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QUALITY FORUM**
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Prevention and Population Health, Fall 2019 Cycle: CDP Report

**DRAFT REPORT FOR COMMENT
MARCH 30, 2020**

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NQF REVIEW DRAFT—Comments due by May 28, 2020 by 6:00 PM ET.

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Executive Summary

Traditionally, medical care has been the primary focus of efforts to improve the health and well-being of individuals and populations. As a result, nearly all national health expenditures have been attributed to healthcare services—yet, medical care has a relatively small influence on health outcomes when compared to interventions that address smoking, lower educational attainment, poverty, poor diet, and physical environmental hazards (e.g., unsafe housing and polluted air).¹ There is growing recognition of the role of social determinants of health (SDOH) in influencing health outcomes. Maintaining and improving the health and well-being of individuals and populations will require a multidisciplinary, multifactorial approach to address SDOH.

Performance measures are needed to assess improvements in population health, as well as the extent to which healthcare stakeholders are using evidence-based strategies (e.g., prevention programs, screening, and community needs assessments). To support this effort, the National Quality Forum (NQF) endorses and maintains performance measures related to prevention and population health through a multistakeholder consensus development process. The purpose of this project was to review prevention and population health measures submitted for endorsement or undergoing endorsement maintenance during the Fall 2019 cycle.

Although this project focused on measure endorsement, NQF's work in population health and prevention includes additional efforts that provide context for and supplement this measure endorsement work, including efforts to reduce disparities in health outcomes and efforts that promote the coordination of care in communities to improve local population health. For example, NQF [commissioned a report](#) to identify opportunities to align health improvement activities and measurement across the healthcare and government public health systems. Most recently, NQF developed an [action guide](#) that provides practical guidance for communities to make lasting improvements in population health.

NQF's prevention and population health portfolio of measures includes measures for health-related behaviors to promote healthy living; community-level indicators of health and disease; social, economic, and environmental determinants of health; primary prevention and/or screening; and oral health.

For this project, the Prevention and Population Health Standing Committee evaluated two newly submitted measures, and one measure undergoing maintenance review against NQF's standard evaluation criteria. The Committee recommended two measures for endorsement, and the Committee did not reach consensus on one measure.

The Committee recommended the following measures for endorsement:

- **NQF 0658** Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
- **NQF 3484** Prenatal Immunization Status

The Committee did not reach consensus on the following measure:

- **NQF 3483** Adult Immunization Status

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Brief summaries of the measures currently under review are included in the body of the report; detailed summaries of the Committee’s discussion and ratings of the criteria for each measure are in [Appendix A](#).

Introduction

The United States continues to lag behind other nations in key population health indicators such as infant mortality, obesity, and life expectancy, despite spending more on healthcare than any other nation in the world.² Population health describes the “health outcomes of a group of individuals, including the distribution of such outcomes within the group.”³ Both medical care and SDOH influence health outcomes. SDOH are known as the conditions in the places where people live, learn, work, and play; specific factors include availability of safe housing and local food markets, access to healthcare services, and culture. Healthy People 2020 highlights the importance of addressing SDOH by including “social and physical environments that promote good health for all” as one of the four overarching goals for the decade.⁴ Nearly 60 percent of deaths in the United States have been attributed to SDOH,⁵ yet less than 5 percent of national health expenditures have been attributed to prevention services.⁶ Furthermore, healthcare systems are increasingly expanding their roles to collaborate with patients and communities to better address SDOH.

Performance measurement is necessary to assess whether healthcare stakeholders are using strategies to increase prevention and improve population health. Strengthening measurement of prevention and population health will require joint efforts from communities, public health entities, and other nonhealthcare stakeholders (e.g., education, transportation, and employment) that influence health outcomes. A growing body of evidence demonstrates that targeted programs and policies can prevent disease, increase productivity, and yield billions of dollars in savings for the U.S. healthcare system. The United States can reduce the incidence of morbidity and premature mortality by identifying the right measures and implementing evidence-based interventions.

To support this goal, NQF maintains a portfolio of measures endorsed through a multistakeholder consensus development process, and has developed best practices for prevention and population health. NQF’s prevention and population health portfolio includes measures that assess the promotion of healthy behaviors, community-level indicators of health, oral health, and primary prevention strategies. For example, NQF has endorsed several measures related to immunizations and preventive health screenings that are widely used in public reporting and accountability programs.

This project seeks to identify and endorse measures that can be used to assess prevention and population health in both healthcare and community settings. It also focuses on the assessment of disparities in health outcomes. The measures reviewed during the Fall 2019 cycle focused on childhood immunizations and well-child visits. These measures promote population health and lower morbidity and cost over an individual’s lifetime.

NQF Portfolio of Performance Measures for Prevention and Population Health Conditions

The Prevention and Population Health Standing Committee ([Appendix C](#)) oversees the majority of NQF’s portfolio of prevention and population health measures ([Appendix B](#)), which includes measures for immunization, admission rates, and cancer screening. This portfolio contains 32 measures: 21 process measures and 11 outcome measures (see Table 1 below).

Table 1. NQF Prevention and Population Health Portfolio of Measures

	Process	Outcome
Immunization	8	0
Pediatric Dentistry	4	1
Weight/BMI	1	0
Diabetes	0	4
Admission Rates	0	5
Cancer Screening	4	0
Cardiovascular/Pulmonary	1	1
Well-Child Visits	2	0
Colonoscopy	1	0
Total	21	11

Some measures related to prevention and population health are assigned to other projects. These include various diabetes assessment and screening measures (Behavioral Health project), HIV viral load (Primary Care and Chronic Illness project), Angiotensin-converting enzyme inhibitor/Angiotensin II receptor blockers (ACEI/ARB) medication measures (Cardiovascular project), perinatal immunization and screening (Perinatal and Women’s Health project), asthma admission rates (All-Cause Admissions and Readmissions project), and one population-based resource use measure (Cost and Efficiency project).

Prevention and Population Health Measure Evaluation

On February 18 and 20, 2020, the Prevention and Population Health Standing Committee evaluated two new measures and one measure undergoing maintenance review against NQF’s [standard measure evaluation criteria](#).

Table 2. Prevention and Population Health Measure Evaluation Summary

	Maintenance	New	Total
Measures under consideration	1	2	3
Measures recommended for endorsement	1	1	2
Measures where consensus is not yet reached	0	1	1

Comments Received Prior to Committee Evaluation

NQF solicits comments on endorsed measures on an ongoing basis through the [Quality Positioning System \(QPS\)](#). In addition, NQF solicits comments for a continuous 16-week period during each evaluation cycle via an online tool located on the project webpage. For this evaluation cycle, the commenting period opened on December 11, 2019 and will close on May 28, 2020. As of January 24, 2020, no comments were submitted prior to the measure evaluation meeting(s).

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Overarching Issues

During the Standing Committee's discussion of the measures, several overarching issues emerged that were factored into the Committee's ratings and recommendations for multiple measures, and are not repeated in detail with each individual measure.

Lack of Data on Disparities

The Committee raised the issue of a lack of performance data for measures where there are known disparities. For example, racial and ethnic disparities in obesity, counseling on healthy eating and exercise, and colorectal cancer screening have all been documented in the literature. Yet the colorectal screening and one immunization measure submitted for review did not include recent performance data stratified by race and ethnicity. The Committee suggested that such data be included in future maintenance cycles and, barring that, expected a thorough review of the literature.

Summaries of Measure Evaluations

The following brief summaries of the three measures evaluated in this cycle highlight the major issues that the Committee considered. Details of the Committee's discussion and ratings of the criteria for each measure are included in [Appendix A](#).

Colonoscopy

0658 Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients (American Gastroenterological Association): Recommended

Description: Percentage of patients aged 50 to 75 years receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report; **Measure Type:** Process; **Level of Analysis:** Clinician: Individual; **Setting of Care:** Outpatient Services; **Data Source:** Claims, Electronic Health Data, Electronic Health Records, Other, Registry Data

The Standing Committee recommended the measure for continued endorsement. The measure captures the percentage of patients aged 50 to 75 years receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.

The Committee noted that the measure is a process appropriateness measure that captures documentation. The committee felt it would be ideal if there was direct evidence for the correlation between the colonoscopy follow-up recommendation and the 10-year timing of the follow-up, but acknowledged the feasibility and time interval are prohibitive barriers to assessing this. The Committee also noted that the 2017 U.S. Multi-Society Task Force (USMSTF) recommendation of a colonoscopy every 10 years is a tier-1 recommendation, which is very strong.

The developer reported a mean performance score of 85%, which is an increase from the previous review, but noted there is still room for improvement. The Committee expressed concern, however, that the mean performance score from the Centers for Medicare and Medicaid (CMS) data is 100%, and so

the measure may be topped out. The developer replied that the CMS data set is self-selected and likely comprises high performers, whereas the other data set, the GI Quality Improvement Consortium (GIGuIC), a qualified clinician data registry, has a broader set of reporters, and is likely more reflective of what is happening in the field, generally. The Committee noted that the developer should consider whether the measure is topped out during the measure's next maintenance review cycle. Further, the Committee recommended that, during the next maintenance review, the developer provide or cite disparities data.

The Committee reviewed reliability and noted that the developer conducted a beta-binomial analysis of both reported data sets and achieved a reliability score of 0.9, which is high. Some members of the Committee expressed concern that this high reliability score could be the result of selection bias of those reporting data to CMS, and that the minimum case count of 10 does not allow for a sufficient reliability score. The developer responded that the average number of cases for the CMS data was 23 and for GIGuIC was 83. The Committee passed this measure on reliability. The Committee did not have any concerns with the validity or feasibility of the measure. The Committee also did not express concerns about use and usability; the measure is publicly reported in CMS quality payment programs and GIGuIC.

Immunization

3483 Adult Immunization Status (National Committee for Quality Assurance): Consensus Not Reached

Description: Percentage of adults 19 years of age and older who are up-to-date on recommended routine vaccines for influenza, tetanus, and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap), zoster and pneumococcal; **Measure Type:** Composite; **Level of Analysis:** Health Plan; **Setting of Care:** Outpatient Services; **Data Source:** Claims, Electronic Health Data, Electronic Health Records, Enrollment Data, Management Data, Other, Registry Data

The Standing Committee did not vote on the recommendation for endorsement at the meeting because the Committee did not reach consensus on the criterion quality construct of the composite, a must-pass criterion. This new composite measure assesses the percentage of adults 19 years of age and older who are up-to-date on four recommended vaccines: influenza; tetanus and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap); zoster; and pneumococcal.

The Committee agreed that the overall evidence for the measure is strong, as is the evidence for each component. It did note, however, that the measure is based on the 2018 Advisory Committee on Immunization Practices (ACIP), wherein only a Td booster was recommended. In January 2020, ACIP recommended that people aged 19 or older could either receive a Td or Tdap booster every 10 years. The Committee reviewed the measure based on the 2018 guidelines; the developer responded that it would update the measure at its next appropriate interval. The Committee noted that there is a significant performance gap among different health plans and payer types.

- The Committee noted that the measure is neither an all-or-nothing nor a binomial distribution, since the denominator is the total number of recommended vaccines in the population, which could be between two to four based on the population's age range. For the composite rate, there was an 11 point difference between plans in the 25th percentile and plans in the 75th

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percentile for Medicare plans, and 7 and 8 points for commercial and Medicaid plans, respectively. The developer responded that it did consider scoring the measure as an all-or-nothing, but stakeholders did not find the results useful. Many Committee members expressed concerns about the utility of a composite score over an individual score for each vaccine component.

The Committee noted the high reliability score, but indicated such a strong score generally negated a concern that the beta-binomial test for this measure construct, which is not a pure binomial, was not appropriate. The Committee agreed with the Scientific Methods Panel (SMP) on a high rating for reliability and a moderate rating for validity. The Committee did not have concerns about feasibility, use and usability. The Committee will revote on the composite construct on the post-comment web meeting on May 5, 2020.

3484 Prenatal Immunization Status (National Committee for Quality Assurance): Recommended

Description: Percentage of deliveries in the measurement period in which women received influenza and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccinations; **Measure Type:** Composite; **Level of Analysis:** Health Plan; **Setting of Care:** Outpatient Services; **Data Source:** Claims, Electronic Health Data, Electronic Health Records, Enrollment Data, Management Data, Other, Registry Data

The Standing Committee recommended the measure for NQF endorsement. This composite measure assesses the percentage of deliveries in the measurement period in which women received two vaccinations: influenza and tetanus, diphtheria toxoids, and acellular pertussis (Tdap). The Committee agreed that the evidence provided supported the measure, and that there is evidence of a performance gap among health plans. The Committee requested that the developer provide data on racial, ethnic, and socioeconomic status (SES) disparities in performance during the measure's next review cycle.

The Committee supported the SMP's ratings of high for reliability. With respect to the validity of the measure, the Committee agreed it was theoretically sound, but noted that the recommendations of timing for the influenza and Tdap vaccines differ—the influenza vaccine can be given at any time during pregnancy, while Tdap administration is recommended in the third trimester. Since the measure excludes women who give birth prior to 37 weeks, the Committee stated that this might not be a random subset of pregnant women and may be an unintended consequence of the composite construction. The developer responded to the Committee's concerns, noting that the measure is intended to hold the reporting entities accountable for the optimal timing of the Tdap vaccine while also providing health plans the full, appropriate window for administering the vaccines. The Committee also raised questions about the hospice exclusion; the developer noted that the hospice exclusion is uniform across all its measures. The Committee agreed that measure reporting is feasible. It also noted that the measure is currently reported by numerous health plans with no identified potential harms.

References

- 1 Eggleston EM, Finkelstein JA. Finding the Role of Health Care in Population Health. *JAMA*. 2014;311(8):797-798.
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- 6 Lots to Lose: How America’s Health and Obesity Crisis Threatens our Economic Future | Bipartisan Policy Center. <https://bipartisanpolicy.org/report/lots-lose-how-americas-health-and-obesity-crisis-threatens-our-economic-future/>. Last accessed March 2020.

Appendix A: Details of Measure Evaluation

Rating Scale: H=High; M=Moderate; L=Low; I=Insufficient; NA=Not Applicable

Measures Recommended

0658 Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

[Submission](#) | [Specifications](#)

Description: Percentage of patients aged 50 years to 75 years receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.

Numerator Statement: Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

Denominator Statement: All patients aged 50 years to 75 years and receiving screening a screening colonoscopy without biopsy or polypectomy

Exclusions: Documentation of medical reason(s) for not recommending at least a 10 year follow-up interval (e.g., inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is \geq 66 years old, or life expectancy $<$ 10 years, other medical reasons)

Adjustment/Stratification: No risk adjustment or risk stratification

Level of Analysis: Clinician: Individual

Setting of Care: Outpatient Services

Type of Measure: Process

Data Source: Claims, Electronic Health Data, Electronic Health Records, Other, Registry Data

Measure Steward: American Gastroenterological Association

STANDING COMMITTEE MEETING 02/18/2020

1. Importance to Measure and Report: The measure meets the Importance criteria

(1a. Evidence, 1b. Performance Gap)

1a. Evidence: **M-15; L-0; I-3**; 1b. Performance Gap: **H-2; M-11; L-2; I-0**

Rationale:

- The measure captures the percentage of patients aged 50 to 75 years receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.
- The developer updated the evidence since its last review in 2013. The developer stated the 2016 U.S. Preventive Services Task Force (USPSTF) guideline recommending screening for colorectal cancer starting at age 50 years and continuing until age 75 years indicated is grade A.
- The developer also cited 2017 USMSTF guidance recommending colonoscopy every 10 years as a tier-1 recommendation, which is a strong recommendation with moderate quality of evidence. The Committee noted that the USMSTF recommendation is very strong.
- The Committee stated it would be ideal if there were direct evidence for the correlation between the colonoscopy follow-up recommendation and the 10-year timing of the follow-up, but acknowledged the feasibility and time interval are prohibitive barriers to assessing this.
- The developer reported the literature and performance data (2016, 2017, 2018) have identified variation in performance for the recommended time interval between colonoscopies for patients with a normal colonoscopy. Mean performance was 85.12%, 85.63%, 85.43%; range was 0-100%.
- The Committee expressed concern that the mean performance score from the CMS data is 100% and so the measure may be topped out. The developer replied that the CMS data set is self-selected and likely comprises high performers, whereas the other data set, GIGuIC, a qualified clinician data registry, has a broader set of reporters and is likely more reflective of what is happening in the field, generally.
- The Committee noted that the developer should consider whether the measure is topped out during the measure's next maintenance review cycle. Further, the Committee recommended that, during the next maintenance review, the developer provide disparities data or a review of the literature.

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2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **H-4; M-11; L-2; I-0**; 2b. Validity: **H-4; M-12; L-2; I-0**

Rationale:

- The developer used a beta-binomial methodology, measuring the ratio of signal to noise at the physician level.
- The developer stated that, overall, the data suggest that, for physicians with an average or greater number of events (10), the measure has high reliability.
- The developer reported a reliability statistic of 0.90 for the CMS data set; 237 physicians had all the required data elements and met the minimum number of quality reporting events (10).
- The developer reported a reliability statistic of 0.94 for the GIQuIC data set; 2,666 physicians had all the required data elements and met the minimum number of quality reporting events.
- The Committee noted that the developer conducted a beta-binomial analysis of both reported data sets and achieved a reliability score of 0.9, which is high.
- Some members of the Committee expressed concern that this high reliability score could be the result of selection bias for CMS reporters, and that the minimum case count of 10 does not allow for a sufficient reliability score. The developer responded that the average number of cases for the CMS data was 23 and for GIQuIC was 83.
- The developer conducted construct validity, using colorectal cancer screening (PQRS #113) for correlation analysis due to the similarities in patient population and domain. The developer hypothesized a positive association between patients receiving a screening colonoscopy (PQRS #113) and those who had documentation of appropriate recommended follow-up interval of at least 10 years for repeat colonoscopy (this measure).
- The developer could only provide correlation analysis for the CMS data set (237 physicians). For this analysis, the coefficient was 0.20 and p-value = 0.007. The developer stated this result is a moderate positive correlation.

3. Feasibility: H-8; M-10; L-0; I-0

(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/unintended consequences identified; 3d. Data collection strategy can be implemented)

Rationale:

- Measure is reported via claims and registry data, which increases measure reporting feasibility.
- Data can be collected electronically via endwriter, an automated endoscopy record system (not an EHR/EMR), or manually via a web portal.

4. Use and Usability

4a. Use; 4a1. Accountability and transparency; 4a2. Feedback on the measure by those being measured and others; 4b. Usability; 4b1. Improvement; 4b2. The benefits to patients outweigh evidence of unintended negative consequences to patients)

4a. Use: **Pass-16; No Pass-1** 4b. Usability: **H-7; M-10; L-1; I-0**

Rationale:

- The measure is currently used in professional certification programs, payment programs, and for public reporting.
- The measure has been implemented in the Quality Payment Program (QPP) as an individual measure for claims and registry reporting where feedback is provided via CMS Quality and Resource Use Reports (QRURs).
- The measure also is implemented in multiple Qualified Clinical Data Registry (QCDRs), where feedback is required quarterly.
- The measure also is reported in GIQuIC procedure-focused benchmarking registry.

5. Related and Competing Measures

- This measure is related to NQF 0572: Follow-up after Initial Diagnosis and Treatment of Colorectal Cancer: colonoscopy that captures all eligible members who have been newly diagnosed and resected with colorectal cancer receive a follow-up colonoscopy within 15 months of resection, with its focus on the same clinical area of care.

<ul style="list-style-type: none"> The measure does not compete with any measures.
6. Standing Committee Recommendation for Endorsement: Y-15; N-3
7. Public and Member Comment
<ul style="list-style-type: none"> No public comments received to-date.
8. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X
9. Appeals

3484 Prenatal Immunization Status
Submission Specifications
<p>Description: Percentage of deliveries in the measurement period in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.</p> <p>Numerator Statement: Deliveries in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.</p> <p>Denominator Statement: Deliveries that occurred during the measurement period.</p> <p>Exclusions: Deliveries that occurred at less than 37 weeks gestation. Deliveries in which women were in hospice during the measurement period.</p> <p>Adjustment/Stratification: No risk adjustment or risk stratification</p> <p>Level of Analysis: Health Plan</p> <p>Setting of Care: Outpatient Services</p> <p>Type of Measure: Composite</p> <p>Data Source: Claims, Electronic Health Data, Electronic Health Records, Enrollment Data, Management Data, Other, Registry Data</p> <p>Measure Steward: National Committee for Quality Assurance</p>
<p>STANDING COMMITTEE MEETING 02/18/2020 and 02/20/2020</p> <p>1. Importance to Measure and Report: <u>The measure meets the Importance criteria</u> (1a. Evidence, 1b. Performance Gap, 1c. Composite – Quality Construct) 1a. Evidence: H-8; M-8; L-1; I-0; 1b. Performance Gap: H-9; M-9; L-0; I-0; 1c. Composite – Quality Construct: H-6; M-10; L-1; I-0</p> <p>Rationale:</p> <ul style="list-style-type: none"> This new composite measure assesses the percentage of deliveries in the measurement period in which women received two vaccinations: influenza; and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccinations. The developer cited guidelines for each of the prenatal vaccines that are included in the measure and the Advisory Committee on Immunization Practices (ACIP) recommendations. The developer cited data extracted from 2018 HEDIS data collection reflecting the most recent year of measurement. Data are stratified by product line (i.e., commercial, Medicaid and Medicare). The mean performance was 33.1% for commercial, 16.7% for Medicaid, and 23.8% for Medicare. The Committee agreed that the evidence provided supported the measure, and that there is evidence of a performance gap among health plans. The Committee requested that the developer provide data on racial, ethnic, and SES disparities in performance during the measure’s next review cycle.
<p>2. Scientific Acceptability of Measure Properties: <u>The measure meets the Scientific Acceptability criteria</u> (2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity, 2c. Composite construction) 2a. Reliability: Yes-17; No-1 2b. Validity: Yes-18; No-1 2c. Composite Construction: H-4; M-14; L-2; I-0</p> <ul style="list-style-type: none"> Because it is a composite, this measure was deemed as complex and was evaluated by the NQF SMP. The Standing Committee voted to accept the SMP’s ratings for Reliability and Validity.

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- The SMP votes for Reliability: **H-4; M-1; L-0; I-1**, for an overall rating of High.
- The SMP votes for Validity: **H-2; M-3; L-1; I-0**, for an overall rating of Moderate.

Rationale:

- The measure was reviewed by the SMP. The SMP did not have concerns with the methodology for score-level reliability testing or the results, but two SMP members expressed concern related to the lack of clarity in defining the continuous enrollment requirement/previous vaccination, and that the developer selected integrated delivery system as a level of analysis but did not provide testing information for this.
- The Committee supported the SMP's rating of high for Reliability.
- Face validity was reported; several SMP members noted deficiencies in the description and/or that it does not match NQF's criteria for face validity assessment.
- Empirical validity testing at the score level was conducted. The developer used construct validity and calculated the Pearson correlation coefficient with each vaccine to the other and of the composite as compared to other HEDIS vaccination measures. SMP members overall felt the construct validity results demonstrated moderate to high correlation. A few SMP members noted that validating a measure with itself is not a strong approach.
- Most SMP members did not have concerns about the exclusions, but one member noted that the developer did not provide an analysis related to the hospice exclusion, only the deliveries <37 weeks gestation.
- The Standing Committee also raised questions about the hospice exclusion; the developer noted that the hospice exclusion is uniform across all its HEDIS measures.
- The Committee agreed the validity of the measure was theoretically sound, but noted that the recommendations of timing for the influenza and Tdap vaccines differ—the influenza vaccine can be given at any time during pregnancy, while Tdap administration is recommended in the third trimester. Since the measure excludes women who give birth prior to 37 weeks, the Committee stated that this might not be a random subsection of pregnant women, and is an unintended consequence of the composite construction. The developer responded to the Committee's concerns, noting that the measure is intended to hold the reporting entities accountable for the optimal timing of the Tdap vaccine while also providing health plans the full, appropriate window for administering the vaccines.
- SMP members had no concerns related to missing data.
- SMP members had no concerns related to meaningful differences.
- No risk adjustment. One commenter noted that, theoretically, the differences across plans could be explained in part by case mix.
- Most SMP members did not have concerns about the composite construct; the Cronbach alpha showed high internal consistency.

3. Feasibility: H-14; M-5; L-1; I-0

(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/unintended consequences identified; 3d. Data collection strategy can be implemented)

Rationale:

- The Committee agreed that measure reporting is feasible.
- All data elements are in defined fields in a combination of electronic sources; data elements are generated or collected by and used by healthcare personnel during the provision of care (e.g., blood pressure, lab value, diagnosis, depression score).
- Data are coded by someone other than the person obtaining original information (e.g., DRG, ICD-9 codes on claims) and/or abstracted from a record by someone other than person obtaining original information (e.g., chart abstraction for quality measure or registry).

4. Use and Usability

4a. Use; 4a1. Accountability and transparency; 4a2. Feedback on the measure by those being measured and others; 4b. Usability; 4b1. Improvement; 4b2. The benefits to patients outweigh evidence of unintended negative consequences to patients)

4a. Use: **Pass-20; No Pass-0** 4b. Usability: **H-8; M-11; L-0; I-0**

Rationale:

- New HEDIS measure in 2018.
- The developer stated that the measure is currently reported by numerous health plans with no identified

<p>potential harms.</p> <ul style="list-style-type: none"> The developer also noted that, during a recent public comment posting that was held during the development process, measured entities supported the new measure and found it to be relevant and clearly specified. The Committee did not express concerns with the use or usability of the measure.
<p>5. Related and Competing Measures</p> <ul style="list-style-type: none"> This measure is related to the influenza measures within the portfolio: <ul style="list-style-type: none"> 0039: Flu Vaccinations for Adults Ages 18 and Older 0041: Preventive Care and Screening: Influenza Immunization 0431: Influenza Vaccination Coverage Among Healthcare Personnel 0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) 0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay) 1659: Influenza Immunization The measure does not compete with any measures in the portfolio.
<p>6. Standing Committee Recommendation for Endorsement: Y-21; N-0</p>
<p>7. Public and Member Comment</p> <ul style="list-style-type: none"> No public comments received to-date.
<p>8. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X</p>
<p>9. Appeals</p>

Measures Where Consensus Is Not Yet Reached

<p>3483 Adult Immunization Status</p>
<p>Submission Specifications</p>
<p>Description: Percentage of adults 19 years of age and older who are up-to-date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.</p> <p>Numerator Statement: Adults who are up-to-date on influenza, Td or Tdap, herpes zoster and pneumococcal vaccinations based on age and recommendations.</p> <p>Denominator Statement: Adults ages 19 years and older.</p> <p>Exclusions: Adults who received chemotherapy, had a bone marrow transplant or were in hospice during the measurement year or those with a history of immunocompromising conditions.</p> <p>Adjustment/Stratification: No risk adjustment or risk stratification</p> <p>Level of Analysis: Health Plan</p> <p>Setting of Care: Outpatient Services</p> <p>Type of Measure: Composite</p> <p>Data Source: Claims, Electronic Health Data, Electronic Health Records, Enrollment Data, Management Data, Other, Registry Data</p> <p>Measure Steward: National Committee for Quality Assurance</p>
<p>STANDING COMMITTEE MEETING 02/18/2020 and 02/20/2020</p> <p>1. Importance to Measure and Report: Consensus not reached (1a. Evidence, 1b. Performance Gap, 1c. Composite – Quality Construct)</p> <p>1a. Evidence: H-7; M-12; L-0; I-0; 1b. Performance Gap: H-1; M-18; L-0; I-0; 1c. Composite – Quality Construct: H-0; M-9; L-7; I-3</p> <p>Rationale:</p>

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- The developer cited guidelines for each of the adult vaccines that are referenced in the measure description and the ACIP recommendations.
- The Committee agreed that the overall evidence for the measure is strong. It did note, however, that the measure is based on the 2018 ACIP recommendations, wherein only a Td booster was recommended. In January 2020, ACIP recommended that people aged 19 or older could either receive a Td or Tdap booster every 10 years. The Committee reviewed the measure based on the 2018 guidelines; the developer responded that it would update the measure at its next appropriate interval.
- The developer cited data extracted from the 2018 HEDIS data collection, which reflects the most recent measurement data. The data, stratified by product line (i.e., commercial, Medicaid, and Medicare), demonstrate the variation in the rate of adult immunization across health plans and product lines.
- For the composite rate, there was an 11 point difference between plans in the 25th percentile and plans in the 75th percentile for Medicare plans, and 7 and 8 points for commercial and Medicaid plans, respectively.
- The Committee noted that there is a significant performance gap among different health plans and payer types.
- The Committee noted that the measure is neither an all-or-nothing nor a binomial distribution, since the denominator is the total number of recommended vaccines in the population, which could be between two to four based on the population's age range. The developer responded that it did consider scoring the measure as an all-or-nothing, but stakeholders did not find the results useful.
- Many Committee members expressed concerns about on the utility of a composite score over an individual score for each vaccine component.

