



Date: February 1, 2010

RE: Annual Benchmarking/Re-enrollment Process for VFC Providers

Dear Vaccines for Children (VFC) Provider:

For continued participation in the Colorado's Vaccines for Children (VFC) Program, you are required to submit your annual Benchmarking information. Each site with a VFC PIN needs to complete and submit benchmarking information. This packet contains all the information and forms necessary for you to collect and submit your Benchmarking information.

NEW in 2010:

- You must complete and submit 4 forms:
 1. **Form 1** - Provider Update And Re-Enrollment
 2. **Form 2** - Prescriber List
 3. **Form 3** - Benchmarking Summary Report – April 2010
 4. **Form 4** - Provider Enrollment Agreement

- **DEADLINE DATE TO SUBMIT PACKET IS MAY 14th, 2010. Please make copies of all completed forms and keep on file at your office.**

SUBMIT FORMS TO THE VFC PROGRAM by MAIL or FAX:

COLORADO IMMUNIZATION PROGRAM - VFC PROGRAM
4300 Cherry Creek Drive South
DCEED-IMM-A3
Denver, Colorado 80246-1530

VFC Program Fax: 303-691-6118

IMPORTANT NOTE: Providers failing to submit completed forms by the deadline will be **SUSPENDED** from ordering any vaccine and potentially dis-enrolled from the VFC Program.

Please contact me should you have any questions. Thank you for your cooperation in this effort.

Nicole Ortiz
VFC Operations Coordinator
(303) 692-2334 – phone
(303) 691-6118 - fax
nicole.ortiz@state.co.us

ACTION REQUIRED – YOU MUST COMPLETE THE FOLLOWING:

BENCHMARKING INSTRUCTIONS:

- The period to collect benchmarking data begins April 1, 2010 and ends April 30, 2010.
- Collect the required data for **ALL** children less than 21 years old given one or more immunizations in your clinic/practice during the month of April – **include both VFC eligible AND non-VFC eligible.**
- We have enclosed a copy of the Benchmarking Worksheet to ensure you collect the necessary information. **Please make additional copies as needed.**
 - There should be only one entry (line) per child, even if the child receives more than one vaccination.
 - If a child is an American Indian or Alaskan Native choose **only** that category.
 - Please retain the benchmarking worksheets in your office files.
- If you collect the required data on other forms, computer files, etc., you must transcribe the data to the **Form 3. Access the following link:**
http://www.cdphe.state.co.us/dc/immunization/ciis/VFCReportTutorial_Screenshots.pdf **to see how to run reports from CIIS.**

BY MARCH 31, 2010

- Review materials in benchmarking packet and prepare for data collection in April 2010.
- Record your VFC PIN number clearly on all Forms. Your 4-6 digit VFC PIN number can be found on the address label of this packet.
- Start completing Forms 1, 2 and 4. Instructions are below:
- **Instructions for Form 1**
 - Complete the information for **ALL** 16 questions.
 - Your correct shipping address and hours available for vaccine delivery are critical to ensure safe delivery of your vaccine.
 - **Please enter the e-mail addresses for your shipping and mailing contacts clearly to facilitate communication of VFC related information to your office.**
- **Instructions for Form 2**
 - List only staff with prescription writing privileges.
 - If you have more than 15 staff to list, make additional copies of the form and submit the paper copies.
- **Instructions for Form 4**
 - A signed copy of Form 4 (**signed by a physician**), the Provider Enrollment Agreement, must be submitted by mail or fax for your enrollment to be completed.

FROM APRIL 1st TO APRIL 30th 2010

- Record the number of children vaccinated at your site from April 1st to April 30th, 2010. Include all children you immunize (both VFC eligible and non-VFC eligible).
- A BENCHMARKING WORKSHEET is included in this packet to aid you to appropriately tally by age category and by insurer/VFC eligibility. Make additional copies as needed.

BY MAY 10, 2010

- Complete Form 3. Instructions are below:
- **Instructions for Form 3**
 - Tally and transcribe the information on children you vaccinated in April from your Benchmarking Worksheets or computer files onto the Benchmarking Summary Report (Form 3).
- **Make copies of all completed forms and keep copies on file at your office.**
- **SUBMIT FORMS TO THE VFC PROGRAM by May 14th, 2010 via MAIL or FAX:**
 - **COLORADO IMMUNIZATION PROGRAM - VFC PROGRAM**
4300 Cherry Creek Drive South
DCEED-IMM-A3
Denver, Colorado 80246-1530 or VFC Program Fax: 303-691-61118