

# Provider Agreement

*To receive federally funded Section 317 vaccines at no cost, I agree to the following conditions, on behalf of myself and **all the** practitioners, nurses, and others associated with the healthcare facility of which I **am the** medical director or equivalent.*

## Program Requirements

1. Submit a provider profile representing populations served by the practice and submit more frequently if a) the number of adults served changes, or b) the status of the facility changes during the calendar year.
2. Section 317 vaccines will be administered to any individual aged 19 years and older who is uninsured or underinsured. Patients covered by Medi-Cal are considered insured and **not** eligible for the VFA Program. Staff will consult the [317 Eligibility Based on Insurance Status table \(PDF\)](#) as needed to determine specific vaccine eligibility for patients. Eligibility screening and documentation of eligibility status will be conducted at each immunization encounter and prior to the administration of vaccine doses. Verification of eligibility can be obtained verbally from the individual. All staff, including front office and billing staff, will be knowledgeable of VFA eligibility. VFA vaccines must be administered to adults who are 19 years of age or older who meet one of the following categories:
  - a. Uninsured: Does not have (public or private) health insurance coverage.
  - b. Are underinsured: A person who has health insurance, but the insurance does not cover any vaccines; a person whose insurance covers only selected vaccines; a person whose insurance does not provide first-dollar coverage for vaccines.
  - c. Patients that do not meet the vaccine eligibility categories are not eligible to receive Section 317-purchased vaccines.
3. Section 317 vaccines will be administered in compliance with the most recent immunization schedule, dosage, and contraindications based on guidance from the California Department of Public Health unless: a) in making a medical judgment in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the patient; or b) the patient declines particular immunizations.
4. Patients immunized with Section 317 vaccines will not be billed for the cost of the vaccine nor be charged an administration fee. All systems will be checked to ensure patients are not charged and vaccine cost will not be billed.
5. Current Vaccine Information Statements (VISs) will be offered prior to each vaccination. Vaccine administration records will be maintained in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the [Vaccine Adverse Event Reporting System \(VAERS\)](#) (vaers.hhs.gov).
6. Comply with the requirements for vaccine management including: (a) order vaccine and maintain appropriate vaccine inventories; (b) not store vaccine in dormitory-style units at any time; (c) store vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet California Department of Public Health Vaccines for Adults Program storage and handling

recommendations and requirements; (d) return all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration.

7. Organization will be enrolled in a local immunization information system (CAIR or CAIR/Healthy Futures).
8. Enter all VFA vaccines doses administered in the practice, regardless of patient's age or eligibility status, into the California Immunization Registry (CAIR), or an approved Immunization Information system, in accordance with all specified elements of AB 1797. Vaccine administration submission shall include specifics about the vaccine (including manufacturer, lot number, and NDC), funding source, patient's eligibility category by dose, and should occur within the same day of administration, but no later than 14 days, and prior to submission of vaccine orders. Doses administered reported as part of vaccine ordering should match quantities reported to the immunization registry.
9. Immunization of VFA-eligible patients will be documented in or submitted through data exchange as "317 Vaccine Eligibility or Vaccine Eligibility Category (HL7) Code V23" doses to the local immunization information system (CAIR or CAIR/Healthy Futures) and documented in an Electronic Health Record (EHR). The total number of patients immunized with Section 317 vaccines and inventory on hand will be reported to the California Department of Public Health (CDPH) according to reporting guidelines. Review doses reported in the immunization information system periodically, or at a minimum of every 3 months.
10. Doses administered reported with each VFA order must match doses recorded in an immunization information system (CAIR or CAIR/Healthy Futures) as "317." Registry data will be used to approve vaccine orders.
11. The patient's recorded 317 eligibility status, and all records related to the VFA Program will be retained for three (3) years. If requested, these records will be made available to the California Department of Public Health (CDPH). Records include, but are not limited to, vaccine administration documentation, billing records, medical records that verify receipt of vaccine, and vaccine temperature log records. Release of such records will be bound by federal and state privacy laws.
12. Standards for vaccine ordering, reporting and management will be followed as outlined in the [VFA/LHD 317 Programs Provider Agreement Addendum \(PDF\)](#). Detailed information on ordering can be found at [California Vaccines for Adults Program](#).
13. Order vaccines according to the quarterly VFA order frequency; providers who have not ordered vaccines in the past calendar year may be terminated from the VFA Program.
14. Organization will operate in a manner intended to avoid fraud and abuse of Section 317 vaccines.

**Fraud:** 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.

**Abuse:** provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the program or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for healthcare.

15. Authorized representatives of the VFA Program will be permitted to visit the facility in order to review compliance with policies and procedures. Provider agrees to implement and complete corrective actions identified during the visit.
16. Vaccine purchased with Section 317 federal funds that are deemed non-viable due to provider negligence must be replaced on a dose-for-dose basis and/or require corrective actions.
17. I understand that the CDPH Immunization Branch or my practice/organization may terminate this agreement at any time. If the agreement is terminated, any unused Section 317 vaccines will be properly returned to the CDPH Vaccines for Adult (VFA) Program.

***By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the 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):

Medical License Number

Signature:

Date: