

To improve vaccine equity among the vulnerable population, CDC's Bridge Access Program will continue to provide free COVID-19 vaccines for a limited time after these products move onto the commercial market in Fall 2023. The eligible population includes uninsured and under-insured adults, and children under the Vaccines for Children (VFC) program. This guide will assist COVID-19 vaccinators who serve the eligible population with registration and ordering in ImmuNet.

NOTE: You must have an ImmuNet account to register in ImmuNet. If not, complete an ImmuNet Enrollment Form [here](#). Only one registration is needed per location. **Note that practices with multiple locations must separately register each location that plans to order and have vaccines shipped to and stored at that location.**

This guide has four sections:

(1) Non-VFC Provider Profile Registration - all organizations that serve uninsured and under-insured adults need to complete a Non-VFC Profile registration except participating Vaccines For Children (VFC) organizations

(2) VFC Provider Profile Registration - all Vaccines for Children (VFC) organizations that serve uninsured and under-insured adults need to complete the COVID-19 sections in their existing VFC Profiles

(3) Ordering COVID-19 Vaccines

(4) Reporting Administered Doses of COVID-19 Vaccines

Attachment: COVID-19 Vaccine Storage Unit Guidelines

Notes:

- Providers must have both an acceptable refrigerator and freezer unit(s). Dorm style (refrigerator with internal freezer section) refrigerators are NOT an acceptable storage unit for COVID-19 vaccines. Please see the guidelines in the attachment of this guide.
- Eligible organizations should designate a vaccine contact who has ImmuNet Admin User role to sign in to ImmuNet and create or complete their Adult COVID-19 Vaccine Profile registration.
- Non-VFC providers not participating in the VFC Program but have an inactive/pending VFC Profile should NOT create/complete a VFC Profile. Please contact the ImmuNet Support Team to create a new org/Org ID so you can create/complete a Non-VFC Profile registration in ImmuNet. Providers interested to participate or be reinstated in the VFC Program can learn more at www.marylandvfc.org.
- Be sure to read the instructions in this guide and in ImmuNet carefully. The screen may look different, if a staff member from your organization has previously created a profile.

(1) Non-VFC Provider Profile Registration

Providers not participating in the VFC Program but serve the uninsured and under-insured adults can order and administer adult COVID-19 vaccine by completing a Non-VFC Profile. Once signed in to ImmuNet, click on the **'Create Non-VFC Profile'** button or if you already have an existing registration, click on the **'Non-VFC Order'** button. If you do not see either of these buttons, you do not have the correct user role in ImmuNet or have an existing Inactive/Pending VFC Profile. Please contact ImmuNet Support to have this updated.



Create Non-VFC Profile

If you are a Non-VFC Provider who is eligible to order the **COVID-19 vaccine**, create a Non-VFC Profile which is required before placing an order. If you haven't already, please confirm your eligibility by submitting the [COVID-19 Eligibility Questionnaire](#).

The Non-VFC Profile is divided into several sections as shown below. Before you can view all the sections, you must ascertain that you serve the eligible population by selecting the **'People who are uninsured/under-insured'** box under the Provider Population tab. The other tabs will then be displayed and you can then click on each section header to collapse or expand each section. All required information must be completed in each section.

Edit Non-VFC Profile

Instructions for Completing the Non-VFC Profile [Click Here](#)
 I have read and understood the above instructions.

Non-VFC Profile

Please email mdh.covidvax@maryland.gov to make updates to the delivery address.

Provider Pin: N1234 Save

Organization Type: Medical Practice Cancel

Sub Type:

Family Medicine

OB/GYN

Other Speciality

Pediatrics

Add >

< Remove

Internal Medicine

Initiating Organization: Sample Medical Clinic
 Initiating User: New Clinician

Provider Population ▲

Delivery Contact Information ▲

Provider Practice/Facility Information ▲

Chief Medical Officer/Responsible Medical Provider ▲

Chief Executive Officer/Chief Fiduciary ▲

Additional Medical Provider Information ▲

Vaccine Storage and Handling Information ▲

Adult COVID-19 Vaccine Administration Information ▲

Adult COVID-19 Vaccine Primary Contact Information ▲

Adult COVID-19 Vaccine Backup Contact Information ▲

Adult COVID-19 Vaccine Agreement(s) ▲

Notes: (a) Be sure to have all the requested information on hand to complete the registration so you will not lose any entered data if you need to step away and ImmuNet times out (in about one hour). (b) The delivery contact entered email address must be verified before the registration is complete and ready for MDH review/approval. **Please ensure the auto-verification email reaches the delivery contact you entered in the registration.**

