



HEDIS[®] MEASURES

Pediatric & Adolescent
Provider Matrix



HEDIS® MEASURES
Pediatric & Adolescent Provider Matrix



HEDIS® measures are used to gauge the quality of care health plan members are receiving. This matrix provides measure specific information for needed services and directions on how to close gaps in the care of your members. *Utilizing proper coding practices is the best way to close member gaps in your Care Opportunity Report and reduces the need for medical record reviews.

You may have relevant information regarding a member that you are unable to submit via claim. In this case, you can close the gap by submitting the medical record indicating the member has already received the relevant service or has a condition that excludes them from the measure. All medical records should be faxed to **AvMed Corporate Quality Improvement at 1-800-331-3843.**

PREVENTION AND SCREENING

| Measure | Member Population | Screening, Test or Care Needed | How You Can Prevent or Close Gap * | |
|--|---------------------------------|--|---|--|
| | | | Preferred Method | Acceptable Method |
| Childhood Immunization Status (CIS) Combo 10 | Children age 2 | Administered all doses of the following vaccines before child's 2nd birthday: 4 DtaP 3 IPV 1 MMR 3 HiB 3 HepB 1 VzV 4 Pneumococcal conjugate 1 HepA 3 Rotavirus (2 if administer 2-dose version, OR 3 if administer 3-dose version) 2 Influenza | Contact members on your Care Opportunity Report and schedule an appointment to come for a visit and get Immunizations. The following CPT codes indicate an Immunization: DtaP - 90700, 90721, 90723, 90698 IPV - 90713, 90698, 90723 MMR - 90707, 90710 HiB - 90644-90648, 90721, 90748, 90698 Hep B - 90723, 90740, 90744, 90747, 90748 Vzv - 90710, 90716 PCV - 90669, 90670 Hep A - 90633 Rotavirus - 90681, 90680 Influenza - 90655, 90657,90661, 90662, 90673, 90685,90687 If the member already had vaccine(s), or has had an anaphylactic or other adverse reaction to a vaccine, document the date(s). Submit medical record with notation of vaccines to AvMed when requested. | |
| Chlamydia Screening in Women (CHL) | Sexually active women age 16-24 | A Chlamydia test every year | Consider routine Chlamydia screening using a urine sample for all sexually active female members in this age range Screen at least once a year during any visit (sick or well visit) Take the opportunity to counsel and educate all members, including adolescents, on STDs The following CPT codes indicate a Chlamydia screening: 87110, 87270, 87320, 87490-87492, 87810 | Contact members on your Care Opportunity Report and confirm they've had their Well Women's visit If member had a screening in the current year, document the date and result, if available. Submit the medical record to AvMed If member has not had a screening , consider scheduling the member's OB/GYN visit while they are on the phone to increase likelihood the member receives a Chlamydia screening If the member is an adolescent due for a wellness visit, schedule visit and use it as an opportunity to screen for Chlamydia and educate on STDs |

PREVENTION AND SCREENING (Cont.)

| Measure | Member Population | Screening, Test or Care Needed | How You Can Prevent or Close Gap * | |
|---|-----------------------|---|---|--|
| | | | Preferred Method | Acceptable Method |
| Immunizations for Adolescents (IMA) (combo 2) | Adolescents ages 9-13 | Adminster the following on or between member's 11th and 13th birthdays: 1 meningococcal vaccine AND 10th and 13th birthdays: 1 tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) AND 9th and 13th birthdays: 2 HPV vaccinations at least 146 days apart OR 3 HPV vaccinations on different dates of service | Contact members on your Care Opportunity Report and schedule an appointment to come for a visit and get their Immunizations. The following CPT codes indicate an Immunization: Tdap - 90715 HPV - 90649, 90650, 90651 Meningococcal - 90644, 90734 If the member already had required vaccine or has had an anaphylactic or other adverse reaction to the vaccine, document the date. Submit medical record with notation of the vaccines to AvMed when requested. | |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) | Children age 3-17 | Conduct the following at least once a year from ages 2 to 18 years: BMI percentile documentation AND Counseling for Nutrition AND Counseling for Physical Activity | Submit the following codes on the claim: BMI Percentile ICD-10: Z68.51 - Z68.54 Nutritional Counseling: Procedure Codes G0270 S9449 97802 G0271 S9452 97803 G0447 S9470 97804 ICD-10: Z71.3 Physical Activity Counseling: S9451 ICD-10 Z02.5 G0447 | Document all three components on the Member's medical record at least once a year. Submit medical record documentation to AvMed upon request. Medical record must show some discussion of nutrition and physical activity and the BMI must be plotted or show the percentile. |
| Adult BMI Assessment (ABA) | Ages 18-74 | For members 18-20: a BMI percentile, weight, AND height documented every 1-2 years. | Include appropriate diagnosis code on claim for every visit to indicate weight was measured and BMI value or BMI percentile was documented: ICD 10 BMI %tile: Z68.51 - Z68.54 | Be sure to measure and document weight, height, BMI percentile on every patient's record at least once a year. Submit medical record showing weight, height, and BMI percentile measured during the current year, upon AvMed's request. |

