

## VACCINES FOR CHILDREN PROGRAM PROVIDER AGREEMENT

FACILITY INFORMATION			
Facility Name: BLUFF CITY MEDICAL CENTER			VFC Pin#: 821518
Facility Address: 229 HIGHWAY 19 E			
City: BLUFF CITY	County: SULLIVAN	State: TN	Zip: 37618
Telephone: (423)538-5116		Fax: (423)538-8679	
Shipping Address (if different than facility address): 229 HIGHWAY 19 E			
City: BLUFF CITY	County: SULLIVAN	State: TN	Zip: 37618
MEDICAL DIRECTOR OR EQUIVALENT			
<b>Instructions:</b> The official VFC-registered health care provider signing the agreement must be a practitioner authorized to administer pediatric vaccines under state law, who will also be held accountable for compliance by the entire organization and its VFC providers with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.			
Last Name, First, MI: NEWMAN, HEATHER			Title: DO
Specialty: FAMILY_MEDICINE	License No: 0000057011		Medicaid or NPI No: Q036999/1699014068
Employer Identification Number:			Email:
VFC VACCINE COORDINATOR			
<b>Primary Vaccine Coordinator Name:</b> TERESA P MARION, LPN			
Telephone: (423)538-5116		Email: MARIONT@RH SCTN.COM	
Completed annual training: <input checked="" type="radio"/> Yes <input type="radio"/> No		Type of training received: 2021 CDC "You Call the Shots" (training mo	
<b>Back-Up Vaccine Coordinator Name:</b> VICKY SCALF, LPN			
Telephone: (423)538-5116		Email: BCNURSING1@RH SCTN.COM	
Completed annual training: <input checked="" type="radio"/> Yes <input type="radio"/> No		Type of training received: 2021 CDC "You Call the Shots" (training mo	

**PROVIDERS PRACTICING AT THIS FACILITY** *(additional spaces for providers at end of form)***Instructions:** List below all licensed health care providers (MD, DO, NP, PA, pharmacist) at your facility who have prescribing authority.

Provider Name	Title	License No.	Medicaid or NPI No.	EIN (Optional)
HILL, MICHAEL E	NP	0000017463	Q009391/1104168327	
NEWMAN, HEATHER	DO	0000057011	Q036999/1699014068	
SMITH, TINA	NP	0000021596	Q024215/1023563368	

## PROVIDER AGREEMENT

***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 health care facility of which I am the medical director or practice administrator or equivalent:***

1.	I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.
2.	<p>I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federal or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:</p> <p>A. Federal Vaccine-eligible Children (VFC eligible)</p> <ol style="list-style-type: none"> <li>1. Are an American Indian or Alaska Native;</li> <li>2. Are enrolled in Medicaid;</li> <li>3. Have no health insurance;</li> <li>4. Are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement.</li> </ol> <p>B. State Vaccine-eligible Children</p> <ol style="list-style-type: none"> <li>a) In addition, to the extent that my state designates additional categories of children as "state vaccine-eligible," I will screen for such eligibility as listed in the addendum to this agreement and will administer state-funded doses (including 317 funded doses) to such children.</li> </ol> <p>Children aged 0 through 18 years that do not meet one or more of the federal vaccine eligibility categories (VFC-eligible), are <b>not</b> eligible to receive VFC-purchased vaccine.</p>
3.	<p>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 VFC program unless:</p> <ol style="list-style-type: none"> <li>a) In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the child;</li> <li>b) The particular requirements contradict state law, including laws pertaining to religious and other exemptions.</li> </ol>
4.	I will maintain all records related to the VFC program for a minimum of three years, or longer if required by state law, and upon request make these records available for review. VFC records include, but are not limited to, VFC screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.
5.	I will immunize eligible children with publicly supplied vaccine at no charge to the patient for the vaccine.
6.	I will not charge a vaccine administration fee to non-Medicaid federal vaccine eligible children that exceeds the administration fee cap of \$20.00 per vaccine dose. For Medicaid children, I will accept the

	reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans.
7.	I will not deny administration of a publicly purchased vaccine to an established patient because the child's parent/guardian/individual of record is unable to pay the administration fee.
8.	I will distribute the current Vaccine Information Statement (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).
9.	I will comply with the requirements for vaccine management including: <ul style="list-style-type: none"> <li>a) Order vaccine and maintain appropriate vaccine inventories;</li> <li>b) Not store vaccine in dormitory-style units at any time;</li> <li>c) Store vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet Tennessee Vaccine-Preventable Diseases and Immunization Program storage and handling recommendations and requirements;</li> <li>d) Return all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration</li> </ul>
10.	<p>I agree to operate within the VFC 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 VFC Program:</p> <p><b>Fraud:</b> 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 health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.</p>
11.	I will participate in VFC program compliance site visits, including unannounced visits and other educational opportunities associated with VFC program requirements.
12.	<p>For pharmacies, urgent care, or school-located vaccine clinics, I agree to:</p> <ul style="list-style-type: none"> <li>a) Vaccinate all "walk-in" VFC-eligible children and</li> <li>b) Will not refuse to vaccinate VFC-eligible children based on a parent's inability to pay the administration fee.</li> </ul> <p>Note: "Walk-in" refers to any VFC-eligible child who presents requesting a vaccine, not just established patients. "Walk-in" does not mean that a provider must serve VFC patients without an appointment. If a provider's office policy is for all patients to make an appointment to receive vaccinations, then the policy would apply to VFC patients as well.</p>
13.	For providers with a signed deputization Memorandum of Understanding between a FQHC or RHC and the state/local immunization program to serve underinsured VFC-eligible children, I agree to:

	<p>a) Include “underinsured” as a VFC eligibility category during the screening for VFC eligibility at every visit;</p> <p>b) Vaccinate “walk-in” VFC-eligible, underinsured children; and</p> <p>Submit required deputization reporting data</p> <p>Note: “Walk-in” in this context refers to any underinsured child who presents requesting a vaccine, not just established patients. “Walk-in” does not mean that a provider must serve underinsured patients without an appointment. If a provider’s office policy is for all patients to make an appointment to receive vaccinations, then the policy would apply to underinsured patients as well.</p>
14.	<p>As a condition of participation in the VFC Program, I agree to report in the Tennessee Immunization Information System (TennIIS) all immunizations administered by the VFC-enrolled facility to all patients younger than 19 years of age within 2-weeks of administration. While updating a record with an administered immunization, I further agree to update the TennIIS record of my patient with past immunizations documented in my medical records (“history shots”), regardless of source, that are missing from the child’s TennIIS record. This may be done through a standard electronic exchange of information between my electronic health record and TennIIS or by entering the information through the secure TennIIS website.</p>
15.	<p>For providers that serve any non-VFC eligible population according to their provider profile, I agree to purchase and maintain a separate vaccine inventory to vaccinate my non-VFC-eligible population. Non-VFC-eligible populations include:</p> <p>a) Fully insured children</p> <p>b) Other underinsured children (served by a provider/facility that is not a FQHC/RHC or a deputized provider)</p> <p>c) Enrolled in CHIP</p>
16.	<p>I understand this facility or the Tennessee Vaccine-Preventable Diseases and 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 the Tennessee Vaccine-Preventable Diseases and Immunization Program.</p>

***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 Children 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):

NEWMAN, HEATHER

Signature:

Date:

## ADDITIONAL PROVIDERS

PROVIDERS PRACTICING AT THIS FACILITY (attach additional pages as necessary)				
Instructions: List below all licensed health care providers (MD, DO, NP, PA, pharmacist) at your facility who have prescribing authority.				
Provider Name	Title	License No.	Medicaid or NPI No.	EIN (Optional)

## Vaccines for Children (VFC) Program Provider Profile Form

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: 0 6 / 0 8 / 2 0 2 2

Provider Identification Number# 821518

### FACILITY INFORMATION

Provider's Name: RURAL HEALTH SERVICES CONSORTIUM

Facility Name: BLUFF CITY MEDICAL CENTER

Vaccine Delivery Address: 229 HIGHWAY 19 E

City: BLUFF CITY

State: TN

Zip: 37618

Telephone:

Email:

