

# COVID-19 Bridge Access Program for Uninsured and Underinsured Adults: Program Summary

## Introduction

The COVID-19 **Bridge Access Program for Uninsured Adults** (hereafter the Bridge Access Program) is a program that the Centers for Disease Control and Prevention (CDC) will operate from Fall 2023, through the end of December 2024. This program will leverage immunization program awardee support, community partners, and vaccine providers serving adults across a variety of provider types and settings, including local health departments and Health Resources and Services Administration (HRSA)-supported Health Centers, and retail pharmacies. The program will provide operational support for these efforts, including conducting provider and community outreach.

Any adult living in the U.S. who does not have health insurance or whose health insurance does not provide zero-cost access to COVID-19 vaccines is eligible to receive cost-free access to COVID-19 vaccines through the Bridge Access Program.

## Purpose

This summary contains information necessary for understanding the responsibilities of each area of support for the Bridge Access Program, including terminology and requirements.

## Assumptions

After the 2023-2024 COVID-19 vaccines are authorized by the FDA and recommended by the Advisory Committee on Immunization Practices (ACIP) on September 12th, COVID-19 vaccines will become commercially available. Healthcare providers may order the updated 2023-2024 COVID-19 vaccines directly from manufacturers and wholesalers, or via the United States Government (USG) through participation in the Vaccines for Children Program (VFC), Section 317 Program, and the Bridge Access Program. COVID-19 vaccines for individuals who are eligible for the Bridge Access Program will also be available for free through retail pharmacies contracted by the USG.

There are no substantial delays anticipated between the onset of COVID-19 vaccine commercialization and the availability of COVID-19 vaccines through the Bridge Access Program, Section 317 Program, or VFC. In the case of the Bridge Access Program, COVID-19 vaccines available through contracted retail pharmacies will also be available the same day that any other 2023-2024 COVID-19 vaccines are available at those same pharmacies.

## Glossary

The following definitions apply to the **Bridge Access Program** only.

- **Uninsured:** Refers to a person who does not have Medicare, Medicaid, or private insurance.
- **Underinsured:** Refers to a person who has health insurance, but the insurance does not cover COVID-19 vaccines; a person whose medical insurance does not provide first-dollar coverage (i.e., copay-free coverage) of COVID-19 vaccinations.
- **First-dollar coverage:** Refers to health care services, such as COVID-19 vaccinations, covered pre-deductible and without any cost-sharing.

- **Awardee:** Refers to the 64 CDC immunization programs funded by the core VFC and Immunization Program cooperative agreement and who are also recipients of Bridge Access Program supplemental funding.
- **Participating provider:** Refers to a Bridge Access Program enrolled healthcare provider that is licensed to administer vaccines, as well as the staff within a provider facility who stores and handles vaccines, orders and bills for vaccines, or screens for patient eligibility.
- **HRSA-supported health center:** Refers to an entity that (1) currently receives Health Center Program (H80) grant funding, or (2) is a Health Center Program look-alike organization.
- **Contracted pharmacy provider:** Refers to a retail pharmacy under the Increasing Community Access to Testing (ICATT) contract with CDC that provides no-cost COVID-19 vaccines to uninsured and underinsured adults as part of the Bridge Access Program. As of 8/31/23, CDC intends to contract with CVS, Walgreens, and eTrueNorth.
- **Low-access area:** An area in which a significant number of uninsured persons are far enough from the closest pharmacy, health center, or health department site to make it difficult for those persons to travel to the nearest site to access COVID-19 vaccination service. CDC will update a list of low-access areas approximately each month and distribute it to participating pharmacies, state and local health departments, and health centers.
- **Low-vaccination area:** An area in which a significant number of uninsured persons, as defined in the Bridge Access Program, who have not yet been vaccinated (with pre-existing COVID-19 vaccines and/or with the updated COVID-19 vaccines). For example, census tracts in the lowest 50th percentile of historical COVID-19 vaccination coverage and where more than 10% of the population is uninsured. CDC will update a list of low-vaccination coverage areas approximately each month and distribute it to participating pharmacies, state and local health departments, and health centers.