2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **Yes-12; No-7**; 2b. Validity: **Yes-15; No-3**; 2c. Composite Construction (testing): **H-2; M-13; L-3; I-1**

- Since this measure is a composite, it was deemed as complex and was evaluated by the NQF Scientific Methods Panel (SMP).
- The Standing Committee voted to accept the SMP ratings for Reliability and Validity.
- The SMP votes for Reliability: **H-4; M-1; L-0; I-1**, for an overall rating of High
- The NQF Scientific Methods Panel's votes for Validity: **H-2; M-3; L-1; I-0**, for an overall rating of Moderate.

Rationale:

- The SMP reviewed the reliability and validity of the measure.
- Most SMP members felt the methodology was appropriate and that the reliability results were strong.
- Clarity is needed as to how the past immunization status of individuals will be ascribed to a health plan, given the immunization cycle may not align with the continuous enrollment period.
- Several SMP members noted that the specifications are unclear, including "up to date" and "based on age and recommendation" and recommended more precise language.
- Two SMP members noted the measure developer indicated integrated delivery system as a level of analysis, but did not provide any testing data in this regard.
- The Committee noted the high reliability score, but indicated such a strong score generally negated a concern that the beta-binomial test for this measure construct, which is not a pure binomial (as noted in the Importance section), was not appropriate.
- Face validity was reported; two SMP members noted that it does not match NQF's criteria for face validity assessment.
- Empirical validity testing at the score level was conducted. The developer used construct validity to calculate the Pearson correlation coefficient between each individual measure and the overall composite, as well as score-level results compared to other HEDIS vaccination measures.
- Validity testing results showed strong or moderate correlations. A few SMP members noted that validating a measure with itself is not a strong approach. It was also noted that correlations dropped significantly when compared to other vaccination measures.
- The Committee agreed with the SMP on a rating of Moderate for Validity.
- No concerns were raised about the exclusions.
- No concerns were raised about meaningful differences.

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ET.

- The SMP noted there was high internal consistency for the composite construction, as demonstrated by Cronbach’s alpha.

3. Feasibility: H-5; M-13; L-1; I-0

(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/unintended consequences identified; 3d. Data collection strategy can be implemented)

Rationale:

- All data elements are in defined fields in a combination of electronic sources.
- Data elements are generated or collected by and used by healthcare personnel during the provision of care (e.g., blood pressure, lab value, diagnosis, depression score).
- Data are coded by someone other than the person obtaining original information (e.g., DRG, ICD-9 codes on claims) and/or abstracted from a record by someone other than person obtaining original information (e.g., chart abstraction for quality measure or registry).
- The Committee had no concerns about Feasibility

4. Use and Usability

4a. Use; 4a1. Accountability and transparency; 4a2. Feedback on the measure by those being measured and others; 4b. Usability; 4b1. Improvement; 4b2. The benefits to patients outweigh evidence of unintended negative consequences to patients)

4a. Use: **Pass-15; No Pass-3** 4b. Usability: **H-2; M-9; L-7; I-0**

Rationale:

- New HEDIS measure in 2018.
- The developer noted that, during a recent public comment posting, which was held during the development process, measured entities supported the new measure and found it to be relevant and clearly specified.
- The developer reported no unexpected findings during implementation and no harms identified.
- The Committee did not have concerns with the use or usability of the measure.

5. Related and Competing Measures

- This measure is related to the pneumococcal and influenza measures within the portfolio:
 - 0041: Preventive Care and Screening: Influenza Immunization
 - 0043: Pneumococcal Vaccination Status for Older Adults (PNU)
 - 0431: Influenza Vaccination Coverage Among Healthcare Personnel
 - 0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)
 - 0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)
 - 0682: Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)
 - 0683: Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)
 - 1653: Pneumococcal Immunization
 - 1659: Influenza Immunization
- The measure does not compete with any measures in the portfolio.

6. Standing Committee Recommendation for Endorsement: No vote

Rationale

- The Committee did not reach consensus on the quality construct of the composite of the measure, a must-pass criterion. Accordingly, the Committee did not vote on an overall recommendation for/against endorsement.
- The Committee will revote on that criterion during its May 5, 2020, meeting.

7. Public and Member Comment

- No public comments received to-date.

8. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X

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9. Appeals

Appendix B: Prevention and Population Health Portfolio—Use in Federal Programs^a

NQF #	Title	Federal Programs: Finalized or Implemented
0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Merit-Based Incentive Payment System (MIPS) Program; Medicaid; Marketplace Quality Rating System (QRS)
0032	Cervical Cancer Screening (CCS)	Merit-Based Incentive Payment System (MIPS) Program; Medicaid; Marketplace Quality Rating System (QRS)
0034	Colorectal Cancer Screening (COL)	Medicare Shared Savings Program; Merit-Based Incentive Payment System (MIPS) Program; Marketplace Quality Rating System (QRS); Medicare Part C Star Rating
0038	Childhood Immunization Status (CIS)	Merit-Based Incentive Payment System (MIPS) Program; Marketplace Quality Rating System (QRS) (Implemented)
0041	Preventive Care and Screening: Influenza Immunization	Medicare Shared Savings Program; Merit-Based Incentive Payment System (MIPS) Program
0041e	Preventive Care and Screening: Influenza Immunization	Merit-Based Incentive Payment System (MIPS) Program; Medicaid Promoting Interoperability Program for Eligible Professionals
0226	Influenza Immunization in the ESRD Population (Facility Level)	No federal program usage specified for this measure.
0272	Diabetes Short-Term Complications Admission Rate (PQI 01)	Medicaid
0273	Perforated Appendix Admission Rate (PQI 02)	No federal program usage specified for this measure.
0274	Diabetes Long-Term Complications Admission Rate (PQI 03)	No federal program usage specified for this measure.
0275	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 05)	Medicaid
0277	Congestive Heart Failure Rate (PQI 08)	Medicaid
0279	Community Acquired Pneumonia Admission Rate (PQI 11)	No federal program usage specified for this measure.
0280	Dehydration Admission Rate	No federal program usage specified for this measure.

^a Per CMS Measures Inventory Tool as of 2/28/2020

	(PQI 10)	measure.
0281	Urinary Tract Infection Admission Rate (PQI 12)	No federal program usage specified for this measure.
0283	Asthma in Younger Adults Admission Rate (PQI 15)	Medicaid
0285	Lower-Extremity Amputation among Patients with Diabetes Rate (PQI 16)	No federal program usage specified for this measure.
0431	INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL	Hospital Compare; Hospital Inpatient Quality Reporting; Inpatient Rehabilitation Facility Quality Reporting; Long-Term Care Hospital Quality Reporting; Home Health Value Based Purchasing; Inpatient Rehabilitation Facility Compare; Long-Term Care Hospital Compare
0509	Diagnostic Imaging: Reminder System for Screening Mammograms	No federal program usage specified for this measure.
0638	Uncontrolled Diabetes Admission Rate (PQI 14)	No federal program usage specified for this measure.
0658	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Ambulatory Surgical Center Quality Reporting; Hospital Compare; Hospital Outpatient Quality Reporting; Merit-Based Incentive Payment System (MIPS) Program
0680	Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (short stay)	Inpatient Rehabilitation Facility Quality Reporting (Proposed); Long-Term Care Hospital Quality Reporting
0681	Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (long stay)	Nursing Home Compare; Nursing Home Quality Initiative
1407	Immunizations for Adolescents	Merit-Based Incentive Payment System (MIPS) Program; Medicaid; Marketplace Quality Rating System (QRS)
1516	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	Medicaid; Marketplace Quality Rating System (QRS)
2020	Adult Current Smoking Prevalence	No federal program usage specified for this measure.
2372	Breast Cancer Screening	Medicare Part C Star Rating; Merit-Based Incentive Payment System (MIPS) Program; Medicaid; Marketplace Quality Rating System (QRS)
2508	Prevention: Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk, Dental Services	Medicaid

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2511	Utilization of Services, Dental Services	No federal program usage specified for this measure.
2517	Oral Evaluation, Dental Services	No federal program usage specified for this measure.
2528	Prevention: Topical Fluoride for Children at Elevated Caries Risk, Dental Services	No federal program usage specified for this measure.
2689	Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children	No federal program usage specified for this measure.
2695	Follow-Up after Emergency Department Visits for Dental Caries in Children	No federal program usage specified for this measure.

Appendix C: Prevention and Population Health Standing Committee and NQF Staff

STANDING COMMITTEE

Thomas McInerney, MD (Co-Chair)

Retired

Honeoye Falls, New York

Amir Qaseem, MD, PhD, MHA (Co-Chair)

Director, American College of Physicians

West Philadelphia, Pennsylvania

John Auerbach, MBA

President and Chief Executive Officer, Trust for America's Health

Washington, District of Columbia

Philip Alberti, PhD

Senior Director, Health Equity Research & Policy, Association of American Medical Colleges

Washington, District of Columbia

Jayaram Brindala, MD, MBA, MPH

Chief Medical Officer for Population Health, AdventHealth

Maitland, Florida

Ron Bialek, MPP, CQIA

President, Public Health Foundation

Washington, District of Columbia

Juan Emilio Carrillo, MD, MPH

Clinical Associate Professor of Medicine, Weill Cornell Medicine

New York, New York

Gigi Chawla, MD, MHA

Chief of General Pediatrics, Children's Minnesota

Minneapolis, Minnesota

Larry Curley

Executive Director, National Indian Council on Aging

Albuquerque, New Mexico

Barry-Lewis Harris, II, MD

Regional Medical Director, Corizon Health

Memphis, Tennessee

Catherine Hill, DNP, APRN

Chief Nursing Officer/Director of Quality and Clinical Outcomes, Texas Health Resources

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Frisco, Texas

Amy Nguyen Howell, MD, MBA, FAAFP

Chief Medical Officer, America's Physician Groups
Los Angeles, California

Ronald Inge, DDS

Chief Dental Officer & Vice President of Professional Services, Delta Dental of Missouri
St. Louis, Missouri

Julia Logan, MD, MPH

Associate Medical Director, California Department of Health Care Services
Sacramento, California

Patricia McKane, DVM, MPH

State MCH Epidemiologist and Director Lifecourse Epidemiology and Genomics,
Michigan Department of Health and Human Services
Lansing, Michigan

Amy Minnich, RN, MHSA

Director, Geisinger Health System
Danville, Pennsylvania

Bruce K. Muma, MD, FACP

Chief Medical Officer and President and CEO, Henry Ford Physician Network
Detroit, Michigan

Jason Spangler, MD, MPH, FACPM

Executive Director, Medical Policy, Amgen, Inc.
Washington, District of Columbia

Rosalyn Carr Stephens, RN, MSN, CCM

Clinical Director, Population Health, AmeriHealth Caritas
Washington, District of Columbia

Matt Stiefel, MPA, MS

Senior Director, Center for Population Health, Care Management Institute, Kaiser Permanente
Oakland, California

Marcel Salive, MD, MPH

Health Scientist Administrator, Division of Geriatrics and Clinical Gerontology,
National Institute on Aging
Rockville, MD

Michael Stoto, PhD

Professor of Health Systems Administration and Population Health, Georgetown University
Washington, District of Columbia

Arjun Venkatesh, MD, MBA

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RWJF Clinical Scholar, Yale University School of Medicine
New Haven, Connecticut

Renee Walk, MPH

Strategic Policy Advisor, Wisconsin Department of Employee Trust Funds
Madison, Wisconsin

Whitney Bowman-Zatzkin, MPA, MSR

Executive Officer, Rare Dots Consulting
Burke, Virginia

NQF STAFF

Kathleen Giblin, RN

Acting Senior Vice President, Quality Measurement

Apryl Clark, MHSA

Acting Vice President, Quality Measurement

Nicole Williams, MPH

Director

Kate Buchanan, MPH

Senior Project Manager

Isaac Sakyi, MSGH

Project Analyst

Robyn Y. Nishimi, PhD

NQF Senior Consultant

Appendix D: Measure Specifications

0658 Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

STEWARD

American Gastroenterological Association

DESCRIPTION

Percentage of patients aged 50 years to 75 years receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.

TYPE

Process

DATA SOURCE

Claims, Electronic Health Data, Electronic Health Records, Other, Registry Data Not applicable.

LEVEL

Clinician : Individual

SETTING

Outpatient Services

NUMERATOR STATEMENT

Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

NUMERATOR DETAILS

Patients will be counted in the numerator if it is documented in the final colonoscopy report that the appropriate follow-up interval for the next colonoscopy is at least 10 years from the date of the current colonoscopy (ie, the colonoscopy performed during the measurement period).

DENOMINATOR STATEMENT

All patients aged 50 years to 75 years and receiving screening a screening colonoscopy without biopsy or polypectomy

DENOMINATOR DETAILS

All patients aged 50 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy during the measurement period.

ICD-10-CM: Z12.11

AND

Patient encounter during the reporting period (CPT or HCPCS): 44388, 45378, G0121

WITHOUT

CPT Category I Modifiers: 52, 53, 73, 74

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EXCLUSIONS

Documentation of medical reason(s) for not recommending at least a 10 year follow-up interval (eg, inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is \geq 66 years old, or life expectancy $<$ 10 years, other medical reasons)

EXCLUSION DETAILS

The measure exception categories are not uniformly relevant across all measures; for each measure, there must be a clear rationale to permit an exception for a medical, patient, or system reason. Examples are provided in the measure exception language of instances that may constitute an exception and are intended to serve as a guide to clinicians. For measure 0658, exceptions may include medical reason(s) (eg, inadequate prep, other medical reasons) for not recommending at least a 10 year follow-up interval. Examples of exceptions are included in the measure language.

RISK ADJUSTMENT

No risk adjustment or risk stratification

STRATIFICATION

We encourage the results of this measure to be stratified by race, ethnicity, gender, and primary language.

TYPE SCORE

Rate/proportion better quality = higher score

ALGORITHM

To calculate performance rates:

- 1) Find the patients who meet the initial patient population (ie, the general group of patients that the performance measure is designed to address).
 - 2) From the patients within the initial patient population criteria, find the patients who qualify for the denominator (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria). Note: in some cases the initial patient population and denominator are identical.
 - 3) From the patients within the denominator, find the patients who qualify for the Numerator (ie, the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator
 - 4) From the patients who did not meet the numerator criteria, determine if the physician has documented that the patient meets any criteria for denominator exception when exceptions have been specified [for this measure: medical reason(s) (eg, inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is \geq 66 years old, life expectancy $<$ 10 years, other medical reasons)]. If the patient meets any exception criteria, they should be removed from the denominator for performance calculation. --Although the exception cases are removed from the denominator population for the performance calculation, the number of patients with valid exceptions should be calculated and reported along with performance rates to track variations in care and highlight possible areas of focus for QI.
- If the patient does not meet the numerator and a valid exception is not present, this case represents performance not met. 136611| 124667| 141015

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3483 Adult Immunization Status

STEWARD

National Committee for Quality Assurance

DESCRIPTION

Percentage of adults 19 years of age and older who are up-to-date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.

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TYPE

Composite

DATA SOURCE

Claims, Electronic Health Data, Electronic Health Records, Enrollment Data, Management Data, Other, Registry Data This measure is specified for administrative claims, electronic health record, registry, health information exchange or case management data collected in the course of providing care to health plan members. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.

LEVEL

Health Plan

SETTING

Outpatient Services

NUMERATOR STATEMENT

Adults who are up-to-date on influenza, Td or Tdap, herpes zoster and pneumococcal vaccinations based on age and recommendations.

NUMERATOR DETAILS

The measure calculates a numerator for each vaccine type and a composite numerator.

Numerator 1 (influenza): adults 19 and older who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.

Numerator 2 (Td/Tdap): adults 19 and older who received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).

Numerator 3 (herpes zoster): adults 50 and older who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

Numerator 4 (pneumococcal): adults 66 and older who received both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60, before or during the Measurement Period, or prior pneumococcal vaccine adverse reaction any time before or during the Measurement Period.

Numerator 5 (composite): The total number of immunizations administered to members across the plan's adult population, per clinical guideline recommendations for the age group (sum of numerators 1-4).

See attached code value sets.

DENOMINATOR STATEMENT

Adults ages 19 years and older.

DENOMINATOR DETAILS

Adults ages 19 years and older at the start of the measurement period (January 1). The measure calculates a denominator for each vaccine type and a composite denominator.

Denominator 1 (influenza): adults 19 and older by the start of the measurement period.

Denominator 2 (Td/Tdap): adults 19 and older by the start of the measurement period.

Denominator 3 (herpes zoster): adults 50 and older by the start of the measurement period.

Denominator 4 (pneumococcal): adults 66 and older by the start of the measurement period.

Denominator 5 (composite): the total number of immunizations recommended for members, determined by their age at the start of the measurement period, per clinical guideline recommendations (sum of denominators 1-4).

Note: Commercial and Medicaid plans report denominators for members 19–65; Medicare plans report denominators for members 66 and older.

EXCLUSIONS

Adults who received chemotherapy, had a bone marrow transplant or were in hospice during the measurement year or those with a history of immunocompromising conditions.

EXCLUSION DETAILS

Exclude adults with any of the following:

Active chemotherapy any time during the measurement period.

Bone marrow transplant any time during the measurement period.

History of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia & HB-S disease or cerebrospinal fluid leaks any time during the member's history through the end of the measurement period.

In hospice or using hospice services during the measurement period.

See attached code value sets.

RISK ADJUSTMENT

No risk adjustment or risk stratification

STRATIFICATION

N/A

TYPE SCORE

Rate/proportion better quality = higher score

ALGORITHM

Step 1: Determine the eligible population. Identify all adults ages 19 and older at the start of the measurement period who were continuously enrolled in the plan during the measurement period (January 1-December 31).

Step 2: Remove adults with any of the following exclusions from the eligible population: active chemotherapy during the measurement period; bone marrow transplant during the measurement period; history of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia and HB-S disease or cerebrospinal fluid leaks any time

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during the member's history through the end of the measurement period; in hospice or using hospice services during the measurement period.

Step 3: Determine denominators 1-5 based on the age of the members at the start of the measurement period:

Commercial and Medicaid plans:

- Denominator 1 (influenza): ages 19-65
- Denominator 2 (Td/Tdap): ages 19-65
- Denominator 3 (herpes zoster): ages 50-65
- Denominator 4 (pneumococcal): N/A
- Denominator 5 (composite): sum of denominators 1-3

Medicare plans:

- Denominator 1 (influenza): ages 66 and older
- Denominator 2 (Td/Tdap): ages 66 and older
- Denominator 3 (herpes zoster): ages 66 and older
- Denominator 4 (pneumococcal): ages 66 and older
- Denominator 5 (composite): sum of denominators 1-4

Step 4: Determine numerators 1-5:

Commercial and Medicaid plans:

- Numerator 1 (influenza): received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.
- Numerator 2 (Td/Tdap): received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).
- Numerator 3 (herpes zoster): received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.
- Numerator 4 (pneumococcal): N/A
- Numerator 5 (composite): sum of numerators 1-3

Medicare plans:

- Numerator 1 (influenza): received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.
- Numerator 2 (Td/Tdap): received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).

-Numerator 3 (herpes zoster): received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

-Numerator 4 (pneumococcal): received both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60, before or during the Measurement Period, or prior pneumococcal vaccine adverse reaction any time before or during the Measurement Period.

-Numerator 5 (composite): sum of numerators 1-4

Step 5: Calculate the measure rates:

-Numerator 1 / Denominator 1

-Numerator 2 / Denominator 2

-Numerator 3 / Denominator 3

-Numerator 4 / Denominator 4 (N/A for commercial and Medicaid plans)

-Numerator 5 / Denominator 5 123834

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3484 Prenatal Immunization Status

STEWARD

National Committee for Quality Assurance

DESCRIPTION

Percentage of deliveries in the measurement period in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

TYPE

Composite

DATA SOURCE

Claims, Electronic Health Data, Electronic Health Records, Enrollment Data, Management Data, Other, Registry Data This measure is specified for administrative claims, electronic health record, registry, health information exchange or case management data collected in the course of providing care to health plan members. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.

LEVEL

Health Plan

NATIONAL QUALITY FORUM

NQF REVIEW DRAFT—Comments due by May 28 , 2020 by 6:00 PM ET.

SETTING

Outpatient Services

NUMERATOR STATEMENT

Deliveries in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

NUMERATOR DETAILS

Deliveries during the measurement period in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations. Three numerators are reported:

Numerator 1: Deliveries where members received an influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date; or deliveries where members had an influenza virus vaccine adverse reaction any time during or before the Measurement Period.

Numerator 2: Deliveries where members received at least one Tdap vaccine during the pregnancy (including the delivery date); or deliveries where members had an anaphylactic reaction to Tdap or Td vaccine or its components any time during or before the Measurement Period or encephalopathy due to Td or Tdap vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis) any time during or before the Measurement Period.

Numerator 3: Deliveries that met criteria for both Numerator 1 and Numerator 2.

See attached code value sets.

DENOMINATOR STATEMENT

Deliveries that occurred during the measurement period.

DENOMINATOR DETAILS

Deliveries that occurred during the measurement period.

Note: women who had multiple deliveries during the measurement period count multiple times.

EXCLUSIONS

Deliveries that occurred at less than 37 weeks gestation.

Deliveries in which women were in hospice during the measurement period.

EXCLUSION DETAILS

Exclude deliveries that occurred at 37 weeks of gestation or less.

Exclude deliveries where the woman was in hospice or using hospice services during the measurement period.

See attached code value sets.

RISK ADJUSTMENT

No risk adjustment or risk stratification

STRATIFICATION

Not applicable.

NATIONAL QUALITY FORUM

NQF REVIEW DRAFT—Comments due by May 28 , 2020 by 6:00 PM

ET.

TYPE SCORE

Rate/proportion better quality = higher score

ALGORITHM

Step 1: Determine the eligible population. Identify all deliveries during the measurement period (January 1 – December 31) in which the patient was continuously enrolled from 28 days prior to delivery through the delivery date.

Step 2: Determine the denominator by excluding deliveries that occurred at less than 37 gestational weeks or where women were in hospice or using hospice services during the measurement period.

Step 3: Determine the numerators:

-Numerator 1: deliveries where members received an influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date; or deliveries where members had an influenza virus vaccine adverse reaction any time during or before the Measurement Period.

-Numerator 2: Deliveries where members received at least one Tdap vaccine during the pregnancy (including the delivery date); or deliveries where members had an anaphylactic reaction to Tdap or Td vaccine or its components any time during or before the Measurement Period or encephalopathy due to Td or Tdap vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis) any time during or before the Measurement Period.

-Numerator 3: Deliveries in which criteria was met for both Numerator 1 and Numerator 2.

Step 4: Calculate three measure rates:

-Numerator 1 / Denominator

-Numerator 2 / Denominator

-Numerator 3 / Denominator 123834

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Appendix E: Related and Competing Measures (narrative format)

Comparison of NQF 0658 and NQF 0572

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

0572: Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy

Steward

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

American Gastroenterological Association

0572: Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy

Health Benchmarks-IMS Health

Description

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

Percentage of patients aged 50 years to 75 years receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.

0572: Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy

To ensure that all eligible members who have been newly diagnosed and resected with colorectal cancer receive a follow-up colonoscopy within 15 months of resection.

Type

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

Process

0572: Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy

Process

Data Source

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

Claims, Electronic Health Data, Electronic Health Records, Other, Registry Data Not applicable.

No data collection instrument provided No data dictionary

0572: Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy

Claims (Only), Other

Level

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

Clinician : Individual

0572: Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy

Population : Community, County or City, Clinician : Group/Practice, Health Plan, Clinician : Individual

Setting

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

Outpatient Services

0572: Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy

Ambulatory Care : Clinician Office, Other Health Plan

Numerator Statement

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

0572: Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy

Members receiving a colonoscopy, sigmoidoscopy, or proctoscopy as appropriate during the 15 months after the index date.

Note: Index date is defined as the first instance of denominator criterion A or B.

Time Window: The 15 months after the index date.

Numerator Details

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

Patients will be counted in the numerator if it is documented in the final colonoscopy report that the appropriate follow-up interval for the next colonoscopy is at least 10 years from the date of the current colonoscopy (ie, the colonoscopy performed during the measurement period).

0572: Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy

Numerator logic: A or B or C

Note: Members who qualified for the denominator by meeting denominator criterion [A] can only be considered a numerator hit by meeting numerator criterion [A]. However, members who qualified for the denominator by meeting denominator criterion [B] may be considered a numerator hit by meeting either numerator criterion [A] or [B] or [C].

[A] Members who received a colonoscopy during the 0-15 months after the index date.

Colonoscopy:

CPT-4 code(s): 3017F,44388-44394, 44397, 45378-45387, 45391, 45392

HCPCS code(s): G0105, G0121

ICD-9 surgical proc code(s): 45.22, 45.23, 45.25,45.42, 45.43

[B] Members who received a sigmoidoscopy during the 0-15 months after the index date.

Sigmoidoscopy:

CPT-4 code(s): 45330-45335, 45337, 45338-45342, 45345

HCPCS code(s): G0104

ICD-9 surgical proc code(s): 45.24

[C] Members who received a proctoscopy during the 0-15 months after the index date.

Proctoscopy:

CPT-4 code(s): S0601

Denominator Statement

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

All patients aged 50 years to 75 years and receiving screening a screening colonoscopy without biopsy or polypectomy

0572: Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy

Continuously enrolled members who are status post resection of colorectal cancer during the year ending 15 months prior to the measurement year.

