

## Frequently Asked Questions:

### Up-To-Date Coverage and Vaccines Doses Administered Report

**1. What is my Citywide Immunization Registry (CIR)-generated up-to-date (UTD) percentage for 13 year-old males?**

This is the percentage of your 13 year-old male patients with the recommended 1 dose of Td or Tdap and 1 dose of MCV4 or MPSV4 in the CIR. A 13 year-old male is included as your patient if you reported the last immunization administered to him at or after 9 years of age.

**2. What is my CIR-generated UTD percentage for 13 year-old females?**

This is the percentage of your 13 year-old female patients with the recommended 1 dose of Td or Tdap, and 1 dose of MCV4 or MPSV4, and 3 doses of HPV in the CIR. A 13 year-old female is included as your patient if you reported the last immunization administered to her at or after 9 years of age.

**3. What is my CIR-generated UTD percentage for 24 - 35 month-olds?**

This is the percentage of your 24 - 35 month-old patients with all of the recommended 4 DTaP: 3 polio: 1 MMR: 3 Hib: 3 Hep B: 1 varicella (4:3:1:3:3:1) series shots in the CIR. If a patient is missing even one of these 15 shots, or if even one of these shots is invalid because it was administered at an inappropriate age or interval, the patient will not be UTD. A 24 - 35 month-old is included as your patient if you reported the last 4:3:1:3:3:1 series immunization at or after one year of age.

**4. I want to improve my UTD percentage. What should I do?**

Providers who are using the Online Registry regularly have higher UTD percentages. If you are not already using it, please call (212) 676-2323 to set up access. After you are set up for the Online Registry, we urge you to take the following 4 steps:

Step 1: Call the CIR at (212) 676-2323 to request a list of your patients who are not UTD.

Step 2: Look up patients who are not UTD in the Online Registry and enter any immunizations that are documented in the patient's chart but have not been reported to the CIR. This can increase your CIR UTD coverage immediately.

Step 3: Recall all patients who have not received one or more of the series shots to bring them UTD on all recommended immunizations. Report the shots administered immediately through the Online Registry or within 14 days by electronic batch file transfer.

Step 4: Call (212) 676-1447 to enroll in the Immunization Improvement Spread Project to work closely with the Bureau on improving your coverage.

**5. Why is my vaccine doses administered report (DAR) high, but my CIR UTD or Assessment UTD low?**

The DAR, CIR UTD, and Assessment UTD each measure different outcomes.

The **DAR** measures the percentage of vaccine doses shipped to a provider by the VFC Program that the provider reported to the CIR. For example, a provider who received 1,000 doses from VFC within the last 12 months and reported 900 doses administered to VFC-eligible patients will have a DAR of 90%.

The **CIR UTD** measures the percentage of your patients, aged 24 - 35 months, with all of the recommended 4 DTaP: 3 polio: 1 MMR: 3 Hib: 3 Hep B: 1 varicella (4:3:1:3:3:1) series shots in the CIR. If a patient is missing even one of these 15 shots, or if even one of these shots is invalid because it was administered at an inappropriate age or interval, the patient will not be UTD.

To attain the target CIR UTD percentage of 90%, a provider with 100 patients, aged 24 - 35 months, must have documented 15 valid 4:3:1:3:3:1 series shots in the CIR for 90 of these patients.

Please note that VFC-eligible and VFC-ineligible patients, aged 24 - 35 months, are included in your CIR UTD report. The CIR identifies the patients as yours if your facility administered and reported the patient's last series shot after the patient turned 12 months.

Your report will include an **Assessment UTD** only if you received a coverage assessment from the Bureau of Immunization's Provider Quality Assurance Unit within the last two years.

The Assessment UTD measures the percentage of your patients, aged 24 - 35 months, with the recommended 4 DTaP: 3 polio: 1 MMR: 3 Hib: 3 Hep B: 1 varicella (4:3:1:3:3:1) series shots documented in the medical charts in your office. As with CIR UTD, if a patient is missing even one of these 15 shots, or if even one shot is invalid because it was administered at an inappropriate age or interval, the patient will not be UTD.

The Assessment UTD may be higher than the CIR UTD because not all of the immunizations documented in the chart have been reported to the CIR. We urge you to view your patients' records in the Online Registry, compare them to the charts, and immediately report online those immunizations missing from the CIR.

