

Vaccines for Children (VFC) Billing for Immunizations Process

Molina Healthcare of New Mexico, Inc. (Molina Healthcare) contracted practitioners located in New Mexico **are required to enroll in and utilize the Vaccines for Children (VFC) Program if they treat and immunize children.** The program, administered by the New Mexico Department of Health (DOH), provides vaccines for your practice at no charge to immunize children 18 years old and younger.

Practitioners participating in the VFC Program may not receive vaccines at no charge and then submit a claim to Molina Healthcare for them. For more information about the VFC Program and/or to enroll:

- Call the DOH toll free at (866) 681-5872; and/or
- Go to the VFC web link: <http://nmhealth.org/about/phd/idb/imp>

In order to bill for children's immunizations once your practice has exhausted its VFC Program inventory, please do the following:

1. Complete and sign the attached 2016 Vaccine Attestation Form and email, fax or mail it to your Provider Service Representative (PSR). A list of PSRs with their email address can be found at this link: [PSR Territory Contact Grid](#)

Mail: Molina Healthcare of New Mexico, Inc.
Attention: Provider Services
P.O. Box 3887
Albuquerque, NM 87190

Fax: (505) 798-7313
Attention: [PSR Name]

2. Indicate which vaccine stock is depleted, e.g. flu, type of preventive childhood immunization. (An attestation is due annually when inventory is exhausted.)
3. Your attestation will be reviewed. If approved, you will be instructed how to bill Molina Healthcare in order to be reimbursed for immunizations.
4. If you do not submit the attestation form, you will continue to be reimbursed for the administration fee. You will not be reimbursed for the vaccine.

Thank you,

Molina Healthcare of New Mexico
Provider Services Department



2016 Vaccine Attestation Form

Providers contracted with Molina Healthcare of New Mexico, Inc. (Molina Healthcare) who treat children are required to participate in the New Mexico Department of Health's Vaccine for Children's (VFC) Program. This form is to be used when the supply of immunizations and vaccines provided by the VFC Program has been exhausted.

Without this attestation, when claims are submitted for reimbursement of vaccines they are denied. Molina Healthcare cannot ascertain if a provider is sending the claim in error or due to a shortage of vaccines. In order to facilitate the clean claims process, you/your group is asked to attest that the inventory of vaccines from the VFC Program has been exhausted.

Name of Practitioner _____

Group Name _____

If this attestation is being submitted on behalf of a group practice, please attach a sheet that lists all applicable practitioners.

NPI _____ Tax Identification Number _____

Applicable Vaccine(s) _____

I/we attest that my/our inventory of vaccines and immunizations provided by the New Mexico Department of Health has been exhausted. We have ordered vaccines and immunizations directly from manufacturers and will be submitting claims effective with dates of service as of _____, 2016 for reimbursement by Molina Healthcare for eligible and enrolled children ages eighteen 18 years and younger. I declare upon oath and attest to the accuracy, completeness, and truthfulness of this statement based on my best knowledge, information and belief.

Printed Name

Signature

Title

Date