## Overview of Responsibilities

### Provider Enrollment

- Participating providers will:
  - Sign a provider agreement with the awardee outlining provider requirements for participation in the awardee's existing Adult/317 Program, including specific Bridge Access Program requirements. (See Provider Agreement template in appendix)
  - Complete and submit to the awardee a provider profile. (See Provider Profile template in appendix)
  - Be familiar with all awardee procedures for ordering, receiving, and administering vaccines in accordance with ACIP recommendations and CDC storage and handling guidelines.
- Awardees will:
  - Leverage existing providers enrolled in the awardee's Adult/317 Program and/or enroll new providers into the Bridge Access Program. Awardees are encouraged to:
    - Enroll additional providers in areas with low access to vaccination sites, low COVID-19 vaccination coverage, and/or high uninsured rates or providers serving persons in carceral settings.
    - Work to ensure that approximately 25% of Bridge Access Program COVID-19 vaccines are distributed through HRSA-supported health centers.

- All HRSA-supported health centers are eligible to enroll in the awardee’s existing Adult/317 Program. Note: A list of HRSA-supported health centers receiving COVID-19 Bridge funding can be found on HRSA’s website [here](#).
- Consider additional support to the following populations:
  - Healthcare facilities serving tribal communities, including Indian Health Services facilities and Tribal Health Providers/Urban Indian Health providers, may become enrolled providers under the awardee’s immunization program and administer COVID-19 vaccines through this program.
  - State prisons and/or local jails.
- Require all newly enrolled providers to sign a provider agreement with the awardee immunization program to participate.
  - Awardees will update or modify their existing Adult/317 provider agreement to include Bridge Access Program requirements or use the CDC-provided provider agreement template. (See Provider Agreement template in appendix)
  - Awardees should communicate Bridge Access Program requirements in writing to existing providers if those providers are not immediately able to sign updated provider agreements.
- Complete provider enrollment site visits, as needed.
  - Awardee may use best practices from pre-existing Adult or other vaccine program and/or new parameters specific to the Bridge Access Program, as defined by the awardee.
- Provide education, communication, and feedback to participating providers to achieve the goal of the Bridge Access Program to vaccinate uninsured and underinsured adults.
- HRSA-supported health centers will:
  - Enroll as an adult immunization provider in the awardee immunization program.
  - Sign a provider agreement with the awardee outlining provider requirements for participation in the awardee’s existing Adult/317 Program, including specific Bridge Access Program requirements. (See Provider Agreement template in appendix)
  - Complete and submit to the awardee a provider profile. (See Provider Profile template in appendix)
  - Be familiar with all awardee procedures for ordering, receiving, and administering vaccines in accordance with ACIP recommendations and CDC storage and handling guidelines.
- Contracted pharmacy partners may:
  - Set up additional sites to broaden the number of locations where vaccine is available in low-access and low-vaccination coverage areas.
  - Coordinate with the awardee for the purposes of setting up and operating vaccination sites to accomplish any of the following: scheduling patients, site logistics, augmenting personnel, augmenting supplies, and augmenting security.

## Patient Eligibility

- Participating providers will:
  - Permit patients to attest to a lack of insurance at the point of care.
  - Continue to collect insurance data through standard patient screening questions and data collection systems (e.g., via the use of an eligibility screening record).
  - Not turn any patient away due to inability to pay or verify insurance status.

- Awardees will:
  - Work with providers to document and report the number of uninsured and underinsured patients expected to be vaccinated.
  - Educate providers regarding patient eligibility screening protocols and policies. (See Patient Eligibility Screening Record template in appendix)
  - Educate and train providers on any system(s) or procedures used to track and report patient eligibility within the jurisdiction.
- HRSA-supported health centers will:
  - Permit patients to attest to a lack of insurance at the point of care.
  - Continue to collect insurance data through standard patient screening questions and data collection systems (e.g., via the use of an eligibility screening record).
- Contracted pharmacy partners will:
  - Permit patients to attest to a lack of insurance at the point of care.
  - Continue to collect insurance data through standard patient screening questions and data collection systems, and report insurance status for each vaccination encounter back to CDC.

