



<b>Policy &amp; Procedure Title</b>	Provider Agreement Dissolution	<b>Issuing Date</b>	07/17/2012
<b>Policy &amp; Procedure Number</b>	5	<b>Revision Date</b>	01/01/2023
<b>Policy &amp; Procedure Approval Authority</b>	<i>Dave McConnick</i>		

**Policy Statement**

All providers wishing to disenroll from the Indiana Department of Health’s Publicly Funded Vaccine Program must complete the paperwork to terminate the provider agreement. If the Indiana Department of Health’s Immunization Division chooses to terminate the agreement, the provider shall be notified in writing of the reasons and the effective date of the termination.

***Provider Requested Dissolution***

If the provider chooses to terminate the agreement, he/she is responsible for all publicly funded vaccine doses in inventory. To protect the vaccine viability, the provider must maintain vaccines properly stored at required refrigerator/freezer temperatures until they are returned or transferred to another provider. A staff member from the IDOH Immunization Division will pickup any remaining VFC vaccine stock in the provider’s possession.

Step 1) Disenrollment Request Submitted to the Immunization Division

- A. Complete the disenrollment form, State Form 54840-Immunization Provider Disenrollment.
- B. Submit the form to the Regional Quality Assurance Specialist as a notice of intent to disenroll.

Step 2) Submit a final inventory in CHIRP and contact the Regional Quality Assurance Specialist to have the vaccine transferred to a different facility.

Step 3) Provide request for VOMS termination for all provider contacts within 24 hours of disenrollment.

***Indiana Department of Health Requested Dissolution***

If the Immunization Division chooses to dissolve the provider enrollment agreement, the provider will receive a letter detailing the reasons for the termination and is entitled to appeal the decision to the Division Director.

**Appeal Process**

If a provider feels that a termination by the Immunization Division has occurred in error, the provider may request a meeting with the Immunization Division Director to address the issue. The request must be submitted in writing to the Immunization Division within ten (10) business days of receipt of the termination notice. All appeals should be addressed to:

Indiana Department of Health  
Indiana Immunization Division  
2 N. Meridian Street, 6th floor  
Indianapolis, IN 46204



Indiana Department of Health-Immunization Division

The Immunization Division Director will schedule the meeting within (5) business days after receiving the request. A written final decision from the Immunization Division Director will be issued within (5) business days of the meeting.

### **References & Resources**

Immunization Provider Disenrollment Form (State Form 54840)

[https://www.in.gov/isdh/files/Provider%20Disenrollment%20\(State%20Form%2054840\).pdf](https://www.in.gov/isdh/files/Provider%20Disenrollment%20(State%20Form%2054840).pdf)

### **Revision History**

07/17/2012, Created

11/19/2014, Revised

04/01/2017, Revised

02/05/2020, Revised

03/01/2022, Revised

01/01/2023, Revised