



Texas Vaccines for Children (TVFC) and Adult Safety Net (ASN) Program Changes to Enrollment Form

DIRECTIONS

<p>Check the box to indicate the change requested. This form is required when TVFC/ASN sites have changes to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Facility Name – Sections A & B <input type="checkbox"/> Signing Clinician – Sections A, C, & F <input type="checkbox"/> Prescribing Authorities – Sections A & D <input type="checkbox"/> Patient Population Data – Sections A & E 	<p>NOTE: This form is <u>not</u> required to be submitted for changes to facility address, fax, phone, or primary or back-up coordinator. These changes must be made by facility staff in EVI.</p>
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SECTION A: ORIGINAL FACILITY INFORMATION

PIN:	Today's Date:	
Original Facility Name:		
Vaccine Delivery Address:		
City:	County:	Zip:

SECTION B: FACILITY NAME CHANGE (Must not include periods, commas, question marks, asterisks, percentage symbol, ampersand, equals symbol, or greater than or less than symbol. Please limit facility name to no more than 40 characters).

New Facility Name:

SECTION C: SIGNING CLINICIAN CHANGE

Name of New Signing Clinician:	Title:	Specialty:
Email Address:		
Medical License Number:	Medicaid or NPI Number:	

SECTION D: CHANGE IN PRESCRIBING AUTHORITIES

Name	Title	Add	Remove	Medical License Number	Medicaid or NPI Number



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SECTION D CONTINUED: CHANGE IN PRESCRIBING AUTHORITIES

Name	Title	Add	Remove	Medical License Number	Medicaid or NPI Number

SECTION E: PATIENT POPULATION DATA CHANGE

You must provide accurate data about your patient population served from the previous 12 months. Report the number of patients who have received vaccine at your facility, by age group. Only count a child once based on the status at the last immunization visit, regardless of the number of visits made. Document in the following tables how many VFC, TVFC, insured, and ASN (if applicable) patients received vaccine at your facility.

Federal VFC Eligibility Categories	Number of children who received VFC vaccine by age category				
	Younger than 1 year of age	1 year to younger than 3 years old	3 years to younger than 7 years old	7 years to younger than 19 years old	Total
Enrolled in Medicaid or Medicaid-eligible					
UNinsured					
American Indian / Alaska Native					
UNDERinsured (FQHC/RHC or deputized PHC/LHD ONLY) ¹					
Total FEDERAL VFC					

TVFC Eligibility Categories	Number of children who received TVFC vaccine by age category				
	Younger than 1 year of age	1 year to younger than 3 years old	3 years to younger than 7 years old	7 years to younger than 19 years old	Total
UNDERinsured (private facilities or non-deputized PHC/LHD) ¹					
Children’s Health Insurance Program (CHIP) ²					
Total TEXAS VFC (TVFC)					



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Insured Patients	Number of children who received private vaccine by age category				
	Younger than 1 year of age	1 year to younger than 3 years old	3 years to younger than 7 years old	7 years to younger than 19 years old	Total
INSURED (health insurance covers vaccines)^					

¹UNDERinsured children are those with private health insurance that does not cover vaccines or only covers certain vaccines. Children are only eligible for vaccines that are not covered by private health insurance.

²Children enrolled in CHIP are considered insured but are eligible for vaccines provided from the TVFC Program as long as the vaccinating site bills CHIP. If CHIP is not billed, CHIP children must be referred to another facility.

[^]Insured children are those with a private health insurance plan that covers vaccines. An insured child is not eligible for the TVFC Program even if the plan includes a high deductible or co-pay or if a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible has not been met.

DSHS does not provide vaccine for adults who have insurance, including Medicare and Medicaid, even though the plans may not cover vaccines. Document the number of insured and UNinsured adults who were vaccinated at your facility within the previous 12 months.

Adult Patients	Total
INSURED adults that were vaccinated with privately purchased vaccines at your facility.	
UNinsured adults vaccinated with ASN vaccine at your facility.	

TYPE OF DATA USED TO DETERMINE PROVIDER POPULATION (choose all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Benchmarking | <input type="checkbox"/> Medicaid claims | <input type="checkbox"/> Immunization Information System Data (ImmTrac2) |
| <input type="checkbox"/> Doses Administered | <input type="checkbox"/> Encounter Data | <input type="checkbox"/> Billing System |
| <input type="checkbox"/> Other (including forecasting): _____ | | |
| _____ | | |

**Texas Vaccines for Children (TVFC)
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The following statements are based on TVFC & ASN Program participation. The new signing clinician must read the statements below and sign at the bottom.

To receive public and state funded vaccine 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 signing clinician or equivalent:

