The following questions are frequently asked of the VFC Program.

**Provider Enrollment**

**Which providers are allowed to enroll in the VFC program in Colorado?**

- Providers who see children ages 0 through 18 years of age who fall into one of the categories below should consider becoming a VFC provider:
  - Children insured by Medicaid
  - Children who have NO health insurance
  - Federally Qualified Health Centers and Rural Health Clinics who see underinsured children in addition to uninsured children and children on Medicaid

- Providers are defined as individuals with prescribing privileges including:
  - Medical Doctors (MD’s)
  - Doctors of Osteopathic Medicine (DO’s)
  - Nurse Practitioners (NP’s)
  - Physician Assistants (PA’s)

- Clinics include:
  - Public Health Agencies, Federally Qualified Health Centers, Rural Health Clinics, Private physician offices, School Based Health Centers, Hospitals and Urgent Care clinics

**NOTE:** Since pharmacists are not eligible Medicaid providers in Colorado, pharmacies are not eligible to enroll in the VFC program.

**How do providers enroll in the VFC program?**

- The first step is to review the Becoming a VFC Provider document posted on our website at [www.coloradovfc.com](http://www.coloradovfc.com) under the Provider Enrollment heading. The Pre-enrollment form:
  - Includes important information on the requirements to participate in the VFC Program
  - Outlines the steps in the enrollment process

  - Understanding the VFC Requirements
  - Completing and submitting the Provider Interest Form
  - Completing and submitting the VFC Provider Enrollment Packet*
  - Completing the CDC required online training courses
  - Successfully completing an Enrollment Site Visit
    - This visit is scheduled after all required paperwork has been received by the VFC program.
  - Completing the online CDPHE courses for Inventory Management and Vaccine Ordering

* Provider Enrollment Packet:

  - The Provider Enrollment form is the provider’s agreement to comply with all the conditions of the VFC program
  - The medical director or equivalent in a group practice must sign the Provider Enrollment form for the entire group
  - Submission of signed Provider Enrollment forms and completed Provider Profile forms must occur annually

**VFC Eligibility and Coverage**

**Do I have to screen for VFC eligibility every time a child comes in to the office?**

- Yes. VFC eligibility needs to be determined and documented at each immunization encounter. Proof of eligibility screening must be maintained for 3 years and be available for review during the VFC Compliance Visit process.
Who is eligible to receive VFC vaccines?
- Children, from birth through 18 years of age, who meet at least one of the following criteria:
  - Medicaid eligible
  - Uninsured
  - American Indian/Alaskan Native
  - **Underinsured - These patients can ONLY receive VFC vaccines at federally qualified health centers (FQHCs) or rural health clinics (RHCs)**

Who is NOT-eligible to receive VFC vaccine?
- Children from birth through age 18 years of age, who meet at least one of the following criteria:
  - Underinsured children seen in a private physician’s office (these children should be referred to either a public health clinic or a federally qualified health center to receive vaccinations)
  - Children covered by the Colorado Child Health Plan Plus (CHP+)
  - Children who have health insurance but whose insurance covers only a percent of the cost of one or more vaccines are still considered insured and therefore not eligible for VFC vaccines

What is the definition of Underinsured as it applies to the VFC Program?
- Underinsured means your patient has health insurance, but:
  - The coverage doesn’t include vaccines
  - The coverage only covers selected vaccines

For example:
1. If insurance covers 100% of the cost of MMR but only 50% of the cost of HPV, the child is actually considered FULLY INSURED for both MMR and HPV.
2. If the insurance covers MMR at 100% but does not cover HPV, the child is considered underinsured for HPV.
  - Co-payments and unmet deductibles (i.e., parent must pay $500 in medical expenses before insurance kicks in) do NOT meet the definition of underinsured.

