Rotavirus and Influenza Childhood Immunization Review

Provider Presentation

Confidential and Proprietary Information

Why we're in business

OUR PURPOSE

Transforming the health of the community, one person at a time

What we do

OUR MISSION

Better health outcomes at lower costs

What we represent

OUR PILLARS

Focus on the Individual

+

Whole Health

+

Active Local Involvement

What drives our activity

OUR BELIEFS

We believe healthier individuals create more vibrant families and communities.

We believe treating people with kindness, respect and dignity empowers healthy decisions.

We believe we have a responsibility to remove barriers and make it simple to get well, stay well, and be well.

We believe in treating the whole person, not just the physical body.

We believe local partnerships enable meaningful, accessible healthcare.

Introduction

Childhood vaccines protect children from several serious and potentially life-threatening diseases such as diphtheria, measles, meningitis, polio, tetanus and whooping cough, at a time in their lives when they are most vulnerable to disease.

Approximately 300 children in the United States die each year from vaccine preventable diseases.

Immunizations are essential for disease prevention and are a critical aspect of preventable care for children.

https://www.aacp.org/article/giving-vaccines-boost#:~:text=Despite%20all%20the%20known%20benefits,account%20the%20aforementioned%20measles%20resurgence

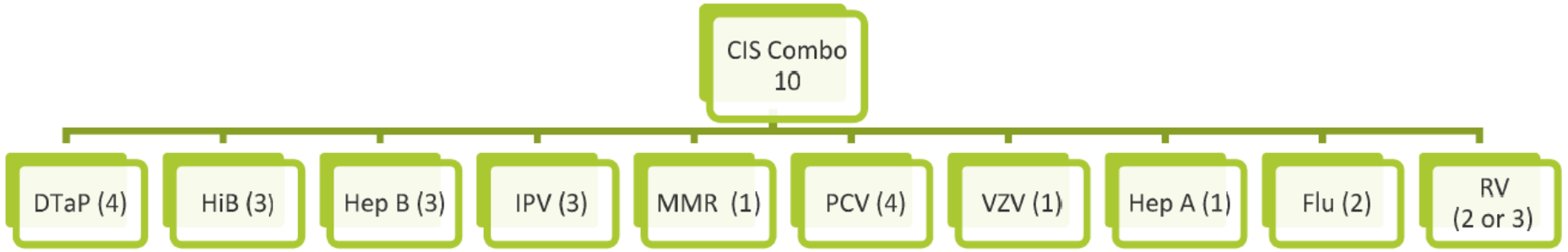
HEDIS® Measure: Childhood Immunization Status (CIS)

Time-Sensitive

Description: The percentage of children 2 years of age who had:

