

2009 INFLUENZA A(H1N1) MONOVALENT VACCINE PROVIDER AGREEMENT

Indiana State Department of Health, Immunization Program

FOR ISDH USE ONLY:

CHIRP Provider IRMS # _____

PIN Number _____

INSTRUCTIONS: *This form must be completed for individual public and private facilities requesting approval for participation in the 2009 Influenza A(H1N1) monovalent vaccine vaccination effort. Please fax this form to the Indiana State Department of Health at 317-233-8827.*

A. Provider Information

Facility Name _____ Physician License No. _____

Medical Officer Name _____ Title _____

Contact Name(s) _____ Title _____

Vaccine Delivery Address _____
(Number and Street, No P.O. Boxes)

Days and Times Available to Sign for Vaccine Shipment: _____

City _____ ZIP Code _____ County _____

Telephone _____ Fax _____

Email Address _____ VFC PIN # _____

- B.** Your participation in the 2009 Influenza A(H1N1) monovalent vaccine vaccination effort is greatly appreciated as a vital service that will protect individuals and the public against 2009 H1N1 influenza. The 2009 Influenza A(H1N1) monovalent vaccine has been purchased by the federal government as a means of protecting the public against 2009 H1N1 influenza. It is being made available to immunization providers working in partnership with state and local public health departments to vaccinate individuals for whom the vaccine is recommended. This Provider Agreement specifies the conditions of participation in the 2009 Influenza A(H1N1) monovalent vaccine vaccination effort in the U.S. and must be signed and submitted to the immunization program prior to receipt of the vaccine. Signature of this agreement does not guarantee receipt of vaccine.

The immunization provider agrees to:

1. Administer the 2009 Influenza A(H1N1) monovalent vaccine according to the recommendations of CDC's Advisory Committee on Immunization Practices as adopted by the Centers for Disease Control and Prevention.
2. Store and handle the vaccine in accordance with the package insert provided with the vaccine including in compliance with cold chain requirements.
3. Provide a current Vaccine Information Statement to each individual before vaccination, and answer questions about the benefits and risks of vaccination, including different indications for live versus inactivated vaccines.
4. Record in the patient's medical record or in an office log the date of administration, the site of administration, the vaccine type and lot number, and the name of the immunization provider for each individual vaccinated. The record must be kept for a minimum of seven years following vaccination, as required by Ind. Code § 16-39-7-1.
5. Report moderate and severe adverse events following vaccination to the Vaccine Adverse Event Reporting System (1-800-822-7967, <http://vaers.hhs.gov/contact.htm>).

In addition, the provider:

6. Cannot charge patients, health insurance plans, or other third party payers for the vaccine, the syringes or the needles as these are provided at no cost to the provider. The provider/facility is also prohibited from selling H1N1 vaccine, syringes or needles.
7. May charge a fee for the *administration* of the vaccine to the patient, their health insurance plan, or other third party payer. However, if the provider is a Local Health Department or administering vaccine on behalf of a Local Health Department, a fee *cannot* be charged for the administration of the vaccine *to the patient*. The administration fee cannot exceed the regional Medicare vaccine administration fee. If the administration fee is billed to Medicaid, the amount billed cannot exceed the state Medicaid administration fee.
8. May either administer the 2009 Influenza A (H1N1) monovalent vaccine for free to individuals who cannot afford the administration fee, or refer these individuals to a public health department clinic or affiliated public health provider for vaccination.
9. Must report the number of doses of 2009 Influenza A (H1N1) monovalent vaccine administered to individuals into the Children and Hoosiers Immunization Registry Program (CHIRP) Mass Immunization Module (MIM) as required by the state health department, unless otherwise prohibited by law.
10. Must report to the state health department the number of doses of vaccine that were not able to be used because the vaccine expiration date was exceeded or the vaccine was wasted for other reasons. These doses must be disposed of in accordance with state regulations for biological waste.
11. Are strongly encouraged to provide an immunization record card to the vaccine recipient or parent/guardian to provide a record of vaccination, to serve as an information source if a Vaccine Adverse Event Reporting System report is needed, and to serve as a reminder of the need for a second dose of vaccine (if necessary). Immunization cards will be included in each shipment of vaccine.
12. Understands and agrees that the state health department has the right to make site visits and transfer vaccine as needed.

Receipt of H1N1 vaccine shall constitute acceptance of the terms of this agreement. Agreed to on behalf of the above-named providers and facility(ies):

Medical Officer Signature _____ Date _____