How do I know if my clinic is a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC)?
- To determine if your clinic is designated as a Federally Qualified Health Center in your area, visit: [http://www.cchn.org](http://www.cchn.org)
- To determine if your clinic is designated as a Rural Health Clinic, search by either the city or county at the link: [http://www.hfemsd2.dphe.state.co.us/hfd2003/homebase.aspx?Ftype=rhc&Do=list](http://www.hfemsd2.dphe.state.co.us/hfd2003/homebase.aspx?Ftype=rhc&Do=list)

Our clinic is located in a rural part of the state. Doesn’t that automatically mean we have been designated as a RHC?
- Not necessarily. A clinic must meet several eligibility qualifications before being designated as a RHC. For more information contact the Health Facilities and Emergency Medical Services Division of CDPHE at 303-692-2800 or email them at: health.facilities@state.co.us.

Are children who have Medicaid as a secondary insurance eligible to receive VFC vaccine?
- Yes. All children who have Medicaid as a secondary insurance are eligible for VFC vaccines as long as they remain on Medicaid.

If an American Indian/Alaskan Native child has insurance that covers vaccines (full or partial), is the child still eligible to receive VFC vaccine?
- Yes. American Indian/Alaskan Native (AI/AN) children are eligible to receive VFC vaccines regardless of insurance coverage. AI/AN children are always VFC-eligible. For AI/AN children that have full immunization benefits through a primary private insurance, the decision to participate in the VFC program should be made based on what is financially most cost effective to the family.

I thought underinsured children could also receive VFC vaccines? Is that correct?
- Yes. Refer to the question on VFC eligibility. Underinsured children can receive VFC vaccines **only** at Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) or deputized local public health departments.
Are children enrolled in the Colorado Child Health Plan Plus (CHP+) eligible to receive VFC vaccines?

No. Children enrolled in the Colorado CHP+ program are considered fully insured and are NOT eligible to receive VFC vaccines. In Colorado, the Title XXI Children’s Health Insurance Program (CHP+) is a separate program and not a Medicaid expansion program.

Are children covered by the Colorado Indigent Care Program (CICP) eligible to receive VFC vaccines?

Yes. The VFC Program considers these children to be uninsured.

Are children enrolled in a Medicaid managed care plan (such as Colorado Access, Rocky Mountain Health Plan, Denver Health, etc) eligible to receive VFC vaccines?

Yes. However, they must be in the plan because they are enrolled in Medicaid and NOT CHP+.

Can juveniles who are incarcerated and lose access to their health insurance be considered uninsured and receive VFC vaccines?

Yes, an individual (under age 19) who loses access to benefits under his/her health insurance while incarcerated is considered uninsured for purposes of the VFC program. This does not include adolescents that are being held in “detention” facilities. These adolescents are still covered by their primary insurance. Once they have been sentenced and are incarcerated, they enter the state system and become uninsured.

If a VFC-eligible child who is uninsured, American Indian/Alaskan Native, or underinsured (FQHCs and RHCs only) starts a vaccine series (such as hepatitis B or HPV vaccine) at age 18, can VFC vaccine be used to complete the series after the child turns 19?

No. Children are eligible to receive VFC vaccines only through age 18. They are not eligible to receive VFC vaccines once they turn age 19.

I thought we could also give CDPHE-supplied vaccines to 19 and 20 year-old individuals enrolled in Medicaid. Is that correct?

No. The CDPHE Immunization Program no longer supplies vaccines to 19 and 20 year olds enrolled in Medicaid. Immunizations are a covered benefit for Medicaid enrolled individuals beginning at age 19, and are reimbursed at a higher rate than VFC vaccines. Check the current Medicaid bulletin for more information.

Administration Fees

Are we allowed to charge for the VFC vaccines?

No. You cannot charge your patients for the cost of the VFC vaccines, since you received them from the VFC Program at no cost. To do so is considered fraud and an abuse of the VFC Program.

Can we charge for administering VFC vaccines to our patients?

Yes. You are allowed to charge an administration fee for administering VFC vaccines to eligible patients. The current maximum regional fee that can be collected from VFC eligible patients is $21.68 per dose of vaccine administered.