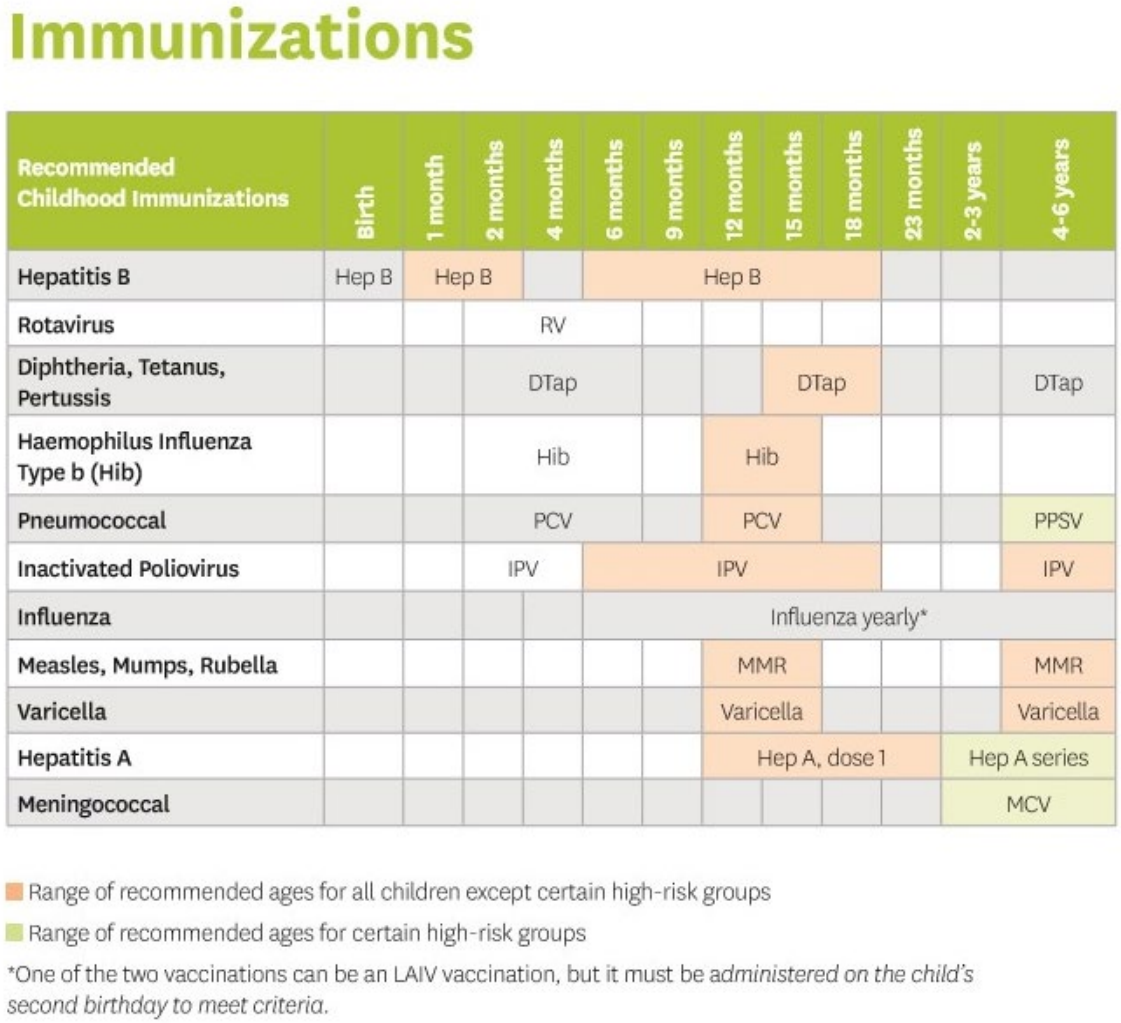
- four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV);
- one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB);
- three hepatitis B (HepB), one chicken pox (VZV);
- four pneumococcal conjugate (PCV); one hepatitis A (HepA);
- two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

The measure calculates a rate for each vaccine and 3 separate combination rates (combo 3, 7 and 10); and 2 separate combination rates for QRS (combo 3 and combo 10).



Iowa Total Care Immunization Rates

Childhood Immunization 2	2023 (as of January 2024)	2022
Rotavirus	70.98	78.10
Influenza	45.43	55.23
DTap	73.43	78.35
IPV	87.78	90.75
MMR	86.46	90.27
HiB	84.60	87.59
Hepatitis B	89.33	93.67
VZV	85.58	90.27
Pneumococcal	75.45	81.51
Hepatitis A	83.23	87.83
CIS 10	35.16	45.50



Rotavirus

What is Rotavirus?

Description: This measure demonstrates the percentage of children 2 years of age who completed all recommended immunizations on or before child's second birthday.

- First identified as a cause of diarrhea in 1973 .
- Leading cause of severe gastroenteritis among U.S. children before introduction of vaccine in 2006.

Each year prior to the vaccine, among U.S. children younger than 5 years of age, rotavirus led to:

- More then 400,000 doctor visits,
- 55,000 to 70,000 hospitalizations, and
- 20 to 60 deaths.

https://www.cdc.gov/rotavirus/surveillance.html

Rotavirus

- When documenting the rotavirus vaccine, always include the date of administration and one of the following:
  - Rotarix®.
  - Two-dose.
  - RotaTeq®.
  - Three-dose.

