Immunization State-Supplied Vaccine (SSV) Program
Agreement to Participate – Terms & Conditions

To participate in the Rhode Island Department of Health’s (RIDOH) Immunization State-Supplied Vaccine (SSV) Program in order to receive state-supplied vaccine at no cost for insured and uninsured Rhode Island residents, I agree to the following conditions on behalf of myself and all the practitioners, nurses and others associated within the medical office, group practice, managed care organization, community/migrant/rural clinic, or Health delivery facility of which I am the Medical Director/Lead Physician or designee. My practice/facility and staff agree to:

General requirements for all practice types:

1. Enroll in the Immunization SSV Program annually. Enrollment is for a period of up to 12 months (July 1-June 30) and must be completed for each state fiscal year before vaccine orders may be placed.
2. Administer all state-supplied vaccines to patients in eligible age cohorts as recommended by the Advisory Committee on Immunization Practices (ACIP) and in accordance with RIDOH vaccine policies. Comply with the appropriate and most current immunization schedules, dosages and contraindications that have been established by the ACIP-recommended immunization schedule, unless in my medical judgment, and in accordance with accepted medical practice, I deem such compliance to be medically inappropriate.
3. Keep a current copy of each of the following documents at the practice/facility for use, distribution and/or reference: “It’s federal law!”, the most current Vaccine Information Statements (VIS) for distribution to patients, IAC’s Storage and Handling Checklist, notice of the Vaccine Adverse Event Reporting Form (VAERS) and notice of the Vaccine Injury Compensation Program (VICP).
4. Maintain an Immunization Record of each vaccine given to include the date administered, administration site, lot number, manufacturer, the publication date on the VIS, the date the VIS was given, practice name, address, and the signature or initials of the person administering the vaccine. For electronic reporting of immunizations to RIDOH, practices must maintain any data required by the current Rhode Island standards for HL7 reporting.
5. Not use vaccines ordered for adults on individuals less than 19 years of age, or use vaccines ordered for children on individuals 19 years of age and older.
6. Comply with RIDOH requirements for vaccine ordering, vaccine accountability (including any vaccine reporting that is required to the immunization information system), and vaccine management. Agree to operate within the SSV program in a manner intended to avoid fraud and abuse. The Immunization Program's Fraud & Abuse Policy can be found on the Immunization Resource Manual webpage: http://www.health.ri.gov/immunization/for/providers/#
7. Comply with RIDOH’s requirements for proper Vaccine Storage and Handling, which include, but are not limited to, SSV-approved 24/7 temperature monitoring equipment for proper refrigeration, and to document twice daily temperature checks and records of actions taken for temperatures outside the recommended range of 36°F - 46°F (Fridge) and <5°F (Freezer).
   a. Effective January 1, 2018 all SSV participating providers are required to have a calibrated data logger, and a back-up data logger for use when recalibration, repair, or replacement is warranted.
b. RIDOH will maintain a backup supply for those who have received and maintain the SSV provided cloud-based data loggers for use during the recalibration process.

c. The practice is responsible for loggers necessary to transfer or relocate vaccines and may not remove the storage unit logger unless all vaccines are being removed from the unit.

d. Each data logger must come with a current, valid certificate of calibration issued by an ILAC MRA-accredited lab or a certificate of calibration statement indicating it meets ISO 17025 standards.

8. Not impose a charge to eligible patients for the cost of any state-supplied vaccine. SSV Program eligibility is available to all individuals under the age of 19 and for those 19 and older who are either a RI resident (some ordering restrictions apply) or receive health benefits through a RI employer. Vaccines administered to ineligible patients are not allowed and failure to report vaccine administered to ineligible patients would be considered Fraud & Abuse.

9. Effective each enrollment year, have your designated “Vaccine Contact” and “Back Up Vaccine Contact” complete the current You Call the Shots, Vaccine Storage and Handling training module at https://www2a.cdc.gov/nip/isd/ycts/mod1/courses/sh/ce.asp. Keep the training certificate of completion on file to be viewed at the request of RIDOH.

10. Ensure a Vaccine Storage Emergency Preparedness Plan is completed, posted, and read by current and new staff, and updated as needed. Have a valid and current copy of the plan available for review during scheduled or unscheduled quality assurance visits by RIDOH.

11. Comply with the RIDOH’s Vaccine Replacement Policy for wasted and/or spoiled vaccine due to negligence, including but not limited to, failure to properly order, store, and handle state-supplied vaccines. The Immunization Program’s Vaccine Replacement Policy can be found on the Immunization Resource Manual webpage at http://www.health.ri.gov/immunization/for/providers/

12. Acknowledge that any future program enrollments will be denied until all outstanding reporting or financial obligations from the previous year(s) are met.

13. Accommodate any state request for a scheduled or unscheduled on-site inspection of patient vaccine records, vaccine inventory, data logger(s), and/or storage facilities.

14. Attend/complete trainings (informational/technical assistance) sessions as required by RIDOH.

15. Make any changes to the practice/facility name, lead physician, address, phone or fax number, office manager, vaccine contact, or delivery information via the SSV website.