Time Window: The one year period ending 15 months prior to the measurement year.

Denominator Details

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

All patients aged 50 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy during the measurement period.

ICD-10-CM: Z12.11

AND

Patient encounter during the reporting period (CPT or HCPCS): 44388, 45378, G0121

WITHOUT

CPT Category I Modifiers: 52, 53, 73, 74

0572: Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy

Denominator logic: (A or B) and C and CE

[A] Partial colectomy or proctectomy during the year ending 15 months prior to the end of the measurement year.

Partial Colectomy or Proctectomy

CPT-4 code(s): 44139-44141, 44143-44147, 44160, 44204-44208, 44213, 45110-45114, 45116, 45119, 45123, 45126, 45160, 45170, 45395, 45397

ICD-9 surgical proc code(s): 45.4x, 45.7x, 48.35, 48.36, 48.4x, 48.5, 48.6x, 48.8x

[B] Total abdominal colectomy without proctectomy during the year ending 15 months prior to the end of the measurement year.

Total Colectomy

CPT-4 code(s): 44150, 44151, 44210

ICD-9 surgical proc code(s): 45.8

[C] Diagnosis of colorectal cancer on the same date of service as the index date.

Colorectal Cancer

ICD-9 diagnosis code(s): 153.0-153.4, 153.6-153.9 154.0, 154.1, 154.8

[CE] Members continuously enrolled during the 0-15 months after the index date.

Note: Index date is defined as the first instance of denominator criterion A or B.

Note: Denominator criteria([A] or [B]) are required to occur on the same date of service as denominator criterion [C].

Exclusions

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

Documentation of medical reason(s) for not recommending at least a 10 year follow-up interval (eg, inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is \geq 66 years old, or life expectancy $<$ 10 years, other medical reasons)

0572: Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy

Members who are status post resection of colon cancer any time prior to the index date, or members who were in hospice care 0 to 15 months after the index date.

Note: Index date is defined as the first instance of denominator criterion A or B.

Exclusion Details

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

The measure exception categories are not uniformly relevant across all measures; for each measure, there must be a clear rationale to permit an exception for a medical, patient, or system reason. Examples are provided in the measure exception language of instances that may constitute an exception and are intended to serve as a guide to clinicians. For measure 0658, exceptions may include medical reason(s) (eg, inadequate prep, other medical reasons) for not recommending at least a 10 year follow-up interval. Examples of exceptions are included in the measure language.

0572: Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy

Denominator exclusion criteria: (A and B) or C

[A] Members with a diagnosis of colorectal cancer any time prior to the index date.

Colorectal Cancer:

ICD-9 diagnosis code(s): 153.0-153.4, 153.6-153.9 154.0, 154.1, 154.8

[B] Members who had prior resection of colon prior to the index date.

Resection of Colon or Rectum:

CPT-4 code(s): 44139-44141, 44143-44147, 44150, 44151, 44160, 44204-44208, 44210, 45110-45114, 45116, 45119, 45123, 45126, 45160, 45170, 45395, 45397

ICD-9 surgical proc code(s): 45.4x, 45.7x, 45.8, 48.35, 48.36, 48.4x, 48.5, 48.6x, 48.8x

[C] Members who were in hospice care 0 to 15 months after the index date.

Hospice Care:

ICD-9 diagnosis code(s): V66.7

CPT-4 code(s): 99376*, 99377, 99378

HCPCS code(s): G0065*, G0182, G0337, Q5001-Q5009, S0255, S0271, S9126, T2042-T2046

UB revenue code(s): 0115, 0125, 0135, 0145, 0155, 0235, 0650-0652, 0655-0659

UB type of bill code(s): 81x, 82x

Place of service code(s): 34

*Code range expired, but still appropriate for retrospective analysis

Risk Adjustment

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

No risk adjustment or risk stratification

0572: Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy

No risk adjustment or risk stratification

Stratification

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

We encourage the results of this measure to be stratified by race, ethnicity, gender, and primary language.

0572: Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy

Type Score

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

Rate/proportion better quality = higher score

0572: Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy

Rate/proportion better quality = higher score

Algorithm

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

To calculate performance rates:

- 1) Find the patients who meet the initial patient population (ie, the general group of patients that the performance measure is designed to address).
- 2) From the patients within the initial patient population criteria, find the patients who qualify for the denominator (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria). Note: in some cases the initial patient population and denominator are identical.
- 3) From the patients within the denominator, find the patients who qualify for the Numerator (ie, the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator
- 4) From the patients who did not meet the numerator criteria, determine if the physician has documented that the patient meets any criteria for denominator exception when exceptions have been specified [for this measure: medical reason(s) (eg, inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is ≥ 66 years old, life expectancy < 10 years, other medical reasons)]. If the patient meets any exception criteria, they should be removed from the denominator for performance calculation. --Although the exception cases are removed from the denominator population for the performance calculation, the number of patients with valid exceptions should be calculated and reported along with performance rates to track variations in care and highlight possible areas of focus for QI.

If the patient does not meet the numerator and a valid exception is not present, this case represents performance not met.

0572: Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy

Submission items

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

5.1 Identified measures: 0659 : Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use

0572 : Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: The list of measures above, includes several different populations and capture different elements in the numerator. None of them are aiming to capture the same information as measure 0658. Measures 0572, ACP-018-10, and 0392 actually aim to capture specific elements within the colonoscopy report or pathology report (after colon/rectum resection).

Measure 0034 intends to capture one of four different types of colorectal cancer screening tests, instead of looking specifically at the interval between colonoscopies. Measure 0659 focuses on a different patient population, as the patients in 0659 have had a history of a prior colonic polyp(s) in previous colonoscopy findings. The patient population in measure 0659 has a different follow up interval recommendation, according to evidence based guidelines.

5b.1 If competing, why superior or rationale for additive value: There are no competing measures.

0572: Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy

5.1 Identified measures:

5a.1 Are specs completely harmonized?

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value:

Comparison of NQF 0658 and NQF 0659

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

0659: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use

Steward

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

American Gastroenterological Association

0659: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use

American Gastroenterological Association

Description

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

Percentage of patients aged 50 years to 75 years receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.

0659: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use

Percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior adenomatous polyp(s) in previous colonoscopy findings, which had an interval of 3 or more years since their last colonoscopy

Type

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

Process

0659: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use

Process

Data Source

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

Claims, Electronic Health Data, Electronic Health Records, Other, Registry Data Not applicable.

No data collection instrument provided No data dictionary

0659: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use

Claims, Electronic Health Data, Electronic Health Records, Other, Registry Data N/A

NoAttachment No data dictionary

Level

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

Clinician : Individual

0659: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use

Clinician : Group/Practice, Clinician : Individual

Setting

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

Outpatient Services

0659: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use

Inpatient/Hospital, Outpatient Services

Numerator Statement

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

0659: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use

Patients who had an interval of 3 or more years since their last colonoscopy

Numerator Details

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

Patients will be counted in the numerator if it is documented in the final colonoscopy report that the appropriate follow-up interval for the next colonoscopy is at least 10 years from the date of the current colonoscopy (ie, the colonoscopy performed during the measurement period).

0659: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use

Patients will be counted in the numerator if there is an interval of 3 or more years since their last colonoscopy.

Denominator Statement

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

All patients aged 50 years to 75 years and receiving screening a screening colonoscopy without biopsy or polypectomy

0659: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use

All patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior adenomatous polyp(s) in previous colonoscopy findings

Denominator Details

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

All patients aged 50 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy during the measurement period.

ICD-10-CM: Z12.11

AND

Patient encounter during the reporting period (CPT or HCPCS): 44388, 45378, G0121

WITHOUT

CPT Category I Modifiers: 52, 53, 73, 74

0659: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use

The denominator of this measure includes patients at least 18 years of age receiving a surveillance colonoscopy during the measurement period with a history of a prior adenomatous polyp(s) in previous colonoscopy findings.

ICD-10-CM: Z86.010

AND

Patient encounter during the reporting period (CPT or HCPCS): 44388, 44389, 44392, 44394, 45378, 45380, 45381, 45384, 45385, G0105

WITHOUT

CPT Category I Modifiers: 52, 53, 73 or 74

Exclusions

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

Documentation of medical reason(s) for not recommending at least a 10 year follow-up interval (eg, inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is \geq 66 years old, or life expectancy $<$ 10 years, other medical reasons)

0659: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use

Documentation of medical reason(s) for an interval of less than 3 years since the last colonoscopy (eg, last colonoscopy incomplete, last colonoscopy had inadequate prep, piecemeal removal of adenomas, last colonoscopy found greater than 10 adenomas, or patient at high risk for colon cancer [Crohn's disease, ulcerative colitis, lower gastrointestinal bleeding, personal or family history of colon cancer])

Documentation of system reason(s) for an interval of less than 3 years since the last colonoscopy (eg, unable to locate previous colonoscopy report, previous colonoscopy report was incomplete)

Exclusion Details

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

The measure exception categories are not uniformly relevant across all measures; for each measure, there must be a clear rationale to permit an exception for a medical, patient, or system reason. Examples are provided in the measure exception language of instances that may constitute an exception and are intended to serve as a guide to clinicians. For measure 0658, exceptions may include medical reason(s) (eg, inadequate prep, other medical reasons) for not recommending at least a 10 year follow-up interval. Examples of exceptions are included in the measure language.

0659: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use

Documentation of medical reason(s) for an interval of less than 3 years since the last colonoscopy (eg, last colonoscopy incomplete, last colonoscopy had inadequate prep, piecemeal removal of adenomas, last colonoscopy found greater than 10 adenomas, or patient at high risk for colon cancer [Crohn’s disease, ulcerative colitis, lower gastrointestinal bleeding, personal or family history of colon cancer])

Documentation of system reason(s) for an interval of less than 3 years since the last colonoscopy (eg, unable to locate previous colonoscopy report, previous colonoscopy report was incomplete)

Risk Adjustment

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

No risk adjustment or risk stratification

0659: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use

No risk adjustment or risk stratification

Stratification

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

We encourage the results of this measure to be stratified by race, ethnicity, gender, and primary language.

0659: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use

We encourage the results of this measure to be stratified by race, ethnicity, gender, and primary language.

Type Score

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

Rate/proportion better quality = higher score

0659: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use

Rate/proportion better quality = higher score

Algorithm

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

To calculate performance rates:

- 1) Find the patients who meet the initial patient population (ie, the general group of patients that the performance measure is designed to address).
- 2) From the patients within the initial patient population criteria, find the patients who qualify for the denominator (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria). Note: in some cases the initial patient population and denominator are identical.

3) From the patients within the denominator, find the patients who qualify for the Numerator (ie, the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator

4) From the patients who did not meet the numerator criteria, determine if the physician has documented that the patient meets any criteria for denominator exception when exceptions have been specified [for this measure: medical reason(s) (eg, inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is ≥ 66 years old, life expectancy < 10 years, other medical reasons)]. If the patient meets any exception criteria, they should be removed from the denominator for performance calculation. --Although the exception cases are removed from the denominator population for the performance calculation, the number of patients with valid exceptions should be calculated and reported along with performance rates to track variations in care and highlight possible areas of focus for QI.

If the patient does not meet the numerator and a valid exception is not present, this case represents performance not met.

0659: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use

To calculate performance rates:

1) Find the patients who meet the initial patient population (ie, the general group of patients that a set of performance measures is designed to address).

2) From the patients within the initial patient population criteria, find the patients who qualify for the denominator (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria). Note: in some cases the initial patient population and denominator are identical.

3) From the patients within the denominator, find the patients who qualify for the Numerator (ie, the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator

4) From the patients who did not meet the numerator criteria, determine if the physician has documented that the patient meets any criteria for denominator when exceptions have been specified [for this measure: medical reason(s) (eg, patients with high risk for colon cancer, last colonoscopy incomplete, last colonoscopy had inadequate prep, piecemeal removal of adenomas, or last colonoscopy found greater than 10 adenomas) or system reason(s) for an interval of less than 3 years since the last colonoscopy (eg, unable to locate previous colonoscopy report)]. If the patient meets any exception criteria, they should be removed from the denominator for performance calculation. --Although the exception cases are removed from the denominator population for the performance calculation, the exception rate (ie, percentage with valid exceptions) should be calculated and reported along with performance rates to track variations in care and highlight possible areas of focus for QI.

If the patient does not meet the numerator and a valid exception is not present, this case represents performance not met.

Submission items

0658: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

5.1 Identified measures: 0659 : Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use

0572 : Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: The list of measures above, includes several different populations and capture different elements in the numerator. None of them are aiming to capture the same information as measure 0658. Measures 0572, ACP-018-10, and 0392 actually aim to capture specific elements within the colonoscopy report or pathology report (after colon/rectum resection). Measure 0034 intends to capture one of four different types of colorectal cancer screening tests, instead of looking specifically at the interval between colonoscopies. Measure 0659 focuses on a different patient population, as the patients in 0659 have had a history of a prior colonic polyp(s) in previous colonoscopy findings. The patient population in measure 0659 has a different follow up interval recommendation, according to evidence based guidelines.

5b.1 If competing, why superior or rationale for additive value: There are no competing measures.

0659: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use

5.1 Identified measures: 0658 : Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

ACP-018-10 : Endoscopy/Polyp Surveillance: Comprehensive Colonoscopy Documentation

0034 : Colorectal Cancer Screening (COL)

0392 : Colorectal Cancer Resection Pathology Reporting- pT category (primary tumor) and pN category (regional lymph nodes) with histologic grade

0572 : Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: The list of measures above, includes several different populations and capture different elements in the numerator. None of them are aiming to capture the same information as measure 0658. Measures 0572, ACP-018-10, and 0392 actually aim to capture specific elements within the colonoscopy report or pathology report (after colon/rectum resection). Measure 0034 has an entirely different patient population, as it captures patients ages 51-75 only. Measure 0658 focuses on a different patient population than measure 0659, as the patients in 0659 have had a history of a prior colonic polyp(s) in previous colonoscopy findings. The patient population in measure 0658 has a different follow up interval recommendation, according to evidence based guidelines.

5b.1 If competing, why superior or rationale for additive value: There are no competing measures.

Comparison of NQF 3483 and NQF 0041

3483: Adult Immunization Status

0041e: Preventive Care and Screening: Influenza Immunization

Steward

3483: Adult Immunization Status

National Committee for Quality Assurance

0041e: Preventive Care and Screening: Influenza Immunization

PCPI

Description

3483: Adult Immunization Status

Percentage of adults 19 years of age and older who are up-to-date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.

0041e: Preventive Care and Screening: Influenza Immunization

Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization

Type

3483: Adult Immunization Status

Composite

0041e: Preventive Care and Screening: Influenza Immunization

Process

Data Source

3483: Adult Immunization Status

Claims, Electronic Health Data, Electronic Health Records, Enrollment Data, Management Data, Other, Registry Data This measure is specified for administrative claims, electronic health record, registry, health information exchange or case management data collected in the course of providing care to health plan members. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.

No data collection instrument provided Attachment 3483_AIS_Value_Sets_Fall_2019-637093357011416352.xlsx

0041e: Preventive Care and Screening: Influenza Immunization

Electronic Health Records Not applicable

No data collection instrument provided Attachment
Influenza_Immunization_Value_Sets_05102019.xlsx

Level

3483: Adult Immunization Status

Health Plan

0041e: Preventive Care and Screening: Influenza Immunization

Clinician : Group/Practice, Clinician : Individual

Setting

3483: Adult Immunization Status

Outpatient Services

0041e: Preventive Care and Screening: Influenza Immunization

Home Care, Other, Outpatient Services, Post-Acute Care Domiciliary

Numerator Statement

3483: Adult Immunization Status

Adults who are up-to-date on influenza, Td or Tdap, herpes zoster and pneumococcal vaccinations based on age and recommendations.

0041e: Preventive Care and Screening: Influenza Immunization

Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization

Numerator Details

3483: Adult Immunization Status

The measure calculates a numerator for each vaccine type and a composite numerator.

Numerator 1 (influenza): adults 19 and older who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.

Numerator 2 (Td/Tdap): adults 19 and older who received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).

Numerator 3 (herpes zoster): adults 50 and older who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

Numerator 4 (pneumococcal): adults 66 and older who received both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60, before or during the Measurement Period, or prior pneumococcal vaccine adverse reaction any time before or during the Measurement Period.

Numerator 5 (composite): The total number of immunizations administered to members across the plan's adult population, per clinical guideline recommendations for the age group (sum of numerators 1-4).

See attached code value sets.

0041e: Preventive Care and Screening: Influenza Immunization

Time Period for Data Collection:

At least once during the measurement period

NUMERATOR DEFINITION:

Previous Receipt - receipt of the current season's influenza immunization from another provider OR from same provider prior to the visit to which the measure is applied (typically, prior vaccination would include influenza vaccine given since August 1st)

NUMERATOR GUIDANCE:

As a result of updated CDC/ACIP guidelines which include the interim recommendation that live attenuated influenza vaccine (LAIV) should not be used due to low effectiveness against influenza A(H1N1)pdm09 in the United States during the 2013-14 and 2015-16 seasons, the measure specifications have been updated and no longer include LAIV or intranasal flu vaccine as an option for numerator eligibility.

HQMF eCQM developed and is included in this submission.

Denominator Statement

3483: Adult Immunization Status

Adults ages 19 years and older.

0041e: Preventive Care and Screening: Influenza Immunization

All patients aged 6 months and older seen for a visit between October 1 and March 31

Denominator Details

3483: Adult Immunization Status

Adults ages 19 years and older at the start of the measurement period (January 1). The measure calculates a denominator for each vaccine type and a composite denominator.

Denominator 1 (influenza): adults 19 and older by the start of the measurement period.

Denominator 2 (Td/Tdap): adults 19 and older by the start of the measurement period.

Denominator 3 (herpes zoster): adults 50 and older by the start of the measurement period.

Denominator 4 (pneumococcal): adults 66 and older by the start of the measurement period.

Denominator 5 (composite): the total number of immunizations recommended for members, determined by their age at the start of the measurement period, per clinical guideline recommendations (sum of denominators 1-4).

Note: Commercial and Medicaid plans report denominators for members 19–65; Medicare plans report denominators for members 66 and older.

0041e: Preventive Care and Screening: Influenza Immunization

Time Period for Data Collection: 12 consecutive months

DENOMINATOR GUIDANCE:

The timeframe for the visit during the "Encounter, Performed": "Encounter-Influenza" or "Procedure, Performed": "Peritoneal Dialysis" or "Procedure, Performed": "Hemodialysis" in the Population Criteria-Denominator, refers to the influenza season defined by the measure: October through March (October 1 for the year prior to the start of the reporting period through March 31 during the reporting period). The "Encounter-Influenza" Grouping OID detailed in the data criteria section below is comprised of several individual OIDs of different encounter types. The individual OIDs are included in the value set and should be reviewed to determine that an applicable visit occurred during the timeframe for "Encounter, Performed": "Encounter-Influenza" as specified in the denominator.

To enable reporting of this measure at the close of the reporting period, this measure will only assess the influenza season that ends in March of the reporting period. The subsequent influenza season (ending March of the following year) will be measured and reported in the following year.

HQMF eCQM developed and is included in this submission.

Exclusions

3483: Adult Immunization Status

Adults who received chemotherapy, had a bone marrow transplant or were in hospice during the measurement year or those with a history of immunocompromising conditions.

0041e: Preventive Care and Screening: Influenza Immunization

Documentation of medical reason(s) for not receiving influenza immunization (e.g., patient allergy, other medical reasons)

Documentation of patient reason(s) for not receiving influenza immunization (e.g., patient declined, other patient reasons)

Documentation of system reason(s) for not receiving influenza immunization (e.g., vaccine not available, other system reasons)

Exclusion Details

3483: Adult Immunization Status

Exclude adults with any of the following:

Active chemotherapy any time during the measurement period.

Bone marrow transplant any time during the measurement period.

History of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia & HB-S disease or cerebrospinal fluid leaks any time during the member's history through the end of the measurement period.

In hospice or using hospice services during the measurement period.

See attached code value sets.

0041e: Preventive Care and Screening: Influenza Immunization

Time Period for Data Collection: at the time of the denominator eligible encounter

The PCPI distinguishes between denominator exceptions and denominator exclusions.

Denominator exclusions arise when the clinical action indicated in the numerator is not appropriate for a particular group of patients who otherwise meet the denominator criteria. These are absolute and would be removed from the denominator of a measure in order to determine the eligible population.

Denominator exceptions are used to remove a patient from the denominator when the patient does not receive the action(s) required in the numerator AND that action(s) would not be appropriate due to a patient-specific reason(s). The patient would otherwise meet the denominator criteria. Exceptions are not absolute and are based on provider judgment or individual patient characteristics or preferences. The PCPI methodology includes two categories of exceptions for which a patient may be removed from the denominator of an individual measure: 1) medical OR 2) patient or non-medical reasons. These exception categories are not uniformly relevant across all measures. The denominator exception language may include specific examples of instances that may constitute an exception, which are intended to serve as a guide to providers. Where examples of exceptions are included in the measure language, value sets for these examples are developed and are included in the eCQM.

Although this methodology does not require the external reporting of more detailed exception data, the PCPI recommends that providers document the specific reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. The PCPI also advocates the systematic review and analysis of each provider's exceptions data to identify practice patterns and opportunities for quality improvement.

Additional details: This measure includes denominator exceptions.

HQMF eCQM developed and is attached to this submission in fields S.2a and S.2b.

Risk Adjustment

3483: Adult Immunization Status

No risk adjustment or risk stratification

0041e: Preventive Care and Screening: Influenza Immunization

No risk adjustment or risk stratification

Stratification

3483: Adult Immunization Status

N/A

0041e: Preventive Care and Screening: Influenza Immunization

Consistent with CMS' Measures Management System Blueprint and recent national recommendations put forth by the IOM and NQF to standardize the collection of race and ethnicity data, we encourage the results of this measure to be stratified by race, ethnicity, administrative sex, and payer and have included these variables as recommended data elements to be collected.

Type Score

3483: Adult Immunization Status

Rate/proportion better quality = higher score

0041e: Preventive Care and Screening: Influenza Immunization

Rate/proportion better quality = higher score

Algorithm

3483: Adult Immunization Status

Step 1: Determine the eligible population. Identify all adults ages 19 and older at the start of the measurement period who were continuously enrolled in the plan during the measurement period (January 1-December 31).

Step 2: Remove adults with any of the following exclusions from the eligible population: active chemotherapy during the measurement period; bone marrow transplant during the measurement period; history of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia and HB-S disease or cerebrospinal fluid leaks any time during the member's history through the end of the measurement period; in hospice or using hospice services during the measurement period.

Step 3: Determine denominators 1-5 based on the age of the members at the start of the measurement period:

Commercial and Medicaid plans:

- Denominator 1 (influenza): ages 19-65
- Denominator 2 (Td/Tdap): ages 19-65
- Denominator 3 (herpes zoster): ages 50-65
- Denominator 4 (pneumococcal): N/A
- Denominator 5 (composite): sum of denominators 1-3

Medicare plans:

- Denominator 1 (influenza): ages 66 and older
- Denominator 2 (Td/Tdap): ages 66 and older
- Denominator 3 (herpes zoster): ages 66 and older
- Denominator 4 (pneumococcal): ages 66 and older
- Denominator 5 (composite): sum of denominators 1-4

Step 4: Determine numerators 1-5:

Commercial and Medicaid plans:

- Numerator 1 (influenza): received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.
- Numerator 2 (Td/Tdap): received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).
- Numerator 3 (herpes zoster): received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

-Numerator 4 (pneumococcal): N/A

-Numerator 5 (composite): sum of numerators 1-3

Medicare plans:

-Numerator 1 (influenza): received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.

-Numerator 2 (Td/Tdap): received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).

-Numerator 3 (herpes zoster): received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

-Numerator 4 (pneumococcal): received both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60, before or during the Measurement Period, or prior pneumococcal vaccine adverse reaction any time before or during the Measurement Period.

-Numerator 5 (composite): sum of numerators 1-4

Step 5: Calculate the measure rates:

-Numerator 1 / Denominator 1

-Numerator 2 / Denominator 2

-Numerator 3 / Denominator 3

-Numerator 4 / Denominator 4 (N/A for commercial and Medicaid plans)

-Numerator 5 / Denominator 5

0041e: Preventive Care and Screening: Influenza Immunization

Calculating the performance rate:

1. Define the initial population. The initial population is identified through a common set of characteristics that define the overall group of patients – or other unit of measurement – targeted for evaluation
2. Define the denominator by identifying the subset of the initial population that meets the denominator criteria. Note: in some cases, the initial population and denominator are identical
3. Determine the numerator by identifying the subset of the denominator that meets the numerator criteria
4. From the patients who did not meet the numerator criteria, determine if the provider has documented whether each patient represents an exception. Subtract from the denominator those patients that meet the conditions for a denominator exception;

although the exception cases are removed from the denominator for the measure calculation, the exception rate (i.e., percentage of patients with valid exceptions) should be calculated and reported along with performance rates to highlight variations in care

5. Calculate the performance rate

A patient not meeting the numerator criteria and without a valid and documented exception represents a quality failure.

Submission items

3483: Adult Immunization Status

5.1 Identified measures: 0680 : Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

0683 : Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

0681 : Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

0682 : Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

0041 : Preventive Care and Screening: Influenza Immunization

0043 : Pneumococcal Vaccination Status for Older Adults (PNU)

0431 : INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

1653 : Pneumococcal Immunization

1659 : Influenza Immunization

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: This measure assesses influenza, Td/Tdap, herpes zoster and pneumococcal vaccination for a general adult population. It is a population-based measure that assesses vaccines provided in the outpatient setting at the health plan level. Most of the other NQF-endorsed vaccination measures focus only on either pneumococcal or influenza vaccination. These measures specifically apply to inpatient populations, residents in long-term care/skilled nursing facilities or healthcare personnel or are specified at the provider-level. Moreover, our proposed measure is specified to use electronic clinical data, while other related measures (e.g., NQF 0039) are specified to use survey data in which patients must recall whether they had received a vaccine.

5b.1 If competing, why superior or rationale for additive value: Our proposed measure is more specific than several of the other adult vaccination measures because it assesses whether health plan members received the appropriate type and doses of vaccines at the right time according to clinical guidelines. Other vaccine measures that require the use of survey data are less specific because they rely on patient recall of whether they had received a vaccine. In addition, our proposed measure combines all recommended routine vaccines in one measure, which provides a more complete picture of routine adult vaccinations at the health plan level.

