



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

DANIEL STALEY
DIRECTOR

November 13, 2017

MEMORANDUM

TO: North Carolina Immunization Program (NCIP) Participants

FROM: Wendy Holmes, RN, Head *WH*
Immunization Branch

SUBJECT: 2018 Vaccines for Children (VFC) and NC Immunization Program Provider Agreement and Provider Enrollment Profile Forms

The purpose of this memo is to notify the lead physicians enrolled in NCIP of the annual re-enrollment process and provide the enclosed VFC and NCIP Provider Agreement documents for return. The Centers for Disease Control and Prevention (CDC) requires all providers enrolled in the VFC Program to renew the provider agreement and enrollment profile forms on an annual basis. The CDC and NCIP Provider Agreement forms outline the conditions of the VFC and NCIP programs. The lead physician signing this agreement agrees to comply with all conditions of the VFC and NCIP Provider Agreement forms and must be a Medical Doctor (MD), or Doctor of Osteopathy (DO) licensed to practice medicine in the state of North Carolina. The individual must have authority to ensure that the practice/clinic/facility and all providers listed on the agreement will adhere to the requirements of the program.

Annually, the vaccine coordinator and backup coordinator must complete required training. **Please note: Coordinators must complete the approved annual training prior to re-enrollment.** When reporting the annual training, please check the appropriate box indicating training was received if the vaccine coordinator and backup coordinator for your practice attended the 2017 state immunization conference, either separately or together, or if **both** CDC approved online training modules, VFC You Call the Shots Module-Sixteen, Vaccines For Children Program 2017, and CDC You Call the Shots Module-Ten, Storage and Handling 2017 were completed. The type of training received must be recorded on page (1) of the VFC Provider Agreement. Providers that have primary and back-up vaccine coordinators who have not completed any of these trainings must complete the "You Call the Shots" VFC and Vaccine Storage and Handling modules before returning this re-enrollment packet. Not completing the required training means that the practice is not in compliance with VFC requirements given to the state by CDC, and this may delay vaccine delivery to your practice until the required training has been completed.

As of January 1, 2018, all NCIP providers will be required to use continuous temperature monitoring devices (data loggers) to monitor vaccines that will be administered to VFC-eligible. This requirement extends to back-up thermometers as well. Please see the updated Minimum Required Vaccine Ordering, Handling and Storage Procedures for specific details. The document is available at:

http://www.immunize.nc.gov/providers/ncip/pdf/storage_handling_minimum.pdf.

Review the enclosed VFC Provider Agreement and Enrollment Profile forms in detail. Pay careful attention to the enrollment numbers pre-populated for your patient population. The enrollment numbers your practice reported represent the number of children being served by age and eligibility categories **who received VFC vaccine in the past 12 months**. Accuracy in reporting these numbers is a critical piece in determining the correct vaccine supply for your VFC-eligible patients. Mark through the enrollment numbers if changes are needed and write in the correct number; review the agreements for completeness; sign and return the signed, completed forms by **no later than December 1, 2017**; and retain a copy for your records. Return completed forms by standard USPS mail to “NC Immunization Branch, ATTN: Vaccine Distribution Unit, 1917 Mail Service Center, Raleigh, NC 27699-1917” or via email at ncirhelp@dhhs.nc.gov or via fax to 1-800-544-3058.

Contact the Immunization Help Desk, Monday through Friday, 8 a.m. to 5 p.m. at 1-877-873-6247, if assistance is needed or if you have any questions. Failure to return the completed re-enrollment packet by the due date will result in suspension from the NCIP.

Enclosures

cc: SMT, Regional Immunization Staff, CO, Vaccine Manufacturers, Elizabeth Hudgins, Frank Skwara, Terri Pennington, Peter Graber, Harita Patel, Taryn Edwards, Gregg Griggs, Ann Nichols

