

**Texas Department of State Health Services**

**Immunization Branch**

**TVFC Review of Policies**

**Vaccine Operations Group**

**October 7, 2014**



[www.ImmunizeTexas.com](http://www.ImmunizeTexas.com)



# Topics

- TVFC Provider Manual
- TVFC Patient Eligibility and Screening
- Review of Policies Implemented in 2014
- Upcoming Policy Changes

# *TVFC Provider Manual*



# TVFC Provider Manual

- TVFC Provider Manual has been updated
  - Includes 11 Chapters
- Outlines procedures and requirements of TVFC Program
- Will be posted on the TVFC Webpage
- Will send communication to providers regarding the updated manual
- Will be updated and revised as needed when policies and procedures change

# Provider Manual Content

- TVFC Provider Eligibility and Enrollment
  - Eligibility Requirements
  - Enrollment Requirements
  - Provider Withdrawal
  - Provider Termination
- Patient Eligibility and Screening
  - Patient Eligibility Requirements
  - Patient Eligibility Screening

# Provider Manual Content

- Vaccine Management

- Approved Vaccines
- Vaccine Ordering
- Vaccine Distribution
- Approved Vaccines
- Vaccine Ordering
- Vaccine Distribution
- Vaccine Storage and Handling

- Vaccine Transfers
- Vaccine Borrowing
- Vaccine Loss
- Reporting Requirement

# Provider Manual Content

- Billing/Administration
  - Billing for Vaccine, Administration Fees, Medicaid and CHIP Clients
- Program Evaluation
  - Compliance Site Visits
  - Unannounced Storage and Handling Visits
- Fraud and Abuse
  - Definitions, Examples, Failure to Comply with TVFC Requirements, Fraud and Abuse Prevention, Reporting Fraud and Abuse

# Provider Manual Content

- Documentation Requirements
  - Vaccine Record Keeping Requirements, Decision Not to Vaccinate, Vaccine Adverse Events, ImmTrac
- Adult Safety Net (ASN) Program
- VIS
- Ordering Forms and Literature
- Immunization Resources

# *TVFC Patient Eligibility and Screening*

# TVFC Patient Eligibility and Screening

- Providers are **REQUIRED** to screen patients for eligibility prior to administering vaccine
- 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



# Patient Eligibility and Screening

Table 2-1 A Quick View of TVFC Eligibility

Scenario: The child...	Insurance Status	Is the child eligible to receive federal VFC-supplied vaccine through the TVFC Program?	Is the child eligible to receive state-supplied vaccine through the TVFC Program?
Has private health insurance	Insured	No	No
Is insured and has not yet met plan's deductible	Insured	No	No
Is insured and the plan covers all ACIP recommended vaccines but excludes certain products/combination vaccines	Insured	No	No
Is insured but the plan only covers a portion of the vaccine cost and the <b>does not have Medicaid as a secondary insurance</b>	Insured	No	No
Is enrolled in Medicaid	Medicaid eligible	Yes	No
Has Medicaid as secondary insurance	Medicaid eligible	Yes	No
Has insurance and plan only covers a portion of the vaccine costs <b>and has Medicaid as secondary insurance</b>	Medicaid eligible	Yes	No
Has insurance and has not met the plan's deductible and has Medicaid as secondary insurance	Medicaid eligible	Yes	No
Cannot access health insurance due to being incarcerated	Uninsured	Yes	No
Is enrolled in separate Children's Health Insurance Program	Insured	No	Yes*
Has insurance, but coverage does not include vaccines	Underinsured	Yes (only at a FQHC, RHC or approved deputized provider)	Yes†
Has insurance, but plan does not cover all ACIP recommended vaccines	Underinsured	Yes‡ (only at a FQHC, RHC or approved deputized provider)	Yes‡
Has insurance, but plan caps vaccine coverage at a certain amount	Underinsured (once the coverage amount is reached)	Yes (only at a FQHC, RHC or approved deputized provider)	Yes†
Does not have health insurance	Uninsured	Yes	No
Is American Indian or Alaskan Native	Any	Yes	No

\* Provider must bill CHIP

† Texas supplies vaccines for underinsured children who are not immunized at an FQHC, RHC or deputized site

‡ Eligible only for ACIP recommended vaccines that are not covered by insurance

# Patient Eligibility and Screening

If a child is TVFC eligible in more than one eligibility category, the provider must select and document the eligibility category that will require the least out-of-pocket expense for the parent/guardian

# Patient Eligibility and Screening

- American Indian and Alaskan Native children are **ELIGIBLE** regardless of insurance status
- A child with private health insurance and Medicaid as secondary insurance is **ELIGIBLE**
- Immigration status **DOES NOT** affect a client's eligibility for TVFC

# *TVFC Program Policies*

# Review of Policies Implemented in 2014

- Vaccine Transfer (7/3/2014)
  - Vaccine Transfer Authorization Form (#EC-67)
- Vaccine Borrowing (7/3/2014)
  - Vaccine Borrowing Form (#EF11-14171)

# Vaccine Transfer (7/3/2014)

## Vaccine Transfer Authorization Form (#EC-67)

### Texas Vaccines for Children (TVFC) Program Vaccine Transfer Authorization Form

**Guidance:**

Texas Vaccines for Children (TVFC) providers are expected to maintain an adequate inventory of vaccine. Vaccine transfers are limited to: overstock of vaccine, short dated vaccine, withdrawal of a provider from the TVFC Program, replenishing another clinic's inventory, or other (i.e. emergency disaster or equipment failure). When a vaccine transfer occurs, the proper cold chain must be maintained. When a provider needs to conduct a transfer of vaccine from one clinic to another, permission must be granted from the designated DSHS Health Service Region (HSR) prior to the vaccine transfer.

