



North Carolina Department of Health and Human Services
Division of Public Health – Women’s & Children’s Health Section

1917 Mail Service Center • Raleigh, North Carolina 27699-1917

Tel 919-707-5550 • Fax 919-870-4824

Beverly Eaves Perdue, Governor

Lanier M. Cansler, Secretary

September 30, 2011

MEMORANDUM

TO: North Carolina Immunization Program (NCIP) Participants

FROM: Beth Rowe-West, R.N., B.S.N., Head,
Immunization Branch

SUBJECT: Provider Agreement for 2012 and Provider Profile

Each year, the North Carolina Immunization Branch and the federal Vaccines for Children (VFC) Program require an updated provider profile and provider agreement. Enclosed in this mailing are your provider vaccine agreement for 2012 and your provider profile, which includes provider office details and enrollment numbers for the patients you serve.

In addition to reviewing your office information, *please carefully review the enrollment numbers for your patient population.* Provider enrollment numbers are a critical piece in the administration of the NCIP and a requirement of the Centers for Disease Control and Prevention (CDC). Enrollment numbers allow the Immunization Branch to:

- assist providers in vaccine ordering, avoiding over-ordering and under-ordering, both of which result in significant costs to the immunization program;
- make estimates of the active patients in our program which are used to fund new vaccines, address special populations, and identify funding needs for vaccines such as influenza, human papillomavirus (HPV), and meningococcal conjugate; and,
- provide projections which drive state and federal allocations in crisis or shortage situations, such as the *Haemophilus influenzae type b* (PedvaxHIB®) recall in 2007, and the H1N1 novel influenza emergency in 2009.

Please have your lead physician (or health director, for local health departments) sign the new agreement, verify your profile information, and return them to us by **Friday, October 14, 2011**. Please note, agreements must be signed either by a Medical Doctor (MD) or Doctor of Osteopathy (DO) licensed to practice medicine in the State of North Carolina, or by a Local Health Director. If there are no corrections to your profile, simply initial the form and return it with your agreement. Corrections to your profile may be made by crossing out incorrect information and writing the correct information above it. Forms should be **faxed** to the Branch at **1-800-544-3058** or mailed to the North Carolina Immunization Branch, Attn: Vaccine Distribution, 1917 Mail Service Center, Raleigh, NC 27699-1917.

Providers not returning a signed 2012 agreement and an updated profile will be unable to order state-supplied vaccine beyond December 31, 2011. If you have problems or questions you may call the Immunization Help Desk, Monday through Friday, 8am to 5pm ET, at 1-877-873-6247.

Attachments

| | | | | | |
|-----|---------------|----------|-------------|-----------------------|---------------|
| CC: | RICs | SMT | CO Staff | Vaccine Manufacturers | Steve Shore |
| | RINs | Joy Reed | Greg Griggs | Jessica Gerdes | Timika Poston |
| | Taryn Edwards | | | | |

North Carolina Department of Health and Human Services
North Carolina Immunization Program
PROVIDER VACCINE AGREEMENT (2012-PPR)

The purpose of this agreement is to authorize **SAMPLE ONLY** to receive vaccines from the North Carolina Department of Health and Human Services and the Vaccines for Children (VFC) Program. The conditions of the agreement listed below are effective through December 31, 2012.