Note: The Adult BMI Assessment (ABA) measure can be used for members that have not transitioned from pediatric care to Adult PCP/FP

RESPIRATORY CONDITIONS

| Measure | Member Population | Screening, Test or Care Needed | How You Can Prevent or Close Gap * | |
|---|--|--|--|---|
| | | | Preferred Method | Acceptable Method |
| Appropriate Testing for Children With Pharyngitis (CWP) | Children age 2-18 who were diagnosed with pharyngitis, tonsillitis or strep throat AND were dispensed an antibiotic | Administer a group A streptococcus (strep) test within three days of diagnosis | Administer or order a strep test for children with throat infections when prescribing an antibiotic Include code for strep test on claim: 87070 87650 87071 87651 87081 87652 87430 87880 | Administer or order a strep test for children with throat infections when prescribing an antibiotic: Document type, date and result of strep test on medical record. Submit medical record to AvMed upon request. |
| Appropriate Treatment for Children With Upper Respiratory Infection (URI) | Children age 3 months -18 years with an upper respiratory infection | Avoid prescribing an antibiotic if the only diagnosis is an upper respiratory infection. | <i>If an upper respiratory infection is the only condition</i> , avoid writing an antibiotic prescription. | <i>If prescribing an antibiotic for a bacterial infection (or co-morbid condition)</i> , use diagnosis code for bacterial infection and/or co-morbid condition when submitting claim. Code any secondary conditions. |
| Asthma Medication Ratio (AMR)** | Members age 5-64 with persistent asthma | At least 50% or greater of all asthma medications filled should be controller medications. | Take the opportunity at every appointment to talk to your members about the importance of taking controller medications to control their asthma. Inquire about and address, where possible any barrier to adherence the member may be experiencing such as side effects, costs, or perceptions toward medication. | |
| Medication Management for People with Asthma (MMA)** | Members age 5-85 with persistent asthma | Adherence to asthma controller medication for at least 75% (preferred) or 50% of their treatment period. Treatment period starts the date of the first filled asthma prescription and ends the last day of the year. | Take the opportunity at every appointment to talk to your members about the importance of taking prescribed medications. Inquire about and address, where possible, any barrier to adherence the member may be experiencing such as side effects, costs, perceptions toward medication, etc. | |

BEHAVIORAL HEALTH CONDITIONS

| | | | |
|--|--|--|--|
| Follow-Up Care for Children Prescribed ADHD Medication (ADD) | Children ages 6-12 who had prescription for ADHD | <i>Initiation Phase:</i> At least one follow-up visit with practitioner with prescribing authority during 30-day Initiation Phase. <i>Continuation and Maintenance (C&M) Phase:</i> At least two additional follow-up visits with a practitioner within 270 days (9 months) after Initiation Phase ended. | Contact members on your Care Opportunity Report and schedule appointments to come for follow up visits. Submit claims showing members had follow up visits. Use applicable CPT Codes when submitting claims. |
|--|--|--|--|

*This document represents only a set of recommendations to be implemented or acted upon by the physician as she/he deems appropriate. The physician and not AvMed is engaged in the practice of medicine. The physician maintains at all times the only physician/patient relationship with the Member. The judgments and decisions related to medical care, including but not limited to diagnosis, treatment, classification, identification, coding, etc. remain wholly within the province and control of the physician. Physicians must comply with all laws and regulations, including those related to fraud, waste, and abuse.

**See Relevant Medications table.

***See CIS and WCC informational worksheets.

RELEVANT MEDICATIONS BY MEASURE

| ADHD Medications | |
|--------------------------------------|---|
| Description | Prescription |
| CNS stimulants | • Amphetamine-dextroamphetamine • Dextroamphetamine • Methylphenidate |
| Alpha 2 receptor agonists | • Dexmethylphenidate • Lisdexamfetamine |
| Miscellaneous ADHD medications | • Clonidine • Methamphetamine • Atomoxetine • Guanfacine |
| Asthma Controller Medications | |
| Antiasthmatic combinations | • Dyphylline-guaifenesin • Guaifenesin-theophylline |
| Antibody inhibitor | • Omalizumab |
| Inhaled steroid combinations | • Budesonide-formoterol • Fluticasone-salmeterol • Mometasone-formoterol |
| Inhaled corticosteroids | • Beclomethasone • Budesonide • Ciclesonide • Flunisolide • Fluticasone CFC free • Mometasone |
| Leukotriene modifiers | • Montelukast • Zafirlukast • Zileuton |
| Mast cell stabilizers | • Cromolyn |
| Methylxanthines | • Aminophylline • Dyphylline • Theophylline |
| Asthma Reliever Medications | |
| Short-acting inhaled beta-2 agonists | • Abuterol • Levalbuterol • Pirbuterol |

VACCINATION & WELL CHILD FORMS & TOOLS

| Vaccination | |
|--|--|
| Child and Adolescent Vaccination Forms | Contraindication Screening Checklist: |
| Notification of Vaccination Patient Form | Children & Teens Form |
| Addressing Parents about HPV | Children & Teens Information for Healthcare Professional |
| For more up to date forms: http://www.cdc.gov/vaccines | |
| Well Child | |

BMI Chart for plotting (paper medical record)

Note: EMR systems require you to turn on the BMI percentile and if plotting, the BMI %, percentile must be present.