- **Organization Type** - verify your Org Type and Sub Type
- **Provider Population** - the number of patients served should be based on the past year; You must ascertain that you serve the eligible population by selecting the **'People who are uninsured/under-insured'** box before the other sections of the registration will display
- **Delivery Contact Information** - add your practice's vaccine delivery contact, address, days and times, phone number and email address.

Note that the entered email address must be verified before the registration is complete and ready for MDH review/approval. **Please ensure the auto-verification email reaches the delivery contact you entered in the registration.**

Delivery Contact Information ▲

* Delivery Contact First Name:

* Delivery Contact Last Name:

Delivery Contact Middle Name:

* Delivery Address (Street):

Delivery Address (Other):

* Delivery City: Delivery State: MD

* Delivery Zip: +4: * Delivery County:

* Delivery Phone: Ext. Delivery Fax:

* Delivery Alternative Phone:

* Delivery Email:

Email Verified (This box will be auto checked when email is verified by the recipient)


Note: After clicking Save, an automated email will be sent to all the email address(es) added in this survey. Each email recipient must check their emails and click the verification link. Once all the emails are verified, the staff completing the survey will receive an email and may submit the survey for state review/approval. The staff completing the survey may continue to fill in and save the rest of the survey while waiting for all the emails to be verified.

In the Delivery Window section, there must be a minimum 5-hour time for each window. If your org does not have 5-hour windows, you can enter your org's opening and closing times under Delivery Window #1 (example 0800 - 1700) and add in the Notes section the times that your organization is closed for lunch.

- **Provider Practice/Facility Information**
- **Chief Medical Officer/Responsible Medical Provider** - person accountable for compliance with agreement conditions
Note: The License Number for MD/DO/PA/NP/Pharm who will be listed as your organization's Chief Medical Officer/Responsible Medical Provider must be validated. For MD license number, please add zeros between the alphabet and numbers to make up 8 characters (same format as renewal registration number)
- **Chief Executive Officer/Chief Fiduciary** - person accountable for compliance with agreement conditions
- **Additional Medical Provider Information** - (optional) enter and validate additional medical provider information then click 'Apply Changes'

Chief Medical Officer/Responsible Medical Provider ▼

The official registered health care provider signing the agreement must be a practitioner authorized to administer vaccines under Maryland law, who will also be held accountable for compliance by the entire organization and its providers with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.

*Medical License Number: 

Enter the full medical license number, including any leading zeros.

NOTE: The Medical License Number must be validated using the "Validate" button.

Note: The License Number for MD/DO/PA/NP/Pharm must be validated. For MD license number, please add zeros between the alphabet and numbers to make up 8 characters (same format as renewal registration number).

Additional Medical Provider Information ▼

Please enter the name and medical license numbers of the health providers who may administer Non-VFC vaccine. It is not necessary to include the names of all staff who may administer vaccine, only those who possess a medical license or are authorized to write prescriptions.

Medical Provider Listing

Review	Remove	Name	Credentials
Medical Provider Detail			
<small>Click Apply Changes to save updates</small>			

*Medical License Number: 

Enter the full medical license number, including any leading zeros.

NOTE: The Medical License Number must be validated using the "Validate" button.

- **Vaccine Storage and Handling Information** - information about your vaccine storage unit(s)
Note: Providers must have both an acceptable refrigerator and freezer unit(s). Dorm style (refrigerator with internal freezer section) refrigerators are NOT an acceptable storage unit for COVID-19 vaccines. Please see the guidelines in the attachment of this guide.
- **Adult COVID-19 Vaccine Administration Information** - details of your org's vaccine administration location
- **Adult COVID-19 Vaccine Primary Contact Information** - this will be your COVID-19 vaccine coordinator, whether s/he is the same as or different from the staff who is normally responsible for your org's vaccine supply
- **Adult COVID-19 Vaccine Backup Contact Information** - this will be your COVID-19 vaccine backup coordinator, whether s/he is same as or different from the backup staff who is normally responsible for your org's vaccine supply
- **Adult COVID-19 Vaccine Agreement** under the '**Vaccine Agreement**' - this must be completed by the org's responsible officers. Please click to open the pdf and read the agreement in full before typing your first name and last name, in lieu of an actual or electronic signature. **This section will only be viewable by organizations that meet eligibility requirements.**