Providers administering VFC vaccines to Medicaid enrolled children agree to accept the current reimbursement rate set by CMS.

Providers CANNOT REFUSE to administer a VFC vaccine to a VFC-eligible child in their practice simply because the parent cannot pay the administration fee. If the parent of a VFC-eligible child cannot afford the administration fee, the provider must waive the administration fee. This is the only fee that must be waived. Other visit or office fees may be charged.

Can providers send a bill in order to collect vaccine administration fees for vaccines provided to non-Medicaid VFC-eligible children?

There are no restrictions against sending a bill to the parent for the administration fee; however, the provider cannot send the bill for the administration fee to collection if the parent cannot afford to pay. The provider can send the office visit fee or any other fee to collections, but NOT the vaccine administration fee.

Updated 10/2015
Why is the VFC vaccine administration fee capped at $21.68 for the non-Medicaid enrolled, VFC eligible children (those that are uninsured or under-insured, and / or non-Medicaid American Indian/Alaskan Native)?

In 1995 the Maximum Regional charges for Vaccine Administration were established by the Department of Health and Human Services’ Health Care Policy and Finance based on the geographic area of the country. They took the average national cost to administer a vaccine and multiplied it by the total Geographic Practice Cost Indices (GPCI) for each state to come up with the maximum regional charge. The GPCI included physician work, practice expenses, and malpractice.

**Vaccine Accountability (Counting, Ordering, and Returning)**

**How do I order vaccine through the VFC Program?**

To order vaccine, providers use the Vaccine Ordering Module (VOM). This ordering program is only accessible to provider staff that has successfully completed the training courses.

**Do I have to report the number of doses of vaccine that I use every month, or only when I place an order?**

All doses of vaccine administered, wasted, spoiled, or expired must be reported to the VFC program. Counting and verifying the number of doses used, wasted, or expired is called inventory reconciliation.

- The preferred practice is to reconcile vaccine inventory at least monthly, even if an order is not placed.
- This reconciliation must be closed no more than 14 days prior to placing an order.
- How often you place your order is your decision, but orders cannot be placed more than once every calendar month.

**Do I have to list my entire VFC vaccine inventory in my refrigerator and freezer when placing an order?**

Yes. The VFC Program and the Vaccine Ordering Module (VOM) requires your entire VFC vaccine inventory be reported and reconciled before placing an order.

- The VOM will not allow an order to be processed without current inventory being properly reconciled (accounted for).

**My office is new to the VFC program. I’ve placed my order, so when can I expect my vaccine?**

Once the order has been processed by the VFC program, you should expect to receive your shipment within three (3) weeks.

**How often can I order VFC vaccine?**

- VFC vaccine orders can be placed **ONCE a month**.
- Vaccine orders are accepted up to 5:00 pm on the 21st day of every month.
- No vaccine orders will be accepted or processed after 5:00 pm on the 21st day through the last day of the month.
  - **Routine orders submitted more frequently than monthly will not be accepted.**
  - If vaccines are forgotten on the initial month’s order, they will need to be submitted with next month’s order.
  - Be sure to place orders with sufficient vaccine stock on hand to allow up to **three (3) weeks for delivery** but maintaining no more than a 30-45 day inventory.
- It is recommended that providers keep copies of their VFC vaccine order requests.

**We have a bunch of VFC vaccine that has expired. In addition, we have some VFC vaccine that the vaccine manufacturer says was ruined because it was left out of the refrigerator for several weeks. Is it OK to throw away this vaccine?**

No. All vaccines provided by the VFC program must be accounted for and returned to the VFC program, if they are expired or wasted. Please follow the VFC Vaccine Return instructions for expired vaccines found on the Vaccine Return form.

A current Vaccine Return form can be accessed from our website at [www.coloradovfc.com](http://www.coloradovfc.com).

