2009 Influenza A (H1N1) Monovalent Vaccine
Michigan Department of Community Health (MDCH)
Vaccine Provider Agreement

Michigan Care Improvement Registry (MCIR) Site ID #:			VFC PIN #:
Clinic Name:			
Contact Name:			
Delivery Address of Clinic/Site:			
City:	County:		Zip code:
Phone Number: ( ) - ext		Fax Number: ( ) -	
E-mail address:			

VACCINE MAY BE SHIPPED DIRECTLY TO YOU BY MCKESSON. PLEASE PROVIDE YOUR CLINIC/SITE DELIVERY HOURS:

Day					
Monday:	☐ AM ☐ PM	to	☐ AM ☐ PM	Closed for lunch from	to
Tuesday:	☐ AM ☐ PM	to	☐ AM ☐ PM	Closed for lunch from	to
Wednesday:	☐ AM ☐ PM	to	☐ AM ☐ PM	Closed for lunch from	to
Thursday:	☐ AM ☐ PM	to	☐ AM ☐ PM	Closed for lunch from	to
Friday:	☐ AM ☐ PM	to	☐ AM ☐ PM	Closed for lunch from	to

FACILITY TYPE (CHECK THE BOX THAT BEST DESCRIBES YOUR FACILITY):

☐ Public Health Department	☐ School-based Clinic
☐ Public Health Department Satellite Clinic	☐ College/University
☐ Private Practice (Individual or group)	☐ Teen Health Center
☐ Hospital	☐ Correctional Facility
☐ Tribal Health Center	☐ Pharmacy
☐ Federally Qualified Health Center (FQHC)	☐ Other public (specify):
☐ Rural Health Clinic (RHC)	☐ Other private (specify):

SPECIALTY TYPE (CHECK THE BOX THAT BEST DESCRIBES YOUR PRACTICE):

☐ Pediatrics	☐ Family Planning
☐ Internal Medicine	☐ VNA
☐ OB/GYN	☐ LTC Facility/Nursing Home
☐ Family Practice	☐ Walk-in Center
☐ Multi-Specialty	☐ Other (specify):

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 (LHD) 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 LHD immunization program prior to receipt of the vaccine.

MCIR Site ID #: ______________

VFC PIN #: ______________

As an immunization provider, you agree to:

1. Administer the 2009 Influenza A (H1N1) monovalent vaccine according to the recommendations of Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices.

2. Store and handle the vaccine in accordance with the package insert provided with the vaccine including in compliance with cold chain requirements. (Refrigerator 2-8°C/35-46°F)

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 three years following vaccination.

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, providers:

6. Can not 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. The administration fee cannot exceed the regional Medicare vaccine administration fee ($16.75). 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 as requested by the state or local public health department.

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.

MCIR Site ID #: ______________

VFC PIN #: ______________

12. A. Enroll in 2009 H1N1 Vaccine Program with Local Health Department (LHD) (see list of LHDs at www.malph.org) and enroll as a provider of the Michigan Care Improvement Registry (MCIR) (see www.mcir.org).
    B. Complete population profile information below.
    C. Order all doses from LHD and allow LHDs to monitor inventories in MCIR.
    D. Administer the 2009 Influenza A (H1N1) monovalent vaccine consistent with applicable federal and state law.
    E. The use of MCIR is **required** for reporting all doses administered In Michigan.
    F. Provide access to MDCH and/or LHD to information as may be necessary to document actions taken and services provided under this agreement, or to protect the public health and to prevent or control disease, injury or disability, as authorized by the Health Insurance Portability and Accessibility (HIPAA) Privacy Rule and state law.

Population During Flu Season	Estimated Number Of Persons
Healthcare and emergency medical services personnel with direct patient contact	
Healthcare and emergency medical services personnel without patient contact	
Pregnant women	
Infants and children 6 months through 3 years	
Children 4 years through 18 years	
Young adults 19 through 24 years	
Patients 25 through 64 years with high risk condition	
Patients 25-64 years	
65 years and older	

The provider may terminate this agreement at any time. The State may terminate this agreement at any time if the provider fails to comply with these requirements or if participation in the 2009 Influenza A (H1N1) monovalent vaccine vaccination effort is no longer needed. Upon termination, the provider agrees to properly return all publicly provided vaccines to the local health department.

Receipt of H1N1 vaccine shall constitute acceptance of the terms of this agreement.

By signing this agreement, I accept responsibility to ensure that all vaccine providers employed by, or associated with, this facility are informed of their obligations under this agreement. Return the completed enrollment form to your Local Health Department.

Agreed to on behalf of the above-named facility(ies):

______________________________ ______________________________
Signature of Medical Director Date

______________________________ ______________________________
Printed Name of Medical Director Medical License Number