Adult COVID-19 Vaccine Agreement(s) ▼

Adult COVID-19 Vaccine Agreement pertains to this organization only and does not cover affiliated vaccination locations.

[Adult COVID-19 Agreement](#)

Click the link above to read the Adult COVID-19 Agreement. Accepting the terms of the agreement includes reporting administered Adult COVID-19 vaccine data to ImmuNet. See the ImmuNet website [\(here\)](#) for more information.

NOTE: The Chief Medical Officer and Chief Executive Officer must read the Adult COVID-19 Vaccine Provider Agreement linked above. Once this is complete, checking the checkbox and entering the name of the Chief Medical Officer and Chief Executive Officer will be accepted in place of an electronic signature.

I have read and agree to the requirements outlined in the Adult COVID Agreement and understand that I am accountable for compliance with these requirements.

*Chief Medical Officer / Responsible Medical Provider Signature:

I have read and agree to the requirements outlined in the Adult COVID Agreement and understand that I am accountable for compliance with these requirements.

Chief Executive Officer / Chief Fiduciary Signature:

Note: Please click the Save button to save the Adult COVID-19 Agreement information.

Once your Non-VFC Profile has been saved/submitted and the delivery contact email has been verified, it will go into a queue for MDH to review and approve your profile registration. If you encounter an error submitting your Non-VFC Profile, click the '**Home**' link at the top, then click on '**Create Non-VFC Profile**' to complete your profile.

If your profile is already submitted and you wish to view or edit your profile, click on '**Inventory and Ordering**' from the left menu, then click on '**Create and View Orders**'. Click the '**Edit Non-VFC Profile**' to edit or view your profile.

Home	Resources	Contact Us	Help
<p>Production Region</p> <p>.....</p> <p>Patients</p> <p>Organization Reports</p> <p>Inventory and Ordering</p> <p>> Manage Inventory</p> <p>> Manage Transfers</p> <p>> Transfer Shipping Documents</p> <p>> Create and View Orders</p> <p>Data File Loading</p> <p>Manage Org Selections</p>			
<p>Create and View Orders</p> <p>Non-VFC Profile Status: Pending</p> <p>Your organization's Non-VFC account is Pending. Please contact the Contact Center.</p> <p>If your organization is eligible to order the COVID-19 vaccine, when it becomes available you can order the vaccine by clicking the 'Order Specialty/Flu Vaccines' button. To validate eligibility, take the COVID-19 Eligibility Questionnaire</p> <p>Provider Pin:</p> <p>Initiating Organization: ABC Hospital</p> <p>Initiating User: Jane Smith</p> <p>Delivery Contact Last Name: Smith</p> <p>Delivery Contact First Name: Jane</p> <p>Edit Non-VFC Profile</p> <p>Order Specialty/Flu Vaccines</p>			

