



**June 27, 2016**

## **Annual VFAAR Program Re-enrollment**

### **Complete the attached VFAAR Enrollment forms**

The Philadelphia VFAAR Program requires all VFAAR providers to complete re-enrollment paperwork every June. To re-enroll in the program, follow these three steps:

1. Complete all of the attached VFAAR Enrollment forms
2. All staff who need access to KIDS Plus IIS must complete the KIDS Plus IIS Confidentiality Agreement
3. Your VFAAR Vaccine Coordinator and Back-up Coordinator must also complete the CDC's "Immunization: You Call The Shots—Module Ten—Storage and Handling—2015" training here: <http://www2a.cdc.gov/nip/isd/ycts/mod1/courses/sh/ce.asp>

Fax VFAAR Enrollment to: **215-238-6948**

Fax KIDS Plus IIS Agreement to: **215-238-6944**

You must submit this paperwork by July 8, 2016. Failure to do so will result in suspension from the VFAAR Program and KIDS Plus IIS.

To withdraw from the VFAAR Program, please submit a letter of withdraw and your VFAAR vaccine inventory to Sarah Bonilla at [Sarah.Bonilla@phila.gov](mailto:Sarah.Bonilla@phila.gov). If you withdraw from VFAAR you must also notify Medicaid of your inactive VFAAR status.

The Philadelphia VFAAR Program's rules and requirements are available online at: <http://kids.phila.gov/index.php/programs/vaccines-for-adults-at-risk/>

# Vaccines for Adults at Risk

## VFAAR Program Enrollment



Department of  
**Public Health**  
CITY OF PHILADELPHIA  
LIFE • LIBERTY • AND YOU™

### VFAAR PROGRAM PROVIDER AGREEMENT

FACILITY			
Facility Name			VFAAR PIN
Facility Address			
City	County	State	Zip Code
Phone Number		Fax Number	
Shipping Address (if different than facility address)			
City	County	State	Zip Code

MEDICAL DIRECTOR OR EQUIVALENT		
<p><b>Instructions:</b> The official VFAAR registered healthcare provider signing the agreement must be a practitioner authorized to administer vaccines under state law who will also be held accountable for compliance by the entire organization and its VFAAR providers with the responsible conditions outlines in the provider enrollment agreement. The individual listed here must sign the provider agreement.</p>		
Last Name, First, MI	Title	Speciality
License #	Medicaid or NPI #	Employer ID #

VFAAR VACCINE COORDINATOR	
Primary Vaccine Coordinator Name	
Phone Number	Email
Completed "You Call the Shots" module? <input type="checkbox"/> Yes <input type="checkbox"/> No	CE Code
Back-up Vaccine Coordinator Name	
Phone Number	Email
Completed "You Call the Shots" module? <input type="checkbox"/> Yes <input type="checkbox"/> No	CE Code

# Vaccines for Adults at Risk

## VFAAR Program Enrollment



Office Hours (Indicate lunch hours only if closed during lunch and unable to accept packages)				
Monday	Tuesday	Wednesday	Thursday	Friday
Lunch	Lunch	Lunch	Lunch	Lunch

**Type of Clinic (choose one)**

- HIV Treatment Center     
  Methadone Clinic/Detox Center     
  Federally Qualified Health Center (FQHC)  
 OESS     
  Hospital     
  OB Clinic     
  Other: \_\_\_\_\_

PATIENT DATA					
Use patient data for exact numbers on patient totals, and estimate the number of patients in the age ranges who will receive immunizations at your practice or for a 12-month period:	Ages (Do not count a patient in more than one category)				TOTAL
	19 - 26	27 - 49	50 - 64	65+	
<b>Total VFAAR Population</b>					
<b>Non-VFAAR Eligible Patients (insured with any type of insurance)</b>					

**Type of Data Used for Patient Totals Above (choose one)**

- Provider Encounter Data     
  Medical Claims Data  
 Doses Administered     
  Other: \_\_\_\_\_

### VACCINE STORAGE UNITS

Indicate your **REFRIGERATOR** storage unit types below:

