

Quality Compliance Form

Immunizations for Adolescents (IMA)		
Provider Information		
Provider Name		
Address		
Specialty		
NPI		
Tax ID		
Contact Name		
Contact Phone		
Patient Information		
Patient Name		
DOB		
Highmark Blue Cross Blue Shield of Western New York Insurance	Primary	Secondary
ID#		
Measure/Description	<p>Male and female adolescents 13 years of age (2010 birth year) who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and two or three doses of the HPV vaccine.</p> <ul style="list-style-type: none"> • One meningococcal conjugate vaccine between 11th and 13th birthdays • One tetanus, diphtheria toxoids, and pertussis vaccine (Tdap) between 10th and 13th birthdays • Two or three doses of human papillomavirus (HPV) vaccine between 9th and 13th birthdays 	
<p>Required Documents</p> <p>*CCD's are not accepted per NCQA regulations</p>	<ul style="list-style-type: none"> • Medical record with date(s) the above vaccines were given • Evidence of the antigen or combination vaccine • Documented history of illness 	
Comments		

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