

Recharging Routine Immunizations: A Tool Kit for Providers

Recharge Routine Immunizations

Dear Child Health Care Provider,

Now more than ever, we share a commitment with you to maintaining the health and safety of Illinois' children. We are also committed to supporting you and your delivery of pediatric care during this unprecedented time.

We know the challenges of the COVID-19 pandemic have been numerous. Providers must not only combat the virus itself but must still address ongoing child health-related issues among their patients. All this while also adjusting practices and policies to keep offices open in the safest way possible for infants, children, and adolescents being served.

Therefore, the Illinois Association of Medicaid Health Plans (IAMHP), Aetna Better Health of Illinois, Blue Cross Blue Shield of Illinois, CountyCare, Meridian and Molina have pulled together a Tool Kit to assist providers to "Recharge Routine Immunizations" for children in Illinois.

Stay Safe. Stay Well.

-The IAMHP Team



IAMHP is a member organization representing all Medicaid Health Plans. Together we are committed to improving the quality of healthcare for all Illinois residents.











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Supporting Illinois Parents

Identifying Hesitancy & Confidence

Parents' attitudes and intentions about vaccination fall along a continuum from complete refusal to complete acceptance of all recommended vaccines.

Vaccine hesitancy:

- Refers to a delay in acceptance or refusal of vaccination
- Varies across time, place and vaccines
- Influenced by factors such as complacency, convenience, and confidence
- Encompasses parental attitudes, beliefs, and behaviors

Vaccine confidence:

- Refers to the trust that parents or healthcare providers have in:
 - Recommended vaccinations
 - Providers who administer vaccines
 - Processes that lead to vaccine licensure and the recommended vaccination schedule

Lack of parental confidence in vaccines has contributed to under-vaccination

Empowering Parents

Pediatricians and other health care providers play a key role in empowering parents to make vaccination decisions by providing information and education.

Recommendations to keep in mind:

- IAMHP and its member health plans recommend providers have open but culturally sensitive conversations with parents to help them understand the benefits of vaccinations in a way that promotes the delivery of culturally effective pediatric care without feeling attacked or judged for having questions.
- Through reliable information and education provided by the physician, parents can fully understand the benefits and potential risks of vaccination.
 - Spacing out vaccines over 2 or 3 visits may lead to more stressful stimuli and may require extra office visits
 - Delaying vaccines increases the risk of contracting vaccinepreventable diseases and infecting others⁴
 - Explain to parents that before a vaccine is recommended for inclusion in the routine vaccination schedule, data is thoroughly reviewed by a panel of experts in a process similar to a child car seat being reviewed and recommended by the federal government
- Maintaining ongoing discussions with vaccine-hesitant families is important.
 Consider innovative strategies like starting an immunization campaign,
 social media, text messages or direct phone call outreach.

Parents want to feel empowered & informed to make decisions about the best way to provide care for their children

IAMHP Immunization Webinar Series

To help address gaps in care exacerbated by the COVID-19 pandemic and social unrest, IAMHP put together a complimentary 3-part webinar series tackling issues and barriers to immunization that IAMHP and our member health plans were seeing.

To view the recorded series and learn more click here

Highlights of the Lessons Learned:

- Tracking efforts, data, and outreach to providers and members is vital.
- Contact families to schedule missed vaccinations. Use member electronic health records and immunization information to identify children who have missed recommended vaccinations and work with families to schedule in-person appointments.
- Communicate your infection control practices with parents. Fear of crowded waiting rooms is a real concern for most, so make sure members know there are strict procedures and processes in place to ensure their safety.
- Dedicate specific clinics, buildings, or rooms for sick and wellness visits. Separate sick and well members into different locations or areas of the clinic. For providers with limited space, consider collaborating with community organizations to identify separate locations.
- Create mobile vaccination sites to limit in-person contact. Similar to many COVID-19 testing sites, allow members to check-in by phone but receive the vaccine in their vehicle.



Outreach Tool Kit

Recharge Routine Immunizations

Launch a "Recharge Routine Immunization" Backto-School Campaign Now

American kids missed approximately 9 million routine vaccines in 2020. The identified declines in routine pediatric vaccine ordering and doses administered might indicate that U.S. children and their communities face increased risks for outbreaks of vaccine-preventable diseases.