2018 VACCINES FOR CHILDREN PROGRAM PROVIDER AGREEMENT

FACILITY INFORMATION			
Facility Name: MADEUP CLINIC		VFC Pin#: NCA000000	
Shipping Address: 111 STREET ST			
City: CITY	County: WAKE	State: NC	Zip: 55555
Telephone: 8778736247		Fax: 8005443058	
Mailing Address (if different than shipping address): 111 STREET ST			
City: CITY	County: WAKE	State: NC	Zip: 55555
MEDICAL DIRECTOR OR EQUIVALENT			
<i>Instructions: 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: DOCTOR, NCIR		Title (circle): MD / DO / Director	Specialty:
License No.: LICENSE		Medicaid or NPI No.: MEDICAID	Employer Identification No. (optional):
VFC VACCINE COORDINATOR			
Primary Vaccine Coordinator Name: NCIR HELPDESK			
Telephone: 8778736247		Email: NCIRHELP@DHHS.NC.GOV	
Completed 2017 annual training: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Specify training completed:			
Back-Up Vaccine Coordinator Name: NCIR BACKUP			
Telephone: 8778736247		Email: NCIRHELP@DHHS.NC.GOV	
Completed 2017 annual training: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Specify training 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) 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> <ol style="list-style-type: none"> Include "underinsured" as a VFC eligibility category during the screening for VFC eligibility at every visit; Vaccinate "walk-in" VFC-eligible underinsured children; and 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> <ol style="list-style-type: none"> Vaccinate all "walk-in" VFC-eligible children and 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: NCIR DOCTOR, MD</p>	
<p>Signature:</p>	<p>Date:</p>

**North Carolina Department of Health and Human Services (DHHS) - North Carolina Immunization Program (NCIP)
2018 LOCAL HEALTH DEPARTMENT VACCINE AGREEMENT**

The purpose of this agreement is to allow MADEUP CLINIC (NCA000000) to utilize the North Carolina Immunization Registry (NCIR) and fulfill all NCIP program requirements. The conditions of the agreement listed below are effective for calendar year 2018 and/or annual re-enrollment.

- A. The health director signing this agreement shall:
- Administer vaccines provided through the North Carolina Immunization Program (NCIP), to eligible patients, according to the most relevant NCIP Coverage Criteria and agree not to charge a third-party for the cost of vaccine.
 - Charge no administration fees for uninsured or underinsured patients with family incomes below two hundred percent (200%) of the federal poverty level. Third party billing for administration fees are permitted in accordance with the individual's insurance plan.
 - Impose no inappropriate 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.
 - Record the following for each dose of vaccine administered, in the NCIR: (a) the manufacturer, (b) lot number, (c) date of administration, (d) administration site and route, (e) date of the relevant current VIS which was provided, (f) date printed on the VIS, and (g) name, address, and title of the provider who administered the vaccine.
 - 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.
 - Share immunization data upon request as specified in G.S. 130A-153 and 10A NCAC 41A.0406.
 - 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 the NCIR, reporting guidelines, and transportation of vaccine in an emergency situation annually, or more often as needed. Provide documentation (i.e. log sheet) of training participants and dates upon request of NCIP.
 - Assume accountability for all state supplied vaccines received by your health department:
 - Complete a physical inventory of all state-supplied vaccine at least weekly and properly reconcile with the NCIR at least monthly, with the recommendation of bi-weekly;
 - Electronically record all vaccines into the NCIR at the time of administration or by the close of business the day the immunization is given;
 - Store vaccine on hand according to the most recent *NCIP Minimum Required Vaccine Ordering, Handling and Storage Procedures*.
 - The health department may be subject to the most current Financial Restitution Policy if vaccines are found to be wasted through the health department's failure to properly store, handle, or rotate the vaccine.
 - Notify the Immunization Branch thirty days prior to a change in the health director who signed this agreement.
 - Notify the Immunization Branch immediately when there are changes to the vaccine coordinator or back-up vaccine coordinator or a change in the health department's shipping and mailing address.
- B. With respect to the North Carolina Immunization Registry (NCIR), the health director signing this agreement shall:
- Designate a minimum of two NCIR Administrators, with active, up-to-date 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 should they leave your health department.
 - 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 the Immunization Branch upon request.
 - As much as possible, assure that all patient names entered into the NCIR reflect the patient's true, legally-documented, complete name (e.g., birth certificate).
 - Ensure your facility has a contingency plan in place for use during periods of internal Internet disruption and/or NCIR outages.
 - 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.

The Immunization Branch or health director may terminate this agreement at any time for personal reasons or failure to comply with conditions A.1 through B.5. The health director is required to comply with any additional VFC requirements as the CDC or NCIP may from time to time impose. Upon termination, the health department must properly return all viable, unused NCIP vaccine. All suspensions of eligibility shall be in accordance with G.S. 130A. Individuals and facilities on the "List of Excluded Individuals and Entities" published by the Department of Health and Human Services Office of the Inspector General are prohibited from participating in federally-funded health care programs including the VFC program.