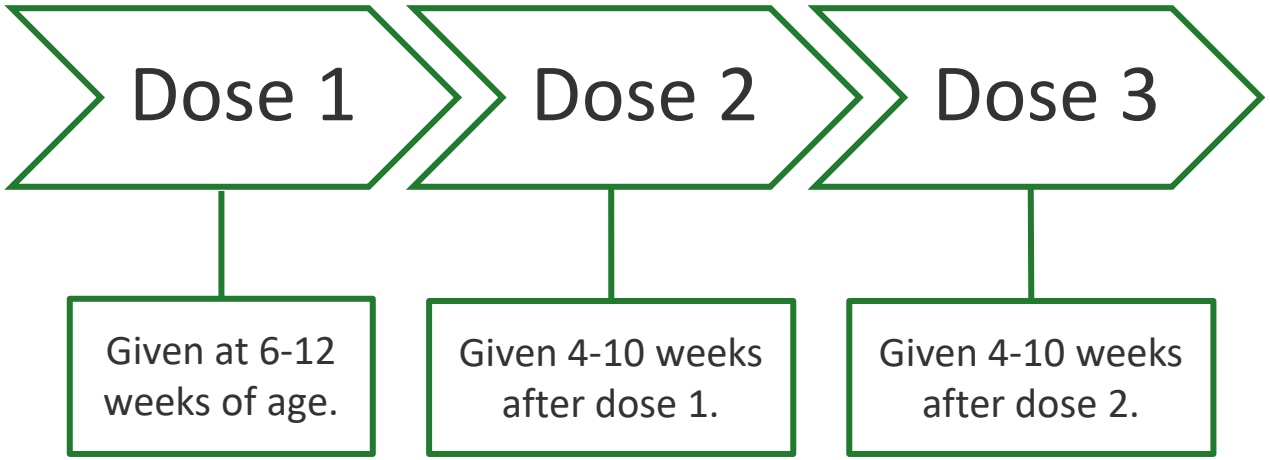
Note: If medical record documentation does not indicate whether the two-dose or three-dose schedule were used, it is assumed the three-dose regimen was used.

- Compliancy dependent on Rotarix® or RotaTeq®.
  - Both doses of Rotarix® vaccine on different dates of service by the child's second birthday.
  - All three doses of RotaTeq® vaccine on different dates of service by the child's second birthday.

Vaccine Product	Age Indications
RotaTeq® - Three doses.	2 months, 4 months and 6 months.
Rotarix® - Two doses.	2 months and 4 months.

RotaTeq®

- The dosing schedule for RotaTeq® three-dose vaccine series aligns with routine well-baby visits (2 months, 4 months, and 6 months).
- Four- to 10-week intervals between each dose can provide flexibility to complete the three-dose series.



Note: Dose 3 must be completed by the time a baby is 32 weeks old (8 months).

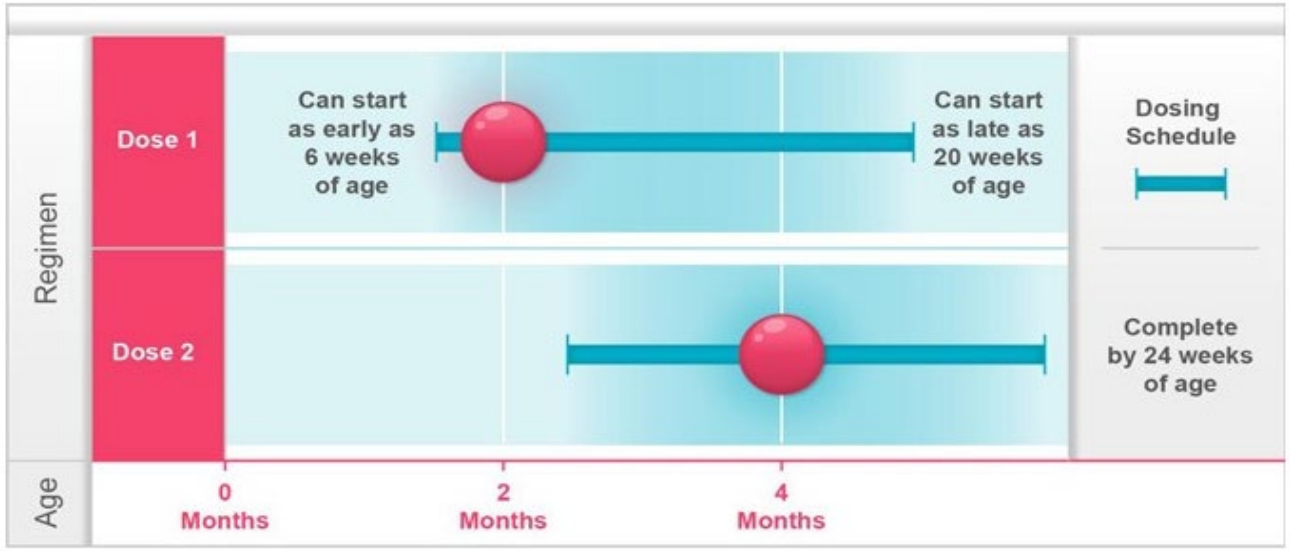
https://www.merckvaccines.com/rotateq/dosage-and-administration/

Rotarix®

Rotarix® is a two-dose series, it provides flexibility and dose range from 6 to 24 weeks of age.