### Cost of Vaccination

- Participating providers will:
  - Not refuse vaccination to any patient due to the patient's inability to pay.
- Awardees may:
  - Support provider administration fee reimbursement, as needed (e.g., directly billing providers for vaccination administration fees per dose or through provider grants from the awardee).
- HRSA-supported health centers may:
  - Use American Rescue Plan Act grant funding and HRSA COVID-19 Bridge funding to support COVID-19 testing, COVID-19 vaccination, patient support services, and community outreach.
    - On September 1, HRSA-supported health centers received American Rescue Plan Act grant funding and HRSA COVID-19 Bridge funding.
  - Not refuse vaccination to any patient due to the patient's inability to pay an administration fee.
- Contracted pharmacy partners will:
  - Leverage USG provided per-dose payment for COVID-19 vaccines administered at contracted pharmacies. Participation in the program requires pharmacies to offer COVID-19 vaccines with no out-of-pocket costs to uninsured and underinsured individuals.

### Vaccine Allocations, Supply, and Ordering

- Participating providers will:
  - Order COVID-19 vaccines directly through the awardee immunization program.
- Awardees will:
  - Receive a vaccine budget in the Vaccine Tracking System (VTrckS) to support COVID-19 vaccine ordering.
  - Monitor and update the awardee vaccine spend plan in VTrckS monthly.
  - Not be permitted to implement vaccine replacement or borrowing models for any provider participating in the Bridge Access Program.
- HRSA-supported health centers will:

- Order COVID-19 vaccines directly through the awardee immunization program.
- Continue to order [testing supplies](#) and [therapeutics](#) through HRSA at no cost as long as they are available.
- Contracted pharmacy partners will:
  - Receive COVID-19 vaccines donated directly by vaccine manufacturers (e.g., Moderna; Pfizer; Novavax).

### Coordination Across Bridge Program Partners

- Awardees will:
  - Collaborate with HRSA-supported health centers and pharmacy partners on planned outreach activities, partners funded, and additional opportunities to support efforts in uninsured and underinsured adult populations.
  - Collaborate with HRSA-supported health centers and pharmacy partners on participating vaccination locations to determine gaps in coverage and/or access for uninsured and underinsured adults to coordinate vaccination activities and close identified gaps.
- HRSA-supported health centers may:
  - Collaborate with the awardee immunization program to support planned outreach opportunities and vaccination events for uninsured and underinsured adult populations.
- Contracted pharmacy partners will:
  - Share information with the Bridge Access Program on participating vaccination locations to determine gaps in coverage and/or access for uninsured and underinsured adults to coordinate vaccination activities and close identified gaps.
  - Create additional vaccination opportunities for low access populations according to the terms of their agreements with the Bridge Access Program.

### Community Partnership and Outreach

- Awardees will:
  - Collaborate with and/or fund community and other partners to increase vaccine demand and confidence among eligible patients and their communities, including addressing vaccine equity (e.g., participate in Partnering for Vaccine Equity (P4VE) Learning Community).
  - Coordinate with community partners to identify areas with low access to vaccination sites, low COVID-19 vaccination coverage, and/or high uninsurance rates.
  - Leverage existing COVID-19 vaccination efforts to improve education opportunities, increase outreach efforts, and support community vaccination events.
- HRSA supported health centers may:
  - Collaborate with the awardee immunization program, awardee-funded partners, and CDC-funded partners to increase COVID-19 vaccine demand and confidence among eligible populations.
  - Support COVID-19 outreach and vaccination activities using additional funding sources, as available.
- Contracted pharmacy partners will:
  - Conduct outreach into the community to reach the uninsured population, including through marketing/advertising, events, and partnerships with community-based organizations that serve uninsured populations in accordance with the terms as outlined in their Bridge Access Program agreement.