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

_____	<u>NCIR DOCTOR, Director</u>	<u>11111111-01</u>	_____
Health Director's Signature (DO NOT USE A STAMP)	Health Director's Name	Tax ID for Local Health Dept.	Date

INSTRUCTIONS

PURPOSE:

This document constitutes a legal agreement under which the North Carolina Immunization Branch may provide vaccines to a local health department 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 the Local Health Director.
4. The Local Health Director'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. Mail, fax, or email agreement to:

**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 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).

SUPPORTING DOCUMENTS:

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

**North Carolina Department of Health and Human Services (DHHS) - North Carolina Immunization Program (NCIP)
2018 PRIVATE PROVIDER VACCINE AGREEMENT - NCIR**

The purpose of this agreement is to allow MADEUP CLINIC (NCA000000) to utilize the North Carolina Immunization Registry (NCIR) and fulfill all NCIP program requirements. The conditions of the agreement listed below are effective for calendar year 2018 and/or annual re-enrollment.

- A. The lead physician signing this agreement shall:
- Administer vaccines provided through the North Carolina Immunization Program (NCIP), to eligible patients, according to the most relevant NCIP Coverage Criteria and agree not to charge a third-party for the cost of vaccine.
 - Third party billing for administration fees are permitted in accordance with the individual's insurance plan.
 - Impose no inappropriate 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.
 - Record the following for each dose of vaccine administered in the 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.
 - 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.
 - Share immunization data upon request as specified in G.S. 130A-153 and 10A NCAC 41A 0406.
 - 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 the NCIR, reporting guidelines, and transportation of vaccine in an emergency situation annually, or more often as needed. Provide documentation (i.e. log sheet) of training participants and dates upon request of NCIP.
 - Assume accountability for all state supplied vaccines received by your practice/agency:
 - Complete a physical inventory of all state-supplied vaccine at least weekly and properly reconcile with the NCIR at least monthly, with the recommendation of bi-weekly;
 - Electronically record all vaccines into the NCIR at the time of administration or by the close of business the day the immunization is given;
 - Store vaccine on hand according to the most recent *NCIP Minimum Required Vaccine Ordering, Handling and Storage Procedures*.
 - The provider may be subject to the most current Financial Restitution Policy if vaccines are found to be wasted through the provider's failure to properly store, handle, or rotate the vaccine.
 - Notify the Immunization Branch thirty days prior to a change in the lead physician who signed this agreement.
 - Notify the Immunization Branch immediately when there are changes to the vaccine coordinator or back-up vaccine coordinator or a change in the facility shipping and mailing address.
 - 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:
- Designate a minimum of two NCIR Administrators, with active, up-to-date 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 should they leave your practice.
 - 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 the Immunization Branch upon request.
 - As much as possible, assure that all patient names entered into the NCIR reflect the patient's true, legally-documented, complete name (e.g. birth certificate).
 - Ensure your facility has a contingency plan in place for use during periods of internal Internet disruption and/or NCIR outages.
 - 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.

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.5. 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. All suspensions of eligibility shall be in accordance with G.S. 130A. Individuals and facilities on the "List of Excluded Individuals and Entities" published by the Department of Health and Human Services Office of the Inspector General are prohibited from participating in federally-funded health care programs including the VFC Program.

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

_____	<u>NCIR DOCTOR, MD</u>	<u>11111111-01</u>	<u>LICENSE</u>	_____
Physician's Signature	Physician's Name	Federal Tax ID	Physician's	Date
(DO NOT USE A STAMP)	(PRINT OR STAMP)		Medical License #	

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 Registry.

PREPARATION:

1. Prepare an original and a copy.
2. Print or type the practice's name.
3. The signature must be of a Medical Doctor or Doctor of Osteopathy 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. Mail, fax, or email agreement to:

**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 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).

SUPPORTING DOCUMENTS:

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

**North Carolina Department of Health and Human Services (DHHS) - North Carolina Immunization Program (NCIP)
2018 PRIVATE PROVIDER VACCINE AGREEMENT – NON-NCIR**

The purpose of this agreement is to allow MADEUP CLINIC (NCA000000) to fulfill all NCIP program requirements. The conditions of the agreement listed below are effective for calendar year 2018 and/or annual re-enrollment.