Parental concerns about potentially exposing their children to COVID-19 during well child visits might contribute to the declines observed. To that extent, reminding parents of the vital need to protect their children against serious vaccine-preventable diseases is critical, as well as communicating safety measures.

Pediatricians and other health care providers can bring pediatric patients up-todate on vaccines and avoid an influx of back-to-school visits this fall.

Chicago Public Schools and many other school districts across Illinois are resuming in-person learning, and students need their required immunizations as well as catch-up immunizations to protect them as they resume community activities including sports and school.

- CDC Interim Guidance for Immunization Services During the COVID-19 Pandemic
- Immunization Action Coalition FAQ's about COVID-19 and Routine Vaccination
- o CDC Vaccine Catch-up Guidance job aides

We need to protect Illinois kids now from other diseases. We can all do that together by catching them up on vaccines required for in-person learning. Please consider acting on these suggestions immediately.

Your recommendations for immunizations are critical to protecting our community.

How to Start a Campaign

How to start a "Recharge Routine Immunization" campaign at your clinic during the pandemic

- Target outreach: Use your EHR, patient portal, email, phone calls, reminder/recall letters, or texts. Identify patients due for well-child visits by running an I-CARE "Immunization Due" report (instructions attached).
- Reassure parents: Share information about COVID-19 safety measures your clinic is taking.
- Get staff buy-in: Run your clinic's coverage rates in I-CARE and re-establish team huddles at the beginning of the day to remind clinic staff of the "recharge routine immunization" campaign.
- Share information: Promote the importance of routine immunizations during the COVID-19 pandemic on your website and social media.
- Make it convenient: Offer nurse-only quick shot visits.
 Consider hosting drive-thru or pop-up vaccine clinics on site.
 Consider weekend vaccine clinics to help busy families.
- Share safety net options: Educate patients who lost insurance about Medicaid and VFC.

How to Start a Campaign

Promote COVID-19 Vaccine alongside the Recharge Routine Immunization campaign:

As COVID-19 vaccine supplies allow, consider incentivizing catchup vaccination visits with an offer of COVID-19 vaccine to adult caregivers (Moderna and J&J), especially those 65+ and essential workers.

With only one dose, J&J vaccine could be particularly useful, and could strengthen relationships between your practice and your families. If you stock Pfizer vaccine, also consider vaccinating 12+ year old siblings.

Take the opportunity to promote COVID-19 vaccination with education and discuss any vaccine hesitancy with caregivers at appointments with their children.

If there is limited supply of vaccine or your office is not enrolled as a COVID-19 provider, refer your patient's families to chi.gov/covidvax for more information on where to get vaccinated including:

- Chicago VaccineFinder
- ZocDoc
- United Center

Sample Phone Call Scripts

Below are sample scripts you can utilize in phone calls to patients. You may also consider recording a message for your office voicemail or onhold notification relaying any office protocols and precautions your staff is taking to make in-person appointments safe for families.

WELL VISITS AND ON-TRACK VACCINATIONS

"Hi! This is [name] from [practice name]. I am calling to touch base regarding your child's wellness visit and vaccinations. [Provider name] thinks it is very important to keep these appointments to assess your child's growth, track their milestones, and make sure they are up to date with the immunizations necessary to protect them from vaccine-preventable disease. Although the COVID-19 pandemic is ongoing, we are doing everything that we can to ensure the health and safety of our patients. Please give us a call if you have any questions or if there is anything that we can do for you. See you soon!"

NEWBORN APPOINTMENTS

"Hi! This is [name] from [practice name]. I am calling on behalf of everyone at [practice name] to congratulate you on the arrival of your baby. We are so thrilled for you and your family! As you may know, newborn checkups and on-time administration of vaccines are very important to protect the health of your new little one. Although the COVID-19 pandemic is ongoing, [provider name] and all of us here encourage you to keep your scheduled appointments or schedule one if you haven't already done so. Please let us know if you have any questions or if there is anything that we can do for you. See you soon!"

