



Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
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To: Maine Immunization Providers  
From: Maine Immunization Program  
Subject: 2014 Maine Immunization Program Provider Vaccine Agreement  
Date: December 18, 2013

Providers enrolled in the Maine Immunization Program are required to submit an annual provider agreement. The Provider Agreement will be available on ImmPact beginning December 18, 2013. Providers who have not submitted an agreement prior to December 31, 2013 will be suspended from ordering vaccines until an agreement has been received and approved.

Beginning in 2013, the Maine Immunization Program began conducting separate Vaccines for Children (VFC) and Immunization Rate Improvement (AFIX) site visits. This will continue in 2014. We will also be making unannounced visits to review provider storage and handling practices. These unannounced visits may occur at any time throughout the year, so please ensure continued adherence to VFC storage and handling requirements.

Additionally, each enrolled and active VFC provider site must participate in an educational training during each calendar year. Providers receiving VFC compliance visits will automatically be considered to have fulfilled this requirement. Others may fulfill this by in-person trainings from VFC staff, on-line modules, or through attendance at regional trainings to be held in 2014. Further guidance on this requirement will be available from MIP upon request.

Please note the storage unit illustrations at the end of this letter. These storage unit requirements apply to all providers receiving vaccine through MIP. Dormitory style units are not acceptable under any circumstances.

To fill out and submit your Provider Agreement, Log in to ImmPact and please do the following:

1. Click Manage Clinicians: Update your Clinicians, as needed.
2. Click Manage Providers: Update your Providers, as needed. **ALL PROVIDERS MUST HAVE A MEDICAL LICENSE NUMBER.**
3. Click Provider Agreement
  - Click on "Create New"
  - Complete the Site Profile on Page 1
  - Complete Patient Enrollment Estimates, **DO NOT LEAVE BLANK**, Part A and B totals should match
  - Review Clinicians and Physicians/Providers List to verify information is correct
  - Complete Emergency Storage and Handling Protocol
  - Complete Signature Pages, Acknowledgements and Submit
4. Once your agreement is submitted through ImmPact, Click Provider Agreement, Click PDF Signature and print these pages.
5. Have the appropriate person(s) sign next to their electronic signature/name.
6. Either fax (287-8127 or 1-800-437-5743) or mail PDF Signature Pages to:

Maine Immunization Program  
286 Water Street, 9<sup>th</sup> Floor  
Augusta, ME 04330

Please print the full PDF for your records. Attachment A includes the official conditions for your practice to receive vaccine from the Immunization Program. Failure to comply with these conditions can jeopardize your ability to receive vaccine from the Immunization Program. Vaccine loss due to disregard for any requirements outlined in Attachment A(8)(a-i) or staff error may result in your facility reimbursing for the cost of the vaccine.

Thank you for your dedication to keep the citizens of Maine free from vaccine-preventable diseases.

If you have any questions, please contact the Maine Immunization Program at:  
Phone (207) 287-3746 or (800) 867-4775, Email: [ImmunizeME.DHHS@Maine.gov](mailto:ImmunizeME.DHHS@Maine.gov)

Sincerely,



Tonya Philbrick, BS, NCMA  
Director, Maine Immunization Program

**Unacceptable** Vaccine Storage Units:  
A refrigerator unit with a built in freezer compartment is considered dormitory-style and is **not acceptable** for vaccine storage.



**Acceptable** Vaccine Storage Units:  
A refrigerator unit with no freezer compartment is not considered dormitory-style and **is acceptable** for vaccine storage.