A. The lead physician signing this agreement shall:

1. Administer vaccines provided through the North Carolina Immunization Program (NCIP), to eligible patients, according to the most relevant NCIP Coverage Criteria and agree not to charge a third-party for the cost of vaccine.
2. Impose no inappropriate 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.
3. Record the following for each dose of vaccine administered, in the patient’s permanent medical record or Vaccine Administration Record: (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.
4. 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.
5. Share immunization data upon request as specified in G.S. 130A-153 and 10A NCAC 41A .0406.
6. 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, reporting guidelines, and transportation of vaccine in an emergency situation annually, or more often as needed. Provide documentation (i.e. log sheet) of training participants and dates upon request of NCIP.
7. 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 verify changes from the previous month against the Vaccines Administered Log (VAL) Forms.
 - b. Accurately report all state supplied doses administered during the prior month on a VAL Form. **The logs must be received by the Immunization Branch by the 10th of each month.** You must keep your copy for three (3) years. Please see the back of the form for additional instructions.
8. Store vaccine on hand according to the most recent *NCIP Minimum Required Vaccine Ordering, Handling and Storage Procedures*.
9. The provider may be subject to the most current Financial Restitution Policy if vaccines are found to be wasted through the provider’s failure to properly store, handle, or rotate the vaccine.
10. Notify the Immunization Branch thirty days prior to a change in the provider/agency's shipping and mailing address or lead physician who signed this agreement.
11. Notify the Immunization Branch immediately when there are changes to the vaccine coordinator or back-up vaccine coordinator.
12. 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.

The Immunization Branch or provider may terminate this agreement at any time for personal reasons or if the provider fails to comply with conditions 1 through 12. 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, transfer, and return all viable, unused NCIP vaccine. All suspensions of eligibility shall be in accordance with G.S. 130A. Individuals and facilities on the “List of Excluded Individuals and Entities” published by the Department of Health and Human Services Office of the Inspector General are prohibited from participating in federally-funded health care programs including the VFC program.

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

_____	<u>NCIR DOCTOR, MD</u>	<u>11111111-01</u>	<u>LICENSE</u>	_____
Physician’s Signature (DO NOT USE A STAMP)	Physician’s Name (PRINT OR STAMP)	Federal Tax ID # for the Facility	Physician’s Medical License #	Date

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.

PREPARATION:

1. Prepare an original and a copy.
2. Print or type the practice's name.
3. The signature must be of a Medical Doctor or Doctor of Osteopathy 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. Mail, fax, or email agreement to:

**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 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).

SUPPORTING DOCUMENTS:

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

2018 North Carolina Immunization Program (NCIP) Provider Profile for: NCA000000

All health care 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 facility changes during the calendar year.

DATE COMPLETED: ___ ___ / ___ ___ / 2017

1. FACILITY INFORMATION (verify the information is correct):

Facility Name: **MADEUP CLINIC** Federal Tax ID: 111111111-01
 Facility Mailing Address: **111 STREET ST**
 City (Mailing) **CITY** State: **NC** Zip Code (Mailing) **55555**

2. FACILITY TYPE (select best option):

Private Facilities

- PRIVATE HOSPITAL
- PRIVATE PRACTICE (SOLO, GROUP, HMO)
- PRIVATE PRACTICE (AS AGENT FOR FQHC/RHC-DEPUTIZED)
- COMMUNITY HEALTH CENTER
- PHARMACY
- BIRTHING HOSPITAL
- SCHOOL-BASED CLINIC
- TEEN HEALTH CENTER
- ADOLESCENT ONLY PROVIDER

Public Facilities

- PUBLIC HEALTH DEPARTMENT CLINIC
- PUBLIC HEALTH DEPARTMENT (AS AGENT FOR FQHC)
- PUBLIC HOSPITAL
- FQHC/RHC (COMMUNITY, MIGRANT, RURAL)
- COMMUNITY HEALTH CENTER
- TRIBAL OR INDIAN HEALTH SERVICE
- WOMEN, INFANTS, AND CHILDREN (WIC)
- STD/HIV
- FAMILY PLANNING
- JUVENILE DETENTION CENTER
- CORRECTIONAL FACILITY
- DRUG TREATMENT FACILITY
- MIGRANT HEALTH FACILITY
- REFUGEE HEALTH FACILITY
- SCHOOL-BASED CLINIC
- TEEN HEALTH CENTER
- ADOLESCENT ONLY PROVIDER

3. VACCINES OFFERED (select only one box):

- All ACIP Recommended Vaccines for children 0 through 18 years of age.
- Offers Select Vaccines (indicate select vaccines administered, below)
 - DTaP
 - HPV
 - Pneumococcal Conjugate
 - TD
 - Hepatitis A
 - Influenza
 - Pneumococcal Polysaccharide
 - Tdap
 - Hepatitis B
 - Meningococcal Conjugate
 - Polio
 - Varicella
 - HIB
 - MMR
 - Rotavirus
 - Other, specify:

4. PROVIDER POPULATION (correct any incorrect information):

VFC Vaccine Eligibility Categories	# of Children Who Received VFC Vaccine by Age Category				
	< 1 Year	1 - 6 Years	7 - 18 Years	19+ Years	Total
Enrolled in Medicaid	1	0	0	0	1
No Health Insurance	0	0	0	0	0
American Indian/Alaska Native	0	0	0	0	0
Underinsured* (only applicable for FQHC/RHC or deputized facilities)	1	0	0	0	1
Total VFC:	2	0	0	0	2
Non-VFC Vaccine Eligibility Categories	# of Children Who Received Non-VFC Vaccine by Age Category				
	< 1 Year	1 - 6 Years	7 - 18 Years	19+ Years	Total
Insured (private pay/health insurance covers vaccines)	1	0	0	0	1
North Carolina Health Choice	0	0	0	0	0
Total Non-VFC:	1	0	0	0	1
Total Patients (Total VFC + Total Non-VFC)	3	0	0	0	3

* Insurance that does not include vaccines or only covers specific vaccine types.

2018 North Carolina Immunization Program (NCIP) Provider Profile for: NCA000000

All health care 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 facility changes during the calendar year.

PROVIDERS PRACTICING AT THIS FACILITY (additional spaces for providers at end of form)

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

Provider Name:	Title	License No:	Medicaid or NPI No.	EIN (Optional)
NCIR, DOCTOR	Dr.	LICENSE	MEDICAID	



North Carolina Immunization Program 2018 Provider Feedback Survey

We would love to hear what you think about the North Carolina Immunization Program (NCIP). Please take a minute to complete the following survey with respect to our program over the past year. Your answers will help us improve the program to serve both you and our children better. On behalf of the North Carolina Immunization Branch, thank you for your time. NCA000000

Person/Title Completing the Survey (optional): _____

PLEASE RATE YOUR EXPERIENCE FOR THE FOLLOWING QUESTIONS USING THE SCALE PROVIDED.

Very Satisfied → Very Dissatisfied

- | 1. The support, information, and materials provided by NCIP program staff. | ☺ | ○ | ○ | ○ | ☹ NA |
|--|---|---|---|---|------|
| 2. The helpfulness and professionalism of NCIP Helpdesk staff. | ☺ | ○ | ○ | ○ | ☹ NA |
| 3. The helpfulness and professionalism of NCIP Regional Nurse and Program Consultants. | ☺ | ○ | ○ | ○ | ☹ NA |
| 4. The ease of screening patients for Vaccines For Children (VFC) eligibility. | ☺ | ○ | ○ | ○ | ☹ NA |
| 5. The ease of compliance with NCIP/VFC record keeping requirements. | ☺ | ○ | ○ | ○ | ☹ NA |
| 6. The ease of using the VFC vaccine ordering system. | ☺ | ○ | ○ | ○ | ☹ NA |
| 7. The timeliness of VFC vaccine delivery once an order is placed. | ☺ | ○ | ○ | ○ | ☹ NA |
| 8. The condition of VFC supplied vaccine at delivery. | ☺ | ○ | ○ | ○ | ☹ NA |
| 9. Overall satisfaction with NCIP (if unsatisfied, please provide comments). | ☺ | ○ | ○ | ○ | ☹ NA |

10. What recommendations do you have for improving NCIP?

11. Overall satisfaction with the North Carolina Immunization Registry (NCIR). ☺ ○ ○ ○ ☹ NA

12. What recommendations do you have for improving the NCIR?

Any additional comments:

Please fax or mail your completed form to:

Immunization Branch
1917 Mail Service Center
Raleigh, NC 27699-1917

or

1-800-544-3058