HEDIS® 2018 MEASURE: IMMUNIZATIONS FOR ADOLESCENTS (IMA)

Adolescents 13 years of age who received the following vaccines on or before their 13th birthday:

- ***Combination-1*: At least <u>one</u> meningococcal conjugate vaccine with a date of service on or between the member's 11th and 13th birthdays, plus at least <u>one</u> tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine with a date of service on or between the member's 10th and 13th birthdays.**
- ***Combination-2:* At least <u>one</u> Meningococcal Conjugate vaccine with a date of service on or between the member's 11th and 13th birthdays, at least <u>one</u> Tetanus, Diphtheria toxoids and Acellular Pertussis (Tdap) vaccine with a date of service on or between the member's 10th and 13th birthdays, and at least <u>two</u> Human Papillomavirus (HPV) vaccines with different dates of service on or between the member's 9th and 13th birthdays, with at least <u>146 days</u> between the first and second dose of the HPV vaccine, OR at least <u>three</u> HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays.**
  - **Combo 2 now includes HPV, previously separate, and matches the recommendation: TWO HPVs by 13.**

Inclusion into the measure can include the following two events:

- Adolescents who turn 13 years of age during the measurement year.
- Adolescents who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis vaccine, and at least two human papillomavirus vaccines ***by their 13th birthday***.

Exclusions:

- Adolescents who have an anaphylactic reaction to a vaccine any time on or before their 13th birthday.
- Members in hospice care are excluded from the eligible population.

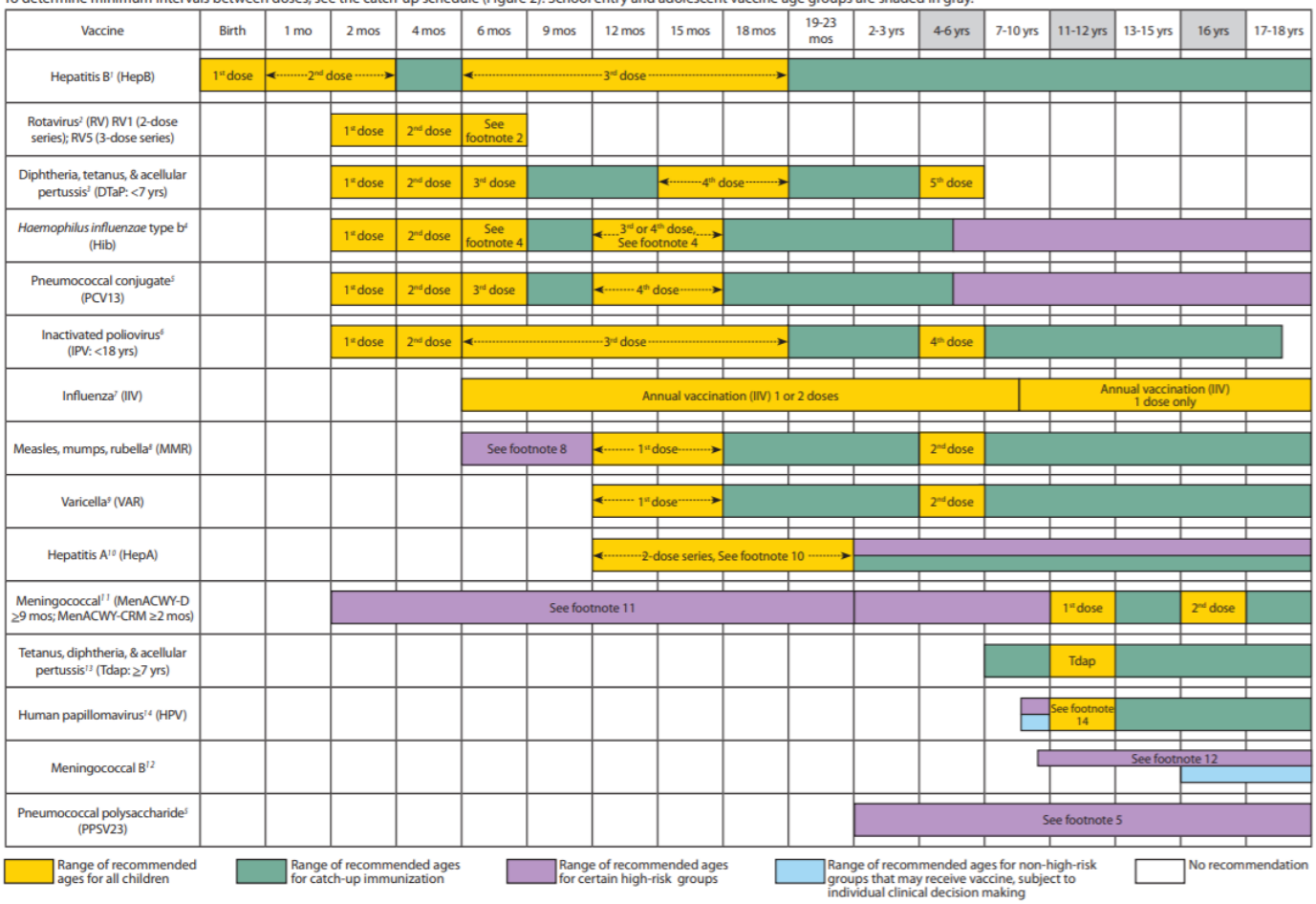
HOW TO IMPROVE YOUR HEDIS SCORE:

