

## 2019 Minnesota Uninsured and Underinsured Adult Vaccine Program Annual Provider Agreement

Your participation in the Minnesota Uninsured and Underinsured Adult Vaccine (UUAV) program is an important service that will protect individuals and the public against vaccine preventable diseases. The vaccine provided to you is purchased with federal vaccine funds. All sites enrolled in the UUAV program must submit a signed UUAV program provider agreement by Nov. 30 each year. We prefer you complete the online version of this form on the [Uninsured and Underinsured Adult Vaccine](http://www.health.state.mn.us/divs/idepc/immunize/adultvax/) (www.health.state.mn.us/divs/idepc/immunize/adultvax/) web page. The paper version of this form can be returned by email or mail. The use of fax is discouraged.

### Provider Duties:

To receive vaccines at no cost through the Minnesota Department of Health's (MDH) UUAV program, on behalf of myself and all site staff for whom I am responsible:

1. I agree to screen each adult, 19 years of age and older, in need of immunizations to determine eligibility for the UUAV program at each visit before administering vaccine. I will administer UUAV vaccine only to patients identified as eligible to receive UUAV vaccine, using the appropriate eligibility screening form.
  - a. To be eligible, adults must be uninsured or have insurance that does not cover vaccines (underinsured). All other adults are not eligible – including those on Minnesota Health Care Plans (e.g., Medical Assistance, MinnesotaCare) or private insurance. Adults with insurance that does not cover vaccines until a deductible has been met are considered to be fully insured and are not UUAV-eligible.
2. I will comply with the most recent immunization schedule, dosage, and contraindications established by the Advisory Committee on Immunization Practices (ACIP) unless:
  - a. in making a medical judgment in accordance with accepted medical practice, I deem such compliance to be medically inappropriate or
  - b. the patient declines particular immunizations.
3. I will not charge for the cost of UUAV vaccine.
4. I will not charge a vaccine administration fee to UUAV-eligible patients that exceeds the administration fee cap of \$21.22 per vaccine dose.
5. I will not deny administration of any vaccine received from the UUAV program to a patient due to the inability of an individual to pay the administration fee.
6. I will distribute the most current Vaccine Information Statement (VIS) each time a vaccine is administered and report clinically significant adverse events to the [Vaccine Adverse Event Reporting System \(VAERS\)](http://vaers.hhs.gov/index) (<http://vaers.hhs.gov/index>).
7. I will retain the patient's written responses about UUAV eligibility status and all records related to the UUAV program for a period of three years. If requested, I will make the records available to MDH. Release of such records will be bound by applicable federal and state privacy laws.
8. I will comply with requirements, as found in the *MnVFC Policies and Procedures Manual*, for vaccine ordering, vaccine management, and vaccine accountability, which include, but are not limited to, the following:
  - a. Complete and submit the UUAV provider agreement and annual report form by Nov. 30 each year.
  - b. Maintain appropriate storage units and temperature monitoring devices.
  - c. Manage vaccine inventory efficiently.
  - d. Receive and store vaccine according to a written plan.

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ANNUAL PROVIDER AGREEMENT

- e. Post an anaphylaxis protocol.
  - f. Have a written emergency plan for power outages.
  - g. Replace vaccine that has been wasted due to negligence.
9. I agree to operate within the UUAV program guidelines intended to avoid fraud and abuse.
10. I will permit visits to my facility by authorized representatives of the UUAV program to review compliance with UUAV and MnVFC policies and procedures. Release of such records will be bound by all federal and state privacy laws.

I understand that I or MDH may terminate this agreement at any time for any reason including failure to comply with these requirements. I understand that if this agreement is terminated, I must return all UUAV program unused (viable and non-viable) vaccine that has been provided by MDH.

By signing this form, I agree to abide by the provisions in this agreement and the policies and procedures outlined in the *2019 Minnesota Vaccines for Children: Policies and Procedure Manual* and I attest that I am able to legally bind the organization/facility to the obligations set forth in this agreement for Oct. 1, 2018 through Sept. 30, 2019.

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**Print name**

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**PIN\***

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**Signature**

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**Date**

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**Name of Organization**

Minnesota Department of Health  
UUAV Program  
P.O. Box 64975  
St. Paul, MN 55164-0975  
Email: [health.uuadultvax@state.mn.us](mailto:health.uuadultvax@state.mn.us)  
Fax: 1-800-311-9194

\* Attach a list of all satellite PIN numbers that receive, store, and administer UUAV vaccine.