



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

Email: [iowaVFC@idph.iowa.gov](mailto:iowaVFC@idph.iowa.gov)  
Phone: 800-831-6293 Fax: 800-831-6292



Date: \_\_\_\_\_

Provider Identification Number: \_\_\_\_\_  
(IDPH use only)

## FACILITY INFORMATION

Facility Name:		
Primary Vaccine Coordinator Name:		
Vaccine Delivery Address:		
City:	State:	Zip:
Telephone:	Email:	

## FACILITY TYPE (select facility type) Select only one

Private Facilities	Public Facilities	
<input type="radio"/> Hospital <input type="radio"/> Private Practice (FP, Pediatric, PC) <input type="radio"/> Private Practice as agent for FQHC/RHC-deputized <input type="radio"/> Pharmacy <input type="radio"/> Birthing Hospital or Birthing Center <input type="radio"/> Urgent Care <input type="radio"/> Mobile Provider	<input type="radio"/> Public Health Department Clinic <input type="radio"/> Public Health Department Clinic as agent for FQHC/RHC-deputized <input type="radio"/> Federally Qualified Health Center <input type="radio"/> Rural Health Clinic <input type="radio"/> Community Health Center <input type="radio"/> Community Vaccinator (non-Health Dept.) <input type="radio"/> Indian Health Service, Tribal, or Urban Clinic <input type="radio"/> Migrant Health Center <input type="radio"/> Woman, Infants and Children (WIC) Clinic	<input type="radio"/> Family Planning <input type="radio"/> Juvenile Detention Center <input type="radio"/> Correctional Facility <input type="radio"/> Addiction Treatment Facility <input type="radio"/> School-Based Clinic <input type="radio"/> Refugee Health Clinic <input type="radio"/> STD/HIV Clinic <input type="radio"/> Teen Health Center <input type="radio"/> Other (specify)

## 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.*

VFC Vaccine Eligibility Categories	# of children who receive VFC Vaccine by Age Category			
	<b>&lt;1 Year</b>	<b>1-6 Years</b>	<b>7-18 Years</b>	<b>Total</b>
Enrolled in Medicaid				
No Health Insurance				
American Indian/Alaska Native				
Underinsured in FQHC/RHC <sup>1</sup>				
<b>Total VFC-Eligible Patients:</b>				
Non-VFC Vaccine Eligibility Categories	# of children who receive non-VFC Vaccine by Age Category			
	<b>&lt;1 Year</b>	<b>1-6 Years</b>	<b>7-18 Years</b>	<b>Total</b>
Insured (private pay/health insurance covers vaccines)				
Other Underinsured <sup>2</sup>				
<b>Total Non-VFC:</b>				
<b>Total Number of Children that receive vaccinations at the clinic/practice</b> (must equal sum of Total VFC + Total Non-VFC)				

<sup>1</sup>Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance.

In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or local public health agency.

<sup>2</sup>Other underinsured are children that are underinsured but are not eligible to receive federal vaccine through the VFC program because the provider or facility is not a FQHC/RHC or a deputized provider. However, these children may be served if vaccines are provided by the state program to cover these non-VFC eligible children.

Children enrolled in **hawk-i** are not eligible under the VFC Program. These children are considered insured and are not eligible for vaccines through the VFC program. Children enrolled in **hawk-i** must be vaccinated with privately purchased vaccine.

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

- |   |  |
|---|--|
| <input type="checkbox"/> Benchmarking           | <input type="checkbox"/> Doses Administered      |
| <input type="checkbox"/> Medicaid Claims        | <input type="checkbox"/> Provider Encounter Data |
| <input type="checkbox"/> IIS                    | <input type="checkbox"/> Billing System          |
| <input type="checkbox"/> Other (must describe): |  |

**VACCINES OFFERED (select only one)**

- All ACIP Recommended Vaccines
- 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="checkbox"/> COVID-19    | <input type="checkbox"/> Influenza                   | <input type="checkbox"/> Rotavirus       |
| <input type="checkbox"/> DTaP        | <input type="checkbox"/> Meningococcal Conjugate     | <input type="checkbox"/> TD              |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> MMR                         | <input type="checkbox"/> Tdap            |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Pneumococcal Conjugate      | <input type="checkbox"/> Varicella       |
| <input type="checkbox"/> HIB         | <input type="checkbox"/> Pneumococcal Polysaccharide | <input type="checkbox"/> Other, specify: |
| <input type="checkbox"/> HPV         | <input type="checkbox"/> Polio                       |  |