



SC Department of Health and Environmental Control
Immunization Division

VFC Provider Agreement

Practice Name: _____

Address: _____ City/State/ZIP _____

Telephone: _____ Fax: _____ Employer Identification Number: _____

General Information

This document is the South Carolina Department of Health and Environmental Control, Immunization Division's Provider Agreement for the Federal Vaccine for Children (VFC) Program. This serves as the provider's agreement to comply with all the conditions of the VFC program. This form must be signed annually by the provider's authorized authority.

To enroll as a VFC provider, the South Carolina Department of Health and Environmental Control Immunization Division requires providers to agree to the following conditions:

1. Screen all patients at all immunization encounters for eligibility and administer VFC-purchased vaccine only to children who are 18 years of age or younger, and meet one or more of the following categories:
 - (a) American Indian or Alaskan Native; or
 - (b) Enrolled in or eligible for Medicaid;
 - (c) Uninsured (does not have any health insurance)
2. Comply with the immunization schedule, dosage, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC Program unless:
 - a) in the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate; or
 - b) the particular requirements contradict state law, including those pertaining to religious and other exemptions.
3. Maintain all records related to the VFC Program for a minimum of three (3) years and make these records available to public health officials, including the state or the Department of Health and Human Services (DHHS), upon request.

4. Immunize eligible children with VFC-supplied vaccine at no charge to the patient for the vaccine.
5. Not charge a vaccine administration fee from non-Medicaid, VFC-eligible children that exceeds the administration fee cap of \$13.62 per dose. For Medicaid VFC-eligible children, accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans.
6. Not deny administration of a federally purchased vaccine to an established patient because the child's parent/guardian/individual of record is unable to pay the administration fee.
7. Distribute the most current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Compensation Act (NCVIA) which includes reporting clinically significant adverse events to the Vaccine Adverse Events Reporting System (VAERS).
8. Comply with the requirements for ordering, vaccine accountability, and vaccine management. Agree to operate within the VFC program in a manner intended to avoid fraud and abuse. The SC DHEC Immunization Division may request that a provider replace VFC-purchased vaccines on a dose per dose bases if gross negligence has been determined.
9. The State or the provider may terminate this agreement at any time for personal reasons or failure to comply with these requirements. If the provider chooses to terminate the agreement, they agree to properly return any unused VFC vaccines.

Signature of Medical Director or Equivalent

Date

Printed Name of Medical Director or Equivalent

VFC Provider Agreement

Instructions For Completing DHEC 1144A

Purpose:

The purpose of the PROVIDER ENROLLMENT AGREEMENT is to serve as the official document for enrollment as a VFC provider with the SC DHEC.

Item-By-Item Instructions:

1. Complete basic demographic information
2. Medical Director (or Equivalent) will review terms of PROVIDER ENROLLMENT AGREEMENT.
3. If the Medical Director (or Equivalent) agrees with the terms of the agreement, sign and print name, and date.

Office Mechanics and Filing:

1. The completed PROVIDER INFORMATION is kept on file by DHEC Immunization Division indefinitely as long as the provider continues enrollment. The form is retained for seven consecutive years after disenrollment or inactivation of the provider from the program.