## Vaccine Administration Reporting and Monitoring

- Participating providers will:
  - Document patient eligibility and report vaccine administration data to the Immunization Information System (IIS), as outlined in the awardee provider agreement.
  - Register and submit provider location, contact, and vaccine availability data (not inventory) to vaccines.gov to help ensure uninsured and underinsured patients are able to locate cost-free COVID-19 vaccines. Note: Awardees may exempt providers from this requirement on a case-by-case basis (e.g., Indian Health Service or Tribal Facilities).
- Awardees will:
  - Support provider onboarding and reporting to the jurisdiction's IIS in accordance with Bridge Access Program requirements.
    - Vaccines given by local health departments will use dose level eligibility code V23 (317) or funding source code VXC50 (public) or VXC52 (public, non-VFC), based on the inventory model the IIS follows.
    - Vaccines given by provider offices will leverage existing data elements and IIS codes from the HL7 v2 message that providers send to IISs to capture Bridge Access Program vaccine doses.
  - Have access to ad hoc Data Informed Technical Assistance (DITA) from the CDC to leverage publicly available and commercially available data sources to explore a variety of topics, down to the neighborhood and household level, including vulnerability, potential access barriers, and other population characteristics.
  - Receive monthly situational updates from CDC regarding:
    - The number of COVID-19 vaccine doses administered by pharmacies.
    - Low vaccine access census track maps.
  - Have access to CDC's Vaccine Activity Planner, a public-facing data dashboard.
- HRSA-supported health centers will:
  - Document patient eligibility and report vaccine administration data to the IIS, as outlined in the awardee's provider agreement. (See Provider Agreement template in appendix)
  - Register and submit provider location, contact, and vaccine availability data (not inventory) to vaccines.gov to help ensure uninsured and underinsured patients are able to locate cost-free COVID-19 vaccines.
  - Submit monthly doses administered data to HRSA via survey mechanism, which will then be shared with the CDC for aggregation and sharing with the public.
- Contracted pharmacy partners will:
  - Report vaccine administration information to the CDC and/or to applicable IIS in accordance with state law and in accordance with the terms as outlined in their Bridge Access Program agreement.
    - Vaccines given by pharmacies will use dose level eligibility code V01 (not VFC eligible) or funding source code VXC50 (public) or VXC52 (public, non-VFC), based on the inventory model the IIS follows.
  - Submit the number of vaccine doses administered by all participating USG-contracted pharmacies to the CDC to update the low vaccine access list and for use in a public-facing dashboard in accordance with the terms as outlined in their Bridge Access Program agreement.

## Program Data Reporting and Monitoring

- Awardees will:
  - Track and monitor partner outreach and educational activities at the jurisdictional level. (See separate Awardee Reporting template)
  - Submit mid-year and end-of-year progress reports based on performance metrics as defined in the Bridge Access Program Notice of Funding Opportunity. (See separate Success Stories Submission Form and Awardee Reporting template)
- HRSA-supported health centers will:
  - Submit periodic progress reports based on activities in accordance with the terms as defined in their HRSA COVID-19 Bridge Program agreement.
- Contracted pharmacy partners will:
  - Regularly report upon vaccinations, outreach efforts, and educational activities in accordance with the terms as outlined in their Bridge Access Program agreement.

To learn more about the COVID-19 Bridge Access Program, please visit [Bridge Access Program | CDC](#). For questions, comments, or concerns regarding the COVID-19 Bridge Access Program, please coordinate with your ISOB project officer and email [policyISDBridge@cdc.gov](mailto:policyISDBridge@cdc.gov) or contact CDC INFO (800-232-4636).

## Appendix

### Resources

#### **HRSA Funding Information:**

[FY 2023 COVID-19 Bridge Funding for Health Centers | Bureau of Primary Health Care \(hrsa.gov\)](#)

[FY 2023 COVID-19 Bridge Funding Awards | Bureau of Primary Health Care \(hrsa.gov\)](#)

#### **COVID\_19 Vaccine Ordering Updates shared via Awardee Office Hours Calls:**

[ISD Awardees SharePoint Portal - Archived Calls - All Documents](#)

[ISD Awardees SharePoint Portal - Slides COVID-19 Commercialization and Bridge Program Office Hours\\_083023.pdf - All Documents](#)

#### **COVID-19 IIS Information:**

[ISD Awardees SharePoint Portal: IIS Information Brief \(08.25.23\).pdf](#)

[COVID-19 Bridge Access Program: Preferred Select Codes for IIS Reporting](#)

#### **Vaccine Planning Tools:**

[Vaccine Confidence Program \(arcgis.com\)](#)

### Templates

Optional templates for use by immunization program awardees begin on page 9 of the Appendix. These templates can be used as is or modified to fit program needs. Programs are not required to use these templates.