Administer first dose to infants beginning at 6 weeks of age. The second dose series should be completed by 24 weeks of age.

There should be an interval of at least four weeks between the first and second dose.



https://gskpro.com/en-us/therapy-areas/vaccines/coding/gsk-vaccines/rotarix

Influenza

Influenza

Description: This measure demonstrates the percentage of children 2 years of age who completed all recommended immunizations on or before child's second birthday.

- Two influenza (flu) vaccines by their second birthday.
- At least two influenza vaccinations with different dates of service on or before the child's second birthday. A vaccination administered prior to 6 months (180 days) after birth will not count towards gap closure.

Documentation in the medical record must include:

- Name of the specific antigen,
- Type of immunization administered, and
- Date of the immunization.

Influenza Vaccines

- CDC recommends everyone 6 months and older get vaccinated every flu season.
- Children 6 months through 2 years of age **may need two doses during a single flu season**.
- Inactivated influenza vaccines are effective in protecting about 30% to 60% among the overall population when most circulating strains are well-matched to the flu vaccine.
- Vaccination should continue to be offered as long as influenza viruses are circulating, and unexpired vaccine is available.
- To avoid missed opportunities, providers should offer vaccination during routine health care visits and hospitalizations.
- Encourage and offer flu shots during the months of September through April.

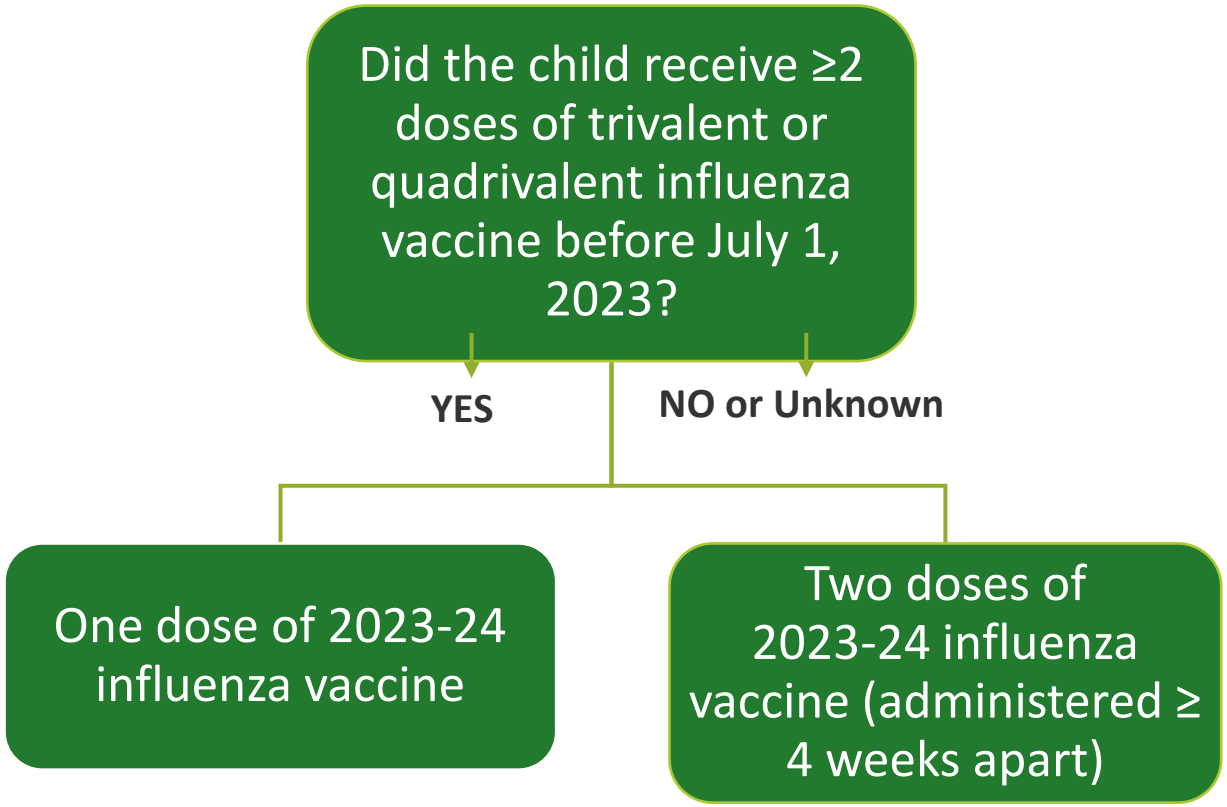
All vaccines are available through the Iowa Department of Health and Human Services Vaccines for Children Program (VFC) given at Federally Qualified Health Centers, Rural Health Centers and local public health agencies.