0041e: Preventive Care and Screening: Influenza Immunization

5.1 Identified measures: 0680 : Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

0681 : Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

0226 : Influenza Immunization in the ESRD Population (Facility Level)

0039 : Flu Vaccinations for Adults Ages 18 and Older

0431 : INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

0522 : Influenza Immunization Received for Current Flu Season (Home Health)

1659 : Influenza Immunization

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: Related measures have differing target populations from measure 0041 Preventive Care and Screening: Influenza Immunization. Measure #0041 is intended to evaluate adherence to the current recommendations of the Advisory Committee on Immunization Practices for all persons aged ≥ 6 months who do not have contraindications. Measure #0039 - Flu Vaccinations for Adults ages 18 and Older focuses on the self-reported receipt of influenza vaccination among adults using the CAHPS survey. Measure #0226 – Influenza Immunization in the ESRD Population is a facility level measure focused on influenza vaccination among end stage renal disease (ESRD) patients receiving hemodialysis or peritoneal dialysis. Measure #0431 - Influenza Vaccination Coverage Among Healthcare Personnel focuses on influenza vaccination among healthcare workers. Measure #0522 Influenza Immunization Received for Current Flu Season (Home Health) evaluates influenza immunization during home health episodes of care. Measure # 0680 Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (short stay) applies to patients of Inpatient Rehabilitation Facilities and Long-Term Care Hospitals, and to short-stay nursing home residents. Measure #0681 - Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (long stay) assess influenza vaccination among long-stay nursing facility residents. Measure #1659 Influenza Immunization is limited to the assessment of influenza vaccination upon discharge from the inpatient setting.

5b.1 If competing, why superior or rationale for additive value:

Comparison of NQF 3483 and NQF 0043

3483: Adult Immunization Status

0043: Pneumococcal Vaccination Status for Older Adults (PNU)

Steward

3483: Adult Immunization Status

National Committee for Quality Assurance

0043: Pneumococcal Vaccination Status for Older Adults (PNU)

National Committee for Quality Assurance

Description

3483: Adult Immunization Status

Percentage of adults 19 years of age and older who are up-to-date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.

0043: Pneumococcal Vaccination Status for Older Adults (PNU)

Percentage of patients 65 years of age and older who ever received a pneumococcal vaccination.

Type

3483: Adult Immunization Status

Composite

0043: Pneumococcal Vaccination Status for Older Adults (PNU)

Process

Data Source

3483: Adult Immunization Status

Claims, Electronic Health Data, Electronic Health Records, Enrollment Data, Management Data, Other, Registry Data This measure is specified for administrative claims, electronic health record, registry, health information exchange or case management data collected in the course of providing care to health plan members. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.

No data collection instrument provided Attachment 3483_AIS_Value_Sets_Fall_2019-637093357011416352.xlsx

0043: Pneumococcal Vaccination Status for Older Adults (PNU)

Patient Reported Data Medicare CAHPS

URL No data dictionary

Level

3483: Adult Immunization Status

Health Plan

0043: Pneumococcal Vaccination Status for Older Adults (PNU)

Health Plan, Integrated Delivery System

Setting

3483: Adult Immunization Status

Outpatient Services

0043: Pneumococcal Vaccination Status for Older Adults (PNU)

Clinician Office/Clinic, Home Health, Inpatient Rehabilitation Facility, Nursing Home / SNF, Pharmacy

Numerator Statement

3483: Adult Immunization Status

Adults who are up-to-date on influenza, Td or Tdap, herpes zoster and pneumococcal vaccinations based on age and recommendations.

0043: Pneumococcal Vaccination Status for Older Adults (PNU)

The number of patients in the denominator who responded “Yes” to the question “Have you ever had a pneumonia shot? This shot is usually given only once or twice in the person’s lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.”

Numerator Details

3483: Adult Immunization Status

The measure calculates a numerator for each vaccine type and a composite numerator.

Numerator 1 (influenza): adults 19 and older who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.

Numerator 2 (Td/Tdap): adults 19 and older who received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).

Numerator 3 (herpes zoster): adults 50 and older who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member’s 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

Numerator 4 (pneumococcal): adults 66 and older who received both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60, before or during the Measurement Period, or prior pneumococcal vaccine adverse reaction any time before or during the Measurement Period.

Numerator 5 (composite): The total number of immunizations administered to members across the plan's adult population, per clinical guideline recommendations for the age group (sum of numerators 1-4).

See attached code value sets.

0043: Pneumococcal Vaccination Status for Older Adults (PNU)

Medicare CAHPS 5.0H Survey

Question: "Have you ever had a pneumonia shot? This shot is usually given only once or twice in the person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine."

Response Choices: "Yes, No, Don't know"

Required Response to meet numerator criteria: "Yes"

Denominator Statement

3483: Adult Immunization Status

Adults ages 19 years and older.

0043: Pneumococcal Vaccination Status for Older Adults (PNU)

CAHPS respondents age 65 or older as of the last day of the measurement year who responded "Yes" or "No" to the question "Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine."

Denominator Details

3483: Adult Immunization Status

Adults ages 19 years and older at the start of the measurement period (January 1). The measure calculates a denominator for each vaccine type and a composite denominator.

Denominator 1 (influenza): adults 19 and older by the start of the measurement period.

Denominator 2 (Td/Tdap): adults 19 and older by the start of the measurement period.

Denominator 3 (herpes zoster): adults 50 and older by the start of the measurement period.

Denominator 4 (pneumococcal): adults 66 and older by the start of the measurement period.

Denominator 5 (composite): the total number of immunizations recommended for members, determined by their age at the start of the measurement period, per clinical guideline recommendations (sum of denominators 1-4).

Note: Commercial and Medicaid plans report denominators for members 19–65; Medicare plans report denominators for members 66 and older.

0043: Pneumococcal Vaccination Status for Older Adults (PNU)

Collected by CMS using the Medicare CAHPS Survey. No codes are used to collect the denominator information.

Question: "Have you ever had a pneumonia shot? This shot is usually given only once or twice in the person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine."

Response Choices: "Yes, No, Don't know"

Required Response to meet numerator criteria: “Yes” or “No”

Exclusions

3483: Adult Immunization Status

Adults who received chemotherapy, had a bone marrow transplant or were in hospice during the measurement year or those with a history of immunocompromising conditions.

0043: Pneumococcal Vaccination Status for Older Adults (PNU)

Exclusion Details

3483: Adult Immunization Status

Exclude adults with any of the following:

Active chemotherapy any time during the measurement period.

Bone marrow transplant any time during the measurement period.

History of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia & HB-S disease or cerebrospinal fluid leaks any time during the member’s history through the end of the measurement period.

In hospice or using hospice services during the measurement period.

See attached code value sets.

0043: Pneumococcal Vaccination Status for Older Adults (PNU)

Risk Adjustment

3483: Adult Immunization Status

No risk adjustment or risk stratification

0043: Pneumococcal Vaccination Status for Older Adults (PNU)

No risk adjustment or risk stratification

Stratification

3483: Adult Immunization Status

N/A

0043: Pneumococcal Vaccination Status for Older Adults (PNU)

Type Score

3483: Adult Immunization Status

Rate/proportion better quality = higher score

0043: Pneumococcal Vaccination Status for Older Adults (PNU)

Rate/proportion better quality = higher score

Algorithm

3483: Adult Immunization Status

Step 1: Determine the eligible population. Identify all adults ages 19 and older at the start of the measurement period who were continuously enrolled in the plan during the measurement period (January 1-December 31).

Step 2: Remove adults with any of the following exclusions from the eligible population: active chemotherapy during the measurement period; bone marrow transplant during the measurement period; history of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia and HB-S disease or cerebrospinal fluid leaks any time during the member's history through the end of the measurement period; in hospice or using hospice services during the measurement period.

Step 3: Determine denominators 1-5 based on the age of the members at the start of the measurement period:

Commercial and Medicaid plans:

- Denominator 1 (influenza): ages 19-65
- Denominator 2 (Td/Tdap): ages 19-65
- Denominator 3 (herpes zoster): ages 50-65
- Denominator 4 (pneumococcal): N/A
- Denominator 5 (composite): sum of denominators 1-3

Medicare plans:

- Denominator 1 (influenza): ages 66 and older
- Denominator 2 (Td/Tdap): ages 66 and older
- Denominator 3 (herpes zoster): ages 66 and older
- Denominator 4 (pneumococcal): ages 66 and older
- Denominator 5 (composite): sum of denominators 1-4

Step 4: Determine numerators 1-5:

Commercial and Medicaid plans:

- Numerator 1 (influenza): received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.
- Numerator 2 (Td/Tdap): received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).
- Numerator 3 (herpes zoster): received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.
- Numerator 4 (pneumococcal): N/A
- Numerator 5 (composite): sum of numerators 1-3

Medicare plans:

- Numerator 1 (influenza): received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a

prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.

-Numerator 2 (Td/Tdap): received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).

-Numerator 3 (herpes zoster): received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

-Numerator 4 (pneumococcal): received both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60, before or during the Measurement Period, or prior pneumococcal vaccine adverse reaction any time before or during the Measurement Period.

-Numerator 5 (composite): sum of numerators 1-4

Step 5: Calculate the measure rates:

-Numerator 1 / Denominator 1

-Numerator 2 / Denominator 2

-Numerator 3 / Denominator 3

-Numerator 4 / Denominator 4 (N/A for commercial and Medicaid plans)

-Numerator 5 / Denominator 5

0043: Pneumococcal Vaccination Status for Older Adults (PNU)

Step 1. Determine the eligible population: All patients 66 and older as of the end (e.g., December 31) of the measurement year

Step 2: Identify the denominator: CAHPS respondents in the eligible population who respond "yes" or "no" to the question: "Have you ever had a pneumonia shot? This shot is usually given only once or twice in the person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine." Individuals who respond "don't know" or do not answer the question are not included in the denominator.

Step 3: Identify the numerator: Individuals in the denominator who respond "yes" to the question.

Step 4: Calculate the rate: Numerator/Denominator

Submission items

3483: Adult Immunization Status

5.1 Identified measures: 0680 : Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

0683 : Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

0681 : Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

0682 : Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

0041 : Preventive Care and Screening: Influenza Immunization

0043 : Pneumococcal Vaccination Status for Older Adults (PNU)

0431 : INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

1653 : Pneumococcal Immunization

1659 : Influenza Immunization

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: This measure assesses influenza, Td/Tdap, herpes zoster and pneumococcal vaccination for a general adult population. It is a population-based measure that assesses vaccines provided in the outpatient setting at the health plan level. Most of the other NQF-endorsed vaccination measures focus only on either pneumococcal or influenza vaccination. These measures specifically apply to inpatient populations, residents in long-term care/skilled nursing facilities or healthcare personnel or are specified at the provider-level. Moreover, our proposed measure is specified to use electronic clinical data, while other related measures (e.g., NQF 0039) are specified to use survey data in which patients must recall whether they had received a vaccine.

5b.1 If competing, why superior or rationale for additive value: Our proposed measure is more specific than several of the other adult vaccination measures because it assesses whether health plan members received the appropriate type and doses of vaccines at the right time according to clinical guidelines. Other vaccine measures that require the use of survey data are less specific because they rely on patient recall of whether they had received a vaccine. In addition, our proposed measure combines all recommended routine vaccines in one measure, which provides a more complete picture of routine adult vaccinations at the health plan level.

0043: Pneumococcal Vaccination Status for Older Adults (PNU)

5.1 Identified measures: 0044 : Pneumonia Vaccination

0150 : Pneumococcal vaccination

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: This measure is collected via a survey, rather than through administrative data or medical records.

5b.1 If competing, why superior or rationale for additive value: This survey measure can capture health data that administrative claims data or traditional provider records cannot. With the proliferation of locations where people can obtain pneumonia vaccines (e.g. pharmacy, public health facilities, retail clinics), self-reporting of vaccination status is the best source to capture pneumonia vaccinations in all health settings.

NCQA realizes there may be competing measures that exist and welcomes the opportunity to explore harmonization, recognizing there are significant differences in data sources.

Comparison of NQF 3483 and NQF 0431

3483: Adult Immunization Status

0431: Influenza Vaccination Coverage Among Healthcare Personnel

Steward

3483: Adult Immunization Status

National Committee for Quality Assurance

0431: Influenza Vaccination Coverage Among Healthcare Personnel

Centers for Disease Control and Prevention

Description

3483: Adult Immunization Status

Percentage of adults 19 years of age and older who are up-to-date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.

0431: Influenza Vaccination Coverage Among Healthcare Personnel

Percentage of healthcare personnel (HCP) who receive the influenza vaccination.

Type

3483: Adult Immunization Status

Composite

0431: Influenza Vaccination Coverage Among Healthcare Personnel

Process

Data Source

3483: Adult Immunization Status

Claims, Electronic Health Data, Electronic Health Records, Enrollment Data, Management Data, Other, Registry Data This measure is specified for administrative claims, electronic health record, registry, health information exchange or case management data collected in the course of providing care to health plan members. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.

No data collection instrument provided Attachment 3483_AIS_Value_Sets_Fall_2019-637093357011416352.xlsx

0431: Influenza Vaccination Coverage Among Healthcare Personnel

Electronic Health Records, Instrument-Based Data, Management Data, Other, Paper Medical Records Data sources for required data elements include management/personnel data, medical or occupational health records, vaccination record documents, HCP self-reporting in writing (paper or electronic) that vaccination was received elsewhere, HCP providing documentation of receipt of vaccine elsewhere, verbal or written declination by HCP, and verbal or written documentation of medical contraindications.

Available at measure-specific web page URL identified in S.1 Attachment HCP Flu Data Dictionary-635049906022226964.docx

Level

3483: Adult Immunization Status

Health Plan

0431: Influenza Vaccination Coverage Among Healthcare Personnel

Facility

Setting

3483: Adult Immunization Status

Outpatient Services

0431: Influenza Vaccination Coverage Among Healthcare Personnel

Inpatient/Hospital, Outpatient Services, Post-Acute Care

Numerator Statement

3483: Adult Immunization Status

Adults who are up-to-date on influenza, Td or Tdap, herpes zoster and pneumococcal vaccinations based on age and recommendations.

0431: Influenza Vaccination Coverage Among Healthcare Personnel

HCP in the denominator population who during the time from October 1 (or when the vaccine became available) through March 31 of the following year:

- (a) received an influenza vaccination administered at the healthcare facility, or reported in writing (paper or electronic) or provided documentation that influenza vaccination was received elsewhere; or
- (b) were determined to have a medical contraindication/condition of severe allergic reaction to eggs or to other component(s) of the vaccine, or history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination; or
- (c) declined influenza vaccination

Each of the three submeasure numerators described above will be calculated and reported separately, alongside the overall numerator calculated as the aggregate of the three submeasure numerators.

Numerator Details

3483: Adult Immunization Status

The measure calculates a numerator for each vaccine type and a composite numerator.

Numerator 1 (influenza): adults 19 and older who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.

Numerator 2 (Td/Tdap): adults 19 and older who received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td

vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).

Numerator 3 (herpes zoster): adults 50 and older who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

Numerator 4 (pneumococcal): adults 66 and older who received both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60, before or during the Measurement Period, or prior pneumococcal vaccine adverse reaction any time before or during the Measurement Period.

Numerator 5 (composite): The total number of immunizations administered to members across the plan's adult population, per clinical guideline recommendations for the age group (sum of numerators 1-4).

See attached code value sets.

0431: Influenza Vaccination Coverage Among Healthcare Personnel

1. Persons who declined vaccination because of conditions other than those specified in the 2nd numerator category above should be categorized as declined vaccination.
2. Persons who declined vaccination and did not provide any other information should be categorized as declined vaccination.
3. Persons who did not receive vaccination because of religious or philosophical exemptions should be categorized as declined vaccination.
4. Persons who deferred vaccination all season should be categorized as declined vaccination.

Denominator Statement

3483: Adult Immunization Status

Adults ages 19 years and older.

0431: Influenza Vaccination Coverage Among Healthcare Personnel

Number of HCP in groups(a)-(c) below who are working in the healthcare facility for at least 1 working day between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact.

Denominator is reported in the aggregate; rates for each HCP group may be calculated separately for facility-level quality improvement purposes:

- (a) Employees: all persons who receive a direct paycheck from the reporting facility (i.e., on the facility's payroll).
- (b) Licensed independent practitioners: include physicians (MD, DO), advanced practice nurses, and physician assistants only who are affiliated with the reporting facility who do not receive a direct paycheck from the reporting facility.
- (c) Adult students/trainees and volunteers: include all students/trainees and volunteers aged 18 or over who do not receive a direct paycheck from the reporting facility.

Denominator Details

3483: Adult Immunization Status

Adults ages 19 years and older at the start of the measurement period (January 1). The measure calculates a denominator for each vaccine type and a composite denominator.

Denominator 1 (influenza): adults 19 and older by the start of the measurement period.

Denominator 2 (Td/Tdap): adults 19 and older by the start of the measurement period.

Denominator 3 (herpes zoster): adults 50 and older by the start of the measurement period.

Denominator 4 (pneumococcal): adults 66 and older by the start of the measurement period.

Denominator 5 (composite): the total number of immunizations recommended for members, determined by their age at the start of the measurement period, per clinical guideline recommendations (sum of denominators 1-4).

Note: Commercial and Medicaid plans report denominators for members 19–65; Medicare plans report denominators for members 66 and older.

0431: Influenza Vaccination Coverage Among Healthcare Personnel

1. Include all HCP in each of the denominator categories who have worked at the facility between October 1 and March 31 for at least 1 working day. This includes persons who joined after October 1 or who left before March 31, or who were on extended leave during part of the reporting period. Working for any number of hours in a day should be counted as a working day.
2. Include both full-time and part-time personnel. If a person works in two or more facilities, each facility should include the person in their denominator.
3. Count persons as individuals rather than full-time equivalents.
4. Licensed practitioners who receive a direct paycheck from the reporting facility, or who are owners of the reporting facility, should be counted as employees.

Exclusions

3483: Adult Immunization Status

Adults who received chemotherapy, had a bone marrow transplant or were in hospice during the measurement year or those with a history of immunocompromising conditions.

0431: Influenza Vaccination Coverage Among Healthcare Personnel

None.

Exclusion Details

3483: Adult Immunization Status

Exclude adults with any of the following:

Active chemotherapy any time during the measurement period.

Bone marrow transplant any time during the measurement period.

History of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia & HB-S disease or cerebrospinal fluid leaks any time during the member's history through the end of the measurement period.

In hospice or using hospice services during the measurement period.

See attached code value sets.

0431: Influenza Vaccination Coverage Among Healthcare Personnel

Not applicable.

Risk Adjustment

3483: Adult Immunization Status

No risk adjustment or risk stratification

0431: Influenza Vaccination Coverage Among Healthcare Personnel

No risk adjustment or risk stratification

Stratification

3483: Adult Immunization Status

N/A

0431: Influenza Vaccination Coverage Among Healthcare Personnel

The measure should be calculated separately for each denominator group of healthcare personnel: employees; licensed independent practitioners; and adult students/trainees and volunteers. Definitions for these groups are as follows:

(a) Employees: all persons who receive a direct paycheck from the reporting facility (i.e., on the facility's payroll).

(b) Licensed independent practitioners: physicians (MD, DO), advanced practice nurses, and physician assistants who are affiliated with the reporting facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Post-residency fellows are also included in this category if they are not on the facility's payroll.

(c) Adult students/trainees and volunteers: medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact.

Type Score

3483: Adult Immunization Status

Rate/proportion better quality = higher score

0431: Influenza Vaccination Coverage Among Healthcare Personnel

Rate/proportion better quality = higher score

Algorithm

3483: Adult Immunization Status

Step 1: Determine the eligible population. Identify all adults ages 19 and older at the start of the measurement period who were continuously enrolled in the plan during the measurement period (January 1-December 31).

Step 2: Remove adults with any of the following exclusions from the eligible population: active chemotherapy during the measurement period; bone marrow transplant during the measurement period; history of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia and HB-S disease or cerebrospinal fluid

leaks any time during the member's history through the end of the measurement period; in hospice or using hospice services during the measurement period.

Step 3: Determine denominators 1-5 based on the age of the members at the start of the measurement period:

Commercial and Medicaid plans:

- Denominator 1 (influenza): ages 19-65
- Denominator 2 (Td/Tdap): ages 19-65
- Denominator 3 (herpes zoster): ages 50-65
- Denominator 4 (pneumococcal): N/A
- Denominator 5 (composite): sum of denominators 1-3

Medicare plans:

- Denominator 1 (influenza): ages 66 and older
- Denominator 2 (Td/Tdap): ages 66 and older
- Denominator 3 (herpes zoster): ages 66 and older
- Denominator 4 (pneumococcal): ages 66 and older
- Denominator 5 (composite): sum of denominators 1-4

Step 4: Determine numerators 1-5:

Commercial and Medicaid plans:

- Numerator 1 (influenza): received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.
- Numerator 2 (Td/Tdap): received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).
- Numerator 3 (herpes zoster): received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.
- Numerator 4 (pneumococcal): N/A
- Numerator 5 (composite): sum of numerators 1-3

Medicare plans:

- Numerator 1 (influenza): received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.
- Numerator 2 (Td/Tdap): received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a

history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).

-Numerator 3 (herpes zoster): received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

-Numerator 4 (pneumococcal): received both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60, before or during the Measurement Period, or prior pneumococcal vaccine adverse reaction any time before or during the Measurement Period.

-Numerator 5 (composite): sum of numerators 1-4

Step 5: Calculate the measure rates:

-Numerator 1 / Denominator 1

-Numerator 2 / Denominator 2

-Numerator 3 / Denominator 3

-Numerator 4 / Denominator 4 (N/A for commercial and Medicaid plans)

-Numerator 5 / Denominator 5

0431: Influenza Vaccination Coverage Among Healthcare Personnel

Among each of the denominator groups, the measure may be calculated by dividing the number of HCP in the first numerator category (i.e., received an influenza vaccination) by the number of HCP in that denominator group, and multiplying by 100 to produce a vaccination rate expressed as a percentage of all HCP in the denominator group. Rates of medical contraindications, declinations, and unknown vaccination status can be calculated similarly using the second, third, and fourth numerator categories, respectively.

As noted above, numerator categories should not be summed; each numerator status should be calculated and reported separately.

Submission items

3483: Adult Immunization Status

5.1 Identified measures: 0680 : Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

0683 : Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

0681 : Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

0682 : Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

0041 : Preventive Care and Screening: Influenza Immunization

0043 : Pneumococcal Vaccination Status for Older Adults (PNU)

0431 : INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

1653 : Pneumococcal Immunization

1659 : Influenza Immunization

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: This measure assesses influenza, Td/Tdap, herpes zoster and pneumococcal vaccination for a general adult population. It is a population-based measure that assesses vaccines provided in the outpatient setting at the health plan level. Most of the other NQF-endorsed vaccination measures focus only on either pneumococcal or influenza vaccination. These measures specifically apply to inpatient populations, residents in long-term care/skilled nursing facilities or healthcare personnel or are specified at the provider-level. Moreover, our proposed measure is specified to use electronic clinical data, while other related measures (e.g., NQF 0039) are specified to use survey data in which patients must recall whether they had received a vaccine.

5b.1 If competing, why superior or rationale for additive value: Our proposed measure is more specific than several of the other adult vaccination measures because it assesses whether health plan members received the appropriate type and doses of vaccines at the right time according to clinical guidelines. Other vaccine measures that require the use of survey data are less specific because they rely on patient recall of whether they had received a vaccine. In addition, our proposed measure combines all recommended routine vaccines in one measure, which provides a more complete picture of routine adult vaccinations at the health plan level.

0431: Influenza Vaccination Coverage Among Healthcare Personnel

5.1 Identified measures:

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value: Not applicable.

Comparison of NQF 3483 and NQF 0680

3483: Adult Immunization Status

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Steward

3483: Adult Immunization Status

National Committee for Quality Assurance

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Centers for Medicare & Medicaid Services

Description

3483: Adult Immunization Status

Percentage of adults 19 years of age and older who are up-to-date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

The measure reports the percentage of short-stay residents who were assessed and appropriately given the influenza vaccine during the most recent influenza season. The influenza vaccination season (IVS) is defined as beginning on October 1, or when the vaccine first becomes available*, and ends on March 31 of the following year. This measure is based on the NQF's National Voluntary Standards for Influenza and Pneumococcal Immunizations.

The measure is the aggregate of three separately calculated submeasures to reflect the process by which a resident is assessed and appropriately given the influenza vaccination during the current or most recent influenza season.

The three submeasures are as follows:

- Percent of residents who received the seasonal influenza vaccine (Short Stay) (NQF #0680a);
- Percent of residents who were offered and declined the seasonal influenza vaccine (Short Stay) (NQF #0680b);
- Percent of residents who did not receive, due to medical contraindication, the seasonal influenza vaccine (Short Stay) (NQF #0680c).

*Note: While the IVS officially begins when the vaccine becomes available, which may be before October 1, the denominator time window for the quality measure and references to the IVS for the denominator specification is from October 1 to March 31 of the following year. The numerator time window and references to the IVS in the numerator specifications may include residents who were assessed and offered the vaccine before October 1. This is based on how the influenza items were coded by the facility.

The denominator consists of short-stay residents, 180 days of age or older on the target date of assessment, who were in the facility for at least one day during the most recently-

completed IVS. The measure is based on data from the Minimum Data Set (MDS) assessments of nursing home residents.

The measure is limited to short-stay residents, identified as residents who have had 100 or fewer days of nursing home care.

Type

3483: Adult Immunization Status

Composite

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Process

Data Source

3483: Adult Immunization Status

Claims, Electronic Health Data, Electronic Health Records, Enrollment Data, Management Data, Other, Registry Data This measure is specified for administrative claims, electronic health record, registry, health information exchange or case management data collected in the course of providing care to health plan members. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.

No data collection instrument provided Attachment 3483_AIS_Value_Sets_Fall_2019-637093357011416352.xlsx

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Assessment Data Nursing Home Minimum Data Set 3.0, Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI), LTCH Continuity Assessment Record & Evaluation (Care) Data Set

Available at measure-specific web page URL identified in S.1 No data dictionary

Level

3483: Adult Immunization Status

Health Plan

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Facility

Setting

3483: Adult Immunization Status

Outpatient Services

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Other Nursing Home Care

Numerator Statement

3483: Adult Immunization Status

Adults who are up-to-date on influenza, Td or Tdap, herpes zoster and pneumococcal vaccinations based on age and recommendations.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

The numerator for the overall measure (NQF #0680) is the number of residents in the denominator sample who, during the numerator time window, meet any one of the following criteria: (1) those who received the seasonal influenza vaccine during the most recently-completed influenza season, either in the facility or outside the facility (NQF #0680a); (2) those who were offered and declined the seasonal influenza vaccine (NQF #0680b); or (3) those who were ineligible due to medical contraindication(s) (NQF #0680c). The numerator time window coincides with the most recently-completed seasonal IVS which begins on October 1 and ends on March 31 of the following year.

Each of the three submeasure numerators described above will be computed and reportedly separately, alongside the overall numerator calculated as the aggregate of the three submeasure numerators.

Numerator Details

3483: Adult Immunization Status

The measure calculates a numerator for each vaccine type and a composite numerator.

Numerator 1 (influenza): adults 19 and older who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.

Numerator 2 (Td/Tdap): adults 19 and older who received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).

Numerator 3 (herpes zoster): adults 50 and older who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

Numerator 4 (pneumococcal): adults 66 and older who received both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60, before or during the Measurement Period, or prior pneumococcal vaccine adverse reaction any time before or during the Measurement Period.

Numerator 5 (composite): The total number of immunizations administered to members across the plan's adult population, per clinical guideline recommendations for the age group (sum of numerators 1-4).

See attached code value sets.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

The numerator for the overall measure (NQF #0680) includes all short-stay residents in the denominator sample who, during the numerator time window, meet one of three criteria: (1) received the seasonal influenza vaccine during the most recent influenza season, either inside or outside the facility, (2) were offered and declined the vaccine, or (3) were ineligible due to medical contraindication(s).