## **[ADULT VACCINE PROGRAM] PROVIDER AGREEMENT**

FACILITY INFORMATION			
Facility Name:			Pin# (if applicable):
Facility Address:			
City:	County:	State:	Zip:
Telephone:		Fax:	
Shipping Address (if different than facility address):			
City:	County:	State:	Zip:
MEDICAL DIRECTOR OR EQUIVALENT			
<b>Instructions:</b> The official [adult vaccine program] registered health care provider signing the agreement must be a practitioner authorized to administer vaccines under state law who will also be held accountable for compliance by the entire organization and its [adult vaccine program] providers with the responsible conditions outlined in the provider enrollment agreement. For the purposes of this agreement, a vaccine is defined as any vaccine or vaccine-like product recommended by the Advisory Committee on Immunization Practices (ACIP). The individual listed here must sign the provider agreement.			
Last Name, First, MI:			Title:
Specialty:	License No:		Medicaid or NPI No:
Employer Identification Number:			Email:
[ADULT VACCINE PROGRAM] VACCINE COORDINATOR			
<b>Primary Vaccine Coordinator Name:</b>			
Telephone:		Email:	
Completed annual training (optional): <input type="radio"/> Yes <input type="radio"/> No		Type of training received (optional):	
<b>Back-Up Vaccine Coordinator Name:</b>			
Telephone:		Email:	
Completed annual training (optional): <input type="radio"/> Yes <input type="radio"/> No		Type of training received (optional):	

**PROVIDERS PRACTICING AT THIS FACILITY** *(additional spaces for providers at end of form)*

**Instructions:** List below all licensed health care providers (MD, DO, NP, PA, pharmacist) at your facility who have prescribing authority.

Provider Name	Title	License No.	Medicaid or NPI No.	EIN (Optional)

## PROVIDER AGREEMENT

*To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or practice administrator or equivalent:*

*(Items 2, 11b, and 12 are specifically required for the Bridge Access Program)*

1.	I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of patients served changes or 2) the status of the facility changes during the calendar year.
2.	I will screen patients and document eligibility status at each immunization encounter and administer publicly purchased and Bridge Access Program vaccines only to adults who are at least 19 years of age and meet one of the following categories: <ul style="list-style-type: none"> <li>a) <u>Uninsured</u>: A person who does not have health insurance.</li> <li>b) <u>Underinsured</u>: A person who has health insurance, but the insurance does not include any vaccines; a person whose insurance covers only selected vaccines; a person whose insurance does not provide first-dollar coverage for vaccines.</li> </ul>
3.	For the vaccines identified and agreed upon in the provider profile, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the [adult vaccine program] unless: <ul style="list-style-type: none"> <li>a) In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the person;</li> <li>b) The particular requirements contradict state law, including laws pertaining to religious and other exemptions.</li> </ul>
4.	I will maintain all records related to the [adult vaccine program] for a minimum of three years, or longer if required by state law, and upon request make these records available for review. [Adult vaccine program] records include, but are not limited to, [adult vaccine program] screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.
5.	I will administer vaccine to eligible persons with publicly purchased vaccine at no charge to the patient for the cost of the vaccine.
6.	I will not deny administration of a publicly purchased vaccine to an established patient because the individual of record is unable to pay the administration fee.
7.	I will distribute the current Vaccine Information Statements (VIS) or Emergency Use Authorization (EUA) fact sheet (if applicable) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).
8.	I will comply with the requirements for vaccine management including: <ul style="list-style-type: none"> <li>a) Ordering vaccine and maintaining appropriate vaccine inventories;</li> <li>b) Not storing vaccine in dormitory-style units at any time;</li> <li>c) Storing vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet</li> </ul>