- Use complete and accurate Value Set Codes.
- Timely submit claims and encounter data. Note that claim submission dates vary by payer.
- Verify and add additional patient contact information at each visit for future reminder recall efforts (email, phone, physical address).
- Ensure proper documentation of dates and types of immunizations, or contraindication for a specific vaccine.

- Adolescents should be routinely immunized at 11-12 years of age with the meningococcal vaccination.
- Adolescents should be routinely immunized at 11-12 years of age with the Tdap vaccination.
- Avoid missed opportunities by taking advantage of every office visit (including sick visits and sports physicals) to provide well care components when applicable.
  - Visits will count towards compliance as long as all documentation components (next slide) are included in the visit note.
  - Provide immunizations during sports physicals. Schedule the appropriate visit time, perform the required services, and submit appropriate codes.
  - Use all visits as teachable moments to increase importance of immunizations and health literacy.
- Take advantage of back-to-school season to do outreach campaigns or hold health fairs for well-child visits.
- Actively pursue missed appointments with letters and reminder calls.
  - Reminder calls made later in the day or early evening may result in more contacts being made to the patients.
  - Reminder calls made by office staff tend to be more effective than auto-dialer calls.
- Consider the parent's work schedule as a barrier to the visit, and offer extended evening or weekend hours.
- Proper documentation/ evidence must include any of the following in the medical record:
  - A note indicating the name of specific antigen and the date of the immunization.
  - A certificate of immunization that includes specific dates and types of immunizations administered.
  - Anaphylactic reaction to the vaccine or its components any time on or before the member's 13th birthday.
  - Meningococcal vaccine: Given on or between the member's 11th and 13th birthday.
  - Tdap vaccine: Given on or between the member's 10th and 13th birthday.
  - HPV vaccine: At least 2 doses given on or between the member's 9th and 13th birthday, with at least 146 days between the first and second dose.
- Administer 1 dose of Tdap to pregnant adolescents during each pregnancy (preferred during 27-36 weeks' gestation), regardless of number of years since prior Tdap vaccination.
- HPV is now recommended for both male and female adolescents.
- Implement standing orders to enable assessment and vaccination of the patient without the need for clinician examination or direct order from the attending provider at the time of the interaction.
- Provide parents with fact sheets about why their child needs this important service, i.e.: "The HPV vaccination is preventive. Although your child is not currently sexually active, it is important to receive the HPV vaccinations now to prevent your child from getting HPV in the future."
- Express your personal support for vaccinations and share experiences you had with children with vaccine-preventable diseases.
- Set up EMR alerts to:
  - Flag patients due for immunizations either in practice management when scheduling or within the EMR during the visit.
  - Trigger staff to make reminder phone calls.

- Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.
- Have printed, customized reminder letters or cards ready to hand out and mail to parents and guardians with the adolescent's complete immunization schedule and dates.
- Follow the below immunization schedule for patients aged 18 years or younger.

Figure 1. Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2018.
(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).
These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded in gray.



- Follow the below catch-up immunization schedule for patients 4 months through 18 years who start late or who are more than one month behind. The below table 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.

FIGURE 2. Catch-up immunization schedule for persons aged 4 months–18 years who start late or who are more than 1 month behind—United States, 2018.

The figure 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 Figure 1 and the footnotes that follow.

Meningococcal[11] (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)	Not Applicable (N/A)	8 weeks[11]			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis[12]	7 years[13]	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1st birthday. 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday.	6 months if first dose of DTaP/DT was administered before the 1st birthday.	
Human papillomavirus[14]	9 years	Routine dosing intervals are recommended.[14]			
Hepatitis A[10]	N/A	6 months			
Hepatitis B[1]	N/A	4 weeks	8 weeks **and** at least 16 weeks after first dose.		
Inactivated poliovirus[6]	N/A	4 weeks	6 months[6] 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 administered at <4 years or if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella[8]	N/A	4 weeks			
Varicella[9]	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older.			

Codes used for immunizations

Immunization	CPT
Meningococcal	90644, 90734
Tdap	90715
HPV	90649, 90650, 90651

Codes used to identify exclusions

Exclusion	ICD-10-CM	HCPCS
Anaphylactic reaction due to vaccination	T80.52XA, T80.52XD, T80.52XS	
Hospice Services		G9702