



Quality Measure Highlight

Immunizations for Adolescents (IMA)

MEASURE DESCRIPTION

Denominator: The number of continuously enrolled Medi-Cal members who turn 13 years of age during the measurement year.

Numerator: The number of adolescents 13 years of age during the measurement year who had the following immunizations administered by the member's 13th birthday according to the recommended schedule*.

- On or between the 11th and 13th birthdays - **1 meningococcal conjugate vaccine**
- On or between the 10th and 13th birthdays - **1 tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine**
- On or between the 9th and 13th birthdays: **2 human papillomavirus HPV*** with different dates of service.

*CDC Recommended Schedule Link: <https://www.cdc.gov/vaccines/schedules/index.html>

Measure Type: Hybrid - medical record/claims/encounters/California Immunization Registry (CAIR)

Intent / Importance: For adolescents in the community to be as healthy as possible with the assistance of scheduled vaccinations. These vaccines are recommended for adolescents to prevent them from acquiring serious diseases and to help protect against disease in populations that lack immunity, such as infants, elderly and individuals with chronic conditions.

PCP QIP 2019	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Pediatric	10 points 15 points	37.71%	75 th
Half Points	Family Pediatric	5 points 7.5 points	31.87%	50 th

Compliant Documentation:

Evidence that the antigen was rendered from either of the following:

- Medical record notation indicating the name of the specific antigen and the date of the immunization
- A certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered
- Documentation from California Immunization Registry (CAIR)

1. **HPV:** For the two-dose HPV vaccination series, there must be at least 146 days between the first and second doses of the HPV vaccine. For example, if the service date for the first vaccine was March 1, then the service date for the second vaccine must be after July 25. *To align with Advisory Committee On Immunization Practices (ACIP) recommendations, the minimum interval for the two-dose HPV vaccination schedule is 150 days (5 months), with a 4-day grace period (146 days).*
2. **Meningococcal:** Immunizations documented under a generic header of “meningococcal” and generic documentation that the “meningococcal vaccine” was administered meet criteria. *To align with ACIP recommendations, only the quadrivalent meningococcal conjugate vaccine (serogroups A, C, W and Y) is included in the measure.*
3. **Tdap:** Immunizations documented using a generic header of “Tdap/Td” can be counted as evidence of Tdap. **Note:** Ensure you differentiate between **Tdap** and **DTaP**. This measure is looking for evidence of the **Tdap** (*Think “T” for teen*).

Non-Compliant Documentation:

- Meningococcal polysaccharide vaccines are not acceptable to meet criteria
- For meningococcal conjugate, **do not count** meningococcal recombinant (serogroup B) (MenB) vaccines
- A note that the “member is up to date” with all immunizations but does not list the dates of all immunizations and the names of the immunization agents does not constitute sufficient evidence of immunization for QIP or HEDIS reporting
- Retroactive entries are unacceptable. For example, on a note dated 1-5-18, the provider states that “I gave HPV on 9-15-17”. This would not be acceptable documentation for compliance.

Exclusions:

Exclude adolescents who had a contraindication for a specific vaccine. Contraindicated adolescents may be excluded only if administrative data do not indicate that the contraindicated immunization was rendered.

Any of the following meet exclusion criteria:

Any particular vaccine:

- Anaphylactic reaction to the vaccine or its components any time on or before the member’s 13th birthday
- Anaphylactic reaction (due to serum) to the vaccine or its components with a date of service prior to October 1, 2011

Tdap:

- Encephalopathy with a vaccine adverse-effect code anytime on or before the member’s 13th birthday
- Members in hospice are excluded from the eligible population (**Mandatory Exclusion**)

Strategies to Consider That May Lead to an Increase in IMA Performance Include:

- Provide timely claims to help ensure accurate data collection
- Provide education on coding to accurately reflect visit type and vaccines administered
- Document parental refusal (Z28 code)
- Using well child, sick or acute visits, if appropriate, to provide immunizations
- Use California Immunization Registry (CAIR) resources for practices <http://cairweb.org/how-cair-helps-your-practice/>
- Establish formal practice commitment to vaccinations. Education and scripting for providers and staff on how to educate and accomplish vaccination

- Educate and enlist parents <http://www.immunize.org/>
- Member incentives
- Identify - address barriers to vaccinations (e.g., social, financial, language, cultural, transportation)
- Combat misinformation