	<p>[State/Local/Territorial Immunization Program] storage and handling recommendations and requirements;</p> <p>d) Returning all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration</p>
9.	<p>I agree to operate within the [adult vaccine program] in a manner intended to avoid fraud and abuse. Consistent with "fraud" and "abuse" as defined in the Medicaid regulations at 42 CFR § 455.2, and for the purposes of the [adult vaccine program]:</p> <p><b>Fraud:</b> is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.</p> <p><b>Abuse:</b> provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program, (and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient); or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.</p>
10.	I will participate in [adult vaccine program] compliance site visits including unannounced visits, and other educational opportunities associated with [adult vaccine program] requirements as recommended by [State/Local/Territorial Immunization Program].
11a.	I agree to submit vaccine administration data for all publicly purchased vaccines using Section 317 and state/local funds to the jurisdiction's Immunization Information System (IIS) in accordance with [State/Local/Territorial Immunization Program] regulations and reporting timelines.
11b.	I agree to submit vaccine administration data for all Bridge Access Program purchased vaccines to the jurisdiction's Immunization Information System (IIS) in accordance with CDC documentation and data requirements.
12	I agree to update Vaccines.gov to indicate Bridge Access Program vaccine availability and to make my profile public facing, according to CDC data guidance and timelines
13.	I understand this facility or the [State/Local/Territorial immunization program] may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the [State/Local/Territorial Immunization Program].

***By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the [adult vaccine program] enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.***

Medical Director or Equivalent Name (print):

Signature:

Date:

ADDITIONAL PROVIDERS

PROVIDERS PRACTICING AT THIS FACILITY (attach additional pages as necessary)				
Instructions: List below all licensed health care providers (MD, DO, NP, PA, pharmacist) at your facility who have prescribing authority.				
Provider Name	Title	License No.	Medicaid or NPI No.	EIN

## [Adult Vaccine Program]

### Provider Profile Form

All healthcare providers participating in the [adult vaccine program] must complete this form annually or more frequently if the number of eligible adults served changes or the status of the facility changes during the calendar year.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Provider Identification Number# \_\_\_\_\_

#### FACILITY INFORMATION

Provider's Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Vaccine Delivery Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

#### FACILITY TYPE (select facility type)

##### ☐ Private Facilities

- ☐ Private Hospital
- ☐ Private Practice (solo/group/HMO)
- ☐ Community Health Center
- ☐ Pharmacy
- ☐ Other \_\_\_\_\_

##### ☐ Public Facilities

- ☐ Public Health Department Clinic
- ☐ Public Hospital
- ☐ FQHC/RHC (Community/Migrant/Rural)
- ☐ FQHC Look-Alikes
- ☐ Tribal Health Centers
- ☐ Indian Health Services (IHS) Centers
- ☐ Community Health Center
- ☐ Tribal/Indian Health Services Clinic (Urban)
- ☐ Other \_\_\_\_\_
- ☐ Woman Infants and Children
- ☐ STD/HIV
- ☐ Family Planning
- ☐ Correctional Facility
- ☐ Drug Treatment Facility
- ☐ Migrant Health Facility
- ☐ Refugee Health Facility

#### VACCINES OFFERED (select only one box)

- ☐ All ACIP-Recommended Vaccines.
- ☐ Offers Select Vaccines

#### Select Vaccines Offered:

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="radio"/> DTaP        | <input type="radio"/> Meningococcal Conjugate     | <input type="radio"/> Td/Tdap            |
| <input type="radio"/> Hepatitis A | <input type="radio"/> MMR                         | <input type="radio"/> COVID-19           |
| <input type="radio"/> Hepatitis B | <input type="radio"/> Pneumococcal Conjugate      | <input type="radio"/> Varicella          |
| <input type="radio"/> Hib         | <input type="radio"/> Pneumococcal Polysaccharide | <input type="radio"/> Zoster Recombinant |
| <input type="radio"/> HPV         | <input type="radio"/> Polio                       | <input type="radio"/> Other, specify:    |
| <input type="radio"/> Influenza   | <input type="radio"/> RSV                         |  |

