



# 2020 Quality Measure Highlight

## Childhood Immunization Status - Combo 10 (CIS10)

### MEASURE DESCRIPTION

The number of continuously enrolled Medi-Cal members who turn two years of age between January 1, 2020 and December 31, 2020 (DOB between January 1, 2018 and December 31, 2018).

#### (Denominator)

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

- Between 42 days old and 8 months of age - **2 or 3 Rotavirus (RV)**
- 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)**
- 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**

### Coding

DTaP CPT: 90698, 90700, 90721, 90723

IPV CPT: 90698, 90713, 90723

Hib CPT: 90644, 90645, 90646, 90647, 90648, 90698, 90721, 90748

Hep B CPT: 90723, 90740, 90744, 90747, 90748

MMR CPT: 90707, 90710

VZV CPT: 90710, 90716

PCV CPT: 90670

HepA CPT: 90633

Influenza Vaccine CPT: 90655, 90657, 90661, 90662, 90673, 90685 – 90688

Rotavirus Vaccine CPT: 90681 (2 dose), 90680 (3 dose)

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.

**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.

<a href="#">PCP QIP 2020</a>	Practice Type	Total Points	Threshold	Percentile
<b>Full Points</b>	Family Medicine Pediatric Medicine	5 points 12.5 points	34.79%	50 <sup>th</sup>

### **Please Note**

- PHC will apply a Gateway Measure to QIP final payment rates for Measurement Year 2020. Final QIP incentive payments issued in 2021 are subject to a reduction for either of the following :
  - 1) Timely claims submission – if more than 25 percent of parent organization level claim submissions are more than 90 days after the date of service, or 2) site average PCP Office Visits are less than 2.1 per member for the measurement year.
- For more information, please refer to the [PCP QIP Specifications](#), or contact the QIP Team at [QIP@partnershiphp.org](mailto:QIP@partnershiphp.org).

For additional information regarding the specifications for this measure feel free to email us: [QIP@partnershiphp.org](mailto: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.

## **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”, and the date it was given 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), there must be 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 on different dates of service
- At least three doses of the three-dose rotavirus vaccine on different dates of service
- At least one dose of the two-dose rotavirus vaccine and at least two doses of the three-dose rotavirus vaccine, 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 for children if they are older than 15 weeks. If the infant has not completed the full schedule by eight months, no further vaccines are given (and the child will not be in the numerator).

### **Compliant Documentation (continued)**

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 the California Immunization Registry (CAIR).

### **Non-Compliant Documentation**

- A note that the “patient 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 2<sup>nd</sup> birthday. For example, on a note dated 01-05-18 (after the 2<sup>nd</sup> birthday), 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 (only nasal)***

- Immunodeficiency
- HIV
- Lymphoreticular cancer, multiple myeloma or leukemia
- Anaphylactic reaction to neomycin

## **Exclusions (continued)**

### ***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

## **Best and Promising Practices**

- Establish formal practice commitment to vaccinations.
  - Utilize “flag” alerts in the EMR / EHR system so staff can identify and communicate to members/parents/guardians that immunization are due at every member encounter.
  - Prior to visits, “scrub charts” to determine if immunizations and/or preventive services are due.
  - Use standardized templates in the EMR / EHR system to guide providers and staff through the visit to ensure all components were met and documented.
  - Use huddle time to brief / communicate member/patient needing service(s).
  - Use acute visits, as appropriate, to provide immunizations.
  - Create immunization only services or walk-in immunization clinics.
- Education and scripting for providers and staff on how to educate and complete vaccination.
  - Communicate with families when vaccination are due (reminders) or late (recall) via portals, texts, and/or calls.
  - Ensure information is consistent, welcoming, in plain, person-centered language, appropriate, and delivered in traditional and electronic applications (based on patient preference).
  - Use approaches that align with your demographics (partner with local schools, faith-based organizations).
- Strengthen internal operating practices.
  - Document parental refusal (Z28 code). (Members with documented parent refusal are counted as non-compliant with the measure specification.)
  - Use California Immunization Registry (CAIR) resources for practices <http://cairweb.org/how-cair-helps-your-practice/>
  - Hardwire coding in EMR / EHR to accurately reflect visit reasons and diagnosis.
  - Submit claims and encounter data within 90 days of service.