GENERAL CHECK-IN

"Hi! This is [name] from [practice name]. I hope you and your family are in good health and staying safe. I am calling to let you know that all of us at [practice name] are thinking of you and are here to support you during this unprecedented time. We've modified our practice's policies to minimize our patients' exposure to others and keep your family safe during appointments; your health is our number one priority. Please let us know if you have questions or if there is anything else that we can do for your family. Although the COVID-19 pandemic is ongoing, we are still seeing patients in the office or by telehealth when appropriate so please contact us if you have any patient care concerns. We hope to see you soon!"

SICK CHILD VISITS

"Hi! This is [name] from [practice name]. I am calling to share some news with you regarding the services that we are offering to our patients. Although the COVID-19 pandemic is ongoing, we are continuing to treat sick patients in a variety of ways. We are offering telehealth visits for concerns that can be treated virtually and office visits to address concerns that are best managed in person. For those children who need an office visit, we have modified our practice policies to minimize office exposure to others. Please don't put off getting medical attention when your children need it. Give us a call if you have any questions or if there is anything that we can do for you. Take care!"

Sample Text Messages

If your practice utilizes text messaging to reach patients, the following messages can be customized and distributed.

SAMPLE 1

Your family's health and safety is our #1 priority! Call our office at XXX-XXXX to learn about [practice name's] new safety protocols. See you soon!

SAMPLE 2

Visit our website at [practice website] to learn about our new protocols to keep families as safe as possible during this unprecedented pandemic.

SAMPLE 3

Keeping your child vaccinated is key to maintaining their health! To learn about our available vaccination options, contact us at [contact information].

SAMPLE 4

[Practice name] is here for you! Call us today to learn how we're keeping patients safe during office appointments and vaccination visits. XXX-XXX-XXXX

SAMPLE 5

Checkups are important, even during a pandemic! Contact us to schedule your child's well-care appointment today at [contact information].

SAMPLE 6

Don't delay your child's well-care visits! [Practice name] is offering appointments by phone, in person, and through telehealth. Call us today to schedule an appointment. XXX-XXX-XXXX

Sample Social Graphics

Use social media graphics to encourage families to contact your office for well-child visits, vaccinations, and other important healthcare issues. Graphics such as these can communicate the needs of your specific patient population and your practice's policies and can communicate additional services Medicaid Managed Care Organizations provide.





Sample Social Media Posts

Use these draft social media messages along with the corresponding linked graphics to encourage families to contact your office for well-child visits, vaccinations, and other important healthcare issues. These messages can be edited to align with the needs of your specific patient population and your practice's policies.

SOCIAL MEDIA POST EXAMPLES:

Vaccines are one of the best ways to keep your child healthy and safe. Keeping up with routine vaccinations helps protect your child against harmful and sometimes deadly diseases. Contact our office to learn about available vaccination options, and how we're working hard to keep your family safe during office visits! [insert contact method]

At [practice name], we are here for you! We're offering pediatric appointments by phone, through telehealth, and in person. It's important for children to continue receiving well-care and vaccinations. Contact us to schedule your child's appointment and learn about the precautions we're taking to keep your family safe during in-person visits! [insert contact method]

At [practice name], we are here for you! We're offering pediatric appointments by phone, through telehealth, and in person. Contact us to schedule your child's well-care appointment and learn about the precautions we're taking to keep your family safe during office visits! [insert contact method]

Just like washing your hands and practicing social distancing helps protect against COVID-19, vaccines protect against many other dangerous illnesses! Keep up with routine vaccinations for your child and help keep them safe and healthy. Contact us to learn about available vaccination options! [Link in bio]

Member Communication Templates

Subscriber First Name Subscriber Last Name
Permanent Street Address 1
Permanent City, Permanent State, Permanent Zip Code

Dear Parent or Guardian:

(Provider Name) wants to help you keep your child healthy and is here to help at every stage. Itis important for your child to get checkups from the doctor on a regular schedule.

Your child should have a checkup every year. The checkup should include:

- · Medical history, a physical exam, and vaccines
- · Growth and development checks
- Eyesight, hearing and dental exams
- Nutrition review
- · Lab tests with a blood lead level check
- Health education for parents or guardians
- Referrals for diagnosis and/or treatment when needed

This is an ideal time to talk about good eating habits and how to maintain a healthy weight for your child. We encourage you to share any worries about your child with your doctor.

