



2020 Quality Measure Highlight Immunizations for Adolescents (IMA)

MEASURE DESCRIPTION

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

The number of adolescents 13 years of age during the measurement year who had the following immunizations administered by their thirteenth birthday according to the recommended schedule*. **(Numerator)**

- On or between the eleventh and thirteenth birthdays - **1 meningococcal conjugate vaccine**
- On or between the tenth and thirteenth birthdays - **1 tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine**
- On or between the ninth and thirteenth 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.

Coding

Meningococcal vaccine CPT: 90734
 Tdap vaccine CPT: 90715
 HPV vaccine CPT: 90649–90651

PCP QIP 2020	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine	7.5 points	40.39%	75 th
	Pediatric Medicine	12.5 points		
Partial Points	Family Medicine	3.75 points	34.43%	50 th
	Pediatric Medicine	6.25 points		

Please Note

- PHC will apply a Gateway Measure to QIP final payment rates for Measurement Year 2020. Final QIP incentive payments issued in 2021 are subject to a reduction for either of the following:
 - 1) Timely claims submission – if more than 25 percent of parent organization level claim submissions are more than 90 days after the date of service, or 2) site average PCP Office Visits are less than 2.1 per member for the measurement year.
- For more information, please refer to the [PCP QIP Specifications](#), or contact the QIP Team at QIP@partnershiphp.org.

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)

HPV: For the two doses of the HPV vaccination series, there must be at least 146 days between the first and second dose. 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).*

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.*

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.
- 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.

Best and Promising Practices

- Establish formal practice commitment to vaccinations.
 - Utilize “flag” alerts in the EMR / EHR system so staff can identify and communicate to members / parents / guardians that immunization are due at every member encounter.
 - Focus on members turning 13 in future years, opposed to only the current measurement year.
 - Conduct chart scrubbing prior to the visits to determine if immunizations and / or preventive services are due.
 - Use standardized templates in the EMR / EHR system to guide providers and staff through visits to ensure all components were met and documented.
 - Use huddle time to brief / communicate re: member/patient needing service(s).
 - Use acute visits, as appropriate, to provide immunizations.
 - Create immunization only services or walk-in immunization clinics.
- Education and scripting for providers and staff on how to educate and complete vaccination.
 - Communicate with families when vaccination are due (reminders) or late (recall) via portals, texts, and/or calls.
 - Co-administer the human papillomavirus vaccine (HPV) with meningococcal and Tdap. State that the HPV vaccine is part of the routine immunization schedule.
 - Provide education: “HPV is the only anti-cancer vaccine available.”
 - Ensure information is consistent, welcoming, in plain and person-centered language, appropriate, and delivered in traditional and electronic applications (based on patient preference).
 - Use approaches that align with your demographics (partner with local schools, faith-based organizations).
- Strengthen internal operating practices.
 - Document parental refusal (Z28 code). (Members with documented parent refusal are counted as non-compliant with the measure specification.)
 - Use California Immunization Registry (CAIR) resources for practices <http://cairweb.org/how-cair-helps-your-practice/>
 - Hardwire coding in EMR / EHR to accurately reflect visit reasons and diagnosis.
 - Timely submission of claims and encounter data within 90 days of service.