

**CHILDREN'S HEALTH
TIPS FOR HEALTHY OUTCOMES**

HEALTH PLAN

McLaren Health Plan (MHP) is committed to promoting healthy life styles to our members. In our effort to promote this, it is essential for children to obtain on-time vaccinations in accordance with HEDIS® specifications. Vaccines provide immunity to potentially life-threatening diseases. The following immunizations are recommended for children based on their age:

Childhood Immunizations (children who turn two during the measurement year)-on or before the 2nd birthday

HEDIS requirement:

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

HEDIS requirement:

1 Td or Tdap
1 Meningococcal
2 or 3 HPV

Lead Screening (children who turn two during the measure year)

HEDIS requirement:

Children should be screened by age two

Tips and Best Practices

- Avoid missed opportunities by taking advantage of every office visit to provide a well child visit, immunizations, lead testing and BMI calculations
- Review a child's immunization record before every visit and recommend all immunizations to parents
- Ensure you are inputting all administered immunizations within MCIR
- Use your GAPS in care lists to identify patients who need one of the above listed services

A continued focus and a strong partnership with you will aid in providing these important services to all eligible members. Please help our members get these important immunizations. If we can assist your office by contacting these members, or if you would like a list of your patients who have not received these immunizations, please email us at MHPOutreach@mclaren.org.

Remember to talk to your patients about tobacco cessation, MHP has a free tobacco cessation program for MHP Community and Medicaid members, call (800) 784-8669 for more information.

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 _____