If you have any further questions, please call Member Services at your Medicaid Managed Care Health Plan or (Provider Name)

Sincerely,

Communication Templates from MCOs

Subscriber First Name Subscriber Last Name
Permanent Street Address 1
Permanent City, Permanent State, Permanent Zip Code

Dear Parent or Guardian:

(Provider) wants to help you keep your baby healthy. During the first 15 months of life, your baby should get at least six well-child exams by the time they are 15 months old. These exams help make sure your child is growing up healthy. If the doctor finds a problem, it is treated and watched.

These visits are free and can be scheduled at:

- · 2 months
- · 4 months
- · 6 months
- · 9 months
- · 12 months
- · 15 months

These exams involve:

- Medical history, a physical exam and vaccines
- · Growth and development checks
- Eyesight, hearing and dental exams
- Nutrition review
- Lab tests with a blood lead level check
- · Health education for parents or quardians
- · Referrals for diagnosis and/or treatment when needed

This is an ideal time to ask any questions about the health of your baby and talk about vaccines needed to protect your baby from getting sick.

If you have any further questions, please call

Sincerely,



Medicaid Managed Care Specifics

Improving Access to Services

If a patient is a Medicaid Managed Care member, providers are encouraged to remind patients of the services Medicaid MCOs offer to improve access to services.

Medicaid Managed Care Transportation Contacts:

Aetna: If you need a ride to your health care appointments or to the pharmacy to pick up your prescription on the way home from an appointment, call Member Services 1-866-212-2851 (ICP and Family Health Plan- FHP members) or 1-866-600-2139 (Aetna Better Health Premier Plan members).

Blue Cross Blue Shield: If you need a ride for your medical needs, such as health care appointments, pharmacy, BCCHP sponsored events, or the Blue Door Neighborhood Center, you can call 1-877-831-3148 (TTY/TDD: 1-866-288-3133) or if you live within two blocks of a mass transit bus stop, you can get free bus passes mailed to your home for your doctor's appointment by calling 1-877-831-3148 (TTY/TDD: 1-866-288-3133) at least two weeks before your appointment.

CountyCare: If you need a ride to your health care appointments, you can request public transportation passes (CTA and Pace) at least two weeks before your appointment by calling Member Services at 312-864-8200 or 855-444-1661 or schedule a ride by calling 1-630-403-3210.

Meridian: If you need a ride to your health care appointments you can call Meridian Transportation at 1-866-796-1165 or 1-866-606-3700.

Molina: If you need a ride to your health care appointments or to the pharmacy to pick up your prescription on the way home from an appointment, call (844) 644-6354 or you can also call Molina Member Services.

Translated Material in Preferred Language

If you need your health plan information in a different language, format or print size, please contact your health plan's Member Services. Health plans can provide the materials in another language.



Additional Information & Resources

Additional Information & Resources

Vaccines required for students in Illinois

- 2018-2019 Minimum immunization requirements for those entering a childcare facility or school in Illinois
- <u>Instructions to complete Illinois certificate of religious</u>
 <u>exemption</u> to required immunizations and/or examinations form (8/8/15)
- K-12 School Immunization Requirements
- College Immunization Requirements

