



BRIDGE ACCESS PROGRAM GUIDEBOOK



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

Bureau of Communicable Diseases | Immunization Section
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Bridge Access Program Overview

The Bridge Access Program (BAP) is a federal program intended to provide COVID-19 vaccine without cost for individuals aged 19 years and older who are underinsured or uninsured (definitions below).

The BAP is set to end on December 31, 2024, or when vaccine inventory is depleted.

Patient Eligibility

Underinsured: those whose insurance does not provide **cost-free** coverage for COVID-19 vaccines

- Includes any type of cost-sharing, deductible, co-pay, etc.
- Does NOT include patients who are insured but use an out-of-network provider or not covered provider type

Note: individuals who are <19 years of age who are un- or underinsured are eligible to receive vaccines through the Vaccines for Children program. See the DHS website for more information and the list of VFC providers.

Provider Enrollment

Bridge Access Program (BAP) enrollment is open to:

- Vaccines for Adults (VFA)-enrolled providers
- Federally qualified health centers
- Free and charitable clinics
- Other vaccinators/organizations that routinely serve underinsured and uninsured adults

Providers interested in BAP enrollment will need to:

- Complete the VFA/BAP provider agreement
- Have an in-person enrollment visit if not already part of VFC or VFA programs
- Obtain access to the Wisconsin Immunization Registry (WIR) for the organization, including staff attending WIR training
- Create a vaccines.gov account (and make the profile public facing) and indicate BAP vaccine availability
- Ensure the vaccines.gov profile is kept up-to-date regarding vaccine availability

Vaccine Ordering

Once organizations have been approved as a BAP provider, they will be provided with the link to order vaccine. Vaccine is currently being ordered through a RedCap survey.

Once the vaccine order is approved by the program, it will then be placed with CDC and entered into WIR (by the immunization program). When the vaccine arrives, organizations will need to physically accept and promptly store the vaccine, but also accept the order electronically in WIR and place into their WIR inventory.

BAP providers are asked to order or keep on-hand inventory of no more than a 5-week supply of vaccine at any one time. Exceptions have been approved based on reasonable/seasonal use patterns (i.e., large clinics etc.). When providers order, they should have at least two weeks supply at the time of their order to allow enough time to receive their new order.

VACCINE ORDERING GUIDE

BRAND	AGE INDICATION	MINIMUM ORDER	PRESENTATION	SHELF LIFE AT DELIVERY (# OF MONTHS)	FROZEN VACCINE TO REFRIGERATOR (STABILITY TIME)
SPIKEVAX (2023-24)	12 YRS +	10 DOSES	SINGLE DOSE VIAL. 10 PACK	6 MONTHS	30 DAYS
COMIRNATY (2023-24)	12 YRS +	10 DOSES	SINGLE DOSE VIAL. 10 PACK	6 MONTHS	DO NOT FREEZE
NOVAVAX	12 YRS +	10 DOSES	SINGLE DOSE VIAL. 10 PACK	7 MONTHS	DO NOT FREEZE

Vaccine Recommendations

Vaccine should be administered in accordance with the most current ACIP recommendations.

Recommendations can be found here:

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

Guidance for people who are not immunocompromised:

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#immunocompromised>

Infographic:

<https://www.cdc.gov/vaccines/covid-19/downloads/COVID19-vaccination-recommendations-most-people.pdf>

Guidance for people who are immunocompromised:

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#immunocompromised>

Infographic:

<https://www.cdc.gov/vaccines/covid-19/downloads/COVID19-vaccination-recommendations-immunocompromised.pdf>

Billing/Reimbursement

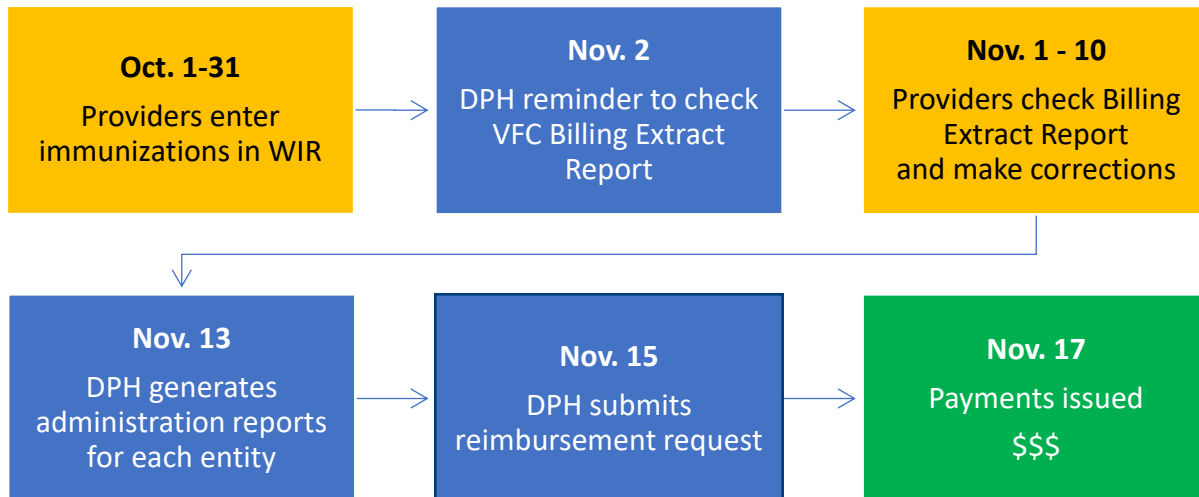
DHS is offering a reimbursement of \$36 per dose for BAP eligible COVID-19 vaccines administered. Providers do not need to submit a separate invoice. DHS will pay reimbursements monthly, using the information providers have entered for each administered BAP vaccine in the WIR.

