



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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INTERIM COMMISSIONER

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March 16, 2015

### **RE: Texas Vaccines for Children Program Annual Re-enrollment**

Dear Texas Vaccines for Children Provider:

The Immunization Branch would like to thank you for your participation in the Texas Vaccines for Children (TVFC) Program. The work you have accomplished to ensure eligible children are vaccinated with vaccines that are properly stored to maintain efficacy has been integral in improving the health of Texas' children. The Immunization Branch appreciates your efforts in ensuring that children in Texas are fully immunized.

The 2015 TVFC Program re-enrollment began on January 30, 2015 and ends on March 31, 2015. All providers are required to update their clinic information, including changes in vaccine usage volume, clinic contact information, and other changes that may have occurred within the past year. Re-enrolling in the Program confirms your clinic's agreement to abide by all terms and conditions of the TVFC Program.

The TVFC Program has created an electronic survey to accomplish the Provider Agreement (E6-102) for 2015 TVFC re-enrollment. The electronic version of the 2015 Provider Agreement is available at <http://questionpro.com/t/ADOENZRzt5>. After completing and submitting the Provider Agreement, the survey will allow you to generate a copy of your responses to the questions. Please print, sign and send a copy of the completed re-enrollment form to your responsible entity.

The TVFC Program also requires the vaccine coordinator and back-up vaccine coordinator at each facility to complete the Centers for Disease Control and Prevention (CDC) web-based training courses each year. Two modules from the CDC are required: *You Call the Shots* Module 10: Vaccine Storage and Handling and *You Call the Shots* Module 16: Vaccines for Children Program. For detailed instructions on how to complete the 2015 training modules, please refer to <http://www.cdc.gov/vaccines/ed/youcalltheshots.htm>.

A copy of the signed Provider Agreement and certificates of completion for the required 2015 CDC *You Call the Shots* modules must be sent to your responsible entity no later than Tuesday, March 31, 2015. Providers should maintain copies of the Provider Agreement and the certificates of completion for the required trainings, and have them available for review during 2015 VFC Compliance Site Visits.

Adult Safety Net (ASN) Providers

The ASN Program also requires annual re-enrollment. ASN providers must complete and sign the ASN Provider Enrollment Form (F11-14143) in addition to completion of the TVFC on-line re-enrollment survey. The ASN Provider Enrollment Form (F11-14143) is available on the ASN Program webpage at <http://www.dshs.state.tx.us/immunize/ASN/Providers.shtm>. The signed TVFC Provider Agreement, ASN Provider Enrollment Form, and the CDC *You Call the Shots* training certificates of completion must be sent to your responsible entity no later than Tuesday, March 31, 2015.

ASN clinics that are a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) are also required to submit a copy of their Centers for Medicare & Medicaid Services (CMS) letter.

**Providers who do not complete the required re-enrollment process by March 31, 2015 will have their ordering privileges suspended effective April 1, 2015.**

Thank you for your continued support of the TVFC and ASN Programs. If you have any questions, please contact the appropriate DSHS Health Service Region listed below.

| <b>PINS Beginning With</b>                             | <b>Health Service Region</b> | <b>Phone Number</b> |
|--|------------------------------|---------------------|
| 01   | HSR 1                        | 806-783-6416        |
| 02   | HSR 2                        | 325-795-5660        |
| 03   | HSR 3                        | 817-264-4793        |
| 04 or 05 not in Hardin, Jefferson or Orange Counties   | HSR 4/5N                     | 903-533-5310        |
| 05 in Hardin, Jefferson or Orange Counties or 06 or 25 | HSR 6/5S                     | 713-767-3410        |
| 07   | HSR 7                        | 254-778-6744        |
| 08 or 00   | HSR 8                        | 210-949-2067        |
| 09   | HSR 9                        | 432-571-4132        |
| 10   | HSR 10                       | 915-834-7924        |
| 11   | HSR 11                       | 956-421-5552        |

Sincerely,



Kelly Patson  
Immunization Branch Manager