



CFR § 164.512(b).

5. I will comply with the immunization schedule, dosage, and contraindications that are established by the 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.
  - b. The particular requirements contradict state law pertaining to religious and other exemptions.
6. I will distribute the most current state provided written Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA) and will report clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).
7. I will not impose a charge for the administration of VFC vaccine that is higher than the maximum fee established by the State. The current maximum fees that can be charged for administration of the vaccine are:

Dose	VFC Eligible Medicaid	VFC Eligible Non-Medicaid (Alaska Native, American Indian, Uninsured, Underinsured)	Not VFC Eligible
1 <sup>st</sup> Dose	Medicaid established price	CMS Regional Fee Cap*	Reasonable & Customary fee
Each additional Dose	CMS Regional Fee Cap*	CMS Regional Fee Cap*	Reasonable & Customary fee

\*The CMS regional fee cap is currently \$14.34 per dose administered

8. I will not impose a charge for state-supplied vaccine.
9. I will not deny administration of any vaccine received from the Idaho Immunization Program to a patient due to the inability of a child's parent, guardian, or individual of record to pay the administration fee.
10. I will complete and submit the Provider Enrollment Agreement and the Provider Profile form within 30 days of receipt.
11. I will comply with the requirements for ordering, vaccine accountability, and vaccine management which include the following:
  - a. complete and submit monthly accountability reports by the 15<sup>th</sup> day of each month for the previous month.
  - b. vaccine received from the Idaho Immunization Program will not be distributed to any other health care provider without prior authorization from the Idaho Immunization Program.
  - c. maintain an adequate inventory of Idaho vaccine supply to meet the needs of my eligible patients.
  - d. maintain proper storage and handling procedures for vaccine and reimburse/replace for vaccine loss due to negligence.
12. I agree to operate with the Idaho Immunization Program in a manner intended to avoid fraud and abuse.

13. I understand that I or the Idaho Immunization Program may terminate this agreement at any time for personal reasons or failure to comply with these requirements. I understand that if this agreement is terminated, I must return to the Idaho Immunization Program all unused (viable and non-viable) vaccine that has been provided by the state. I also will comply with the Idaho Immunization Program's Policies and Guidelines for return of the vaccine.

14. I understand and agree that at all times, the Idaho Immunization Program owns and retains rights to the vaccines until administered to a patient, and that in health emergencies I may have to return vaccines to the Idaho Immunization Program upon the Program's request.

*I certify that I have read and agree to the requirements listed above pertaining to participation in the Idaho State Vaccine and the federal Vaccines for Children Program. My facility will participate as a:*

- Traditional Provider*
- Adolescent Provider*
- Specialty Provider*

*I consent to have my facility's name and contact information listed on the Idaho Immunization Program website as a Vaccines for Children provider:*

- Yes*
- No*

\_\_\_\_\_  
Date \_\_\_\_\_  
Provider Signature (person authorized to sign for practice/clinic/corporation.)

Employer Identification #: \_\_\_\_\_

For Medical Directors and Solo Practitioners: Medical License #: \_\_\_\_\_

Medicaid Provider #: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

Jane S. Smith, Administrator  
Division of Health  
Department of Health and Welfare