Also, there may be children identified by the CIR as yours but you have documented them as "moved or gone elsewhere". These children are not included in the Assessment UTD but are still included in the CIR UTD. Both the Assessment UTD and CIR UTD include VFC-eligible and VFC-ineligible patients.

**6. Can I still report to the CIR on paper forms?**

No. As of January 1, 2009, paper forms are no longer being accepted. For help with electronic reporting, call the CIR at (212) 676-2323.



**7. Should I report historical immunizations that were administered by other providers?**

Yes, you should report to the CIR historical immunizations administered by you or other providers if the immunizations are documented on the patient's hand-held record or in the patient's chart.

**8. Now that New York State Public Health Law Section 2168 has mandated reporting of immunizations statewide, do I continue reporting to the CIR?**

Yes. All immunizations administered in NYC to all patients younger than 19 years of age must be reported electronically to the CIR, even if the patient lives outside of NYC. Providers with offices outside of NYC will report electronically the immunizations they administer to patients younger than 19 years to the New York State (NYS) Immunization Information System (IIS).

The CIR and NYS IIS will exchange information regularly on shared patients and make these records available to providers. Please note that all NYC immunization providers, including providers who do not participate in the Vaccines for Children (VFC) program, are required to report to the CIR.

**9. How often should I be reporting to the CIR?**

NYS Public Health Law Section 2168 requires that NYC providers report all immunizations administered to patients younger than 19 years to the CIR within 14 days of administration.

**10. I want to increase my DAR. What is the best way to report to the CIR?**

Providers with the most complete and accurate information in the CIR report electronically - either by sending batch files daily or weekly from their own billing or clinical system or by reporting daily using the Online Registry.

Using the Online Registry is the fastest way to report to the CIR. The immunizations you just gave, as well as historical immunizations can be added online and are reported in real-time (i.e. immediately). Using the Online Registry to add historical shots also ensures that patients' immunization histories are complete in the CIR.

**11. How can the Online Registry help me improve my office efficiency?**

Using the Online Registry can increase efficiency by allowing you or your staff to print the new universal child health examination form (CH 205) and the Women, Infants and Children (WIC) form with immunizations, patient, and provider information already pre-completed. The new CH 205 universal child health examination is now used for day care, school, and camp. The Online Registry also displays recommendations of immunizations due based upon the patient's age and immunization history. Providers are finding this feature useful, particularly as the immunization schedule has become increasingly complex.



**12. I've been reporting all of my immunizations but my DAR and/or CIR UTD coverage is low. Why?**

Your DAR may be low because you have a large amount of unused vaccine on hand. If this is the case, please call VFC at 212-447-8175 to receive assistance with setting up an appropriate schedule for ordering vaccines.

Also, your DAR and/or your CIR UTD may be low because immunizations are missing from the CIR or because of "duplicate" (i.e., fragmented) patient records. The following are the most common reasons:

1. Your electronic billing or clinical system may not include new vaccines, e.g., DTap-IPV/Hib (Pentacel), and their codes. Contact your system administrator immediately to request updates. Call the CIR at (212) 676-2323 should you need assistance.
2. Duplicate records may have been created in the CIR because of inconsistencies in reporting of patient names, errors in birth dates, or reporting of minimal information (i.e., name, birth date and gender, only). Please report patient Medicaid number, when applicable, as well as address and telephone number to help with patient record matching.
3. Immunizations administered in the past by you or other providers may not have been reported. Entering these immunizations through the Online Registry may improve your CIR UTD coverage immediately.

**13. I've returned a lot of vaccines to VFC. How does this affect my DAR?**

Vaccine wastage, even if the vaccine is returned to VFC, will reduce your DAR. Avoid wastage by ordering often - at least quarterly - and only in the amounts you need to vaccinate your eligible patients. Influenza vaccine doses, both reported and shipped, have been removed from the DAR so returning unused influenza vaccine will not affect your DAR.

**14. I'm in a group. Will my VFC vaccine shipment be based on my group DAR or my individual facility DAR?**

Your shipment will be based on your group DAR. If your individual facility DAR is 90% or higher, but your group DAR is less than 90%, you are subject to reduced shipments. Having a uniform reporting procedure for all sites helps ensure timely, complete and accurate reporting to the CIR by all providers. Work with your administrator to determine the best procedure for your group to reach the target of 90% or higher. Target improvement efforts to sites with low DARs, and encourage those sites with high DARs to share their best practices.