

VACCINES FOR CHILDREN PROGRAM PROVIDER AGREEMENT

FACILITY INFORMATION			
Facility Name:			VFC Pin#:
Shipping Address:			
City:	County:	State: NC	Zip:
Telephone:		Fax:	
Mailing Address (if different than shipping address):			
City:	County:	State:	Zip:
MEDICAL DIRECTOR OR EQUIVALENT			
Instructions: <i>The official VFC registered health care provider signing the agreement must be a practitioner authorized to administer pediatric vaccines under state law who will also be held accountable for compliance by the entire organization and its VFC providers with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.</i>			
Last Name, First, MI:		Title (circle): MD / DO / NP / PA / RPh	Specialty:
License No.:		Medicaid or NPI No.:	Employer Identification No.:
Email Address:			
VFC VACCINE COORDINATOR			
Primary Vaccine Coordinator Name:			
Telephone:		Email:	
Completed annual training (within the past 12 months): <input type="checkbox"/> YES <input type="checkbox"/> NO			
Specify training and date completed:			
			Date Completed:
Back-Up Vaccine Coordinator Name:			
Telephone:		Email:	
Completed annual training (within the past 12 months): <input type="checkbox"/> YES <input type="checkbox"/> NO			
Specify training and date completed:			
			Date Completed:

PROVIDER AGREEMENT

To receive publicly funded 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.	I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.
2.	<p>I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:</p> <p>A. Federally Vaccine-eligible Children (VFC eligible)</p> <ol style="list-style-type: none"> 1. Are an American Indian or Alaska Native; 2. Are enrolled in Medicaid; 3. Have no health insurance; 4. Are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement. <p>B. State Vaccine-eligible Children</p> <ol style="list-style-type: none"> 1. In addition, to the extent that my state designates additional categories of children as "state vaccine-eligible", I will screen for such eligibility as listed in the addendum to this agreement and will administer state-funded doses (including 317 funded doses) to such children. <p>Children aged 0 through 18 years that do not meet one or more of the eligibility federal vaccine categories (VFC eligible), are not eligible to receive VFC-purchased vaccine.</p>
3.	<p>For the vaccines identified and agreed upon in the provider profile, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC program unless:</p> <ol style="list-style-type: none"> a) In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the child; b) The particular requirements contradict state law, including laws pertaining to religious and other exemptions.
4.	I will maintain all records related to the VFC program for a minimum of three years and upon request make these records available for review. VFC records include, but are not limited to, VFC screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.
5.	I will immunize eligible children with publicly supplied vaccine at no charge to the patient for the vaccine.
6.	I will not charge a vaccine administration fee to non-Medicaid federal vaccine eligible children that exceeds the administration fee cap of \$20.45 per vaccine dose. For Medicaid children, I will accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans.
7.	I will not deny administration of a publicly purchased vaccine to an established patient because the child's parent/guardian/individual of record is unable to pay the administration fee.
8.	I will distribute the current Vaccine Information Statements (VIS) (or equivalent) each time a vaccine is administered and maintain records 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).
9.	<p>I will comply with the requirements for vaccine management including:</p> <ol style="list-style-type: none"> a) Ordering vaccine and maintaining appropriate vaccine inventories; b) Not storing vaccine in dormitory-style units at any time; c) Storing vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet North Carolina Immunization Program storage and handling requirements; d) Returning all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration

10.	<p>I agree to operate within the VFC program in a manner intended to avoid fraud and abuse. Consistent with "fraud" and "abuse" as defined in the Medicaid regulations at 42 CFR § 455.2, and for the purposes of the VFC Program:</p> <p>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.</p> <p>Abuse: provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program, (and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient); or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.</p>
11.	<p>I will participate in VFC program compliance site visits including unannounced visits, and other educational opportunities associated with VFC program requirements.</p>
12.	<p>For providers with a signed deputization Memorandum of Understanding between a FQHC or RHC and the North Carolina Immunization Program to serve underinsured VFC-eligible children, I agree to:</p> <ul style="list-style-type: none"> a) Include "underinsured" as a VFC eligibility category during the screening for VFC eligibility at every visit; b) Vaccinate "walk-in" VFC-eligible underinsured children; and c) Report required usage data <p>Note: "Walk-in" in this context refers to any underinsured child who presents requesting a vaccine; not just established patients. "Walk-in" does not mean that a provider must serve underinsured patients without an appointment. If a provider's office policy is for all patients to make an appointment to receive immunizations then the policy would apply to underinsured patients as well.</p>
13.	<p>For pharmacies, urgent care, or school located vaccine clinics, I agree to:</p> <ul style="list-style-type: none"> a) Vaccinate all "walk-in" VFC-eligible children and b) Will not refuse to vaccinate VFC-eligible children based on a parent's inability to pay the administration fee. <p>Note: "Walk-in" refers to any VFC eligible child who presents requesting a vaccine; not just established patients. "Walk-in" does not mean that a provider must serve VFC patients without an appointment. If a provider's office policy is for all patients to make an appointment to receive immunizations, then the policy would apply to VFC patients as well.</p>
14.	<p>I agree to replace vaccine purchased with federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a <u>dose-for-dose</u> basis.</p>
15.	<p>I understand this facility or the North Carolina Immunization Program may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the North Carolina Immunization Program.</p>
<p>By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.</p>	
<p>Medical Director or Equivalent (e.g. Local Health Director) Name:</p>	
<p>Signature:</p>	<p>Date:</p>

Vaccines for Children (VFC) Program Provider Profile Form

All healthcare providers participating in the Vaccines for Children (VFC) program must complete this form annually or more frequently if the number of children served changes or the status of the provider/facility changes during the calendar year.

Date: _____

Provider Identification Number _____

FACILITY INFORMATION

Provider Name: _____

Facility Name: _____

Vaccine Delivery Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

PROVIDER TYPE (select only one provider type)

Please review the provider type definitions (below) to assist with provider type selection.

- | | | |
|---|--|--|
| <input type="checkbox"/> Behavioral Health Clinic | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Rural Health Clinic |
| <input type="checkbox"/> Birthing Hospital or Birthing Center | <input type="checkbox"/> Private Practice (e.g., family practice, pediatric, primary care) | <input type="checkbox"/> School-Based Clinic (permanent clinic location) |
| <input type="checkbox"/> Community Vaccinator | <input type="checkbox"/> Private Practice (e.g., family practice, pediatric, primary care) as agent for FQHC/RHC-deputized | <input type="checkbox"/> STD/HIV Clinic (non-health department) |
| <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Public Health Clinic (state/local) as agent for FQHC/RHC-deputized | <input type="checkbox"/> Student Health Services |
| <input type="checkbox"/> Family Planning Clinic (non-health department) | <input type="checkbox"/> Public Health Clinic (state/local) as agent for FQHC/RHC-deputized | <input type="checkbox"/> Teen Health Center (non-health department) |
| <input type="checkbox"/> Federally Qualified Health Center | <input type="checkbox"/> Refugee Health Clinic | <input type="checkbox"/> Urgent/Immediate Care Center |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Residential/Congregate Care Facility | <input type="checkbox"/> Women, Infants, and Children (WIC) Clinic |
| <input type="checkbox"/> Indian Health Service, Tribal, or Urban Clinic | <input type="checkbox"/> Retail Health Clinic | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Juvenile Detention Center | | |
| <input type="checkbox"/> Migrant Health Center | | |
| <input type="checkbox"/> Mobile Provider | | |

If applicable, please indicate the specialty of the provider/practice (Select all that apply):

- ☐ Family Medicine
☐ Internal Medicine
☐ OB/GYN
☐ Pediatrics
☐ Preventive Medicine
☐ Other (specify) _____
☐ N/A

Is this provider site part of a hospital/healthcare system?

- ☐ Yes
☐ No
☐ N/A or don't know

Facility Type (select one):

- ☐ Private Facility (privately funded entity; non-governmental)
- ☐ Public Facility (publicly funded or government entity)
- ☐ Combination (funded with public and private funds)

Is this facility a mobile facility, or does this facility have mobile units?*

- ☐ Yes
- ☐ No

*A mobile unit is a dedicated vehicle with a primary purpose of providing medical services (e.g., immunization services).

VACCINES OFFERED**Is this provider a specialty provider?*** *Please note: the Immunization Program must review and approve any provider who identifies as a specialty provider.*

- ☐ Yes
- ☐ No

Vaccines Offered (Select One):

- ☐ All ACIP-recommended vaccines for children 0 through 18 years of age
- ☐ Select vaccines only (This option is available only for facilities designated as Specialty Providers by the Immunization 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, family planning, etc.) 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 Immunization Program has the authority to designate VFC providers as specialty providers. At the discretion of the Immunization Program, certain enrolled providers such as pharmacies or community vaccinators may offer a limited selection of vaccines.