Process Summary:

- Providers enter administered immunizations into WIR
- On the second business day of month, DPH sends a reminder email via GovD to the organization's contact to check VFC Billing Extract Report.
- Providers have seven business days to check Billing Extract Report and make corrections in WIR (see below for more information). The Billing Extract Report does not need to be submitted to DPH; it is for provider's benefit to ensure that all BAP administered doses are properly accounted for and will be reimbursed.
- On the eighth business day of the month, DPH generates administration reports from WIR for each BAP organization.
- On the tenth business days of the month, DPH submits reimbursement requests.
- Approximately, by the 15th business days of the month, the State issues payment to providers. Payments are made either by check or by automated clearing house, depending on providers STAR vendor registration.
- Organizations are encouraged to check that the amount of payment issued for vaccinations for a given month match what is expected. If discrepancies

are noted, the organization should promptly follow up with the appropriate DPH staff to rectify.

Example:



The reimbursement program will be in place until December 31, 2024, or until funds run out.

WIR Report

Providers should run the VFC Billing Extract report in WIR at the beginning of each month to confirm the number of BAP-eligible doses administered during the previous month. Reimbursement will be based on the number of doses that appear on this report.

For BAP-eligible doses to appear on the report, they must be tied to inventory, and include a *dose-level* eligibility of either uninsured or underinsured. Providers that utilize data exchange that does *not* decrement inventory should enter BAP doses manually if they want them to appear on the billing extract. If a provider has data exchange that deducts inventory, the eligible doses will appear on the billing report, and manual entry is not necessary.

When manually entering BAP doses administered, make sure to choose the correct eligibility category (No Insurance or FQHC – Underinsured) when entering the dose into WIR.

Remove	Immunization	Trade Name-Lot Adjuvant (Optional)	Dose	Administered By Dose Eligibility	Body Site Immunization Route
<input type="checkbox"/>	COVID-19	Spikevax (2023-24) 12+test-95publ	Full	Unknown	left arm intramuscular

New Client Comments

Select	Date	Client Comment
<i>Enter New Client Comment...</i>		

If there are doses missing from the billing report or other errors, providers then have 7 business days to go into WIR and make the needed corrections. If unable to find the error, please contact DHSVFA@dhs.wisconsin.gov for assistance.

There is a [WIR BAP training](#) that gives detailed instructions on how to run the VFC Billing Extract.

Vaccine Storage and Handling

Providers are required to follow the vaccine storage and handling practices outlined in the CDC Vaccine Storage and Handling Toolkit and WI VFC Resource Guide. The following practices are required and assessed for all providers.

Note: those who are part of the VFC or VFA program and have had an enrollment visit or an annual site visit will not need a separate BAP site visit to ensure they meet the requirements below.

- Vaccine storage unit type and setup
 - Verify storage unit grade
 - Proper signage to prevent power loss
- Temperature monitoring device
 - Verify device meets CDC requirements of a Digital Data Logger (DDL)
 - The DDL has a certificate of calibration that is not expired
- Temperature monitoring
 - All providers are required to check and document vaccine storage unit temperatures daily. The following items are required each time

the unit is checked, it is preferred this check is completed in the morning or when the clinic opens.