Brands of influenza vaccines that were available for the 2023-2024 season:

- **Standard dose flu shots:**
  Afluria Quadrivalent, Fluarix Quadrivalent, FluLaval Quadrivalent and Fluzone Quadrivalent.
- **Cell-based flu shot:**
  Flucelvax Quadrivalent—egg-free for those with egg allergies.
- **Live attenuated flu nasal spray vaccine:**
  Flu Mist Quadrivalent—approved for ages 2 years through 49 years.

Influenza Vaccine Administration

Guide for vaccination of children 6 months through 2 years of age for 2023-2024 influenza season.



Example:

Date of Service (DOS): 09/10/2023

- Johnny is an 18-month-old who received one influenza vaccine on January 18, 2023. Johnny is here for his second influenza vaccine.
- Johnny would need to receive his first influenza vaccine at this visit and come back in 4 weeks to receive his second dose. His first influenza vaccine in January does not count for the new 2023-2024 influenza season. This example would be non-compliant.

Example:

Date of Service (DOS): 10/18/2023

- Abbie is a 22-month-old who is in the office to receive her second influenza vaccine. She received her first influenza vaccine on 08/24/2023.
- Abbie's first dose in August 2023 would count as her first influenza vaccine and this would count as her second dose. The influenza vaccine season starts July 1, 2023, it has been more than 4 weeks, and she has not turned 2 years of age yet. This would meet compliancy.

Other Vaccines

Diptheria Tetanus and Pertussis (DTaP)	Haemophilus Influenza Type B (Hib)
At least **four** vaccinations with different dates of services (none prior to 42 days after birth).	At least **three** vaccinations with different dates of service (none prior to 42 days after birth).
DTaP is only for children younger than 7 years old. Different vaccines against tetanus, diphtheria, and pertussis (Tdp and Td) are available for older children, adolescents, and adults. It is recommended that children receive five doses of DTaP, usually at the following ages: • 2 months. • 4 months. • 6 months. • 15-18 months. • 4-6 years old. DTaP may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot). DTaP may be given at the same time as other vaccines.	Hib vaccine is usually given in three or four doses (depending on brand). **Infants** will usually get their first dose of Hib vaccine at 2 months of age and will usually complete the series at 12-15 months of age. **Children between 12 months and 5 years of age** who have not previously been completely vaccinated against Hib may need one or more doses of Hib vaccine. Children over 5 years old and adults usually do not receive Hib vaccine, but it might be recommended for older children or adults whose spleen is damaged or has been removed, including people with sickle cell disease, before surgery to remove the spleen, or following a bone marrow transplant. Hib vaccine may also be recommended for people 5 through 18 years old with HIV. Hib vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot). Hib vaccine may be given at the same time as other vaccines.

https://www.cdc.gov/vaccines/

Other Vaccines

Hepatitis B	Inactivated Polio Vaccine (IPV)
At least **three** vaccinations with different dates of service (can include one dose given between time of birth and 7 days old).	At least **three** vaccinations with different dates of service (none prior to 42 days after birth).
• The **first** dose is typically administered within 24 hours of birth. ○ The birth dose of Hepatitis B is an important part of preventing long-term illness in infants and the spread of Hepatitis B in the United States. • The **second** dose is administered 1 month *after* the first dose. • The **third** dose is administered 6 months *after* the first dose. Infants will typically complete this series between 6 and 18 months of age.	As part of routine childhood immunization, children in the United States should get inactivated polio vaccine (IPV) to protect against polio or poliomyelitis. They should get four doses total, with one dose at each of the following ages: • 2 months old. • 4 months old. • 6-18 months old. • 4-6 years old.