Select all vaccines offered by specialty provider:

- | | | |
|-----------------------------------|---|---------------------------------------|
| <input type="radio"/> COVID-19 | <input type="radio"/> Meningococcal Conjugate | <input type="radio"/> Td |
| <input type="radio"/> DTaP | <input type="radio"/> MMR | <input type="radio"/> Tdap |
| <input type="radio"/> Hepatitis A | <input type="radio"/> Nirsevimab | <input type="radio"/> Varicella |
| <input type="radio"/> Hepatitis B | <input type="radio"/> Pneumococcal Conjugate | <input type="radio"/> Other, specify: |
| <input type="radio"/> HIB | <input type="radio"/> Pneumococcal Polysaccharide | |
| <input type="radio"/> HPV | <input type="radio"/> Polio | |
| <input type="radio"/> Influenza | <input type="radio"/> Rotavirus | |

PROVIDER POPULATION

Provider population based on patients seen during the previous 12 months. Report the number of children by age group who received vaccinations at your facility. Count a child only once based on the age/eligibility categories at the last immunization visit, regardless of the number of visits made. The following table details the number of children who received VFC vaccine and non-VFC vaccine, by eligibility category.

VFC Vaccine Eligibility Categories	# of children by age category who received VFC vaccine				
	<1 Year	1–6 Years	7–18 Years	19+ Years	Total
Enrolled in Medicaid					
No health insurance					
American Indian/Alaska Native					
Underinsured in FQHC/RHC or deputized facility ¹					
Total VFC:					
Non-VFC Vaccine Eligibility Categories	# of children by age category who received non-VFC vaccine				
	<1 Year	1–6 Years	7–18 Years	19+ Years	Total
Insured (private pay/health insurance covers vaccines)					
Children's Health Insurance Program (CHIP) ²					
Total Non-VFC:					
Total Patients (must equal sum of Total VFC + Total Non-VFC)					

¹Underinsured includes children with health insurance that does not cover vaccines or only covers specific vaccine types. Children are eligible only for vaccines that are not covered by their 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 under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate underinsured children.

²CHIP – Children enrolled in the state Children's Health Insurance Program (CHIP). Children enrolled in CHIP are considered insured and are not eligible for vaccines through the VFC program. Each state determines how CHIP vaccine is purchased and administered by participating providers.

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

- | | |
|--|---|
| <input type="radio"/> Benchmarking | <input type="radio"/> Doses administered |
| <input type="radio"/> Medicaid claims data | <input type="radio"/> Provider encounter data |
| <input type="radio"/> IIS | <input type="radio"/> Billing system |
| <input type="radio"/> Other (must describe): | |

Provider Type Definitions

Behavioral Health Clinic

Locations that provide counseling, behavioral therapy, medication, case management, and other types of services to persons with behavioral health disorders. This provider type is used for behavioral health treatment centers where on-site vaccination services are provided.

Birthing Hospital or Birthing Center

Birthing centers or birthing hospitals where on-site vaccination services are provided.

Community Vaccinator

Community-wide vaccinators that are external to public or private conventional healthcare providers, offer vaccination services only, and conduct vaccination clinics in mobile, temporary, or offsite locations exclusively (e.g., non-permanent school-located vaccination clinics).

Correctional Facility

Juvenile correctional facilities as well as adult correctional facilities where juveniles are confined, and on-site vaccination services are provided. Unlike juvenile detention centers, confinement in correctional facilities is generally long-term in nature; youths are confined in secure correctional facilities for periods generally ranging from a few months to years.

Family Planning Clinic (non-health department)

Clinic that provides contraceptive services for clients who want to prevent pregnancy and/or space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, STD services (including HIV/AIDS), and other preconception health services (e.g., screening for obesity, smoking, and/or mental health). This provider type is used for family planning clinics where vaccination services are provided. *NOTE: Non-health department clinics that offer only STD/HIV screening and treatment services should be categorized as “STD/HIV Clinic (non-health department).”*