Type:  
 Small/under counter\*   
  Combination   
  Stand alone refrigerator  
 Commercial/pharmacy grade  
 Number of Units: \_\_\_\_\_ Storage Capacity in Cubic Feet: \_\_\_\_\_

Type:  
 Small/under counter\*   
  Combination   
  Stand alone refrigerator  
 Commercial/pharmacy grade  
 Number of Units: \_\_\_\_\_ Storage Capacity in Cubic Feet: \_\_\_\_\_  
*\*Dormitory style units are not acceptable for vaccine storage.*

Primary **THERMOMETER** Type:  
 Digital with Glycol-encased Probe   
  Data-logger   
  None  
 Other: \_\_\_\_\_ Date of Last Calibration: \_\_\_\_\_

Back-up **THERMOMETER** Type:  
 Digital with Glycol-encased Probe   
  Data-logger   
  None  
 Other: \_\_\_\_\_ Date of Last Calibration: \_\_\_\_\_

Indicate your **FREEZER** storage unit types below:

Type:  
 Small/under counter\*   
  Combination   
  Stand alone freezer  
 Commercial/pharmacy grade  
 Number of Units: \_\_\_\_\_ Storage Capacity in Cubic Feet: \_\_\_\_\_

Type:  
 Small/under counter\*   
  Combination   
  Stand alone freezer  
 Commercial/pharmacy grade  
 Number of Units: \_\_\_\_\_ Storage Capacity in Cubic Feet: \_\_\_\_\_

Primary **THERMOMETER** Type:  
 Digital with Glycol-encased Probe   
  Data-logger   
  None  
 Other: \_\_\_\_\_ Date of Last Calibration: \_\_\_\_\_

Back-up **THERMOMETER** Type:  
 Digital with Glycol-encased Probe   
  Data-logger   
  None  
 Other: \_\_\_\_\_ Date of Last Calibration: \_\_\_\_\_

The information supplied on this form is complete and accurate to the best of my knowledge. I understand that this information will be used to determine the amount of vaccine needed by my practice and agree to submit an updated profile if there are changes in: the number of eligible patients seen, the status of the practice, vaccine contact or shipping information.

Signature	Date	VFAAR PIN
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# Vaccines for Adults at Risk

## VFAAR Program Enrollment



<b>PROVIDER AGREEMENT</b>	
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 healthcare facility of which I am the medical director or equivalent.	
<b>1</b>	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.
<b>2</b>	I will screen patients and document eligibility status at each immunization encounter for VFAAR eligibility (i.e. federally or state vaccine-eligible) and administer VFAAR-purchased vaccine only to patients who are uninsured or underinsured and 19 years and older.
<b>3</b>	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 VFAAR program unless: <ol style="list-style-type: none"> <li>1. In the provider's medical judgement, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the patient.</li> <li>2. The particular requirements contradict state law, including laws pertaining to religious and other exemptions.</li> </ol>
<b>4</b>	I will maintain all records related to the VFAAR program for a minimum of three years and upon request make these records available for review. VFAAR records include, but are not limited to, VFAAR screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.
<b>5</b>	I will immunize eligible patients with publicly supplied (VFAAR) vaccine at no charge to the patient for the vaccine.
<b>6</b>	<b>VFAAR Vaccine Eligible Patients</b> I will not charge a vaccine administration fee to federal vaccine (VFAAR) eligible patients that exceeds the administration fee cap of \$23.14 per vaccine dose.
<b>7</b>	I will not deny administration of a publicly purchased vaccine to an established patient because the patient or patient's guardian/individual of record is unable to pay the administration fee.
<b>8</b>	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).
<b>9</b>	I will comply with the requirements for vaccine management including: <ol style="list-style-type: none"> <li>1. Ordering vaccine and maintaining appropriate vaccine inventories.</li> <li>2. Not storing vaccine in dormitory-style units at any time.</li> <li>3. Storing vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet Philadelphia Department of Public Health's Immunization Program storage and handling requirements.</li> <li>4. Returning all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration.</li> </ol>

