

Policy & Procedure Title	Provider Agreement Dissolution	Issuing Date	07/17/2012
Policy & Procedure Number	5	Revision Date	04/01/2017
Policy & Procedure Approval Authority	<i>Dave McConnick</i>		

Policy & Procedure Summary

There may be a number of reasons a provider or the Indiana State Department of Health may choose to dissolve the provider agreement documenting participation in the Indiana State Department of Health's Publicly Funded Vaccine program. In order to assure a smooth transition the Immunization Division asks that the following steps be taken to discontinue participation and dissolve the provider agreement.

Policy Statement

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

Procedure Details

The Indiana State Department of Health Immunization Division or the provider may dissolve the provider enrollment agreement at any time. This dissolution can be for personal reasons or failure to comply with the requirements of the program.

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.

Step 1) Disenrollment Request Submitted to the Immunization Division

- A. Complete the disenrollment form, State Form 54840 Immunization Provider Disenrollment.*
- B. Fax the form to the Director of Vaccine Operations as a notification of the intent to terminate.*

Step 2) Provide request for VOMS termination for all provider contacts within 24 hours of disenrollment.

Step 3) Complete a final inventory and contact the Immunization Division to have the vaccine transferred to a different facility.

Indiana State Department of Health Requested Dissolution

If the Indiana State Department of Health's 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 Indiana State Department of Health's 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 State Department of Health
Indiana Immunization Division
2 N. Meridian Street, 3N-22
Indianapolis, IN 46204



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)

Revision History

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