The numerator components are also computed and reported separately as a submeasure.

Residents are counted if they are short-stay residents, defined as residents whose length of stay is less than or equal to 100 days. Short-stay residents are included in the numerator for the overall measure (NQF #0680) if they meet any of the following criteria during the numerator time window: (1) received the influenza vaccine during the most recent influenza vaccine season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]) (also computed and reported separately as a submeasure); or (2) offered and declined the influenza vaccine (O0250C = [4]) (also computed and reported separately as a submeasure); or (3) ineligible due to medical contraindication(s) (O0250C = [3]) (also computed and reported separately as a submeasure). Included in the numerator are short-stay residents who meet the criteria on the selected MDS assessment. The record selected will be the record with the latest target date that meets all of the following conditions: (1) it has a qualifying reason for assessment (OBRA (A0310A = [01, 02, 03, 04, 05, 06]), PPS (A0310B = [01, 02, 03, 04, 05, 06]) or discharge assessment (A0310F = [10, 11]), (2) the target date is on or after October 1st of the most recently completed influenza season, and (3) the entry date is on or before March 31st of the most recently completed influenza season.

Denominator Statement

3483: Adult Immunization Status

Adults ages 19 years and older.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

The denominator consists of short-stay residents 180 days of age and older on the target date of the assessment who were in the facility for at least one day during the denominator time window. The denominator time window is defined as the most recently-completed IVS, from October 1 to March 31 of the following year. If a nursing home resident has more than one episode during the denominator time window only the more recent episode is included in this QM.

Denominator Details

3483: Adult Immunization Status

Adults ages 19 years and older at the start of the measurement period (January 1). The measure calculates a denominator for each vaccine type and a composite denominator.

Denominator 1 (influenza): adults 19 and older by the start of the measurement period.

Denominator 2 (Td/Tdap): adults 19 and older by the start of the measurement period.

Denominator 3 (herpes zoster): adults 50 and older by the start of the measurement period.

Denominator 4 (pneumococcal): adults 66 and older by the start of the measurement period.

Denominator 5 (composite): the total number of immunizations recommended for members, determined by their age at the start of the measurement period, per clinical guideline recommendations (sum of denominators 1-4).

Note: Commercial and Medicaid plans report denominators for members 19–65; Medicare plans report denominators for members 66 and older.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

The denominator time window is defined as the most recently-completed IVS, from October 1 to March 31 of the following year. If a nursing home resident has more than one episode during the denominator time window only the more recent episode is included in this QM.

Residents are counted if they are short-stay residents, defined as residents whose length of stay is less than or equal to 100 days. The sample includes residents, aged 180 days or older, meeting the following conditions: the resident has an OBRA assessment (A0310A = [01, 02, 03, 04, 05, 06]) or PPS assessment (A0310B = [01, 02, 03, 04, 05, 06]) or discharge assessment (A0310F = [10, 11]) with an assessment reference date on or after the start of the denominator time window and an entry date (A1600) on or before the end of the denominator time window.

Exclusions

3483: Adult Immunization Status

Adults who received chemotherapy, had a bone marrow transplant or were in hospice during the measurement year or those with a history of immunocompromising conditions.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Residents whose age is 179 days or less of age on target date of the selected influenza vaccination assessment are excluded. Nursing homes with denominator counts of less than 20 residents in the sample are excluded from public reporting due to small sample size.

Exclusion Details

3483: Adult Immunization Status

Exclude adults with any of the following:

Active chemotherapy any time during the measurement period.

Bone marrow transplant any time during the measurement period.

History of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia & HB-S disease or cerebrospinal fluid leaks any time during the member's history through the end of the measurement period.

In hospice or using hospice services during the measurement period.

See attached code value sets.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Residents with age 179 days or less are excluded, with age calculation based on the resident's birthdate and the target date of the selected influenza vaccination assessment.

Risk Adjustment

3483: Adult Immunization Status

No risk adjustment or risk stratification

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

No risk adjustment or risk stratification

Stratification

3483: Adult Immunization Status

N/A

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

This section is not applicable.

Type Score

3483: Adult Immunization Status

Rate/proportion better quality = higher score

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Rate/proportion better quality = higher score

Algorithm

3483: Adult Immunization Status

Step 1: Determine the eligible population. Identify all adults ages 19 and older at the start of the measurement period who were continuously enrolled in the plan during the measurement period (January 1-December 31).

Step 2: Remove adults with any of the following exclusions from the eligible population: active chemotherapy during the measurement period; bone marrow transplant during the measurement period; history of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia and HB-S disease or cerebrospinal fluid leaks any time during the member's history through the end of the measurement period; in hospice or using hospice services during the measurement period.

Step 3: Determine denominators 1-5 based on the age of the members at the start of the measurement period:

Commercial and Medicaid plans:

- Denominator 1 (influenza): ages 19-65
- Denominator 2 (Td/Tdap): ages 19-65
- Denominator 3 (herpes zoster): ages 50-65
- Denominator 4 (pneumococcal): N/A

-Denominator 5 (composite): sum of denominators 1-3

Medicare plans:

-Denominator 1 (influenza): ages 66 and older

-Denominator 2 (Td/Tdap): ages 66 and older

-Denominator 3 (herpes zoster): ages 66 and older

-Denominator 4 (pneumococcal): ages 66 and older

-Denominator 5 (composite): sum of denominators 1-4

Step 4: Determine numerators 1-5:

Commercial and Medicaid plans:

-Numerator 1 (influenza): received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.

-Numerator 2 (Td/Tdap): received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).

-Numerator 3 (herpes zoster): received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

-Numerator 4 (pneumococcal): N/A

-Numerator 5 (composite): sum of numerators 1-3

Medicare plans:

-Numerator 1 (influenza): received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.

-Numerator 2 (Td/Tdap): received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).

-Numerator 3 (herpes zoster): received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

-Numerator 4 (pneumococcal): received both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60, before or during the Measurement Period, or prior pneumococcal vaccine adverse reaction any time before or during the Measurement Period.

-Numerator 5 (composite): sum of numerators 1-4

Step 5: Calculate the measure rates:

-Numerator 1 / Denominator 1

-Numerator 2 / Denominator 2

-Numerator 3 / Denominator 3

-Numerator 4 / Denominator 4 (N/A for commercial and Medicaid plans)

-Numerator 5 / Denominator 5

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

The calculation algorithm for the overall measure and submeasures a-c are:

Step 1: Identify the total number of residents meeting the denominator criteria.

Step 2: For the first submeasure (NQF #0680a: Percent of Residents Who Received the Seasonal Influenza Vaccine (Short Stay)):

Step 2a: Identify the total number of short-stay residents who received the seasonal influenza vaccine during the current or most recently completed influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]).

Step 2b: Divide the results of Step 2a by the result of Step 1.

Step 3: For the second submeasure (NQF #0680b: Percent of Residents Who Were Offered and Declined the Seasonal Influenza Vaccine (Short Stay)):

Step 3a: Identify the total number of short-stay residents who were offered and declined the seasonal influenza vaccine (O0250C = [4]).

Step 3b: Divide the results of Step 3a by the result of Step 1.

Step 4: For the third submeasure (NQF #0680c): Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine (Short Stay)):

Step 4a: Identify the total number of short-stay residents who were ineligible due to medical contraindication(s) (O0250C = [3]).

Step 4b: Divide the results of Step 4a by the result of Step 1.

Step 5: For the overall measure (NQF #0680): Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)):

Step 5a: Aggregate Step 2a, 3a, and 4a [Sum the total number of short-stay residents who met any one of the following criteria: who received the seasonal influenza vaccine during the current or most recently completed influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]); OR who were offered and declined the seasonal influenza vaccine (O0250C = [4]); OR who were ineligible due to medical contraindication(s) (O0250C = [3]).]

Step 5b: Divide the results of Step 5a by the result of Step 1.

Submission items

3483: Adult Immunization Status

5.1 Identified measures: 0680 : Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

0683 : Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

0681 : Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

0682 : Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

0041 : Preventive Care and Screening: Influenza Immunization

0043 : Pneumococcal Vaccination Status for Older Adults (PNU)

0431 : INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

1653 : Pneumococcal Immunization

1659 : Influenza Immunization

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: This measure assesses influenza, Td/Tdap, herpes zoster and pneumococcal vaccination for a general adult population. It is a population-based measure that assesses vaccines provided in the outpatient setting at the health plan level. Most of the other NQF-endorsed vaccination measures focus only on either pneumococcal or influenza vaccination. These measures specifically apply to inpatient populations, residents in long-term care/skilled nursing facilities or healthcare personnel or are specified at the provider-level. Moreover, our proposed measure is specified to use electronic clinical data, while other related measures (e.g., NQF 0039) are specified to use survey data in which patients must recall whether they had received a vaccine.

5b.1 If competing, why superior or rationale for additive value: Our proposed measure is more specific than several of the other adult vaccination measures because it assesses whether health plan members received the appropriate type and doses of vaccines at the right time according to clinical guidelines. Other vaccine measures that require the use of survey data are less specific because they rely on patient recall of whether they had received a vaccine. In addition, our proposed measure combines all recommended routine vaccines in one measure, which provides a more complete picture of routine adult vaccinations at the health plan level.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

5.1 Identified measures: 0681 : Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

1659 : Influenza Immunization

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value: The current measure for Nursing Homes is expanded to both additional post-acute care settings (LTCHs and IRFs), as well as to additional data sources (MDS 3.0 remained the data source of nursing homes,

IRF-PAI is the data source for IRFs, and the LTCH CARE Data Set is the data source for LTCHs). The proposed measure is harmonized to the NQF Voluntary Consensus Standards for Influenza and Pneumococcal Immunizations.

A possible competing measure is the National Committee for Quality Assurance (NCQA) measure titled: Flu vaccinations for adults ages 65 and older: percentage of Medicare members 65 years of age and older who received an influenza vaccination between July 1 of the measurement year and the date when Medicare CAHPS survey was completed.

This NCQA measure is based on the CAHPS Health Plan Survey and targets a different and non-institutionalized population, so while this is a related measure, it does not compete with NQF #0680, which provides distinctive value.

Another possible competing measure for IRFs and LTCHs is NQF #1659 titled: Influenza Immunization for Hospital/Acute Care Facility AND Institute for Clinical Systems (ICS). The measure suggests immunizations of adult patients 18 years and older to be up to date with all immunization vaccines with follow up time periods.

NQF #1659 targets a different population in multiple settings and does not include those assessed but not given the vaccine. ICS is not NQF endorsed and has a different target population with a broader numerator (multiple other vaccines). NQF #0680 targets a different population in multiple settings, so while it is a related measure, it does not compete with NQF# 0680.

Comparison of NQF 3483 and NQF 0681

3483: Adult Immunization Status

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

Steward

3483: Adult Immunization Status

National Committee for Quality Assurance

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

Centers for Medicare & Medicaid Services

Description

3483: Adult Immunization Status

Percentage of adults 19 years of age and older who are up-to-date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

This measure reports the percentage of long-stay residents, 180 days of age and older, who were in a nursing facility for at least one day during the most recently completed influenza vaccination season (IVS), and who were assessed and appropriately given the seasonal influenza vaccine. The IVS is defined as beginning on October 1 and ends on March 31 of the following year. The measure is the aggregate of three separately calculated submeasures to reflect the process by which a resident is assessed and

appropriately given the influenza vaccination during the current or most recent influenza season.

The three submeasures are as follows:

- Percent of resident who received the seasonal influenza vaccine (Long Stay) (NQF #0681a);
- Percent of resident who were offered and declined the seasonal influenza vaccine (Long Stay) (NQF #0681b); and
- Percent of resident who did not receive, due to medical contraindication, the seasonal influenza vaccine (Long Stay) (NQF #0681c).

*Note: While the IVS officially begins when the vaccine becomes available, which may be before October 1, the denominator time window for the quality measure and references to the IVS for the denominator specification is from October 1 to March 31 of the following year. The numerator time window and references to the IVS in the numerator specifications may include patients and residents who were assessed and offered the vaccine before October 1. This is based on how the influenza items were coded by the facility.

The denominator consists of long-stay residents, 180 days of age or older on the target date of assessment, who were in the facility for at least one day during the most recently-completed IVS. This measure is based on data from the Minimum Data Set (MDS 3.0) OBRA, PPS, and/or discharge assessments during the selected influenza season. Long-stay residents are identified as those who have had 101 or more cumulative days of nursing facility care.

A separate measure (NQF #0680, Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)) is to be used for residents who have had 100 or fewer cumulative days of nursing facility care.

Type

3483: Adult Immunization Status

Composite

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

Process

Data Source

3483: Adult Immunization Status

Claims, Electronic Health Data, Electronic Health Records, Enrollment Data, Management Data, Other, Registry Data This measure is specified for administrative claims, electronic health record, registry, health information exchange or case management data collected in the course of providing care to health plan members. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.

No data collection instrument provided Attachment 3483_AIS_Value_Sets_Fall_2019-637093357011416352.xlsx

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

Assessment Data Nursing Home Minimum Data Set 3.0

Available at measure-specific web page URL identified in S.1 No data dictionary

Level

3483: Adult Immunization Status

Health Plan

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

Facility

Setting

3483: Adult Immunization Status

Outpatient Services

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

Other Nursing Home Care

Numerator Statement

3483: Adult Immunization Status

Adults who are up-to-date on influenza, Td or Tdap, herpes zoster and pneumococcal vaccinations based on age and recommendations.

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

The numerator is the number of long-stay residents with a target assessment (OBRA admission, quarterly, annual or significant change/correction assessments; PPS 5-,14-, 30-, 60-, 90-day, or readmission/return assessments; or discharge assessment with or without return anticipated) who were in the denominator sample, AND who meet any of the following criteria for the selected influenza season: (1) they received the influenza vaccine during the most recent influenza season, either in the facility or outside the facility (NQF #0681a), (2) they were offered and declined the influenza vaccine (NQF #0681b), or (3) they were ineligible due to medical contraindication(s) (NQF #0681c). The influenza season is defined as July 1 of the current year to June 30 of the following year. The IVS begins on October 1 and ends on March 31 of the following year.

Each of the three submeasure numerators described above will be computed and reported separately, alongside the overall numerator calculated as the aggregate of the three submeasure numerators.

Numerator Details

3483: Adult Immunization Status

The measure calculates a numerator for each vaccine type and a composite numerator.

Numerator 1 (influenza): adults 19 and older who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the

measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.

Numerator 2 (Td/Tdap): adults 19 and older who received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).

Numerator 3 (herpes zoster): adults 50 and older who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

Numerator 4 (pneumococcal): adults 66 and older who received both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60, before or during the Measurement Period, or prior pneumococcal vaccine adverse reaction any time before or during the Measurement Period.

Numerator 5 (composite): The total number of immunizations administered to members across the plan's adult population, per clinical guideline recommendations for the age group (sum of numerators 1-4).

See attached code value sets.

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

Residents are counted if they are long-stay residents, defined as residents who have had 101 or more cumulative days of nursing facility care, are 180 days of age and older, and who were in a nursing facility for at least one day during the most recently completed IVS. Residents who return to the nursing home following a hospital discharge will not have their stay reset to zero. The numerator is the number of long-stay residents in the denominator sample with a selected target assessment (OBRA admission, quarterly, annual or significant change/correction assessments; PPS 5-, 14-, 30-, 60-, 90-day, or readmission/return assessments; or discharge assessment with or without return anticipated) during the most recently selected influenza season who meet any of the following criteria:

- (1) Resident received the influenza vaccine during the most recent influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]) (NQF #0681a, computed separately); or
- (2) Resident was offered and declined the influenza vaccine (O0250C = [4]) (NQF #0681b, computed separately); or
- (3) Resident was ineligible due to medical contraindication(s) (O0250C = [3]) (NQF #0681c, computed separately) (e.g., anaphylactic hypersensitivity to eggs or other components of the vaccine).

Denominator Statement

3483: Adult Immunization Status

Adults ages 19 years and older.

NATIONAL QUALITY FORUM

NQF REVIEW DRAFT—Comments due by May 28, 2020 by 6:00 PM ET.

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

The denominator is the total number of long-stay residents 180 days of age or older on the target date of the assessment who were in the nursing facility for at least one day during the most recently completed IVS that have an OBRA, PPS, or discharge assessment and who did not meet the exclusion criteria.

Denominator Details

3483: Adult Immunization Status

Adults ages 19 years and older at the start of the measurement period (January 1). The measure calculates a denominator for each vaccine type and a composite denominator.

Denominator 1 (influenza): adults 19 and older by the start of the measurement period.

Denominator 2 (Td/Tdap): adults 19 and older by the start of the measurement period.

Denominator 3 (herpes zoster): adults 50 and older by the start of the measurement period.

Denominator 4 (pneumococcal): adults 66 and older by the start of the measurement period.

Denominator 5 (composite): the total number of immunizations recommended for members, determined by their age at the start of the measurement period, per clinical guideline recommendations (sum of denominators 1-4).

Note: Commercial and Medicaid plans report denominators for members 19–65; Medicare plans report denominators for members 66 and older.

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

Residents are counted if they are long-stay residents, defined as residents who have had 101 or more cumulative days of nursing facility care. Residents who return to the nursing home following a hospital discharge will not have their length of stay reset to zero. The target population includes all long-stay residents with a target assessment (assessments may be OBRA admission, quarterly, annual or significant change/correction assessments (A0310A = [01, 02, 03, 04, 05, 06]) or PPS 5-, 14-, 30-, 60-, 90-day, or readmission/return assessments (A0310B = 01, 02, 03, 04, 05, 06) or discharge assessment with or without return anticipated (A0310F = [10, 11]) who were in a nursing facility for at least one day during the most recently completed IVS, except for those who meet the exclusion criteria (specified in S.10 and S.11).

Exclusions

3483: Adult Immunization Status

Adults who received chemotherapy, had a bone marrow transplant or were in hospice during the measurement year or those with a history of immunocompromising conditions.

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

Residents whose age is 179 days or less on target date of selected influenza vaccination assessment are excluded.

If the facility sample includes fewer than 20 residents after all other resident-level exclusions are applied, then the facility is excluded from public reporting.

Exclusion Details

3483: Adult Immunization Status

Exclude adults with any of the following:

Active chemotherapy any time during the measurement period.

Bone marrow transplant any time during the measurement period.

History of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia & HB-S disease or cerebrospinal fluid leaks any time during the member's history through the end of the measurement period.

In hospice or using hospice services during the measurement period.

See attached code value sets.

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

Residents whose age is 179 days or less are excluded, with age calculation based on the resident birthdate and the target date of the selected influenza vaccination assessment.

Risk Adjustment

3483: Adult Immunization Status

No risk adjustment or risk stratification

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

No risk adjustment or risk stratification

Stratification

3483: Adult Immunization Status

N/A

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

This is not applicable.

Type Score

3483: Adult Immunization Status

Rate/proportion better quality = higher score

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

Rate/proportion better quality = higher score

Algorithm

3483: Adult Immunization Status

Step 1: Determine the eligible population. Identify all adults ages 19 and older at the start of the measurement period who were continuously enrolled in the plan during the measurement period (January 1-December 31).

Step 2: Remove adults with any of the following exclusions from the eligible population: active chemotherapy during the measurement period; bone marrow transplant during the

measurement period; history of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia and HB-S disease or cerebrospinal fluid leaks any time during the member's history through the end of the measurement period; in hospice or using hospice services during the measurement period.

Step 3: Determine denominators 1-5 based on the age of the members at the start of the measurement period:

Commercial and Medicaid plans:

- Denominator 1 (influenza): ages 19-65
- Denominator 2 (Td/Tdap): ages 19-65
- Denominator 3 (herpes zoster): ages 50-65
- Denominator 4 (pneumococcal): N/A
- Denominator 5 (composite): sum of denominators 1-3

Medicare plans:

- Denominator 1 (influenza): ages 66 and older
- Denominator 2 (Td/Tdap): ages 66 and older
- Denominator 3 (herpes zoster): ages 66 and older
- Denominator 4 (pneumococcal): ages 66 and older
- Denominator 5 (composite): sum of denominators 1-4

Step 4: Determine numerators 1-5:

Commercial and Medicaid plans:

- Numerator 1 (influenza): received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.
- Numerator 2 (Td/Tdap): received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).
- Numerator 3 (herpes zoster): received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.
- Numerator 4 (pneumococcal): N/A
- Numerator 5 (composite): sum of numerators 1-3

Medicare plans:

- Numerator 1 (influenza): received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.

-Numerator 2 (Td/Tdap): received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).

-Numerator 3 (herpes zoster): received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

-Numerator 4 (pneumococcal): received both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60, before or during the Measurement Period, or prior pneumococcal vaccine adverse reaction any time before or during the Measurement Period.

-Numerator 5 (composite): sum of numerators 1-4

Step 5: Calculate the measure rates:

-Numerator 1 / Denominator 1

-Numerator 2 / Denominator 2

-Numerator 3 / Denominator 3

-Numerator 4 / Denominator 4 (N/A for commercial and Medicaid plans)

-Numerator 5 / Denominator 5

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

The calculation algorithm for the overall measure and submeasures a-c are:

Step 1: Identify the total number of residents meeting the denominator criteria.

For the first submeasure (NQF #0681a): Percent of Residents Who Received the Seasonal Influenza Vaccine (Long Stay):

Step 2a: Identify the total number of long-stay residents who received the seasonal influenza vaccine during the current or most recently completed influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]).

Step 3a: Divide the results of Step 2a by the result of Step 1.

For the second submeasure (NQF #0681b): Percent of Residents Who Were Offered and Declined the Seasonal Influenza Vaccine (Long Stay):

Step 2b: Identify the total number of long-stay residents who were offered and declined the seasonal influenza vaccine (O0250C = [4]).

Step 3b: Divide the results of Step 2b by the result of Step 1.

For the third submeasure (NQF #0681c): Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine (Long Stay):

Step 2c: Identify the total number of long-stay residents who were ineligible due to medical contraindication(s) (O0250C = [3]).

Step 3c: Divide the results of Step 2c by the result of Step 1.

For the overall measure (NQF #0681): Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay):

Step 2d: Aggregate Step 2a, 2b, and 2c [Sum the total number of long-stay residents who met any of the following criteria: who received the seasonal influenza vaccine during the current or most recently completed influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]); OR who were offered and declined the seasonal influenza vaccine (O0250C = [4]); OR who were ineligible due to medical contraindication(s) (O0250C = [3]).]

Step 3d: Divide the results of Step 2d by the result of Step 1.

Submission items

3483: Adult Immunization Status

5.1 Identified measures: 0680 : Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

0683 : Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

0681 : Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

0682 : Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

0041 : Preventive Care and Screening: Influenza Immunization

0043 : Pneumococcal Vaccination Status for Older Adults (PNU)

0431 : INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

1653 : Pneumococcal Immunization

1659 : Influenza Immunization

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: This measure assesses influenza, Td/Tdap, herpes zoster and pneumococcal vaccination for a general adult population. It is a population-based measure that assesses vaccines provided in the outpatient setting at the health plan level. Most of the other NQF-endorsed vaccination measures focus only on either pneumococcal or influenza vaccination. These measures specifically apply to inpatient populations, residents in long-term care/skilled nursing facilities or healthcare personnel or are specified at the provider-level. Moreover, our proposed measure is specified to use electronic clinical data, while other related measures (e.g., NQF 0039) are specified to use survey data in which patients must recall whether they had received a vaccine.

5b.1 If competing, why superior or rationale for additive value: Our proposed measure is more specific than several of the other adult vaccination measures because it assesses whether health plan members received the appropriate type and doses of vaccines at the right time according to clinical guidelines. Other vaccine measures that require the use of survey data are less specific because they rely on patient recall of whether they had received a vaccine. In addition, our proposed measure combines all recommended routine vaccines in one measure, which provides a more complete picture of routine adult vaccinations at the health plan level.

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

5.1 Identified measures: 0680 : Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

1659 : Influenza Immunization

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value: NQF #0680 Percent of Residents or Patients Assessed and Appropriately Given the Seasonal Influenza Vaccine (SS) applies to short-stay nursing home residents as well as additional post-acute care settings (LTCHs and IRFs), and is based on different data sources for each setting (MDS 3.0 for nursing homes, IRF-PAI is the data source for IRFs, and the LTCH CARE Data Set is the data source for LTCHs). Both NQF #0680 and the current measure #0681 for long stay nursing home residents were developed together and harmonized to the NQF Voluntary Consensus Standards for Influenza Immunizations and each other as much as possible.

A possible competing measure is NQF #1659: Influenza Immunization for Hospital/Acute Care Facility AND Institute for Clinical Systems (ICS) suggest immunizations of adult patients 18 years and older, to be up to date with all immunization vaccines with follow up time periods. NQF #1659 targets a different population in a different setting and does not include those assessed but not given the vaccine. ICS is not NQF endorsed and has a different target population with a broader numerator (multiple other vaccines). NQF #0680 targets a different population in multiple settings.

Another possible competing measure is the National Committee for Quality Assurance (NCQA) measure titled: Flu vaccinations for adults ages 65 and older: percentage of Medicare members 65 years of age and older who received an influenza vaccination between July 1 of the measurement year and the date when Medicare CAHPS survey was completed.

This NCQA measure is based on the CAHPS Health Plan Survey and targets a different and non-institutionalized population, so NQF #0681 offers distinctive value.

Comparison of NQF 3483 and NQF 0682

3483: Adult Immunization Status

0682: Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

Steward

3483: Adult Immunization Status

National Committee for Quality Assurance

0682: Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

Centers for Medicare & Medicaid Services

*Description***3483: Adult Immunization Status**

Percentage of adults 19 years of age and older who are up-to-date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.

0682: Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

The measure reports the percentage of short stay nursing home residents or IRF or LTCH patients who were assessed and appropriately given the pneumococcal vaccine during the 12-month reporting period. This measure is based on data from Minimum Data Set (MDS) 3.0 assessments of nursing home residents, the Inpatient Rehabilitation Facilities Patient Assessment Instrument (IRF-PAI) for IRF patients, and the Long Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set for long-term care hospital patients, using items that have been harmonized across the three assessment instruments. Short-stay nursing home residents are those residents who are discharged within the first 100 days of their nursing home stay.

The NQF standard specifications were harmonized to achieve a uniform approach to measurement across settings and populations, addressing who is included in or excluded from the target denominator population, who is included in the numerator population, and the time windows. In 2008, the NQF steering committee met to identify voluntary consensus measures for influenza and pneumococcal vaccination that were harmonized across healthcare settings. The steering committee recognized that “in the interest of standardization and minimizing burden for those implementing and using measures, measure harmonization is an important consideration in evaluating and recommending measures for endorsement.” The committee supported the use of measure IM-017-which reports the percent of nursing home/Skilled Nursing Facility residents whose pneumococcal polysaccharide vaccine (PPV) status is up to date during the 12-month reporting period - as the basis for a harmonized measure across settings (National Quality Forum, 2008b). The NQF standardized specifications differ from the currently reported measure in several ways. Note that for some residents or patients, a single vaccination during their lifetime is sufficient and the vaccination would be considered up to date; for others (those who are immunocompromised or older than age 65, but the first vaccine was administered more than 5 years before when the resident was younger than 65), a second dose would be needed to qualify as vaccination up to date. Although the guidelines recommend a second dose in these circumstances, the NQF Committee believed that adding that requirement would make measurement too complex for the amount of benefit gained. Also, given the importance of revaccination among older adults, focusing on up-to-date status, rather than on ever having received the vaccine, is critically important. This focus on up-to-date rather than ever having received a vaccination is supported by the NQF steering committee in their discussion of the national voluntary consensus standards for this measure (National Quality Forum, 2008a).

