



**North Carolina Department of Health and Human Services  
Division of Public Health**

Pat McCrory  
Governor

Aldona Z. Wos, M.D.  
Ambassador (Ret.)  
Secretary DHHS  
  
Daniel Staley  
Acting Division Director

January 15, 2014

**MEMORANDUM**

**TO:** North Carolina Immunization Program (NCIP) Participants

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

**SUBJECT:** 2014 NCIP/Vaccines for Children (VFC) Enrollment  
Provider Agreement and Provider Profile for 2014

The Centers for Disease Control and Prevention (CDC) requires all providers currently enrolled in the NCIP/VFC Program to complete the updated provider profile and agreement forms on an annual basis. All providers must comply with this enrollment process to be eligible to continue receiving federally funded VFC vaccine. Your mailing contains, for your review, a provider-specific 2014 vaccine agreement and provider profile, which includes provider office details and enrollment numbers for the patients you serve.

In addition to reviewing the attached information regarding your practice, *please pay careful attention to the enrollment numbers for your patient population.* These provider enrollment numbers are a critical piece in determining a correct vaccine supply for your VFC-eligible patients. Enrollment numbers allow the Immunization Program to assist providers in ordering appropriate amounts of vaccine; therefore, avoiding over/under ordering both of which result in significant costs to the publicly funded VFC program and provides an actual overall statewide projection of inventory needs. **Instructions for completing the provider profile are also included in this mailing.**

Please have your lead physician (or health director, for local health departments) sign the new agreement, update your profile information, and return them to us by **Friday, February 14, 2014**. 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.

Forms should be mailed, faxed, or emailed to the Branch at:

**Immunization Branch**  
**1917 Mail Service Center**  
**Raleigh, North Carolina 27699-1917**  
**Fax: 1-800-544-3058**  
**Email: [ncirhelp@dhhs.nc.gov](mailto:ncirhelp@dhhs.nc.gov)**

Continued enrollment in the NCIP/VFC Program will enhance your ability to provide federally funded vaccines to VFC eligible children and reduces your out of pocket costs. Providers not returning a signed 2014 agreement and an updated profile will be unable to order state-supplied vaccine.

Please share your comments about the NCIP by completing our short survey at: <http://bit.ly/2014ProviderSurvey>.

If you need assistance with completing the forms call our customer service team at the Immunization Help Desk, Monday through Friday, 8 a.m. to 5 p.m., at 1-877-873-6247.

**Attachments**

CC: SMT    Regional Immunization Staff    Central Office Staff    Vaccine Manufacturers    Steve Shore    Peter Graber    Terri Pennington  
             Frank Skwara                                Jason Swartz                                Taryn Edwards                                Joy Reed                                Gregg Griggs                                Ann Nichols

[www.ncdhhs.gov](http://www.ncdhhs.gov) • [www.publichealth.nc.gov](http://www.publichealth.nc.gov) • [www.immunize.nc.gov](http://www.immunize.nc.gov)

Tel 919-707-5550 • Fax 919-870-4824

Location: 5601 Six Forks Road • Raleigh, NC 27609

Mailing Address: 1917 Mail Service Center • Raleigh, NC 27699-1917

An Equal Opportunity / Affirmative Action Employer





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Continued enrollment in the NCIP/VFC Program will enhance your ability to provide federally funded vaccines to VFC eligible children and reduces your out of pocket costs. Providers not returning a signed 2014 agreement and an updated profile will be unable to order state-supplied vaccine.

Although it is not necessary to renew the memorandum of understanding for deputizing and oversight of VFC providers to provide VFC purchased vaccine to entitled underinsured children on an annual basis, please notify the Immunization Branch staff immediately if your office no longer wishes to be considered a deputized provider.

Please share your comments about the NCIP by completing our short survey at: <http://bit.ly/2014ProviderSurvey>.

If you need assistance with completing the forms call our customer service team at the Immunization Help Desk, Monday through Friday, 8 a.m. to 5 p.m., at 1-877-873-6247.