1. (Both) We will allow DSHS or DSHS Quality Assurance contractors to conduct on-site visits which are required by DSHS regulations including unannounced visits and other educational opportunities associated with program requirements.
2. (Both) We will identify a primary and back-up vaccine coordinator at our facility who is authorized to order vaccines. We will inform DSHS of all changes in status of current staff members or representative who are no longer authorized to order vaccine, or the addition of new staff authorized to order vaccine.
3. (TVFC only) We will screen patients and document eligibility status at every immunization encounter and will administer vaccine only to eligible patients who are 18 years of age or younger who meet one or more of the following categories:
 - A. FEDERAL VFC:
 - Medicaid
 - American Indian or Alaska Native
 - UNinsured
 - UNDERinsured (a child who has health insurance, but the coverage does not include vaccines or the insurance covers only selected vaccines (eligible only for the non-covered vaccines) and vaccinated at an FQHC, RHC, or deputized-PHC or LHD).
 - B. TEXAS VFC (TVFC):
 - UNDERinsured (a child who has health insurance, but the coverage does not include vaccine or the insurance covers only selected vaccines (eligible only for the non-covered vaccines) and vaccinated at a private clinic site or non-deputized PHC or LHD).
 - CHIP (as long as the clinic bills the CHIP Program).
4. (ASN only) We will screen patients for ASN eligibility at all immunization encounters and administer state-purchased vaccine only to adults 19 years of age and older who do not have any health insurance.
5. (Both) For the vaccines identified in my profile, we will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) unless:
 - A. in my medical judgment, and in accordance with accepted medical practice, I deem such compliance to be medically inappropriate; or
 - B. the particular requirements contradict state law, including laws pertaining to religious and other exemptions.
6. (TVFC only) We will maintain all records related to the TVFC Program for five years and upon request, make these records available for review to DSHS, the Local Health Department, the DSHS Quality Assurance contractor, and the U.S. Department of Health and Human Services. Records include but are not limited to: screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.

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7. (TVFC only) We will annually submit a patient population profile that represents populations that are served by my practice/facility. We will submit the patient population profile more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.
8. (TVFC only) We will not charge a TVFC vaccine administration fee to Medicaid or CHIP patients. We may charge an administration fee that does not exceed \$14.85 per vaccine dose to American Indian/Alaska Native, UNinsured and UNDERinsured patients. For Medicaid patients, we will accept the reimbursement for an administration fee set by the state Medicaid agency or the contracted Medicaid health plans.
9. (Both) We will not deny administration of public and state supplied vaccine to an established patient because the child's parent, guardian, or individual of record is unable to pay the administration fee.
10. (TVFC only) We will not charge for vaccines supplied by DSHS and administered to TVFC-eligible patients.
11. (ASN only) We will not charge for vaccines supplied by DSHS and administered to UNinsured adults.
12. (ASN only) We may charge a vaccine administration fee (not to exceed \$25.00 per dose) to UNinsured patients that receive ASN vaccine. However, we will not deny administration of a state-supplied vaccine to an UNinsured adult because of their inability to pay an administration fee. We agree that unpaid administration fees will be waived and not submitted for collection actions.
13. (Both) We will distribute the current Vaccine Information Statements (VIS) every time a vaccine is administered and will 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).
14. (Both) We will comply with the requirements for vaccine management in accordance with DSHS rules and the manufacturer's specifications. State-supplied vaccines will only be at the facility listed in this agreement and will not be transferred to another facility without approval of DSHS. We may be required to purchase a new refrigerator, freezer, or temperature monitoring equipment if the equipment at our facility is deemed inappropriate for vaccine storage or not able to maintain appropriate temperatures.
15. (Both) We will comply with the requirements for vaccine management including:
 - A. Ordering vaccine and maintaining appropriate vaccine inventories.
 - B. Not storing vaccine in a dormitory-style unit at any time. A dormitory-style refrigerator is defined as a small combination refrigerator/freezer unit that is outfitted with one exterior door and an evaporator plate (cooling coil), which is usually located inside an icemaker compartment (freezer) within the refrigerator. In testing, a dormitory-style refrigerator demonstrated consistently unacceptable performance, regardless of where the vaccine was placed in the unit. This type of unit exhibits severe temperature control and stability issues. Dormitory-style (or bar-style) units pose a significant risk of freezing vaccine even when used for temporary storage.

NOTE: The use of dormitory-style units for storage of TVFC vaccines is strictly prohibited. There are compact, purpose-built storage units for biologics that are not considered to be dormitory-style or bar-style.
 - C. Storing vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet DSHS storage and handling recommendations and requirements.
 - D. Returning all spoiled/expired public and state supplied vaccines to DSHS's vaccine distributor within six months of spoilage/expiration.



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16. (Both) We agree to operate the TVFC 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:

Fraud: 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.

Abuse: is 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 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.

17. (TVFC only) Public Health Clinics and Local Health Departments that have a delegation of authority to vaccinate UNDER-insured patients agree to:

A. Vaccinate "walk-in" TVFC-eligible UNDERinsured children ("Walk-in" refers to any UNDERinsured child who presents requesting a vaccine; not just established patients. "Walk-in" does not mean that you must serve UNDERinsured patients without an appointment. If your office policy is for all patients to make an appointment to receive immunizations, then the policy would apply to UNDERinsured patients as well).

B. Report required data monthly (number of UNDERinsured patients, by age category).

18. (TVFC only) For pharmacies and school-based clinics, we agree that we will:

A. Vaccinate all "walk-in" TVFC-eligible children ("Walk-in" refers to any TVFC-eligible child who presents requesting a vaccine; not just established patients. "Walk-in" does not mean that you must serve TVFC patients without an appointment. If your office policy is for all patients to make an appointment to receive immunizations, then the policy would apply to TVFC patients as well).

B. Not refuse to vaccinate TVFC-eligible children based on a parent's inability to pay the administration fee.

19. (Both) We or the State may terminate this agreement at any time for failure to comply with these requirements. If the agreement is terminated for any reason, we agree to properly return all unused vaccines.

Signing Clinician Signature: _____ Date: _____