Nutrition Counseling:
- If paper medical record, provide discussion of nutrition.

- EMR use check boxes

Physical Activity Counseling
- If paper medical record, provide discussion of physical activity.

- EMR use check boxes

Vaccine Administration Record
for Children and Teens

Patient name: _____

Birthdate: _____ Chart number: _____

Clinic name and address

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child’s parent or legal representative and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient’s personal record card.

| Vaccine | Type of Vaccine ¹ | Date given (mo/day/yr) | Funding Source (F,S,P) ² | Route & Site ³ | Vaccine | | Vaccine Information Statement (VIS) | | Vaccinator ⁵ (signature or initials & title) |
|---|------------------------------|---------------------------|--|---------------------------|---------|------|-------------------------------------|-------------------------|--|
| | | | | | Lot # | Mfr. | Date on VIS ⁴ | Date given ⁴ | |
| Hepatitis B⁶ (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM. ³ | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Diphtheria, Tetanus, Pertussis⁶ (e.g., DTaP, DTaP/Hib, DTaP-HepB-IPV, DT, DTaP-IPV/Hib, Tdap, DTaP-IPV, Td) Give IM. ³ | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| <i>Haemophilus influenzae</i> type b⁶ (e.g., Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib, Hib-MenCY) Give IM. ³ | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Polio⁶ (e.g., IPV, DTaP-HepB-DTaP-IPV/Hib, DTaP-IPV) Give IPV SC or IM. ³ Give all others IM. ³ | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Pneumococcal (e.g., PCV7, PCV13, conjugate; PPSV23, polysaccharide) Give PCV IM. ³ Give PPSV SC or IM. ³ | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Rotavirus (RV1, RV5) Give orally (po). ³ | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

See page 2 to record measles-mumps-rubella, varicella, hepatitis A, meningococcal, HPV, influenza, and other vaccines (e.g., travel vaccines).

How to Complete This Record

1. Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
2. Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
3. Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (SC), intradermal (ID), intranasal (IN), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
4. Record the publication date of each VIS as well as the date the VIS is given to the patient.
5. To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.
6. For combination vaccines, fill in a row for each antigen in the combination.

| Abbreviation | Trade Name and Manufacturer |
|----------------|--|
| DTaP | Daptacel (sanofi); Infanrix (GlaxoSmithKline [GSK]); Tripedia (sanofi pasteur) |
| DT (pediatric) | Generic DT (sanofi pasteur) |
| DTaP-HepB-IPV | Pediarix (GSK) |
| DTaP/Hib | TriHIBit (sanofi pasteur) |
| DTaP-IPV/Hib | Pentacel (sanofi pasteur) |
| DTaP-IPV | Kinrix (GSK) |
| HepB | Engerix-B (GSK); Recombivax HB (Merck) |
| HepA-HepB | Twinrix (GSK), can be given to teens age 18 and older |
| Hib | ActHIB (sanofi pasteur); Hiberix (GSK); PedvaxHIB (Merck) |
| Hib-HepB | Comvax (Merck) |
| Hib-MenCY | MenHibrix (GSK) |
| IPV | Ipol (sanofi pasteur) |
| PCV13 | Prenvar 13 (Pfizer) |
| PPSV23 | Pneumovax 23 (Merck) |
| RV1 | Rotarix (GSK) |
| RV5 | RotaTeq (Merck) |
| Tdap | Adacel (sanofi pasteur); Boostrix (GSK) |
| Td | Decavac (sanofi pasteur); Generic Td (MA Biological Labs) |

For additional copies, visit www.immunize.org/catg.d/p2022.pdf • Item #P2022 (4/14)

Technical content reviewed by the Centers for Disease Control and Prevention

This form was created by the Immunization Action Coalition • www.immunize.org • www.vaccineinformation.org

Vaccine Administration Record
for Children and Teens

Patient name: _____

Birthdate: _____ Chart number: _____

Clinic name and address

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child’s parent or legal representative and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient’s personal record card.

