

## **Replacement Policy between the Virginia Vaccines for Children (VVFC) Program and [Provider/Facility Name]**

[Provider/Facility Name] operates clinics in the [Health District] that provide care to VFC-eligible children, [percentage of VFC-eligible population] of their pediatric population. These include clinics that are [all on-site, off-site, or both on-site and off-site] facilities.

To begin the replacement process, [Provider/Facility Name] purchases initial vaccine inventory for all children with privately purchased vaccine and submits a request to the VVFC Program to replace the doses of vaccine that were used on VFC-eligible children. [Provider/Facility Name] [does/does not] receive section 317 vaccines. [Provider/Facility Name] has the capacity to purchase vaccine stock for all populations (public and private), offers all ACIP recommended vaccines to their entire patient population and utilizes an electronic system for documenting patient eligibility at the dose-level.

### **Procedure for On-Campus Facilities:**

Procured vaccines are shipped to [Provider/Facility/Pharmacy Name] facility indicated on the VVFC registration, complying with CDC storage and handling protocols. Upon receiving, vaccines are promptly inspected and stored by trained personnel in a pharmaceutical grade refrigerator with continuous temperature monitoring capabilities to ensure cold chain is maintained. Replenishment requests from automated dispensing cabinets from each individual, VFC registered, on-campus clinic are generated daily, and vaccines are delivered by pharmacy personnel to the designated location and stored in an approved refrigeration device within the clinic. On-campus refrigerators are pharmaceutical-grade and utilize digital data loggers with continuous temperature monitoring. A vaccine transport hard side case with continuous temperature monitoring capabilities is maintained on-site.

### **Procedure for Off-Campus Facilities (if applicable):**

VFC-provided vaccines are shipped directly from CDC-approved distributor (McKesson) to designated off-campus clinics that provide services to VFC-eligible patients. Upon receiving, designated trained clinic personnel promptly inspect and store the vaccines in a pharmaceutical grade refrigerator with continuous temperature monitoring capabilities to ensure cold chain is maintained.

### **[Provider/Facility Name] meets all of the following requirements to be eligible to operate as a VVFC replacement program:**

1. VFC screening and documentation of federal and state vaccine eligibility status is performed at each immunization encounter or visit prior to vaccine administration. Eligibility status is documented through the electronic health record (EHR) [Name of HER] during the registration process which captures required information. When a patient is scheduled for a vaccination encounter, insurance information is registered in the EHR. The patient's information is verified on the day of the visit and changes are made if necessary.

2. [Provider/Facility Name] maintains dose-level eligibility through the EHR and reports to the Virginia Immunization Information System (VIIS) through a data interface. When the patient is vaccinated, vaccines are charted in the EHR. Within the EHR, real-time processes have been programmed to view a patient's insurance, place of service and age criteria, changing the vaccine dose to a VFC vaccine, if eligible. Eligibility is shown by listing whether the patient is American Indian/Alaskan Native, covered by Medicaid or a Medicaid MCO, or "self-pay", which indicates the patient is uninsured. The appropriate vaccine charge (or lack thereof), administration charge and diagnostic codes are then applied to the patient's account as appropriate.

If a privately insured patient seeks vaccine services that are not covered by their insurer (underinsured), [Provider/Facility Name] administers vaccine from their private stock. These underinsured children are not billed for the cost of the vaccine or for an administration fee. Because these cases are extremely rare, [Provider/Facility Name] absorbs the cost for these patients.

3. All doses administered, including the eligibility of the child on the date of service, are documented using the EHR within 30 days or less of administration, usually at the time of the visit. Doses administered data is transmitted to the VIIS via EHR interface in real time.

4. At the end of each month, [Provider/Facility Name] submits a report generated from the EHR to the VVFC program for review. The report contains vaccine information, patient name, birth date and age, date of vaccination and VFC eligibility status. The VVFC program assesses doses administered data and replaces vaccine according to the data over the prior month. The Field Operations Supervisor or designee reviews the report monthly before approving the order center to replace the doses. A replacement sample file is attached. The VVFC Regional Consultant also conducts a chart review at each provider site during their annual Compliance visits. Using a random sample of names from the reports they provide, they review charts to ensure eligibility was reported correctly.

