



**Tdap Special Project  
PROVIDER AGREEMENT**  
PUBLIC HEALTH DIVISION  
OREGON IMMUNIZATION PROGRAM

**For State Use Only**

Provider PIN # \_\_\_\_\_  
Cert. Date: \_\_\_\_\_  
Original Enroll Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
Please Print

In order to participate in the Oregon Immunization Program (OIP) Program's – Tdap Special Project only all practitioners associated with this clinic agree to the following:

1. Participate in an Oregon IIS (ALERT Registry or IRIS). Data set must be submitted, including demographics, shot record and eligibility data to OIP within 14 days of vaccine administration. Data transmission may take place by submitting directly to the ALERT registry via an approved, confidential paper or electronic data submission system, by using bar codes, or through FamilyNet/IRIS. Vaccine eligibility for this project only is to be listed as "S" for Special Project.
2. Maintain all records related to the Tdap Special Program for a minimum of 3 years after the date of the last dose. Release of such records will be in accordance with State and/or Federal Law. If requested, the clinic will make such records available to the Oregon Immunization Program or the U.S. Department of Health and Human Services (DHHS).
3. ALERT will maintain records for providers who *fully* submit eligibility screening data (through bar codes or electronic submissions).
4. Comply with the current Tdap immunization schedule, dosage, and contraindications that are recommended by the joint decision of the American Academy of Pediatrics (AAP), and the DHHS Advisory Committee on Immunization Practices (ACIP), and included in the VFC program unless in making a medical judgment in accordance with accepted medical practice, a clinician deems such compliance to be medically inappropriate; or the particular requirement is not in compliance with the laws of the State of Oregon, including laws relating to religious or other exemptions.
5. Provide current Vaccine Information Statements (VIS) in the patient's primary language. Answer patient questions prior to vaccine administration. Provide an updated immunization record to the patient. Maintain fully documented records in the patient's chart in accordance with the National Childhood Vaccine Injury Act. This includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).
6. Comply with the requirements for ordering, vaccine accountability and vaccine management, and operate in a manner intended to avoid fraud and abuse. This includes ***but is not limited to:***
  - a. Implementing OIP's *Standard Operation Procedures for Vaccine Management* or own clinic-specific, OIP approved policy addressing responsibilities for proper storage and handling of vaccine.
  - b. Documenting refrigerator and freezer temperatures twice daily (once in AM and once in PM). Temperature logs must be kept for three years.
  - c. Cooperating with OIP to recall patients if doses are mishandled and/or administered incorrectly.

- d. Using calibrated and NIST or ASTM certified continuous-tracking thermometers or other OIP-approved devices in refrigerator unit used to store vaccines. The clinic will, at its own expense, recalibrate & recertify these devices yearly or as directed by the company that recalibrates your thermometers.
  - e. Abiding by the Vaccine Transfer and Vaccine Return Policies, *as described in the SOP*, and agree to pay for wasted and/or expired state-supplied vaccine. Return unopened expired and/or wasted vaccines to OIP or their distributor, as directed by OIP.
  - f. Utilize the Tdap Special Project vaccine form when requesting the special project doses.
7. Not impose a charge for the cost of the state-supplied vaccines.
  8. Charge an administration fee as long as it does not exceed \$15.19 per injection. The clinic may bill or request cash for vaccine administration fees from all except Medicaid/Oregon Health Plan (OHP) patients. Administration fees for Medicaid-covered patients must be billed to the Oregon Medicaid Program/Division of Medical Assistance Programs (DMAP) or the appropriate managed care provider. Vaccine cannot be denied if the patient is unable to pay the administration fee. The fee(s) must be completely waived if patient is unable to pay.
  9. Review and update this Provider Agreement and Enrollment Profile every year, and whenever data on the Provider Enrollment Profile changes.
  10. OIP may terminate this agreement at any time for any reason, including failure to comply with these requirements. Should this happen, any remaining state-supplied vaccine will be returned in a viable state to OIP. Termination requests will be made in writing.

Agency Administrator or Director — <i>Please print and include title</i>	
Signature of Agency Administrator or Director	Date
Signature of OIP Health Educator	Date

**Mail completed form to:**  
 ~~~~~  
**Oregon Immunization Program**  
**800 NE Oregon Street, Suite 370**  
**Portland, Oregon 97232**

If this material is needed in  
 An alternate format,  
 Call the Oregon Immunization  
 Program at 971-673-0300.