**Attachments**

CC: SMT Regional Immunization Staff Central Office Staff Vaccine Manufacturers Steve Shore Peter Graber Terri Pennington Frank Skwara  
Lisa Weeks Jason Swartz Taryn Edwards Joy Reed Gregg Griggs Ann Nichols

[www.ncdhhs.gov](http://www.ncdhhs.gov) • [www.publichealth.nc.gov](http://www.publichealth.nc.gov) • [www.immunize.nc.gov](http://www.immunize.nc.gov)  
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**2014 LOCAL HEALTH DEPARTMENT VACCINE AGREEMENT**

The purpose of this agreement is to authorize LOCAL HEALTH DEPARTMENT [NCA000000] 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, 2014.

- A. The health director 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 must be directly administered to eligible patients and may not be given to non-NCIP health care providers or sold to any other health care provider or to any other person. Incidents of fraud and abuse can result in federal charges and must be reported to the Immunization Branch for investigation per the Fraud and Abuse Policy of the NCIP.
  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 approved by the state's Medicaid program for your agency. Administration fees are not permitted 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.
  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. 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.
  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 Vaccine Borrowing Policy and on the Vaccine Borrowing Report.
  7. 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 health department intends to vaccinate. Supplement the VIS with visual or oral explanations as needed.
  8. 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.
  9. 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.
  10. Share immunization data upon request as specified in G.S. 130A-153 and 15A NCAC 19A .0406.
  11. 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.
  12. Assume accountability for all state supplied vaccines received by your health department:
    - a. Complete a physical inventory of all state-supplied vaccine at least once per month and properly reconcile with the NCIR;
    - b. Electronically record all vaccines into the 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 the NCIR;
    - d. Spoiled vaccine: After consultation with the Immunization Branch, return all spoiled vaccines (including unopened vials and manufacturer prefilled syringes) to McKesson, record the incident in the 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; and,
    - e. Expired vaccine: Report all expired vaccines in the NCIR and directly return all expired vaccines to McKesson with a Wasted/Expired Vaccine Report, within six months of expiration.
  13. For compliance with the federal VFC program and state requirements:
    - a. Screen all patients to determine the VFC eligibility and record eligibility in the 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; and
    - b. Annually and when requested, submit the provider profile, temperature logs, an updated agreement, etc. on forms provided by the Immunization Branch.

**2014 LOCAL HEALTH DEPARTMENT VACCINE AGREEMENT**

The purpose of this agreement is to authorize LOCAL HEALTH DEPARTMENT [NCA000000] 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, 2014.

14. Reconcile NCIR inventory at least monthly and order vaccine no more than once per month, with a goal of ordering once every other month to every three months. Any provider who stores state-supplied vaccine during non-clinic hours should place orders independently, using a unique PIN number and Provider Agreement.
  15. Store vaccine on hand according to the most recent *NCIP Minimum Required Vaccine Ordering, Handling and Storage Procedures*, which requires maintaining proper temperatures, the use of approved storage units, and immediately removing expired vaccine from stock. 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.
  16. Ensure a Vaccine Disaster Recovery Plan is completed, posted on the vaccine storage unit, updated annually, read by current and new staff, and updated as staff change.
  17. Allow periodic, federally required VFC site visits or inspection of vaccine supplies and records as requested by the Immunization Branch.
  18. The health department shall pay the cost of state supplied vaccines that were wasted through the health department's failure to properly store, handle, or rotate the vaccine. See the most recent Financial Restitution Policy.
  19. Notify the Immunization Branch thirty days prior to a change in the health department's shipping and mailing address or health director who signed this agreement.
  20. Report adverse reactions as they occur directly to Vaccine Adverse Events Reporting System (VAERS). Add an appropriate client comment in NCIR.
  21. Report all suspected or confirmed cases of vaccine preventable diseases to the Immunization Branch 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 health director signing this agreement shall:
1. Ensure the North Carolina Immunization Branch is provided with an active, up-to-date Internet e-mail address for your NCIR administrator to allow for Branch contact (space provided below).
  2. Designate a minimum of two NCIR Administrators 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.
  3. 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.
  4. Accurately manage vaccine inventory. This includes documenting doses administered, wasted, expired or transferred.
  5. 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).
  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.
  8. Acknowledge and agree that the software 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.8. 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.

\_\_\_\_\_  
Health Director's Signature  
(DO NOT USE A STAMP)

Local Health Director  
Health Director's Name  
(PRINT OR STAMP)

123456789-01  
Tax ID for Local Health Dept.      \_\_\_\_\_  
Date

**E-mail Address of NCIR Administrators:** \_\_\_\_\_

**2014 LOCAL HEALTH DEPARTMENT VACCINE AGREEMENT**

The purpose of this agreement is to authorize LOCAL HEALTH DEPARTMENT [NCA000000] 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, 2014.

