

APPENDIX

8

MISCELLANEOUS INFORMATION

Bureau of Immunization-Vaccines for Children Program

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Updates and Memos

Periodically, VFC providers will receive updates from the VFC Program. These may be:

- Notices of changes to VFC policy.
- Notices of vaccine shortages.
- New recommendations by the Advisory Committee on Immunization Practices (ACIP).
- New vaccines available to the program.
- New vaccine reporting policies and procedures.

The VFC Program will make this information available through email notifications, faxes, and updates noted on the Florida Department of Health website at <http://www.immunizeflorida.org>.

Keep copies of these updates and recommendations in this handbook for future reference.

Florida Vaccines for Children (VFC) Program Points of Contact

The VFC Program is part of the Florida Department of Health, Bureau of Immunization. Providers can contact the VFC Program by mail, fax, toll-free telephone lines, and email address.

Mailing Address:

- Florida Department of Health, Bureau of Immunization
Vaccines for Children (VFC) Program
4052 Bald Cypress Way, Bin A-11
Tallahassee, FL 32399-1719
- Fax Number: (850) 245-4734
- Fraud and Abuse Hotline: (866) 313-0644

VFC Program Customer Service Representatives:

Telephone Number: (800) 483-2543, option 6 in the menu

- *extension 1*: VFC provider Enrollments/Recertifications
- *extension 2*: Varicella vaccine orders
- *extension 3*: Contact person for Miami-Dade county
- *extension 4*: Contact person for Broward, Duval, Hillsborough, Orange, Palm Beach, Pinellas counties
- *extension 5*: Contact person for all the other counties

Websites:

- VFC Program: <http://www.immunizeflorida.org/vfc/index.html>
- Florida Department of Health: <http://www.doh.state.fl.us/>

E-mail Address:

- VFC Email Address: FloridaVFC@doh.state.fl.us

McKesson Specialty:

- McKesson Specialty Vaccine-Viability Telephone Number: (877) 836-7123

Bureau of Immunization Area Field Staff Representatives

AREA	REPRESENTED COUNTIES	PHONE NUMBER	FAX NUMBER
1	Bay, Escambia, Gulf, Holmes, Jackson, Okaloosa, Santa Rosa	(850) 595-6762	(850) 595-6406
2	Calhoun, Columbia, Dixie, Franklin, Gadsden, Gilchrist, Hamilton, Jefferson, Lafayette, Leon, Liberty, Madison, Suwannee, Taylor, Wakulla	(850) 606-8170	(850) 528-5138
3	Alachua, Baker, Bradford, Clay, Duval, Nassau, St. Johns, Union	(904) 253-2513	(904) 253-2471
4	Flagler, Levy, Marion, Putnam, Volusia	(386) 274-0638	(386) 274-0637
5	Brevard, Lake, Orange, Seminole	(407) 254-1078	(407) 254-1014
6	Citrus, Hernando, Pasco, Pinellas, Sumter	(727) 507-4427	(727) 507-4429
7	Hardee, Highlands, Okeechobee, Osceola, Polk	(863) 519-7900 x 1226	(863) 519-8307
8	Hillsborough, Manatee	(813) 307-8015 x 2906	(813) 307-8088
9	Charlotte, Collier, DeSoto, Lee, Sarasota	(239) 461-6115	(239) 461-6104
10	Indian River, Martin, Palm Beach, St. Lucie	(561) 540-1103	(561) 540-1106
11	Broward, Glades, Hendry	(954) 468-2718	(954) 847-3556
12	Miami-Dade, Monroe	(305) 499-2063	(786) 845-0598

Immunization Resources on the Web

American Academy of Pediatrics

<http://www.aap.org/>

Advisory Committee on Immunization Practices (ACIP)

<http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>

CDC (National Center for Immunization and Respiratory Diseases)

<http://www.cdc.gov/vaccines/>

CDC (National Center for Immunization and Respiratory Diseases-English VISs)