# Vaccines for Adults at Risk VFAAR Program Enrollment



PROVIDER AGREEMENT	
<b>10</b>	<p>I agree to operate within the VFAAR 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 VFAAR Program:</p> <p><b>Fraud:</b> is 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.</p> <p><b>Abuse:</b> 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. It also includes recipient practices that result in unnecessary cost to the Medicaid program.</p>
<b>11</b>	I will participate in VFAAR program compliance site visits including unannounced visits, and other educational opportunities associated with VFAAR program requirements.
<b>12</b>	I agree to replace vaccine purchased with federal funds (VFAAR, 317) that are deemed non-viable due to provider negligence on a <b>dose-for-dose</b> basis.
<b>13</b>	I understand that immunization administration is a reportable event as per the Philadelphia Health Code § 6-210. I will make information on immunizations administered to all patients available to the Division of Disease Control’s KIDS Plus IIS.
<b>14</b>	I understand this facility or Philadelphia Department of Public Health’s 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 Philadelphia Department of Public Health’s Immunization Program.

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 Adults at Risk enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

Medical Director or Equivalent Name (print)	VFAAR PIN
Signature	Date

# Vaccines for Adults at Risk VFAAR Program Enrollment



## RECENT STORAGE & HANDLING REQUIREMENTS

The VFAAR Program recently updated Storage & Handling policies.

- The VFAAR Program now requires all VFAAR vaccine storage units to be monitored by a certified, calibrated digital data logger.
- The VFAAR Program now requires all VFAAR providers to have a back-up thermometer.
- The VFAAR Program no longer allows VFAAR vaccine to be stored in the freezer unit of a household combination refrigerator/freezer. VFAAR vaccine previously stored in a combination refrigerator/freezer unit must be stored in stand-alone freezer units.

These policies effective now.

By signing this form, I verify that I have read the STORAGE & HANDLING UPDATE, I understand the VFAAR storage & handling policies listed above, and acknowledge that I am responsible for compliance with these requirements.

Medical Director or Equivalent Name (print)	VFAAR PIN
Signature	Date

**Fax the complete VFAAR enrollment packet to 215-238-6948**

# KIDS Plus IIS

## Confidentiality Agreement



### **ALL users must complete this version of the KIDS Plus IIS Confidentiality Agreement for annual re-enrollment in June 2016.**

If you are an existing user completing the annual re-enrollment for KIDS Plus IIS, your account will automatically be updated as your paperwork is processed.

## **I. Background**

Pursuant to its public health authority under section 6-210 of the Philadelphia Health Code, the Philadelphia Board of Health has issued Regulations that mandate reporting of immunization data for children 0-18 years of age and adults over 18 years of age to a citywide immunization registry. The Philadelphia Department of Public Health (PDPH), Immunization Program maintains the Kids Immunization Database/Tracking System Plus (KIDS Plus), heretofore referred to as the KIDS Plus Immunization Information System (IIS) or KIDS Plus, to record all immunization data.

The KIDS Plus IIS is a secure web-based application that offers medical providers consolidated immunization records for their patients as well as recommendations based on the most recent immunization schedule. KIDS Plus can be accessed via the internet (<http://kids.phila.gov>). All healthcare providers who administer immunizations in Philadelphia are required to report all vaccine doses, whether supplied by Vaccines for Children (VFC), Vaccines for Adults at Risk (VFAAR) programs or privately purchased.

The KIDS Plus IIS is available to the employees of Philadelphia health care entities, schools, social service agencies, as well as, PDPH employees and their select representatives. With few exceptions, access is limited to those who serve children and adults within the city of Philadelphia. Employees of any health care entity, authorized agency, or school who will be given access to the KIDS Plus IIS must complete and sign the KIDS Plus IIS User Confidentiality Agreement.

## **II. Confidentiality**

Protecting the privacy of patients and the security of information contained in KIDS Plus IIS is an important priority for the Philadelphia Department of Public Health.

KIDS Plus data are confidential. Breach of confidentiality requirements (**See Section V. Access to and Disclosure of KIDS Plus IIS Information**) will subject the user, health care entity, authorized agency, or school to termination of electronic access to the KIDS Plus IIS and may result in civil or criminal penalties for improper disclosure of health information. Access to the KIDS Plus IIS is password-protected with Secure Sockets Layer (SSL) encryption, and the database is protected by firewall from unauthorized access.