**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 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](mailto: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).

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

**SUPPORTING DOCUMENTS:**

NC Immunization Law: <http://bit.ly/NCImmLaw>

NCIP Coverage Criteria: <http://bit.ly/CoverageCriteria>

Recommendations of the Advisory Committee on Immunization Practices: <http://bit.ly/ACIPRecommendations>

VIS Statements: <http://bit.ly/VISStatements>

NCIP Minimum Required Vaccine Ordering, Handling and Storage Procedures: <http://bit.ly/MinimumStorage>

Fraud and Abuse Policy of the NCIP for VFC Vaccines: <http://bit.ly/FraudAndAbuse>

Vaccine-Preventable Disease (VPD) Reporting Requirements: <http://bit.ly/VPDReporting>

NCIP Vaccine Disaster Recovery Plan: <http://bit.ly/NCIPDisasterRecoveryPlan>

Refrigerator or Freezer Temperature Logs: <http://bit.ly/TempLogs>

NCIP Vaccine Borrowing Policy and Report: <http://bit.ly/VaccineBorrowing>

Wasted/Expired Vaccine Report: <http://bit.ly/WastedReport>

NCIP Vaccine Transfer Log: <http://bit.ly/VaccineTransfer>

NCIR User Confidentiality Agreement: <http://bit.ly/NCIRConfidentiality>

NC Record Retention and Disposition Schedules for Counties and Municipalities: <http://bit.ly/LHDRecordRetention>

Vaccine Adverse Events Reporting System (VAERS): <http://bit.ly/VAERS>

List of Excluded Individuals and Entities: <http://bit.ly/OIGExclusions>

**North Carolina Department of Health and Human Services  
North Carolina Immunization Program  
2014 PRIVATE PROVIDER VACCINE AGREEMENT - NCIR**

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  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 approved by the state's Medicaid program for your office. Third party billing for administration fees are permitted in accordance with the individual's insurance plan.
  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. 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.
  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 Vaccine Borrowing Policy and on the Vaccine Borrowing Report.
  7. For each dose of vaccine administered, provide a written copy of the relevant current Vaccine Information Statement (VIS) to the patient, or to the responsible adult accompanying any child whom the provider intends to vaccinate. Supplement the VIS with visual or oral explanations as needed.
  8. 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.
  9. 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.
  10. Share immunization data upon request as specified in G.S. 130A-153 and 15A NCAC 19A .0406.
  11. 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.
  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 once per month and properly reconcile with the NCIR;
    - b. Electronically record all vaccines into the 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 McKesson, record the incident in the 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; and,
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    - b. Annually and when requested, submit the provider profile, temperature logs, an updated agreement, etc. on forms provided by the Immunization Branch.

**North Carolina Department of Health and Human Services  
North Carolina Immunization Program  
2014 PRIVATE PROVIDER VACCINE AGREEMENT - NCIR**

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16. Ensure a Vaccine Disaster Recovery Plan is completed, posted on the vaccine unit, updated annually, read by current and new staff, and updated as staff change.
17. Allow periodic, federally required VFC site visits or inspection of vaccine supplies and records as requested by the Immunization Branch.
18. 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 the most recent Financial Restitution Policy.
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I understand the terms of this agreement and agree to comply with this agreement and the rules promulgated by the State of North Carolina.

<hr style="border: none; border-top: 1px solid black;"/>	<u>DR. DOCTOR DOCTOR</u>	<u>123456789-01</u>	<u>555-1212</u>	<hr style="border: none; border-top: 1px solid black;"/>
Physician's Signature (DO NOT USE A STAMP)	Physician's Name (PRINT OR STAMP)	Federal Tax ID	Physician's Medical License #	Date

**E-mail Address of NCIR Administrators:** \_\_\_\_\_

**North Carolina Department of Health and Human Services  
North Carolina Immunization Program  
2014 PRIVATE PROVIDER VACCINE AGREEMENT - NCIR**

Page 3 of 3

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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 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:**

