

# Bridge Access Program Enrollment

## 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 healthcare facility of which I am the medical director or equivalent.

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 for Bridge Program eligibility and administer Bridge Program purchased vaccine only to patients who are uninsured or underinsured and 19 years and older.

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Definition of Uninsured:

- Adults not covered by any health insurance plan.

Examples of Underinsured:

- Adults who have health insurance, but coverage does not include any vaccines.
- Adults who have health insurance, but coverage does not include all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).
- Adults who have health insurance, but there is a fixed dollar limit or cap for vaccines.

3. I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) for COVID-19 vaccine.
4. I will maintain all records related to the Bridge Program for a minimum of three years and upon request make these records available for review. Bridge Program records include, but are not limited to, Bridge 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 immunize eligible patients with publicly supplied (Bridge Program) vaccine at no charge to the patient for the vaccine.
6. I will not charge a vaccine administration fee to Bridge Program eligible patients.
7. I will not deny administration of a publicly purchased vaccine to an established patient because the patient or patient's guardian/individual of record is unable to pay the administration fee.
8. I will distribute the current Emergency Use Authorization (EUA) or Vaccine Information Statements (VIS) 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 Events Reporting System (VAERS).

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9. I will comply with the requirements for vaccine management including:
  1. Ordering vaccine and maintaining appropriate vaccine inventories.
  2. Not storing vaccine in dormitory-style units at anytime.
  3. Storing vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet Philadelphia Department of Public Health's Immunization Program storage and handling requirements.
  4. Account for all spoiled/expired vaccine on PhilaVax within one week of spoilage/expiration.
10. I agree to operate within the Bridge Program in a manner intended to avoid fraud and abuse. Consistent with "fraud" and "abuse as defined in Medicaid regulations at 42 CFR § 455.2, and for the purposes of the Bridge Program:

**Fraud:** is an intentional deception or misrepresentation made by a person with the knowledge that 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.

**Abuse:** 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 healthcare.

11. I will participate in Bridge Program compliance site visits including unannounced visits, and other educational opportunities associated with Bridge Program requirements.
12. I agree to replace vaccine purchased with federal funds (Bridge Program) that are deemed non-viable due to provider negligence on a **dose-for-dose** basis.
13. I understand that immunization administration is a reportable event as per the Philadelphia Health Code §-210. I will electronically report information on immunizations administered to all patients to the Division of Disease Control's PhilaVax IIS weekly.
14. I understand this facility or Philadelphia Department of Public Health's 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 Philadelphia Department of Public Health's Immunization Program.
15. 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, at least on a biweekly basis.

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

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## 2022-2023 Provider Agreement Addendum

This section of the Provider Agreement specifies additional requirements for the Bridge Program. To receive federally funded vaccines from the Philadelphia Department of Public Health (PDPH) Immunization Program your site must comply with the following requirements:

### Storage and Handling

These storage & handling policies are in place for all Bridge Program providers:

- All Bridge Program vaccine must be monitored by a certified, calibrated digital data logger (DDL) from the time that the vaccine arrives at your site until it is administered to a patient. This includes during routine storage in your storage units and when vaccines need to be transported.
- Temperature data must be submitted every month (30 days). Sites who do not submit their temperature data will be suspended from ordering until their temperature data is received.
- **Back-up DDLs are now stored at the PDPH Immunization Program offices at 1101 Market Street, 12th floor.** Call or email TempCheck at 215-685-6777 or [tempcheck@phila.gov](mailto:tempcheck@phila.gov) if you need a back-up DDL.

### Prescribing Clinicians

**All providers with prescribing authority at Bridge Program sites must be legally able to work in Pennsylvania. This means:**

- Being in good standing with the Office of the Inspector General (OIG) of the US Department of Health and Human Services
- Having an active license in the state of Pennsylvania

Changes in the status (ie. license suspensions, employment status, etc) of any providers at a site must be reported to the Bridge Program immediately.

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## Bridge Program Vaccine Management

The Medical Director is responsible for ensuring that any changes at the site that impacts the ability to maintain the Bridge Program vaccine are communicated to the PDPH Immunization Program in a timely manner. This includes, but is not limited to, staff changes, storage unit temperature issues, relocation of the site and changes in patient population.

Each site must identify two (2) individuals to serve as the primary vaccine coordinator and back-up vaccine coordinator. These individuals must complete all required Immunization Program trainings as directed by PDPH Immunization staff. The vaccine coordinators oversee all vaccine management within the facility, including, but not limited to:

- Developing and maintaining the Vaccine Management Plan
- Completing a monthly (every 30 days) reconciliation whether the site is placing an order that month or not
- Monitoring storage and handling and vaccine administration practices in the facility
- Overseeing vaccine ordering and accounting for any vaccine that is deemed non-viable
- Ensuring and documenting annual vaccine management training for designated staff, as well as training new staff upon hire
- Storing all required documentation for a minimum of three years

Staff changes that occur throughout the year must be shared with the PDPH Immunization Program as soon as possible (within 7 days) to avoid interruption in vaccine ordering at the site and maintain communication with the site.

**By electronically signing this form, I verify that I have read the PROVIDER AGREEMENT ADDENDUM, I understand the PDPH Immunization Program policies listed above, and acknowledge that I am responsible for compliance with these requirements.**