



North Carolina Department of Health and Human Services
Division of Public Health – Women’s & Children’s Health Section

1917 Mail Service Center • Raleigh, North Carolina 27699-1917

Tel 919-707-5550 • Fax 919-870-4824

Beverly Eaves Perdue, Governor
Albert A. Delia, Acting Secretary

Laura Gerald, MD, MPH
State Health Director

September 17, 2012

MEMORANDUM

TO: North Carolina Immunization Program (NCIP) Participants

FROM: Beth Rowe-West, R.N., B.S.N., Head *BRW*
Immunization Branch

SUBJECT: **Annual VFC Enrollment - Provider Agreement and Provider Profile**

As part of the federal requirements to receive vaccines under the Vaccines for Children (VFC) program every NCIP provider must complete and return the Provider Profile and Provider Agreement forms on a yearly basis. Enclosed in this mailing are your provider vaccine agreement for the year beginning October 1, 2012 and ending September 30, 2013 and your provider profile. The provider profile includes provider office details and enrollment numbers for the patients you serve. Please note the effective dates of this agreement have changed from the calendar year used on previous agreements.

In addition to reviewing your office information, *please carefully review the enrollment numbers for your patient population.* Provider enrollment numbers are an important piece in the administration of the NCIP and a requirement of the Centers for Disease Control and Prevention (CDC). Enrollment numbers allow the Immunization Branch to:

- assist providers in vaccine ordering, avoiding over-ordering and under-ordering, both of which result in significant costs to the immunization program;
- make estimates of the active patients in our program which are used to fund new vaccines, address special populations, and identify funding needs for vaccines such as influenza, pertussis (Tdap/DTaP), and meningococcal conjugate; and,
- provide projections which drive state and federal allocations in crisis or shortage situations, such as the *Haemophilus influenzae type b* (PedvaxHIB®) recall in 2007, and the H1N1 novel influenza emergency in 2009.

Please have your lead physician (or health director, for local health departments) sign the new agreement, verify your profile information, and return them to us by **Friday, September 28, 2012**. Please note, agreements must be signed either by a Medical Doctor (MD) or Doctor of Osteopathy (DO) licensed to practice medicine in the State of North Carolina, or by a Local Health Director. If there are no corrections to your profile, simply initial the form and return it with your agreement. Corrections to your profile may be made by crossing out incorrect information and writing the correct information above it. Forms should be **faxed** to the Branch at **1-800-544-3058** or mailed to the North Carolina Immunization Branch, Attn: Vaccine Distribution, 1917 Mail Service Center, Raleigh, NC 27699-1917.

Providers not returning a signed 2012-13 agreement and an updated profile will be unable to order state supplied vaccine beyond October 1, 2012. If you have problems or questions with reenrollment you may call the Immunization Branch, Monday through Friday, 8am to 4pm ET, at 919-707-5561.

Attachments

| | | | | | |
|-----|------|----------|-------------|-----------------------|---------------|
| CC: | RICs | SMT | CO Staff | Vaccine Manufacturers | Steve Shore |
| | RINs | Joy Reed | Greg Griggs | Ann Nichols | Timika Poston |