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

**SUPPORTING DOCUMENTS:**

NC Immunization Law: <http://bit.ly/NCImmLaw>

NCIP Coverage Criteria: <http://bit.ly/CoverageCriteria>

Recommendations of the Advisory Committee on Immunization Practices: <http://bit.ly/ACIPRecommendations>

VIS Statements: <http://bit.ly/VISStatements>

NCIP Minimum Required Vaccine Ordering, Handling and Storage Procedures: <http://bit.ly/MinimumStorage>

Fraud and Abuse Policy of the NCIP for VFC Vaccines: <http://bit.ly/FraudAndAbuse>

Vaccine-Preventable Disease (VPD) Reporting Requirements: <http://bit.ly/VPDReporting>

NCIP Vaccine Disaster Recovery Plan: <http://bit.ly/NCIPDisasterRecoveryPlan>

Refrigerator or Freezer Temperature Logs: <http://bit.ly/TempLogs>

NCIP Vaccine Borrowing Policy and Report: <http://bit.ly/VaccineBorrowing>

Wasted/Expired Vaccine Report: <http://bit.ly/WastedReport>

NCIP Vaccine Transfer Log: <http://bit.ly/VaccineTransfer>

NCIR User Confidentiality Agreement: <http://bit.ly/NCIRConfidentiality>

Retention of medical records - North Carolina Medical Board Position Statement: <http://bit.ly/NCMedBoardRecordsRetention>

Vaccine Adverse Events Reporting System (VAERS): <http://bit.ly/VAERS>

List of Excluded Individuals and Entities: <http://bit.ly/OIGExclusions>

**North Carolina Department of Health and Human Services**  
**North Carolina Immunization Program**  
**2014 PRIVATE PROVIDER VACCINE AGREEMENT – NON-NCIR**

The purpose of this agreement is to authorize NC IMMUNIZATION PROGRAM [NCA000000] 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, 2014.

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 must be directly administered to eligible patients and may not be given to non-NCIP health care providers or sold to any other health care provider or to any other person. Incidents of fraud and abuse can result in federal charges and must be reported to the Immunization Branch for investigation per the Fraud and Abuse Policy of the NCIP.
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 approved by the state's Medicaid program for your office. Third party billing for administration fees are permitted in accordance with the individual's insurance plan.
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. 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.
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 Vaccine Borrowing Policy and on the Vaccine Borrowing Report.
7. For each dose of vaccine administered, provide a written copy of the relevant current Vaccine Information Statement (VIS) to the patient, or to the responsible adult accompanying any child whom the provider intends to vaccinate. Supplement the VIS with visual or oral explanations as needed.
8. 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.
9. 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.
10. Share immunization data upon request as specified in G.S. 130A-153 and 15A NCAC 19A .0406.
11. 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.
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 once per month and verify changes from previous month against Vaccines Administered Log (VAL) Forms.
  - b. Accurately report all state supplied doses administered during the prior month on a VAL Form by the tenth of each month.
  - c. Report (phone or fax) transferred vaccine to and from other NCIP providers to the Immunization Branch.
  - d. After consultation with the Immunization Branch, return all spoiled vaccines (including unopened vials and manufacturer-prefilled syringes) to McKesson and submit a Wasted/Expired Vaccine Report (DHHS 3974). Do not send back syringes with needles or partial vials; however, account for these doses on the Wasted/Expired Vaccine Report.
  - e. Expired vaccine: Return all expired vaccines directly to McKesson with a Wasted/Expired Vaccine Report within six months of expiration.
13. For compliance with the federal VFC program and state requirements:
  - a. Screen all patients to determine the VFC eligibility and record eligibility on a VAL Form each time a state-supplied dose is administered. 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, an updated agreement, etc. on forms provided by the Immunization Branch.

**North Carolina Department of Health and Human Services  
North Carolina Immunization Program  
2014 PRIVATE PROVIDER VACCINE AGREEMENT – NON-NCIR**

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14. With every vaccine order, submit a complete vaccine inventory on the form provided by the Immunization Branch. Order vaccine no more than once per month, with a goal of ordering once every other month to every three months. Any provider who stores state-supplied vaccine during non-clinic hours should place orders independently, using a unique PIN number and Provider Agreement.
15. Store vaccine on hand according to the most recent *NCIP Minimum Required Vaccine Ordering, Handling and Storage Procedures*, which requires maintaining of proper temperatures, the use of approved storage units, and immediately removing expired vaccine from stock. 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.
16. Ensure a Vaccine Disaster Recovery Plan is completed, posted on the vaccine unit, updated annually, read by current and new staff, and updated as staff change.
17. Allow periodic, federally required VFC site visits or inspection of vaccine supplies and records as requested by the Immunization Branch.
18. 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 the most recent Financial Restitution Policy.
19. 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.
20. Report adverse reactions as they occur directly to Vaccine Adverse Events Reporting System (VAERS).
21. 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 21. 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.