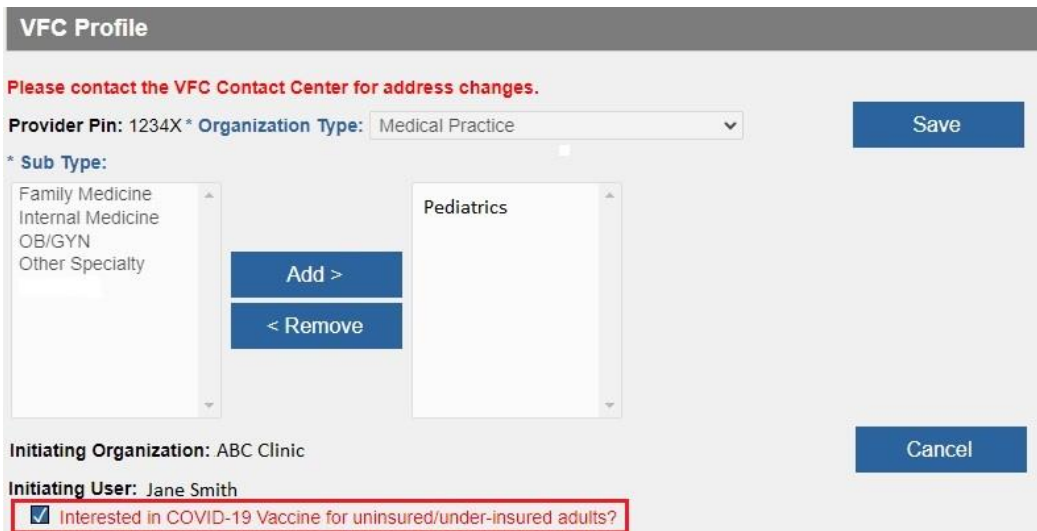
You will be notified when you can place orders once your registration has been reviewed/approved. Please refer to the last section of this guide on how to place vaccine orders in ImmuNet.

(2) VFC Provider Profile Registration

Providers participating in the VFC Program are eligible to order adult COVID-19 vaccines by reviewing their existing profiles for children and if they serve uninsured and under-insured adults, reviewing or completing the COVID-19 sections (for adult COVID-19 vaccine). Note: VFC providers who do not serve uninsured and under-insured adults do not need to complete the COVID-19 sections for adult COVID-19 vaccine as children vaccines will be made available for ordering similar to other VFC vaccines. Sign in to ImmuNet to edit your VFC Profile ('Inventory and Ordering' > 'Create and View Orders' > 'Edit VFC Profile').

Notes: (a) Be sure to have all the requested information on hand to complete the registration so you will not lose any entered data if you need to step away and ImmuNet times out. (b) The delivery contact entered email address must be verified before the registration is complete and ready for MDH review/approval. **Please ensure the auto-verification email reaches the delivery contact you entered in the registration.**

- **Organization Type** - verify your Org Type and Sub Type
 - Indicate a check mark on the radio button beside '**Interested in COVID-19 vaccines for uninsured/under-insured adults**'



VFC Profile

Please contact the VFC Contact Center for address changes.

Provider Pin: 1234X * Organization Type: Medical Practice Save

* Sub Type:

Family Medicine

Internal Medicine

OB/GYN

Other Specialty

Pediatrics

Add >
< Remove

Initiating Organization: ABC Clinic Cancel

Initiating User: Jane Smith

Interested in COVID-19 Vaccine for uninsured/under-insured adults?

- **Review and update, if necessary, your existing VFC information for the following sections:**
 - **Delivery/Practice Vaccine Supply Primary Contact Information**
Note that The delivery contact entered email address must be verified before the registration is complete and ready for MDH review/approval. **Please ensure the auto-verification email reaches the delivery contact you entered in the registration.**
 - **Mailing Address**
 - **VFC 1st Backup Contact Information**
 - **VFC 2nd Backup Contact Information**
 - **Additional Medical Provider Information** - (optional) enter and validate additional medical provider information then click '**Apply Changes**'
 - **Complete the new 'Provider Population' section:**
 - the number of patients served should be based on the past year; the selection(s) in this section will determine eligibility that will display additional new sections or fields pertaining to COVID-19 vaccine:
 - **Chief Medical Officer/Responsible Medical Provider** - person accountable for compliance with agreement conditions
Note: The License Number for MD/DO/PA/NP/Pharm who will be listed as your organization's Chief Medical

Officer/Responsible Medical Provider must be validated. For MD license number, please add zeros between the alphabet and numbers to make up 8 characters (same format as renewal registration number).

