

Quality Quick Tips

August 2024 CHILD & ADOLESCENT IMMUNIZATIONS



Staying up to date for preventative care and well-child visits is essential to obtaining on-time vaccinations. Vaccines provide immunity to potentially life-threatening diseases. The following immunizations are recommended for children and adolescents based on their age:

Childhood Immunizations

(Children who turn 2 during the measurement year)-
on or before the 2nd birthday

Expectation:

3 HepB	3 Hib	2 Influenza
2/3 Rotavirus Series	4 PCV	1 MMR
4 DTaP	3 IPV	1 VZV
1 HepA		

Adolescent Immunizations

(Children who turn 13 during the measurement
year)-on or before the 13th birthday

Expectation:

- 1 Td or Tdap
- 1 Meningococcal
- 2 or 3 HPV

Provider Incentive Opportunities:

Immunization Combo	Immunizations included	MHP Incentive
Childhood Immunization Combo 3	DTaP, IPV, MMR, Hib, HepB, VZV, PCV	\$50
Childhood Immunization Combo 10	DTaP, IPV, MMR, Hib, HepB, VZV, PCV, HepA, RV, Influenza	\$100
Adolescent Immunization Combo 2	Meningococcal, Tdap, and HPV	\$50

To receive the incentive, providers must bill for administration and report immunizations through MCIR. Providers are eligible to receive **one completed immunization incentive per child** which is paid in the spring of the following year.

Tips & Best Practices

- Utilize MCIR to run reports, make sure series vaccines are complete, and uploaded.
- Review a child's immunization record before every visit and recommend all immunizations to parents.
- Schedule appointment for next the child's next vaccine at current visit to stay on track for completion
- Use your *Gaps in Care* lists to identify patients who are missing or due for immunizations
- If a member had immunizations outside of Michigan, submit medical records to MHPQuality@McLaren.org.
- Find more immunization tools on the McLaren Physician Partners (MPP) website: <https://www.mclaren.org/mclaren-physician-partners/immunization-resources-mpp>

If you would like additional information regarding these quality measures or your *Gaps in Care* report, please email MHPQuality@McLaren.org.

Thank you for the quality care you deliver!

PCP Feedback (Please print) Comments, requests, questions, etc.: FAX to **810-600-7985**

PCP Name/Office Name _____

Name _____

Phone _____

Email _____