

Childhood Immunization Status (Combo 2)

Measure Basic Information

Name and date of specifications used: HEDIS® 2016 Technical Specifications for Health Plans (Volume 2)

URL of Specifications:

n/a

Measure Type:

HEDIS ☒ PQI ☐ Survey ☐ Other ☐ Specify:

Measure Utility:

CCO Incentive ☒ Core Performance ☐ CMS Adult Set ☐ CHIPRA Set ☒ State Performance ☒
Other ☐ Specify:

Data Source:

MMIS/DSSURS and Public Health Division Immunization Program Registry (ALERT)

Measurement Period: January 1 – December 31, 2016

2013 Benchmark: 82%, 2012 National Medicaid 75th percentile (Combo 2)

2014 Benchmark: 82% 2013 National Medicaid 75th percentile (Combo 2)

2015 Benchmark: 82% 2014 National Medicaid 75th percentile (Combo 2)

2016 Benchmark: 82% 2015 national Medicaid 75th percentile (Combo 2)

Incentive Measure changes in specifications from 2015 to 2016:

OHA is using HEDIS 2016 specifications for all 2016 measurement. Changes from HEDIS 2015 to 2016 include:

- Added a note to MMR clarifying that the “14-day rule” does not apply to this vaccine.
- Added a new value set to the administrative method to identify Hepatitis B vaccines administered at birth. This change does not affect OHA’s measure specifications as data from the ALERT Immunization Registry are used to identify numerator compliance rather than claims. Value set information is provided below for information only.

HEDIS specifications are written for multiple lines of business and include a broad set of codes that could be used for measurement. Codes OHA is not using include, but are not limited to, LOINC, CPT, and HCPCS codes that are not open to Medicaid in Oregon. A general rule of thumb is that only CPT/HCPCS codes associated with the prioritized list will be used to calculate the measures; however as some measure specifications include denied claims, a claim that was denied because it included codes not on the prioritized list might still be counted toward the measure.

OHA is following HEDIS guidelines for Effectiveness of Care, Access/Availability of Care, Experience of Care, and Utilization measures to determine which services count for measures.

Denied claims: Included ☐ Not included ☐ Not applicable ☒

Member type: CCO A ☒ CCO B ☒ CCO G ☐

Measure Details

Data elements required denominator:

Children who turn 2 years of age during the measurement year. See HEDIS® 2015 Technical Specification for Health Plans (Volume 2) for details.

Required exclusions for denominator:

See continuous enrollment criteria.

Deviations from cited specifications for denominator: None.

Data elements required numerator:

OHA is using HEDIS® 2015 Combination 2 for the state performance measure: The number of children who turned 2 years of age in the measurement year and had all of the following specified vaccinations.

NOTE OHA relies on the Public Health Division Immunization Program Registry (ALERT) data, instead of calculating from the claim/encounter data. HEDIS Value Set names and codes are listed below only as a reference.

- DTaP – at least four DTaP vaccinations (DTaP Vaccine Administered Value Set), with different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 42 days after birth.
- IPV – at least three IPV vaccinations (Inactivated Polio Vaccine (IPV) Administered Value Set), with different dates of service on or before the child's second birthday. IPV administered prior to 42 days after birth cannot be counted.
- MMR – Any of the following on or before the child's 2nd birthday:
 - At least one MMR vaccination (Measles, Mumps and Rubella (MMR) Vaccine Administered Value Set).
 - At least one measles and rubella vaccination (Measles/Rubella Vaccine Administered Value Set) and at least one mumps vaccination (Mumps Vaccine Administered Value Set) on the same date of service or on different dates of service.
 - At least one measles vaccination (Measles Vaccine Administered Value Set) and at least one mumps vaccination (Mumps Vaccine Administered Value Set) and at least one rubella vaccination (Rubella Vaccine Administered Value Set) on the same date of service or on different dates of service.
 - History of measles (Measles Value Set), mumps (Mumps Value Set), or rubella (Rubella Value Set) illness.

Note: General Guideline 39 (i.e., the 14-day rule) does not apply to MMR.

- **HiB** – At least three HiB vaccinations (Haemophilus Influenzae Type B (HiB) Vaccine Administered Value Set), with different dates of service on or before the child's second birthday. HiB administered prior to 42 days after birth cannot be counted.
- **Hepatitis B** – At least three hepatitis B vaccinations (Hepatitis B Vaccine Administered Value Set), with different dates of service on or before the child's second birthday; or history of hepatitis illness (Hepatitis B Value Set).
- **VZV** – At least on VZV vaccination (Varicella Zoster (VZV) Vaccine Administered Value Set), with a date of service falling on or before the child's second birthday; or history of varicella zoster (e.g., chicken pox) illness (Varicella Zoster Value Set).

Value Set Name	CPT/HCPCS	ICD9CM-Diagnosis	ICD10 CM Diagnosis
DTaP Vaccine Administered	90698, 90700, 90721, 90723		
Inactivated Polio Vaccine (IPV) Administered	90698, 90713, 90723		
Measles, Mumps and Rubella (MMR) Vaccine Administered	90707, 90710		
Measles/Rubella Vaccine Administered	90708		
Measles Vaccine Administered	90705		
Mumps Vaccine Administered	90704		
Rubella Vaccine Administered	90706		
Measles		055.0, 055.1, 055.2, 055.71, 055.79, 055.8, 055.9	B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9
Mumps		072.0-072.3, 072.71, 072.72, 072.79, 072.8, 072.9	B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9
Rubella		056.00, 056.01, 056.09, 056.71, 056.79, 056.8, 056.9	B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
Haemophilus Influenzae Type B (HiB) Vaccine Administered	90645-90648, 90698, 90721, 90748		
Hepatitis B Vaccine Administered	90723, 90740, 90744, 90747, 90748, G0010		
Hepatitis B		070.20-070.23, 070.30-070.33, V02.61	B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51
Varicella Zoster (VZV) Vaccine Administered	90710, 90716		

Value Set Name	CPT/HCPCS	ICD9CM-Diagnosis	ICD10 CM Diagnosis
Varicella Zoster		052.x, 053.0, 053.1, 053.20-053.22, 053.29, 053.71, 053.79, 053.8, 053.9	B01.1, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.22, B02.33, B02.34, B02.49, B02.7, B02.8, B02.9

See HEDIS® 2016 Technical Specifications for Health Plans (Volume 2) for additional details.

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: None.

What are the continuous enrollment criteria: 12 months prior to the child's 2nd birthday.

What are allowable gaps in enrollment: No more than one gap in enrollment of up to 45 days during the 12 months prior to the child's 2nd birthday.

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