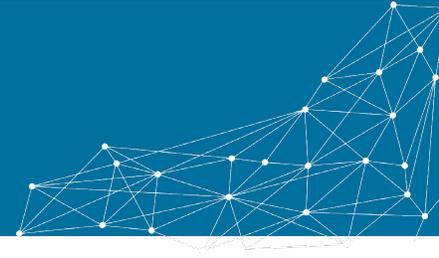


2021 Quality Measure Highlight

Childhood Immunization Status 0-2 Years



MEASURE DESCRIPTION

The percentage of children two years of age who had the series of immunizations described below:

Immunization Requirement Breakdown:

- 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** Please reference the 2021 PCP QIP Measure Specification for MMR, as the 14-day rule does not apply.
- 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 181 days old and second birthday - **2** Influenza

Denominator: The number of continuously enrolled Medi-Cal members who turn two years of age between January 1, 2021 and December 31, 2021 (DOB between January 1, 2019 and December 31, 2019).

Numerator: The number of children who turn two years of age during the measurement year who had the following immunizations administered.

Coding

DTaP CPT: 90698, 90700, 90723

IPV CPT: 90698, 90713, 90723

Hib CPT: 90644, 90647, 90648, 90698, 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, 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 as childhood immunizations help prevent serious illnesses such as polio, tetanus and hepatitis. Vaccines are a proven way to help a child stay healthy and avoid the potentially harmful effects of childhood diseases like mumps and measles. 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 2021	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine Pediatric Medicine	7 points 12 points	42.02%	75 th
Partial Points	Family Medicine Pediatric Medicine	5 points 9 points	34.79%	50 th

Relative Improvement

- A site's performance on a measure must meet the 50th percentile target in order to be eligible for RI points on the measure **AND**
- Have an RI score of 10% or higher, ending up thereby achieving performance equal to or exceeding between the 50th percentile and not exceeding the 75th percentile, to earn full points.

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 IIV:

- Evidence of the antigen (vaccine) or combination vaccine

DTaP:

- May be documented using a generic header (e.g., diphtheria, tetanus, acellular vaccine) 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 (Rotarix) on different dates of service
- At least three doses of the three-dose rotavirus vaccine (RotaTeq) 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).

IIV:

- At least two influenza vaccinations on different dates of service on or before the child’s second birthday (one of the two vaccinations can be an LAIV [i.e., Flu Mist] administered on the child’s second birthday).

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.

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 2nd birthday. For example, on a note dated 01-05-21 (after the 2nd birthday), the provider states that “I gave Hep B on 09-15-20.” This would not be acceptable documentation for compliance as all services must be rendered **and** documented in the medical record by the deadline established in the measure (e.g., if the deadline is by the 2nd birthday all services must be documented in the medical record on or before the 2nd birthday).
- Vaccination administered prior to 42 days after birth (between birth and 41 days old) are not compliant for DTaP, IPV, Hib, RV, and PCV.
- IIV administered prior to 6 months (180 days) after birth.
- LAIV vaccination administered before the member’s second birthday does not meet compliance.

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

Best and Promising Practices

- Increase access:
 - Reduce wait times / need to make an appointment
 - Increase or make more convenient hours when services are provided.
 - Initiate back-to-school summer clinics.
- 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.