

State & Local Requirements of the VFC Program

Health care providers using VFC vaccines must:

1. Order appropriate amounts of vaccine - no more than a 1-3 month supply - and use the vaccines with the earliest expiration dates first. Notify LHD of vaccine stock that is expiring within 6 months and not expected to be used before the expiration date so that it can be redistributed.
2. Store and handle vaccines per VFC vaccine management guidelines.
3. Immediately contact the LHD in the event of suspected vaccine loss or for questions about vaccine storage or viability of the vaccine. MDHHS requires dose for dose replacement with private stock vaccine for VFC vaccine wasted due to expiration, negligence, or improper vaccine storage and handling practices.
4. Only administer VFC vaccines to VFC-eligible children. Have private stock vaccine on hand for non-VFC-eligible patients. Public and private vaccine stock must be clearly marked and separated.
5. Account for vaccines received and administered by completing and submitting ending inventory and doses administered reports and temperature logs when ordering additional VFC vaccine. Providers must keep copies of these reports and logs for 3 years.
6. Document each immunization visit as required by *Statute 42 US Code 300aa-25* and CDC. Required documentation elements include: type of vaccine given (i.e. DTaP, MMR); date vaccine and VIS given; VIS version date; vaccine manufacturer; vaccine lot number, signature and title of vaccine administrator; name and address of clinic and VFC eligibility status. VFC eligibility must be recorded on the immunization record or somewhere in the chart. Since Electronic Medical Records (EMRs) are becoming the future of medical documentation, providers with EMRs must assure all required fields are contained in their EMR. Documentation of the site where vaccination was given (i.e. left arm, right leg) is not required, but highly encouraged.
7. Screen and document VFC eligibility at each immunization visit and maintain records for 3 years.
8. Allow the LHD to conduct a VFC site visit, including: a) access to 10 charts to review VFC eligibility screening and documentation, and b) chart reviews related to quality assurance activities.
9. Record doses of vaccine administered for the patient's personal record by using the State's *Official Certificate of Immunization* (green immunization record card), a printed record from the Michigan Care Improvement Registry (MCIR), or a vaccine administration record generated from the provider's Electronic Medical Record (EMR).
10. Provide a current VIS for each vaccine administered at each visit. In Michigan, each VIS must contain the MCIR statement. Visit www.michigan.gov/immunize for the most current VIS.
11. If the patient is a Medicaid beneficiary enrolled in a qualified health plan (QHP), provide information on the beneficiary's immunization status to the QHP. For information on the QHP's requirements for immunization services, contact the QHP or refer to the contract

between the provider and the QHP. For Medicaid beneficiaries not enrolled in health plans who are receiving traditional fee-for-service care, bill the Medical Services Administration for the vaccine administration fee, using the appropriate codes. For more information about Medicaid billing, contact Medicaid Information at 1-800-292-2550 or providersupport@michigan.gov.

12. Report all immunization records of vaccinated children to the MCIR within 72 hours. State law, Public Health Act 540 of 1996, requires documenting immunizations in the MCIR within 72 hours of vaccination regardless of whether the child receives VFC or private stock vaccine. For further information on the MCIR, please contact the Immunization program at your LHD or your regional MCIR contact.
13. Share immunization data with LHDs, schools, and other medical providers according to HIPAA guidelines. Using MCIR appropriately to share immunization records assures HIPAA compliance.
14. Routinely re-assess the quality and effectiveness of immunization practices, using the Standards for Child and Adolescent Immunization Practices as the guideline for that assessment.
15. Have a Vaccine Manager and a Back-up Manager physically onsite who are responsible for the day-to-day operations of the VFC Program. Provide annual training for these two managers as required by the VFC Program. Report any changes in these two staff to the LHD.