CDC Links

- 2021 Immunization Schedules
- Vaccines for our Children

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger

Vaccines in the Child and Adolescent Immunization Schedule*

	_	Trade names
Ophtheria, Interval, and aceturar perfects vaccine.	97.0	Infantia*
Polyment designed abstract	51	Manual Arter Par
Algemogehilus influentate type b vaccine	Hib (Free Cast)	Actill* Hiberia* Pedvadill*
Plepatitis A vaccine	HapA	Hawtis* Vagts*
Pepelito B vaccine	Hap8	Engerix-8* Recombinaci+8*
Human papillomavinus vaccime	ABH	Cardasil 9"
Influenza vaccine (inactivated)	W	Multiple
Influenza vaccine (Ive, attenuated)	LAINA	Full for Quadrivalent
Measler, mumps, and rubella vaccine	MMR	M.M.R.P.
Meningococcal seragroups A, C, W, Y vaccine	ManACWY-0	Menactra*
	MenACWY-CBM MenACWY-TT	Memora MemQuadit*
Meningococci seragroup B vaccine	Menti-4C	Bessere*
	Mant-Fithp	Trumenta*
Pneumococcal 13-valent conjugate vaccine	POVIJ	Prevenue 13"
Pneumococcal 23-valent polysaccharide vaccine	ETASAd	Preumous 23*
Policulnus varicine (inactivated)	MI	POL*
Rotarins vectine	SAM	Rotafic* Rotafieq*
Tetanus, diphtheria, and acellular pertuosis vaccine	Ydap	Adacel* Boestrie*
Tetanus and dightheria vaccine	z	Tentrac* Tdvac*
Varicella vaccine	VAR	Varivas*
Combination vaccines (use combination vaccines instead of separate injection	ins when appropriate	-
	DEAP-Hap8-IPV	Pedaric*
DTuP, inactivated poliovirus, and Namophilus influencer type b vaccine	SHIWAI-4920	Pertace!"
OTaP and inactivated policyinus vaccine	Adherag	Kinris* Quadracel*
Offat inactivated policeirus. Hermophilis influenate type is, and hepatitis 8 vectine	DEAP-IPV-HIS- Hep8	Viouelis*
Measler, mumps, rubella, and variosla vaccine	ABBWW	ProQued*

*Adversiter economised vaccines if executation hatory is incomplete or unknown. Do not restart or add diseas to vaccine saries for extended intervals between doses. When a vaccine is not administered at the ecommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endoscement by the ACP or CDC.

immunization schedule How to use the child/adolescent

(Table 1) recommended vaccine by age

Determine

catch-up interval for recommended (Table 2) vaccination Determine condition and other indications by medical vaccines recommended for additional Assess need

(Table 3)

situations (Notes)

vaccine types, Review for special considerations intervals, and frequencies,

Recommended by the Advisory Committee on Immunization Practices American College of Nurse-Midwives (www.midwife.org), American (www.aap.org), American Academy of Family Physicians (www.aafp.org), Control and Prevention (www.cdc.gov), American Academy of Pediatrics Association of Pediatric Nurse Practitioners (www.napnap.org) American College of Obstetricians and Gynecologists (www.acog.org). Academy of Physician Assistants (www.aapa.org), and National www.cdc.gov/vaccines/acip) and approved by the Centers for Disease

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Reporting System (VAERS) at www.vaers.hhs.gov or 800-822-7967 Clinically significant adverse events to the Vaccine Adverse Event



Download the CDC Vaccine Schedules App for providers at www.cdc.gov/vaccines/schedules/hcp/schedule-app.html.

Helpful information

- Complete ACIP recommendations:
- General Best Practice Guidelines for Immunization: www.cdc.gov/vaccines/hcp/acip-recs/index.html www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Outbreak information (including case identification and outbreak response), see Manual for the Surveillance of Vaccine-Preventable Diseases: www.cdc.gov/vaccines/pubs/sunv-manual
- ACIP Shared Clinical Decision-Making Recommendations www.cdc.gov/vaccines/acip/acip-scdm-faqs.html



Health and Human Services Control and Prevention Centers for Disease U.S. Department of

