



Immunizations for Adolescents (NQF 1407)

Measure Basic Information

Name and date of specifications used: OHA follows HEDIS® MY2024 Technical Specifications for Health Plans (Volume 2).

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/childrens-health-care-quality-measures/index.html>

Measure Type:

HEDIS Survey Other Specify:

Measure Utility:

CCO Incentive (Combo 2) 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

IMA Combo 2	2022	2023	2024
Benchmark for OHA measurement year	36.9%	36.9%	36.9%
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	MY2019 national Medicaid median	MY2019 national Medicaid median

Note on telehealth: This measure is not telehealth eligible.

Changes in specifications from MY2023 to MY2024:

- Removed Tdap Immunization Value Set. Only one CVX code 115 qualifies for the Tdap vaccination using ALERT IIS data.
- Expanded the age criteria in the Rules for Allowable Adjustments of HEDIS.

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 Oregon Program (HOP) recipients have also been excluded from the incentive quality rates.

Measure Details

Data elements required denominator:

Adolescents who turn 13 years of age during the measurement year.

Required exclusions for denominator:

- Members who use hospice services ([Hospice Encounter Value Set](#); [Hospice Intervention Value Set](#)) 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.

Deviations from cited specifications for denominator: None. Note OHA no longer deviates from HEDIS by excluding deceased individuals.

Continuous enrollment criteria: 365 days prior to the adolescent's 13th birthday.

Allowable gaps in enrollment: No more than one gap in enrollment of up to 45 days during the 365 days prior to the adolescent's 13th birthday.

Anchor Date (if applicable): Enrolled on the adolescent's 13th birthday.

Data elements required numerator:

Meningococcal serogroups A, C, W, Y Either of the following meets criteria:

- At least one meningococcal serogroups A, C, W, Y vaccine ([Meningococcal Immunization Value Set](#); [Meningococcal Vaccine Procedure Value Set](#)), with a date of service on or between the member's 11th and 13th birthdays.
- Anaphylaxis due to the meningococcal vaccine (SNOMED CT code 428301000124106) any time on or before the member's 13th birthday.

Tdap Any of the following meet criteria:

- At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine (CVX code 115; [Tdap Vaccine Procedure Value Set](#)), with a date of service on or between the member's 10th and 13th birthdays.
- Anaphylaxis due to the tetanus, diphtheria or pertussis vaccine ([Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine Value Set](#)) any time on or before the member's 13th birthday.
- Encephalitis due to the tetanus, diphtheria or pertussis vaccine ([Encephalitis Due to Diphtheria, Tetanus or Pertussis Vaccine Value Set](#)) any time on or before the member's 13th birthday.

HPV Any of the following meet criteria:

- At least two HPV vaccines (HPV Immunization Value Set; HPV Vaccine Procedure Value Set), on or between the member's 9th and 13th birthdays and with dates of service at least 146 days apart. For example, if the service date for the first vaccine was March 1, then the service date for the second vaccine must be on or after July 25.
- At least three HPV vaccines (HPV Immunization Value Set; HPV Vaccine Procedure Value Set), with different dates of service on or between the member's 9th and 13th birthdays.
- Anaphylaxis due to the HPV vaccine (SNOMED CT code 428241000124101) any time on or before the member's 13th birthday.

Combination 1 (Meningococcal, Tdap) Adolescents who are numerator compliant for both the meningococcal and Tdap indicators.

Combination 2* (Meningococcal, Tdap, HPV) Adolescents who are numerator compliant for all three indicators (meningococcal, Tdap, HPV).

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

Note*: Combo 2 rate is incentivized.

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 supplemental anaphylaxis information submission is effective starting with MY2022 final validation (in May of 2023).

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 HPV must be documented in the EHR on or before the member's 13th 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.