Annual Provider Profile Form

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

All health care providers participating in the Vaccines for Children (VFC) program must complete this form annually or more frequently if the number of children served changes or the status of the facility changes during the calendar year.

Date: ____/____/_____ **Provider Identification Number: _____**

FACILITY INFORMATION

Provider's Name:		
Facility Name:		
Vaccine Delivery Address:		
City:	State:	Zip:

List days and Time available to receive vaccines (include time that facility is closed for lunch)

Monday:	Thursday:
Tuesday:	Friday:
Wednesday:	
Telephone:	Facility Email:
Fax Number:	Medical Director:
Medicaid Number (if applicable):	Medical License Number:
Vaccine Coordinator (1):	Vaccine Coordinator (2):

FACILITY TYPE (select facility type)

Private Facilities

- ☐ Private Hospital
- ☐ Private Practice (solo/group/HMO)
- ☐ Private Practice (solo/groups as agent for FQHC/RHC-deputized)
- ☐ Community Health Center
- ☐ Pharmacy
- ☐ Birthing Hospital
- ☐ School-Based Clinic
- ☐ Teen Health Center
- ☐ Adolescent Only Provider
- ☐ Other:

Public Facilities

- ☐ Public Health Department Clinic
- ☐ Public Health Department Clinic as agent for FQHC/RHC-deputized
- ☐ Public Hospital
- ☐ FQHC/RHC (Community/Migrant/Rural)
- ☐ Community Health Center
- ☐ Tribal/Indian Health Services Clinic
- ☐ Women, Infants and Children
- ☐ Other:
- ☐ STD/HIV
- ☐ Family Planning
- ☐ Juvenile Detention Center
- ☐ Correctional Facility
- ☐ Drug Treatment Facility
- ☐ Migrant Health Facility
- ☐ Refugee Health Facility
- ☐ School-Based Clinic
- ☐ Teen Health Center
- ☐ Adolescent Only

LIST OTHER MEDICAL PROVIDERS IN YOUR FACILITY (please attach a supplementary sheet, if needed)

Name	Medical License No.	Medicaid No.	Speciality

Annual Provider Profile Form

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

VACCINES OFFERED (select only one box)

☐ All ACIP Recommended Vaccines	☐ Specific vaccines to serve patient population. List vaccines here:

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 at 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	# of children who received VFC Vaccine by Age Category			
	<1 Year	1–6 Years	7–18 Years	Total
Medicaid-enrolled or Medicaid-eligible				
Uninsured				
American Indian/Alaska Native				
Underinsured in FQHC/RHC or Deputized Facility[1]				
Total VFC:				

Non-VFC Vaccine Eligibility Categories	# of children who received non-VFC Vaccine by Age Category			
	<1 Year	1–6 Years	7–18 Years	Total
Insured (private pay/health insurance covers vaccines)				
Other Underinsured[2]				
Children's Health Insurance Program (CHIP)[3]				
Total Non-VFC:				
Total Patients (must equal sum of Total VFC + Total Non-VFC)				

[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) or Rural Health Clinic (RHC) or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate these underinsured children.

[2] Other underinsured are children that are underinsured but are not eligible to receive federal vaccine through the VFC program because the provider or facility is not a FQHC/RHC or a deputized provider. However, these children may be served if vaccines are provided by the state program to cover these non-VFC eligible children.

[3] CHIP – Children enrolled in the state Children's Health Insurance Program (CHIP). These children are considered insured and are not eligible for vaccines through the VFC program. Each state provides specific guidance on how CHIP vaccine is purchased and administered through participating providers.

Annual Provider Profile Form

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

TYPE OF DATA USED TO DETERMINE PROVIDER POPULATION (choose all that apply)		
☐ Benchmarking	☐ Doses Administered	☐ Billing System
☐ Medicaid Claims	☐ Provider Encounter Data	☐ IIS
☐ Other (must describe):		

Name and title of the person completing the provider profile form:	
Name:	
Title:	
Signature of Medical Director:	Date:
For the District of Columbia VFC Program	
Date Received:	Date Reviewed:
Comments:	
Date Approved:	