- A. The lead physician signing this agreement shall:
1. Administer vaccines provided through the North Carolina Immunization Program (NCIP) charging no patient or third-party for the cost of vaccine. Vaccines received under this agreement may not be given to non-NCIP health care providers or sold to any other health care provider or to any other person, except as given in the direct administration to a patient. Incidents of fraud and abuse can result in federal charges and must be reported to the Immunization Branch for investigation.
 2. Charge the VFC-eligible patient, or the responsible adult accompanying the VFC-eligible patient, an administration fee of no more for each NCIP vaccine given in an encounter than the rate established by the state's Medicaid program.
 3. Agree not to charge an administration fee to an individual who states they are unable to pay and never withhold state supplied vaccine due to an individual's inability to pay the administration fee.
 4. Charge no office fee in addition to the administration fee for an immunization-only visit.
 5. Stock all recommended and required vaccines as appropriate for your practice's population. Provide vaccines on time and simultaneously, as recommended and scheduled by the Advisory Committee on Immunization Practices (ACIP) and as indicated in the NCIP Coverage Criteria unless a valid contraindication exists.
 6. Screen 100% of patients for eligibility according to the most current NCIP Coverage Criteria. State-supplied vaccine is never to be administered to ineligible patients. Providers must replace any public doses mistakenly administered outside of those criteria with privately-purchased vaccine and record any borrowed vaccine per NCIP's Replacement and Borrowing Policy. Providers administering vaccine improperly may be subject to the Financial Restitution Policy.
 7. Impose no inappropriate condition or cost, such as a well child visit, as a prerequisite to receiving vaccines.
 8. For each dose of vaccine administered, provide a written copy of the relevant current Vaccine Information Statement (VIS) to the patient or the responsible adult accompanying any child to whom the provider intends to vaccinate. Supplement the material with visual or oral explanations as needed.
 9. Record the following for each dose of vaccine administered, in NCIR:
 - a. the manufacturer,
 - b. lot number,
 - c. date of administration,
 - d. administration site and route,
 - e. date the relevant current VIS was given,
 - f. date printed on the VIS, and
 - g. name, address, and title of the provider who administered the vaccine.
 10. 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 Standard 19 of the NC Record Retention and Disposition Schedules for Counties and Municipalities.
 11. Share immunization data upon request as specified in G.S. 130A-153 and 15A NCAC 19A .0406.
 12. Assume responsibility for the staff who order, store, administer and report vaccine usage. Ensure all current and new staff are fully trained in vaccine ordering, storing, handling, administration, use of NCIR and reporting usage guidelines.
 13. Assume accountability for all state supplied vaccines received by your practice/agency.
 - a. Complete a physical inventory of all state-supplied vaccine at least once per month and properly reconcile with NCIR.
 - b. Electronically record all vaccines into NCIR at the time of administration or by the close of business the day the immunization is given.
 - c. Transferred vaccine: Record all vaccine transfers in NCIR.
 - d. Spoiled vaccine: After consultation with the Immunization Branch return all spoiled vaccines (including unopened vials and manufacturer prefilled syringes) to the Immunization Branch, record the incident in NCIR, and submit a Wasted/Expired Vaccine Report (DHHS 3974). Do not send back syringes with needles or partial vials, however, account for these doses in the NCIR.
 - e. Expired vaccine: report all expired vaccines in the NCIR and return the expired vaccines to the Immunization Branch with a Wasted/Expired Vaccine Report.
 14. For compliance with the federal VFC Program and state requirements:
 - a. Screen all patients 0 through 18 years of age to determine the VFC eligibility and record eligibility in NCIR each time a state-supplied dose is administered or retain copies of eligibility information for a period of three years following the date the vaccine was administered.
 - b. Annually and when requested, submit the provider profile, temperature logs, and an updated agreement, etc. on forms provided by the Immunization Branch.

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15. Order vaccine no more than once per month with a goal of ordering once every other month to every three months.
16. Store vaccine on hand according to the most recent NCIP Minimum Required Vaccine Ordering, Handling and Storage Procedures. Record temperatures twice a day and keep temperature logs for a minimum of three years. Report out-of-range temperatures to the Immunization Branch immediately.
17. Allow periodic VFC Site Visits or inspection of vaccine supplies and records as requested by the Immunization Branch.
18. Effective March 1, 1999, the provider shall pay the cost of state supplied vaccines that were wasted through the provider's failure to properly store, handle or rotate the vaccine. See most recent Financial Restitution Policy.
19. Ensure a Vaccine Disaster Recovery Plan is completed, posted on the vaccine unit, updated annually, and read by current and new staff and updated as staff change.
20. Notify the Immunization Branch ten days prior to a change in the provider/agency's shipping and mailing address or lead medical physician who signed this agreement.
21. Report adverse reactions as they occur in NCIR and directly to Vaccine Adverse Events Reporting System (VAERS) at <http://vaers.hhs.gov/esub/index>.
22. 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 Lead Physician signing this agreement shall:
1. Ensure the North Carolina Immunization Branch is provided with an active, up-to-date Internet e-mail address for contact purposes (space provided below).
 2. Designate a minimum of two NCIR Administrators to ensure that all users' access level does not exceed that individual's role in the agency, that access only be within the users' scope of work, and deactivate all users immediately should they leave your practice.
 3. Require all users accessing NCIR under your authority to sign a *User Confidentiality Agreement*, only if users do not currently have one on file at your facility, which must be made available to the Immunization Branch upon request.
 4. Insofar as possible, assure that all patient names entered into the NCIR reflect the patient's true, legally-documented, complete name (e.g. birth certificate);
 6. Completely and accurately document, for each patient receiving an immunization service from your facility: historical immunization information from a valid certificate of immunization; administration of immunizations by clinical staff; vaccine adverse events when they occur; and any contraindications identified during the immunization screening process;
 7. Ensure your facility has a contingency plan in place for use during periods of internal Internet disruption and/or NCIR outages.

The Immunization Branch or provider may terminate this agreement at any time for personal reasons or failure to comply with conditions A.1 through B.7. Upon termination, the provider must properly store, handle, and return all viable, unused NCIP vaccine. All suspensions of eligibility shall be in accordance with G.S. 130A.

I understand the terms of this agreement and agree to comply with this agreement and the rules promulgated by the State of North Carolina.

| | | | | |
|-----------------------------------------------|--------------------------------------|-------------------------------------------------------|----------------------------------|------|
| Physician's Signature (DO NOT USE A STAMP) | Physician's Name (PRINT OR STAMP) | Federal Tax Identification Number for the Facility | Physician's Medical License # | Date |
|-----------------------------------------------|--------------------------------------|-------------------------------------------------------|----------------------------------|------|

E-mail Address of NCIR Administrator: _____

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INSTRUCTIONS

PURPOSE:

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

PREPARATION:

1. Prepare an original and a copy.
2. Print or type the practice's name.
3. The signature must be of a provider licensed to practice medicine in North Carolina.
4. The physician's signature must be an original; a stamp is not acceptable.
5. The agreement shall be available for review by Immunization Branch personnel.