Federally Qualified Health Center

Community-based health care providers that offer primary care services in underserved areas and meet the criteria for “Federally Qualified Health Center (FQHC)” certification as set by the Centers for Medicare and Medicaid Services (CMS) (Section 1861(aa)(4)(B) and section 1905(l)(2)(B) of the Social Security Act). FQHCs include [HRSA Health Center Program](#) award recipients and HRSA Health Center Program look-alikes, which are health centers that meet Health Center Program requirements but do not receive federal award funding. *NOTE: Certain tribal organizations are also FQHCs. However, for tribal or urban Indian health clinics enrolled as FQHCs, use the “Indian Health Service, Tribal, or Urban Clinic” designation. The FQHC provider type includes any satellite, temporary, or offsite locations where the provider of record (i.e., FQHC personnel) is administering vaccine.*

Hospital

All hospitals, including medical school or university-affiliated hospitals but excluding birthing hospitals, where on-site vaccination services are provided. *NOTE: For birthing hospitals, use the “Birthing Hospital or Birthing Center” designation. The Hospital provider type includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., hospital or hospital-contracted personnel) is administering vaccine.*

Indian Health Service, Tribal, or Urban Clinic

Indian Health Service (IHS), Tribal, or Urban Indian Health Program facilities that provide vaccination services. Urban Indian Health Centers are also designated Federally Qualified Health Centers and provide comprehensive primary care and related services to American Indians and Alaska Natives. Alaska Village Clinics should be included in this provider type.

Juvenile Detention Center

Juvenile detention centers where on-site vaccination services are provided. Juvenile detention is defined as the temporary and safe custody of juveniles who are accused of conduct subject to the jurisdiction of the court who require a short-term restricted environment for their own or the community’s protection while pending legal action or dispositional placement in a correctional facility.

Migrant Health Center

Centers that provide health services, including on-site vaccination services, to migratory and seasonal agricultural workers and their families.

Mobile Provider

Providers who offer vaccination as well as other healthcare services exclusively out of a mobile facility. This designation should NOT be used for providers who have a mobile unit associated with their facility, but the unit is not the primary location for vaccine storage and administration.

Pharmacy

Stand-alone retail pharmacy (e.g., CVS, Duane Reade, Walgreens, independently owned pharmacies, etc.) or retail pharmacy within a hospital or health system where on-site vaccination services are provided. This category also includes retail pharmacies that conduct community vaccination clinics at offsite or mobile locations. *NOTE: This provider type does not include retail health clinics (e.g., Minute Clinic) or centralized pharmacies within a hospital or healthcare facility that dispense vaccines to be administered by facility staff. In those cases, the provider type is determined by who administers the vaccine. The Pharmacy provider type includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., pharmacy personnel) is administering vaccine.*

Private Practice (e.g., family practice, pediatric, primary care)

Private practice locations, including solo, group, or HMO practitioners, where vaccination services are provided. *NOTE: Includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., provider location personnel) is administering vaccine.*

Private Practice (e.g., family practice, pediatric, primary care) as agent for FQHC/RHC-deputized

A deputized provider has been delegated by a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as an agent to vaccinate underinsured children. This provider type is used for deputized private practices, including solo, group, or HMO practitioners, that provide vaccination services. *NOTE: Includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., deputized private practice personnel) is administering vaccine.*

Public Health Clinic (state/local)

State or local public health clinics that provide vaccination services. This category includes public health -run STD/HIV clinics, family planning clinics, and teen health centers. *NOTE: Includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., public health clinic personnel) is administering vaccine.*

Public Health Clinic (state/local) as agent for FQHC/RHC-deputized

A deputized provider has been delegated by a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as an agent to vaccinate underinsured children. This provider type is used for deputized state or local public health clinics that provide vaccination services. *NOTE: Includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., deputized public health clinic personnel) is administering vaccine.*

Refugee Health Clinic

Clinics that are designated to improve the health care and monitor medical conditions of refugees who have relocated to the United States. This provider type is used for refugee health clinics that provide vaccination services. *NOTE: If vaccination services are provided in a location that is co-located in a physical facility with a refugee health clinic but are not administered by refugee health staff, select the category of the provider with oversight of vaccination services.*

Residential/Congregate Care Facility

Out-of-home settings, including group homes, childcare institutions, congregate foster care facilities, where onsite vaccination services are provided. *NOTE: If children in these settings receive vaccinations from a mobile provider or community vaccinator, then that provider type should be used.*

Retail Health Clinic

Health clinics located within grocery, drug, or retail stores that provide onsite vaccination services. Retail health clinics generally provide a focused range of protocol-driven healthcare services, such as the treatment of minor illnesses or injuries and vaccination services (e.g., Minute Clinic, Take Care Clinic).

