

**Vaccines For Children (VFC)/
Wyoming Vaccinates Important People (WyVIP)
Vaccine Contact Checklist**

PIN: _____ **Provider Name:** _____

Print Name: _____ **Email:** _____

Are you the: **Primary Vaccine Contact** **Secondary Vaccine Contact**

*By initialing in the columns below, you acknowledge you understand the guidelines set forth by the
Immunization Program.*

| Initials | Clinical/Quality & Compliance For more information on the statements below, please contact: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"> West Side of Wyoming Diana Martin, R.N. 307-789-2665 diana.martin@wyo.gov </td> <td style="width: 50%; text-align: center;"> East Side of Wyoming Val Koch, R.N. 307-777-8981 val.koch@wyo.gov </td> </tr> </table> | West Side of Wyoming Diana Martin, R.N. 307-789-2665 diana.martin@wyo.gov | East Side of Wyoming Val Koch, R.N. 307-777-8981 val.koch@wyo.gov |
|--|---|--|--|
| West Side of Wyoming Diana Martin, R.N. 307-789-2665 diana.martin@wyo.gov | East Side of Wyoming Val Koch, R.N. 307-777-8981 val.koch@wyo.gov | | |
| | I understand we are able to access online clinical immunization resources, including the “Epidemiology and Prevention of Vaccine-Preventable Diseases” (Pink Book) from the Clinical Services web page of the Immunization Program, which are available at http://www.health.wyo.gov/familyhealth/immunization/ClinicalServices.html | | |
| | I understand we are responsible for complying with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP). | | |
| | I understand any “cold chain” issues that occur once vaccines have been stored in our office, including out of range temperatures in storage units, must be reported immediately to the appropriate Clinical Quality and Compliance personnel. | | |
| | I understand we are responsible for distributing and recording the most current VIS each time a vaccine is administered. | | |
| | I understand we must maintain records in accordance with the National Childhood Vaccine Injury Compensation Act (NCVICA), which includes reporting clinically significant adverse events to the Vaccine Adverse Events Reporting System (VAERS) and the State VAERS Coordinator. | | |
| | I understand VAERS allows healthcare providers and other members of the public to report any suspected adverse events following vaccination. | | |
| | I understand that we will permit visits to our facility by authorized representatives of the Immunization Program to review compliance with VFC/WyVIP program requirements, including vaccine storage and record keeping practices. | | |
| | I understand a current Vaccine Management Plan should be accessible in our office to assist other staff with vaccine handling in the event the primary or secondary contact is unavailable. I also understand a template is available at www.immunizewyoming.com . | | |
| | I understand free, on-site or virtual clinical training is available to all our staff. | | |

| Initials | <p style="text-align: center;">Vaccine Program</p> <p style="text-align: center;">For more information on the statements below, please contact: Jude Serrano 307-777-2413 jude.serrano1@wyo.gov</p> |
|-----------------|--|
| | <p>I understand participation in the Vaccines For Children (VFC)/Wyoming Vaccinates Important People (WyVIP) program is based on enrollment in the program. Provider Participation Agreements must be submitted on an annual basis by the deadline established by the Immunization Program.</p> |
| | <p>I understand that storage unit temperatures should be between 2°-8° Celsius for the refrigerator and between -15° and -50° Celsius for the freezer. I understand that we are responsible for recording temperatures twice daily on any vaccine storage units that hold publicly-provided vaccine. I also understand completed temperature logs must be faxed or emailed to the Immunization Program by the Close of Business (COB) on the second business day each month.</p> |
| | <p>I understand that we must notify the Immunization Program if our office moves to a new location. I also understand that a storage unit must settle for at least 48 hours prior to putting vaccines back inside. I also understand that if we obtain a new storage unit, the Immunization Program must approve 10 days of temperature monitoring before we can move vaccines into the unit.</p> |
| | <p>I understand we are responsible for submitting Doses Administered and Vaccine Inventory data to the Immunization Program by the COB on the second business day each month. If our office does not submit these reports timely, we will not receive a vaccine order.</p> |
| | <p>I understand that if we are active WyIR users, our monthly data will be reviewed online by the Immunization Program by the COB on the second business day each month. If our office has not reconciled our inventory in the WyIR by this time, we will not receive a vaccine order.</p> |
| | <p>I understand the Immunization Program will be utilizing an electronic Vaccine Order Management System (VOMS), which would allow us to submit our vaccine orders online. I also understand we would need access to a computer with internet capabilities as electronic submission will be required.</p> |
| | <p>I understand all vaccine transfers between VFC/WyVIP providers must be authorized through the Immunization Program prior to transferring in order to ensure that the “cold chain” is maintained and providers report their vaccine inventories accurately.</p> |
| | <p>I understand all records related to childhood immunizations must be maintained for a minimum of three years. These records include, but are not limited to, patient screening forms, temperature logs, and any other reports or documents required by the Immunization Program, such as Vaccine Inventory or Doses Administered reports.</p> |
| | <p>I understand the Immunization Program conducts an annual benchmarking process to identify the number of children that are considered eligible for the federal VFC program. I also understand we will be responsible for submitting the necessary paperwork to the Immunization Program by the established deadline each year. If benchmarking results are not submitted by the deadline, vaccine orders will be suspended.</p> |
| | <p>I understand it is our responsibility to report any significant staff changes to the Immunization Program immediately. Staff changes that must be reported include addition/deletion of prescribing physicians or practitioners or staff identified as the Primary or Secondary Vaccine Contact.</p> |