| Vaccine | Type of Vaccine ¹ | Date given (mo/day/yr) | Funding Source (F,S,P) ² | Route & Site ³ | Vaccine | | Vaccine Information Statement (VIS) | | Vaccinator ⁵ (signature or initials & title) |
|--|------------------------------|---------------------------|--|---------------------------|---------|------|-------------------------------------|-------------------------|--|
| | | | | | Lot # | Mfr. | Date on VIS ⁴ | Date given ⁴ | |
| Measles, Mumps, Rubella⁶ (e.g., MMR, MMRV) Give SC. ³ | | | | | | | | | |
| | | | | | | | | | |
| Varicella⁶ (e.g., VAR, MMRV) Give SC. ³ | | | | | | | | | |
| | | | | | | | | | |
| Hepatitis A⁶ (HepA) Give IM. ³ | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Meningococcal (e.g., MenACWY-CRM; Men-ACWY-D; Hib-MenCY; MPSV4) Give MenACWY and Hib-MenCY IM ³ and give MPSV4 SC. ³ | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Human papillomavirus⁶ (e.g., HPV2, HPV4) Give IM. ³ | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Influenza (e.g., IIV3, trivalent inactivated; IIV4, quadrivalent inactivated; RIV, recombinant inactivated [for ages 18–49 yrs]; LAIV4, quadrivalent live attenuated) Give IIV and RIV IM. ³ Give LAIV IN. ³ | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Other | | | | | | | | | |
| | | | | | | | | | |

See page 1 to record hepatitis B, diphtheria, tetanus, pertussis, *Haemophilus influenzae* type b, polio, pneumococcal, and rotavirus vaccines.

How to Complete This Record

1. Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
2. Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
3. Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (SC), intradermal (ID), intranasal (IN), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
4. Record the publication date of each VIS as well as the date the VIS is given to the patient.
5. To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.
6. For combination vaccines, fill in a row for each antigen in the combination.

| Abbreviation | Trade Name and Manufacturer |
|--|--|
| MMR | MMRII (Merck) |
| VAR | Varivax (Merck) |
| MMRV | ProQuad (Merck) |
| HepA | Havrix (GlaxoSmithKline [GSK]); Vaqta (Merck) |
| HepA-HepB | Twinrix (GSK) |
| HPV2 | Cervarix (GSK) |
| HPV4 | Gardasil (Merck) |
| LAIV [Live attenuated influenza vaccine] | FluMist (MedImmune) |
| TIV [Trivalent inactivated influenza vaccine]; RIV [Recombinant influenza vaccine] | Afluria (CSL Biotherapies); Agriflu (Novartis); Fluarix (GSK); Flublok (Protein Sciences Corp.); Flucelvax (Novartis); FluLaval (GSK); Fluvirin (Novartis); Fluzone, Fluzone Intradermal [for ages 18–64 yrs] (sanofi) |
| MCV4 or MenACWY, MenACWY-CRM, MenACWY-D; Hib-MenCY | MenACWY-D = Menactra (sanofi pasteur); MenACWY-CRM = Menveo (Novartis); Hib-MenCY (MenHibrix [GSK]) |
| MPSV4 | Menomune (sanofi pasteur) |

Technical content reviewed by the Centers for Disease Control and Prevention

This form was created by the Immunization Action Coalition • www.immunize.org • www.vaccineinformation.org

Notification of Vaccination Letter Template

Dear doctor or nurse at _____:
Patient's primary care clinic

We recently provided vaccination services to one of your patients. We want to make certain that you have information about the vaccines we administered so you can update your patient's medical record. Please contact us if you have any questions about this information.

- We provided the patient (or parent) with a written record of the vaccination(s) given.
- We entered information about the vaccine(s) we administered in the regional immunization information system.

Patient's name: _____ Patient's birthdate: _____

(For a child, parent's name: _____ Parent's birthdate: _____)

The vaccine(s) we administered on _____ is/are checked below.
Date

Vaccines

- Hepatitis B (Engerix-B; Recombivax HB)
Dose (circle one): 0.5 mL 1.0 mL
- DTaP (age 6 yrs and younger)
- DTaP-HepB-IPV (Pediarix)
- DTaP-IPV (Kinrix)
- DTaP-IPV/Hib (Pentacel)
- DT (through age 6 yrs)
- Tdap (age 7 yrs and older)
- Td (age 7 yrs and older)
- Hib (monovalent)
- ActHIB
- Hiberix
- PedvaxHIB
- Hib-HepB (Comvax)
- Hib-MenCY (MenHibrix)
- Pneumococcal conjugate (PCV13)
- Pneumococcal polysaccharide (PPSV23)
- Rotavirus
- RV1 (Rotarix)
- RV5 (RotaTeq)
- IPV (Polio)
- MMR
- Varicella (Varivax)
- MMRV (ProQuad)
- Hepatitis A (Havrix; Vaqta)
Dose (circle one): 0.5 mL 1.0 mL
- HepA-HepB (Twinrix)
- Human papillomavirus (HPV)
- HPV2 (Cervarix)
- HPV4 (Gardasil)
- Meningococcal conjugate (MCV4)
- MCV4-D (Menactra)
- MCV4-CRM (Menveo)
- Meningococcal polysaccharide (MPSV4)
- Influenza:
Brand _____
Dose (mL) _____
Route _____
- Zoster (shingles) (Zostavax)
- Other _____

Form with fields: Name of clinic providing services, Address, City, State, Zip, Contact person, Email address, Phone number

Addressing Parents' Top Questions about HPV VACCINE

Parents may be interested in vaccinating, yet still have questions. Some parents might just need additional information from you, the clinician they trust. Taking the time to answer their questions and address their concerns can help parents to accept a recommendation for HPV vaccination.