Rural Health Clinic

Clinics located in a non-urbanized Health Professional Shortage Area, Medically Underserved Area, or governor-designated and secretary-certified shortage area. This provider type is used for rural health clinics that provide vaccination services.

School-Based Clinic (permanent clinic location)

Permanent school-based clinics that provide vaccination services through 12th grade. *NOTE: For non-permanent school-based clinics, use the “Community Vaccinator” designation. The School-Based Clinic (permanent clinic location) provider type includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., school-based clinic personnel) is administering vaccine.*

STD/HIV Clinic (non-health department)

Clinics that provide timely STD/HIV diagnosis, testing with on-site treatment, and partner services. This provider type is used for STD/HIV clinics NOT located within a health department where on-site vaccination services are provided. *NOTE: this category should be used by non-HD clinics that exclusively offer STD/HIV screening and treatment services.*

Student Health Services

Permanent school-based clinics that provide vaccination services for college/university students (e.g., Job Corps).

Teen Health Center (non-health department)

Teen health centers that are NOT public health department-sponsored and provide on-site vaccination services.

Urgent/Immediate Care Center

Locations that provide immediate medical outpatient care for the treatment of acute and chronic illness and injury. This provider type should be used for urgent care centers or walk-in clinics where on-site vaccination services are provided.

Women, Infants, and Children (WIC) Clinic

Locations that serve low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 years who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support, and referrals to health care. This provider type is used for WIC clinics that also provide vaccination services. *NOTE: If vaccination services are provided in a location that is co-located in a physical facility with a WIC clinic but are not administered by WIC staff, select the category of the provider with oversight of vaccination services.*

Other

Any provider type not captured in one of the other provider type options.

Provider Specialties Definitions

Family Medicine

Manages common illnesses and conditions for people of all ages, focusing on overall health and well-being throughout the lifespan.

Internal Medicine

Deals with the prevention, diagnosis, and nonsurgical treatment of diseases and disorders of the internal organs/structures in adults.

OB/GYN

Obstetrician-gynecologist. Provides specialized services in women's health.

Pediatrics

Involves disease/disorder prevention, diagnosis, and treatment associated with the physical and developmental health of children from birth to young adulthood.

Preventive Medicine

Focuses on the health of individuals and communities with the goal of promoting health and well-being and preventing disease, disability, and death.

PROVIDERS PRACTICING AT THIS FACILITY (attach additional pages as necessary)

Instructions: List below all licensed health care providers (MD, DO, NP, PA, pharmacist) at your facility who have prescribing authority.

[illegible]

North Carolina Department of Health and Human Services (DHHS) - North Carolina Immunization Program (NCIP)
PRIVATE PROVIDER VACCINES FOR CHILDREN ("VFC") AGREEMENT - NCIR

The purpose of this agreement is to allow _____ to utilize the North Carolina Immunization Registry (NCIR) and fulfill all North Carolina Immunization Program ("NCIP") program requirements and participate in the Vaccines for Children ("VFC") Program. The conditions of the agreement listed below are effective from the date the agreement is signed until renewal/reenrollment.