- **Chief Executive Officer/Chief Fiduciary** - person accountable for compliance with agreement conditions
- **COVID-19 Vaccine Storage and Handling Information** - complete new fields for COVID-19 vaccine
Note: Providers must have both an acceptable refrigerator and freezer unit(s). Dorm style (refrigerator with internal freezer section) refrigerators are NOT an acceptable storage unit for COVID-19 vaccines. Please see the guidelines in the attachment of this guide.
- **Adult COVID-19 Vaccine Administration Information** - details of your org's vaccine administration location
- **Adult COVID-19 Vaccine Primary Contact Information** - complete this section whether s/he is the same as or different from the staff who is normally responsible for your org's vaccine supply
- **Adult COVID-19 Vaccine Backup Contact Information** - complete this section whether s/he is same as or different from the backup staff who is normally responsible for your org's vaccine supply
- **Adult COVID-19 Vaccine Agreement** - this must be completed by the org's responsible officers. Please click to open the pdf and read the agreement in full before typing your first name and last name, in lieu of an actual or electronic signature. **This section will only be viewable by organizations that meet eligibility requirements.**

Adult COVID-19 Vaccine Agreement ▲

COVID-19 Vaccine Agreement pertains to this organization only and does not cover affiliated vaccination locations.
[COVID-19 Agreement](#)
Click the link above to read the COVID-19 Agreement. Accepting the terms of the agreement includes reporting administered COVID-19 vaccine data to ImmuNet. See the ImmuNet website ([here](#)) for more information.

NOTE: The Chief Medical Officer and Chief Executive Officer must read the Adult COVID-19 Vaccine Provider Agreement linked above. Once this is complete, checking the checkbox and entering the name of the Chief Medical Officer and Chief Executive Officer will be accepted in place of an electronic signature.

I have read and agree to the requirements outlined in the COVID Agreement and understand that I am accountable for compliance with these requirements.

*Chief Medical Officer / Responsible Medical Provider Signature: _____ Date _____

I have read and agree to the requirements outlined in the COVID Agreement and understand that I am accountable for compliance with these requirements.

Chief Executive Officer / Chief Fiduciary Signature: _____ Date _____

Note: Please click the Save button to save the Adult COVID-19 Agreement information.

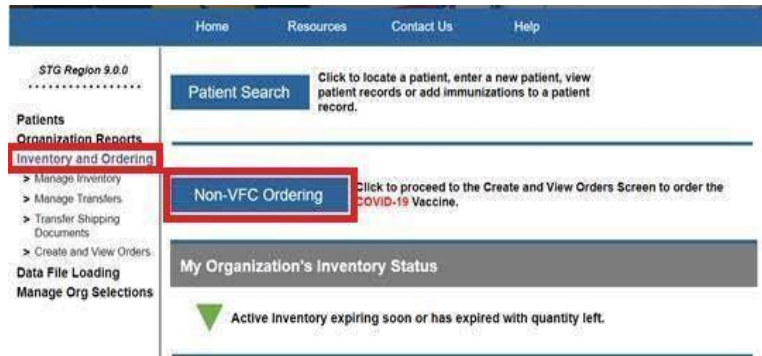
Once your VFC Profile has been submitted and all emails have been verified, MDH will review/approve your new COVID-19 information. Similar to your existing VFC Profile views, you should be able to edit/view your completed COVID-19 sections under 'Edit VFC Profile'.

You will be notified when your organization can place orders once your profile's COVID-19 sections have been reviewed/approved. Please refer to the last section of this guide on how to place vaccine orders in ImmuNet.

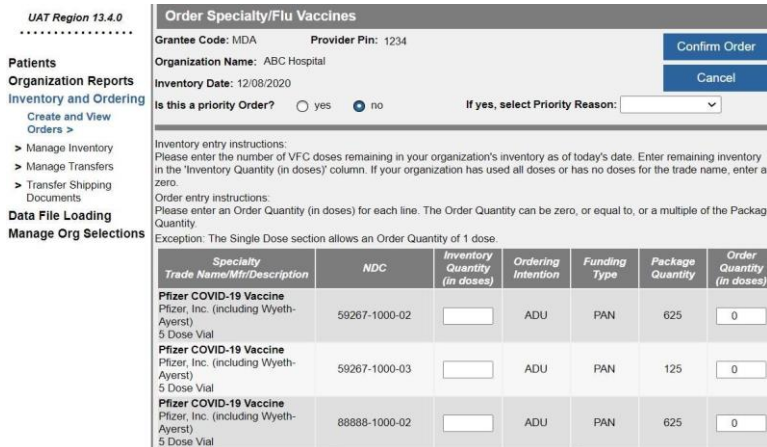
(3) Ordering COVID-19 Vaccines

Once your profile registration has been reviewed/approved, you will be notified when you can place orders in ImmuNet.

