Pediatric Connecticut Vaccine Program (CVP) Patient Eligibility Screening Record Cheat Sheet

Connecticut is a universal-select state. The Department of Public Health (DPH) operates the Connecticut Vaccine Program (CVP), which provides certain routine childhood vaccinations at no cost to healthcare providers. The program has two components: (1) a federal "Vaccines for Children" (VFC) entitlement program for eligible children and (2) a state program funded by an assessment on certain health insurers and third-party administrators.

(1) The federally funded VFC component provides all routine childhood vaccinations recommended by the federal Centers for Disease Control and Prevention (CDC) free of charge to children up to age 18 who are Medicaid-eligible, uninsured, underinsured, Native Alaskan, or American Indian.
   a. Rows (A-D) below are VFC eligible categories.

(2) The state-funded component provides all of the CDC-recommended vaccines free of charge to children who are not VFC-eligible, regardless of insurance status. All children are eligible.

1) VFC-eligible categories:	Typical EMR/EHR categories:	HL7 code for vaccine funding program eligibility category:	HL7 code for vaccine funding source:
(A) Is enrolled in Medicaid (HUSKY A)	• Medicaid/Medicaid Managed Care (MMC) • VFC eligible – Husky A	**V02: VFC eligible – Medicaid/MMC** All of the following are true: • Patient is currently eligible for Medicaid or MMC • Patient is <19 years old	**VXC50: Public blended CVP**
(B) Has no health insurance/self-pay	• Uninsured • Self-pay	**V03: VFC eligible – Uninsured** All of the following are true: • Patient does not have health insurance • Patient is <19 years old	**VXC50: Public blended CVP**
(C) Is American Indian or Alaska Native	• American Indian/Alaska Native	**V04: VFC eligible – American Indian/Alaska native** All of the following are true: • Patient is a member of a federally recognized tribe • Patient is <19 years old	**VXC50: Public blended CVP**
(D) Is underinsured (has health insurance that does not cover vaccines or only covers select vaccines) and is a patient of a Federally Qualified Health Center (FQHC). These patients can receive all vaccines at an FQHC.	• Underinsured (FQHC) • FQHC patient (underinsured)	**V05: VFC eligible – underinsured at FQHC/Rural Health Center (RHC)** All of the following are true: • Patient has insurance but insurance does not cover vaccines, limits the vaccines covered or caps vaccine coverage at a certain amount • Patient is receiving care at an FQHC or RHC • Patient is <19 years old	**VXC50: Public blended CVP**

Note: Reporting eligibility is required for all vaccines administered. See FAQ How do I report Funding Eligibility and Funding Source (ct.gov) for ALL ages for ALL vaccines administered.

Pediatric Connecticut Vaccine Program (CVP) Patient Eligibility Screening Record Cheat Sheet (continued)

2) State eligible categories:	Typical EMR/EHR categories:	HL7 code for vaccine funding program eligibility category:	HL7 code for vaccine funding source:
(E) Is underinsured (has health insurance that does not cover vaccines or only covers select vaccines) and is a patient of a private health care provider. These patients can receive all vaccines at their private health care provider.	• Underinsured, not FQHC patient	**V01: Not VFC eligible** All of the following are true: • Patient has insurance but insurance does not cover vaccines, limits the vaccines covered, or caps vaccine coverage at a certain amount • Patient is <19 years old	**VXC50: Public blended CVP**
(F) Is enrolled in SCHIP (HUSKY B)	• State-specific eligibility (SCHIP plan) • State-specific eligibility – Husky B	**V22: SCHIP** All of the following are true: • Patient is eligible for the SCHIP program, a separate state health insurance • Patient is <19 years old	**VXC50: Public blended CVP**
(G) Is privately insured	• Not VFC eligible • Private Insurance	**V01: Not VFC or VFA eligible** All of the following are true: • Patient has private insurance • Patient is <19 years old	**VXC50: Public blended CVP**

How to use this guidance:
- Your clinic or EHR vendor should use this guidance document **to map the vaccine funding in your Electronic Health Record (EHR) to ensure your clinic is accurately screening and documenting eligibility of the patient at the dose level**.
- If your EHR set a default eligibility category based on your enrollment population (found in CT WiZ under Clinic Tools – Enrollment – click Print – view your Provider/Clinic Population to see which category has the most patients), please be sure to screen every time you administer a vaccination and update the **eligibility at the dose level** as each patient and dose may not fit your default setting.
- If you enter directly in the CT WiZ User Interface, click here for training to 'add and administer' vaccines and **update the eligibility on each dose**.
- If you need assistance, please submit a Help Desk Ticket – select Immunizations (CT WiZ).

Note: Reporting eligibility is required for all vaccines administered. See FAQ How do I report Funding Eligibility and Funding Source (ct.gov) for ALL ages for ALL vaccines administered.