## PROVIDER POPULATION

Provider Population is based on patients seen during the previous 12 months. *Report the number of eligible adults who received vaccinations at your facility, by age group. Only count an adult once based on the status at the last immunization visit, regardless of the number of visits made. The following table documents the number of eligible adults who received publicly funded vaccines by category and the number of adults who received privately purchased vaccines.*

Publicly Funded Vaccine Eligibility Categories	# of individuals who received publicly purchased vaccines by age category			
	19 – 34 Years	35 – 49 Years	50+ Years	Total
American Indian/Alaska Native <sup>1</sup>				
No Health Insurance				
Underinsured <sup>2</sup>				
Incarcerated				
<b>Total Publicly Funded Vaccine:</b>				
Privately Purchased Vaccine	# of individuals who received non-publicly purchased vaccines by age category			
	19 – 34 Years	35 – 49 Years	50+ Years	Total
Insured (private pay/health insurance covers vaccines)				
<b>Total Privately Purchased Vaccine:</b>				
<b>Total Patients</b> (must equal sum of Total Publicly Funded + Total Privately Purchased)				

<sup>1</sup>American Indian and Alaska Native patients whose only source of healthcare is provided by an Indian Health Service, Tribal, or Urban Indian healthcare organization are not considered fully insured and may be vaccinated with 317-funded vaccines if the Indian Health Service, Tribal, or Urban Indian healthcare organization does not provide certain vaccines.

<sup>2</sup> A person who has health insurance, but the insurance does not include any vaccines; a person whose insurance covers only selected vaccines; a person whose insurance does not provide first-dollar coverage for vaccines.

### TYPE OF DATA USED TO DETERMINE PROVIDER POPULATION (choose all that apply)

- |  |   |
|--|---|
| <input type="radio"/> Benchmarking           | <input type="radio"/> Doses Administered      |
| <input type="radio"/> Medicaid Claims Data   | <input type="radio"/> Provider Encounter Data |
| <input type="radio"/> IIS                    | <input type="radio"/> Billing System          |
| <input type="radio"/> Other (must describe): |   |

## COVID-19 Bridge Access Program Patient Eligibility Screening Record

A record of all adults 18 years of age and older who receive immunizations must be kept in the healthcare provider's office for 3 years or longer depending on state law. Bridge Access Program eligibility screening and documentation of eligibility status must be completed/updated for all adults. While verification of responses is not required, it is necessary to retain this or a similar record for each adult patient receiving vaccine. Providers using a similar form (paper-based or electronic) must capture all reporting elements included in this form. This record may be completed by the individual of record or by the health care provider.

1. Name: \_\_\_\_\_  

Last Name
First Name
MI
2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Individual/Guardian of Record: \_\_\_\_\_  

Last Name
First Name
MI
4. Primary Provider's Name: \_\_\_\_\_  

Last Name
First Name
MI
5. Determine if the patient named above is eligible to receive the Bridge Access Program funded COVID-19 vaccine  
**Write the screening date and check the appropriate Eligibility Status Verification Category in the section below.**
  - ✓ The patient named above is at least 18 years of age and is eligible to receive the Bridge Access Program funded COVID-19 vaccine if they:
    - ✓ Have no health insurance (self-attestation is acceptable) **OR**
    - ✓ Are **underinsured**: Health insurance does not cover COVID-19 vaccines or whose medical insurance does not provide first-dollar coverage for COVID-19 vaccinations.
  - × The patient named above **is NOT eligible** to receive Bridge Access Program funded COVID-19 vaccine because they:
    - Have health insurance that pays for COVID-19 vaccine.
6. Enter the date and mark the appropriate eligibility category. *If Column A-C is marked, the individual is eligible for the Bridge Access Program. If column D is marked the individual is not eligible for Bridge Access Program vaccine.*

	Eligible for Bridge Access Program Vaccine			
	Uninsured	Underinsured		Not eligible for Bridge Access Program Vaccine
	A	B	C	D
Screening Date	No Health Insurance	Insurance does not cover COVID-19 vaccines	Insurance does not provide first-dollar coverage for COVID-19 vaccines	Has health insurance that covers COVID-19 vaccines

*First-dollar coverage: Defined as when COVID-19 vaccines are covered pre-deductible and without any cost-sharing.*