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Range of recommended ages for all children	Pneumococcal polysaccharide (PPSV23)	Meningococcal B	Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)	Human papillomavirus (HPV)	Tetanus, diphtheria, acellular pertussis (Tdap >7 yrs)	Hepatitis A (HepA)	Varicella (VAR)	Measles, mumps, rubella (MMR)	Influenza (LAIV4)	Influenza (IIV)	inactivated poliovirus (IPV < 18 yrs)	Pneumococcal conjugate (PCV13)	Haemophilus influenzae type b (Hib)	Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)	Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)	Hepatitis B (HepB)	Vaccine
																1ª dose	Birth
Range of for cate																Z ^{ed} dose▶	1 mo
Range of recommended ages for catch-up immunization											1 ^e dose	1° dose	1* dose	1º dose	1* dose	05€	2 mos
ended ages nization											2 nd dose	2 nd dose	2 nd dose	2 nd dose	2 nd dase		4 mos
_						See Notes		See Notes			1	3 rd dose	See Notes	3™ dose	See Notes	Î	6 mos
Range						lotes		lotes									9 mos
Range of recommended ages for certain high-risk groups						L.	1" d	In dose		۸	- 3 rd dose	4 4 th d	43 dor 4th dose. See Notes			- 3 rd dose	12 mos
ended age groups			See Notes			-dose serie	1 ^a dose▶	ose		nnual vacci		4º dose▶	'r dose; lotes =:▶	4 4 th dose			15 mos
s for						2-dose series, See Notes				Annual vaccination 1 or 2 doses				ose		l l	18 mos
Recor decis *can										2 doses							18 mos 19-23 mos
Recommended base decision-making or *can be used in this									Annua 1 c								2-3 yrs 4-6 yrs
Recommended based on share decision-making or *can be used in this age group							2 nd dose	2 nd dose	Annual vaccination 1 or 2 doses		4 th dase			5º dose			4-6 yrs
Recommended based on shared clinical decision-making or *can be used in this age group				•					_ °	•							
	See Notes		1" dose	See Notes	Tdap				Annua	Annua							7–10 yrs 11–12 yrs 13–15 yrs
No recommendation/ not applicable		See Nates							Annual vaccination 1 dose only	₩.							13–15 yrs
rendation/ tble		tes	2 rd dose						n 1 dose or	n 1 dose or							16 yrs
									dy .	dy							17–18 yrs



Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 month Behind, United States, 2021

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Table 1 and the notes that follow.

mine may may emphases pressured approx	perment dearer out	are section alphopological to the el	Children age 4 months through 6 years		
Vaccine	Minimum Age for		Minimum interval lietween Doses		
D. C.	Dose 1	Dose I to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	4 weeks	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	4 weeks	4 weeks Maximum age for final dose is 8 months, 0 days.		
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	6 months	6 months
Haemophilus influenzae Type b	6 weeks	No further doses needed if first dose was administered at age 15 months or older. 4 weeks if first dose was administered before the 1° birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months.	No further doses needed if previous dose was administered at age 15 months or older. 4 weeks 4 flourent age is younger than 12 months and first dose was administered at younger than age 7 months and at least 1 previous dose was PRPT (ActHb, Pentacel, Heberit) or unknown. 8 weeks and age 12 through 59 months and first dose was administered at age 7 through 11 months; one if current age is younger than 12 months and first dose was administered at age 7 through 91 months; one if current age is 12 through 59 months and first dose was administered before the 1° birthday and second dose was administered at younger than 15 months; OR if both doses were PSP-ONIP (PedraxHB, Conwax) and were administered before the 1° birthday.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday.	
Pneumococcal conjugate	6 weeks	No further doses meeded for healthy children if first dose was administered at age 24 months or older. 4 weeks if first dose was administered before the 1° birthday. 8 weeks las final dose for healthy children! 1° birthday or after. 1° birthday or after.	No further doses meeded for healthy children if previous dose was administered at age 24 months or older, 4 weeks. If current age is younger than 12 months and previous dose was administered at <7 months old. B weeks (as final dose for healthy children) If previous dose was administered between 7–11 months (wait until at least 12 months old); OR OR OR	B weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before age 12 months or for children at high rak who received 3 doses at any age.	
Inactivated policyirus	6 weeks	4 weeks	4 weeks if current age is <4 years. 6 months (as final dose) if current age is 4 years or older.	6 months (minimum age 4 years for final dose).	
Measles, mumps, rubella	12 months	4 weeks			
Varicella	12 months	3 months			
Hepatitis A	12 months	6 months			
Meningococcal ACWY	2 months MenACWY- CRM 9 months MenACWY-D 2 years MenACWY-TT	8 weeks	See Notes	See Notes	
			Children and adolescents age 7 through 18 years		
Meningococcal ACWY	Not applicable (N/A)	8 weeks			
Tetanus, dightheria; tetanus, diphtheria, and acellular pertussis	7 years	4 weeks	4 weeks If first doze of DTsP/IDT was administered before the 1" birthday, 6 menths (as final dose) If first doze of DTsP/IDT or Tdsp/Td was administered at or after the 1" birthday.	6 months if first dose of DTaP/ DT was administered before the 1" birthday.	
Human papillomavirus	9 years	Routine dosing intervals are recommended.			
Hepatitis A	N/A	6 months			
Hepatitis B	N/A	4 weeks	8 weeks and at least 16 weeks after first dose.		
inactivated policylrus	N/A	4 weeks	6 meeths A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is Indicated if all previous doses were administrated at <4 years or if the third dose was administrated <6 months after the second dose.	

