



**Indiana  
Department  
of  
Health**



Mike Braun

Governor

Lindsay M. Weaver, MD, FACEP

State Health Commissioner

<b>Title:</b> Provider Agreement Dissolution	<b>Policy #:</b> IDOH Immunization Division Policy 5
<b>Effective dates:</b> 01-Aug-25 to 31-Dec-26	<b>Approvals:</b>  _____ Dave McCormick, Immunization Director _____ January 22, 2026 _____ Date

## 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 the required refrigerator/freezer temperatures until they are returned or transferred to another provider. A staff member from the IDOH Immunization Division will pick up any remaining VFC vaccine stock in the provider's possession.

### Step 1: Submit disenrollment request to the Immunization Division

- Complete the disenrollment form, [State Form 54840-Immunization Provider Disenrollment](#)
- Submit the form to the regional quality assurance specialist as a notice of intent to disenroll

### Step 2: Submit a final inventory in the Children and Hoosier Immunization Registry Program (CHIRP) and contact the regional quality assurance specialist to have the vaccine transferred to a



different facility.

Step 3: Provide request for the Vaccine Ordering Management System (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 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

The Immunization Division director will schedule the meeting within five business days after receiving the request. A written final decision from the Immunization Division director will be issued within five business days of the meeting.

## References

Immunization Provider Disenrollment Form (State Form 54840):

<https://www.in.gov/health/immunization/files/Disenrollment-Form-2020.pdf>