Childhood Immunization Status

Measure Basic Information

Name and date of specifications used: OHA follows HEDIS® MY2024 Technical Specifications for Health Plans (Volume 2). The measure Combo 2 was incentivized in the CCO quality measure program from measurement year 2016 to 2021 but Combo 2 is retired by HEDIS starting MY2022, therefore the CCO incentive program is switching to use Combo 3 starting measurement year 2022.

URL of Specifications: This measure is selected in the CMS CHIP and Medicaid Child Core Set; the detail manual and Value Set Dictionary can be found on the CMS resource page: https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html

Measure Type:
■HEDIS ☐Survey ☐Other Specify:

Measure Utility:
■CCO Incentive (Combo 3) ☐CMS Adult Core Set ■CMS Child Core Set ☐Other Specify:

Data Source:
MMIS/DSSURS and Public Health Division Immunization Program Registry (ALERT IIS)

See the ALERT IIS Data Use Cases document posted online for additional information about immunization data. https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx

Measurement Period: January 1, 2024 – December 31, 2024

CIS Combo 3	2022	2023	2024
Benchmark for OHA measurement year	71.1%	67.9%	67.9%
Improvement target for OHA measurement year	MN method with no floor	MN method with 1 percentage point floor	MN method with 1.5 percentage point floor
Source:	MY2019 national Medicaid median	MY2020 national Medicaid median	MY2020 national Medicaid median

Note on telehealth: This measure is not telehealth eligible.

Changes in specifications from MY2023 to MY2024:
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.
- Expanded the age criteria in the Rules for Allowable Adjustments of HEDIS.
- Six value sets (Disorders of the Immune System, HIV, HIV Type 2, Intussusception, Malignant Neoplasm of Lymphatic Tissue, Severe Combined Immunodeficiency) used in the denominator exclusion logic are combined into a new Contraindications to Childhood Vaccines Value Set.

- Deleted <u>Rotavirus (2 Dose Schedule) Immunization Value Set.</u> Only one CVX code 119 qualifies for the Rotavirus (2 dose) vaccination using ALERT IIS data.

Member type: ■CCOA   ■CCOB   □CCOE   □CCOF   □CCOG

- Starting MY2024, CCO members under the Basic Health Plan (BHP) anytime during the required continuous enrollment period are excluded from the incentive quality rates. Note that the Cover All Kids (CAK) and Healthier Orgon Program (HOP) recipients have also been excluded from the incentive quality rates.

Measure Details

Data elements required denominator:
Children who turn 2 years of age during the measurement year.

Required exclusions denominator:
- Members who use hospice services (<u>Hospice Encounter Value Set</u>; <u>Hospice Intervention Value Set</u>) or elect to use a hospice benefit any time during the measurement year. Organizations that use the Monthly Membership Detail Data File to identify these members must use only the run date of the file to determine if the member elected to use a hospice benefit during the measurement year.
- Members who die any time during the measurement year.
- Members who had a contraindication to a childhood vaccine (<u>Contraindications to Childhood Vaccines Value Set</u>) on or before their second birthday. Do not include laboratory claims (claims with POS code 81).

Deviations from cited specifications denominator: None.

Continuous enrollment criteria: 365 days prior to the child's 2nd birthday.

Allowable gaps in enrollment: No more than one gap in enrollment of up to 45 days during the 365 days prior to the child's 2nd birthday.

Anchor Date (if applicable): Enrolled on the child's 2nd birthday.

Data elements required numerator:

Note * below: The Combo 3 rate for the CCO incentive program includes DTap, IPV, MMR, HiB, HepB, VZV, PCV. (HepA, RV and Influenzas are not a part of the incentivized Combo 3 but OHA reports the results for the CMS Medicaid Child Core Set.)

DTaP*   Any of the following on or before the child's second birthday meet criteria:
- At least four DTaP vaccinations (<u>DTaP Immunization Value Set</u>; <u>DTaP Vaccine Procedure Value Set</u>), with different dates of service. Do not count a vaccination administered prior to 42 days after birth.

