



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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COMMISSIONER

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April 24, 2014

RE: Policy 0014-3 TVFC Patient Eligibility Screening Record

Dear Texas Vaccines for Children provider,

Effective immediately, Texas Vaccines for Children (TVFC) Program is implementing a new **TVFC Patient Eligibility Screening Record** a copy of which is attached.

TVFC providers are required to screen and document a child's eligibility status at every immunization visit. Documentation of eligibility screening must include the following elements:

- Child's name
- Child's date of birth
- Parent/Guardian's name
- Clinic name
- Date of screening
- Eligible status for each visit

While documentation of a patient's eligibility is required at every visit, TVFC providers are not required to verify the patient's response to the screening questions.

Please be reminded that the TVFC eligibility documentation must be kept in the patient's medical record for five years. These forms must be made available upon request during any Department of State Health Services (DSHS), local health department or DSHS contractor site visit to ensure program accountability.

Thank you for your continued support of the TVFC Program. For any questions please contact the appropriate Health Service Region listed below.

Provider PINS Beginning With	Health Service Region	Phone Number
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,



Saroj Rai, PhD
Immunization Branch Manager

Texas Vaccines For Children (TVFC) Program Patient Eligibility Screening Record

A screening record of all children 18 years of age or younger who receive immunizations through the TVFC Program must be kept in the health-care provider's office. The record may be completed by the parent, guardian, or individual of record or by the healthcare provider. TVFC eligibility screening and documentation of eligibility status must take place with each immunization visit to ensure eligibility status for the program. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccines under the TVFC Program.

1. Child's Name: _____
Last Name
First Name
MI

2. Child's Date of Birth: _____
mm/dd/yyyy

3. Parent/Guardian/Individual of Record: _____
Last Name
First Name
MI

4. Provider's/Clinic's Name: _____

5. To determine if a child (0 through 18 years of age) is eligible to receive state or federal vaccine through the TVFC Program, at each immunization encounter/visit enter the date and mark the appropriate eligibility category. *If Column A-F is marked, the child is eligible for the TVFC Program. If column G is marked the child is not eligible for TVFC Program.*

	Eligible for VFC Vaccine				State Eligible		Not Eligible
	A	B	C	D	E	F	G
Date	Medicaid Enrolled	No Health Insurance	American Indian or Alaskan Native	*Underinsured served by FQHC, RHC or deputized provider	**Enrolled in CHIP	***Other underinsured	Has health insurance that covers vaccines
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance. In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate underinsured children.*

***Children enrolled in separate state Children's Health Insurance Program (CHIP). These children are considered insured and are eligible for vaccines through the TVFC program as long as the provider bills CHIP for the administration of the vaccine.*

**** Other underinsured are children that are underinsured but are not eligible to receive federal vaccine through the VFC program because the provider or facility is not a FQHC/RHC or a deputized provider. However, these children may be served if vaccines are provided by the state program to cover these non-VFC eligible children.*