WHEN PARENTS SAY:

TRY SAYING:

Why does my child need the HPV vaccine?
HPV vaccine is important because it prevents cancer. That is why I recommend that your daughter/son be vaccinated today.

What diseases are caused by HPV?
Certain HPV types can cause cancer of the cervix, vagina, and vulva in females, cancer of the penis in men, and in both females and males, cancers of the anus and the throat. We can help prevent infection with the HPV types that cause these cancers by starting the HPV vaccine series for your child today.

Is my child really at risk for HPV?
HPV is a very common and widespread virus that infects both females and males. We can help protect your child from the cancers and diseases caused by the virus by starting HPV vaccination today.

Why do they need HPV vaccine at such a young age?
HPV vaccination works best at the recommended ages of 11 or 12 years.

I have some concerns about the safety of the vaccine—I keep reading things online that says HPV vaccination isn't safe. Do you really know if it's safe?
I know there are stories in the media and online about vaccines, and I can see how that could concern you. However, I want you to know that HPV vaccine has been carefully studied for many years by medical and scientific experts. I believe HPV vaccine is very safe. Vaccines, like any medication, can cause side effects. With HPV vaccination this could include pain, swelling, and/or redness where the shot is given, or possibly headache. Sometimes kids faint when they get shots and they could be injured if they fall from fainting. We'll protect your child by having them stay seated after the shot.

Could HPV vaccine cause my child to have problems with infertility?
There is no data available to suggest that getting HPV vaccine will have an effect on future fertility. However, women who develop cervical cancer could require treatment that would limit their ability to have children.

I'm just worried that my child will perceive this as a green light to have sex.
Numerous research studies have shown that getting the HPV vaccine does not make kids more likely to be sexually active or start having sex at a younger age.

How do you know if the vaccine works?
Ongoing studies are showing that HPV vaccination works very well and has decreased HPV infection, genital warts, and cervical precancers in young people in the years since it has been available.

Why do boys need HPV vaccine?
HPV infection can cause cancers of the penis, anus, and throat in men and it can also cause genital warts. HPV vaccine can help prevent the infection that lead to these diseases.

Would you get HPV vaccine for your kids?
Yes, I have given HPV vaccine to my child (or grandchild, etc) because I believe in the importance of this cancer-preventing vaccine. The American Academy of Pediatrics, the American Academy of Family Physicians, cancer centers, and the CDC, also agree that getting the HPV vaccine is very important for your child.



DISTRIBUTED BY:



Screening Checklist for Contraindications to Vaccines for Children and Teens

PATIENT NAME _____

DATE OF BIRTH _____ / _____ / _____
month day year

For parents/guardians: The following questions will help us determine which vaccines your child may be given today. If you answer “yes” to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

| | yes | no | don't know |
|--|--------------------------|--------------------------|--------------------------|
| 1. Is the child sick today? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the child have allergies to medications, food, a vaccine component, or latex? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the child had a serious reaction to a vaccine in the past? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the child had a health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If your child is a baby, have you ever been told he or she has had intussusception? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is the child/teen pregnant or is there a chance she could become pregnant during the next month? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has the child received vaccinations in the past 4 weeks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

Did you bring your immunization record card with you? yes ☐ no ☐

It is important to have a personal record of your child's vaccinations. If you don't have one, ask the child's healthcare provider to give you one with all your child's vaccinations on it. Keep it in a safe place and bring it with you every time you seek medical care for your child. Your child will need this document to enter day care or school, for employment, or for international travel.



Technical content reviewed by the Centers for Disease Control and Prevention

Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p4060.pdf • Item #P4060 (2/16)

Information for Healthcare Professionals about the Screening Checklist for Contraindications (Children and Teens)

Are you interested in knowing why we included a certain question on the screening checklist? If so, read the information below. If you want to find out even more, consult the references listed at the end.

1. Is the child sick today? *[all vaccines]*

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events (1, 2). However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as otitis media, upper respiratory infections, and diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

2. Does the child have allergies to medications, food, a vaccine component, or latex? *[all vaccines]*

An anaphylactic reaction to latex is a contraindication to vaccines that contain latex as a component or as part of the packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). If a person has anaphylaxis after eating gelatin, do not administer vaccines containing gelatin. A local reaction to a prior vaccine dose or vaccine component, including latex, is not a contraindication to a subsequent dose or vaccine containing that component. For information on vaccines supplied in vials or syringes containing latex, see reference 3; for an extensive list of vaccine components, see reference 4. An egg-free recombinant influenza vaccine (RIV3) may be used in people age 18 years and older with egg allergy of any severity who have no other contraindications. Children and teens younger than age 18 years who have experienced a serious systemic or anaphylactic reaction (e.g., hives, swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs can usually be vaccinated with inactivated influenza vaccine (IIV); consult ACIP recommendations (see reference 4).