- Please contact the VFC program at 303-692-2650 or by email at: [cdphe.vfc.state.co.us](mailto:cdphe.vfc.state.co.us) for instructions for returning wasted non-expired vaccine.

*All VFC vaccines that have expired or been ruined, wasted, etc., must be returned within 6 months of the expiration date to be eligible for the federal excise tax reimbursement.*
What is the Vaccine Return procedure for the VFC Program?

For vaccines that are still viable (have not been exposed to out of range temperatures):
- If you have usable viable vaccine that is going to expire, contact the VFC Program at 303-692-2650 or cdphe_vfc@state.co.us for instructions.
- Please notify the VFC Program at least 60-90 days prior to the expiration date of any VFC vaccines.
- Vaccines that are still viable cannot be accepted for return until after the expiration date.

For vaccines that have been wasted or are past their expiration date:
- Remove expired or wasted vaccines from inventory immediately!
- Please follow the VFC Vaccine Return instructions for expired vaccines on the Vaccine Return form.
- A current Vaccine Return form can be accessed from the VFC program website at www.coloradovfc.com.

I received my VFC vaccine order and it’s all messed up! I received vaccines that I did not order and am missing vaccines that I did order. Should I call McKesson Specialty directly?
- Yes. Both the VFC program and the distributor should be notified of any discrepancies between packing list and shipment the same day the vaccine arrives by calling:
  - VFC Program at 303 692-2650 or cdphe_vfc@state.co.us
  - The Contact Center at 1-877-822-7746 for shipments from McKesson
  - The Vaccine Customer Center at 1-877-VAX-MERCK (1-877-829-6372) for shipments from Merck
- Please allow three (3) weeks from the date of your order for delivery of your VFC vaccines.

My order was rejected by the VFC program. Why did that happen, and how can I get vaccines?
- The most common reasons order are rejected by the VFC program:
  - The provider attempted to place a second order in the calendar month
  - The order was placed after the 5:00 pm deadline on the 21st day of the month
  - The provider attempted to place an order before the VFC program was notified that the clinic needed to be placed on hold because of storage and handling issues.
  - The clinic is attempting to order more vaccine than the 30-45 day supply without communicating with the VFC program.
- The VFC program only allows orders to be placed once per calendar month, and the on-hand inventory must not exceed what a clinic could use in 30-45 days. This is to prevent unnecessary wastage of vaccines because of expiration.
- Orders can be placed beginning on the 1st day of every month.
- If the clinic is on hold because of storage and handling issues that are identified, those issues must be fixed by the clinic and the hold must be lifted before the clinic eligible to resume ordering.

We have several boxes/coolers that we received vaccine in and they are starting to clutter our office. Is it OK to return these boxes to you?
- No. Recycle all vaccine boxes received from McKesson. Do NOT return boxes to McKesson.

I ordered our VFC vaccine(s) two weeks ago and still have not received them. We have a big clinic tomorrow and I am just about out of vaccine. Why the delay?
- Check in the Vaccine Order Module (VOM) in the “Vaccine Order” screen to make sure that your order was approved, and there are no notes to you.
  - If the order was approved, click on the “view” button to the right of your most current order.
  - If the order has been received by McKesson and has been processed, there should be a “shipment” button to the right of each line of vaccine.
    - Click on the shipment button to see the status of the shipment
  - If the order was “rejected” there should be a message in the notes field as to why the order was rejected.
    - Call VFC at 303-692-2650 or email at: cdphe_vfc@state.co.us to get more information.

We have several boxes/coolers that we received vaccine in and they are starting to clutter our office. Is it OK to return these boxes to you?
- No. Recycle all vaccine boxes received from McKesson. Do NOT return boxes to McKesson.
- NOTE: These boxes/coolers are not acceptable for temporary storage of vaccines.
We came back from a meeting to find our vaccine shipment sitting outside of the front door of the office, and when we opened the box, the temperature indicator was out of range. What should we do?

