

VFC NEW PROVIDER ENROLLMENT
FOR PEDIATRIC SITE

INSTRUCTIONS: Email the completed VFC New Provider Enrollment for Pediatric Site and New Provider Agreement for Pediatric Site to: VFC@doh.nj.gov.

Today's Date (MM/DD/YYYY)

___ / ___ / ___ - ___ - ___

PROVIDER INFORMATION

Office Name:

Office Medicaid Number: Office NPI Number: Office Tax ID:

Provider Type:

- Private Facilities:** Private Practice (solo/group/HMO) Hospital Other Private
Public Facilities: Public Health Department Hospital Federally Qualified Health Center
 Juvenile Justice Commission Other Public

Vaccines Offered (Select only one box):

- All ACIP Recommended Vaccines for Children 0 through 18 Years of Age
 Offers Select Vaccines (**This option is only available for facilities designated as "Specialty Providers" by the VFC Program.**)

A "Specialty Provider" is defined as a provider that only serves (1) a defined population due to the practice specialty (e.g., OB/GYN, STD clinic, family planning) or (2) a specific age group within the general population of children ages 0 – 18. Local health departments and pediatricians are not considered specialty providers. The VFC Program has the authority to designate VFC providers as specialty providers.

Select Vaccines Offered by Specialty Provider:

- DTaP Influenza Polio
 Hepatitis A Meningococcal Conjugate Rotavirus
 Hepatitis B MMR TD
 HIB Pneumococcal Conjugate Tdap
 HPV Pneumococcal Polysaccharide Varicella
 Other (specify):

Vaccine Delivery Address

Address 1: Address 2:

City: State: Zip:

County: Municipality:

Phone: () Ext. Fax: ()

Email:

LICENSED MEDICAL PROVIDERS (List all active PA, NP, MD, and DO's at this facility)

The Medical Director signing this agreement must be authorized to administer pediatric vaccines under state law. The Medical Director will be held accountable for VFC Program compliance by the entire organization with all items stated in the NJVFC Program Provider Agreement.

1. Medical Director Title: MD DO Date of Birth:

Last Name: First Name: Middle Name:

NPI No.: Medical License No.: Medicaid No.:

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(Continued)**

LICENSED MEDICAL PROVIDERS, CONTINUED

2. Licensed Medical Provider	Title: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP	Date of Birth: <input style="width: 100%;" type="text"/>
Last Name: <input style="width: 100%;" type="text"/>	First Name: <input style="width: 100%;" type="text"/>	Middle Name: <input style="width: 100%;" type="text"/>
NPI No.: <input style="width: 100%;" type="text"/>	Medical License No.: <input style="width: 100%;" type="text"/>	Medicaid No.: <input style="width: 100%;" type="text"/>
3. Licensed Medical Provider	Title: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP	Date of Birth: <input style="width: 100%;" type="text"/>
Last Name: <input style="width: 100%;" type="text"/>	First Name: <input style="width: 100%;" type="text"/>	Middle Name: <input style="width: 100%;" type="text"/>
NPI No.: <input style="width: 100%;" type="text"/>	Medical License No.: <input style="width: 100%;" type="text"/>	Medicaid No.: <input style="width: 100%;" type="text"/>
4. Licensed Medical Provider	Title: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP	Date of Birth: <input style="width: 100%;" type="text"/>
Last Name: <input style="width: 100%;" type="text"/>	First Name: <input style="width: 100%;" type="text"/>	Middle Name: <input style="width: 100%;" type="text"/>
NPI No.: <input style="width: 100%;" type="text"/>	Medical License No.: <input style="width: 100%;" type="text"/>	Medicaid No.: <input style="width: 100%;" type="text"/>

ASSOCIATED ADDITIONAL MEDICAL OFFICES

(Complete this section only if there are other offices in the practice. If none, go to next section.)

1. Medical Office Name: <input style="width: 100%;" type="text"/>	VFC Pin: <input style="width: 100%;" type="text"/>
Street 1: <input style="width: 100%;" type="text"/>	Street 2: <input style="width: 100%;" type="text"/>
City: <input style="width: 100%;" type="text"/>	State: <input type="checkbox"/> NJ <input style="width: 100%;" type="text"/>
County: <input style="width: 100%;" type="text"/>	Municipality: <input style="width: 100%;" type="text"/>
Phone: (<input style="width: 100%;" type="text"/>)	Ext. <input style="width: 100%;" type="text"/>
Fax: (<input style="width: 100%;" type="text"/>)	
2. Medical Office Name: <input style="width: 100%;" type="text"/>	VFC Pin: <input style="width: 100%;" type="text"/>
Street 1: <input style="width: 100%;" type="text"/>	Street 2: <input style="width: 100%;" type="text"/>
City: <input style="width: 100%;" type="text"/>	State: <input type="checkbox"/> NJ <input style="width: 100%;" type="text"/>
County: <input style="width: 100%;" type="text"/>	Municipality: <input style="width: 100%;" type="text"/>
Phone: (<input style="width: 100%;" type="text"/>)	Ext. <input style="width: 100%;" type="text"/>
Fax: (<input style="width: 100%;" type="text"/>)	

PEDIATRIC SITE CONTACTS

Two designated on-site and fully trained staff responsible for all vaccine management activities within the practice.