- Anaphylaxis due to the diphtheria, tetanus or pertussis vaccine (<u>Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine Value Set</u>).
- Encephalitis due to the diphtheria, tetanus or pertussis vaccine (<u>Encephalitis Due to Diphtheria, Tetanus or Pertussis Vaccine Value Set</u>).

IPV* Either of the following on or before the child's second birthday meets criteria

- At least three IPV vaccinations (<u>Inactivated Polio Vaccine (IPV) Immunization Value Set</u>; <u>Inactivated Polio Vaccine (IPV) Procedure Value Set</u>), with different dates of service. Do not count a vaccination administered prior to 42 days after birth.
- Anaphylaxis due to the IPV vaccine (SNOMED CT code 471321000124106).

MMR* Either of the following meets criteria:

- At least one MMR vaccination (<u>Measles, Mumps and Rubella (MMR) Immunization Value Set</u>; <u>Measles, Mumps and Rubella (MMR) Vaccine Procedure Value Set</u>) on or between the child's first and second birthdays.
- All of the following anytime on or before the child's second birthday (on the same or different date of service). Do not include laboratory claims (claims with POS code 81).
    - History of measles illness (<u>Measles Value Set</u>).
    - History of mumps illness (<u>Mumps Value Set</u>).
    - History of rubella illness (<u>Rubella Value Set</u>).
- Anaphylaxis due to the MMR vaccine (SNOMED CT code 471331000124109) on or before the child's second birthday

HiB* Either of the following on or before the child's second birthday meets criteria:

- At least three HiB vaccinations (<u>Haemophilus Influenzae Type B (HiB) Immunization Value Set</u>; <u>Haemophilus Influenzae Type B (HiB) Vaccine Procedure Value Set</u>), with different dates of service. Do not count a vaccination administered prior to 42 days after birth.
- Anaphylaxis due to the HiB vaccine (SNOMED CT code 433621000124101).

Hepatitis B* Any of the following on or before the child's second birthday meet criteria:

- At least three hepatitis B vaccinations (<u>Hepatitis B Immunization Value Set</u>; <u>Hepatitis B Vaccine Procedure Value Set</u>), with different dates of service.
    - One of the three vaccinations can be a newborn hepatitis B vaccination (<u>Newborn Hepatitis B Vaccine Administered Value Set</u>) during the 8-day period that begins on the date of birth and ends 7 days after the date of birth. For example, if the member's date of birth is December 1, the newborn hepatitis B vaccination must be on or between December 1 and December 8.

- History of hepatitis B illness (<u>Hepatitis B Value Set</u>). Do not include laboratory claims (claims with POS code 81).
- Anaphylaxis due to the Hepatitis B vaccine (SNOMED CT code 428321000124101).

VZV*   Any of the following meet criteria:

- At least one VZV vaccination (<u>Varicella Zoster (VZV) Immunization Value Set</u>; <u>Varicella Zoster (VZV) Vaccine Procedure Value Set</u>), with a date of service on or between the child's first and second birthdays.
- History of varicella zoster (e.g., chicken pox) illness (<u>Varicella Zoster Value Set</u>) on or before the child's second birthday. Do not include laboratory claims (claims with POS code 81).
- Anaphylaxis due to the VZV vaccine (SNOMED CT code 471341000124104) on or before the child's second birthday.

Pneumococcal conjugate*   Either of the following on or before the child's second birthday meet criteria:

- At least four pneumococcal conjugate vaccinations (<u>Pneumococcal Conjugate Immunization Value Set</u>; <u>Pneumococcal Conjugate Vaccine Procedure Value Set</u>), with different dates of service. Do not count a vaccination administered prior to 42 days after birth.
- Anaphylaxis due to the pneumococcal conjugate vaccine (SNOMED CT code 471141000124102).

