

WV Vaccines for Children Program - Provider Profile

All state approved public and private health care providers participating in the Vaccines for Children (VFC) program must complete this form. This document provides shipping information and helps determine the amount of vaccine to be supplied through the VFC program. This form also may be used to compare estimated vaccine needs with actual vaccine supply. The Immunization Program must keep this record on file with the *Provider Enrollment* form. This *Provider Profile* form must be updated annually or more frequently if 1) the number of children being served changes, or 2) the status of the facility changes (e.g., private provider becomes an agent of a Federally Qualified Health Center).

1. PIN# _____ 2. Today's Date: _____ 3. Tax ID#: _____
 4. Provider's Name: _____
 5. Clinic Name: _____
 6. Vaccine Delivery Address: _____
 Street (No P.O. Boxes) City State Zip
 7. Weekdays and times vaccine may be delivered: _____
 8. Contact Person: _____
 Last First Title
 9. Telephone Number: () _____ 10. Fax Number: () _____
 11. Type of Facility:
 A. Public Health Department E. Federally Qualified Health Center (FQHC)
 B. Public Hospital F. Rural Health Clinic (RHC)
 C. Private Practice (Individual or Group) G. Other Public Facility _____
 D. Private Hospital H. Other Private Facility _____

12. Vaccine Need: The following information must be based on data and not estimates. Please document the data source for this information in the boxes provided.

Part A. For the 12 mo. period beginning ____/____/____ project the number of children who will receive vaccinations at your health facility, by age group.

<1 Year Old	1-6 Years	7-18 Years	Total

Part B. Of the total number for each age group entered in part A, how many children are expected to be VFC eligible, by category?

	<1 Year	1-6 Years	7-18 Years	Total
Enrolled in Medicaid				
No health insurance				
American Indian/Alaskan Native				
Underinsured - children are only eligible through the VFC program if vaccinated at a FQHC or RHC. <u>Only complete if Item 11E or 11F has been checked.</u>				
Total				

Part C. Of the total number for each age group entered in part A, how many children are expected to be WVCHIP eligible, by category?

	<1 Year	1-6 Years	7-18 Years	Total
Enrolled in WVCHIP				

13. Type of data used to determine profile numbers:

- | | |
|-----------------------------|-----------------------------|
| A. Benchmarking Data | E. Medicaid Claims Data |
| B. Provider Encounter Data | F. Registry Data (WVSIS) ** |
| C. Vaccine Replacement Data | G. Doses Administered Data |
| D. Prior Ordering Data | H. Other _____ |

**To use the immunization registry (WVSIS) to print the vaccine need section of the provider profile, you have to have recorded all vaccines in the registry for the previous year. Log in and go to state reports and click on vaccine need and enter the date for the current month (Ex. 01/01/2006) in the period begin date box and click create report. Print finished report and attach to your profile.