This measure will include only residents or patients aged 5 years and older in the denominator. In their 2008 review of voluntary consensus standards for influenza and pneumococcal vaccination the NQF steering committee recommended limiting the use of measure IM -017 which reports the percent of nursing home/Skilled Nursing Facility residents whose PPV status is up to date, to residents age 5 and older. They state in their

recommendation, “the specifications for high-risk groups begin at age 5, because the schedule for children ages 2-5 is different and complicated.” (National Quality Forum. 2008b) The Advisory Committee on Immunization Practices (ACIP) provides age specific guidelines for pneumococcal immunization for both children and adults. These guidelines vary based on age and risk level and should be followed accordingly. Up-to-date vaccination status is defined as a resident or patient who has been vaccinated in accordance with the current CDC vaccination guidelines for pneumococcal disease for his/her age and health status. The current CDC vaccination guidelines for adults and children are available at <http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html>.

National Quality Forum (2008a, June). Revised voting draft for national voluntary consensus standards for influenza and pneumococcal immunizations. Received from the Health Services Advisory Group on August 19, 2011.

National Quality Forum. (2008b, December). National voluntary consensus standards for influenza and pneumococcal immunizations. Available from http://www.qualityforum.org/Publications/2008/12/National_Voluntary_Consensus_Standards_for_Influenza_and_Pneumococcal_Immunizations.aspx.

Type

3483: Adult Immunization Status

Composite

0682: Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

Process

Data Source

3483: Adult Immunization Status

Claims, Electronic Health Data, Electronic Health Records, Enrollment Data, Management Data, Other, Registry Data This measure is specified for administrative claims, electronic health record, registry, health information exchange or case management data collected in the course of providing care to health plan members. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA’s online data submission system.

No data collection instrument provided Attachment 3483_AIS_Value_Sets_Fall_2019-637093357011416352.xlsx

0682: Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

Electronic Health Record (Only) The data source or collection instruments are Nursing Home MDS 3.0, the IRF-PAI , and the LTCH CARE Data Set.

URL No data dictionary

Level

3483: Adult Immunization Status

Health Plan

NATIONAL QUALITY FORUM

NQF REVIEW DRAFT—Comments due by May 28 , 2020 by 6:00 PM ET.

0682: Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

Facility, Other

Setting

3483: Adult Immunization Status

Outpatient Services

0682: Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

Inpatient Rehabilitation Facility, Long Term Acute Care, Nursing Home / SNF

Numerator Statement

3483: Adult Immunization Status

Adults who are up-to-date on influenza, Td or Tdap, herpes zoster and pneumococcal vaccinations based on age and recommendations.

0682: Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

The following numerator components will be computed and reported separately: (1) up-to-date** vaccine status; (2) ineligible to receive vaccine due to medical contraindications; or (3) offered and declined vaccine. Measure numerator specifications for the three provider type assessment tools are listed below:

MDS 3.0 assessment: Residents are counted if they are short-stay, defined as residents whose length of stay is less than or equal to 100 days. Residents aged 5 years and older are counted if they meet any of the following criteria on the most recent MDS 3.0 assessment, which may be an OBRA assessment (A0310A=01,02,03,04,05,06), PPS assessment (A0310B = 01, 02, 03, 04, 05, 06), or discharge assessment (A0310F = 10, 11), during the 12-month reporting period. The following numerator components will be computed and reported separately:

1. Up-to-date** vaccine status (O0300A=1)
2. Ineligible due to medical contraindications (O0300B=1)
3. Offered and declined vaccine (O0300B=2)

LTCH CARE Data Set*: Patients aged 5 years and older are counted if they meet any of the following criteria on the most recent LTCH CARE Data Set assessment during the 12-month reporting period. The following numerator components will be computed and reported separately:

1. Up-to-date** vaccine status
2. Ineligible due to medical contraindications
3. Offered and declined vaccine

IRF-PAI assessment: Patients aged 5 years and older are counted if they meet any of the following criteria on the IRF-PAI assessment during the 12-month reporting period. The following numerator components will be computed and reported separately:

1. Up-to-date** vaccine status
2. Ineligible due to medical contraindications
3. Offered and declined vaccine

*Note that the items have not been added to the LTCH CARE Data Set or IRF-PAI and hence, the data elements have not yet been assigned item numbers for these two assessment tools. When CMS implements this measure for the LTCH and IRF settings, the data elements will be assigned item numbers to match the MDS.

**"Up-to-date" vaccination status is defined as a resident or patient who has been vaccinated in accordance with the current CDC vaccination guidelines for pneumococcal disease for his/her age and health status. The current CDC vaccination guidelines for adults and children are available at <http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html>.

Numerator Details

3483: Adult Immunization Status

The measure calculates a numerator for each vaccine type and a composite numerator.

Numerator 1 (influenza): adults 19 and older who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.

Numerator 2 (Td/Tdap): adults 19 and older who received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).

Numerator 3 (herpes zoster): adults 50 and older who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

Numerator 4 (pneumococcal): adults 66 and older who received both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60, before or during the Measurement Period, or prior pneumococcal vaccine adverse reaction any time before or during the Measurement Period.

Numerator 5 (composite): The total number of immunizations administered to members across the plan's adult population, per clinical guideline recommendations for the age group (sum of numerators 1-4).

See attached code value sets.

0682: Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

Specifications for the three provider type assessment tools are listed below:

MDS 3.0: Residents are counted if they are short-stay, defined as residents whose length of stay is less than or equal to 100 days. Short-stay residents aged 5 years and older are counted if they meet any of the following criteria on the most recent MDS 3.0 assessment, an OBRA assessment(A0310A= 01,02,03,04,05,06), PPS assessment (A0310B= 01,02,03,04,05,06), or discharge assessment(A0310F =10,11) during the 12-month

reporting period: (1) have an up-to-date** pneumococcal vaccine status (item O0300A= 1); or (2) were offered and declined the vaccine (item O0300B= 2); or (3) were ineligible due to medical contraindication(s) (i.e., anaphylactic hypersensitivity to components of the vaccine; bone marrow transplant within the past 12 months; or receiving a course of chemotherapy within the past two weeks) (item O0300B=1).

LTCH CARE Data Set*: Patients aged 5 years and older are counted if they meet any of the following criteria on the LTCH CARE Data Set assessment during the 12-month reporting period: (1) have an up-to-date pneumococcal vaccine status**; or (2) were offered and declined the vaccine; or (3) were ineligible due to medical contraindication(s) (i.e., anaphylactic hypersensitivity to components of the vaccine; bone marrow transplant within the past 12 months; or receiving a course of chemotherapy within the past two weeks).

IRF-PAI*: Patients aged 5 years and older are counted if they meet any of the following criteria on the most recent IRF-PAI assessment during the 12-month reporting period: (1) have an up-to-date pneumococcal vaccine status** or (2) were offered and declined the vaccine; or (3) were ineligible due to medical contraindication(s) (i.e., anaphylactic hypersensitivity to components of the vaccine; bone marrow transplant within the past 12 months; or receiving a course of chemotherapy within the past two weeks). Note: The IRF-PAI data are submitted for Medicare patients only.

*Note that the components of the LTCH CARE Data Set and IRF-PAI have not yet been assigned item numbers but will be assigned item numbers to match the MDS 3.0.

**"Up-to-date" vaccination status is defined as a resident or patient who has been vaccinated in accordance with the current CDC vaccination guidelines for pneumococcal disease for his/her age and health status. The current CDC vaccination guidelines for adults and children are available at <http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html>.

Denominator Statement

3483: Adult Immunization Status

Adults ages 19 years and older.

0682: Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

The denominator consists of all residents or patients aged 5 years and older in the pneumococcal vaccination sample (defined in Denominator Details section) with an assessment within the 12-month period.

Specifications for the three provider type assessment tools are listed below:

MDS 3.0: Short-stay residents aged 5 years and older in the pneumococcal vaccination sample with an MDS 3.0 assessment (which may be an OBRA, PPS, or discharge assessment) within the 12-month period.

LTCH CARE Data Set: Patients aged 5 years and older in the pneumococcal vaccination sample with a LTCH CARE Data Set assessment (which may be an admission or discharge assessment) within the 12-month period.

IRF-PAI: Patients aged 5 years and older in the pneumococcal vaccination sample with an IRF-PAI assessment (which includes both admission and discharge assessment data) within the 12-month period. Note: The IRF-PAI data are submitted for Medicare patients only.

Denominator Details

3483: Adult Immunization Status

Adults ages 19 years and older at the start of the measurement period (January 1). The measure calculates a denominator for each vaccine type and a composite denominator.

Denominator 1 (influenza): adults 19 and older by the start of the measurement period.

Denominator 2 (Td/Tdap): adults 19 and older by the start of the measurement period.

Denominator 3 (herpes zoster): adults 50 and older by the start of the measurement period.

Denominator 4 (pneumococcal): adults 66 and older by the start of the measurement period.

Denominator 5 (composite): the total number of immunizations recommended for members, determined by their age at the start of the measurement period, per clinical guideline recommendations (sum of denominators 1-4).

Note: Commercial and Medicaid plans report denominators for members 19–65; Medicare plans report denominators for members 66 and older.

0682: Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

All residents or patients aged 5 years and older who have an assessment during the 12-month period. Specifications for the three provider type assessment tools are listed below:

MDS 3.0 Short-stay residents are defined as residents whose length of stay is less than or equal to 100 days. The short-stay pneumococcal vaccination sample includes residents aged 5 years and older with a target assessment who have (1) a PPS MDS 3.0 assessment (item A0310B= 01,02,03,04,05,06) with assessment reference date (item A2300) during the 12-month *target period; or (2) an OBRA assessment (A0310A=01,02,03,04,05,06) or (3) a discharge MDS 3.0 assessment (item A0310F = 10,11) with discharge date (item A2000) during the 12-month target period.

*According to the MDS 3.0 manual, the target period refers to the span of time that defines the quality measure's reporting period (e.g. a calendar quarter). In any target period, there will likely be multiple assessments.

LTCH CARE Data Set: The pneumococcal vaccination sample includes patients aged 5 years and older who have a LTCH CARE Data Set assessment record with discharge date (A0270) during the 12-month target period.

IRF-PAI: The pneumococcal vaccination sample includes patients aged 5 years and older who have a discharge assessment with discharge date (item 40) during the 12-month target period.

Exclusions

3483: Adult Immunization Status

Adults who received chemotherapy, had a bone marrow transplant or were in hospice during the measurement year or those with a history of immunocompromising conditions.

0682: Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

Residents or patients younger than 5 years old will be excluded from the denominator. Facilities with denominator counts of less than 20 in the sample will be excluded from public reporting owing to small sample size.

Exclusion Details

3483: Adult Immunization Status

Exclude adults with any of the following:

Active chemotherapy any time during the measurement period.

Bone marrow transplant any time during the measurement period.

History of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia & HB-S disease or cerebrospinal fluid leaks any time during the member's history through the end of the measurement period.

In hospice or using hospice services during the measurement period.

See attached code value sets.

0682: Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

Residents or patients younger than 5 years old will be excluded from the denominator.

Risk Adjustment

3483: Adult Immunization Status

No risk adjustment or risk stratification

0682: Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

No risk adjustment or risk stratification

Stratification

3483: Adult Immunization Status

N/A

0682: Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

Specifications for the three provider type assessment tools are listed below:

MDS 3.0: Based on the descriptions of the long-stay and short-stay populations noted above, there are inherent differences in facilities' responsibility for assessing and/or providing vaccines for these distinct populations. For the short-stay population, facilities have less time to assess and/or provide the vaccine than for the long-stay population. As a result, nursing facilities' vaccination rates for post-acute care populations should not be compared with rates for long-term care populations. Separating them recognizes these differences in vaccination rates.

LTCH CARE Data Set: Patients in LTCHs have an average length of stay of 26.2 days. All patients with assessments in the 12-month evaluation period will be included.

IRF-PAI: Patients in IRFs have an average length of stay of 13.1 days. All patients with assessments in the 12-month evaluation period will be included.

Type Score

3483: Adult Immunization Status

Rate/proportion better quality = higher score

0682: Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

Rate/proportion better quality = higher score

Algorithm

3483: Adult Immunization Status

Step 1: Determine the eligible population. Identify all adults ages 19 and older at the start of the measurement period who were continuously enrolled in the plan during the measurement period (January 1-December 31).

Step 2: Remove adults with any of the following exclusions from the eligible population: active chemotherapy during the measurement period; bone marrow transplant during the measurement period; history of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia and HB-S disease or cerebrospinal fluid leaks any time during the member's history through the end of the measurement period; in hospice or using hospice services during the measurement period.

Step 3: Determine denominators 1-5 based on the age of the members at the start of the measurement period:

Commercial and Medicaid plans:

- Denominator 1 (influenza): ages 19-65
- Denominator 2 (Td/Tdap): ages 19-65
- Denominator 3 (herpes zoster): ages 50-65
- Denominator 4 (pneumococcal): N/A
- Denominator 5 (composite): sum of denominators 1-3

Medicare plans:

- Denominator 1 (influenza): ages 66 and older
- Denominator 2 (Td/Tdap): ages 66 and older
- Denominator 3 (herpes zoster): ages 66 and older
- Denominator 4 (pneumococcal): ages 66 and older
- Denominator 5 (composite): sum of denominators 1-4

Step 4: Determine numerators 1-5:

Commercial and Medicaid plans:

- Numerator 1 (influenza): received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.
- Numerator 2 (Td/Tdap): received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination

encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).

-Numerator 3 (herpes zoster): received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

-Numerator 4 (pneumococcal): N/A

-Numerator 5 (composite): sum of numerators 1-3

Medicare plans:

-Numerator 1 (influenza): received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.

-Numerator 2 (Td/Tdap): received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).

-Numerator 3 (herpes zoster): received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

-Numerator 4 (pneumococcal): received both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60, before or during the Measurement Period, or prior pneumococcal vaccine adverse reaction any time before or during the Measurement Period.

-Numerator 5 (composite): sum of numerators 1-4

Step 5: Calculate the measure rates:

-Numerator 1 / Denominator 1

-Numerator 2 / Denominator 2

-Numerator 3 / Denominator 3

-Numerator 4 / Denominator 4 (N/A for commercial and Medicaid plans)

-Numerator 5 / Denominator 5

0682: Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

For each facility, the number of residents or patients meeting the numerator criteria and the number meeting the denominator criteria are counted.

The following numerator components will be computed and reported separately: (1) up-to-date** vaccination status; (2) ineligible due to medical contraindications; and (3) offered and declined.

Specifications for the three provider type assessment tools are listed below:

MDS 3.0: the number of short-stay residents meeting the numerator criteria and the number of residents meeting the denominator criteria are counted. The following numerator components will be computed and reported separately:

1. Up-to-date** vaccine status (O0300A=1)
2. Ineligible due to medical contraindications (O0300B=1)
3. Offered and declined (O0300B=2)

LTCH CARE Data Set*: The number of patients meeting the numerator criteria and the number of patients meeting the denominator criteria are counted. The following numerator components will be computed and reported separately:

1. Up-to-date** vaccine status
2. Ineligible due to medical contraindications
3. Offered and declined

IRF-PAI*: The number of patients meeting the numerator criteria and the number of patients meeting the denominator criteria are counted. The following numerator components will be computed and reported separately:

1. Up-to-date** vaccine status
2. Ineligible due to medical contraindications
3. Offered and declined

**Note that the components of the LTCH CARE Data Set and IRF-PAI have not yet been assigned item numbers but will be assigned item numbers to match the MDS.

**"Up-to-date" vaccination status is defined as a resident or patient who has been vaccinated in accordance with the current CDC vaccination guidelines for pneumococcal disease for his/her age and health status. The current CDC vaccination guidelines for adults and children are available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5934a3.htm>.

Submission items

3483: Adult Immunization Status

- 5.1 Identified measures: 0680 : Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)
- 0683 : Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)
- 0681 : Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)
- 0682 : Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)
- 0041 : Preventive Care and Screening: Influenza Immunization
- 0043 : Pneumococcal Vaccination Status for Older Adults (PNU)
- 0431 : INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

1653 : Pneumococcal Immunization

1659 : Influenza Immunization

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: This measure assesses influenza, Td/Tdap, herpes zoster and pneumococcal vaccination for a general adult population. It is a population-based measure that assesses vaccines provided in the outpatient setting at the health plan level. Most of the other NQF-endorsed vaccination measures focus only on either pneumococcal or influenza vaccination. These measures specifically apply to inpatient populations, residents in long-term care/skilled nursing facilities or healthcare personnel or are specified at the provider-level. Moreover, our proposed measure is specified to use electronic clinical data, while other related measures (e.g., NQF 0039) are specified to use survey data in which patients must recall whether they had received a vaccine.

5b.1 If competing, why superior or rationale for additive value: Our proposed measure is more specific than several of the other adult vaccination measures because it assesses whether health plan members received the appropriate type and doses of vaccines at the right time according to clinical guidelines. Other vaccine measures that require the use of survey data are less specific because they rely on patient recall of whether they had received a vaccine. In addition, our proposed measure combines all recommended routine vaccines in one measure, which provides a more complete picture of routine adult vaccinations at the health plan level.

0682: Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

5.1 Identified measures:

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value: The current measure for Nursing Homes is expanded to additional post-acute care settings (LTCHs and IRFs) and associated addition in the data source (MDS 3.0 will remain the data source of nursing homes, IRF-PAI will be data source for IRFs, and the LTCH CARE Data Set will be data source for LTCHs). The proposed measure is harmonized to the NQF Voluntary Consensus Standards for Influenza and Pneumococcal Immunizations.

No current measure exists for LTCHs and IRFs, so this measure adds distinctive value.

Comparison of NQF 3483 and NQF 0683

3483: Adult Immunization Status

0683: Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

Steward

3483: Adult Immunization Status

National Committee for Quality Assurance

0683: Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

Centers for Medicare & Medicaid Services

Description

3483: Adult Immunization Status

Percentage of adults 19 years of age and older who are up-to-date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.

0683: Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

This measure is based on data from MDS 3.0 assessments of long-stay nursing facility residents. The measure reports the percentage of all long-stay residents 5 years and older who were assessed and appropriately given the Pneumococcal Vaccination as reported on the target MDS assessment (OBRA, PPS or discharge) during the 12-month reporting period. This proposed measure is harmonized with NQF's quality measure on Pneumococcal Immunizations.(1) The MDS 3.0 definitions have been changed to conform to the NQF standard. The NQF used current guidelines from the Advisory Committee on Immunization Practices (ACIP) and others to guide decisions on all parameters for the harmonized measures.(2-10) The recently updated ACIP guidelines remain unchanged relative to their recommendations for pneumonia vaccinations.(12) The NQF standard specifications were harmonized to achieve a uniform approach to measurement across settings and populations, addressing who is included or excluded in the target denominator population, who is included in the numerator population, and time windows for measurement and vaccinations.

Long-stay residents are those residents who have been in the nursing home facility for over 100 days. The measure is restricted to the population with long-term care needs and does not include the short-stay population who are discharged within 100 days of admission.

1. National Quality Forum. National voluntary consensus standards for influenza and pneumococcal immunizations. December 2008. Available from http://www.qualityforum.org/Publications/2008/12/National_Voluntary_Consensus_Standards_for_Influenza_and_Pneumococcal_Immunizations.aspx

2. ACIP. Prevention of pneumococcal disease: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR. Recomm Rep. 1997;46(RR-8):1-24.

Type

3483: Adult Immunization Status

Composite

0683: Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

Process

Data Source

3483: Adult Immunization Status

Claims, Electronic Health Data, Electronic Health Records, Enrollment Data, Management Data, Other, Registry Data This measure is specified for administrative claims, electronic health record, registry, health information exchange or case management data collected in the course of providing care to health plan members. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.

No data collection instrument provided Attachment 3483_AIS_Value_Sets_Fall_2019-637093357011416352.xlsx

0683: Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

Electronic Health Record (Only) The data source or collection instrument is Nursing Home Minimum Data Set 3.0

URL No data dictionary

Level

3483: Adult Immunization Status

Health Plan

0683: Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

Facility

Setting

3483: Adult Immunization Status

Outpatient Services

0683: Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

Nursing Home / SNF

Numerator Statement

3483: Adult Immunization Status

Adults who are up-to-date on influenza, Td or Tdap, herpes zoster and pneumococcal vaccinations based on age and recommendations.

0683: Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

The numerator will be harmonized with other NQF-endorsed measures. Residents are counted if they are long-stay residents defined as residents whose length of stay is greater than 100 days. Residents are included if they are 5 years or older and meet any of the following criteria on the most recent MDS 3.0 assessment which may be an OBRA (A0310A = 01, 02, 03, 04, 05, 06), PPS (A0310B = 01, 02, 03, 04, 05, 06) or discharge assessment (A0310F = 10, 11) during the 12 month reporting period. The following numerator components will be computed and reported separately:

1. Up-to-date vaccine status (O0300A = 01)
2. Ineligible due to medical contraindications (O0300B = 01)
3. Offered and declined vaccine (O0300B = 02)

Numerator Details

3483: Adult Immunization Status

The measure calculates a numerator for each vaccine type and a composite numerator.

Numerator 1 (influenza): adults 19 and older who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.

Numerator 2 (Td/Tdap): adults 19 and older who received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).

Numerator 3 (herpes zoster): adults 50 and older who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

Numerator 4 (pneumococcal): adults 66 and older who received both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60, before or during the Measurement Period, or prior pneumococcal vaccine adverse reaction any time before or during the Measurement Period.

Numerator 5 (composite): The total number of immunizations administered to members across the plan's adult population, per clinical guideline recommendations for the age group (sum of numerators 1-4).

See attached code value sets.

0683: Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

Residents are counted if they are long-stay residents, defined as residents whose length of stay is greater than 100 days. Residents who return to the nursing home following a hospital discharge will not have their stay reset to zero. Long-stay residents are counted if they meet any of the following criteria on the target MDS 3.0 assessment (A0310A = 01, 02, 03, 04, 05, 06); (A0310B = 01, 02, 03, 04, 05, 06) or discharge assessment (A0310F= 10,11) during the 12-month reporting period including those who (1) have an up to date pneumococcal vaccine status (item O0300A = 01); or (2) were offered and declined the vaccine (item O0300B = 02); or (3) were ineligible due to medical contraindication(s) (i.e., anaphylactic hypersensitivity to components of the vaccine, bone marrow transplant within the past 12 months, or receiving a course of chemotherapy within the past 2 weeks) (item O0300B = 01).

Denominator Statement

3483: Adult Immunization Status

Adults ages 19 years and older.

0683: Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

The denominator consists of all long-stay residents 5 years or older in the pneumococcal vaccination sample with an MDS 3.0 target assessment (OBRA, PPS or discharge assessment) during the 12-month reporting period. This measure is based on the NQF's National Voluntary Standards for Influenza and Pneumococcal Immunizations, which include resident refusal and ineligibility in the numerator and denominator.

Denominator Details

3483: Adult Immunization Status

Adults ages 19 years and older at the start of the measurement period (January 1). The measure calculates a denominator for each vaccine type and a composite denominator.

Denominator 1 (influenza): adults 19 and older by the start of the measurement period.

Denominator 2 (Td/Tdap): adults 19 and older by the start of the measurement period.

Denominator 3 (herpes zoster): adults 50 and older by the start of the measurement period.

Denominator 4 (pneumococcal): adults 66 and older by the start of the measurement period.

Denominator 5 (composite): the total number of immunizations recommended for members, determined by their age at the start of the measurement period, per clinical guideline recommendations (sum of denominators 1-4).

Note: Commercial and Medicaid plans report denominators for members 19–65; Medicare plans report denominators for members 66 and older.

0683: Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

Residents are counted if they are long-stay residents and are 5 years or older. Long-stay residents are defined as residents whose length of stay is greater than 100 days. Residents who return to the nursing home following a hospital discharge will not have their day count reset to zero. The denominator includes all long-stay residents who meet the following criteria: (1) the target MDS 3.0 assessment is an OBRA assessment (item A0310A = 01, 02, 03, 04, 05, 06) or a PPS assessment (A0310B = 01, 02, 03, 04, 05, 06.) or a discharge assessment (item A0310F = 10,11) with discharge date (item A2000) during the 12-month target period.

Exclusions

3483: Adult Immunization Status

Adults who received chemotherapy, had a bone marrow transplant or were in hospice during the measurement year or those with a history of immunocompromising conditions.

0683: Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

Residents younger than 5 years are excluded. Facilities with fewer than 30 residents in the sample are excluded from public reporting due to small sample size.

Exclusion Details

3483: Adult Immunization Status

Exclude adults with any of the following:

Active chemotherapy any time during the measurement period.

Bone marrow transplant any time during the measurement period.

History of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia & HB-S disease or cerebrospinal fluid leaks any time during the member's history through the end of the measurement period.

In hospice or using hospice services during the measurement period.

See attached code value sets.

0683: Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

Residents younger than 5 years are excluded. Facilities with fewer than 30 residents in the sample are excluded from public reporting due to small sample size.

Risk Adjustment

3483: Adult Immunization Status

No risk adjustment or risk stratification

0683: Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

No risk adjustment or risk stratification

Stratification

3483: Adult Immunization Status

N/A

0683: Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

This is not applicable.

Type Score

3483: Adult Immunization Status

Rate/proportion better quality = higher score

0683: Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

Ratio

Algorithm

3483: Adult Immunization Status

Step 1: Determine the eligible population. Identify all adults ages 19 and older at the start of the measurement period who were continuously enrolled in the plan during the measurement period (January 1-December 31).

Step 2: Remove adults with any of the following exclusions from the eligible population: active chemotherapy during the measurement period; bone marrow transplant during the measurement period; history of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia and HB-S disease or cerebrospinal fluid leaks any time during the member's history through the end of the measurement period; in hospice or using hospice services during the measurement period.

Step 3: Determine denominators 1-5 based on the age of the members at the start of the measurement period:

Commercial and Medicaid plans:

- Denominator 1 (influenza): ages 19-65
- Denominator 2 (Td/Tdap): ages 19-65
- Denominator 3 (herpes zoster): ages 50-65
- Denominator 4 (pneumococcal): N/A
- Denominator 5 (composite): sum of denominators 1-3

Medicare plans:

- Denominator 1 (influenza): ages 66 and older
- Denominator 2 (Td/Tdap): ages 66 and older
- Denominator 3 (herpes zoster): ages 66 and older
- Denominator 4 (pneumococcal): ages 66 and older
- Denominator 5 (composite): sum of denominators 1-4

Step 4: Determine numerators 1-5:

Commercial and Medicaid plans:

- Numerator 1 (influenza): received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.
- Numerator 2 (Td/Tdap): received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).
- Numerator 3 (herpes zoster): received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

-Numerator 4 (pneumococcal): N/A

-Numerator 5 (composite): sum of numerators 1-3

Medicare plans:

-Numerator 1 (influenza): received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.

