

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 most, but not all, of the CDC-recommended vaccines free of charge to children who are not VFC-eligible, regardless of insurance status. One vaccine, human papillomavirus (HPV) vaccine, is currently unavailable to privately insured children who are ages 9–10 and 15–16 years old.

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)	<ul style="list-style-type: none"> • Medicaid/Medicaid Managed Care (MMC) • VFC eligible – Husky A 	V02: VFC eligible – Medicaid/MMC All of the following are true: <ul style="list-style-type: none"> • Patient is currently eligible for Medicaid or MMC • Patient is <19 years old 	VXC50: Public blended CVP
(B) Has no health insurance/self-pay	<ul style="list-style-type: none"> • Uninsured • Self-pay 	V03: VFC eligible – Uninsured All of the following are true: <ul style="list-style-type: none"> • Patient does not have health insurance • Patient is <19 years old 	VXC50: Public blended CVP
(C) Is American Indian or Alaska Native	<ul style="list-style-type: none"> • American Indian/Alaska Native 	V04: VFC eligible – American Indian/Alaska native All of the following are true: <ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Underinsured (FQHC) • FQHC patient (underinsured) 	V05: VFC eligible – underinsured at FQHC/Rural Health Center (RHC) All of the following are true: <ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> Underinsured, not FQHC patient 	V01: Not VFC eligible All of the following are true: <ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> State-specific eligibility (SCHIP plan) State-specific eligibility – Husky B 	V22: SCHIP All of the following are true: <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Not VFC eligible Private Insurance 	V01: Not VFC or VFA eligible All of the following are true: <ul style="list-style-type: none"> Patient has private insurance Patient is <19 years old 	VXC50: Public blended CVP
		*Private insurance patients can receive all vaccines from the CVP <i>except</i> for human papillomavirus (HPV) vaccine for 9–10 and 15–16 years old.	PHC70: Privately purchased vaccine

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.

Connecticut Vaccine for Adults (CVFA) Program Patient Eligibility Screening Record Cheat Sheet

The Department of Public Health (DPH) operates the Connecticut Vaccines for Adults (CVFA) Program, which provides certain adult vaccinations at no cost to healthcare providers for uninsured adults ages 19 years and older. Vaccines purchased and administered through this program are funded using limited federal 317 funds.

- a. Row (H) below is the only CVFA eligible category.

Adult eligibility categories:	Typical EMR/EHR categories:	HL7 code for vaccine funding program eligibility category:	HL7 code for vaccine funding source:
(H) Is uninsured or underinsured	<ul style="list-style-type: none"> • Uninsured - Adult • 317- Adult • Underinsured - Adult 	<p>V23: 317 Adult All of the following are true:</p> <ul style="list-style-type: none"> • Patient does not have health insurance • 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
Other Adult Patient Eligibility/HL7 Categories			
(I) Is enrolled in Medicare	<ul style="list-style-type: none"> • Medicare • Insured ≥ 65 	<p>V24: Medicare</p> <ul style="list-style-type: none"> • Only for patients ≥ 65 years old 	PHC70: Privately purchased vaccine
(J) Is privately insured, (includes Medicaid insurance but not Medicare)	<ul style="list-style-type: none"> • Not VFC eligible • Private Insurance • Insured 19-64 	<p>V01: Not VFC or VFA eligible</p> <ul style="list-style-type: none"> • Patient has private insurance • AND patient is ≥ 19 years old 	PHC70: Privately purchased vaccine
(K) Insurance status not checked	<ul style="list-style-type: none"> • Unknown 	<p>V00: VFC eligibility not determined/unknown</p> <ul style="list-style-type: none"> • Patients ≥ 19 years old and eligibility is not determined in the EHR. 	PHC70: Privately purchased vaccine

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.