

## MEASURE IMA-CH: IMMUNIZATIONS FOR ADOLESCENTS

National Committee for Quality Assurance

### A. DESCRIPTION

Percentage of adolescents age 13 who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. This measure calculates a rate for each vaccine and two combination rates.

Data Collection Method: Administrative or Hybrid

#### Guidance for Reporting:

- When no sampling is involved, states may use claims or registry data together or alone to obtain immunization records for the entire eligible population (all adolescents who turned age 13 during the reporting year) and report using the administrative specification.
- If the state uses the hybrid method in which immunization data are obtained for a sample of the eligible population, seek any immunizations missing from claims or registry data from medical records.
- If immunization registry data are used to calculate this measure, select “Immunization Registry” as an Administrative data source in the Data Source section of the web-based reporting system. States can select “Immunization Registry” in addition to other data sources used to calculate the measure. If use of immunization registry data varies by reporting unit, describe the data source used by each reporting unit in the “Additional Notes/Comments on Measures” section.
- This measure adheres to the HEDIS 14-Day Rule. The 14-Day Rule specifies that vaccinations must be given 14 days apart to avoid double counting events when either the administrative or hybrid method is used to calculate the numerator. More information on the 14-Day Rule can be found in the HEDIS Volume 2 General Guidelines.
- Include all paid, suspended, pending, and denied claims.
- Beneficiaries in hospice are excluded from the eligible population. If a state reports this measure using the Hybrid method, and a beneficiary is found to be in hospice or using hospice services during medical record review, the beneficiary is removed from the sample and replaced by a beneficiary from the oversample. For additional information, refer to the hospice exclusion guidance in Section II. Data Collection and Reporting of the Child Core Set.

The following coding systems are used in this measure: CPT, CVX, HCPCS, ICD-9-CM, ICD-10-CM, SNOMED, and UB. Refer to the Acknowledgments section at the beginning of the manual for copyright information.

**B. ELIGIBLE POPULATION**

Age	Adolescents who turn age 13 during the measurement year.
Continuous enrollment	12 months prior to the adolescent's 13th birthday.
Allowable gap	No more than one gap in continuous enrollment of up to 45 days during the 12 months prior to the 13th birthday. To determine continuous enrollment for a beneficiary for whom enrollment is verified monthly, the adolescent may not have more than a 1-month gap in coverage (i.e., an adolescent whose coverage lapses for 2 months (60 days) is not continuously enrolled).
Anchor date	Enrolled on the adolescent's 13th birthday.
Benefit	Medical.
Event/diagnosis	None.

**C. ADMINISTRATIVE SPECIFICATION****Denominator**

The eligible population as defined above.

**Numerators**

For meningococcal, Tdap, and HPV count only evidence of the antigen or combination vaccine.

Meningococcal serogroups A, C, W, Y: At least one meningococcal serogroups A, C, W, Y vaccine (Meningococcal Immunization Value Set; Meningococcal Vaccine Procedure Value Set), with a date of service on or between the adolescent's 11th and 13th birthdays.

Tdap: At least one tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccine (Tdap Immunization Value Set; Tdap Vaccine Procedure Value Set), with a date of service on or between the adolescent's 10th and 13th birthdays.

HPV:

- At least two HPV vaccines (HPV Immunization Value Set; HPV Vaccine Procedure Value Set), with different dates of service at least 146 days apart on or between the adolescent's 9th and 13th birthdays. 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.

OR

- At least three HPV vaccines (HPV Immunization Value Set; HPV Vaccine Procedure Value Set), with different dates of service on or between the adolescent's 9th and 13th birthdays

Combination 1 (Meningococcal, Tdap): Adolescents who are numerator compliant for both the meningococcal and Tdap indicators.

Combination 2 (Meningococcal, Tdap, HPV): Adolescents who are numerator compliant for all three indicators (meningococcal, Tdap, HPV).

**Exclusions (optional)**

Exclude 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 rendered.

Any of the following meet optional exclusion criteria:

Any vaccine:

- Anaphylactic reaction to the vaccine or its components (Anaphylactic Reaction Due To Vaccination Value Set) any time on or before the adolescent's 13th birthday
- Anaphylactic reaction to the vaccine or its components (Anaphylactic Reaction Due To Serum Value Set), with a date of service prior to October 1, 2011

Tdap:

- Encephalopathy (Encephalopathy Due to Vaccination Value Set) with a vaccine adverse-effect code (Vaccine Causing Adverse Effect Value Set) anytime on or before the adolescent's 13th birthday.

**D. HYBRID SPECIFICATION****Denominator**

A systematic sample drawn from the eligible population. Refer to the sampling guidance under Section II. Data Collection and Reporting of the Child Core Set for additional information.

**Numerators**

For meningococcal, Tdap, and HPV, count only the evidence of the antigen or combination vaccine.

**Administrative Data**

Refer to Administrative Specification to identify positive numerator hits from the administrative data.

**Medical Record Review**

For immunization information obtained from the medical record, count adolescents where there is evidence that the antigen was rendered from either of the following:

- A note 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

For the two-dose HPV vaccination series, there must be at least 146 days between the first and second dose of the HPV vaccine.

For meningococcal, do not count meningococcal recombinant (serogroup B) (MenB) vaccines. However, immunizations documented under a generic header of "meningococcal" and generic documentation that the "meningococcal vaccine", "meningococcal conjugate vaccine" or "meningococcal polysaccharide vaccine" were administered do meet numerator criteria.

Immunizations documented using a generic header or “Tdap/Td” can be counted as evidence of Tdap. The burden on states to substantiate the Tdap antigen is excessive compared to a risk associated with data integrity.

**Exclusions (optional)**

Refer to Administrative Specification for exclusion criteria. The exclusion must have occurred on or before the adolescent’s 13th birthday.

**E. ADDITIONAL NOTES**

To align with Advisory Committee on Immunization Practices (ACIP) recommendations, only the quadrivalent meningococcal vaccine (serogroups A, C, W and Y) is included in the measure.

To align with 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).