

## 150,000 low income kids at risk of missing vaccinations

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The state of Illinois has abruptly changed the rules for providing vaccines to children from low-income families, putting as many as 150,000 of them at risk of not getting their immunizations on time.

In late August the [Illinois Department of Public Health told doctors](#) that children covered by the state's Children's Health Insurance Plan program for low-income families would no longer get their vaccines for free. Children covered by Medicaid can still get free vaccines, but for those 185,347 children covered by CHIP, doctors will have to privately order vaccines from suppliers and wait to be reimbursed by the state.

This new policy presents a sizable challenge for doctors and parents. And it goes into effect Oct. 1.

"This is an ill-advised change happening at far too fast a pace," said Dr. Edward Pont, a pediatrician in Elmhurst. "What was the impetus to change this program? It seemed to be working extremely well. Illinois immunization rates were on a statewide level always fine.

"Now here we have this major change, with very little fanfare, very little warning. Our concern is it is going to cause a severe disruption."

### MEDICAID AND CHIP

More than half the children in Illinois—about 1.5 million—are covered by Medicaid, the joint federal-state entitlement to healthcare for low-income people. The Children's Health Insurance Program, though, provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid, but still qualified as low income. Until now, doctors have treated them the same for immunization purposes.

The state said that the changes shouldn't affect the eligibility of children to receive vaccines. What has changed is how doctors that offer CHIP vaccinations will obtain vaccines and be paid for them, which would potentially impact ready availability for those children.

Medicaid children have been getting vaccines provided through a purchasing program run by the Centers for Disease Control and Prevention, called [Vaccines for Children](#) (VFC). Public health departments are able to buy vaccine stocks at a discounted contract rate, and pass them on to Medicaid providers. The state of Illinois offered those same vaccine stocks to doctors, who dispensed them to Medicaid patients and CHIP patients alike, without making a distinction among eligibility categories.

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Now the CDC has told the state to stop making those vaccine stocks available to CHIP patients.

"CDC has been in contact with the Illinois Department of Public Health (IDPH) regarding a change in the process for purchasing CHIP vaccines," Ian Branam, a CDC spokesman, said in a statement. "The new process, which is a process used by a number of states, requires providers to purchase CHIP vaccines and then submit claims to the CHIP program for reimbursement. CDC continues to provide technical assistance to IDPH and other state health departments to implementing this approach."

It's a change with profound effects on the state's Department of Public Health.

"Basically, the Department of Public Health is going to get out of the business of buying vaccines for the CHIP program," said an official in the department. "We're simplifying it a little bit."

### WHO PAYS?

Doctors were supposed to be billing the state for CHIP vaccines all along, and bill Medicaid, which is run by the state Department of Healthcare and Family Services, which would in turn reimburse the Public Health

Department, which would pay the CDC. But that wasn't happening.

"We took CDC's recommendation to us," the DPH official said. "They told us, providers have to keep these separate. Providers are supposed to look up on the MEDI (eligibility software) system, is this a Vaccine for [a VFC] Children child, or a CHIP child? They weren't doing that."

She said the state is working with providers to get the word out and has held several webinars explaining the changes. Doctors order vaccines anyway for their commercial patients and should be able to increase their orders to cover CHIP children, she said.

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But doctors say that their offices aren't set up to make these eligibility checks and that the state's MEDI software system for Medicaid is cumbersome, archaic, and unreliable. Furthermore, Medicaid managed-care companies have been tying doctors in knots with denials of claims, delays, and refusals to pay for services rendered.

Worse, the state hasn't informed doctors how much they'll be paid for giving immunizations, or how soon they'll be paid. The state is normally months in arrears on payments to providers.

The flap gives some insight into the complexities of reimbursement that physicians have to navigate to get paid for simple, standard services to patients. Abrupt changes to established payment practices can throw them—and their office finances—into disarray. It is also a contributing factor to why more and more independent doctors are selling their practices to big groups and hospital systems: They just don't have time or energy to deal with the hassles of getting their money.

"The challenge is whether or not these providers are willing to incur the administrative and financial burden of procuring and administering vaccines to children no longer eligible for VFC," said Dr. Alvia Siddiqi, president of the [Illinois Academy of Family Physicians](#). "They may refer them out to local health department."

#### **PARENTS LEFT IN A LURCH**

Yet public health departments aren't stepping up to supply the vaccine for parents of children who no longer get free shots. A message sent on Sept. 21 by the school health supervisor at the DuPage County Health Department advises providers that "the DuPage County Health Department does not stock privately purchased pediatric vaccine."

Parents have to search elsewhere.

That could be hugely burdensome for low-income parents who may have to cart their children around town trying to find a doctor who can give their kids the necessary vaccines.

"There has been no communication at all with the patients," said Dr. Frank Belmonte, vice president of pediatric population health at [Advocate Children's Hospital](#). "They don't know they're in CHIP and not in Medicaid. They're going to wind up at their doctor's office who has been providing vaccines for their children, and they will be turned away."

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The policy change will have a lot of ripple effects, said Dr. Tim Wall, president of Pediatric Health Associates in Naperville. "Probably the hugest from a public health standpoint: We're going to be have children who are poorly or not immunized."

"We worry that the majority of offices don't even know about the change," said Pont, who is also government affairs chair of the Illinois chapter of the American Academy of Pediatrics. "The state has done an inadequate job of giving us warning. Ultimately providers may say this is too complex and might decline to vaccinate kids as a result."

Normally such policy changes are announced as much as a year in advance, with plenty of opportunity for comment and negotiation, Wall said. Doctors offices can't turn on a dime. Software that determines eligibility and billing codes needs to be rewritten. Vendors are telling physicians it will take at least eight weeks to get the software updated.

## COSTS GO UP

And vaccines are not cheap. Immunizations are the most expensive service that doctors provide to children, said Wall. For a two-month-old child, the parents could face an immunization bill of hundreds of dollars.

A standard MMR (measles, mumps, rubella) vaccine costs \$67.03 in the private sale. But the federal government makes it available for \$20.11, through the CDC's **bulk purchasing program**. Prevnar 13, the new state-of-the-art vaccine for pneumococcal pneumonia, costs a private provider \$159.58, but the CDC sells it for \$120.39. A hepatitis B vaccine that sells on the private market for \$22.40 is available to public health agencies for \$11.60, according to the CDC's published price list.

Thus the policy change means private doctors have to pay the higher market price and then seek reimbursement from private insurers or patients for the same drug the state used to obtain at a bargain discount.

The state's turnabout comes in the midst of a national argument over the necessity of vaccinations. To the consternation of pediatricians, public health advocates, and school officials, a vocal minority of anti-vaccine activists has declined to immunize their children, citing various cherished beliefs and questionable science for their refusal.

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Kristen O'Meara, a teacher in the Chicago suburbs, this week **publicly recanted her anti-vaxxer stance on ABC News** after her three small children came down with rotavirus, causing a potentially fatal stomach flu. Now her children are fully caught up on their shots.

"For a big system like Advocate, we're going to work through these issues," Belmonte said. "My concern is small clinics or federally qualified health centers who don't have the bandwidth to work through all this."

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