

Quality Measure Highlight

Childhood Immunization Status - Combo 10 (CIS10)

MEASURE DESCRIPTION

The percentage of children who turn 2 years of age during the measurement year who had the following immunizations administered: **(Numerator)**

- Between 42 days old and second birthday - 4 diphtheria, tetanus and acellular pertussis (**DTaP**); 3 polio (**IPV**); 3 haemophilus influenza type B (**HiB**); 4 pneumococcal conjugate (**PCV**); 2 or 3 Rotavirus (**RV**)
- On or between the first and second birthday - 1 measles, mumps and rubella (**MMR**); 1 chicken pox (**VZV**); 1 Hepatitis A (**HepA**); **Note:** General Guideline 35 (e.g., the 14-day rule) does not apply to MMR.
- On or before the second birthday - 3 hepatitis B (**HepB**). **Note:** One of the 3 Hep B vaccinations can be given in the hospital at birth.
- Between 180 days old and second birthday - 2 Influenza

| Dosage | Abbreviation | Description |
|------------|--------------|--|
| 3 | (HepB) | Hepatitis B |
| 2 or 3 | (RV) | Rotavirus (dosage dependent on manufacturer) |
| 4 | (DTaP) | Diphtheria, Tetanus and acellular Pertussis |
| At Least 3 | (Hib) | Haemophilus Influenza type B |
| 3 | (IPV) | Polio |
| 4 | (PCV 13) | Pneumococcal conjugate vaccine |
| 2 | (IIV) | Influenza (annual) |
| 1 | (MMR) | Measles, Mumps, and Rubella |
| 1 | (Varicella) | Chickenpox |
| 1 | (HepA) | Hepatitis A |

*CDC Recommended Schedule Link: <https://www.cdc.gov/vaccines/schedules/index.html>

Measure Type: Hybrid (medical record/claims/encounters) a systematic sample drawn from the eligible population (**Denominator**)

Intent / Importance: For children in the community to be as healthy as possible with the assistance of scheduled vaccinations. Improve immunization rates by developing electronic systems that track immunization status and notify physicians or parents when an immunization is due. This is an opportunity for providers to educate and enlist parents in preventing illness through immunization.

| PCP QIP 2019 | Practice Type | Total Points | Threshold | Percentile |
|------------------------------|---------------------|------------------------|-----------|------------------|
| Full Points | Family Pediatric | 10 points 15 points | 74.70% | 75 th |

| PCP QIP 2019 | Practice Type | Total Points | Threshold | Percentile |
|------------------------------|---------------------|------------------------|-----------|------------------|
| Half Points | Family Pediatric | 5 points 7.5 points | 70.80% | 50 th |

Note: The PCP QIP measure is for Childhood Immunizations Combo-3 (CIS-3). CIS-3 and CIS-10 overlap exactly for DTaP, IPV, Hep B, Hib, MMR, PCV, and VZV. CIS-10 also includes the Rotavirus, HepA, and annual influenza vaccinations.

Compliant Documentation:

For MMR, Hepatitis B, VZV, and Hep A count any of the following:

- Evidence of the antigen or combination vaccine. **Note:** For Hep B, notes in the medical record indicating that the member received the immunization “at delivery” or “in the hospital” may be counted. This information may be contained in hospital records or the California Immunization Registry (CAIR).
- Documented history of the illness. **Note:** For documented history of illness or a seropositive (blood) test result, there must be a note indicating the date of the event, which must have occurred by the member’s second birthday.

For DTaP, HiB, IPV, PCV, RV, and PCV:

- Evidence of the antigen (vaccine) or combination vaccine

For combination vaccinations that require more than one antigen (e.g., DTaP and MMR), you must find evidence that all components were given of all the antigens.

DTaP: May be documented using a generic header or “DTAP/DTP/DT.” At least four DTaP vaccinations with different dates of service on or before the child’s second birthday.

HiB: At least three HiB vaccinations with different dates of service on or before the child’s second birthday.

IPV: Immunizations documented using a generic header (e.g., polio vaccine) or “IPV/OPV” can be counted as evidence of IPV. At least three IPV vaccinations with different dates of service on or before the child’s second birthday.

RV: Any of the following on or before the child’s second birthday meet criteria:

- At least two doses of the two-dose rotavirus vaccine (Rotavirus Vaccine [e.g., Rotarix 2 Dose Schedule]) on different dates of service
- At least three doses of the three-dose rotavirus vaccine (Rotavirus Vaccine [e.g., Rota Teq 3 Dose Schedule]) on different dates of service
- At least one dose of the two-dose rotavirus vaccine (Rotavirus Vaccine [2 Dose Schedule]) and at least two doses of the three-dose rotavirus vaccine (Rotavirus Vaccine [3 Dose Schedule]), all on different dates of service
- While most vaccines, if missed or delayed, can be given as part of a “catch-up” schedule, rotavirus vaccines cannot be initiated in children if they are older than 15 weeks. And if the infant has not completed the full schedule by eight months, no further vaccines are given.

For additional information regarding the specifications for this measure feel free to email us: QIP@partnershiphp.org
 References: National Committee on Quality Assurance (NCQA) HEDIS® 2019 Vol 2 Technical Specifications for Health Plans;
 NCQA HEDIS 2018 Vol 1 Narrative. HEDIS® is a registered trademark of NCQA.

For all immunizations, evidence obtained from the medical record count for members where evidence shows that the antigen was rendered from one of the following:

- A note indicating the name of the specific antigen and the date of the immunization
- A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered
- Documentation from CAIR

Non-Compliant Documentation:

- A note that the “member is up to date” with all immunizations but does not list the dates of all immunizations and the names of the immunization agents does not constitute sufficient evidence of immunization for HEDIS reporting
- Retroactive entries are unacceptable if documented after the 2nd birthday. For example, on a note dated 01-05-18 (after the 2nd BD), the provider states that “I gave Hep B on 09-15-17.” This would not be acceptable documentation for compliance.
- Vaccination administered prior to 42 days after birth (between birth and 41 days old) are not compliant for DTaP, IPV, Hib, RV, and PCV

Exclusions:

- Exclude children who had a contraindication for a specific vaccine
- Exclude contraindicated children only if administrative data do not indicate that the contraindicated immunization was rendered in its entirety
- Members in hospice are excluded from the eligible population

Any of the following on or before the member’s second birthday meet exclusion criteria:

Any particular vaccine • Anaphylactic reaction to the vaccine or its components

DTaP • Encephalopathy

MMR, VZV and influenza • Immunodeficiency
• HIV
• Lymphoreticular cancer, multiple myeloma or leukemia
• Anaphylactic reaction to neomycin

Rotavirus • Severe combined immunodeficiency
• History of intussusception

IPV • Anaphylactic reaction to streptomycin, polymyxin B or neomycin

Hepatitis B • Anaphylactic reaction to common baker’s yeast

Strategies to Consider That May Lead to an Increase in CIS Performance Include:

- Provide timely claims to help ensure accurate data collection
- Provide education on coding to accurately reflect visit reasons and diagnoses
- Document parental refusal (Z28 code)
- Using acute visits, if appropriate, to provide immunizations
- Use California Immunization Registry (CAIR) resources for practices <http://cairweb.org/how-cair-helps-your-practice/>
- Establish formal practice commitment to vaccinations. Education and scripting for providers and staff on how to educate and complete vaccination.
- Educate and enlist parents <http://www.immunize.org/>
- Member incentives
- Identify - address barriers to vaccinations (e.g., social, financial, language, cultural, transportation)
- Combat misinformation