### FACILITY TYPE (select facility type)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Addiction Treatment Center<br><input type="checkbox"/> Birthing Hospital or Birthing Center<br><input type="checkbox"/> Community Health Center<br><input type="checkbox"/> Community Vaccinator (non-health department)<br><input type="checkbox"/> Correctional Facility<br><input type="checkbox"/> Family Planning Clinic (non-health department)<br><input type="checkbox"/> Federally Qualified Health Center<br><input type="checkbox"/> Hospital<br><input type="checkbox"/> Indian Health Service, Tribal, or Urban Clinic<br><input type="checkbox"/> Juvenile Detention Center | <input type="checkbox"/> Migrant Health Center<br><input type="checkbox"/> Mobile Provider<br><input type="checkbox"/> Pharmacy<br><input type="checkbox"/> Private Practice (e.g., family practice, pediatric, primary care)<br><input type="checkbox"/> Private Practice (e.g., family practice, pediatric, primary care) as agent for FQHC/RHC-deputized<br><input type="checkbox"/> Public Health Department Clinic (state/local)<br><input type="checkbox"/> Public Health Department Clinic (state/local) as agent for FQHC/RHC-deputized | <input type="checkbox"/> Refugee Health Clinic<br><input type="checkbox"/> Rural Health Clinic<br><input type="checkbox"/> School-Based Clinic (permanent clinic location)<br><input type="checkbox"/> STD/HIV Clinic (non-health department)<br><input type="checkbox"/> Teen Health Center (non-health department)<br><input type="checkbox"/> Urgent Care Center<br><input type="checkbox"/> Women, Infants, and Children (WIC) Clinic<br><input type="checkbox"/> Other _____ |
|--|---|---|

### 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. At the discretion of the VFC Program, enrolled providers such as pharmacies and mass vaccinators may offer only influenza vaccine.

#### Select Vaccines Offered by Specialty Provider:

- |                                   |   |                                       |
|-----------------------------------|---|---------------------------------------|
| <input type="radio"/> DTaP        | <input type="radio"/> Meningococcal Conjugate     | <input type="radio"/> TD              |
| <input type="radio"/> Hepatitis A | <input type="radio"/> MMR                         | <input type="radio"/> Tdap            |
| <input type="radio"/> Hepatitis B | <input type="radio"/> Pneumococcal Conjugate      | <input type="radio"/> Varicella       |
| <input type="radio"/> Hib         | <input type="radio"/> Pneumococcal Polysaccharide | <input type="radio"/> Other, specify: |
| <input type="radio"/> HPV         | <input type="radio"/> Polio                       |                                       |
| <input type="radio"/> Influenza   | <input type="radio"/> Rotavirus                   |                                       |

## 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
VFC < 19 yrs Enrolled in Medicaid (TennCare) <sup>1</sup>	0	5	22	27
VFC < 19 yrs No Health Insurance (Uninsured) <sup>2</sup>	0	2	25	27
VFC < 19 yrs American Indian/Alaskan Native <sup>3</sup>	0	0	1	1
VFC < 19 yrs Underinsured (FQHC, RHC, Health Dept only) <sup>4</sup>	0	2	41	43
<b>Total VFC:</b>	0	9	89	98
Non-VFC Vaccine Eligibility Categories	# of children who received non-VFC Vaccine by Age Category			
	<1 Year	1-6 Years	7-18 Years	Total
Private/Commercial Insurance (all ages) <sup>5</sup>	0	2	34	36
State CHIP-CoverKids (VFC Ineligible) <sup>6</sup>	0	0	0	0
<b>Total Non-VFC:</b>	0	2	34	36
<b>Total Patients</b> (must equal sum of Total VFC + Total Non-VFC)	0	11	123	134

<sup>1</sup> Child (< 19 years old) is currently enrolled in Medicaid or Medicaid managed care and the vaccine administered is eligible for VFC funding.

<sup>2</sup> Child (< 19 years old) does not currently have private insurance coverage and the vaccine administered is eligible for VFC funding.

<sup>3</sup> Child (< 19 years old) is a member of a federally recognized tribe and the vaccine administered is eligible for VFC funding.

<sup>4</sup> Used by Federally Qualified Health Centers (FQHC) or rural health centers (RHC) and public health departments only. Child (< 19 years old) has insurance but the insurance does not cover vaccines, limits the vaccines covered, or caps vaccine coverage at a certain amount; therefore the child is eligible for VFC coverage at a FQHC, RHC, or public health department and the vaccine administered is eligible for VFC funding.

<sup>5</sup> Client does not qualify for federally-funded VFC/317 vaccine because they are not a child (< 19 years old) who is (a) enrolled in Medicaid (TennCare), (b) uninsured, (c) American Indian/Alaskan Native, or (d) underinsured, nor are they an uninsured adult (>= 19 years).

<sup>6</sup> Child (< 19 years old) is currently enrolled in TN State-CHIP CoverKids and is therefore ineligible for VFC vaccine.

## TYPE OF DATA USED TO DETERMINE PROVIDER POPULATION (choose all that apply)

☐ Benchmarking

☐ Medicaid Claims

☐ Doses Administered

☐ Provider Encounter Data

☒ Billing System

☐ Other-Please Specify: \_\_\_\_\_