https://www.cdc.gov/vaccines/

Other Vaccines

Measles Mumps and Rubella (MMR)	Varicella Zoster Virus (VZV)
The first vaccine is completed between the **first and second birthday** of a child's life.	The first vaccine is completed between the **first and second birthday** of a child's life.
The CDC recommends all children get two doses of MMR vaccine, starting with the first dose at 12 through 15 months of age, and the second dose at 4 through 6 years of age. Children can receive the second dose earlier as long as it is at least 28 days after the first dose.	• The **first** dose is completed at 12-15 months. • The **second** dose is completed at 4-6 years old. • The second dose may be given at an earlier age if it is given **at least three months** after the first dose.

https://www.cdc.gov/vaccines/

Other Vaccines

Pneumococcal Vaccination (PCV)	Hepatitis A (Hep A)
At least **four** vaccinations with different dates of services (none prior to 42 days after birth).	The first vaccine is completed between the **first and second birthday** of a child's life.
The CDC recommends **PCV15** or **PCV20** for children younger than 5 years old. Most children receive 4 doses total, one dose at each of the following ages: • 2 months old. • 4 months old. • 6 months old. • 12-15 months old.	Children need two doses of the Hep A vaccine: • The **first** dose is completed at 12-23 months old. • The **second** dose is completed 6 months after the first dose. **Infants 6 through 11 months old** traveling outside the United State when protection against Hep A is recommended should receive 1 dose of the Hep A vaccine. These children should get two additional doses at the recommended ages for long-lasting protection.

https://www.cdc.gov/vaccines/

Improve Gap Closure

Documentation

Document each patient's vaccine administration information and follow-up in the following places:

- **Medical record:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and address and, if appropriate, the title of the person administering the vaccine. You must also document, in the patient's medical record or office log, the publication date of the VIS (vaccine information statement) and the date it was given to the patient.
    - If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Discuss the need for vaccine with the patient (or, in the case of a minor, their parent or legal representative) at the next visit.
- **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
- **Immunization Information System (IIS) or "registry":** Report the vaccination to the appropriate state or local IIS, if available, include manufacturer and lot number, vaccination site and route with date administered. It is very important to document the correct vaccine that was administered (Example: two-dose or three-dose rotavirus).

Tips

NOTE: If the child is 2 years and 1 day old, services will **not** count toward HEDIS® scores. Parental refusal is **not** a valid exclusion. If the member has a history of anaphylactic reaction due to vaccination, the appropriate codes should be used to account for this.

To Improve HEDIS® Measure:

- Check compliance with immunizations and lead screening at 18-month well-child visit (not 2 years old).
- Schedule a visit to “catch up” on immunizations and lead screenings.
- Encourage and offer flu shots during the months of September through April.
- Complete overdue immunizations at sick visits as medically appropriate.
- If history of anaphylaxis to an immunization(s), submit appropriate codes.
- When documenting the rotavirus vaccine, always include “Rotarix®” or “two-dose,” or “RotaTeq®” or “three-dose” with the date of administration.
  - If medical record documentation does not indicate whether the two-dose schedule or three-dose schedule was used, it is assumed the three-dose regimen was used.
- For parents hesitant to give all vaccines on schedule, remind them that the schedule is timed when it works best with a child’s immune system.

Childhood Immunization Status (CIS) Initiatives

Provider Initiatives	Member Initiatives
• Bi-Monthly Educational Emails • EPSDT Quick Reference Guide • EPSDT Provider Toolkit • HEDIS Quick Reference Guide	• EPSDT New Member Mailer • Live Calls - Care Concierge

My Health Pays® Rewards

$20 Infant Well Care Visit

- Must complete all six visits with assigned Primary Care Provider (PCP) to earn one reward.
- 2-, 4-, 6-, 9-, 12- and 15-month infant well care visits.

$20 Early Child Well Care Visit

- Ages 15-30 months.
- Must complete two visits with PCP during this age range to earn one reward.

