

Communicating VFC Eligibility and Lot Funding Source to ImpactSIIS in HL7 Messages

Currently Ohio allows sending VFC Eligibility at the immunization level or the patient level. Immunization level is in the OBX segment and patient level is in the PV1 segment.

ImpactSIIS recommends that practices use the HL7 2.5.1 standard using the OBX segment to record eligibility for each dose individually. This document describes how to do that.

COMMUNICATING AT THE IMMUNIZATION LEVEL

Dose-level information is recorded in individual OBX segments that have a parent RXA segment. The basic format is a question (OBX-3) and an answer (OBX-5).

I. RECORDING VACCINE FUNDING SOURCE AT THE IMMUNIZATION LEVEL

An OBX segment is helpful when a practice has in inventory both public and privately-purchased vaccine from the same lot. If the OBX segment is not used and both public and private lots have been created for the practice with the same lot number in ImpactSIIS, any immunization messages will be assumed to refer to the private lot.

| | |
|---|------------------------|
| Vaccine Funding Source – Use in OBX-3 to indicate that OBX-5 will contain the funding source for a given immunization. | |
| Code | Label |
| 30963-3 | Vaccine funding source |

Accepted values for OBX-5 when OBX-3 is valued as 30963-3:

Value Set Code::

PHVS_ImmunizationFundingSource_IIS

| Code | Description | Funding Source |
|-------|----------------|----------------|
| PHC68 | Military funds | PRVT |
| PHC70 | Private funds | PRVT |
| OTH | other | PRVT |
| UNK | Unspecified | PRVT |
| VXC1 | Federal | VFC |
| VXC3 | Tribal funds | VFC |
| VXC50 | Public Funds | VFC |
| VXC51 | Public VFC | VFC |
| VXC52 | Public non-VFC | 317 |
| VXC2 | State funds | State |

EXAMPLES OF VACCINE FUNDING SOURCE:

OBX|1|CE|30963-3^Vaccine purchased with^LN||VXC51^Public VFC Funds^CDCPHINVS |||||F|<CR>

OBX|1|CE|30963-3^Vaccine purchased with^LN||PHC70^Private Funds^CDCPHINVS |||||F|<CR>

OBX|1|CE|30963-3^Vaccine purchased with^LN||VXC52^Public non-VFC^CDCPHINVS |||||F|<CR>

OBX|1|CE|30963-3^Vaccine purchased with^LN||VXC2^State Funds^CDCPHINVS |||||F|<CR>

II. RECORDING VFC ELIGIBILITY AT THE IMMUNIZATION LEVEL

| | |
|--|--|
| Vaccine Funding Program Eligibility Category —Use in OBX-3 to indicate that OBX-5 will contain the VFC eligibility category for a given immunization. | |
| Code | Label |
| 64994-7 | Vaccine funding program eligibility category |

Accepted values for OBX-5 when OBX-3 is valued as 64994-7:

| Code | Label | Definition |
|-------------|--|---|
| V01 | Not VFC eligible | Client does not qualify for VFC because they do not have one of the statuses below. (V02-V05) |
| V02 | VFC eligible-Medicaid/Medicaid Managed Care | Client is currently on Medicaid or Medicaid managed care and < 19 years old and the vaccine administered is eligible for VFC funding. |
| V03 | VFC eligible- Uninsured | Client does not have private insurance coverage and < 19 years old and the vaccine administered is eligible for VFC funding. |
| V04 | VFC eligible- American Indian/Alaskan Native | Client is a member of a federally recognized tribe and < 19 years old and the vaccine administered is eligible for VFC funding. |
| V05 | VFC eligible-Federally Qualified Health Center Patient (under-insured) | Client has insurance, but insurance does not cover vaccines, limits the vaccines covered, or caps vaccine coverage at a certain amount and so client is eligible for VFC coverage at a Federally Qualified Health Center. The client must be receiving the immunizations at the FQHC or a FQHC designated clinic and < 19 years old and the vaccine administered is eligible for VFC funding. |

EXAMPLES OF DOSE-LEVEL VFC STATUS

The following message fragment indicates that the patient was eligible for VFC vaccine for the associated vaccination because they were Native American/Alaskan Native and the vaccine administered was an eligible vaccine type. The method of capture was per immunization.

