at any time;</i> <i>c) Store vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet Alaska Immunization Program storage and handling recommendations and requirements;</i> <i>d) Returning all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration.</i>
10.	<p><i>I agree to operate within the VFC program in a manner intended to avoid fraud and abuse. Consistent with "fraud" and "abuse" as defined in the Medicaid regulations at 42 CFR § 455.2, and for the purposes of the VFC Program:</i></p> <p>Fraud: <i>an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.</i></p> <p>Abuse: <i>provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program, (and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient); or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.</i></p>
11.	<p><i>I will participate in VFC program compliance site visits, including unannounced visits and other educational opportunities associated with VFC program requirements.</i></p>
12.	<p><i>I understand this facility or the Alaska Immunization Program may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the Alaska Immunization Program.</i></p>
13.	<p><i>For pharmacies, urgent care, or school-located vaccine clinics, I agree to:</i></p> <ul style="list-style-type: none"> <i>a) Vaccinate all "walk-in" VFC-eligible children and</i> <i>b) Will not refuse to vaccinate VFC-eligible children based on a parent's inability to pay the administration fee.</i> <p><i>Note: "Walk-in" refers to any VFC-eligible child who presents requesting a vaccine, not just established patients. "Walk-in" does not mean that a provider must serve VFC patients without an appointment. If a provider's office policy is for all patients to make an appointment to receive vaccinations, then the policy would apply to VFC patients as well.</i></p>
14.	<p><i>For providers with a signed deputization Memorandum of Understanding between a FQHC or RHC and the state/local immunization program to serve underinsured VFC-eligible children, I agree to:</i></p> <ul style="list-style-type: none"> <i>a) Include "underinsured" as a VFC eligibility category during the screening for VFC eligibility at every visit;</i> <i>b) Vaccinate "walk-in" VFC-eligible, underinsured children; and submit required deputization reporting data</i> <p><i>Note: "Walk-in" in this context refers to any underinsured child who presents requesting a vaccine, not just established patients. "Walk-in" does not mean that a provider must serve underinsured patients without an appointment. If a provider's office policy is for all patients to make an appointment to receive vaccinations, then the policy would apply to underinsured patients as well.</i></p>
15.	<p><i>Providers must order vaccines and manage inventory within VacTrAK using the Vaccine Ordering and Management System (VOMS). In addition, all providers must submit administration data to VacTrAK within 14 days.</i></p>
16.	<p><i>For providers with Alaska Immunization Program approval to store and distribute publicly funded vaccines, I agree to:</i></p> <ul style="list-style-type: none"> <i>a) Maintain appropriate vaccine inventories to fill provider orders;</i> <i>b) Store vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet Alaska Immunization Program storage and handling requirements; and</i> <i>c) Transport vaccine under proper storage and handling conditions. Refrigerator and freezer vaccine transport units and temperature monitoring equipment must meet Alaska Immunization Program storage and handling requirements.</i>
<p><i>By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.</i></p>	

VFC enrolled providers who also receive state-supplied vaccines for their insured children and insured and uninsured adults have this additional agreement:

AVAP Provider Agreement	
To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or equivalent:	
1.	<i>I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of patients served changes or 2) the status of the facility changes during the calendar year.</i>
2.	<i>I will screen patients and document eligibility status at each immunization encounter as either State or Ineligible (private vaccine) only. I will not choose a VFC eligibility.</i>
3.	<i>I will document the eligibility status as State and administer state-supplied vaccine to my patients who meet one of the following categories:</i> <ul style="list-style-type: none"> <i>a) Have private health insurance participating in AVAP</i> <i>b) Are uninsured adult (only if your practice/facility has opted in for your uninsured adult population)</i>
4.	<i>For the vaccines identified and agreed upon in the provider profile, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) unless:</i> <ul style="list-style-type: none"> <i>A. In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the patient;</i> <i>B. The particular requirements contradict state law, including laws pertaining to religious and other exemptions.</i>
5.	<i>I will immunize eligible children and adults with state-supplied vaccine at no charge to the patient for the vaccine.</i>
6.	<i>I will distribute the current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).</i>
7.	<i>I will comply with the requirements for vaccine management including:</i> <ul style="list-style-type: none"> <i>A. Ordering vaccine and maintaining appropriate vaccine inventories;</i> <i>B. Not storing vaccine in dormitory-style units at any time;</i> <i>C. Storing vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet Alaska Immunization Program storage and handling requirements;</i> <i>D. Returning all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration</i>
8.	<i>I will order vaccines and manage inventory within VacTrAK using the Vaccine Ordering and Management System (VOMS). All vaccine administration data must be submitted to VacTrAK within 14 days.</i>
9.	<i>I will participate in compliance site visits including unannounced visits, and other educational opportunities associated with Immunization Program requirements.</i>
10.	<i>I understand this facility or the Alaska Immunization Program may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused state-supplied vaccine as directed by the Alaska Immunization Program.</i>
11.	<i>I understand that we cannot deny administration because the patient is unable to pay the admin fee.</i>