

# HEDIS® News You Can Use

Aetna Better Health® of West Virginia

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## Let's Improve Adolescent Immunizations Together!

### Immunizations for Adolescents (IMA)

#### Measure Requirements:

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Adolescents that turn 13 years of age in the measurement year and receive the following immunizations **by their 13th birthday**:

- 1 Meningococcal *between 11th and 13th birthday*.
  - ⇒ **Meningococcal recombinant (serogroup B, Men B is not compliant for HEDIS).**
- 1 Tetanus, diphtheria toxoids and acellular pertussis (Tdap) *on or between the 10th and 13th birthday*.
  - ⇒ **Td is not compliant for HEDIS**
- At least 2 HPV vaccines *on or between the 9th and 13th birthday*.
  - ⇒ **There must be at least 146 days between the first and second dose.**
  - ⇒ **Required for females AND males**

#### Coding Information:

**Meningococcal:** 90619, 90733, 90734

**Tdap:** 90715

**HPV:** 90649-90651

#### Member Incentives Program:

Be sure to call our office at **888-348-2922** for more details and the most up-to-date information.

**Earn \$50:** Complete adolescent immunizations (HPV series, Tdap, and Meningococcal) by the 13<sup>th</sup> birthday

#### Great Resources

- <https://www.cdc.gov/vaccines/partners/>
- <https://www.cdc.gov/hpv/hcp/for-hcp-tipsheet-hpv.pdf>
- <https://www.cdc.gov/vaccines/hcp/index.html>
- <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>
- <http://www.dhhr.wv.gov/HealthCheck/healthcheckservices/Pages/default.aspx>
- <https://www.cdc.gov/nceh/lead>
- [https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/west-virginia/provider/pdf/abhwv\\_provider\\_hedis\\_toolkit.pdf](https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/west-virginia/provider/pdf/abhwv_provider_hedis_toolkit.pdf)

#### Here for you!

**Thank you for the care you provide to our members!**

For questions or for more information, please contact **Alana Hoover** at **ABHVVHEDIS@aetna.com**.





## Common Reasons for Gaps in Care:

- Tdap, MCV and/or final dose of HPV given after age 13.
- Incomplete HPV series.
- MCV given before age 11.
- Adolescents don't often seek care unless injured/sick.
- HEDIS requires more than what is required by school (i.e., HPV).
- Immunizations given at other offices or health departments not billed or documented medical record.



## Best Practices:

- Begin giving a strong recommendation for the HPV vaccine at age 9. Having the conversation earlier minimizes the discussion from sexuality/sexual activity.
- Recommend the HPV vaccine with the same confidence as other adolescent immunizations – a provider recommendation is the most significant factor when parents decide to vaccinate their child.
- Center provider HPV vaccine education/messaging around **cancer prevention**; HPV vaccination protects against several types of cancer in males and females.
- Explain to guardians that even if your child is not sexually active, getting the HPV vaccine early creates a strong immune response to fight infection later.
- Listen to parent/guardian concerns and potential barriers regarding the HPV vaccine; convey empathy and compassion, while also utilizing CDC and/or WVIN provider and parent/patient resources to assist with factual responses.
- Continue to recommend/offer the HPV vaccine even if the parent/guardian previously declined.
- Give examples for other cancer prevention such as using sunscreen to prevent skin cancer, the HPV vaccine also prevents against cancer.
- Activate teens and young adults in vaccine decisions/discussions. Ask what information and misinformation they may be hearing from the news, social media, family or friends.
- Educate that getting the HPV series in a timely manner means fewer vaccinations and fewer trips to the doctor's office. (At age 13 and above, teens follow a "catch-up" three-dose schedule)
- Incorporate provider HPV vaccine reminders/alerts into the EMR starting at age 9.
- Consider having standing orders for HPV/routine vaccines.
- Identify a HPV vaccination champion within your practice to provide leadership and engagement for all office staff.
- Train all office staff regarding HPV vaccination.
- Document all refusals (NOTE: this does not count towards compliance, but it does prevent additional outreach to the office attempting to capture the immunizations during HEDIS review).
- Consider holding weekday after hours and/or weekend events/clinics specifically for HPV/adolescent immunizations.
- Healthcare providers should regularly evaluate vaccine information across digital communication channels to be able to address vaccine concerns.
- Send all sources of vaccine documentation during HEDIS medical record review.
- Record all immunizations in the state registry.
- Code accurately—Proper coding ensures compliance. Proper coding reduces medical record requests.
- Promote ABHWV IMA \$50 member incentives.
- **Reach out to ABHWV to identify your IMA/HPV vaccination rates, and collaboratively problem solve around challenges you are experiencing.**