**Directions for use of this form:**

The TVFC providers must complete the Vaccine Transfer Authorization Form (EC-67) for each vaccine transfer. Each vaccine that is going to be transferred must be listed on a separate row. Transfer requests must be signed by the DSHS HSR and returned to the clinic before a transfer can be conducted. The Vaccine Transfer Authorization Forms must be kept on file for a minimum of five years as required by the TVFC Program and made easily accessible.

Vaccine Transferring From:	Vaccine Transferring To:	Reason for Transferring Request: (Check the appropriate reason)
PIN/Customer ID:	PIN/Customer ID:	1. Overstock of Vaccine <input type="checkbox"/> 2. Short Dated Vaccine <input type="checkbox"/> 3. Withdrawal from the TVFC Program <input type="checkbox"/> 4. Replenishing another clinic's inventory <input type="checkbox"/> 5. Other <input type="checkbox"/> _____  <small>In an emergency, please contact the DSHS HRS by phone prior to faxing the Vaccine Transfer Authorization Form.</small>
Facility Name:	Facility Name:	
Address:	Address:	
City/State/Zip:	City/State/Zip:	
Phone:	Phone:	
Fax:	Fax:	
Contact:	Contact:	
Email:	Email:	

Vaccine Type:	National Drug Code (NDC):	Lot Number:	Expiration:	Dose Quantity:

I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3730) and other applicable Federal and state law, that VFC vaccine dose transfers reported on this form has been accurately reported and conducted in conformance with VFC provisions for such transfers and further certify that all VFC transfers will maintain the proper cold chain as outlined in the TVFC Provider Manual.

Provider Name: \_\_\_\_\_ Provider Signature<sup>1</sup>: \_\_\_\_\_ Date: \_\_\_\_\_  
 DSHS HSR Representative Name: \_\_\_\_\_ DSHS HSR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Provider or designee with authorization to act on behalf of the organization

# Vaccine Transfer

- How has this been implemented?
- How are you tracking transfers?
- What trends are you seeing?
- Questions or comments?

# Vaccine Borrowing (7/3/2014)

## Texas Vaccines for Children (TVFC) Program Vaccine Borrowing Form

Guidance:

Texas Vaccines for Children (TVFC) providers are expected to maintain an adequate inventory of vaccine for both their TVFC eligible and privately insured clients. Vaccines supplied by the TVFC Program cannot be provided to a non-TVFC eligible client. Borrowing TVFC vaccines for non-TVFC eligible clients is not allowed. If a TVFC dose(s) is accidentally administered to a non-TVFC eligible client, the provider must complete the TVFC Vaccine Borrowing Form and replace the vaccine immediately. TVFC vaccines should not be used as a replacement system for filling the vaccine needs of a non-TVFC privately insured client.

Directions for use of this form:

The TVFC provider must complete the Vaccine Borrowing Form (EF11-14171) for each dose that was borrowed and administered to a non-TVFC eligible child. Each vaccine that was administered to a non-TVFC eligible client must be listed on a separate row on the Vaccine Borrowing Form. Once the provider replaces the borrowed dose and completes the Vaccine Borrowing Form, a copy must be faxed immediately to the appropriate DSHS Health Service Region (HSR). Please follow HIPAA guidelines when faxing this form to the HSR. The Vaccine Borrowing Form must be kept as part of the TVFC Program records for a minimum five years and be made easily available.

# Vaccine Borrowing Form (#EF11-14171)

Vaccine Type	Vaccine Lot Number	Patient Name/Patient Identifier	Patient's DOB	Date Vaccine Was Borrowed	Reason Borrowing Occurred	Date Vaccine Was Replaced

"I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3730) and other applicable Federal and state law, that VFC vaccine dose borrowing and replacement reported on this form has been accurately reported and conducted in conformance with VFC provisions for such borrowing and further certify that all VFC doses borrowed during the noted time period have been fully reported on this form."

Provider PIN: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Signature<sup>1</sup>: \_\_\_\_\_

Date: \_\_\_\_\_

<sup>1</sup> Provider or designee with authorization to act on behalf of the organization



EF11-14171  
07/2014



# Upcoming Policy Changes

- Restitution
- Fraud and Abuse
- Backup Thermometers

# Restitution

- Dose for dose replacement for vaccine loss due to negligence
- Currently working on strategy to best track vaccine loss and replacement

# Fraud and Abuse

- Current process is outlined in the TVFC Provider Manual
  - Cases are referred to the Medicaid Integrity Group (MIG) for investigation
- Will work with the Office of the Inspector General (OIG) to better define the process for fraud and abuse when cases are reported to OIG

# Backup Thermometers

- **REMINDER:** Backup thermometers will be required as of January 2015
  - Providers must have at least one back-up thermometer with a current certificate of calibration on hand for use when a thermometer in a storage unit unexpectedly stops working or when the thermometer needs to be sent for re-calibration

# Resource

- Texas Vaccines for Children (TVFC) Webpage:  
<http://www.dshs.state.tx.us/immunize/tvfc/>
- Federal Vaccines for Children (VFC) Webpage:  
<http://www.cdc.gov/vaccines/programs/vfc/index.html>
- TVFC Provider Manual
- TVFC Operations Manual- pending update
- CDC Immunization Program Operations Manual:  
<http://www.cdc.gov/vaccines/imz-managers/guides-pubs/ipom/index.html>