AIRA
AMERICAN IMMUNIZATION REGISTRY ASSOCIATION

COVID-19 Bridge Access Program

Preferred Select Codes for IIS Reporting

August 24, 2023, V1.0

COVID-19 Bridge Access Program Preferred IIS Codes for Reporting Dose-Level Eligibility, Funding Source

Context

In April, 2023, HHS announced the 'HHS Bridge Access Program For COVID-19 Vaccines and Treatments Program' to maintain broad access to COVID-19 vaccines for millions of uninsured Americans aged 19 years and older. The program will create a unique $1.1 billion public-private partnership to help maintain uninsured individuals' access to COVID-19 care at their local pharmacies, through existing public health infrastructure, and at their local health centers. CDC will purchase COVID-19 vaccines and allocate them, along with the funding needed to implement this new program, through CDC's established network of state and local immunization programs. In order to broaden access, CDC is also working closely with select national pharmacy chains to enable uninsured adults to receive free COVID-19 vaccines at participating retail pharmacy locations. This document addresses select codes for the COVID-19 Bridge Program that are not clearly articulated in interoperability documents. These codes were discussed and approved by AIRA's Standards and Interoperability Steering Committee (SISC, a diverse committee with broad representation from IIS, EHRs, and other technology partners) on August 2, 2023 to support standardization across the IIS health IT ecosystem. Additional information and links are provided at the end of this brief document.

Dose level eligibility and funding source – 317 Vaccine

Although COVID-19 vaccine for individuals <19 will be added to the list of routine VFC vaccines when the federally funded supply of COVID-19 vaccine is exhausted, COVID-19 Bridge vaccine for age 19+ will not be distributed through typical private and public channels. There are not ideal codes for dose-level eligibility and funding source. As with COVID-19 vaccine, SISC supports the use of the following codes (per the HL7 Version 2.5.1 Implementation Guide for Immunization Messaging (Release 1.5) Addendum):

- **Eligibility will be coded as 317 (V23)**
- **Funding Source will be coded as Public (VXC50)* or Public non-VFC (VXC52)**

** As a reminder, the VXC50 code is the general funding source code for all public vaccine, as opposed to the more specific codes of VXC51, which is the funding source code for VFC-funded public vaccine, or VXC52, which is the funding source code for non-VFC-funded public vaccine. Providers also participating in the VFC program may need to support all of these codes and use codes specific to the vaccine being reported.*

Dose level eligibility and funding source – Pharmacy Program

Similar to 317 funded vaccines, the Pharmacy portion of the Bridge program is strictly for those aged 19 years and older. However, the funding mechanism is not 317 so a different eligibility code is being recommended.

- **Eligibility will be coded as Not VFC Eligible (V01)**
- **Funding Source will be coded as Public (VXC50)* or Public non-VFC (VXC52)**

More information about the program is available on the Bridge Access Program page on CDC's website. If you have questions about these codes or the process to designate them, please contact Mary Beth Kurilo at mbkurilo@immregistries.org.

Additional Information

MIROW (Modeling of Immunization Registry Workgroup) guidance

For more information about vaccine storage, please see the MIROW guide on Decrementing Inventory via Electronic Data Exchange. In particular, this passage may be helpful:

Storage model

When the provider organization receives a vaccine shipment, the doses are quickly stored within a storage unit (i.e., a refrigerator or freezer). Storage model describes the way vaccine stocks are physically separated from each other in the provider organization's storage unit. Provider organizations separate vaccine by lot number and lot number expiration date. **However, depending on the awardee's requirements, the provider organization may also need to separate the vaccines by fund type (e.g., separate containers for doses funded by VFC, 317, state, CHIP, and private), or may be allowed to have less specific categories (e.g., VFC public, non-VFC public, and private).** All vaccine doses purchased by a particular program are referred to as that program's "stock" or "inventory" (e.g., VFC public stock, non-VFC public stock, and private stock). See the Vaccine storage models section below for more details. Separating vaccines helps to achieve better accountability for each dose and to ensure that only patients that are eligible for a funding program receive a vaccine funded by that particular program. In the case of the 10 doses of 317-funded vaccine for uninsured adults, the doses would be arranged in the storage unit according to the appropriate storage model (e.g., separate from VFC, CHIP, state, and private doses). The Vaccine storage models section of this chapter discusses storage models in more detail.

HL7 addendum

The HL7 Version 2.5.1 Implementation Guide for Immunization Messaging (Release 1.5) Addendum addresses all funding source codes:

Updates have been made to the codes for Immunization Funding Source (PHVS_ImmunizationFundingSource_IIS (2.16.840.1.114222.4.11.3287)). These codes indicate the inventory stock (i.e., Public or Private – with a two-stock storage model; Public VFC, Public non-VFC, Private – with a three-stock storage model) from which each vaccine dose was taken. For publicly purchased vaccine, an IIS will use either VXC50 code (i.e., public) or the combination of VXC51 (i.e., Public VFC) and VXC52 (i.e., Public non-VFC) codes to record the inventory stock for publicly purchased vaccines.

Code	Label	Definition
PHC70	Private	Vaccine stock used was privately funded
VXC50	Public	Vaccine stock used was publicly funded
VXC51	Public VFC	Vaccine stock used was publicly funded by the VFC program
VXC52	Public non-VFC	Vaccine stock used was publicly funded by a non-VFC program

Further potential variations

There are several areas of common variability for IIS-EHR interoperability based on jurisdictional law and policy. You can find a brief document that outlines these areas in the AIRA repository: IIS-EHR Interoperability Common Areas of Variability Based on Jurisdictional Law/Policy.