- A. The provider signing this agreement shall be willing and able to:
1. Follow all NCIP program requirements, policies, and procedures, and participate in site visits and educational opportunities.
 2. Be open at least four (4) consecutive hours on a day other than a Monday to receive VFC vaccines.
 3. Screen and document NCIP /VFC eligibility status with each immunization visit.
 4. Administer vaccines provided through the North Carolina Immunization Program to eligible patients, following all Advisory Committee on Immunization Practices (ACIP) guidelines, according to the most relevant NCIP Coverage Criteria, and agree not to charge a third- party for the cost of vaccine.
 5. Agree administration fees are per vaccine and not per antigen. Third party billing for administration fees is permitted in accordance with the individual's insurance plan. Bill only Medicaid for the administration fee for VFC-eligible children enrolled in Medicaid. Balance billing is not permitted in Medicaid. Waive the administration fee if the NCIP-eligible patient or child's parent is unable to pay the administration fee. If not collected during the vaccine encounter, only one single bill may be issued to a non-Medicaid, VFC eligible child within 90 days of the vaccine administration. Unpaid administration fees may not be sent to collections.
 6. Impose no condition or cost, such as a well-child visit, as a prerequisite to receiving vaccines. Charge no office fee in addition to the administration fee for an immunization-only or walk-in visit.
 7. Record all required fields in NCIR for each dose of vaccine administered.
 8. Provide a signed immunization record, at no charge, to the parent, guardian, or patient each time an immunization is given as specified in G.S. 130A-154 and when needed for schools, childcare facilities, colleges/universities, or wherever immunization records are required. Keep immunization records, either electronically or in paper form, according to the retention of medical records position statement of the North Carolina Medical Board (<https://www.ncmedboard.org/resources-information/professional-resources/laws-rules-position-statements/position-statements/medical-records-documentation-electronic-health-records-access-and-retention>).
 9. Share immunization data upon request as specified in G.S. 130A-153 and 10A NCAC 41A .0406.
 10. Assume responsibility for the receipt, storage, management, administration, and transport of vaccine and all staff involved in these activities.
 11. Ensure all current and new staff are fully trained in vaccine ordering, storing, handling, administration, use of the NCIR, reporting guidelines, and transportation of vaccine in an emergency annually or more often as needed. Provide documentation (i.e. training roster or log sheet) of training participants and dates upon request of NCIP.
 12. Assume accountability for all state supplied vaccines received by your practice/agency:
 - a. Complete a physical inventory of all state-supplied vaccine at least weekly and properly reconcile with the NCIR at least monthly (including assessing errors for providers participating in two-way data exchange with NCIR), with the recommendation of bi-weekly. Birthing hospitals must verify changes from the previous month against the Vaccines Administer Log (VAL) forms for state supplied Hepatitis B vaccine.
 - b. Electronically record all VFC and privately purchased vaccines into the NCIR at the time of administration or by the close of business the day the immunization is given, which meets the reporting requirement in G.S. 130A-153(b). Birthing hospitals must accurately report all state supplied Hepatitis B doses administered during the prior month on a VAL form. The logs must be received by the NCIP by the 10th of each month. You must keep your copy for three (3) years. Please see the back of the VAL form for additional instructions.
 - c. Follow the NCIP Borrowing Policy, including limiting borrowing of state supplied vaccines to rare occurrences, completing the Vaccine Borrowing Form for all borrowing instances, and replacing borrowed vaccine within 30 calendar days. Planned borrowing of VFC vaccine, including the use of VFC vaccine as a replacement system for the provider's privately purchased vaccine inventory is not permissible.
 - d. Do not share or transfer VFC vaccines to providers not enrolled with the VFC programs. Vaccine transfers are required to be approved by the NCIP in writing.
 13. Report all adverse events as they occur through the Vaccine Adverse Events Reporting System (VAERS) electronically. For a complete list of required reportable events go to: <http://www.vaers.hhs.gov/reportable.htm>. Add an appropriate client comment in NCIR.
 14. Providers are required to have up to three separate vaccine inventories: (1) VFC vaccines, (2) VFA/317 vaccines (if applicable), and (3) privately purchased vaccines (for privately insured patients). Providers must store, monitor, and maintain all vaccine stock under the same requirements as outlined in the most recent *NCIP Minimum Required Vaccine Ordering, Handling and Storage Procedures* (<https://immunization.dph.ncdhhs.gov/providers/storageandhandling.htm>), including the use of appropriate storage equipment.
 15. The provider is subject to the most current NCIP Financial Restitution Policy (<https://covid19.ncdhhs.gov/ncip-financial-restitution-policy/open>) if vaccines are found to be wasted or spoiled due to the provider's negligence and/or failure to properly rotate, handle, or store the vaccine.
 16. Notify NCIP thirty calendar days prior to a change in the provider or the employment or role of the individual who signed this

agreement on behalf of the provider. If a change occurs with less than thirty calendar days' notice to the provider's office, notify NCIP the same day the provider becomes aware.

17. Notify NCIP immediately when there are changes to the vaccine coordinator or back-up vaccine coordinator, a change in the facility shipping and mailing address, or if the status of the individual signing the Provider Agreement changes.
18. Ensure that email addresses for the vaccine coordinator, back-up vaccine coordinator, and provider are kept up-to-date and monitored for NCIP communications (including reviewing announcements posted on NCIR).
19. Report all suspected or confirmed cases of vaccine preventable diseases to the local health department within 24 hours as specified in GS 130A-135 and 10A NCAC 41A .0101.

