

Vaccine Utilization Invoice

Reimbursable Clinic

Universal Influenza Immunization Program (UIIP)

Type or print clearly. Complete all fields, as appropriate, to avoid a delay in reimbursement

Part A: Influenza Clinic Information		Part B: Vaccine Provider Information	
Facility Hosting Clinic		Agency Administering Vaccine	
Address (Street No., Street Name, Suite, Unit No.)		Address (Street No., Street Name, Suite, Unit No.)	
City/Town	Postal Code	City/Town	Postal Code
ON		ON	
Contact person for Facility (First Name, Last Name)	Telephone No. (incl. ext.)	Contact person for Agency (First Name, Last Name)	Telephone No. (incl. ext.)

Part C: Vaccine Supply Source	
<input type="checkbox"/> Health Unit (specify name of health unit)	<input type="checkbox"/> Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS) Client No.

Part D: Clinic Category (please check <input checked="" type="checkbox"/> only one box from the list below)		
<input type="checkbox"/> Community Care Access Centre	<input type="checkbox"/> Long-Term Care Home	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Community Health Centre	<input type="checkbox"/> Public Hospital	

Part E: Clinic Information				
Clinic Location (if different than in Part A)	Clinic Date (yyyy/mm/dd)	Vaccine Lot Number(s) Used At Clinic	Vaccine Wastage (in Doses)	Total Doses Administered
Total Vaccine Wastage for Clinic =				
Total Doses Administered at Clinic =				
Total Amount (\$5/Dose) =				\$

Part F: Vaccination Coverage Data for Clinic											
Category	Age (Years)										Sub-Totals
	6 months to <2 yrs		2 to <5		5 to 18		19 to 64		65 or older		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
a) Risk Groups											a.
b) General Population											b.

Part G: Authorization, Terms and Conditions	
<p>Participation in the Universal Influenza Immunization Program (UIIP) and the receipt of the publicly funded influenza vaccine requires that all agencies and service providers report both vaccine doses administered and doses wasted to the Ministry of Health and Long-Term Care. Failure to report this may result in vaccine orders not being filled. All clinic reports must be submitted within ten working days of the immunization clinic. Only reimbursable clinic providers who are operating or sponsoring public clinics and are not compensated for these services may make payment claims. The clinic provider is responsible for protecting the privacy, security and confidentiality of personal information and personal health information in accordance with privacy laws. The clinic provider agrees to maintain such records for no less than five years. The clinic provider must disclose all relevant records within his or her control to the UIIP manager upon request. In the absence of such records, payment of the claim may be refused or recovered if payment has already been made. The reimbursable clinic provider agrees that payment of a UIIP claim for service constitutes payment in full. The reimbursable clinic provider will not submit another account on behalf of the clinic for any amount to any person. The reimbursable clinic provider will not accept any benefit for services being provided under the UIIP. An overpayment made to a reimbursable clinic provider is deemed a debt owing to the Crown in right of Ontario and may be recovered by any remedy or procedure available by law. All claims for reimbursement must be received by the Ministry before the 28th day of February, for that influenza season. Invoices that are missing information will not be processed.</p>	

(1a) Authorized Signing Officer at Facility Hosting Clinic (requesting reimbursement)		
By signing below, I certify that I have read and agree to the terms and conditions as outlined above and that publicly funded influenza vaccine was administered free of charge to all persons who received an influenza immunization. I further certify that I have authority to bind my organization.		
Name (First Name, Last Name) (please print)	Signature	Date Submitted to Ministry (yyyy/mm/dd)

(1b) Authorized Signing Officer of Agency Administering Vaccine		
By signing below, I certify that I have read and agree to the terms and conditions as outlined above and that publicly funded influenza vaccine was administered free of charge to all persons who received an influenza immunization. I further certify that I have authority to bind my organization.		
Name (First Name, Last Name) (please print)	Signature	

Forward completed form for signoff to the location where the vaccine was obtained (see Part G instructions on reverse).

(2) Health Unit / OGPMSS Use Only - Health Unit Delegate or OGPMSS Designate Approval		
Name (First Name, Last Name) (please print)	Signature	Date Submitted to Ministry (yyyy/mm/dd)

(3) Ministry Use Only	
Public Health Division Rep. (First Name, Last Name)	Date (yyyy/mm/dd)

The *Vaccine Utilization Invoice* needs to be completed for each clinic held. Please ensure that the invoice is completely filled out, as incomplete invoices will not be processed.

Part A: Influenza Clinic Information

Facility Hosting Clinic and Address

Refers to the name and location of the facility (site) where the clinic was held, e.g., the business corporation name, **NOT** the agency contracted to administer the vaccine. This is the agency requesting reimbursement.

Contact Person for Facility and Telephone No.

This is the person who will ensure the information on the form is complete and accurate.

Part B: Vaccine Provider Information

Agency Administering Vaccine and Address

Refers to the name and location of the agency that is administering vaccine at the clinic (if applicable).