- Minimum and maximum temperature
 - Date and time
 - Name of the person who checked the temperatures
 - Providers are also required to download and review DDL data weekly assessing trends and signs of a potential issue.
- Organizing and storing vaccine
 - All vaccine is stored in the original box
 - Vaccine is not placed in doors, drawers, near fans or on the top or bottom shelves.
 - Separation of private and public vaccine stock that is clearly labeled
 - First-in, first out practices are followed, placing short-dated vaccine in front
 - Assure no food or beverages outside of medication and vaccines are in the unit

Basic storage unit set-up requirements:

1. Never store food or beverages in the unit with vaccine.
2. Use water bottles labeled “Do Not Drink” on the top and bottom shelves and in the door unless the unit is designated otherwise.
1. Storage units should be plugged into an electrical outlet. Power strips are not allowed to be used.
2. Post “Do Not Unplug” warning signs at the outlet
3. Label the circuit breaker and fuse to identify the vaccine storage units.
4. Have adequate storage room for vaccines to prevent crowding and promote good airflow.
5. The unit must have a digital data logger (DDL) temperature monitoring device located with each unit. The DDL screen should be placed in a way that allows temperatures to be read without opening the unit. Each unit only requires one DDL. The back-up DDL should not be stored in the unit.
6. The DDL probe should be in the middle of the unit.

Temperature Requirements:

1. Refrigerator: Store between 2°C to 8°C or 36°F to 46°F
2. Freezer: Store between: -15°C to -50°C or 5°F to -58°F
3. Ultra-Cold Freezer between: -90°C to -60°C or -130°F to -76°F

Vaccine Placement and Storage:

1. Keep private and public (BAP) vaccines clearly labeled and separated.
2. Vaccine must be stored in the original packaging or amber colored bags with the following information: vaccine name, lot number, expiration date and the NDC number from the box.
3. Do not store vaccine in the door, vegetable bins, under fans, or on the top or bottom shelves.
4. Vaccine with the earliest expiration date should be placed in front of those with a later date.

All temperature monitoring devices are required to be a DDL with the following parameters:

5. Active display, showing the current, minimum and maximum temperature readings that can be read from the outside of the unit.
6. External buffered probe
7. The capacity for continuous monitoring and data download.
8. All digital data loggers are required to have a current and valid certificate of calibration. The following items are required:
 - o Model/device name or number
 - o Serial number
 - o Date of calibration testing
 - o Instrument passed testing
9. A back-up DDL is required and should be onsite or be able to be obtained by the next required

temperature reading. The back-up DDL must have a different expiration date than the DDL in use.

Monitoring storage unit temperatures is critical to maintain the viability of the vaccine. At a minimum, the following is required:

- Check temperatures once a day, preferably in the morning.

- Document the minimum and maximum temperatures for the previous 24 hours. Reset the DDL's min/max temperatures to record the next 24 hour min/max temperatures.
- Document current date, time and name (initial) of the person checking the temperatures.

Temperature Excursions

When the DDL is reading outside of the recommendation range or the minimum or maximum indicates the temperature was out of range at some point, this is considered a temperature excursion and action needs to be taken immediately.

1. Notify staff as needed and label the vaccine "do not use."
2. Obtain and document the details of the excursion. [Temperature Excursion Incident Report, F-02257](#)
3. Download and review the temperature data. Determine the highest/lowest temperature and the duration of the excursion.
4. Collect the vaccine information of all vaccines in the unit (lot number, expiration dates).
5. Contact the manufacturer via phone or online stability calculators. Obtain determination reports. These reports state if the vaccine is still viable.
6. If the vaccine is still viable, attempt to correct the issue to prevent future excursions. Make sure to keep all documentation related to the excursion in your files. Send a copy to the Temperature Excursion Incident Form and determination reports to the BAP program at DHSVFA@dhs.wisconsin.gov attn. Teema Carpenter.
7. If the vaccine is not viable, remove the non-viable vaccine from the unit to prevent accidental use. Complete the Wisconsin VFC program's temperature excursion report and send the report, with the determination reports, to the VFA program at DHSVFA@dhs.wisconsin.gov attn. Teema Carpenter.

Inventory Management

Sites should maintain a current and complete vaccine management plan that includes routine and emergency storage and handling situations. The plan must include the following:

- Current coordinators
- Proper storage and handling practices
- Plan for when receiving vaccines
- Emergency planning
- Vaccine ordering and Inventory management practices
- How to handle wastage or expired vaccines
- Date updated and signed
- At a minimum, the plan should be updated annually.
- Keep the vaccine management plan in a location that is easily accessible by staff, ideally near the storage units.