VFC Eligible Client Received Vaccine That Is VFC eligible

```
RXA|0|1|20090531132511|20090531132511|48^HIB PRP-  
T^CVX|999|||^Sticker^Nurse|^^^DCS_DC|||33k2a||PMC^sanofi^MVX<CR>  
RXR|C28161^IM^NCIT^IM^IM^HL70396<CR>  
OBX|1|CE|64994-7^vaccine fund pgm elig cat^LN|1|V04^VFC eligible  
NA/AN^HL70064|||||F|||20090531132511|||CVX40^per imm^CDCPHINVS <CR>
```

VFC Ineligible Client Received Vaccine That Is VFC eligible

```
RXA|0|1|20090531132511|20090531132511|48^HIB PRP-  
T^CVX|999|||^Sticker^Nurse|^^^DCS_DC|||33k2a||PMC^sanofi^MVX<CR>  
RXR|C28161^IM^NCIT^IM^IM^HL70396<CR>  
OBX|1|CE|64994-7^vaccine fund pgm elig cat^LN|1|V01^Not VFC eligible ^HL70064|||||F|||20090531132511|||  
CVX40^per imm^CDCPHINVS <CR>
```

VFC Eligible Client Received Vaccine That Is Not VFC eligible

```
RXA|0|1|20090531132511|20090531132511|37^yellow  
fever^CVX|999|||^Sticker^Nurse|^^^DCS_DC|||33k2a||PMC^sanofi^MVX<CR>  
RXR|C28161^IM^NCIT^IM^IM^HL70396<CR>  
OBX|1|CE|64994-7^vaccine fund pgm elig cat^LN|1|V01^Not VFC elig^VFC eligible  
NA/AN^HL70064|||||F|||20090531132511 CVX40^per imm^CDCPHINVS <CR>
```

EXAMPLE OF BOTH VFC STATUS AND LOT FUNDING SOURCE COMMUNICATED FOR ONE IMMUNIZATION:

```
RXA|0|1|20090531132511|20090531132511|48^HIB PRP-  
T^CVX|999|||^Sticker^Nurse|^^^DCS_DC|||33k2a||PMC^sanofi^MVX<CR>  
RXR|C28161^IM^NCIT^IM^IM^HL70396<CR>  
OBX|1|CE|64994-7^vaccine fund pgm elig cat^LN|1|V04^VFC eligible  
NA/AN^HL70064|||||F|||20090531132511|||CVX40^per imm^CDCPHINVS <CR>  
OBX|2|CE|30963-3^Vaccine purchased with^LN||VXC51^Public VFC Funds^CDCPHINVS|||||F|<CR>
```

If more detail is needed, please see CDC's HL7 Implementation Guide:

<http://www.cdc.gov/vaccines/programs/iis/technical-guidance/hl7.html>

COMMUNICATING AT THE PATIENT VISIT LEVEL

If your EHR cannot produce OBX segments to communicate VFC status at the dose level, the patient's financial class can be reported using the PV1 segment in field PV1-20.

Accepted values are below.

User-defined Table 0064 - Financial class [NIP suggested values] (use in PV1-20)

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|------|--|---|
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| V02 | VFC eligible-Medicaid/Medicaid Managed Care | Client is currently on Medicaid or Medicaid managed care and < 19 years old and the vaccine administered is eligible for VFC funding. |
| V03 | VFC eligible- Uninsured | Client does not have private insurance coverage and < 19 years old and the vaccine administered is eligible for VFC funding. |
| V04 | VFC eligible- American Indian/Alaskan Native | Client is a member of a federally recognized tribe and < 19 years old and the vaccine administered is eligible for VFC funding. |
| V05 | VFC eligible-Federally Qualified Health Center Patient (under-insured) | Client has insurance, but insurance does not cover vaccines, limits the vaccines covered, or caps vaccine coverage at a certain amount and so client is eligible for VFC coverage at a Federally Qualified Health Center. The client must be receiving the immunizations at the FQHC or a FQHC designated clinic and < 19 years old and the vaccine administered is eligible for VFC funding. |

If more detail is needed, please see [Ohio's HL7 Implementation Guide for Versions 2.3.1 -2.5](#).