CVFA Enrollment Checklist

Please use the following checklist to help you complete all the sections in the Re-Enrollment process. Review the checklist to make sure your clinic has completed all the proper paperwork and steps needed.

Prior to	o completing the Re-Enrollment				
	Make sure the Primary Coordinator, back-up coordinator and the Physician Signing the Agreement (or equivalent) have access to CT WiZ. If you need to request access, please visit the CT WiZ login page and click on "Request User Account." Coordinators should pick the appropriate "Access Requested" (primary or backup), and physician's signing the agreement (or equivalent) should choose Physician Signing Agreement contact type. Please remember the pin should be included with all CT WiZ requests. For more information on user accounts, visit our user account webpage.				
	Confirm that the primary and backup have completed the required training within the last 12 calendar months. The primary and backup vaccine coordinator must complete <u>Vaccine Storage and Handling</u> .				
	To avoid having to do so during the re-enrollment, as needed please <u>update all clinic information</u> in CT WiZ using the Clinic Tools, Clinic Information screens. This includes your clinic's address, contact information, delivery hours, staff and staff training. Just a reminder, there can only be one primary coordinator, backup coordinator and physician signing the agreement. Review the <u>eligibility screening document</u> .				
	Gather the insurance breakdown of all patients in your practice. If you are unsure how many patients you anticipate to see, please give a rough estimate. You may need to consult with your billing department or your EHR to complete this portion. The breakdown of the insurances are as follows:				
		19-24 yrs.	25-49 yrs.	50 yrs. +	Total
	VFC Eligible-Medicaid/Medicaid Managed Care (Husky A)	, ,		,	
	VFC Eligible-Uninsured (Patients without Insurance)				
	VFC Eligible- American Indian/Alaska Native				
	CHIP (Husky B)				
	VFC Eligible-Underinsured at FQHC				
	Not VFC Eligible (Private Insurance)				
	Total Number of All Patients in your practice who will be				
	administered state supplied vaccine (must equal the				
	sum total for rows 1-6 above)				
When	Filling Out the Re-enrollment				
	Visit our website to find a video tutorial on how to complete	e the re-enr	ollment proce	ess.	
	Please remember that the Physician Signing the Agreement (or equivalent) must log in to CT WiZ to electronically sign the agreement. The primary coordinator cannot sign the document for the physician.				
	Answer all questions listed under the Additional Questions tab of the enrollment. You will not be able to submit the enrollment unless these fields have been completed.				
	The 2024 Re-enrollment must be completed by Friday December 15th. Failure to do so will result in suspension from the program and you will not be allowed to order any vaccines until the re-enrollment is complete.				