- (a) **Non-VFC providers** can click the blue **'Non-VFC Ordering'** button (or click the left menu **'Inventory and Ordering'** then click **'Create and View Orders'**).



Go to the **'Order Specialty/Flu Vaccines'** screen and place the number of Adult COVID-19 vaccines you want to order. For first time orders, put '0' in the Inventory Quantity. This column must be populated with Adult COVID-19 vaccine doses on hand when you are ready to place your subsequent orders (see next section about reporting inventory).

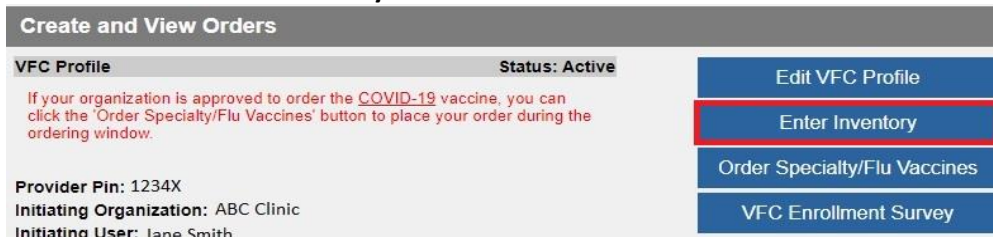


Specialty Trade Name/Mfr/Description	NDC	Inventory Quantity (in doses)	Ordering Intention	Funding Type	Package Quantity	Order Quantity (in doses)
Pfizer COVID-19 Vaccine Pfizer, Inc. (including Wyeth-Ayerst) 5 Dose Vial	59267-1000-02	<input type="text"/>	ADU	PAN	625	0
Pfizer COVID-19 Vaccine Pfizer, Inc. (including Wyeth-Ayerst) 5 Dose Vial	59267-1000-03	<input type="text"/>	ADU	PAN	125	0
Pfizer COVID-19 Vaccine Pfizer, Inc. (including Wyeth-Ayerst) 5 Dose Vial	88888-1000-02	<input type="text"/>	ADU	PAN	625	0

- (b) Existing **VFC providers** can click on the **'VFC Inventory/Order'** blue button or use the left menu links.

(i) **Children COVID-19 vaccines**

VFC providers will enter/order children COVID-19 vaccines like they currently do for other VFC vaccines in the **'Enter Inventory'** screen:



Create and View Orders

VFC Profile Status: **Active**

If your organization is approved to order the COVID-19 vaccine, you can click the 'Order Specialty/Flu Vaccines' button to place your order during the ordering window.

Provider Pin: 1234X
Initiating Organization: ABC Clinic
Initiating User: Jane Smith

Buttons: Edit VFC Profile, **Enter Inventory**, Order Specialty/Flu Vaccines, VFC Enrollment Survey

(ii) **Adult COVID-19 vaccines**

VFC providers who serve uninsured/under-insured adults can order adult COVID-19 vaccines in the 'Order Specialty/Flu Vaccines' screen as they previously did for COVID-19 vaccines:

Create and View Orders	
VFC Profile	Status: Active
<p>If your organization is approved to order the COVID-19 vaccine, you can click the 'Order Specialty/Flu Vaccines' button to place your order during the ordering window.</p>	
<p>Provider Pin: 1234X Initiating Organization: ABC Clinic Initiating User: Jane Smith</p>	
	<p>Edit VFC Profile</p> <p>Enter Inventory</p> <p>Order Specialty/Flu Vaccines</p> <p>VFC Enrollment Survey</p>

NOTE: Do not place COVID-19 vaccine order for children in the 'Order Specialty/Flu Vaccines' screen or enter/order for adults in the 'Enter Inventory' screen. Doing so will significantly delay your COVID-19 vaccine orders.

For more detailed information about the Specialty/Flu order screen, please refer to the VFC Vaccine Inventory/Order Guide [here](#). Once your order has been submitted, you can track your order and the delivery/shipment of your vaccines in ImmuNet (please refer to the [ImmuNet COVID-19 Vaccine Order Status Guide](#) for more information).