-Numerator 2 (Td/Tdap): received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).

-Numerator 3 (herpes zoster): received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

-Numerator 4 (pneumococcal): received both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60, before or during the Measurement Period, or prior pneumococcal vaccine adverse reaction any time before or during the Measurement Period.

-Numerator 5 (composite): sum of numerators 1-4

Step 5: Calculate the measure rates:

-Numerator 1 / Denominator 1

-Numerator 2 / Denominator 2

-Numerator 3 / Denominator 3

-Numerator 4 / Denominator 4 (N/A for commercial and Medicaid plans)

-Numerator 5 / Denominator 5

0683: Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

For each facility, the number of residents meeting the numerator criteria and the number of meeting the denominator criteria are counted. The following numerator components will be computed and reported separately:

1. Up-to-date vaccine status (O0300.A =1)
2. Ineligible due to medical contraindications (O0300.B=1)
3. Offered and declined vaccine (O0300.B =2)

Submission items

3483: Adult Immunization Status

5.1 Identified measures: 0680 : Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

NATIONAL QUALITY FORUM

NQF REVIEW DRAFT—Comments due by May 28 , 2020 by 6:00 PM ET.

0683 : Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

0681 : Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

0682 : Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

0041 : Preventive Care and Screening: Influenza Immunization

0043 : Pneumococcal Vaccination Status for Older Adults (PNU)

0431 : INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

1653 : Pneumococcal Immunization

1659 : Influenza Immunization

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: This measure assesses influenza, Td/Tdap, herpes zoster and pneumococcal vaccination for a general adult population. It is a population-based measure that assesses vaccines provided in the outpatient setting at the health plan level. Most of the other NQF-endorsed vaccination measures focus only on either pneumococcal or influenza vaccination. These measures specifically apply to inpatient populations, residents in long-term care/skilled nursing facilities or healthcare personnel or are specified at the provider-level. Moreover, our proposed measure is specified to use electronic clinical data, while other related measures (e.g., NQF 0039) are specified to use survey data in which patients must recall whether they had received a vaccine.

5b.1 If competing, why superior or rationale for additive value: Our proposed measure is more specific than several of the other adult vaccination measures because it assesses whether health plan members received the appropriate type and doses of vaccines at the right time according to clinical guidelines. Other vaccine measures that require the use of survey data are less specific because they rely on patient recall of whether they had received a vaccine. In addition, our proposed measure combines all recommended routine vaccines in one measure, which provides a more complete picture of routine adult vaccinations at the health plan level.

0683: Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

5.1 Identified measures:

5a.1 Are specs completely harmonized?

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value: Related Measures: This measure replaces National Quality Forum (NQF) #0433 Pneumococcal Vaccination of Nursing Home/ Skilled Nursing Facility Residents.

Comparison of NQF 3483 and NQF 1653

3483: Adult Immunization Status

1653: Pneumococcal Immunization

Steward

3483: Adult Immunization Status

National Committee for Quality Assurance

1653: Pneumococcal Immunization

Centers for Medicare & Medicaid Services

Description

3483: Adult Immunization Status

Percentage of adults 19 years of age and older who are up-to-date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.

1653: Pneumococcal Immunization

Inpatients age 65 years and older and 5-64 years of age who have a high risk condition who are screened for Pneumococcal Vaccine status and vaccinated prior to discharge if indicated.

Type

3483: Adult Immunization Status

Composite

1653: Pneumococcal Immunization

Process

Data Source

3483: Adult Immunization Status

Claims, Electronic Health Data, Electronic Health Records, Enrollment Data, Management Data, Other, Registry Data This measure is specified for administrative claims, electronic health record, registry, health information exchange or case management data collected in the course of providing care to health plan members. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.

No data collection instrument provided Attachment 3483_AIS_Value_Sets_Fall_2019-637093357011416352.xlsx

1653: Pneumococcal Immunization

Claims, Paper Medical Records Patient medical record can be collected using the CMS Abstraction & Reporting Tool (CART).

URL Attachment NQF_IMM_1_Annual_Update_7_2014.xlsx

Level

3483: Adult Immunization Status

Health Plan

1653: Pneumococcal Immunization

Facility, Other, Population : Regional and State

Setting

3483: Adult Immunization Status

Outpatient Services

1653: Pneumococcal Immunization

Inpatient/Hospital

Numerator Statement

3483: Adult Immunization Status

Adults who are up-to-date on influenza, Td or Tdap, herpes zoster and pneumococcal vaccinations based on age and recommendations.

1653: Pneumococcal Immunization

Inpatient discharges who were screened for pneumococcal vaccine status and received pneumococcal vaccine prior to discharge if indicated.

Numerator Details

3483: Adult Immunization Status

The measure calculates a numerator for each vaccine type and a composite numerator.

Numerator 1 (influenza): adults 19 and older who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.

Numerator 2 (Td/Tdap): adults 19 and older who received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).

Numerator 3 (herpes zoster): adults 50 and older who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

Numerator 4 (pneumococcal): adults 66 and older who received both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60, before or during the Measurement Period, or prior pneumococcal vaccine adverse reaction any time before or during the Measurement Period.

Numerator 5 (composite): The total number of immunizations administered to members across the plan's adult population, per clinical guideline recommendations for the age group (sum of numerators 1-4).

See attached code value sets.

1653: Pneumococcal Immunization

The following patients are included in the numerator; Patients who received pneumococcal vaccine during this hospitalization, Patients who receive pneumococcal vaccine anytime in the past, Patients who were offered and declined the pneumococcal vaccine during this hospitalization and Patients who have an allergy/sensitivity to the vaccine or the vaccine is not likely to be effective due to the following; hypersensitivity to component(s) of the vaccine, bone marrow transplants within the past 12 months, receipt of chemotherapy or radiation during this hospitalization or less than 2 weeks prior to this hospitalization or received the shingles vaccine (Zostavax) within the last 4 weeks prior to this hospitalization.

Denominator Statement

3483: Adult Immunization Status

Adults ages 19 years and older.

1653: Pneumococcal Immunization

Inpatient discharges 65 years of age and older and 5-64 years of age who have a high risk condition.

Denominator Details

3483: Adult Immunization Status

Adults ages 19 years and older at the start of the measurement period (January 1). The measure calculates a denominator for each vaccine type and a composite denominator. Denominator 1 (influenza): adults 19 and older by the start of the measurement period. Denominator 2 (Td/Tdap): adults 19 and older by the start of the measurement period. Denominator 3 (herpes zoster): adults 50 and older by the start of the measurement period. Denominator 4 (pneumococcal): adults 66 and older by the start of the measurement period. Denominator 5 (composite): the total number of immunizations recommended for members, determined by their age at the start of the measurement period, per clinical guideline recommendations (sum of denominators 1-4).

Note: Commercial and Medicaid plans report denominators for members 19–65; Medicare plans report denominators for members 66 and older.

1653: Pneumococcal Immunization

All patients 65 years of age and older and 5-64 years of age who have a high risk condition (diabetes, nephrotic syndrome, ESRD, CHF, COPD, HIV or asplenia, (see below for codes) are included in the denominator except the following; patients less than 5 years of age, patients who expire prior to hospital discharge, patients who are pregnant and patients with an organ transplant during the current hospitalization. See attachments of the ICD-9 and ICD-10 tables for the high risk conditions.

The following data elements are needed for the denominator; Admission Date, Birthdate, Discharge Disposition, ICD-9-CM Other Diagnosis Codes, ICD-9-CM Principal Diagnosis Codes (or ICD-10-CM Principal or Other depending).

Exclusions

3483: Adult Immunization Status

Adults who received chemotherapy, had a bone marrow transplant or were in hospice during the measurement year or those with a history of immunocompromising conditions.

1653: Pneumococcal Immunization

Excluded patients consist of the following; Patients who expire prior to hospital discharge, patients with an organ transplant during the current hospitalization, pregnant women, patients who have a length of stay greater than 120 days, patients who are transferred or discharged to another acute care hospital and patients who leave against medical advice (AMA). See attachments of the ICD-9 and ICD-10 tables for transplants and pregnancy.

Exclusion Details

3483: Adult Immunization Status

Exclude adults with any of the following:

Active chemotherapy any time during the measurement period.

Bone marrow transplant any time during the measurement period.

History of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia & HB-S disease or cerebrospinal fluid leaks any time during the member's history through the end of the measurement period.

In hospice or using hospice services during the measurement period.

See attached code value sets.

1653: Pneumococcal Immunization

Excluded patients consist of the following; Patients who expire prior to hospital discharge, patients with an organ transplant during the current hospitalization, patients less than 19 with asthma and that have no other high risk condition, pregnant women, patients who have a length of stay greater than 120 days, patients who are transferred or discharged to another acute care hospital and patients who leave against medical advice (AMA). See attachments of the ICD-9 and ICD-10 tables for Transplants.

Risk Adjustment

3483: Adult Immunization Status

No risk adjustment or risk stratification

1653: Pneumococcal Immunization

No risk adjustment or risk stratification

Stratification

3483: Adult Immunization Status

N/A

1653: Pneumococcal Immunization

IMM-1 is stratified into the following;

IMM-1a (overall rate) Pneumococcal Immunization for Patients 65 years of age and older, and 5-64 years of age who have a high risk condition.

IMM-1b Pneumococcal Immunization 65 years of age and older

IMM-1c Pneumococcal Immunization 5-64 years of age who have a high risk condition
Each of these strata are further stratified via the allowable values which are as follows;

1. Patients who received pneumococcal vaccine during this hospitalization = PASS
2. Patients who receive pneumococcal vaccine anytime in the past = PASS
3. Patients who were offered and declined the pneumococcal vaccine during this hospitalization = PASS
4. Patients who have an allergy/sensitivity to the vaccine or the vaccine is not likely to be effective due to the following; hypersensitivity to component(s) of the vaccine, bone marrow transplants within the past 12 months, receipt of chemotherapy or radiation during this hospitalization or less than 2 weeks prior to this hospitalization or received the shingles vaccine (Zostavax) within the last 4 weeks prior to this hospitalization. = PASS
5. None of the above/Not documented/UTD = FAILURE

Type Score

3483: Adult Immunization Status

Rate/proportion better quality = higher score

1653: Pneumococcal Immunization

Rate/proportion better quality = higher score

Algorithm

3483: Adult Immunization Status

Step 1: Determine the eligible population. Identify all adults ages 19 and older at the start of the measurement period who were continuously enrolled in the plan during the measurement period (January 1-December 31).

Step 2: Remove adults with any of the following exclusions from the eligible population: active chemotherapy during the measurement period; bone marrow transplant during the measurement period; history of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia and HB-S disease or cerebrospinal fluid leaks any time during the member's history through the end of the measurement period; in hospice or using hospice services during the measurement period.

Step 3: Determine denominators 1-5 based on the age of the members at the start of the measurement period:

Commercial and Medicaid plans:

- Denominator 1 (influenza): ages 19-65
- Denominator 2 (Td/Tdap): ages 19-65
- Denominator 3 (herpes zoster): ages 50-65
- Denominator 4 (pneumococcal): N/A
- Denominator 5 (composite): sum of denominators 1-3

Medicare plans:

- Denominator 1 (influenza): ages 66 and older
- Denominator 2 (Td/Tdap): ages 66 and older
- Denominator 3 (herpes zoster): ages 66 and older
- Denominator 4 (pneumococcal): ages 66 and older

-Denominator 5 (composite): sum of denominators 1-4

Step 4: Determine numerators 1-5:

Commercial and Medicaid plans:

-Numerator 1 (influenza): received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.

-Numerator 2 (Td/Tdap): received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).

-Numerator 3 (herpes zoster): received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

-Numerator 4 (pneumococcal): N/A

-Numerator 5 (composite): sum of numerators 1-3

Medicare plans:

-Numerator 1 (influenza): received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.

-Numerator 2 (Td/Tdap): received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).

-Numerator 3 (herpes zoster): received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

-Numerator 4 (pneumococcal): received both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60, before or during the Measurement Period, or prior pneumococcal vaccine adverse reaction any time before or during the Measurement Period.

-Numerator 5 (composite): sum of numerators 1-4

Step 5: Calculate the measure rates:

- Numerator 1 / Denominator 1
- Numerator 2 / Denominator 2
- Numerator 3 / Denominator 3
- Numerator 4 / Denominator 4 (N/A for commercial and Medicaid plans)
- Numerator 5 / Denominator 5

1653: Pneumococcal Immunization

IMM-1a: Pneumococcal Immunization 65 years of age and older, and 5-64 years of age who have a high risk condition—overall rate

IMM-1b: Pneumococcal Immunization for Patients 65 years of age and older

IMM-1c: Pneumococcal Immunization for Patients 5 to 64 years of age with High Risk Conditions

Numerator: Inpatient discharges who were screened for pneumococcal vaccine status and received pneumococcal vaccine prior to discharge, if indicated.

Denominator: Inpatient discharges 65 years of age and older, and 5-64 years of age who have a high risk condition.

Variable Key: Patient Age

Stratification Table:

Measure ID	Stratified Measure Name	Patient Age
IMM-1a	Pneumococcal Immunization-Overall Rate	
IMM-1b	Pneumococcal Immunization for patients 65 years and older = 65 years	
IMM-1c	Pneumococcal Immunization for patient 5-64 years with high risk condition = 5 and < 65	

1. Start processing. Run cases that are included in the Global Initial Patient Population and pass the edits defined in the Transmission Data Processing Flow: Clinical through this measure.
2. Calculate Patient Age. Patient Age, in years, is equal to the Admission Date minus the Birthdate. Use the month and day portion of Admission Date and Birthdate to yield the most accurate age. Only cases with valid Admission Date and Birthdate will pass the critical feedback messages into the measure specific algorithms.
3. Check Patient Age
 - a. If the Patient Age is less than 5 years old, the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Assign the Measure Category to B for IMM-1a and proceed to step 13.
 - b. If the Patient Age is greater than or equal to 5 years old, continue processing and proceed to ICD-9-CM Principal or Other Diagnosis Codes.
4. Check ICD-9-CM Principal or Other Diagnosis Codes
 - a. If at least one of ICD-9-CM Principal or Other Diagnosis Codes is on Table 12.3, the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Assign the Measure Category to B for IMM-1a and proceed to step 13.
 - b. If none of the ICD-9-CM Principal or Other Diagnosis Codes is on Table 12.3, continue processing and proceed to check ICD-9-CM Principal or Other Procedure Codes.
5. Check ICD-9-CM Principal or Other Procedure Codes

- a. If at least one of ICD-9-CM Principal or Other Procedure Codes is on Table 12.10, the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Assign the Measure Category to B for IMM-1a and proceed to step 13.
 - b. If all missing or none of the ICD-9-CM Principal or Other Procedure Codes is on Table 12.10, continue processing and check Discharge Disposition.
6. Check Discharge Disposition
- a. If Discharge Disposition is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. For CMS, stop processing. For The Joint Commission, assign the Measure Category to X for IMM-1a and proceed to step 13.
 - b. If Discharge Disposition equals 4, 6 or 7 the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Assign the Measure Category to B for IMM-1a and proceed to step 13.
 - c. If Discharge Disposition equals 1, 2, 3, 5 or 8, proceed to recheck Patient Age.
7. Recheck Patient Age
- a. If the Patient Age is greater than or equal to 65 years, proceed to step 11 and check Pneumococcal Vaccination Status.
 - b. If the Patient Age is greater than or equal to 5 years and less than 65 years, proceed to recheck ICD-9-CM Principal or Other Diagnosis Codes.
8. Recheck ICD-9-CM Principal or Other Diagnosis Codes
- a. If at least one of ICD-9-CM Principal or Other Diagnosis Codes is on Table 12.1, 12.2, 12.5, 12.6, 12.7, 12.8, or 2.1, proceed to step 11 and check Pneumococcal Vaccination Status.
 - b. If none of the ICD-9-CM Principal or Other Diagnosis Codes is on Table 12.1, 12.2, 12.5, 12.6, 12.7, 12.8, or 2.1, proceed to recheck Patient Age.
9. Recheck Patient Age
- a. If the Patient Age is less than 19 years, the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Assign the Measure Category to B for IMM-1a and proceed to step 13.
 - b. If the Patient Age is greater than or equal to 19 years old, proceed to recheck ICD-9-CM Principal or Other Diagnosis Codes.
10. Recheck ICD-9-CM Principal or Other Diagnosis Codes
- a. If none of the ICD-9-CM Principal or Other Diagnosis Codes is on Table 12.4, the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Assign the Measure Category to B for IMM-1a and proceed to step 13.
 - b. If at least one of ICD-9-CM Principal or Other Diagnosis Codes is on Table 12.4, proceed to check Pneumococcal Vaccination Status.
11. Check Pneumococcal Vaccination Status
- a. If Pneumococcal Vaccination Status is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. For CMS, stop processing. For The Joint Commission, assign the Measure Category to X for IMM-1a and proceed to step 13.
 - b. If Pneumococcal Vaccination Status equals 5, the case will proceed to a Measure Category Assignment of D and will be in the Measure Population. Assign the Measure Category to D for IMM-1a and proceed to step 12.

c. If Pneumococcal Vaccination Status equals 1, 2, 3, or 4, the case will proceed to a Measure Category Assignment of E and will be in the Numerator Population. Assign the Measure Category to E for IMM-1a and proceed to step 12.

12. Initialize the Measure Category Assignment for measures (IMM-1b and IMM-1c) to a Measure Category Assignment of B and proceed to step 14 and Recheck Patient Age.

13. Initialize the Measure Category Assignment measures (IMM-1b and IMM-1c) to a Measure Category Assignment of B. Stop Processing.

14. Recheck Patient Age

a. If the Patient Age is greater than or equal to 65 years, proceed to check Pneumococcal Vaccination Status.

1. If Pneumococcal Vaccination Status equals 5, the case will proceed to a Measure Category Assignment of D and will be in the Measure Population for IMM-1b. Stop Processing.

2. If Pneumococcal Vaccination Status equals 1, 2, 3, or 4, the case will proceed to a Measure Category Assignment of E and will be in the Numerator Population for IMM-1b. Stop processing.

Submission items

3483: Adult Immunization Status

5.1 Identified measures: 0680 : Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

0683 : Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

0681 : Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

0682 : Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

0041 : Preventive Care and Screening: Influenza Immunization

0043 : Pneumococcal Vaccination Status for Older Adults (PNU)

0431 : INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

1653 : Pneumococcal Immunization

1659 : Influenza Immunization

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: This measure assesses influenza, Td/Tdap, herpes zoster and pneumococcal vaccination for a general adult population. It is a population-based measure that assesses vaccines provided in the outpatient setting at the health plan level. Most of the other NQF-endorsed vaccination measures focus only on either pneumococcal or influenza vaccination. These measures specifically apply to inpatient populations, residents in long-term care/skilled nursing facilities or healthcare personnel or are specified at the provider-level. Moreover, our proposed measure is specified to use electronic clinical data, while other related measures (e.g., NQF 0039) are specified to use survey data in which patients must recall whether they had received a vaccine.

5b.1 If competing, why superior or rationale for additive value: Our proposed measure is more specific than several of the other adult vaccination measures because it assesses whether health plan members received the appropriate type and doses of vaccines at the right time according to clinical guidelines. Other vaccine measures that require the use of survey data are less specific because they rely on patient recall of whether they had received a vaccine. In addition, our proposed measure combines all recommended routine vaccines in one measure, which provides a more complete picture of routine adult vaccinations at the health plan level.

1653: Pneumococcal Immunization

5.1 Identified measures:

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: There are some differences in Exclusions and Inclusions specific to the facility, i.e., Nursing Home/Skilled Nursing Facility vs. Acute Care Hospital such as age, pregnancy, organ transplant during hospitalization. There are also some age differences, as there our measure follows the latest ACIP recommendations and some of the others have not yet updated their measures.

5b.1 If competing, why superior or rationale for additive value: The current measure, PN-2, that this measure is expanding upon is the only inpatient measure that looks at pneumococcal vaccination status.

Most of the other measures focus only on patients 65 and older and do not look at patients under 65 with high risk conditions.

Comparison of NQF 3483 and NQF 1659

3483: Adult Immunization Status

1659: Influenza Immunization

Steward

3483: Adult Immunization Status

National Committee for Quality Assurance

1659: Influenza Immunization

Centers for Medicare and Medicaid Services

Description

3483: Adult Immunization Status

Percentage of adults 19 years of age and older who are up-to-date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.

1659: Influenza Immunization

Inpatients age 6 months and older discharged during October, November, December, January, February or March who are screened for influenza vaccine status and vaccinated prior to discharge if indicated.

Type

3483: Adult Immunization Status

Composite

1659: Influenza Immunization

Process

Data Source

3483: Adult Immunization Status

Claims, Electronic Health Data, Electronic Health Records, Enrollment Data, Management Data, Other, Registry Data This measure is specified for administrative claims, electronic health record, registry, health information exchange or case management data collected in the course of providing care to health plan members. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.

No data collection instrument provided Attachment 3483_AIS_Value_Sets_Fall_2019-637093357011416352.xlsx

1659: Influenza Immunization

Claims, Other, Paper Medical Records An electronic data collection tool is made available from vendors or facilities can download the free CMS Abstraction & Reporting Tool (CART). Paper tools for manual abstraction, which are posted on www.QualityNet.org, are also available for the CART tool. These tools are posted on www.QualityNet.org.

Available at measure-specific web page URL identified in S.1 Attachment Appendix_A.Table_12.10_Organ_Transplant_ICD-10__ICD-9_codes.xls

Level

3483: Adult Immunization Status

Health Plan

1659: Influenza Immunization

Facility

Setting

3483: Adult Immunization Status

Outpatient Services

1659: Influenza Immunization

Inpatient/Hospital

Numerator Statement

3483: Adult Immunization Status

Adults who are up-to-date on influenza, Td or Tdap, herpes zoster and pneumococcal vaccinations based on age and recommendations.

1659: Influenza Immunization

Inpatient discharges who were screened for influenza vaccine status and were vaccinated prior to discharge if indicated.

Numerator Details

3483: Adult Immunization Status

The measure calculates a numerator for each vaccine type and a composite numerator.

Numerator 1 (influenza): adults 19 and older who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.

Numerator 2 (Td/Tdap): adults 19 and older who received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).

Numerator 3 (herpes zoster): adults 50 and older who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

Numerator 4 (pneumococcal): adults 66 and older who received both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60, before or during the Measurement Period, or prior pneumococcal vaccine adverse reaction any time before or during the Measurement Period.

Numerator 5 (composite): The total number of immunizations administered to members across the plan's adult population, per clinical guideline recommendations for the age group (sum of numerators 1-4).

See attached code value sets.

1659: Influenza Immunization

The following are included in the numerator:

- Patients who received the influenza vaccine during this inpatient hospitalization
- Patients who received the influenza vaccine during the current year's flu season but prior to the current hospitalization
- Patients who were offered and declined the influenza vaccine
- Patients who have an allergy/sensitivity to the influenza vaccine, anaphylactic latex allergy or anaphylactic allergy to eggs, or for whom the vaccine is not likely to be effective because of bone marrow transplant within the past 6 months, or history of Guillian-Barre Syndrome within 6 weeks after a previous influenza vaccination

Data Elements required for the numerator:

- ICD-10-CM Other Diagnosis Codes
- ICD-10-PCS Other Procedure Codes
- ICD-10-CM Principal Diagnosis Code
- ICD-10-PCS Principal Procedure Code
- Influenza Vaccination Status

Denominator Statement

3483: Adult Immunization Status

Adults ages 19 years and older.

1659: Influenza Immunization

Acute care hospitalized inpatients age 6 months and older discharged during the months of October, November, December, January, February or March.

Denominator Details

3483: Adult Immunization Status

Adults ages 19 years and older at the start of the measurement period (January 1). The measure calculates a denominator for each vaccine type and a composite denominator.

Denominator 1 (influenza): adults 19 and older by the start of the measurement period.

Denominator 2 (Td/Tdap): adults 19 and older by the start of the measurement period.

Denominator 3 (herpes zoster): adults 50 and older by the start of the measurement period.

Denominator 4 (pneumococcal): adults 66 and older by the start of the measurement period.

Denominator 5 (composite): the total number of immunizations recommended for members, determined by their age at the start of the measurement period, per clinical guideline recommendations (sum of denominators 1-4).

Note: Commercial and Medicaid plans report denominators for members 19–65; Medicare plans report denominators for members 66 and older.

1659: Influenza Immunization

Data Elements required for the denominator:

- Admission Date
- Birthdate
- Discharge Date
- Discharge Disposition
- ICD-10-PCS Other Procedure Codes
- ICD-10-PCS Principal Procedure Code

Exclusions

3483: Adult Immunization Status

Adults who received chemotherapy, had a bone marrow transplant or were in hospice during the measurement year or those with a history of immunocompromising conditions.

1659: Influenza Immunization

The following patients are excluded from the denominator:

- Patients less than 6 months of age
- Patients who expire prior to hospital discharge
- Patients with an organ transplant during the current hospitalization (Appendix_A.Table 12.10 Organ Transplant codes.xls)
- Patients for whom vaccination was indicated, but supply had not been received by the hospital due to problems with vaccine production or distribution
- Patients who have a Length of Stay greater than 120 days
- Patients who are transferred or discharged to another acute care hospital
- Patients who leave Against Medical Advice (AMA)

Exclusion Details

3483: Adult Immunization Status

Exclude adults with any of the following:

Active chemotherapy any time during the measurement period.

Bone marrow transplant any time during the measurement period.

History of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia & HB-S disease or cerebrospinal fluid leaks any time during the member's history through the end of the measurement period.

In hospice or using hospice services during the measurement period.

See attached code value sets.

1659: Influenza Immunization

To determine the length of stay, the admission date and discharge date are entered. If the result of the calculation subtracting the admission date from the discharge date is greater than 120 days the patient is excluded from the measure.

The patient's date of birth is entered. If the calculation result of the admission date minus the birth date is less than 6 months the patient is excluded from the measure.

Patients who had an organ transplant during the current hospitalization are excluded based on having an ICD-10 PCS Principal or Other Procedure Code assigned as having occurred during the current hospitalization. If the patient has at least one code from the list on Appendix_A.Table 12.10 Organ Transplant codes.xls assigned for the current hospitalization they are excluded.

Discharge Disposition is a manually abstracted data element. If documentation in the patient's medical record is consistent with the criteria specified in the Discharge Disposition data element for discharge to an acute care facility, patient expired prior to hospital discharge, or the patient left against medical advice the patient is excluded from the measure.

The Influenza Vaccination Status is a manually abstracted data element for the measure. Allowable Value 6 may be selected if there is documentation in the medical record reflecting the hospital has ordered the influenza vaccine but has not yet received it based on problems with vaccine production or distribution. If this value is selected the measure algorithm will exclude the patient from the measure.

Risk Adjustment

3483: Adult Immunization Status

No risk adjustment or risk stratification

1659: Influenza Immunization

No risk adjustment or risk stratification

Stratification

3483: Adult Immunization Status

N/A

1659: Influenza Immunization

Measure is not stratified.