Measles, mumps, rubella N/A Varicella N/A

3 months if younger than age 13 years.
4 weeks if age 13 years or older.

months after the second dose.



COVID-19
Specifics

COVID-19 Vaccination FAQ's

How soon do I have to report COVID-19 vaccine administration after vaccinating a patient?

Vaccine administration should be documented in your medical record system within 24 hours of administration, and you should use your best efforts to report administration data to I-CARE, no later than 72 hours after administration. Please also report COVID-19 inventory in VaccineFinder within 24 hours.

Can I bill for an office visit when administering COVID-19 vaccine?

Only if the vaccination occurs at a regularly scheduled visit for another reason or annual physical and the visit meets the criteria for office visit coding under a recipient's plan.

Per CDC, COVID-19 vaccine providers should avoid office visit fees to increase vaccine acceptance. Remember that the vaccine administration CPT code includes:

- Administrative staff services, such as making the appointment,
 preparing the patient chart, billing for the service, and filing the chart.
- Clinical staff services, such as greeting the patient, taking routine vital signs, obtaining a vaccine history on past reactions and contraindications, presenting them with an EUA Fact Sheet for Recipients and answering routine vaccine questions, preparing and administering the vaccine with chart documentation, and observing them for any immediate reaction.

Will I be able to charge a COVID-19 vaccine administration fee?

Yes. You will be able to charge an administration fee. However, all participating vaccination providers must administer COVID-19 vaccine regardless of the vaccine recipient's ability to pay, insurance coverage or immigration status, including individuals who are undocumented. Providers may NOT ask individuals to provide documentation regarding their immigration status.

COVID-19 Vaccination FAQ's

All organizations and providers participating in the CDC COVID-19 Vaccination Program:

- May administer COVID-19 Vaccine at no out-of-pocket cost to the recipient
- May not charge an office visit or other fee if COVID-19 vaccination is the sole medical service provided
- May NOT require additional medical services to receive COVID-19 vaccination
- May seek appropriate reimbursement from a program or plan that covers COVID-19 vaccine administration fees for the vaccine recipient, such as:
 - Vaccine recipient's private insurance company
 - Medicare or Medicaid reimbursement
 - HRSA COVID-19 Uninsured Program for non-insured vaccine recipients
- May not seek any reimbursement, including through balance billing, from the vaccine recipient
- Visit the following resources for additional information: HRSA COVID-19 Uninsured Program, CMS, or CDC.

Is there a tip sheet to support COVID-19 vaccine confidence that I can use when talking with patients?

Materials to help you effectively set expectations and address patient questions about COVID-19 vaccine are available on the CDC website. Review "Vaccinate with Confidence" basics. Additional resources to build vaccine confidence among vaccine recipients are available in the COVID-19 Vaccination Communication Toolkit.

Who will pay for COVID-19 vaccine? Can it be ordered privately?

COVID-19 vaccine will be procured and distributed by the federal government at no cost to enrolled COVID-19 vaccination providers.

COVID-19 Contacts

Helpful Contacts & Resources:

Find a COVID-19 Vaccine Near You

Vaccines.gov

VFC Forms, Policies, Program Updates

www.ChicagoHAN.org/VFC

COVID-19 Vaccine Information

www.ChicagoHAN.org/covidvax

General VFC Inbox

ChicagoVFC@cityofchicago.org

COVID-19 Vaccination Inbox

COVID19Vaccine@cityofchicago.org

Chicago Coronavirus Response Center

- coronavirus@chicago.gov
- 312-746-4835



IAMHP is a member organization representing all Medicaid Health Plans. Together we are committed to improving the quality of healthcare for all Illinois residents.