KIDS Plus IIS is HIPAA compliant. HIPAA regulations do not prohibit covered entities or their business associates from reporting notifiable diseases/conditions or events, such as immunizations, to public health authorities. Submitting data on reportable diseases/conditions or events does not require covered entities to seek patient authorization for release of information, nor to document that information will be disclosed to public health authorities.

The KIDS Plus IIS Disclosure Form is available to provide an explanation to patients, parents and/or guardians that information about their immunizations or their child's immunizations will be recorded in the KIDS Plus IIS. This disclosure form can be found on the KIDS Plus IIS website or by contacting the PDPH Immunization Program. Patients, parents, guardians or legal custodians may opt-out of participation in KIDS Plus IIS.

# KIDS Plus IIS

## Confidentiality Agreement



### III. Notification

Providers are not required to obtain a release or authorization from patients, parents, or guardians to report immunizations to the KIDS Plus IIS. Pursuant to its public health authority under section 6-210 of the Philadelphia Health Code, the Philadelphia Board of Health has issued Regulations stating that PDPH “...has the authority to obtain and store medical information, including photocopies of medical records and medical summaries, regarding immunizations governed by this Regulation without a signed authorization from the patient or patient’s representative.”

In addition, HIPAA Section 164.512 (b)(1)(i) allows disclosure for public health activities to “a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability...the conduct of public health surveillance, public health investigations, and public health interventions...”

### IV. Patient Participation

Every person receiving immunizations in Philadelphia is enrolled into the KIDS Plus IIS using information derived from the birth record or health care provider.

A patient, parent, guardian or legal custodian can refuse to participate in KIDS Plus and may have their record or their child’s record locked by completing the KIDS Plus Participation Request Form and submitting the completed form to KIDS Plus personnel. KIDS Plus personnel will then update the patient’s record to indicate that data is not to be shared. If a KIDS Plus IIS user subsequently tries to access that patient record, the user will be unable to view the patient’s immunization history and personal information. Only KIDS Plus personnel have the ability to view or unlock a locked patient record.

### V. Access to and Disclosure of KIDS Plus IIS Information

The patient-level information contained in KIDS Plus shall only be used for the following purposes:

- Assist providers and social service agencies in keeping a patient’s immunization status up-to-date by consolidating vaccination histories and forecasting recommended vaccinations based on the AAP/ACIP schedule. (Providers are only authorized to use KIDS Plus IIS to access immunization information for patients presenting to them for care.)
- Prevent the administration of duplicate immunizations.
- Provide documentation of a patient’s immunizations (as reported to the KIDS Plus IIS) to the patient, child’s parent, guardian or legal custodian.
- Permit schools to determine the immunization status of students enrolled at that specific school.
- Provide or facilitate third party payments for immunizations (e.g. MCO).

KIDS Plus data that identifies individual patients will not be disclosed to unauthorized individuals, including law enforcement, without the approval of the Director of the Division of Disease Control. Any request for KIDS Plus data (including subpoenas, court orders, and other legal demands) must be brought to the attention of the KIDS Plus IIS Coordinator, who will consult PDPH legal counsel before any data can be released.

**IMPORTANT NOTE:** Any unauthorized use of KIDS Plus data is prohibited, including the following:

- Accessing and/or distributing KIDS Plus IIS records for any activity other than those outlined above, including (but not limited to) research, presentations, publications, sharing with unauthorized individuals.
- Sharing your KIDS Plus IIS login and password with others (even within your organization).
- Using another person’s KIDS Plus IIS login and password.

