

Immunization for adolescents (Combo 1)

Measure Basic Information

Name and date of specifications used: HEDIS® 2015 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, 2015

2013 Benchmark: 70.8%, 2012 National Medicaid (Combo 1) 75th percentile

2014 Benchmark: 77.1%, 2013 National Medicaid (Combo 1) 75th percentile

2015 Benchmark: 81.0% 2014 National Medicaid (Combo 1) 75th percentile

Measure changes in specifications from 2014 to 2015:

OHA is using HEDIS 2015 specifications for all 2015 measurements.

Changes from HEDIS® 2013 to HEDIS® 2015 include:

- Numerator services are no longer be identified through an inpatient procedure: HEDIS® 2014 Removed ICD9CM procedure codes to identify immunization. (No impact; OHA relies on the ALERT data instead of claims)
- No additional changes in HEDIS® 2015

For measurements involving NDC lists published by NCQA (<http://www.ncqa.org>), OHA will use the latest available version for the measures; 2016 NDC lists will be used for the final calculations of 2015 measurement year. Before the 2016 NDC lists are available, OHA will use the 2015 lists for any progress reports.

For 2015 measurement, OHA is only including CCO A and CCO B members. For dental related measures (e.g., dental sealants, DHS custody) OHA is only including CCO A members.

HEDIS specifications are written for multiple lines of business and include a broad set of codes that could be used for measurement. OHA is not using all codes listed in the HEDIS specifications. 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.

Denied claims: Included Not included Not applicable

Measure Details

Data elements required denominator:

Adolescents who turn 13 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 1 (compliant for both Meningococcal and Tdap/TD) for the state performance measure.

Please 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.

Meningococcal: At least one meningococcal vaccine (Meningococcal Vaccine Administered Value Set) on or between the member’s 11th and 13th birthday.

Tdap/TD: Any of the following with a date of service on or between the member’s 10th and 13th birthdays:

- At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine (Tdap Vaccine Administered Value Set)
- At least one tetanus, diphtheria toxoids (Td) vaccine (Td Vaccine Administered Value Set)
- At least one tetanus vaccine (Tetanus Vaccine Administered Value Set) and at least one diphtheria vaccine (Diphtheria Vaccine Administered Value Set) on the same date of service or on different dates of service.

Value Set Name	CPT
Diphtheria Vaccine Administered	90719
Meningococcal Vaccine Administered	90733
	90734
Td Vaccine Administered	90714
	90718
Tdap Vaccine Administered	90715
Tetanus Vaccine Administered	90703

See HEDIS® 2015 Technical Specifications for Health Plans (Volume 2) for additional details.



Required exclusions for numerator:

None.

See HEDIS® 2015 Technical Specifications for Health Plans (Volume 2) for details.

Deviations from cited specifications for numerator:

None.

What are the continuous enrollment criteria:

12 months prior to the adolescent's 13th 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 adolescent's 13th birthday.

Define Anchor Date (if applicable):

Enrolled on the adolescent's 13th birthday.

For More Information: n/a