



## SOUTH CAROLINA STATE VACCINE PROGRAM PROVIDER AGREEMENT

### FACILITY INFORMATION

Facility Name:			VFC PIN#:
Facility Address:			
City:	County:	State:	Zip:
Telephone:		Fax:	
Shipping Address <i>(if different than facility address)</i> :			
City:	County:	State:	Zip:

### MEDICAL DIRECTOR OR EQUIVALENT

**Instructions:** *The official SC State Vaccine Program 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 SC State Vaccine Program providers with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.*

Last Name, First, MI:		Title:	Specialty:
License No.	Medicaid or NPI No:	Employer Identification No. <i>(optional)</i>	
<i>Provide Information for second individual as needed:</i>			
Last Name, First, MI:		Title:	Specialty:
License No.	Medicaid or NPI No:	Employer Identification No. <i>(optional)</i>	

## 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 SC State Vaccine Program eligibility (i.e. state vaccine-eligible) and administer SC State Vaccine Program 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><b>1). <u>SC State Vaccine Program Underinsured:</u></b> Children with health insurance that does not include vaccines; or only covers specific vaccine types. These children are not eligible to receive federal vaccine through the VFC program because the provider or facility is not an FQHC/RHC or a deputized provider. However these children may be served with state vaccine program vaccine to cover these non-VFC eligible children.</p> <p><b>2). <u>SC State Vaccine Program - Insured Hardship and Vaccine Caps:</u></b> <b>Insured Hardship</b> is defined as Health Insurance deductible is greater than <b>\$500.00</b> per child or <b>\$1,000.00</b> per family (Eligible for state vaccine only if the deductible has not been met and the family cannot afford to pay for vaccine).  <b>Vaccine Caps</b> is defined as Insured but coverage capped at certain amount and cap has been exceeded.</p> <p>The Human Papillomavirus Vaccine is <b>excluded</b> from the SC State Vaccine Program. Only providers enrolled in the SC State Vaccine Program are eligible to serve this population. You must have SC State Vaccine program vaccine stock prior to seeing this patient population.</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"><li>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;</li><li>The particular requirements contradict state law, including laws pertaining to religious and other exemptions.</li></ol>
4.	I will maintain all records related to the SC State Vaccine program for a minimum of three years and upon request make these records available for review. SC State Vaccine program records include, but are not limited to, SC State Vaccine Program 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.	<p><u>State Vaccine Eligible Children</u></p> <p>I will not charge a vaccine administration fee to non-Medicaid a state vaccine-eligible child that exceeds the administration fee cap of \$20.16 per vaccine dose.</p>
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).

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9.	<p>I will comply with the requirements for vaccine management including:</p> <ul style="list-style-type: none"> <li>a) Ordering vaccine and maintaining appropriate vaccine inventories;</li> <li>b) Not storing vaccine in dormitory-style units at any time;</li> <li>c) Storing vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet DHEC Immunization Division storage and handling requirements;</li> <li>d) Returning all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration</li> </ul>
10.	<p>I agree to operate within the SC State Vaccine 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><b>Fraud:</b> 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><b>Abuse:</b> 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>For pharmacies, urgent care, or school located vaccine clinics, I agree to:</p> <ul style="list-style-type: none"> <li>a) Vaccinate all "walk-in" state-eligible children and</li> <li>b) Will not refuse to vaccinate state-eligible children based on a parent's inability to pay the administration fee.</li> </ul> <p>Note: "Walk-in" refers to any state-eligible child who presents requesting a vaccine; not just established patients. "Walk-in" does not mean that a provider must serve SC State Vaccine Program 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 SC State Vaccine Program patients as well.</p>
12.	<p>I understand and agree that I must report to the South Carolina Immunization Registry as required by S.C. Code Ann. § 44-29-40 and the South Carolina Immunization Registry Regulation, S.C. Code Ann. Regs. 61-120 (Supp. 2013).</p>
14.	<p>I understand this facility or the DHEC Immunization Division may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused SC State Vaccine Program vaccine as directed by the DHEC Immunization Division.</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 South Carolina State Vaccine Program enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.***

Medical Director or Equivalent Name (print):

Signature:

Date:

Name (print) *Second individual as needed:*

Signature:

Date:

# SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

## South Carolina State Vaccine Program Provider Agreement

### Instructions for Completing DHEC 1230

#### **Purpose:**

The purpose of the SC State Vaccine Program Provider Agreement is to provide documentation of a SC State Vaccine Program provider's enrollment in the South Carolina State Vaccine Program.

#### **Instruction:**

Provider will sign, date and enter all identifying information about the provider office including facility information, and the Medical Director or Equivalent.

#### **Office Mechanics and Filing:**

1. The SC State Vaccine Program provider will submit the completed provider agreement to the Immunization Division during annual open enrollment/re-enrollment.
2. The SC State Vaccine Program and the SC State Vaccine Program provider must maintain a copy of the submitted the SC State Vaccine Program Provider Agreement for three (3) years.

*In South Carolina, the Medical Director or Equivalent may be an Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Practice Registered Nurse (APRN), or \*Registered Pharmacist. These individuals must have a valid license within the state of South Carolina.*

*\*Registered Pharmacist can sign the agreement independently, only if they are a specialty provider for Influenza vaccine, otherwise they must have an MD or DO to co-sign the VFC Program Provider agreement as the Medical Director or Equivalent.*