<hr style="border: none; border-top: 1px solid black;"/>	<u>DR. DOCTOR DOCTOR</u>	<u>123456789-01</u>	<u>555-1212</u>	<hr style="border: none; border-top: 1px solid black;"/>
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

**North Carolina Department of Health and Human Services  
North Carolina Immunization Program  
2014 PRIVATE PROVIDER VACCINE AGREEMENT – NON-NCIR**

Page 3 of 3

The purpose of this agreement is to authorize NC IMMUNIZATION PROGRAM [NCA000000] 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, 2014.

**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](mailto: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).

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

**SUPPORTING DOCUMENTS:**

NC Immunization Law: <http://bit.ly/NCImmLaw>

NCIP Coverage Criteria: <http://bit.ly/CoverageCriteria>

Recommendations of the Advisory Committee on Immunization Practices: <http://bit.ly/ACIPRecommendations>

VIS Statements: <http://bit.ly/VISStatements>

NCIP Minimum Required Vaccine Ordering, Handling and Storage Procedures: <http://bit.ly/MinimumStorage>

Fraud and Abuse Policy of the NCIP for VFC Vaccines: <http://bit.ly/FraudAndAbuse>

Vaccine-Preventable Disease (VPD) Reporting Requirements: <http://bit.ly/VPDReporting>

NCIP Vaccine Disaster Recovery Plan: <http://bit.ly/NCIPDisasterRecoveryPlan>

Refrigerator or Freezer Temperature Logs: <http://bit.ly/TempLogs>

Vaccine Administration Record: <http://bit.ly/AdminRecord>

Vaccines Administered Log: [http://bit.ly/NCIP\\_VAL](http://bit.ly/NCIP_VAL)

NCIP Vaccine Borrowing Policy and Report: <http://bit.ly/VaccineBorrowing>

Wasted/Expired Vaccine Report: <http://bit.ly/WastedReport>

NCIP Vaccine Transfer Log: <http://bit.ly/VaccineTransfer>

Retention of medical records - North Carolina Medical Board Position Statement: <http://bit.ly/NCMedBoardRecordsRetention>

Vaccine Adverse Events Reporting System (VAERS): <http://bit.ly/VAERS>

List of Excluded Individuals and Entities: <http://bit.ly/OIGExclusions>

# 2014 North Carolina Immunization Program (NCIP) Provider Profile Instructions

## Section 1

### Facility Information

Verify the pre-printed information. If the information is correct, you do not need to do anything. If any of the information is incorrect, please draw a line through the incorrect information and print the correct information. PO Box information should be listed under the Facility Mailing Address. Enter your box number only if the post office does not deliver mail to your office.

Vaccine will **not** be shipped to a PO box.

## Section 2

### Facility Type

Please select from only one column, and choose the option that best describes your facility type.

## Section 3

### Vaccines Offered

Select the "all ACIP recommended vaccines" if your practice administers all vaccines.

If your facility only administers select vaccines, choose each vaccine administered by your practice by filling in the circle beside each vaccine type.

## Section 4

### Preferred Method of Communication

The Immunization Branch often sends out information to providers. Please select your preferred method of communication.

## Section 5

### Vaccines for Children Contacts

Verify that the primary shipping name, as well as the corresponding contact information is correct. If so, you do not need to do anything. If the information is incorrect, please provide the correct contact person, with their contact information.

Provide your primary VFC Coordinator name. This is the person responsible for maintaining the requirements of the VFC program for your facility.

Per CDC guidelines, the VFC coordinator at each office must annually perform/complete one of the educational/training requirements listed in the memo dated 12/19/2012. Please select the box under the primary VFC coordinator contact person if your designee has completed the training requirement.

Provide a back-up name and contact information for your VFC Coordinator back-up.

## Section 6

### Provider Population

This information is generated from doses you have reported as administered in the North Carolina Immunization Registry (NCIR). It is a count of the number of individual **children** your facility reported administering vaccine to, by age category and VFC status (not the number of encounters). It is for the time period: 12/1/2012 to 11/30/2013. Patients seen in your office for influenza-only vaccine services have been **included**. If the

information is incorrect, please draw a line through the incorrect information and print the correct information.

*Please note that your office is unable to replicate the data in this report due to NCIR system limitations.*

Billing data may be used to verify this information.

\* If you do not use the NCIR – your data was calculated using your vaccines administered logs (VALs) and a seasonal formula.

Effective January 1, 2014, due to new eligibility rules and requirements under the Affordable Care Act, children that were switched from NC Health Choice to Medicaid should be documented as **Medicaid**.

## Section 7

### Physician Information

Please verify that all physicians listed are still part of your organization. If so, please verify their North Carolina medical license number and North Carolina Medicaid number (individual or group). If any of the information is incorrect, please draw a line through the incorrect information and provide the correct information (including removing any physicians no longer part of your practice). Add any new physicians in the spaces provided. Please be sure to include licensing and Medicaid information.

**\* Please attach a separate page if additional space is needed. If you attach additional information, please include the Provider PIN, located in the top, right-hand corner of each profile or page.**

**2014 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: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 2014

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

Facility Name: NC IMMUNIZATION PROGRAM Federal Tax ID: 123456789-01  
 Vaccine Delivery Address: 1917 MAIL SERVICE CENTER  
 City: RALEIGH State: NC Zip Code: 27699  
 Facility Telephone: (877) 873-6247 Facility Fax: (800) 544-3058

Facility Mailing Address: 1917 MAIL SERVICE CENTER  
 City (Mailing) RALEIGH State: NC Zip Code (Mailing) 27699

**2. FACILITY TYPE (select best option):**

Private Facilities	Public Facilities
<input type="checkbox"/> Private Hospital	<input type="checkbox"/> Public Hospital <input type="checkbox"/> Juvenile Detention Center
<input type="checkbox"/> Private Practice (solo/group/HMO)	<input type="checkbox"/> Public Health Department Clinic <input type="checkbox"/> Correctional Facility
<input type="checkbox"/> Private Practice (as agent for FQHC/RHC-deputized)	<input type="checkbox"/> Public Health Department Clinic (as agent for FQHC/RHC-deputized)
<input type="checkbox"/> Community Health Center	<input type="checkbox"/> FQHC/RHC (Community/Migrant/Rural) <input type="checkbox"/> Drug Treatment Facility
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Community Health Center <input type="checkbox"/> Migrant Health Facility
<input type="checkbox"/> Birthing Hospital	<input type="checkbox"/> Tribal/Indian Health Services Clinic <input type="checkbox"/> Refugee Health Facility
<input type="checkbox"/> School-Based Clinic	<input type="checkbox"/> Women, Infants, and Children (WIC) <input type="checkbox"/> School-Based Clinic
<input type="checkbox"/> Teen Health Center	<input type="checkbox"/> STD/HIV <input type="checkbox"/> Teen Health Center
<input type="checkbox"/> Adolescent Only Provider	<input type="checkbox"/> Family Planning <input type="checkbox"/> Adolescent Only
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**3. VACCINES OFFERED (select only one box):**

- All ACIP Recommended Vaccines
- 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. PREFERRED METHOD OF COMMUNICATION (update email as needed):**

- US Postal Service Mail
- Fax
- Email @ [NCIRHELP@DHHS.NC.GOV](mailto:NCIRHELP@DHHS.NC.GOV)

**5. VACCINES FOR CHILDREN (VFC) CONTACTS:**

Vaccine Shipping Contact:

DOCTOR DOCTOR Phone: (877) 873-6247 Email: NCIRHELP@DHHS.NC.GOV

VFC Coordinator (primary):

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Our VFC Coordinator has completed the VFC educational requirement for 2013.**

VFC Coordinator (back-up):

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**2014 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.

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

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

**7. PHYSICIAN INFORMATION (add or remove physicians as appropriate):**

Physician Name:

DR. DOCTOR DOCTOR

NC Medical License #:

555-1212

NC Medicaid # (Ind. or Group):

8955555555