



Vaccines for Adults (VFA) Provider Agreement

To receive federally-funded Section 317 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 equivalent.

1. Section 317 vaccines will be administered to any individual aged 19 years and older, who is uninsured or underinsured. Patients covered by Medi-Cal are considered insured and NOT eligible for the VFA program. Staff will consult the [VFA Vaccine Eligibility Based on Insurance](#) table as needed to determine specific vaccine eligibility for patients. Eligibility screening will be conducted prior to the administration of vaccine doses. Verification of eligibility can be obtained verbally from the individual. All staff, including front office and billing staff, will be knowledgeable of VFA eligibility.
2. Section 317 vaccines will be administered in compliance with the most recent immunization schedule, dosage, and contraindications established by the Advisory Committee on Immunization Practices (ACIP) unless: a) in making a medical judgment in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the patient; or b) the patient declines particular immunizations.
3. Patients immunized with Section 317 vaccines will not be billed for the cost of the vaccine nor be charged an administration fee. All systems will be checked to ensure patients are not charged and vaccine cost will not be billed.
4. Current Vaccine Information Statements (VIS) will be offered prior to each vaccination. Vaccine administration records will be maintained in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the [Vaccine Adverse Event Reporting System \(VAERS\)](#).
5. Organization will be enrolled in a local immunization information system (CAIR or RIDE/Healthy Futures).
6. Report all VFA vaccine doses administered to an immunization registry (CAIR2 or Healthy Futures/RIDE), and data must include all required VFA screening, patient's race and ethnicity, and administration elements. Report doses administered under the Registry ID for the corresponding VFA PIN receiving vaccines. ([CA AB1797](#))
7. Immunization of VFA-eligible patients will be documented in or submitted through data exchange as "317 Vaccine Eligibility or Vaccine Eligibility Category (HL7) Code V07" doses to the local immunization information system (CAIR2 or Healthy Futures/RIDE) and documented in an Electronic Health Record (EHR). The total number of patients immunized with Section 317 vaccines and inventory on-hand will be reported to the California Department of Public Health (CDPH) according to reporting guidelines. Review doses reported in the immunization information system periodically, or at a minimum of every 3 months.
8. Doses administered reported with each VFA order must match doses recorded in an immunization information system (CAIR2. or Healthy Futures/RIDE) as '317.'" Registry data will be used to approve vaccine orders.
9. The patient's recorded 317 eligibility status and all records related to the VFA program will be retained for three (3) years. If requested, these records will be made available to the California Department of Public Health (CDPH). Records include, but are not limited to, vaccine administration documentation, billing records, medical records that verify receipt of vaccine, and vaccine temperature log records. Release of such records will be bound by federal and state privacy laws.



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10. Standards for vaccine ordering, reporting and management will be followed as outlined in the [Program Provider Agreement Addendum](#). Detailed information on ordering can be found on the [EZIZ website VFA page](#).
11. Order vaccines according to the quarterly VFA order frequency; providers who have not ordered vaccines in the past calendar year may be terminated from the VFA Program.
12. Organization will operate in a manner intended to avoid fraud and abuse of Section 317 vaccines.
Fraud: is 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.
Abuse: provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the program or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.
13. Authorized representatives of the VFA Program will be permitted to visit the facility in order to review compliance with policies and procedures. Provider agrees to implement and complete corrective actions identified during the visit.
14. Vaccine purchased with Section 317 federal funds that are deemed non-viable due to provider negligence will be replaced on a dose-for-dose basis.
15. The term of this agreement is from **January 1, 2024** until vaccine doses are completely administered. Section 317 vaccines can continue to be administered until its expiration date.
16. I understand that the CDPH, Immunization Branch or my practice/organization may terminate this agreement at any time. If the agreement is terminated, any unused Section 317 vaccines will be properly returned to the CDPH Vaccines for Adult (VFA) Program.

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the 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)

Medical License Number

Signature

Date