

## 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:***

1.	I will 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 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 Maryland Bridge Access 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 Maryland Bridge Access Program for a minimum of three (3) years, or longer if required by state law, and upon request make these records available for review. Maryland Bridge Access Program records include, but are not limited to, Maryland Bridge Access 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 Maryland Bridge Access Program vaccine to eligible persons at no charge to the patient for the cost of the vaccine.
6.	I will not deny administration of Maryland Bridge Access Program 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).

<p>8.</p>	<p>I will comply with the requirements for vaccine management including:</p> <ul style="list-style-type: none"> <li>a) Having a Vaccine Emergency Relocation Plan which identifies another practice, hospital or other location to move vaccine to in times of disaster. <b>A provider’s, staff member or other person's home is not an acceptable emergency relocation or routine storage location.</b></li> <li>b) Providers must keep on hand or have ready access to the supplies needed for emergency transport such as a hard-sided insulated containers, styrofoam, or portable vaccine refrigerator/freezer units (preferred option), coolant materials such as phase change materials or frozen water bottles that can be conditioned to 4° C to 5° C, insulating materials such as bubble wrap and corrugated cardboard—enough to form two layers per container and temperature-monitoring devices for each container;</li> <li>c) Ordering vaccine and maintaining appropriate vaccine inventories;</li> <li>d) Not borrowing/loaning MDH supplied vaccine(s) without prior approval.</li> <li>e) Not storing vaccine in dormitory-style units at any time;</li> <li>f) Storing vaccine under proper storage conditions and with an appropriate digital data logger (DDL) temperature monitoring device, at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet Maryland Department of Health, Center for Immunization storage and handling recommendations and requirements;</li> <li>g) Reporting all vaccine wastage and disposal each week and as needed using the reporting tool located at <a href="http://marylandvfc.org">marylandvfc.org</a>;</li> <li>h) Return all spoiled/expired public vaccines to CDC’s centralized vaccine distributor within six months of spoilage/expiration.</li> </ul>
<p>9.</p>	<p>I agree to operate within the Maryland Bridge Access 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 Maryland Bridge Access 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>

# MARYLAND BRIDGE ACCESS PROGRAM



10.	I will participate in Maryland Bridge Access Program compliance site visits including unannounced visits, and other educational opportunities associated with Maryland Bridge Access Program requirements as recommended by Maryland Department of Health, Center for Immunization.
11a.	I agree to <a href="#">submit vaccine administration data electronically</a> , within one day of administration, for all Bridge Access Program purchased vaccines to Maryland's <a href="#">Immunization Information System (ImmuNet)</a> in accordance with Maryland Department of Health, Center for Immunization regulations and reporting timelines.
11b.	I agree to <a href="#">submit vaccine administration data electronically</a> , within one day of administration, for all Bridge Access Program purchased vaccines in accordance with CDC and Maryland's documentation and data requirements.
12	I agree to update <a href="#">Vaccines.gov</a> to indicate Bridge Access Program vaccine availability and to make my profile public facing, according to CDC data guidance and timelines. See <a href="#">here</a> to get started.
13.	I understand this facility or the Maryland Department of Health, Center for Immunization 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 Maryland Department of Health, Center for Immunization.

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