3. Has the child had a serious reaction to a vaccine in the past? *[all vaccines]*

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses (1). History of encephalopathy within 7 days following DTP/DTaP is a contraindication for further doses of pertussis-containing vaccine. Precautions to DTaP (not Tdap) include the following: (a) seizure within 3 days of a dose, (b) pale or limp episode or collapse within 48 hours of a dose, (c) continuous crying for 3 or more hours within 48 hours of a dose, and (d) fever of 105°F (40°C) within 48 hours of a previous dose. There are other adverse events that might have occurred following vaccination that constitute contraindications or precautions to future doses. Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community pertussis outbreak).

4. Has the child had a health problem with lung, heart, kidney, or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy? *[LAIV]*

The safety of LAIV in children and teens with lung, heart, kidney, or metabolic disease (e.g., diabetes), or a blood disorder has not been established. These conditions, including asthma in children ages 5 years and older, should be considered precautions for the use of LAIV. Children on long-term aspirin therapy should not be given LAIV; instead, they should be given IIV.

5. If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? *[LAIV]*

Children ages 2 through 4 years who have had a wheezing episode within the past 12 months should not be given LAIV. Instead, these children should be given IIV.

6. If your child is a baby, have you ever been told that he or she has had intussusception? *[Rotavirus]*

Infants who have a history of intussusception (i.e., the telescoping of one portion of the intestine into another) should not be given rotavirus vaccine.

7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problem? *[DTaP, Td, Tdap, IIV, LAIV, MMRV]*

DTaP and Tdap are contraindicated in children who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of DTaP and Tdap. For children with stable neurologic disorders (including seizures) unrelated to vaccination, or for children with a family history of seizures,

REFERENCES

1. CDC. General recommendations on immunization, at www.cdc.gov/mmwr/pdf/rr/r6002.pdf.

2. AAP. Red Book: Report of the Committee on Infectious Diseases at www.aapredbook.org.

3. Latex in Vaccine Packaging: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf

4. Table of Vaccine Components: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

5. CDC. Prevention and control of influenza with vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), United States, 2015–16 Influenza Season at www.cdc.gov/mmwr/pdf/wk/mm6430.pdf, pages 818–825.

6. CDC. Measles, mumps, and rubella – vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps. *MMWR* 1998; 47 (RR-8).

7. CDC. Prevention of varicella: Recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2007; 56 (RR-4).

8. Rubin LG, Levin MJ, Ljungman P. 2013 IDSA Clinical practice guideline for vaccination of the immunocompromised host. *Clinical Infectious Diseases* 2014;58(3):e44–100.

9. Tomblyn M, Einsele H, et al. Guidelines for preventing infectious complications among hematopoietic stem cell transplant recipients: a global perspective. *BiolBloodMarrowTransplant* 15:1143–

1238; 2009 at www.cdc.gov/vaccines/pubs/hemato-cell-transplants.htm.

10. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).

11. CDC. Prevention of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants: Recommendations of the ACIP. *MMWR* 2008; 57 (RR-4).

vaccinate as usual (exception: children with a personal or family [i.e., parent or sibling] history of seizures generally should not be vaccinated with MMRV; they should receive separate MMR and VAR vaccines). A history of Guillain-Barré syndrome (GBS) is a consideration with the following: 1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanus-containing vaccine and decision is made to continue vaccination, give age-appropriate Tdap instead of Td if no history of prior Tdap, to improve pertussis protection; 2) Influenza vaccine (IIV or LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccination, vaccinate with IIV if at high risk for severe influenza complications.

8. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem? *[LAIV, MMR, MMRV, RV, VAR]*

Live virus vaccines (e.g., MMR, MMRV, varicella, rotavirus, and the intranasal live, attenuated influenza vaccine [LAIV]) are usually contraindicated in immunocompromised children. However, there are exceptions. For example, MMR is recommended for asymptomatic HIV-infected children who do not have evidence of severe immunosuppression. Likewise, varicella vaccine should be considered for HIV-infected children with age-specific CD4+ T-lymphocyte percentage at 15% or greater and may be considered for children age 8 years and older with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/μL. Immunosuppressed children should not receive LAIV. Infants who have been diagnosed with severe combined immunodeficiency (SCID) should not be given a live virus vaccine, including rotavirus (RV) vaccine. Other forms of immunosuppression are a precaution, not a contraindication, to rotavirus vaccine. For details, consult the ACIP recommendations (1, 6, 7, 8).

9. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments? *[LAIV, MMR, MMRV, VAR]*

Live virus vaccines (e.g., LAIV, MMR, VAR, ZOS) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement (1). Some immune mediator and immune modulator drugs (especially the antitumor-necrosis factor agents adalimumab, infliximab, and etanercept) may be immunosuppressive. The use of live vaccines should be avoided in persons taking these drugs (*MMWR* 2011;60 [RR2]:23). To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 9. LAIV can be given only to healthy non-pregnant people ages 2 through 49 years.

10. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? *[LAIV, MMR, MMRV, VAR]*

Certain live virus vaccines (e.g., LAIV, MMR, MMRV, varicella) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations or the current Red Book for the most current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines (1, 2).

11. Is the child/teen pregnant or is there a chance she could become pregnant during the next month? *[LAIV, MMR, MMRV, VAR]*

Live virus vaccines (e.g., MMR, MMRV, varicella, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus (1, 2). Sexually active young women who receive a live virus vaccine should be instructed to practice careful contraception for one month following receipt of the vaccine (7, 10). On theoretical grounds, inactivated poliovirus vaccine should not be given during pregnancy; however, it may be given if risk of exposure is imminent (e.g., travel to endemic areas) and immediate protection is needed. Use of Td or Tdap is not contraindicated in pregnancy. At the provider's discretion, either vaccine may be administered during the 2nd or 3rd trimester (5, 11)

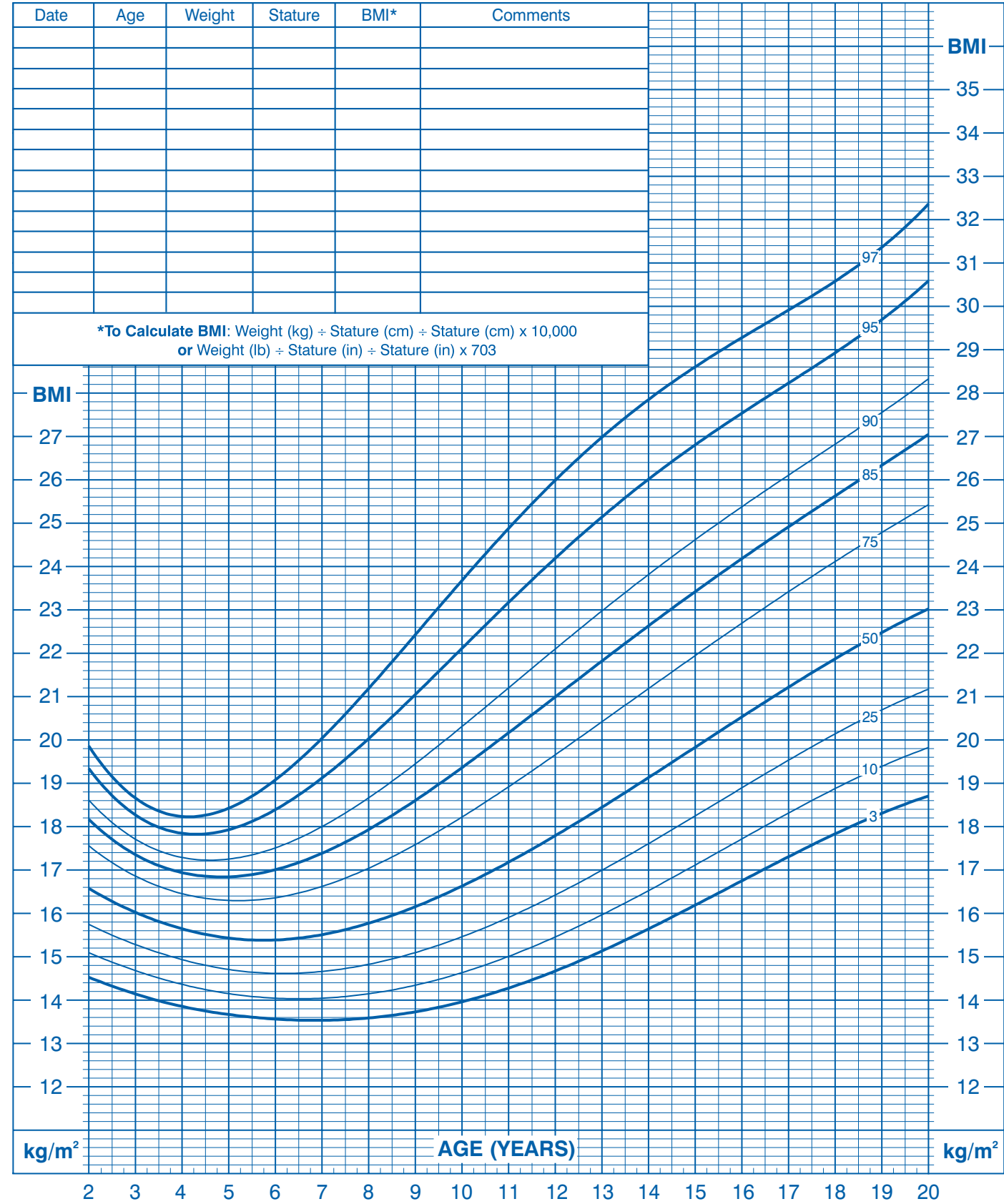
12. Has the child received vaccinations in the past 4 weeks? *[LAIV, MMR, MMRV, VAR, yellow fever]*

Children who were given either LAIV or an injectable live virus vaccine (e.g., MMR, MMRV, varicella, yellow fever) should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at the same time or at any spacing interval.