| | |
|--|---|
| | I understand the primary and secondary contacts are both responsible for understanding the requirements of the VFC/WyVIP program. In the event the primary contact is out of the office or unable to complete the requirements, the secondary contact is then responsible for ensuring compliance for their office. |
| | I understand any publicly-supplied vaccine that is wasted or exposed to out-of-range temperatures must be reported to the Immunization Program immediately upon discovery. Any publicly-supplied vaccine that has been wasted must be reported on a Vaccine Expired and Wasted Form and returned to McKesson Specialty Distribution for the federal excise tax. |
| | I understand any vaccine that has expired, been wasted, or spoiled may need to be replaced at the expense of our office, as per the guidelines in the Vaccine Replacement Policy. |
| | I understand all vaccines shipped to our office must be immediately received and stored appropriately in their original packaging. I also understand that any vaccine that is delivered in non-viable condition must be reported to the Immunization Program immediately upon discovery, no more than 2 hours from delivery. |
| | I understand we may not charge patients for the cost of any publicly-provided vaccines (i.e. VFC/WyVIP vaccines). |
| | I understand we may not charge more than \$14.31 per vaccine component/toxoid for vaccine administration for any publicly-provided vaccines and that this amount has been established by the Centers for Medicaid & Medicare Services (CMS). I also understand it is our responsibility to ensure our billing department is aware of this requirement. |
| | I understand we may not deny administration of any publicly-provided vaccine to an established VFC-eligible patient because the patient's parent/guardian/individual of record is unable to pay the vaccine administration fee. We also understand that although we may waive the vaccine administration fee, other visit or office fees may be charged as applicable. |
| | I understand that the VFC program is federally funded and provides vaccines for children, 18 years and younger, that are eligible for Medicaid, are American Indian/Alaska Native, or are uninsured, regardless of where they reside. I also understand that children who qualify as underinsured, according to the guidelines set forth by the VFC program, are considered VFC eligible if receiving the vaccine at a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or a deputized provider's office. |
| | I understand that the WyVIP program is a state funded program that provides certain vaccines for children, 18 years and younger, who are not VFC eligible and live in the state of Wyoming. |
| | I understand that we must screen every patient, at every immunization encounter, and document their VFC-eligibility status. If we have an electronic health record system that does not allow for this type of documentation, we will institute a paper system for documenting VFC eligibility or will utilize the WyIR through direct data entry. I understand that we must be able to show our screening process and documentation during our site visit. |
| | I understand that as of July 1, 2011, the WyVIP program does not provide the following vaccines: meningococcal, hepatitis A, HPV, and influenza. I also understand these vaccines are still provided for VFC-eligible children. |

| | |
|--|---|
| | I understand we may withdraw from the VFC/WyVIP program at any time and that any unused vaccine provided to our office from the Immunization Program will be transferred to another provider identified by the Immunization Program. I also understand we will be responsible for the vaccine until it arrives safely in another provider's office. |
| | I understand the Immunization Program may terminate the Provider Participation Agreement at any time due to failure to comply with VFC/WyVIP policy/requirements. |
| | I understand any intentional or unintentional violations of the Vaccine Ordering, Distribution, and Management policies could be considered fraud and/or abuse and could lead to further investigation and/or corrective action. |
| | I understand free, on-site or virtual training is available to vaccine contacts regarding vaccine program requirements. |

| | |
|-----------------|---|
| | Wyoming Immunization Registry (WyIR) For more information on the statements below, please contact: John Anderson 307-777-5773 john.anderson@wyo.gov |
| Initials | |
| | I understand WyIR users must enroll in the WyIR on an annual basis. |
| | I understand if we wish to access immunization data recorded in the WyIR, we must complete a WyIR Provider Enrollment Agreement and the WyIR Access Level Form. |
| | I understand usernames and passwords should be kept confidential and that by not adhering to WyIR Policies and Procedures, access to the WyIR may be suspended and/or terminated. |
| | I understand that the WyIR administration should be contacted immediately when a user leaves our medical office or no longer needs access to the system. |
| | I understand free, on-site or virtual training is available to WyIR users to ensure that we are utilizing the WyIR and its functions optimally. |

By signing below, you acknowledge that you have been informed about the resources, policies, and procedures set forth by the Immunization Program.

Signature of Vaccine Contact

Date