

Bridge Access Vaccine Program Provider Profile Form

All healthcare providers participating in the Bridge Access 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)		
<input type="checkbox"/> Private Facilities	<input type="checkbox"/> Public Facilities	
<input type="checkbox"/> Private Hospital <input type="checkbox"/> Private Practice (solo/group/HMO) <input type="checkbox"/> Community Health Center <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other _____	<input type="checkbox"/> Public Health Department Clinic <input type="checkbox"/> Public Hospital <input type="checkbox"/> FQHC/RHC (Community/Migrant/Rural) <input type="checkbox"/> FQHC Look-Alikes <input type="checkbox"/> Tribal Health Centers <input type="checkbox"/> Indian Health Services (IHS) Centers <input type="checkbox"/> Community Health Center <input type="checkbox"/> Tribal/Indian Health Services Clinic (Urban) <input type="checkbox"/> Other _____	<input type="checkbox"/> Woman Infants and Children <input type="checkbox"/> STD/HIV <input type="checkbox"/> Family Planning <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Drug Treatment Facility <input type="checkbox"/> Migrant Health Facility <input type="checkbox"/> Refugee Health Facility
VACCINES OFFERED (select only one box)		
<input type="checkbox"/> All ACIP-Recommended Vaccines. <input type="checkbox"/> Offers Select Vaccines		
Select Vaccines Offered:		
<input type="radio"/> DTaP <input type="radio"/> Hepatitis A <input type="radio"/> Hepatitis B <input type="radio"/> HIB <input type="radio"/> HPV <input type="radio"/> Influenza	<input type="radio"/> Meningococcal Conjugate <input type="radio"/> MMR <input type="radio"/> Pneumococcal Conjugate <input type="radio"/> Pneumococcal Polysaccharide <input type="radio"/> Polio <input type="radio"/> RSV	<input type="radio"/> Td/Tdap <input type="radio"/> COVID-19 <input type="radio"/> Varicella <input type="radio"/> Zoster Recombinant <input type="radio"/> Other, specify:

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 ¹				
No Health Insurance				
Underinsured ²				
Incarcerated				
Total Publicly Funded Vaccine:				
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)				
Total Privately Purchased Vaccine:				
Total Patients (must equal sum of Total Publicly Funded + Total Privately Purchased)				

¹American 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.

² 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): | |