16. Submit any transfer of vaccines between two currently enrolled SSV practices through RIDOH’s on-line ordering system, OSMOSSIS. Proper packaging (responsibility of the practice requesting the transfer) is required for all approved transfers. Transfer of vaccines to a practice that is not enrolled in the SSV program is strictly forbidden and may constitute a claim of fraud and abuse and would be subject to local and federal penalties.

17. All vaccines currently in inventory supplied through the SSV program must be transferred to another enrolled practice prior to the practice closing or decision to discontinue participation in the SSV program. All vaccines shipped through the SSV program remain the property of RIDOH and may be removed or transferred from the facility if RIDOH deems necessary.

**Specific requirements for all practice types vaccinating individuals less than 19 years of age:**

1. Have a current agreement to participate in the Federal Vaccines for Children (VFC) program and understand that all requirements of that agreement are applicable to state-supplied vaccines.

2. Submit demographic and historical immunization data for new patients to KIDSNET within a week of first encounter and provide the parents with KIDSNET information provided by the Rhode Island Department of Health (RIDOH).

3. Submit accurate and complete data on all immunizations administered to children less than 19 years of age to KIDSNET, within one week of new/current vaccine administration.

4. Update demographic data including promptly updating KIDSNET when individuals have left the practice.
5. Submit to KIDSNET immunizations administered by other Providers for individuals less than 19 years of age within one week of receiving the information. In addition, electronic submissions shall include both administered and historical vaccines when first added to the electronic health record.

6. Inform all staff who use KIDSNET, including Query/Response services, of their legal responsibilities under the State’s Confidentiality of Health Care Information Act (RI Gen. Law 5-37.3), the Health Insurance Portability and Accountability Act, as amended and including all rules and regulations promulgated thereunder (HIPAA), and all other applicable federal and state laws relating to confidentiality of this information.

7. Provide to the custodial parents, legal guardian(s), and those legally authorized to care for a child (i.e. foster parents), access to the information contained in KIDSNET including printed copies at no cost to the family upon request.

8. Utilize KIDSNET, including Query/Response services, only for obtaining information needed for treating or coordinating care for their patients. Any use of this information by either the Provider or staff for purposes other than those specifically stated in this document may be a violation of the provisions of RI General Law 5-37.3 and/or HIPAA, and subject to the penalties contained therein.

9. Maintain a signed KIDSNET confidentiality statement or equivalent confidentiality agreement for each user authorized to use KIDSNET under their Provider ID. Provide KIDSNET staff with access to the signed confidentiality statements in the Provider’s office for audit purposes.

10. The Practice shall maintain applicable Business Associate or Trading Partner Agreements with any entities sending or querying data to or from KIDSNET for their Practice. Authorized queries are limited to those done on behalf of the Practice identified in this Agreement.

11. Authorize RIDOH to work with the practice’s electronic health record vendor or data host to configure, test, and establish on-going electronic submission of immunization data and Query and Response functionality with KIDSNET. This may include direct access to patient medical data.

12. Access KIDSNET only at computers that do not have general public access and ensure that user IDs and passwords are not shared.

13. Prohibit downloading data from KIDSNET to portable devices (such as laptops, tablets, or flash drives) unless the device is appropriately secured and encrypted. These data are subject to the same terms and conditions as KIDSNET use.

14. Authorize RIDOH to share KIDSNET data with Managed Care Organizations, provided data are not publicly released and the Provider is not identified without the Provider’s consent. Further authorize the release of KIDSNET data as permitted by law.

15. Take prudent precautions to ensure that all KIDSNET users are aware of and abide by the terms of this agreement.

16. Ensure that KIDSNET access is promptly terminated for any user who leaves the Practice or whose duties no longer require access.

17. Report to RIDOH by telephone call or email any use or disclosure including any data breach of KIDSNET data not provided for by this Immunization State-Supplied Vaccine Agreement to Participate, as well as any attempt to use or disclose as soon as possible, and in no case, later than five calendar days after becoming aware of the use or disclosure.

18. Notify KIDSNET of any requests to change the KIDSNET/SSV Administrator.

Special requirements for Seasonal Influenza Participation

1. Participation in the Seasonal Influenza Vaccine portion of the SSV program will require the submission of weekly reports through the electronic reporting mechanism identified by RIDOH.

2. Use of state supplied influenza vaccines for patients who are ineligible is strictly forbidden and may be subject to claim of Fraud and Abuse, with all appropriate penalties and fees.

3. Failure to report accurate doses administered information will impact the availability of vaccine supply for the following influenza seasonal campaign. It is the responsibility of the practice to reconcile all dose reporting prior to enrollment for the next state fiscal year.
This agreement is binding and will remain in effect until: (1) The state of Rhode Island terminates this agreement, at any time, or (2) the practice terminates this agreement for reasons determined by the Medical Director of the practice or (3) there is a change of the Medical Director (Lead Physician) and/or entity name, or failure to renew annual enrollment.

By agreeing to these terms and conditions, you are communicating your willingness to participate in, and abide by, the requirements of the Rhode Island Immunization State-Supplied Vaccine Program as stated herein.