

2022 Quality Measure Highlight

Childhood Immunization Status 0-2 Years

MEASURE DESCRIPTION

The percentage of children two (2) years of age who had the series of immunizations described below:

Immunization Requirement Breakdown:

| DOSAGE | ABBREVIATION | DESCRIPTION |
|--|--------------|---|
| BETWEEN 42 DAYS OLD AND 8 MONTHS OF AGE | | |
| 2 or 3 | (RV) | Rotavirus (dosage dependent on manufacturer) |
| BETWEEN 42 DAYS OLD AND SECOND BIRTHDAY | | |
| 4 | (DTaP) | Diphtheria, Tetanus and acellular Pertussis |
| At Least 3 | (Hib) | Haemophilus Influenza type B |
| 3 | (IPV) | Polio |
| 4 | (PCV 13) | Pneumococcal conjugate vaccine |
| ON OR BETWEEN THE FIRST AND SECOND BIRTHDAY | | |
| 1 | (MMR) | Measles, Mumps, and Rubella |
| 1 | (VZV) | Chickenpox |
| 1 | (HepA) | Hepatitis A (<i>Note Please reference the 2022 PCP QIP Measure Specification for MMR, as the 14-day rule does not apply.</i>) |
| ON OR BEFORE THE SECOND BIRTHDAY | | |
| 3 | (HepB) | Hepatitis B (<i>One (1) of the 3 HepB vaccinations can be given in the hospital at birth.</i>) |
| BETWEEN 181 DAYS OLD AND SECOND BIRTHDAY | | |
| 2 | (IIV) | Influenza (annual) (<i>Note : One of the two vaccinations can be a Live Attenuated Influenza Vaccine (LAIV) administered on the child's second birthday.</i>) |

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

Denominator: The number of continuously enrolled Medi-Cal members who turn two (2) years of age as of December 31, 2022. (DOB between January 1, 2020 and December 31, 2020).

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, the assistance of scheduled vaccinations starting in infancy and early childhood helps 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 2022 | Practice Type | Total Points | Threshold | Percentile |
|------------------------------|---------------------------------------|-----------------------|-----------|------------------|
| Full Points | Family Medicine Pediatric Medicine | 7 points 12 points | 45.50% | 75 th |
| Partial Points | Family Medicine Pediatric Medicine | 5 points 9 points | 38.20% | 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 the following:
 - 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).
 - Anaphylaxis due to the vaccine.
- 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 (4) DTaP vaccinations with different dates of service on or before the child’s second birthday.
- Anaphylaxis due to the vaccine.
- Encephalitis due to the vaccine.

HiB:

- At least three (3) HiB vaccinations with different dates of service on or before the child’s second birthday.
- Anaphylaxis due to the vaccine.

IPV:

- Immunizations documented using a generic header (e.g., polio vaccine) or “IPV/OPV” can be counted as evidence of IPV.
- At least three (3) IPV vaccinations with different dates of service on or before the child’s second birthday.

PCV:

- At least four (4) PCV 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 (2) doses of the two-dose rotavirus vaccine (Rotarix) on different dates of service
- At least three (3) doses of the three-dose rotavirus vaccine (RotaTeq) on different dates of service
- At least one (1) dose of the two-dose rotavirus vaccine and at least two (2) 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 rotavirus schedule by eight (8) months, no further rotavirus vaccines are given (and the child will not be in the numerator).
- Anaphylaxis due to the vaccine.

IIV:

- At least two (2) influenza vaccinations on different dates of service on or before the child's second birthday (one (1) of the two (2) vaccinations can be an LAIV [i.e., Flu Mist] administered **on** the child's second birthday).

For combination vaccinations that require more than one (1) 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 (1) 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.
- MMR or VZV administered before the member's first birthday does not meet compliance
- LAIV vaccination administered before the member's second birthday does not meet compliance.

Exclusions

Exclude children who had a contraindication for a specific vaccine from the denominator for all antigen rates and the combination rates. The denominator for all rates must be the same.

Any of the following on or before the member's second birthday meet optional exclusion criteria for any of the vaccines:

- Anaphylactic reaction to the vaccine or its components Anaphylactic Reaction Due to Vaccination.
- Encephalopathy Due to Vaccination with a vaccine adverse-effect code Vaccine Causing Adverse Effect
- Immunodeficiency Disorders of the Immune System
- HIV; HIV Type 2
- Lymphoreticular cancer, multiple myeloma or leukemia Malignant Neoplasm of Lymphatic Tissue
- Severe combined immunodeficiency Severe Combined Immunodeficiency
- History of intussusception Intussusception

Best and Promising Practices

Data and Coding

- Use California Immunization Registry (CAIR), ideally with a bi-directional interface between CAIR and the practice's EHR. Resources for practices can be found at <http://cairweb.org/how-cair-helps-your-practice/>
- Establish or update EMR / EHR templates to accurately reflect coding for visit reason and diagnosis. Review vaccination templates and linked coding in EHR or superbill to ensure alignment with HEDIS technical specifications.
- Review and ensure all vaccinations for children ages 0-2 are completed and coded with correct vaccines and doses (example: Kinrix is not compliant for DTaP series for CIS-10 measure)
- Use diagnosis coding to document reason for exclusions.
- Submit claims and encounter data within 90 days of service. We highly encourage submitting claims within 14-to-30 days of service toward the end of the measurement year period to avoid claims lag.
- Utilize PHC's Immunization Dose Reports (IDR) to track assigned members' progress under the CIS-10 series.
- Document parental refusal (Z28 code). (Members with documented parent refusal are counted as non-compliant for the measure)

Member Care

- Increase access:
 - Reduce wait times / need to make an appointment.
 - Increase or make more convenient hours when services are provided, such as evenings and weekends.
 - Schedule next well baby appointment at checkout. Have parent/caregiver address appointment reminder card in own handwriting.
- 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.
- Appoint Vaccine Coordinator or Pregnancy and Well Baby panel manager.
- Prior to visits, “scrub charts” to determine if immunizations and/or preventive services are due. Leverage CAIR data to update charts.
- Use standardized childhood vaccination templates in the EMR / EHR system to track vaccination status and progress.
- Use huddle time to brief/communicate member/patient needed service(s).
- Use any and all 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).
 - Train clinical teams on addressing vaccine hesitancy and motivational interviewing to have productive conversations with families about the benefits of childhood vaccination.
 - Use approaches and partnerships that align with your practice’s demographics (partner with local schools, faith-based organizations).
 - Consider using an equity approach to increase screening rates for targeted communities. By looking at CIS-10 vaccination rates by such factors as race, ethnicity, location (i.e, zip code), and preferred language, it is possible to identify barriers that affect specific communities, and plan interventions to address these barriers.