- Report when a vaccine shipment has temperature monitors that are out-of-range or a warm indicator is activated. Providers must make the report as soon as possible the same day the shipment arrives.
  - Contact McKesson Specialty Customer Care (MSCC) at 1-877-TEMP123 (1-877-836-7123).
  - Additionally, contact the VFC Program at 303-692-2650 or cdphe_vfc@state.co.us to notify the VFC Program of out of range temperature indicators.
  - McKesson Specialty Distribution has been alerted to some instances in which providers have found vaccine packages left out on their doorstep.
  - When providers have a FedEx signature release on file, it allows FedEx to drop off any FedEx package without a signature.
  - CDC and McKesson cannot override the signature release on file for McKesson shipments. You may want to consider canceling your signature release on file; however, such a cancellation will apply to all packages (vaccine and otherwise).

- Report when a frozen vaccine shipment (Varicella and MMR-V) was in transit more than 4 days. Providers must make the report as soon as possible the same day the shipment arrives.
  - Contact Merck Vaccine National Service Center at 1-800-672-6372
    This telephone number is dedicated to receiving provider calls about vaccine viability, temperature stability or questions about Merck’s shipping containers.
  - Notify the VFC Program at 303 692-2650 or email cdphe_vfc@state.co.us
  - Label potentially compromised vaccines as “Do Not Use” and store at appropriate temperature until vaccine viability has been established.

In the past, we always sent our expired vaccine back to CDPHE, is that OK?

- No. All expired or wasted vaccines must be sent to McKesson Specialty Distribution.
- Please follow the VFC Vaccine Return instructions for expired vaccines on the Vaccine Return form.
- A current Vaccine Return form can be accessed from our website at www.coloradovfc.com.
  - For clarification, only wasted or expired/damaged vaccines that are in the original containers should be returned to McKesson.
  - Please DO NOT return vaccines that have already been drawn up into syringes, as this poses a threat to workers at the distribution center.
  - All VFC vaccines that have expired or been ruined, wasted, expired, etc., must be returned to McKesson within 6 months of the expiration date.

Are we allowed to borrow between our VFC stock and our private stock of vaccines?

- The Centers for Disease Control and Prevention (CDC) requires dose level accountability for VFC vaccines which includes strict rules for borrowing VFC vaccine:
  - Providers must NOT use VFC vaccine routinely to supplement their privately purchased vaccine inventory.
  - Borrowing VFC vaccine must NEVER prevent a VFC eligible child from receiving a needed vaccination because VFC vaccine was administered to a non-VFC eligible child.
  - Providers are required to use the CDC Vaccine Borrowing Report to document each dose borrowed and when the dose is paid back.
    - The report is available to download at www.coloradovfc.com under “Forms for health care providers” section.
    - The borrowing report must be kept onsite as part of the VFC program records and made available to VFC representatives upon request and will be reviewed during VFC Compliance Site visits.
    - VFC providers must keep borrowing reports for 3 years as part of their VFC records.
  - Borrowed doses should be paid back as soon as possible.

Storage and Handling

What is the best way to protect my investments of VFC vaccine and my private stock vaccine in my storage units?

- The best way to protect the investments you have made in vaccine storage equipment and vaccines is to guarantee your business insurance covers the cost to replace your equipment AND YOUR INVENTORY in the event that the unit fails. A quick call to your agent now can prevent major out of pocket expenses later!
The second best way to protect your vaccine investments is to purchase the proper vaccine storage equipment.

What are the current guidelines for vaccine storage and equipment?

NOTE: Providers wishing to enroll in the VFC program must meet the storage requirement prior to being enrolled in the program.

Refrigerators/freezers:
- The federal VFC program requires that all vaccines purchased with public funds (such as VFC vaccine) be stored properly.
  - The use of dormitory or bar-style refrigerator/freezers for storage of VFC vaccine never allowed.