Manage Inventory

When your organization is able to place an order of COVID-19 vaccines in ImmuNet, you can refer to the [Vaccine Ordering Guide](#) on how to check the status of your orders. See the [Vaccine Inventory Guide](#) to manage your inventory in ImmuNet.

Reporting Inventory

You will be required to enter your remaining Adult COVID-19 vaccine inventory (in the 'Inventory Quantity' column) each time you place a new order in the ImmuNet 'Order Specialty/Flu' page.

CDC Vaccine Finder – CDC will no longer require MDH to submit providers' inventory from ImmuNet to Vaccine Finder, however, per the Adult COVID-19 vaccine Provider Agreement, providers are required to sign up directly with Vaccine Finder to post your practice's Adult COVID-19 vaccine availability to uninsured/under-insured adults. See [this CDC Vaccine Finder webpage](#) to get started.

(4) Reporting Administered Doses of COVID-19 Vaccines

All administered doses of COVID-19 vaccines should be reported to ImmuNet within 1 day (per CDC target recommendation).

See the ImmuNet website ([here](#)) for more information about reporting COVID-19 vaccinations to ImmuNet, including links to the list of required data elements. Note the following codes specifically for reporting administered Adult COVID-19 vaccines under the Bridge Access program:

Financial Class = v23 (317)

Funding Source = VXC50 (Public)

Practices with multiple locations that separately register and place orders for each location are assigned a unique ImmuNet Organization ID. Each location must report administered doses under their unique Org ID for MDH to reconcile your vaccine inventory (through ImmuNet's Decrement Inventory functionality) and hence, allocate the correct number of COVID-19 vaccines in your next order.

If these practices use the same Electronic Health Record (EHR) system, contact the vendor to set up reporting under each unique Org ID instead of reporting under a parent/umbrella Org ID.

If your patients request that you add their COVID-19 vaccinations in your Electronic Health/Medical Record (EMR/EHR) system or directly into ImmuNet, please be sure to check ImmuNet first, to see if those vaccinations have already been reported. Adding a historical dose without the manufacturer or lot number in ImmuNet may result in additional doses in the patient record. This may, in turn, cause previously submitted doses to be invalid and put the patient's COVID-19 vaccinations in question, especially when the patients try to access their COVID-19 certificates in MD MyIR.

More information about reporting to ImmuNet is available on the [ImmuNet website](#) under the 'Report to ImmuNet' link (left menu).

Attachment: COVID-19 VACCINE STORAGE UNIT REQUIREMENTS

All providers who register to receive COVID-19 vaccines must have a suitable refrigerator and freezer to store vaccines.

At this time, due to limited quantities of vaccine and an uncertainty about which vaccines brands will ship, **ALL COVID-19 providers MUST be prepared to store and handle any vaccine product** even if you desire to only receive vaccine stored at refrigerated temperatures.

COVID-19 VACCINE STORAGE UNIT GUIDELINES

The CDC recommends the use of stand-alone refrigerator and stand-alone freezer units of pharmaceutical/ medical grade. Dorm style refrigerators **CANNOT** be used (even for temporary vaccine storage). See [this CDC webpage](#) for more information.

Acceptable Vaccine Storage Units



Stand Alone
Refrigerator



Stand Alone
Freezer



Pharmaceutical Grade
Refrigerator



Under-counter
refrigerator



Under-counter
Freezer



Combination Refrigerator/
Freezer in good working
order

- **Refrigerator** (Stand Alone and/or Pharmaceutical grade).
- **Freezer** (Stand Alone and/or Pharmaceutical grade).
- **Combination household unit** (refrigerator and freezer in one unit with one compressor) using refrigerator or freezer compartment only for vaccines.

Your COVID-19 vaccine storage units **MUST** be large enough to hold enough vaccines for the population identified in your COVID-19 registration.

Your COVID-19 Provider registration may be delayed if you are not registering an acceptable vaccine storage unit. Please do not purchase or use any of the units listed below.

Unacceptable storage unit(s)



Dorm style with internal freezer section



Refrigerators that are smaller than 1 cubic foot.

- Dorm style refrigerator – Freezer located inside of the refrigerator.
- Mini refrigerator – Any unit less than 1 cu ft.
- Small under the counter refrigerator with a freezer/refrigerator combination.

You will be required to document the make and model # of your vaccine storage unit(s) when completing registration.