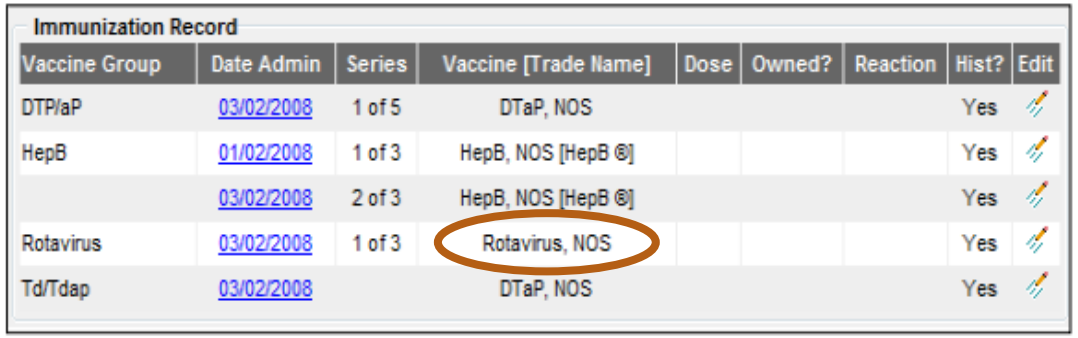
$20 Annual Child Well Care Visit

- Ages 3-20.
- Once per year.

Resources

Adding Immunizations to Patient Record(s) in IRIS (Immunization Registry Information System)

Incorrect Documentation

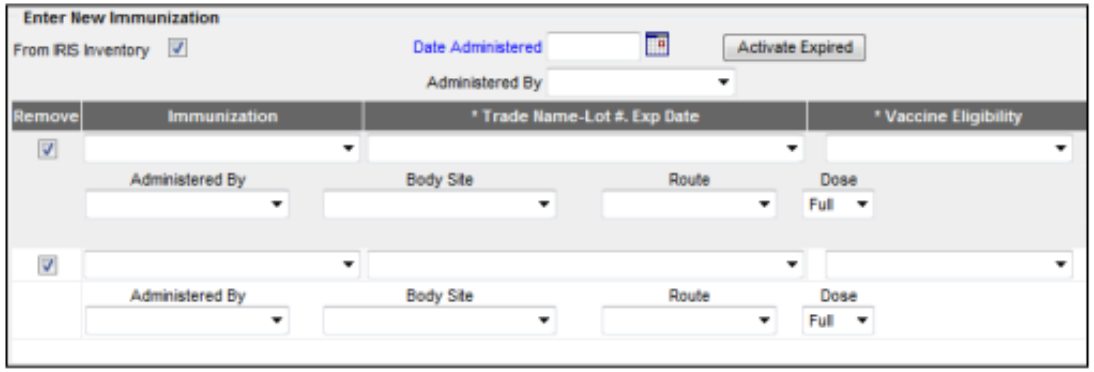


Immunization Record

Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Dose	Owned?	Reaction	Hist?	Edit
DTP/aP	03/02/2008	1 of 5	DTaP, NOS				Yes	
HepB	01/02/2008	1 of 3	HepB, NOS [HepB ®]				Yes	
	03/02/2008	2 of 3	HepB, NOS [HepB ®]				Yes	
Rotavirus	03/02/2008	1 of 3	Rotavirus, NOS				Yes	
Td/Tdap	03/02/2008		DTaP, NOS				Yes	

- This table lists all the immunizations the patient has received to date that have been entered into IRIS.
- Immunizations are listed alphabetically by vaccine group and ordered by date administered.
- If a vaccine trade name is not chosen when entered, it will show as “Rotavirus, NOS” etc.
- Automatically assumes it is the three-dose series even if the two-dose series was given.
- This makes the members gap not closed if three doses are not given.

Correct Documentation



- Date administered.
- Administered by (at the top).
- Enter in vaccine administered.
- Trade name; do not use NOS; pick the actual vaccine given.
- Lot number.
- Vaccine eligibility.
- Administered by.
- Body site.
- Route.
- Dose.