<http://www.cdc.gov/vaccines/pubs/vis/default.htm>

Epidemiology and Prevention of Vaccine-Preventable Diseases (Pink Book)

<http://www.cdc.gov/vaccines/pubs/pinkbook/default.htm>

Florida School Health Program

<http://www.healthinschools.org>

Florida State Health Online Tracking System (Florida SHOTS)

<http://www.flshots.com/>

Healthy People 2010 Objectives

<http://www.healthypeople.gov>

Immunization Action Coalition

<http://www.immunize.org>

Immunization Action Coalition (VISs-English/Foreign)

<http://www.immunize.org/vis>

Morbidity and Mortality Weekly Report (MMWR)

<http://www.cdc.gov/mmwr/>

National Network for Immunization Information

www.immunizationinfo.org

Vaccine Administration Best Practices from California Distance Learning Health Network

www.cdln.com

The Children's Hospital of Philadelphia (Vaccine Education Center)

www.vaccine.chop.edu

Website Links to Access VFC Forms

Online Provider Forms

- Provider Initial Enrollment Form:
http://www.immunizeflorida.org/vfc/provider_enrollment_form.htm
- Provider Recertification Form:
http://www.immunizeflorida.org/vfc/provider_recertification_form.htm

Visit our website at <http://www.immunizeflorida.org/vfc/forms.htm> to download Acrobat PDF files of the following VFC Program forms located in the Provider Handbook.

Patient Eligibility

- Patient Eligibility Screening Record, Vaccines for Children Program:
- Comprehensive Certification Form for American Indians and Alaskan Natives
- Comprehensive Certification Form for Children Enrolled in Medicaid
- Patient Eligibility Screening Record for Family Planning Clinics
- Unaccompanied Minor without Insurance Information VFC Vaccine Log

Provider Enrollment Forms

- Initial Enrollment Form
- Recertification Form
- Disenrollment Form
- Maximum Regional Charges for Vaccine Administration
- Suspected Fraud and Abuse Report Form

Vaccine Reporting Forms

- Vaccine Report Form
- Varicella-Containing Vaccine Order Form

Vaccine Management

- Temperature Log for Vaccines
- Vaccine Usage Worksheet
- Vaccine Inventory Balance Sheet
- Vaccine Return and Waste Form
- Vaccine Transfer Form
- Special Vaccine Order Form for Off-Site Immunization Activities
- Cooler Temperature Log
- Emergency Response Plan

Providers can also access the Centers for Disease Control and Prevention (CDC) website at <http://www.cdc.gov/vaccines/programs/vfc/operations-guide.htm> for more information.

Florida Vaccines for Children (VFC) Program Suspected Fraud and Abuse Report Form

Complete the Suspected Fraud and Abuse Report Form in its entirety to report suspected fraud and abuse. Please provide as much information as possible. Incomplete information may prevent the VFC Program from making an investigation.

Your Information <i>(This information is optional – you may choose to remain anonymous.)</i>	
Name:	Date:
Address:	
Telephone Number:	Email Address:

Person or Company Suspected of Fraud and Abuse <i>(This information is required.)</i>	
Name of Physicians Office, Practice Clinic	
Address:	
Telephone Number:	Date of the Incident:

Which of the following best describes the type of fraud?

- Providing VFC vaccine to non-VFC-eligible children.
- Selling or otherwise misdirecting VFC vaccine.
- Billing a patient or third party for VFC vaccine.
- Charging more than the established maximum regional charge for administration of a VFC vaccine to a federally vaccine-eligible child.
- Not providing VFC-eligible children VFC vaccine due to parents' inability to pay for the administration fee.
- Not implementing provider enrollment requirements of the VFC Program.
- Failing to screen patients for VFC eligibility.
- Failing to maintain VFC records and comply with other requirements of the VFC Program.
- Failing to fully account for VFC vaccine.
- Failing to properly store and handle VFC vaccine.
- Ordering VFC vaccine in quantities or patterns that do not match provider profile or otherwise involves over-ordering of VFC doses.
- Wastage of VFC vaccine.
- Other: _____

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