



Illinois Chapter

September 28, 2016

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Nirav J. Shah, MD, JD
Director
Illinois Department of Public Health
525-535 West Jefferson Street
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Dear Dr. Shah,

Thank you for providing the opportunity to communicate our members concerns related to changes to the Illinois Vaccines For Children (VFC) program as outlined in the Illinois Department of Public Health (IDPH) memo dated August 22, 2016. We acknowledge the work of IDPH and the Illinois Department of Healthcare and Family Services (HFS) in working to address our concerns, however, despite these efforts there still remains many unanswered questions and thus we urge IDPH to delay implementation of the proposed changes. After careful review by our leadership and staff, we believe that implementation of this policy change, with such short notice for all involved, may reduce access to vaccines for the state's most vulnerable population.

We understand the justification for this change, however the unreasonably short time frame is not workable for physicians and clinics caring for children insured through the AllKids program. As of September 28th, reimbursement rates have not yet been provided by either HFS or managed care organizations (MCOs), and therefore physicians cannot guarantee that they will be able to financially support the purchasing of private vaccines for Title XXI or state funded children. At this time it is not known if the rates will adequately cover the cost of vaccines, as well as storing, monitoring and administering them. In addition, many providers and clinics participating in VFC program may not stock private vaccine to immunize the CHIP and state funded population. Implementing this change effective October 1, 2016 does not provide enough time to purchase private vaccines to provide to this population. Amending the implementation date will give Illinois Medicaid providers time to prepare to implement this new policy.

Providers also need additional time to make the necessary changes to their electronic medical records (EMRs) and their overall clinic work flow in order to determine each patient's eligibility for this program. Although approximately 180,000 children are state funded or Title XXI, all of the approximately 1.5 million children in Illinois with Medicaid insurance must be checked to determine eligibility for VFC or private stock vaccine at each visit. This is an enormous administrative burden on practices that currently rely on patients to present their medical card stating eligibility for AllKids. Providers and health systems that use outside vendors need time to work with them to add this additional information to their EMRs, and small providers need time to determine how to change office systems to determine this information for each office visit as well as train more staff on using the MEDI system. We are also concerned that MEDI will not be able to handle the increased number of users in the system as our members already report issues with accessing MEDI in a timely manner.

Vaccines are a cornerstone of pediatric care. However, the short time frame for implementation of this new policy is insufficient for physicians to make the necessary changes to seamlessly provide care and to prevent disease. Given the penalties that providers may face if VFC vaccine is inadvertently used for the CHIP population, providers may opt to not provide vaccines to *any* children covered by AllKids, or may turn children away until issues are settled.

We recommend that IDPH phase in this new policy to allow providers adequate time to learn about this change and make the necessary adjustments in their practice. Given the short time frame, we anticipate that many VFC providers will not be aware of this change and could face stiff penalties for unknowingly administering VFC vaccine to an ineligible child. We also recommend that IDPH work with HFS to add information about vaccine eligibility to patients' medical cards. Many providers rely on these cards to determine overall eligibility for the VFC program. Including this information on the patients' medical cards would reduce a significant administrative burden on physician practices while also providing clear messages to patients and families about vaccine eligibility. We also suggest that HFS and IDPH use this additional time to provide additional training and webinars related to the MEDI system as well working together to insure that MEDI will be able to accommodate the increased number of users and daily activity.

Our organizations have a long history of partnering with IDPH to provide education and assistance to improve vaccine rates in Illinois. We welcome the opportunity to continue this partnership and work together to make a smooth transition and insure vaccine access for all children in Illinois.

Sincerely,

Illinois Chapter, American Academy of Pediatrics
Illinois Academy of Family Physicians
Illinois State Medical Society
Illinois Primary Healthcare Association
EverThrive of Illinois
The Ounce of Prevention Fund

cc:

Felicia Norwood, Director, Illinois Department of Healthcare and Family Services
Senator John Mulroe, Chair, Senate Public Health Committee
Representative Robin Gabel, Chair, House Human Services Committee
Representative Patricia Bellock, Republican Spokesperson, House Human Services Committee