Provider Resources

Get the tools you need at IowaTotalCare.com. From the 'For Providers' tab on our website, you can access:

- Your Clinical Quality Consultant's contact information. (iowatotalcare.com/providers/quality-improvement/clinical-quality-consultant)
- Training on programs and gap closure support to fit your practice needs.
- Manuals, forms, and HEDIS tip sheets to assist with caring for your patient. (iowatotalcare.com/providers/resources/forms-resources)

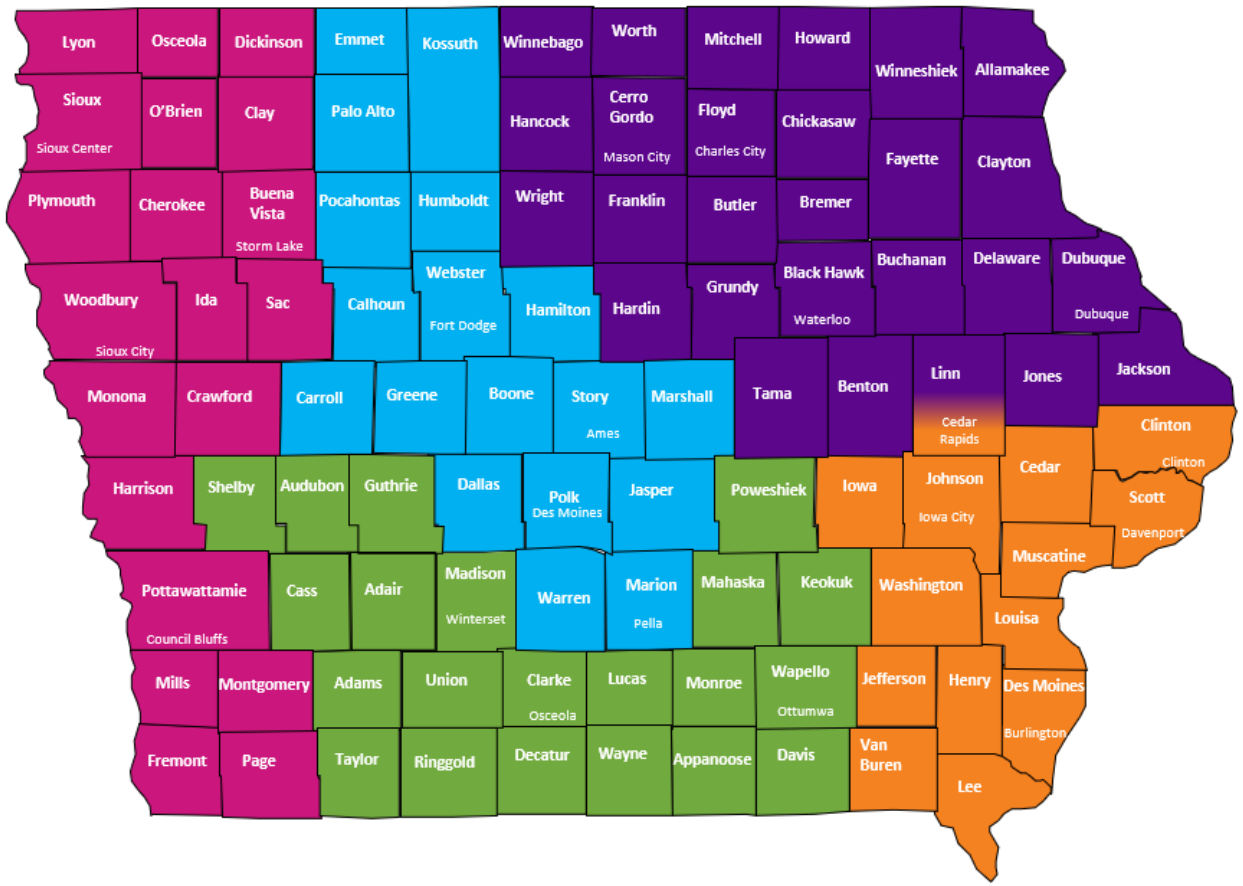
From the Provider Portal (provider.iowatotalcare.com):

- Click on **Patient** and select member's name to access patient's medical records.
- Click on the **Provider Analytics** link to be directed to your Quality dashboard and P4P Scorecard.
- Click on **Authorization** to create or view status of submitted prior authorizations.
- Click on **Claims** to review status of submitted claims.

Patient Education Resources

- Krames Health Library.
- Value-Added Services.
  - My Health Pays® Rewards .
    - The influenza vaccine is included as a rewarded activity in the Iowa Total Care My Health Pays® program.

Clinical Quality Consultant Territory Map



For the most up-to-date Clinical Quality Consultant Territory Map, visit **IowaTotalCare.com/PRMap.**

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Questions?