DISTRIBUTION:

1. Fax or mail to:
Immunization Branch
1917 Mail Service Center
Raleigh, North Carolina 27699-1917
Fax: 1-800-544-3058
2. Retain a copy for your records.

DISPOSITION:

Completed (signed and dated) form must be retained until participation in the state-supplied vaccine program ends and for ten years following the end of the calendar year in which the agreement is terminated or for ten years following the year any vaccine recipient was immunized during the final year of the agreement. If a notice of a claim or lawsuit has been made, this agreement(s) should be retained until after final disposition of the claim or litigation (including appeals).

Additional forms and Branch policies may be obtained at <http://www.immunizenc.com/> or by calling 1-877-873-6247.

2012 NCIP PROFILE INFORMATION SHEET

NCIR

Please review the information below. Draw a line through the incorrect information. Print the correct information. Fax or mail by October 14, 2011 to the Immunization Branch, 1917 Mail Service Center, Raleigh NC 27699-1917. The fax number is 1-800-544-3058.

FACILITY NAME: SAMPLE TEST CLINIC 000000

FEDERAL TAX ID: 000000000-00

Shipping Information:

CONTACT: IMA TEST

STREET ADDRESS: 111 SOUTH ST

CITY: RALEIGH **ZIP:** 27699

PHONE #: **EXT:**

EMAIL: TEST@YAHOO.COM

Mailing Information:

LEAD PHYSICIAN: DR TEST

MAILING ADDRESS: 111 SOUTH ST

CITY: RALEIGH **ZIP:** 27699

FACILITY PHONE #: (919) 555-1212 **EXT:**

FAX #: (919) 555-2222

CLINIC HOURS: M, T, W, TH, F ; MTWTHF 8 TO 5 clo 4 22

For each section, please verify and/or correct as necessary:

- | | | |
|---------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="radio"/> Public Hospital | <input checked="" type="radio"/> Privately Owned Practice | <input type="radio"/> Other Public Health |
| <input type="radio"/> Public Hospital (FQHC/RHC) | <input type="radio"/> Private Practice (FQHC/RHC) | <input type="radio"/> Other Public Health (FQHC/RHC) |
| <input type="radio"/> Private Hospital | <input type="radio"/> Private Other | <input type="radio"/> Federally Qualified/Rural Health Center (FQHC/RHC) |
| <input type="radio"/> Private Hospital (FQHC/RHC) | <input type="radio"/> Private Other (FQHC/RHC) | |

Specialty (if applicable):

- | | | |
|--------------------------------------------|----------------------------------------------------------|---------------------------------------------|
| <input type="radio"/> Pediatric Practice | <input type="radio"/> Family Practice | <input type="radio"/> Internal Medicine |
| <input type="radio"/> Job Corps | <input checked="" type="radio"/> Community Health Center | <input type="radio"/> Hospital Owned Clinic |
| <input type="radio"/> Military Clinic | <input type="radio"/> Birthing Hospital | <input type="radio"/> Urgent Care |
| <input type="radio"/> University / College | <input type="radio"/> School K-12 | <input type="radio"/> OBGYN |
| <input type="radio"/> Youth Development | <input type="radio"/> American Indian / Alaskan Native | Other (please indicate): _____ |

| Eligibility | < 1 Year | 1 - 6 Yrs. | 7 - 18 Yrs. |
|---------------------------------------------------------|--------------------|-------------------|--------------------|
| Insured | 14 | 54 | 15 |
| North Carolina Health Choice | | | 5 |
| Enrolled in Medicaid | 24 | 15 | 50 |
| Uninsured | | 1 | 7 |
| American Indian / Alaskan Native | | | 1 |
| Underinsured | | | |
| Total Number of Patients Receiving Immunizations | 38 | 70 | 78 |

This information is a calculated number of patients receiving immunizations at your facility between September 1, 2010 and August 31, 2011.

This information is based on doses administered entered in to the North Carolina Immunization Registry.

Please note that if you have been using the NCIR less than one year, counts may need adjusting.

If these are incorrect, please correct the information and return this form to the Immunization Branch by October 14, 2011.

2012 NCIP PROFILE INFORMATION SHEET

NCIR ✓

Please review the information below. Draw a line through the incorrect information or any physicians that have left your practice. Print the correct information. Add data for any physicians that have joined your practice. Fax or mail by October 14, 2011 to the Immunization Branch, 1917 Mail Service Center, Raleigh NC 27699-1917. The fax number is 1-800-544-3058.

 Check this box if all of the information is correct.

Provider Name SAMPLE TEST CLINIC 000000

| Last Name | First Name | Title | Physician Med. License # | Physician Medicaid # | Group Medicaid # | Physician Tax ID # |
|-----------|------------|-------|--------------------------|----------------------|------------------|--------------------|
| TEST | DOCTOR | MD | 2009-0000 | 8901111 | 8900000 | 950000 |

SAMPLE