# KIDS Plus IIS

## Confidentiality Agreement

### VI. User Participation

Users are defined as anyone with access to KIDS Plus, and each user must read, complete and sign the KIDS Plus IIS User Confidentiality Agreement prior to gaining access to KIDS Plus IIS data. The following table outlines the different types of KIDS Plus users and access allowed for each user group type:

User Type	View Demographics and Immunizations	Add/Edit Patient Information	Clinic and Provider Level Reports	VFC Vaccine Ordering and Inventory
Immunization Providers (Public and Private)	Can Access	Subset have access	Subset have access	Subset have access
PDPH Employees and its Authorized Agents	Can Access	Can Access	Can Access	Can Access
Public, Private and Charter Schools	Can Access	No Access	No Access	No Access
Social Service Agencies	Can Access	No Access	No Access	No Access
Managed Care Organizations (MCOs)	Can Access	No Access	No Access	No Access

- **View Demographics & Immunizations** indicates the user has permission to view information about the patient, including the patient's name, date of birth, parent/guardian name, address, telephone number, the entire immunization history and status (i.e., whether or not the child is up-to-date with recommended immunizations).
- **Add/Edit Information** indicates the user can add new demographic and immunization data to a patient's record; edit demographic and immunization data previously recorded in a patient's record; and add a new patient to the KIDS Plus IIS.
- **Clinic and Provider level reports** indicates select users have access to run two levels of reports:
  - 1) Clinic Level Reports – includes coverage rate assessments and reminder/recall reports for a specific clinic.
  - 2) Provider Level Reports – includes coverage rate assessments and reminder/recall reports. A 'Provider' in Kids Plus includes multiple related clinics (e.g. physician at multiple clinics, health system, etc).
- **VFC Vaccine Ordering & Inventory** indicates the user can track vaccine inventory and/or order VFC and/or VFAAR vaccines through KIDS Plus.

Only those whose assigned work duties include functions associated with the immunization of patients will be given access to KIDS Plus IIS information. All personnel including permanent and temporary employees, volunteers, contractors, and consultants will be required to complete and sign a KIDS Plus IIS User Confidentiality Agreement before gaining access as a KIDS Plus IIS user. Any user that violates this agreement will be subject to revocation of their access privileges and may result in civil or criminal penalties for improper use and/or disclosure of health information.

In order to maintain the security and confidentiality of KIDS Plus IIS data, new agreements are to be signed annually by all users.

- The KIDS Plus IIS User Confidentiality Agreement must be completed and signed prior to gaining access to KIDS Plus IIS data. Once KIDS Plus personnel receive the signed agreement and user eligibility is verified, a password will be created and the new user can access the KIDS Plus IIS via the internet.
- Each person granted access to KIDS Plus must have a unique login ID and password.
- Shared login IDs and passwords are not permitted. Users are prohibited from disclosing KIDS Plus IIS access codes or protocol to unauthorized persons.
- Users who fail to access KIDS Plus for more than 90 consecutive days will have their accounts inactivated by KIDS Plus personnel.

Users also agree to receive all email and fax communications from the Philadelphia Immunization Program.

# KIDS Plus IIS

## Confidentiality Agreement



**Complete one form per user. All information is required.**

<input type="checkbox"/> I am a <b>new</b> KIDS Plus IIS user	<input type="checkbox"/> <b>Current</b> or <b>previous</b> KIDS Plus IIS user	KIDS Plus IIS Username
Last Name	First Name	Middle Name
Title		Phone Number
Email Address		Fax Number

Organization Name		VFC/VFAAR PIN (if applicable)
Organization Mailing Address		
City	State	Zip Code

<b>This information is only required for licensed medical professionals.</b>		
National Provider Identification Number (NPI)		Medicaid Provider ID
PA Medical License Number	License Issue Date	License Expiration Date

**VFC Ordering/Inventory Contact** – I am the person responsible for ordering VFC vaccines or tracking VFC vaccine inventory in my office.

**I, the undersigned, have read and agree to abide by the KIDS Plus IIS Confidentiality Agreement.**

Signature	Date
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Please fax all completed forms to: **215-238-6944**

Or scan and email to: [KIDSRegistry@phila.gov](mailto:KIDSRegistry@phila.gov)



<b>PDPH USE ONLY</b>			
Date Received: _____	Approved?: _____	Entered By: _____	Clinic Code: _____
System Permission: <input type="checkbox"/> Read-Only <input type="checkbox"/> Clinic Level Reports <input type="checkbox"/> Data Entry <input type="checkbox"/> Provider Level Reports <input type="checkbox"/> Ordering <input type="checkbox"/> Inventory			