



Application for Uninsured Vaccine Administration Reimbursement

Purpose:

Prior to April 5, 2022, Health Resources & Services Administration (“HRSA”) accepted claims via its program (“HRSA Program”) for vaccine administration reimbursement to vaccine providers (“Vaccine Provider” or “Applicant”) who had been providing COVID-19 vaccines to individuals who are uninsured. The HRSA Program stopped accepting claims at 11:59 p.m. on April 5, 2022 due to a lack of sufficient funds.

With the recent changes, there is a concern that Vaccine Providers will be negatively impacted and unable to continue providing vaccines to those who are uninsured at no cost.

By issuing this notice of opportunity for reimbursement and application (“Application”) the Ohio Department of Health (“ODH”) is responding to the need to continue vaccine administration for those who are uninsured at no cost by reimbursing Vaccine Providers who continue to administer COVID-19 vaccines to uninsured individuals.

Application Requirements:

1. Vaccine Provider must be an active COVID-19 vaccine provider located in Ohio.
2. Vaccine Provider must have previously received reimbursement for vaccine administration through the HRSA Program. As part of this Application, Vaccine Provider must submit evidence, with Protected Health Information and Personal Identifiable Information redacted, of its prior reimbursement from the HRSA Program.
3. Vaccine Provider shall not seek or be reimbursed for vaccine administration to the uninsured individuals through any other source.
4. Prior to administering any vaccine, Vaccine Provider must make reasonable efforts to ensure that individuals are uninsured. Vaccines administered to insured individuals will not be eligible for compensation under this award.
5. If awarded, the Vaccine Provider must continue to administer COVID-19 vaccinations to uninsured individuals at no cost until the award is exhausted, or otherwise terminated.
6. Proof of vaccine administration to the uninsured individuals must be submitted in a quarterly report to ODH at Procurement@odh.ohio.gov. The quarterly report must include the following information: **Vaccine Provider’s ImpactSIIS ID, Vaccine Provider’s State of Ohio Account ID (OAKS ID), if applicable, Service Date**. Upon full execution of this Application, ODH shall provide a template quarterly report form which shall be used by Vaccine Provider.
7. Only vaccines administered on or after the date of the award will be considered.
8. Fully executed Applications shall serve as funding agreements between the parties - ODH and the COVID-19 Vaccine Provider. Upon execution, Vaccine Providers will be awarded a lump sum based on the range of COVID-19 vaccines expected to be administered to uninsured individuals by June 30, 2023 (see table below). If Vaccine Provider fails to administer the minimum vaccines expected prior to the termination of this award, funds will be prorated based on actual vaccines administered. To account for the funds received in excess of the actual vaccines administered, the Vaccine Provider will receive an invoice for the balance of the unused funds. The invoice shall be paid to ODH within 30 days of receipt.

Additional Information:

1. The maximum funding ODH can award, in its sole discretion, under this notice of opportunity is \$1,720,625.00. Proper Applications will be reviewed on a first come, first served basis. Once the full amount of this notice of opportunity has been awarded, the application period will be considered terminated.
2. If funding becomes available again through the HRSA Uninsured Program, this award shall terminate, and the funds will be prorated based on actual vaccines administered and returned as explained above.
3. Applications shall be signed and emailed to Procurement@odh.ohio.gov
4. Questions regarding this funding opportunity shall be forwarded to Procurement@odh.ohio.gov. If the Applicant has done or is doing business with the State of Ohio, please add the OAKS supplier identification number on the Application form. If not, and you would like to receive an electronic payment, please register at supplier.ohio.gov. Otherwise, a check payment issuance will be the only method of payment for funds awarded under this Application.
5. The table below shows the funding based on the number of anticipated uninsured individuals to whom the Vaccine Provider will administer COVID-19 vaccine. Please use it to request the amount of funding needed on page 4, below.

Vaccines Administered		Total award
Min.	Max.	
50	99	\$2,500.00
100	199	\$5,000.00
200	299	\$7,500.00
300	399	\$10,000.00
400	499	\$12,500.00
500	999	\$22,500.00
1000	1999	\$40,000.00
2000	2999	\$75,000.00
3000	3999	\$100,000.00

[SPACE INTENTIONALLY LEFT BLANK. APPLICANT INFORMATION TO FOLLOW.]

APPLICANT INFORMATION

Provider/Applicant Name: _____ OAKS ID (Optional): _____

Address: _____ City: _____

State: _____ ZIP Code: _____

Provider/Applicant Contact Name: _____

Phone: _____ Email: _____

Attached hereto is evidence of prior reimbursement from the HRSA program as requested by the application requirements, above.

SIGNATURES

VACCINE PROVIDER: (Company Name) _____

Signature: _____ Date: _____

Print Name: _____

OHIO DEPARTMENT OF HEALTH:

Bruce Vanderhoff, MD, MBA, Director of Health

Date: _____

[SPACE INTENTIONALLY LEFT BLANK. ADDITIONAL TERMS AND CONDITIONS TO FOLLOW.]

ADDITIONAL TERMS AND CONDITIONS

Terms. A fully executed Application shall serve as the funding agreement between ODH and the vaccine provider. The funding agreement will become effective upon execution by both parties and shall remain in effect until the parties' obligations are complete, or this award is otherwise terminated by ODH.

By signing the Application, the Vaccine Provider attests that the funds will be used solely to continue to provide COVID-19 vaccinations to uninsured individuals.

Funding. ODH will award the Vaccine Provider \$ _____ to continue to provide COVID-19 vaccinations to uninsured individuals at no cost until the award is exhausted, or this award is otherwise terminated.

Reporting: Applicant agrees to submit quarterly report of proof of vaccine administration to the uninsured individuals thirty (30) days following the end of each quarter.

Compliance with Federal and State Laws, Rules and Regulations. The parties agree to comply with all federal and state laws, rules, regulations and auditing standards that are applicable to the performance of this Application.

Applicable Law; Disputes; Partial Invalidity. This Application shall be governed by the laws of the State of Ohio, and the venue for any disputes will be exclusively with the appropriate court in Franklin County, Ohio.

Liability Requirements. Each party agrees, to the extent permissible by law, to be responsible for any liability, suits, losses, judgments, damages, or other demands brought as a result of their own respective negligent actions or omissions in the performance of the duties contemplated by this Application.

Non-Appropriation and OBM Certification. Notwithstanding any other terms of this Application, ODH's funds are contingent upon the availability of lawful appropriations by the Ohio General Assembly and/or other award funding source. If the General Assembly or other award funding source fails at any time to continue funding for the payments or any other obligations due by ODH under the Agreement, ODH will be released from its obligations on the date funding expires.

Entirety of Agreement. All terms and conditions of this Application are embodied herein. No other terms and conditions will be considered a part of this Application unless expressly agreed upon in writing and signed by both parties. Any proposed alteration must be submitted to ODH for its approval.