- The minimum acceptable storage for providers in Colorado is a standard size household combination refrigerator/freezer with separate external doors and separate thermostat controls for the refrigerator and freezer. This requirement may change in the future.
  - The characteristics of an appropriate storage unit include:
    - Enough room to store the year’s largest inventory without crowding;
    - Provide sufficient room to store water bottles in the refrigerator and frozen coolant packs in the freezer to stabilize the temperature;
      - Frost-free or automatic defrost cycle units are preferred
    - Reliably maintain the appropriate vaccine storage temperatures year-round.
      - Refrigerator temperatures are maintained between 35°F and 46°F (2°C and 8°C).
      - The desired average temperature for refrigerated vaccines is 40°F (5°C).
    - Freezer temperatures are maintained between -58°F and +5°F (-50°C and -15°C).
    - The desired average temperature for frozen vaccines is 0°F (-18°C).
  - A separate stand-alone freezer may be required, if temperatures in the freezer are not able to be maintained at proper vaccine storage temperatures.

Thermometers:
- Providers enrolled in the Colorado VFC Program are required to have certified, calibrated thermometers in all refrigerators and freezers used for VFC vaccine storage in order to monitor temperatures.
  - Each device is to be covered by a Certificate of Traceability and Calibration Testing (also known as Report of Calibration).
  - Thermometer calibration must be tested annually or according to manufacturer recommendations by a laboratory with accreditation from an ILAC MRA signatory body. Laboratories that have attained this accreditation meet the requirements for traceability.
  - Providers are responsible for maintaining Certificates of Traceability and Calibration Testing (also known as Report of Calibration).

- Thermometers must be kept in the central area of the storage units, next to the vaccines.
- Providers must have at least one back up thermometer with a current certificate of calibration onsite and readily available to use when the primary thermometers fail or are being recalibrated.
  - Back up thermometer should not be stored in the unit alongside current thermometer.
  - Back up thermometer should not have the same calibration date as primary thermometers.
  - Back up thermometer must be readily available to use in time to take and record the twice daily temperature readings.

CDC Recommended Thermometer Features
The CDC recommends using digital data loggers, which are thermometers that continuously record temperatures, to monitor temperatures in vaccine storage units. If your office is routinely closed more than two days in a row, the CDC strongly recommends using data loggers to track and monitor temperatures when the office is closed. The data loggers should have the following features:
- Detachable probe in buffered material such as:
  - A vial filled with liquid like glycol, ethanol, or glycerin. (A biosafe liquid is recommended as some materials such as ethylene glycol are toxic if ingested).
  - A vial filled with loose media like sand or glass beads.
  - A solid block of material like Teflon® or aluminum.
- Alarm for out-of-range temperatures.
- Ability to show current as well as minimum and maximum temperatures.
- Low battery indicator.
- Accuracy of +/- 1°F (0.5°C).
Memory stores at least 4000 readings and stops recording when memory is full so that it does not write over stored data.

Programmable interval to record/log temperatures. A 30 minute interval is recommended to account for temperature changes caused a defrost cycle.

Digital display that is easily readable from outside the storage unit.

Where can I find out where to send my thermometers when they need recalibration?

- There is step by step instructions on how to get thermometer recalibration available at: [http://eziz.org/vaccine-storage/calibrated-thermometers/how-to/](http://eziz.org/vaccine-storage/calibrated-thermometers/how-to/)

- Providers may also want to check with the vendor they purchased thermometers from to see if they provide calibration services that meet the requirements.

**Temperature Monitoring:**

**How often must I check and document temperatures?**

- What is required of VFC enrolled providers is twice a day temperature monitoring and documentation on an approved temperature log every day that the clinic is open. These logs must be kept in a safe location and available for review by VFC staff, if necessary.
  - Logs are available to print from the VFC program at [www.coloradovfc.com](http://www.coloradovfc.com)
  - In addition to the temperatures being documented twice daily, the time of the temperature check and the initials or signature of the individual doing the documentation must also be on the log. This will become a requirement in 2015.

