Improving Childhood Immunizations for Medicaid Beneficiaries Aged 2 Years

Pediatric Immunizations

NC Medicaid and the five Medicaid managed care (MMC) Standard Plans aim to improve pediatric vaccination rates; specifically, among those who are aged two years or younger. These entities, along with the American Academy of Pediatrics, support the recommended immunization schedule set forth by the Advisory Committee on Immunization Practices (ACIP) – a committee of the Centers for Disease Control and Prevention (CDC).
NC Medicaid selected the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Systems (HEDIS) childhood immunization status *combination 10* measure for monitoring improvement over time. While the measure is exactly aligned with the ACIP guidelines, it is a strong indicator and is endorsed by the National Quality Forum and is one of the Centers for Medicare & Medicaid Services (CMS) priority measures.

Measure Definition

Percentage of Medicaid managed care beneficiaries who received the following combination 10 vaccines by 2 years of age. For educational purposes, the table below reflects the combo 10 numerator requirements compared to the clinical guideline:

Vaccine by 2 years	Number of doses recommended per ACIP	Number of doses per NCQA HEDIS Combo 10 Measure (numerator)
DtaP (Diphtheria, tetanus, acellular Pertussis)	4	4
MMR (Measles, Mumps, Rubella)	1*	1
PCV (Pneumococcal Conjugate)	4	4
VZV (Varicella Zoster Vaccine)	1	1
HiB (Haemophilus Influenza type b)	3 or 4 *	3
Hep A (Hepatitis A)	2	1
Hep B (Hepatitis B)	3	3
IPV (Polio)	3	3
Influenza (flu)	2	2
Rotavirus	2 to 3*	2 to 3 - Contingent upon rotavirus vaccine

**denotes special note in ACIP guideline, see https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html#note-mmr*

Combo 10 Childhood Vaccination Goal

NC Medicaid goal is to increase statewide Medicaid rates from 35% in 2019 to 38% in 2022. Providers should consider setting their own improvement goals. Check with each Medicaid health plan you are contracted with to understand their performance incentive payments, if applicable.

Clinical Guidelines

Centers for Disease Control and Prevention Advisory Committee on Immunization Practices (ACIP)
2021 Recommended Child and Adolescent Immunization Schedule (cdc.gov)
Advisory Committee on Immunization Practices (ACIP) General Best Guidance for Immunization (cdc.gov)

Resources

Birth-18 Years Immunization Schedule | CDC
NC DPH, WCH: Immunization: Family: Immunizations for Children
Vaccine Information Statement | Current VISs | CDC

Coverage/Benefits

Immunizations that are recommended by the ACIP are covered by Medicaid. Providers who are enrolled in and utilize the Vaccines for Children (VFC) program will receive payment for vaccine administration. If a beneficiary is covered by NC Health Choice, the vaccine and its administration are covered.

Interventions

Listed below are potential interventions that may help practices improve pediatric immunizations. Practices may perform this work on their own or partner with an NC AHEC practice support coach. Coaches provide "hands-on" assistance to practices for system changes to improve office efficiencies, satisfaction, and clinical outcomes. The coach will work with practices on improving the assessment of vaccination status and increasing vaccination rates for patients aged two years and younger. The following list of possible interventions is for your information:

- Offer drive-through vaccination clinics
- Provide handouts for parents in clinics/practices
- Mail post card reminders to families available from Pfizer and templates from NCIR
- Implement a well child/immunization promotion monthly with gift card drawing
- Promote preventive care in conjunction with childcare centers and faith-based groups
- Produce public service announcements and state agency funded events
- Send care alerts to parent/guardian via text messaging, emails, live outbound calls or Integrated Voice Response (IVR) messaging
- Target disparate populations by generating a list from Electronic Health Record (EHR) systems (Ex: families in rural areas and/or those with transportation issues) and/or with Community partnerships
- Document in the EHR and NC Immunization Registry if immunizations were received elsewhere
- Use standing orders to empower nurses or other qualified health care professionals to administer vaccines
- Partner with school/community systems to advertise immunization clinics/dates being provided
- Run kid-friendly videos in clinics on the importance of vaccinations
- Partner with local health department or other pediatric practice and provide a mobile vaccination clinic at community functions (fall festivals, family fun days, etc.)
- Use pediatric flu clinics as an opportunity to catch up on any missed immunization
- Establish bi-directional NCIR-EHR connection for patient vaccination tracking
- Maximize opportunities strategy/workflow by providing overdue vaccines at any visit type when there is no precaution or contraindication to receiving the vaccine(s)
- Utilize existing resources from trusted sources: e.g., CDC has a new webpage "Let's Play Catch-Up" https://www.cdc.gov/vaccines/parents/visit/vaccination-during-COVID-19.html which includes customizable social media messages, posters, and other resources.