Primary Vaccine Coordinator:

Last Name: <input style="width: 100%;" type="text"/>	First Name: <input style="width: 100%;" type="text"/>	Middle Name: <input style="width: 100%;" type="text"/>
Email: <input style="width: 100%;" type="text"/>	Phone: <input style="width: 100%;" type="text"/>	Ext. <input style="width: 100%;" type="text"/>

Backup Vaccine Coordinator:

Last Name: <input style="width: 100%;" type="text"/>	First Name: <input style="width: 100%;" type="text"/>	Middle Name: <input style="width: 100%;" type="text"/>
Email: <input style="width: 100%;" type="text"/>	Phone: <input style="width: 100%;" type="text"/>	Ext. <input style="width: 100%;" type="text"/>

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VACCINE DELIVERY HOURS

(Hours when vaccine shipments can be delivered. Exclude lunch hours if office is closed. Note: No deliveries are made on Mondays.)

Tuesday Wednesday Thursday Friday

From (hh:mm): : To (hh:mm): : AND

From (hh:mm): : To (hh:mm): :

Tuesday Wednesday Thursday Friday

From (hh:mm): : To (hh:mm): : AND

From (hh:mm): : To (hh:mm): :

Tuesday Wednesday Thursday Friday

From (hh:mm): : To (hh:mm): : AND

From (hh:mm): : To (hh:mm): :

Special Delivery Instructions:

NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY (NIST) THERMOMETERS (Enter only one Certification Number for dual probe thermometer Certificates. Digital min/max thermometers with glycol filled probes are not fluid filled thermometers.)

Thermometers:

1. Type:	<input type="checkbox"/> Data Logger <input type="checkbox"/> Digital Min/Max Thermometer	Certification or Serial Number:		NIST Certification Expiration Date:	
2. Type:	<input type="checkbox"/> Data Logger <input type="checkbox"/> Digital Min/Max Thermometer	Certification or Serial Number:		NIST Certification Expiration Date:	
3. Type:	<input type="checkbox"/> Data Logger <input type="checkbox"/> Digital Min/Max Thermometer	Certification or Serial Number:		NIST Certification Expiration Date:	
4. Type:	<input type="checkbox"/> Data Logger <input type="checkbox"/> Digital Min/Max Thermometer	Certification or Serial Number:		NIST Certification Expiration Date:	

Back-Up Thermometer (Required):

1. Type:	<input type="checkbox"/> Data Logger <input type="checkbox"/> Digital Min/Max Thermometer	Certification or Serial Number:		NIST Certification Expiration Date:	
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**VFC NEW PROVIDER ENROLLMENT FOR PEDIATRIC SITE
(Continued)**

PROVIDER POPULATION

Provider Population based on patients seen during the previous 12 months. Report the number of children who received vaccinations at your facility, by age group. Only count a child once based on the status of the last immunization visit, regardless of the number of visits made. The following table documents how many children received VFC vaccine, by category, and how many received non-VFC vaccine.

VFC Vaccine Eligibility Categories	Number of Children who Received Vaccine by Age Category		
	Under 1 Year	1-6 Years	7-18 Years
• Enrolled in Medicaid or NJ FamilyCare Plan A	<input type="text"/>	<input type="text"/>	<input type="text"/>
• No Health Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>
• American Indian/Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>
• Underinsured (In FQHC) ¹	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-VFC Vaccine Eligibility Categories	Under 1 Year	1-6 Years	7-18 Years
• Insured (private pay/health insurance covers vaccines)	<input type="text"/>	<input type="text"/>	<input type="text"/>
• Children's Health Insurance Program (NJ FamilyCare B, C, D) ²	<input type="text"/>	<input type="text"/>	<input type="text"/>

¹ Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance. In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC).

² These children are considered insured and are not eligible for vaccines through the VFC Program.

TYPE OF DATA USED TO DETERMINE PROVIDER POPULATION (Choose ALL that apply):

- Benchmarking NJIIS Provider Encounter Data
 Medicaid Claims Data Doses Administered Billing System
 Other (must describe):

The Medical Director signing this agreement must be authorized to administer pediatric vaccines under state law. The Medical Director will be held accountable for VFC Program compliance by the entire organization with all items stated in the NJVFC Program Provider Agreement.

Print Name of Medical Director: Signature of Medical Director: Date:

FOR STATE USE ONLY					
Date Certified for NJVFC		Staff Name		PIN Number	
Federal HHS OIG Search Done	<input type="checkbox"/> Yes <input type="checkbox"/> No	NJ Consumer Affairs OIG Search Done	<input type="checkbox"/> Yes <input type="checkbox"/> No	Address Checked on USPS Site	<input type="checkbox"/> Yes <input type="checkbox"/> No
Correction made to conform to USPS Address					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Document clarification of HHS OIG an NJ Division of Consumer Affairs issues here:					
<input style="width: 100%; height: 20px;" type="text"/>					