- Providers using data logger thermometers must document the minimum and maximum temperatures at least once daily.

- All temperature logs and documentation of actions taken for out of range temperatures must be kept for a minimum of 3 years and be available for review upon request, or during a VFC Compliance Site Visit.

**Must I have an alarm system on my vaccine storage unit prior to being enrolled in the VFC program?**

- The CDC does not require VFC enrolled providers to have alarm systems on their vaccine storage units, at this time. This is individual provider preference.

Storage units secured with locks are also optional at this time.

Where can I find more information on Vaccine Storage and Handling?

- Additional information regarding vaccine storage units is available in the CDC Vaccine Storage and Handling Toolkit located at: [http://www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf](http://www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf)

- American Academy of Pediatrics Practice Management Guides for Vaccine Storage and Handling Refrigerators, Freezers, and Vaccine Storage at: [http://www2.aap.org/immunization/pediatricians/pdf/VaccineStorageRF.pdf](http://www2.aap.org/immunization/pediatricians/pdf/VaccineStorageRF.pdf)

- Refrigerator Setup for Vaccine Storage: [http://eziz.org/assets/docs/IMM-963.pdf](http://eziz.org/assets/docs/IMM-963.pdf)

- Freezer Setup for Vaccine Storage: [http://eziz.org/assets/docs/IMM-966.pdf](http://eziz.org/assets/docs/IMM-966.pdf)

Why is it important to have the power outlets and the breaker(s) tagged, even if we have a back-up generator?

- These tags are extra precautions to ensure vaccine storage units are not accidentally disconnected from the power supply during routine or emergency building maintenance.

**Why is it important that I have both a current Vaccine Management Plan and an Emergency Vaccine Management Plan? Isn’t the one that we had several years ago, enough?**

- Vaccine Coordinators must keep the Vaccine Management Plan current, so the plan reflects the current vaccine storage and handling practices that are taking place in clinic. All staff working with vaccines should be aware of:
  - What information the plan contains
  - Where the written plan is kept for reference
  - What to do if vaccines need to be moved to an alternate location
  - What to do if there are out of range temperatures identified

- Plans must be updated yearly to reflect current clinic policies and current staff responsibilities.
General VFC Information

Where can I get VFC Program forms?
- Visit the VFC Program website at www.coloradovfc.com for all current VFC forms.

Where can I get updates about the VFC Program?
- Visit the VFC Program website at www.coloradovfc.com for current VFC memos, clinical updates, and staff Job Aids.
- All VFC communications come to providers via email on a regular basis.

Why is it important to have designated “Key Staff” to manage my VFC vaccines?
- Having responsible staff assigned to manage your vaccine guarantees that vaccines are stored and handled properly. There should be at least a Vaccine Coordinator and a back-up coordinator that knows and understands the Vaccine Management Plan and all clinic vaccine policies and procedures. The back-up coordinator can function as the Vaccine Coordinator in the absence of the Vaccine Coordinator.
  - For a detailed description of the duties of the Vaccine Coordinator, go to www.coloradovfc.com under the “VFC Job Aids” link.
  - The Vaccine Coordinator is the VFC contact person.

Our practice recently moved and/or we have a new Vaccine Coordinator. Who should I notify about these changes?
- You must notify the VFC Program by submitting a “Change of Provider Information form”.
- The form can be accessed from our web page at www.coloradovfc.com
  - Complete the form and fax it to 303-691-6118 or email it to: cdphe_vfc@state.co.us
  - A site visit may be required once your move is complete.
  - If we do not have the most current contact information from your provider site, we cannot ensure that you will receive up to date VFC information.

Are all enrolled providers required to have a VFC Compliance site visit?
- Yes. All providers enrolled in the VFC program are required to have a VFC Compliance Site Visit as stated in the enrollment agreement. These visits take place every other year and are a way for providers and VFC program to work together to make the program stronger.
  - Providers must also participate in Unannounced Storage and Handling site visits as part of the VFC program.