Body mass index-for-age percentiles

NAME _____

RECORD # _____



Published May 30, 2000 (modified 10/16/00).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000). <http://www.cdc.gov/growthcharts>



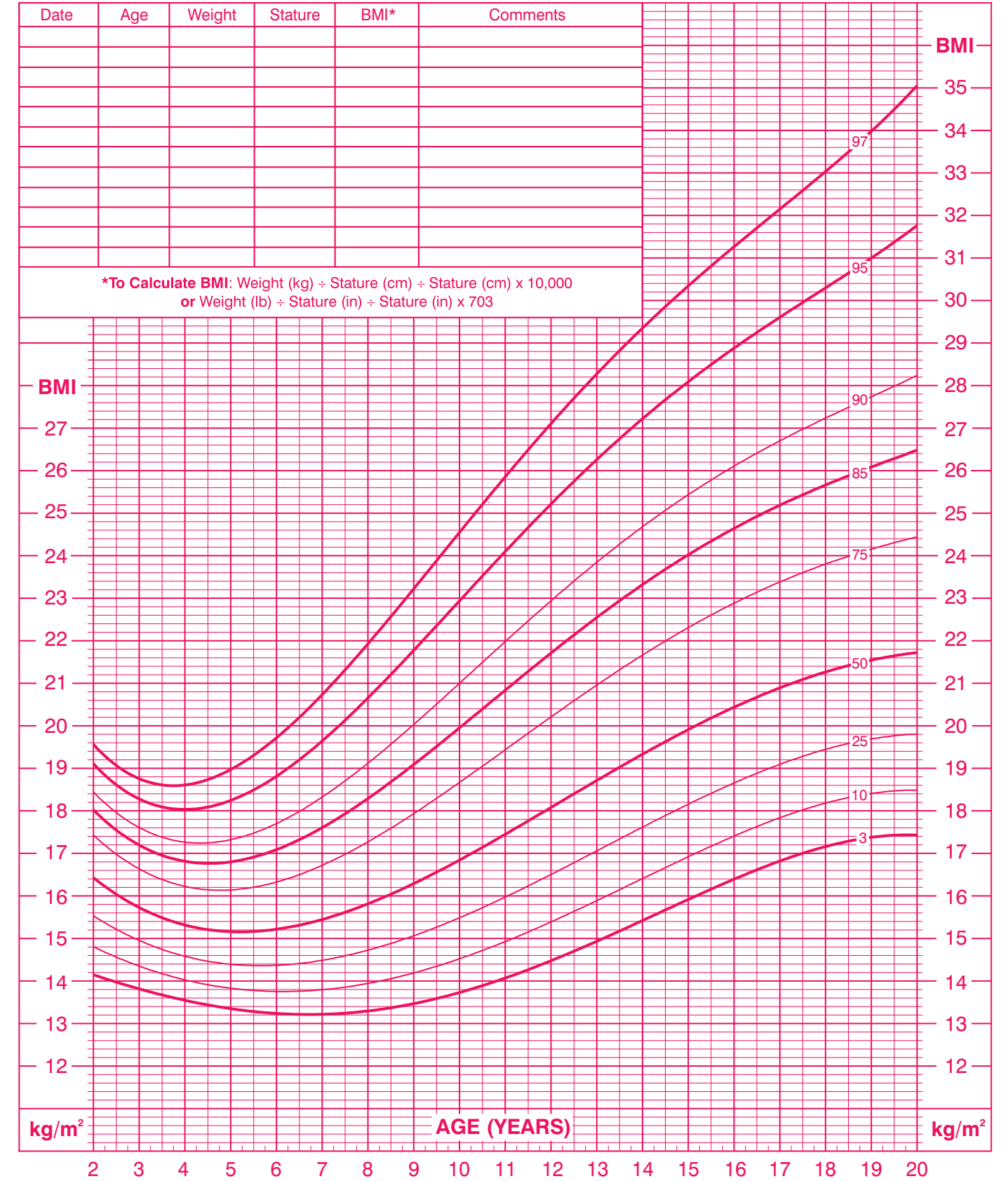
SAFER • HEALTHIER • PEOPLE™

HEDIS Measures Provider Matrix - September 2017 - September 2018

Body mass index-for-age percentiles

NAME _____

RECORD # _____



Published May 30, 2000 (modified 10/16/00).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000). <http://www.cdc.gov/growthcharts>



SAFER • HEALTHIER • PEOPLE™

HEDIS Measures Provider Matrix - September 2017 - September 2018

NOTES

[illegible]

NOTES

[illegible]

You may have relevant information regarding a member that you are unable to submit via claim. In this case, you can close the gap by submitting the medical record indicating the member has already received the relevant service or has a condition that excludes them from the measure. All medical records should be faxed to **AvMed Corporate Quality Improvement** at **1-800-331-3843**.