B. With respect to the North Carolina Immunization Registry (NCIR), the provider signing this agreement shall:

1. Designate a minimum of two NCIR Administrators, with active, up-to-date agency internet email addresses, to ensure that the access level for each user does not exceed that individual's role in the agency and that access is only within the user's scope of work. Deactivate all users immediately when they leave the practice or are assigned to different duties within the organization that do not require NCIR access.
2. Require all users accessing NCIR under your authority to sign a *User Confidentiality Agreement* if they do not currently have one on file at your facility. The agreement must be made available to NCIP upon request.
3. Maintain and protect the confidentiality of information contained in NCIR in accordance with applicable North Carolina state and federal law as well as the requirements set forth in the NC DHHS Privacy and Security Manuals (<https://policies.ncdhhs.gov/departmental/policies-manuals/section-viii-privacy-and-security/>) and the NC Statewide Information Security Manual (<https://it.nc.gov/statewide-information-security-policies/>).
4. Assume responsibility for all organization users accessing NCIR under your authority. Ensure all current and new staff receive NCIR training, agree to not share NCIR user IDs and/or passwords or other credentials with any other individual, and protect the confidentiality and integrity of the information contained in NCIR in accordance with this agreement and applicable law.
5. Provide NCIP with notice of all suspected and confirmed privacy/security incidents or privacy/security breaches involving unauthorized access, use, disclosure, modification, or destruction of the information retained in NCIR, including a breach of account credentials or user permissions. Notice shall be provided within twenty-four (24) hours after the incident is first discovered by submitting a report at: <https://security.ncdhhs.gov/>.
6. As much as possible, assure that all patient names entered into the NCIR reflect the patient's true, legally documented, complete name (e.g. from the birth certificate).
7. Ensure your facility has a contingency plan in place for use during periods of internal internet disruption and/or NCIR outages.
8. Acknowledge and agree that the NCIR does not make medical decisions and is not a substitute for competent, properly trained, and knowledgeable staff who bring professional judgment and analysis to the information presented by the software. All medical treatment and diagnostic decisions provided are the sole responsibility of the provider.

NCIP or the provider may terminate this agreement at any time for personal reasons or failure to comply with conditions of this Agreement. The provider is required to comply with any additional VFC requirements as the CDC or NCIP may from time to time impose. Upon termination, the provider must properly store, handle, and return all viable, unused NCIP vaccine within 30 calendar days of termination. Failure to comply with all VFC and NCIP requirements may result in suspension or termination from the program. Individuals and facilities on the "List of Excluded Individuals and Entities" published by the federal Department of Health and Human Services Office of the Inspector General ("exclusion list") are prohibited from participating in federally funded health care programs including the VFC Program. The provider represents it is not currently on the exclusion list and will immediately notify NCIP if placed on the exclusion list.

I understand the terms of this agreement and agree to comply with this agreement and all applicable statutes, rules/regulations, and requirements.

Provider's Signature
(DO NOT USE A STAMP)

Provider's Name
(PRINT OR STAMP)

Federal Tax ID

Provider's
NC License #

Date

INSTRUCTIONS

PURPOSE:

This document constitutes a legal agreement under which the NCIP may provide vaccines to a private provider to immunize patients and access to the North Carolina Immunization Registry.

PREPARATION:

1. Prepare an original and a copy.
2. Print or type the practice's name.
3. The signature must be of an individual with signatory authority for the Provider.
 - a. The provider in a group practice must be authorized to administer pediatric vaccines under state law to sign the Provider Agreement.
 - b. The provider signing the Provider Agreement on behalf of a multi-provider practice must have authority to sign on behalf of the entity. That provider will be held accountable for the entire organization's compliance, including site visit participation and educational requirements.
4. The provider's signature must be an original; a stamp is not acceptable.
5. The agreement shall be available for review by NCIP personnel.

DISTRIBUTION:

1. Mail, fax, or email agreement to:

**NCDHHS, Division of
Public Health
Immunization Branch
1917 Mail Service Center
Raleigh, North Carolina 27699-1917**

**Fax: 1-800-544-3058
Email: ncirhelp@dhhs.nc.gov**

2. Retain a copy for your records.

DISPOSITION:

Completed (signed and dated) form must be retained during participation in the NCIP/VFC program and for six years from the date this agreement is terminated. If a notice of a claim or lawsuit has been made, this agreement(s) shall be retained until after final disposition of the claim or litigation (including appeals).

SUPPORTING DOCUMENTS:

Supporting documents, additional forms, and NCDHHS, DPH, Immunization Branch policies may be obtained at <http://www.immunize.nc.gov/> or by calling 1- 877-873-6247.