



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

TO: Potential VFC Vaccine Provider

FROM: Maryland Department of Health and Mental Hygiene
Center for Immunization
Vaccines for Children Program

SUBJECT: Provider Enrollment in the Maryland Vaccines for Children Program

Thank you for your interest in enrolling in the State of Maryland's Vaccines for Children (VFC) Program.

The VFC Program is a federal entitlement program that provides publicly purchased vaccines for eligible children, at no cost to the participating health care provider. Children 0 through 18 years of age who meet at least one of the following criteria are eligible to receive VFC vaccine:

- Current Medicaid Enrollee;
- Children with NO health insurance;
- Native American or Alaska Native; or
- Children who are underinsured may be vaccinated at a FQHC or LHD only (uninsured is a rare situation when private insurance does not cover the cost of vaccine).

Enclosed please find the Maryland VFC New Enrollment Pre-Site Questionnaire. Please fax the completed Pre-Site Questionnaire to the fax number below. Please keep a copy for your records.

VFC Program Fax Number: 410-333-5893

Upon review and approval of the completed Pre-Site Questionnaire, VFC Provider enrollment forms will be mailed to the responsible medical provider. In addition, a VFC Site Reviewer will contact the responsible medical provider to schedule a new enrollment visit.

Please note: all VFC Provider enrollment forms must be completed prior to the new enrollment visit. **VFC providers may not store federally purchased vaccine in dormitory style refrigerators at any time.**

If you have any questions or need assistance completing the Pre-Site Questionnaire please call the VFC Contact Center at **410-767-6679**.

**Maryland Vaccines for Children (VFC)
New Enrollment Pre-Site Questionnaire**

Fax completed pages 1 & 2 of questionnaire to: 410-333-5893

Date: _____

Practice/Office Name: _____

Responsible Medical Provider Name: _____

Title: _____ Medical License #: _____

Provider Email Address: _____

Phone Number: _____ Fax Number: _____

Address: _____ Suite/Room: _____

City: _____ Zip: _____ County: _____

Practice/Office Contact Person: _____

Has this location ever been a part of the VFC Program in the past?

Yes No PIN Number _____

Do you currently have other locations that are part of the VFC Program?

Yes No PIN Number _____

TYPE OF PRACTICE/FACILITY (select one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Pediatric Practice | <input type="checkbox"/> Local Health Department | <input type="checkbox"/> School-Based Health Clinic |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> College-Based Health Clinic |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Urgent Care Center | <input type="checkbox"/> Juvenile Justice/Corrections |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> FQHC/LHD | <input type="checkbox"/> Pharmacy |

CATAGORY OF VFC-ELIGIBLE CHILD (0-18 yrs) EXPECTED TO VACCINATE (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Current Medicaid Enrollee | <input type="checkbox"/> Children with NO health insurance |
| <input type="checkbox"/> Native American/Alaskan Native | <input type="checkbox"/> Children who are underinsured (FQHC or LHD Only) |

SHIPPING HOURS: Indicate hours practice/office is open and someone is available to accept shipments									
Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Special shipping instructions:									

VACCINE STORAGE UNITS					
Refrigerator Storage Unit Types			Freezer Storage Unit Types		
	Type	Number of Units		Type	Number of Units
<input type="checkbox"/>	Combination (with freezer)		<input type="checkbox"/>	Combination (with freezer)	
<input type="checkbox"/>	Stand-alone refrigerator (Dorm style are NOT acceptable)		<input type="checkbox"/>	Stand-alone refrigerator (Dorm style are NOT acceptable)	
<input type="checkbox"/>	Commercial/Pharmacy Grade		<input type="checkbox"/>	Commercial/Pharmacy Grade	

Is your refrigerator/freezer unit(s) in good working condition Yes No

Does your refrigerator/freezer unit(s) maintain proper temperatures (35°- 46°F refrigerator; 5°F or lower freezer) Yes No

Per VFC Program requirements, all vaccine storage units must have a certified calibrated thermometer. Do your vaccine storage units have certified calibrated thermometers? Yes No

If yes, please fax the thermometer certificates, along with this questionnaire, to the VFC Program. Submission of the thermometer's manufacturer warranty is NOT acceptable. Certified calibrated thermometers are available from laboratory and scientific supply companies.

Please note: VFC-eligible patients should not be scheduled for vaccination until AFTER receipt of the vaccine.

VFC Contact Center: 410-767-6679

Maryland Vaccines for Children (VFC) Certified Calibrated Thermometer Information

Vaccines for Children (VFC) providers are required to have calibrated thermometers covered by a Certificate of Traceability and Calibration in all units where publicly funded vaccine is stored. With the goal of improving the way vaccines are stored and handled nationwide, the Centers for Disease Control and Prevention (CDC) recommends the use of a digital thermometer with a biosafe glycol-encased probe that will measure liquid temperature. Maryland VFC encourages all providers to comply with CDC's recommendations. More detail regarding the rationale behind these recommendations is included below.

- 1. Use of a biosafe glycol-encased probe or a similar temperature buffered probe rather than measurement of ambient air temperatures.** CDC recommends this type of probe because studies by the National Institutes of Standards and Technology (NIST), U.S. Department of Commerce conducted in 2009 showed that compared to temperature monitors that measure ambient air temperature, the digital thermometer with glycol-encased probe more accurately reflects the temperature of the vaccine vial and does not register normal air temperature fluctuations.
- 2. Use of digital data loggers with detachable probes that record and store temperature information at frequent programmable intervals for 24 hour temperature monitoring rather than non-continuous temperature monitoring.** The digital data logger should also include the following:
 - Hi/Lo alarm for out-of-range temperatures;
 - An active display that allows for reading temperatures without opening the unit door;
 - Current temperature, as well as minimum and maximum temperatures;
 - Reset button;
 - Low battery indicator;
 - Accuracy of +/- 1°F (0.5°C);
 - Memory storage of at least 4000 readings, device will not rewrite over old data and stops recording;
 - When memory is full;
 - User programmable logging interval (or reading rate).

These systems for continuous temperature monitoring mean more accurate and comprehensive monitoring of any temperature excursions to which vaccines may have been exposed, and diminish the need for opening the unit door while conducting this routine monitoring.



Please see Oregon VFC's Thermometer Guide for more information regarding data loggers and glycol probes: <http://tinyurl.com/cnncvpg>