Hepatitis A   Any of the following meet criteria:

- At least one hepatitis A vaccination (<u>Hepatitis A Immunization Value Set</u>; <u>Hepatitis A Vaccine Procedure Value Set</u>), with a date of service on or between the child's first and second birthdays.
- History of hepatitis A illness (<u>Hepatitis A Value Set</u>) on or before the child's second birthday. Do not include laboratory claims (claims with POS code 81).
- Anaphylaxis due to the hepatitis A vaccine (SNOMED CT code 471311000124103) on or before the child's second birthday.

Rotavirus   Any of the following on or before the child's second birthday meet criteria. Do not count a vaccination administered prior to 42 days after birth.

- At least two doses of the two-dose rotavirus vaccine (CVX code 119; <u>Rotavirus Vaccine (2 Dose Schedule) Procedure Value Set</u>) on different dates of service.
- At least three doses of the three-dose rotavirus vaccine (Rotavirus (3 Dose Schedule) Immunization Value Set; <u>Rotavirus Vaccine (3 Dose Schedule) Procedure Value Set</u>) on different dates of service.
- At least one dose of the two-dose rotavirus vaccine (<u>CVX code 119</u>; <u>Rotavirus Vaccine (2 Dose Schedule) Procedure Value Set</u>) and at least two doses of the three-dose rotavirus vaccine (<u>Rotavirus (3 Dose Schedule) Immunization Value Set</u>; <u>Rotavirus Vaccine (3 Dose Schedule) Procedure Value Set</u>), all on different dates of service.
- Anaphylaxis due to the rotavirus vaccine (SNOMED CT code 428331000124103).

Influenza   Either of the following meets criteria:

- At least two influenza vaccinations (Influenza Immunization Value Set; Influenza Vaccine Procedure Value Set), with different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 180 days after birth.
  - An influenza vaccination recommended for children 2 years and older (Influenza Virus LAIV Immunization Value Set; Influenza Virus LAIV Vaccine Procedure Value Set) administered on the child's second birthday meets criteria for one of the two required vaccinations.
- Anaphylaxis due to the influenza vaccine (SNOMED CT code 471361000124100) on or before the child's second birthday.

Combination rates   Calculate the following rates for Combinations 3, 7 and 10.

Combination Vaccinations for Childhood Immunization Status

Combination	DTaP	IPV	MMR	HiB	HepB	VZV	PCV	HepA	RV	Influenza
Combination 3	✓	✓	✓	✓	✓	✓	✓			
Combination 7	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Combination 10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

(See HEDIS MY2024 specifications or CMS Medicaid Child Core Set manual for detail codes in the Value Set.)

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: None.

Note for Anaphylaxis information submission:

The measure recognizes anaphylaxis reactions for numerator hits. However, the records can only be verified by SNOMED CT codes available in EHR, which is not available for OHA's regular calculation using administrative claims and immunization registry (ALERT IIS) data.

OHA accepts CCOs' submission of EHR records with qualifying SNOMED-CT codes indicating anaphylaxis to a vaccine, but the submission is only allowed during the measurement year final validation period in the month of May, and ONLY for those CCOs that do not pass the metric in OHA's preliminary result published in April, but could pass the metric with the supplemental anaphylaxis information incorporated.

The anaphylaxis data submission template (used for both the Childhood and the Adolescent immunization measures) is available on the CCO Metrics website, and includes a code reference table along with more detailed instructions: https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx

A CCOs must first alert OHA of their intent to submit the anaphylaxis information by emailing metrics.questions@odhsoha.oregon.gov. OHA staff will then initiate a secure email for the CCO to attach the template and the verification documents.

The date for which the data source (EHR) documented the anaphylactic reactions should be reported; OHA will examine the date to determine whether it is within the required time window to qualify for a numerator hit. For example, an anaphylactic reaction for DTaP must be documented in the EHR on or before the member's 2nd birthday.

In addition to filling out the template, the CCO must also provide evidence for each case. The following documents are permitted as the primary sources of verification:

- *A screenshot of the EHR record showing the SNOMED-CT code and documentation date, or*
- *A copy of the clinical report or clinical summary from the visit for service.*