5. The total public vaccine inventory is submitted to the VVFC Accountability Supervisor with each vaccine order applying the percentage of [Provider/Facility Name] VFC-eligible population to the current inventory and must represent the public portion of the provider's inventory on hand. The proportion of the provider's inventory used for VFC-eligible children is uploaded to VTrckS with the submission of each vaccine order. Currently, [percentage of VFC-eligible patient population] patient population is VFC-eligible. This is assessed, at a minimum, yearly, when the provider profile is filled out. Per VVFC guidelines, if the profile changes at any time, [Provider/Facility Name] reassesses their provider profile and the percentage is adjusted.

6. Similar to inventory, public vaccine returns are submitted and represent the percentage of VFC-eligible children to the total amount of vaccine returns, [percentage of VFC-eligible patient population].

[Provider/Facility Name] sites to be activated and patient profile numbers:

Sum of Charge Quantity	Column Labels			Grand Total
	<1	Group1 (1-6)	Group2 (7-18)	
Row Labels				
HC ADACEL VAC 0.5ML [90400011]			3	3
HC BOOSTRIX 0.5ML > 7YRS [90400005]			36	36
HC DIPHT PERT TET POLIO VAC [90400026]		166	2	168
HC DPT (ACELLULAR) 0.5ML [90400029]		22	3	25
HC FLU VACCINE (6 MONTHS+) 0.5 ML [90400006]	79	868	1230	2177
HC GARDASIL 9 SYR 0.5 ML [90400002]			431	431
HC HAEMOPHILUS VAC 0.5ML [90400018]	612	606	3	1221
HC HEPATITIS A PED 0.5ML [90400023]	2	691	228	921
HC HEPATITIS B VAC (0.5ML) PED [90400009]	14	4	7	25
HC MENINGOCOCCAL VAC 9 MON-55 [90400022]		3	96	99
HC MUMPS,MEASLES, AND RUBELLA [90400016]		4	12	16
HC PEDIARIX PF SYRINGE [90400014]	2	10	1	13
HC PNEUMOCOCCAL VACCINE [90400004]		8	12	20
HC POLIO VACCINE INJ 0.5ML [90400025]		4	20	24
HC PREVNAR 13 VALENT 0.5ML [90400001]	2	15		17
HC PROQUAD VACCINE [90400021]		12	5	17
HC ROTARIX (2 DOSE SCH) [90400015]	9			9
HC VARICELLA VACCINE [90400012]		4	12	16
<b>Grand Total</b>	<b>720</b>	<b>2417</b>	<b>2101</b>	<b>5238</b>

Count of Vaccine	Column Labels			Grand Total
	<1 yo	Group 1 (1-6 yo)	Group 2 (7-18 yo)	
Row Labels				
[REDACTED]	5	22	46	73
[REDACTED]	5	22	46	73
[REDACTED]	106	298	281	685
[REDACTED]	106	298	281	685
[REDACTED]	14	37	75	126
[REDACTED]	14	37	75	126
[REDACTED]	360	1193	1437	2990
[REDACTED]	1	4	16	21
[REDACTED]	1	4	16	21
[REDACTED]		9	16	25
[REDACTED]		9	16	25
[REDACTED]	145	470	633	1248
[REDACTED]	145	470	633	1248
[REDACTED]		7	8	15
[REDACTED]		7	8	15
[REDACTED]	72	261	424	757
[REDACTED]	72	261	424	757
[REDACTED]	676		5	681
[REDACTED]	313		3	316
[REDACTED]	18			18
[REDACTED]	237		2	239
[REDACTED]	108			108
<b>Grand Total</b>	<b>1379</b>	<b>2301</b>	<b>2941</b>	<b>6621</b>

[PIN]	N	[Provider/Facility Name]	[Address]	On Campus
[PIN]	N	[Provider/Facility Name]	[Address]	Off Campus
[PIN]	N	[Provider/Facility Name]	[Address]	Off Campus
[PIN]	N	[Provider/Facility Name]	[Address]	Off Campus
[PIN]	N	[Provider/Facility Name]	[Address]	On Campus
[PIN]	N	[Provider/Facility Name]	[Address]	On Campus