Contact Person for Agency and Telephone No.

This is the person who will ensure the information on the form is complete and accurate.

Part C: Vaccine Supply Source

Indicate whether the vaccine was obtained from a health unit (please specify the name of the health unit), or from the Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS) (please specify your OGPMSS Client No.).

Note: It is required that the vaccine be obtained from the jurisdiction in which the clinic is held.

Part D: Clinic Category

Check the one (1) box from the list that identifies your clinic type.

In order to be eligible for reimbursement, the following criteria must be met:

- Operated/sponsored by one of the four Authorized Clinic Categories as indicated on the invoice
- Open to the public (i.e. open and accessible to any eligible vaccine recipient who lives, works or attends school in Ontario)
- Widely advertised in the community (i.e. pre-event promotion in areas visible/accessible to **all** members of the public)
- Publicly funded vaccine must be used
- Influenza immunization must be provided free of charge to the vaccine recipients
- The Ministry of Health and Long-Term Care must not be billed for these immunizations through another mechanism.

Part E: Clinic Information

Completed *Vaccine Utilization Invoice* forms should be submitted to the vaccine supply source (i.e. health unit or OGPMSS) as quickly as possible, and **within 10 working days after the date of the influenza immunization clinic**. A separate *Vaccine Utilization Invoice* must be completed for each clinic held.

Clinic Location

Identify the name of the facility location, including the address, where the clinic was held if different than in Part A.

Clinic Date

Follow date format provided. **For clinics lasting more than one day, enter each day on a separate *Vaccine Utilization Invoice* form.**

Vaccine Lot Number(s) Used At Clinic

Enter the vaccine lot number(s) associated with each clinic.

Vaccine Wastage

Enter the number of doses wasted (e.g. breaking cold chain conditions, <10 doses drawn up from vial, etc.) for each Vaccine Lot No. used.

Note: 1 vial = 10 doses at 0.5 ml/dose

Total Doses Administered At Clinic

Enter the total doses administered for each vaccine lot number.

Total Vaccine Wastage for Clinic

Enter the SUM of wastage for all Vaccine Lot Nos. used for the clinic.

Total Doses Administered at Clinic

Enter the SUM of all doses administered for the clinic.

Total Amount (\$/Dose)

Multiply the Total Doses for ALL Clinics by \$5.00 to determine the reimbursable amount.

Part F: Vaccination Coverage Data for Clinic

As a condition of receiving publicly funded influenza vaccine to administer, all vaccine doses (administered and wasted) must be reported to the Ministry on the *Vaccine Utilization Invoice*.

For the clinic identified on the invoice, enter the **aggregate totals** for "Risk Groups" and "General Population" across the appropriate age group(s) and gender identified. Add each of the rows for a total sum.

- "**Risk Groups**" refer to people at high risk of influenza-related complications **and** people capable of transmitting influenza to those at high risk of influenza-related complications.
- "**General Population**" includes healthy persons aged 2 to 64 years, who should be encouraged to receive the vaccine, even if they are not in one of the aforementioned groups.

Note: The **Sub-totals** (by row) for the "Risk Groups" and "General Population" must add up to the **Total Doses Administered at Clinic**.

Part G: Authorization, Terms and Conditions

A signature of authorization is required from both the facility hosting the clinic and the agency administering the influenza vaccine at the clinic. If the facility hosting the clinic is the same as the agency administering the vaccine, only one signature is required (see 1a).

1a. Authorized Signing Officer at Facility Hosting Clinic (requesting reimbursement)

The Authorized Signing Officer at the facility hosting the clinic is responsible for ensuring that the *Vaccine Utilization Invoice* is complete and that the amount being claimed for reimbursement is accurate. The Authorized Signing Officer should be a regulated health professional as defined under the *Regulated Health Professions Act, 1991*. The name, signature of the Authorized Signing Officer and the date the invoice was submitted to the health unit or OGPMSS are required to validate the accuracy and completeness of the information provided.

1b. Authorized Signing Officer of Agency Administering Vaccine

If an agency has administered the vaccine on behalf of the facility hosting the clinic, then the Authorized Signing Officer of the agency administering vaccine should be a regulated health professional as defined under the *Regulated Health Professions Act, 1991*.

Forward form for signoff to the location where the vaccine was obtained:

- For clinics that received the vaccine from a health unit:**
Health Unit from which the vaccine was obtained
- For clinics that received the vaccine from OGPMSS:**
Fax: 416-327-0818

2. Health Unit / OGPMSS Use Only

A signature is required from either the health unit or OGPMSS, depending upon where the vaccine was obtained, verifying that the invoice form has been reviewed. Health units are responsible for contacting the facility hosting the clinic if information is incomplete.

3. Ministry Use Only

Health units or OGPMSS, as appropriate, will forward the invoice(s) to the Ministry for approval.

Note: Ministry staff will not process the form until the invoice is signed by either the health unit delegate or the OGPMSS designate.