2022 Quality Measure Highlight
Immunizations for Adolescents

MEASURE DESCRIPTION

The percentage of adolescents 13 years of age who had one (1) dose of meningococcal conjugate vaccine, one (1) tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and two (2) doses of the human papillomavirus (HPV) vaccine by their 13th birthday.

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 their thirteenth birthday according to the recommended schedule*.

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

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

Coding

Meningococcal vaccine CPT: 90734
Tdap vaccine CPT: 90715
HPV vaccine CPT: 90649, 90650, 90651

*Please refer to Diagnosis Crosswalk in eReports for complete listing of Code Types

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.

References: Managed Care Accountability Set (MCAS)

PCP QIP 2022	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine Pediatric Medicine	7 points 12 points	43.55%	75th
Partial Points	Family Medicine Pediatric Medicine	5 points 9 points	36.74	50th

Relative Improvement

- A site's performance on a measure must meet the 50th percentile target in order to be eligible for RI points on the measure **AND**
- Have an RI score of 10% or higher, ending up thereby achieving performance equal to or exceeding between the 50th percentile and not exceeding the 75th percentile, to earn full points.

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)*
- *Anaphylaxis due to the vaccine*
  - *There must be a note indicating the date of the event, which must have occurred by the member's 13th birthday.*

HPV: For the two (2) 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 on or 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," "meningococcal conjugate vaccine" or "meningococcal polysaccharide vaccine" were 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

- 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 reporting.
- Retroactive entries are unacceptable as all services must be rendered and documented in the medical record by the deadline established in the measure (e.g., if the deadline is by the 13th birthday all services must be documented in the medical record on or before the 13th birthday).

Exclusions

Adolescents who had a contraindication for a specific vaccine from the denominator for all antigen rates and the combination rates. The denominator for all rates must be the same. Contraindicated adolescents may be excluded only if administrative data do not indicate that the contraindicated immunization was given.

Either of the following meet optional exclusion criteria:

- Anaphylactic reaction to the vaccine or its components Anaphylactic Reaction Due To Vaccination any time on or before the member’s 13th birthday.
- Anaphylactic reaction to the vaccine or its components Anaphylactic Reaction Due To Serum, with a date of service prior to October 1, 2011.
- Encephalopathy Encephalopathy Due To Vaccination with a vaccine adverse-effect code Vaccine Causing Adverse Effect anytime on or before the member’s 13th birthday.

Best and Promising Practices

Data and Coding

- Use California Immunization Registry (CAIR), ideally with a bi-directional interface between CAIR and the practice's EHR. Resources for practices can be found at http://cairweb.org/how-cair-helps-your-practice/
- Review vaccination templates and linked coding in EHR or superbill to ensure alignment with HEDIS technical specifications.
- Review and ensure all vaccinations for children ages 11-13 are completed and coded with correct vaccines and doses (example: meningococcal recombinant is not compliant for meningococcal conjugate vaccine for IMA-2 measure)
- Use diagnosis coding to document reason for exclusions.
- Submit claims and encounter data within 90 days of service. We highly encourage submitting claims within 14-to-30 days of service toward the end of the measurement year period to avoid claims lag.
- Utilize PHC's Immunization Dose Reports (IDR) to track assigned members' progress under the IMA-2 series.
- Document parental refusal (Z28 code). (Members with documented parent refusal are counted as non-compliant for the measure)

Measure Workflows

- Stay on top of well visits.
- Focus on patients turning 13 in future years, opposed to only the current measurement year.
- Use acute visits and sports physicals, as appropriate, to provide immunizations.
- Co-administer the human papillomavirus vaccine (HPV) with meningococcal and Tdap. Reinforce that the HPV vaccine is part of the routine immunization schedule.
- Use California Immunization Registry (CAIR) resources for practices http://cairweb.org/how-cair-helps-your-practice/
- Create immunization only services or walk-in immunization clinics.

Practice Workflows

- Increase or make more convenient hours when services are provided, such as evenings and weekends.
- Initiate age-appropriate back to school summer clinics.
- Utilize "flag" alerts in the EMR / EHR system so staff can identify and communicate to patients/parents/guardians that immunization are due at every member encounter.
- Prior to visits, "scrub charts" to determine if immunizations and/or preventive services are due. Leverage CAIR data to update charts.
- Appoint Vaccine Coordinator.

- Use standardized templates in the EMR / EHR system to track vaccination status and progress.
- Use huddle time to brief/communicate re: the patient needing service(s).
- Hardwire coding in EMR / EHR to accurately reflect visit reasons and diagnosis.
- Create immunization only services or walk-in immunization clinics.
- Schedule second HPV vaccination appointment at checkout. Have parent/caregiver address appointment reminder card in own handwriting.
- Consider using an equity approach to increase screening rates for targeted communities. By looking at IMA-2 vaccination rates by such factors as race, ethnicity, location (ie: zip code), and preferred language, it is possible to identify barriers that affect specific communities, and plan interventions to address these barriers.

Patient/Staff Education

- Train clinical teams on addressing vaccine hesitancy and motivational interviewing to have productive conversations with families about the benefits of childhood vaccination.
- Educate support staff on immunization catch-up schedule.
- Use partnerships and approaches that align with your demographics (partner with local schools, faith-based organizations).
- 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).

Outreach

- Communicate with families when vaccination are due (reminders) or late (recall) via portals, texts, and/or calls.
- Follow-up on missed appointments.