TEXAS Health and Human Services | Texas Department of State Health Services

Texas Vaccines for Children (TVFC) and Adult Safety Net (ASN) Program

Changes to Enrollment Form

DIRECTIONS:

Check the box to indicate the change requested. This form is required when TVFC/ASN sites have changes to:

- ☐ Sections A & B - Facility Name
- ☐ Sections A & C - Facility Shipping Address
- ☐ Sections A & D - Facility Shipping Hours
- ☐ Sections A & E - Signing Clinician
- ☐ Sections A & F - Prescribing Authorities
- ☐ Sections A & G - Patient Population Data Change
- ☐ Sections A & H - Primary and/or Back-up Vaccine Coordinator

SECTION A: ORIGINAL FACILITY INFORMATION

PIN:	Today's Date:

Original Facility Name:

Vaccine Delivery Address:

City:	County:	Zip Code:

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 35 characters).

New Facility Name:

SECTION C: FACILITY SHIPPING ADDRESS CHANGE

New Shipping Address:

City:	County:	Zip Code:

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SECTION D: FACILITY SHIPPING HOUR CHANGE (Add the times when you are able to receive vaccine shipments in the table below. You must be available at least one day a week other than Monday and for at least four consecutive hours during the hours of 8:00 a.m. to 5:00 p.m. If you are available during two separate time slots in one day [Ex: If lunch impacts your daily availability], you can enter your first available time slot using the first two columns and your second available time slot using the third and fourth column [From time 2 through time 2]. If you are only available during a single time slot, please only use the first two columns.)

HOURS (Indicate AM or PM)						
DAY	**FROM TIME 1**	**-**	**TO TIME 1**	**FROM TIME 2**	**-**	**TO TIME 2**
Monday	☐ AM ☐ PM	-	☐ AM ☐ PM	☐ AM ☐ PM	-	☐ AM ☐ PM
Tuesday	☐ AM ☐ PM	-	☐ AM ☐ PM	☐ AM ☐ PM	-	☐ AM ☐ PM
Wednesday	☐ AM ☐ PM	-	☐ AM ☐ PM	☐ AM ☐ PM	-	☐ AM ☐ PM
Thursday	☐ AM ☐ PM	-	☐ AM ☐ PM	☐ AM ☐ PM	-	☐ AM ☐ PM
Friday	☐ AM ☐ PM	-	☐ AM ☐ PM	☐ AM ☐ PM	-	☐ AM ☐ PM

SECTION E: SIGNING CLINICIAN CHANGE

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

SECTION F: CHANGE IN PRESCRIBING AUTHORITIES

Add	Remove	Name	Title	Medical License Number	Medicaid or NPI Number
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				

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SECTION G: 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 / Alaskan 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)					

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)^					

[1] UNDERinsured children are those with private health insurance that does not cover vaccines, only covers certain vaccines, or covers vaccines but has a fixed dollar limit or cap for vaccines. Once that fixed dollar amount is reached, a child is then eligible.

[2] Children 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.

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SECTION G: PATIENT POPULATION DATA CHANGE (CONTINUED)

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)

- ☐ Benchmarking Data
- ☐ Medicaid Claims Data
- ☐ Immunization Information System Data (ImmTrac2 – Registry Data)
- ☐ Doses Administered Data
- ☐ Provider Encounter Data
- ☐ Billing System
- ☐ Other (including forecasting): ____________________

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SECTION H: PRIMARY AND/OR BACK-UP VACCINE COORDINATOR CHANGE (NOTE: New vaccine coordinators must complete and submit all corresponding certificates for the CDC "You Call the Shots" Modules 10 and 16 Trainings, the current annual TVFC/ASN Provider Policy Training, and the VAOS trainings.)

Primary Vaccine Coordinator Change

Name (First and Last):	Title (RN, LVN, Manager, etc.):
Email address:	Telephone (include area code):

Back-up Vaccine Coordinator Change

Name (First and Last):	Title (RN, LVN, Manager, etc.):
Email address:	Telephone (include area code):