Providers are required to keep inventory documents for a minimum of three years and submit to the program as requested. The type of documents that are required include:

- Temperature monitoring documents
 - o Paper temperature logs (i.e., logs tracking daily temperature checks)
 - o Temperature monitoring device data and downloads
- WIR documents (can be kept electronic)
 - o Vaccine orders
 - o Active and accurate on-hand vaccine inventory
 - o Vaccine transfers
 - o Vaccine wastage
- Paper documents
 - o Expired vaccine reports
 - o Vaccine return forms
 - o Vaccine borrowing logs
 - o Vaccine packing slips

Vaccine Borrowing

BAP providers are encouraged to maintain an adequate inventory of vaccine to be able to vaccinate all their patients. For example, if the site wishes to vaccinate both their insured and BAP eligible patients, a private stock of COVID-19 vaccine is needed in addition to the BAP stock. BAP vaccine cannot be routinely used as a

replacement system for a provider's privately purchased vaccine inventory. Borrowing should not become a routine practice to supplement poor inventory management practices. Borrowing should only occur when there is:

- Delayed vaccine shipment
- Vaccine spoiled during shipment
- New staff that calculated ordering time incorrectly
- Vaccine shortage

If an individual is vaccinated with a dose of BAP vaccine and later found out to be ineligible for the program, this should be noted on the borrowing form and a dose of privately purchased COVID-19 put into the BAP stock.

Returns and Wastage:

Returns:

COVID-19 vaccines that are obtained through the Bridge Access Program (BAP) that are expired, spoiled, or beyond use date (BUD) must be returned to McKesson.

- o Instructions are available on the Authorization to Return Vaccine form. [Vaccine Return Form](#)
- o Returns must be completed within six months of the expiration date/spoil date.
- o Never store spoiled or expired vaccine in the storage unit. The vaccine should be removed immediately and stored outside the unit until the vaccine is returned.
- o This process is different than during the pandemic when COVID-19 vaccine was disposed of locally and reported as wastage.

Wastage:

Wasted vaccines include those that are drawn into a syringe and not administered, a broken vial/syringe, or an open vial where not all doses were administered.

- o These vaccines do not get returned.

- o Indicate these as Doses Wasted in WIR to remove from your inventory and destroy following your clinic procedures.

COVID-19 BUD Inventory:

BUD (Beyond Use Date) products are to be returned to McKesson. In WIR, please account for all BUD doses as “Doses Spoiled” to remove them from inventory.

Vaccine Transport

Transporting vaccine is only allowed in the following situations:

- To avoid wastage: Providers with soon to be expiring vaccines may transport vaccine to another BAP provider.
- Emergency transport: Vaccine may be transported to another provider in the event of an emergency (i.e., power outage)
- Off-site clinic: Local Health Depts and Tribal Health Centers may transport vaccine to an off-site location.

Providers monitor and track their vaccine inventory amounts and expiration dates. In WIR, vaccine set to expire soon is highlighted in a different color within the inventory management tool to alert providers that they may need to act. Using this process, each provider can initiate a transfer of vaccine based upon their individual needs. Situations that may necessitate transfer include having abundant inventory that will soon be expiring or have placed a vaccine order and are awaiting arrival but need the vaccine sooner than the expected arrival of the order delivery. Providers initiate transfers from provider to provider. The vaccine transfer is logged in WIR.

The provider can transfer vaccine based upon their need or the request from another provider. Providers monitor and track their vaccine inventory amounts and expiration dates. The Wisconsin Immunization Program will assist with coordinating and documenting the transfer of vaccine between providers as needed.

All vaccine transfers must be documented in WIR. The sending site sets up an outbound transfer, which the receiving site will then see as an inbound transfer that they must accept once they receive the vaccine. These transfers ensure that the inventory is appropriately subtracted from the sending provider and added to the receiving provider without the possibility of data entry errors.

FAQ

Q: Do we need to share or submit our billing extract reports with DHS?

A: No. These are meant for your own use to ensure that all vaccines administered as part of BAP are accounted for and entered correctly and will be included for reimbursement.

Q: Is there a min/max order quantity?

A: No. Please order what you will use in a five-week period.

Q: Can we charge an administration/donation fee for giving this vaccine?

A: No. You cannot charge an administration fee or ask for a donation.

Q: Can we bill for the vaccine?

A: No, the vaccine is being provided free of charge through the federal government so you should not be billing or asking for payment for the vaccine.

Q: Do we need to screen patients for insurance eligibility?

A: Yes. You must screen all patients to determine eligibility for the program. Those that are eligible must be documented as such in the WIR when the dose is administered.

Q: What do we do with expired vaccine?

A: Expired vaccine should be reported in WIR and returned to the manufacturer.

Q: How much are we reimbursed from DHS for the administration of Covid-19 vaccine?

A: You will be reimbursed \$36.00 per dose administered.

Contact Information

Reimbursement status or questions: MichaelW.Schultz@dhs.wisconsin.gov

Billing extract or WIR-related questions: [WIR Help Desk](#)

General BAP program questions: DHSVFA@dhs.wisconsin.gov

Vaccine storage and handling questions: DHSVFA@dhs.wisconsin.gov