Type Score

3483: Adult Immunization Status

Rate/proportion better quality = higher score

1659: Influenza Immunization

Rate/proportion better quality = higher score

Algorithm

3483: Adult Immunization Status

Step 1: Determine the eligible population. Identify all adults ages 19 and older at the start of the measurement period who were continuously enrolled in the plan during the measurement period (January 1-December 31).

Step 2: Remove adults with any of the following exclusions from the eligible population: active chemotherapy during the measurement period; bone marrow transplant during the measurement period; history of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia and HB-S disease or cerebrospinal fluid leaks any time during the member's history through the end of the measurement period; in hospice or using hospice services during the measurement period.

Step 3: Determine denominators 1-5 based on the age of the members at the start of the measurement period:

Commercial and Medicaid plans:

- Denominator 1 (influenza): ages 19-65
- Denominator 2 (Td/Tdap): ages 19-65
- Denominator 3 (herpes zoster): ages 50-65
- Denominator 4 (pneumococcal): N/A
- Denominator 5 (composite): sum of denominators 1-3

Medicare plans:

- Denominator 1 (influenza): ages 66 and older
- Denominator 2 (Td/Tdap): ages 66 and older
- Denominator 3 (herpes zoster): ages 66 and older
- Denominator 4 (pneumococcal): ages 66 and older
- Denominator 5 (composite): sum of denominators 1-4

Step 4: Determine numerators 1-5:

Commercial and Medicaid plans:

- Numerator 1 (influenza): received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.
- Numerator 2 (Td/Tdap): received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).
- Numerator 3 (herpes zoster): received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.
- Numerator 4 (pneumococcal): N/A
- Numerator 5 (composite): sum of numerators 1-3

Medicare plans:

- Numerator 1 (influenza): received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.
- Numerator 2 (Td/Tdap): received at least one Td or one Tdap vaccine between nine years prior to the measurement period and the end of the measurement period, or with a history of at least one of the following contraindications any time before or during the Measurement Period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its

components, or encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).

-Numerator 3 (herpes zoster): received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the Measurement Period, or who had a prior adverse reaction caused by zoster vaccine or its components any time before or during the Measurement Period.

-Numerator 4 (pneumococcal): received both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60, before or during the Measurement Period, or prior pneumococcal vaccine adverse reaction any time before or during the Measurement Period.

-Numerator 5 (composite): sum of numerators 1-4

Step 5: Calculate the measure rates:

-Numerator 1 / Denominator 1

-Numerator 2 / Denominator 2

-Numerator 3 / Denominator 3

-Numerator 4 / Denominator 4 (N/A for commercial and Medicaid plans)

-Numerator 5 / Denominator 5

1659: Influenza Immunization

Numerator: Inpatient discharges who were screened for Influenza vaccine status and were vaccinated prior to discharge if indicated.

Denominator: Acute care hospitalized inpatients age 6 months and older discharged during October, November, December, January, February or March.

Variable Key: Patient Age

1. Start processing. Run cases that are included in the Global Initial Patient Population and pass the edits defined in the Transmission Data Processing Flow: Clinical through this measure.

2. Calculate Patient Age. Patient Age, in years, is equal to the Admission Date minus the Birthdate. Use the month and day portion of admission date and birthdate to yield the most accurate age. Only cases with valid Admission Date and Birthdate will pass the critical feedback messages into the measure specific algorithms.

3. Check Patient Age

a. If the Patient Age is less than 6 months old, the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Stop processing.

b. If the Patient Age is greater than or equal to 6 months, continue processing and proceed to ICD-10-PCS Principal or Other Procedure Codes.

4. Check ICD-10-PCS Principal or Other Procedure Codes

a. If at least one of ICD-10-PCS Principal or Other Procedure Codes is on Appendix_A.Table 12.10 Organ Transplant codes.xls the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Stop processing.

b. If all of ICD-10-PCS Principal or Other Procedure Codes are missing or none of ICD-10-PCS Principal or Other Procedure Codes is on Appendix_A.Table 12.10 Organ Transplant codes.xls, continue processing and check Discharge Disposition.

5. Check Discharge Disposition

a. If Discharge Disposition equals 4, 6, or 7 the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Stop processing.

b. If Discharge Disposition equals 1, 2, 3, 5, or 8 continue processing and proceed to Discharge Date.

c. If Discharge Disposition is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. Stop processing.

6. Check Discharge Date. Note: 'yyyy' refers to the specific year of discharge.

a. If the Discharge Date is 04-01-yyyy through 09-30-yyyy, the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Stop processing.

b. If the Discharge Date is 10-01-yyyy through 03-31-yyyy, continue processing and proceed to Influenza Vaccination Status.

7. Check Influenza Vaccination Status

a. If Influenza Vaccination Status is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. Stop processing.

b. If Influenza Vaccination Status equals 6, the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Stop processing.

c. If Influenza Vaccination Status equals 1, 2, 3, 4, or 5, continue processing and recheck Influenza Vaccination Status.

8. Recheck Influenza Vaccination Status

a. If Influenza Vaccination Status equals 5, the case will proceed to a Measure Category Assignment of D and will be in the Measure Population. Stop processing.

b. If Influenza Vaccination Status equals 1, 2, 3, or 4 the case will proceed to a Measure Category Assignment of E and will be in the Numerator Population. Stop processing.

Submission items

3483: Adult Immunization Status

5.1 Identified measures: 0680 : Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

0683 : Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

0681 : Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

0682 : Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)

0041 : Preventive Care and Screening: Influenza Immunization

0043 : Pneumococcal Vaccination Status for Older Adults (PNU)

0431 : INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

1653 : Pneumococcal Immunization

1659 : Influenza Immunization

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: This measure assesses influenza, Td/Tdap, herpes zoster and pneumococcal vaccination for a general adult population. It is a population-based measure that assesses vaccines provided in the outpatient setting at the health plan level. Most of the other NQF-endorsed vaccination measures focus only on either pneumococcal or influenza vaccination. These measures specifically apply to inpatient populations, residents in long-term care/skilled nursing facilities or healthcare personnel or are specified at the provider-level. Moreover, our proposed measure is specified to use electronic clinical data, while other related measures (e.g., NQF 0039) are specified to use survey data in which patients must recall whether they had received a vaccine.

5b.1 If competing, why superior or rationale for additive value: Our proposed measure is more specific than several of the other adult vaccination measures because it assesses whether health plan members received the appropriate type and doses of vaccines at the right time according to clinical guidelines. Other vaccine measures that require the use of survey data are less specific because they rely on patient recall of whether they had received a vaccine. In addition, our proposed measure combines all recommended routine vaccines in one measure, which provides a more complete picture of routine adult vaccinations at the health plan level.

1659: Influenza Immunization

5.1 Identified measures: 0680 : Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

0681 : Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

0226 : Influenza Immunization in the ESRD Population (Facility Level)

0038 : Childhood Immunization Status (CIS)

0039 : Flu Vaccinations for Adults Ages 18 and Older

0041 : Preventive Care and Screening: Influenza Immunization

0431 : INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

0522 : Influenza Immunization Received for Current Flu Season (Home Health)

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: Measures focus on different patient populations based on age, health conditions or location (e.g., home health, physician office, short term skilled, long term stay, acute care hospital, etc.). There are some differences in Exclusions and Inclusions specific to the population. These differences are in part based upon procedures that may be performed in an acute care hospital that would not be performed in a skilled setting or physician office setting. Additionally IMM-2 excludes cases in which the vaccine has been ordered but it has not yet been received. We've found in the past that there have been some seasons in which the vaccine became available much later than expected and seasons in which there were shortages. We prefer to exclude these cases if there is documentation in the chart to support either of these scenarios

5b.1 If competing, why superior or rationale for additive value: Multiple measures are justified because they each focus on a different patient population. A single measure could not capture the variability inherent in these different populations.

IMM-2 is the only measure that focuses on patients in the acute care hospital setting.

Comparison of NQF 3484 and NQF 0039

3484: Prenatal Immunization Status

0039: Flu Vaccinations for Adults Ages 18 and Older

Steward

3484: Prenatal Immunization Status

National Committee for Quality Assurance

0039: Flu Vaccinations for Adults Ages 18 and Older

National Committee for Quality Assurance

Description

3484: Prenatal Immunization Status

Percentage of deliveries in the measurement period in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

0039: Flu Vaccinations for Adults Ages 18 and Older

The percentage of adults 18 years of age and older who self-report receiving an influenza vaccine within the measurement period. This measure is collected via the CAHPS 5.0H adults survey for Medicare, Medicaid, and commercial populations. It is reported as two separate rates stratified by age: 18-64 and 65 years of age and older.

Type

3484: Prenatal Immunization Status

Composite

0039: Flu Vaccinations for Adults Ages 18 and Older

Process

Data Source

3484: Prenatal Immunization Status

Claims, Electronic Health Data, Electronic Health Records, Enrollment Data, Management Data, Other, Registry Data This measure is specified for administrative claims, electronic health record, registry, health information exchange or case management data collected in the course of providing care to health plan members. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.

No data collection instrument provided Attachment 3484_PRS_Value_Sets_Fall_2019-637093372926667747.xlsx

0039: Flu Vaccinations for Adults Ages 18 and Older

Instrument-Based Data This survey can be administered by mail, telephone, or internet. It is offered in English and Spanish. Organizations may use their own translation of the survey with approval of NCQA.

Available at measure-specific web page URL identified in S.1 No data dictionary

Level

3484: Prenatal Immunization Status

Health Plan

0039: Flu Vaccinations for Adults Ages 18 and Older

Health Plan, Integrated Delivery System

Setting

3484: Prenatal Immunization Status

Outpatient Services

0039: Flu Vaccinations for Adults Ages 18 and Older

Home Care, Inpatient/Hospital, Outpatient Services, Post-Acute Care

Numerator Statement

3484: Prenatal Immunization Status

Deliveries in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

0039: Flu Vaccinations for Adults Ages 18 and Older

This measure is reported as two rates:

Flu Vaccination for Adults age 18-64 – Respondents to the Medicaid or commercial CAHPS survey who report having received an influenza vaccination since July of the previous year.

Flu Vaccination for Adults age 65+ - Respondents to the Medicare CAHPS survey who report having received an influenza vaccination since July of the previous year.

Numerator Details

3484: Prenatal Immunization Status

Deliveries during the measurement period in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations. Three numerators are reported:

Numerator 1: Deliveries where members received an influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date; or deliveries where members had an influenza virus vaccine adverse reaction any time during or before the Measurement Period.

Numerator 2: Deliveries where members received at least one Tdap vaccine during the pregnancy (including the delivery date); or deliveries where members had an anaphylactic reaction to Tdap or Td vaccine or its components any time during or before the Measurement Period or encephalopathy due to Td or Tdap vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis) any time during or before the Measurement Period.

Numerator 3: Deliveries that met criteria for both Numerator 1 and Numerator 2.
See attached code value sets.

0039: Flu Vaccinations for Adults Ages 18 and Older

Flu Vaccinations for Adults Ages 18-64 – CAHPS respondents answering “yes” to the question: “Have you had either a flu shot or flu spray in the nose since July 1, YYYY?” where YYYY is the measurement year (e.g. 2014 for the survey fielded in 2015). Response Choices: “Yes, No, Don’t know”

Flu Vaccination for Adults Age 65 and Older – CAHPS respondents answering “yes” to the question: “Have you had a flu shot or flu spray since July 1, YYYY?” where YYYY is the measurement year (e.g. 2014 for the survey fielded in 2015). Response Choices: “Yes, No, Don’t know”

Denominator Statement

3484: Prenatal Immunization Status

Deliveries that occurred during the measurement period.

0039: Flu Vaccinations for Adults Ages 18 and Older

Flu Vaccinations for Adults Ages 18-64 – Medicaid and Commercial CAHPS respondents age 18-64

Flu Vaccination for Adults Age 65 and Older – Medicare CAHPS respondents age 65 and older.

Denominator Details

3484: Prenatal Immunization Status

Deliveries that occurred during the measurement period.

Note: women who had multiple deliveries during the measurement period count multiple times.

0039: Flu Vaccinations for Adults Ages 18 and Older

Flu Vaccination for Adults Ages 18-64 - The number of patients age 18-64 who responded “Yes” or “No” to the question “Have you had either a flu shot or flu spray in the nose since July 1, YYYY?”

Flu Vaccination for Adults Age 65 and Older – The number of patients age 65 and older who responded “Yes” or “No” to the question, “Have you had a flu shot or flu spray in the nose since July 1, YYYY?”

Exclusions

3484: Prenatal Immunization Status

Deliveries that occurred at less than 37 weeks gestation.

Deliveries in which women were in hospice during the measurement period.

0039: Flu Vaccinations for Adults Ages 18 and Older

N/A

Exclusion Details

3484: Prenatal Immunization Status

Exclude deliveries that occurred at 37 weeks of gestation or less.

Exclude deliveries where the woman was in hospice or using hospice services during the measurement period.

See attached code value sets.

0039: Flu Vaccinations for Adults Ages 18 and Older

N/A

Risk Adjustment

3484: Prenatal Immunization Status

No risk adjustment or risk stratification

0039: Flu Vaccinations for Adults Ages 18 and Older

No risk adjustment or risk stratification

Stratification

3484: Prenatal Immunization Status

Not applicable.

0039: Flu Vaccinations for Adults Ages 18 and Older

N/A

Type Score

3484: Prenatal Immunization Status

Rate/proportion better quality = higher score

0039: Flu Vaccinations for Adults Ages 18 and Older

Rate/proportion better quality = higher score

Algorithm

3484: Prenatal Immunization Status

Step 1: Determine the eligible population. Identify all deliveries during the measurement period (January 1 – December 31) in which the patient was continuously enrolled from 28 days prior to delivery through the delivery date.

Step 2: Determine the denominator by excluding deliveries that occurred at less than 37 gestational weeks or where women were in hospice or using hospice services during the measurement period.

Step 3: Determine the numerators:

-Numerator 1: deliveries where members received an influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date; or deliveries where members had an influenza virus vaccine adverse reaction any time during or before the Measurement Period.

-Numerator 2: Deliveries where members received at least one Tdap vaccine during the pregnancy (including the delivery date); or deliveries where members had an anaphylactic reaction to Tdap or Td vaccine or its components any time during or before the

Measurement Period or encephalopathy due to Td or Tdap vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis) any time during or before the Measurement Period.

-Numerator 3: Deliveries in which criteria was met for both Numerator 1 and Numerator 2.

Step 4: Calculate three measure rates:

-Numerator 1 / Denominator

-Numerator 2 / Denominator

-Numerator 3 / Denominator

0039: Flu Vaccinations for Adults Ages 18 and Older

Flu Vaccination for Adults Ages 18-64

Step 1) Identify the eligible population of Medicaid and Commercial CAHPS respondents

Step 2) Identify the denominator: Adults age 18-64 as of July 1 of the measurement year who responded “yes” or “no” to the question “Have you had either a flu shot or flu spray in the nose since July 1, YYYY?” Respondents who answer “don’t know” or have a missing response are not included in the denominator.

Step 3) Identify the numerator: Adults in the denominator who answer “yes” to the question.

Step 4) Calculate the rate as numerator/denominator

Flu Vaccination for Adults Age 65 and Older

Step 1) Identify the eligible population of Medicare CAHPS respondents

Step 2) Identify the denominator: Adults age 65 as of July 1 of the measurement year who responded “yes” or “no” to the question “Have you had a flu shot or flu spray in the nose since July 1, YYYY?” Respondents who answer “don’t know” or have a missing response are not included in the denominator.

Step 3) Identify the numerator: Adults in the denominator who answer “yes” to the question.

Step 4) Calculate the rate as numerator/denominator

Submission items

3484: Prenatal Immunization Status

5.1 Identified measures: 0680 : Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

0681 : Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

0039 : Flu Vaccinations for Adults Ages 18 and Older

0041 : Preventive Care and Screening: Influenza Immunization

0431 : INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

1659 : Influenza Immunization

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: This measure specifically assesses immunizations administered during prenatal care. Other related measures assess broader populations and older adults, and do not provide information about the quality of care provided to pregnant women.

5b.1 If competing, why superior or rationale for additive value: Not applicable.

0039: Flu Vaccinations for Adults Ages 18 and Older

5.1 Identified measures: 0680 : Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

0681 : Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

0226 : Influenza Immunization in the ESRD Population (Facility Level)

0227 : Influenza Immunization

0041 : Preventive Care and Screening: Influenza Immunization

0431 : INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

0522 : Influenza Immunization Received for Current Flu Season (Home Health)

1659 : Influenza Immunization

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: Measure 0039 is the only measure collected through patient survey. This measure is collected through the CAHPS 5.0 Adult Survey. We specify collecting this measure through a survey because many adult flu vaccinations are given outside of the traditional medical setting (e.g. at work or in retail flu clinics) and are therefore less likely to be documented in a medical record or claim.

5b.1 If competing, why superior or rationale for additive value: NCQA views these measures as complementary to each other; each supporting the goal of protecting the individual and the population from active influenza viruses.

Comparison of NQF 3484 and NQF 0041

3484: Prenatal Immunization Status

0041e: Preventive Care and Screening: Influenza Immunization

Steward

3484: Prenatal Immunization Status

National Committee for Quality Assurance

0041e: Preventive Care and Screening: Influenza Immunization

PCPI

Description

3484: Prenatal Immunization Status

Percentage of deliveries in the measurement period in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

0041e: Preventive Care and Screening: Influenza Immunization

Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization

Type

3484: Prenatal Immunization Status

Composite

0041e: Preventive Care and Screening: Influenza Immunization

Process

Data Source

3484: Prenatal Immunization Status

Claims, Electronic Health Data, Electronic Health Records, Enrollment Data, Management Data, Other, Registry Data This measure is specified for administrative claims, electronic health record, registry, health information exchange or case management data collected in the course of providing care to health plan members. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.

No data collection instrument provided Attachment 3484_PRS_Value_Sets_Fall_2019-637093372926667747.xlsx

0041e: Preventive Care and Screening: Influenza Immunization

Electronic Health Records Not applicable

No data collection instrument provided Attachment Influenza_Immunization_Value_Sets_05102019.xlsx

Level

3484: Prenatal Immunization Status

Health Plan

0041e: Preventive Care and Screening: Influenza Immunization

Clinician : Group/Practice, Clinician : Individual

Setting

3484: Prenatal Immunization Status

Outpatient Services

0041e: Preventive Care and Screening: Influenza Immunization

Home Care, Other, Outpatient Services, Post-Acute Care Domiciliary

Numerator Statement

3484: Prenatal Immunization Status

Deliveries in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

0041e: Preventive Care and Screening: Influenza Immunization

Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization

Numerator Details

3484: Prenatal Immunization Status

Deliveries during the measurement period in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations. Three numerators are reported:

Numerator 1: Deliveries where members received an influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date; or deliveries where members had an influenza virus vaccine adverse reaction any time during or before the Measurement Period.

Numerator 2: Deliveries where members received at least one Tdap vaccine during the pregnancy (including the delivery date); or deliveries where members had an anaphylactic reaction to Tdap or Td vaccine or its components any time during or before the Measurement Period or encephalopathy due to Td or Tdap vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis) any time during or before the Measurement Period.

Numerator 3: Deliveries that met criteria for both Numerator 1 and Numerator 2.

See attached code value sets.

0041e: Preventive Care and Screening: Influenza Immunization

Time Period for Data Collection:

At least once during the measurement period

NUMERATOR DEFINITION:

Previous Receipt - receipt of the current season's influenza immunization from another provider OR from same provider prior to the visit to which the measure is applied (typically, prior vaccination would include influenza vaccine given since August 1st)

NUMERATOR GUIDANCE:

As a result of updated CDC/ACIP guidelines which include the interim recommendation that live attenuated influenza vaccine (LAIV) should not be used due to low effectiveness against influenza A(H1N1)pdm09 in the United States during the 2013-14 and 2015-16 seasons, the measure specifications have been updated and no longer include LAIV or intranasal flu vaccine as an option for numerator eligibility.

HQMF eCQM developed and is included in this submission.

Denominator Statement

3484: Prenatal Immunization Status

Deliveries that occurred during the measurement period.

0041e: Preventive Care and Screening: Influenza Immunization

All patients aged 6 months and older seen for a visit between October 1 and March 31

Denominator Details

3484: Prenatal Immunization Status

Deliveries that occurred during the measurement period.

Note: women who had multiple deliveries during the measurement period count multiple times.

0041e: Preventive Care and Screening: Influenza Immunization

Time Period for Data Collection: 12 consecutive months

DENOMINATOR GUIDANCE:

The timeframe for the visit during the "Encounter, Performed": "Encounter-Influenza" or "Procedure, Performed": "Peritoneal Dialysis" or "Procedure, Performed": "Hemodialysis" in the Population Criteria-Denominator, refers to the influenza season defined by the measure: October through March (October 1 for the year prior to the start of the reporting period through March 31 during the reporting period). The "Encounter-Influenza" Grouping OID detailed in the data criteria section below is comprised of several individual OIDs of different encounter types. The individual OIDs are included in the value set and should be reviewed to determine that an applicable visit occurred during the timeframe for "Encounter, Performed": "Encounter-Influenza" as specified in the denominator.

To enable reporting of this measure at the close of the reporting period, this measure will only assess the influenza season that ends in March of the reporting period. The subsequent influenza season (ending March of the following year) will be measured and reported in the following year.

HQMF eCQM developed and is included in this submission.

Exclusions

3484: Prenatal Immunization Status

Deliveries that occurred at less than 37 weeks gestation.

Deliveries in which women were in hospice during the measurement period.

0041e: Preventive Care and Screening: Influenza Immunization

Documentation of medical reason(s) for not receiving influenza immunization (e.g., patient allergy, other medical reasons)

Documentation of patient reason(s) for not receiving influenza immunization (e.g., patient declined, other patient reasons)

Documentation of system reason(s) for not receiving influenza immunization (e.g., vaccine not available, other system reasons)

Exclusion Details

3484: Prenatal Immunization Status

Exclude deliveries that occurred at 37 weeks of gestation or less.

Exclude deliveries where the woman was in hospice or using hospice services during the measurement period.

See attached code value sets.

0041e: Preventive Care and Screening: Influenza Immunization

Time Period for Data Collection: at the time of the denominator eligible encounter

The PCPI distinguishes between denominator exceptions and denominator exclusions.

Denominator exclusions arise when the clinical action indicated in the numerator is not appropriate for a particular group of patients who otherwise meet the denominator criteria. These are absolute and would be removed from the denominator of a measure in order to determine the eligible population.

Denominator exceptions are used to remove a patient from the denominator when the patient does not receive the action(s) required in the numerator AND that action(s) would not be appropriate due to a patient-specific reason(s). The patient would otherwise meet the denominator criteria. Exceptions are not absolute and are based on provider judgment or individual patient characteristics or preferences. The PCPI methodology includes two categories of exceptions for which a patient may be removed from the denominator of an individual measure: 1) medical OR 2) patient or non-medical reasons. These exception categories are not uniformly relevant across all measures. The denominator exception language may include specific examples of instances that may constitute an exception, which are intended to serve as a guide to providers. Where examples of exceptions are included in the measure language, value sets for these examples are developed and are included in the eCQM.

Although this methodology does not require the external reporting of more detailed exception data, the PCPI recommends that providers document the specific reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. The PCPI also advocates the systematic review and analysis of each provider's exceptions data to identify practice patterns and opportunities for quality improvement.

Additional details: This measure includes denominator exceptions.

HQMF eCQM developed and is attached to this submission in fields S.2a and S.2b.

Risk Adjustment

3484: Prenatal Immunization Status

No risk adjustment or risk stratification

0041e: Preventive Care and Screening: Influenza Immunization

No risk adjustment or risk stratification

Stratification

3484: Prenatal Immunization Status

Not applicable.

0041e: Preventive Care and Screening: Influenza Immunization

Consistent with CMS' Measures Management System Blueprint and recent national recommendations put forth by the IOM and NQF to standardize the collection of race and ethnicity data, we encourage the results of this measure to be stratified by race, ethnicity, administrative sex, and payer and have included these variables as recommended data elements to be collected.

Type Score

3484: Prenatal Immunization Status

Rate/proportion better quality = higher score

0041e: Preventive Care and Screening: Influenza Immunization

Rate/proportion better quality = higher score

Algorithm

3484: Prenatal Immunization Status

Step 1: Determine the eligible population. Identify all deliveries during the measurement period (January 1 – December 31) in which the patient was continuously enrolled from 28 days prior to delivery through the delivery date.

Step 2: Determine the denominator by excluding deliveries that occurred at less than 37 gestational weeks or where women were in hospice or using hospice services during the measurement period.

Step 3: Determine the numerators:

-Numerator 1: deliveries where members received an influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date; or deliveries where members had an influenza virus vaccine adverse reaction any time during or before the Measurement Period.

-Numerator 2: Deliveries where members received at least one Tdap vaccine during the pregnancy (including the delivery date); or deliveries where members had an anaphylactic reaction to Tdap or Td vaccine or its components any time during or before the Measurement Period or encephalopathy due to Td or Tdap vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis) any time during or before the Measurement Period.

-Numerator 3: Deliveries in which criteria was met for both Numerator 1 and Numerator 2.

Step 4: Calculate three measure rates:

-Numerator 1 / Denominator

-Numerator 2 / Denominator

-Numerator 3 / Denominator

0041e: Preventive Care and Screening: Influenza Immunization

Calculating the performance rate:

1. Define the initial population. The initial population is identified through a common set of characteristics that define the overall group of patients – or other unit of measurement – targeted for evaluation
2. Define the denominator by identifying the subset of the initial population that meets the denominator criteria. Note: in some cases, the initial population and denominator are identical
3. Determine the numerator by identifying the subset of the denominator that meets the numerator criteria
4. From the patients who did not meet the numerator criteria, determine if the provider has documented whether each patient represents an exception. Subtract from the denominator those patients that meet the conditions for a denominator exception; although the exception cases are removed from the denominator for the measure calculation, the exception rate (i.e., percentage of patients with valid exceptions) should be calculated and reported along with performance rates to highlight variations in care
5. Calculate the performance rate

A patient not meeting the numerator criteria and without a valid and documented exception represents a quality failure.

Submission items

3484: Prenatal Immunization Status

- 5.1 Identified measures: 0680 : Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)
- 0681 : Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)
- 0039 : Flu Vaccinations for Adults Ages 18 and Older
- 0041 : Preventive Care and Screening: Influenza Immunization
- 0431 : INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL
- 1659 : Influenza Immunization
- 5a.1 Are specs completely harmonized? No
- 5a.2 If not completely harmonized, identify difference, rationale, impact: This measure specifically assesses immunizations administered during prenatal care. Other related measures assess broader populations and older adults, and do not provide information about the quality of care provided to pregnant women.
- 5b.1 If competing, why superior or rationale for additive value: Not applicable.

0041e: Preventive Care and Screening: Influenza Immunization

- 5.1 Identified measures: 0680 : Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)
- 0681 : Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)
- 0226 : Influenza Immunization in the ESRD Population (Facility Level)
- 0039 : Flu Vaccinations for Adults Ages 18 and Older

0431 : INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

0522 : Influenza Immunization Received for Current Flu Season (Home Health)

1659 : Influenza Immunization

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: Related measures have differing target populations from measure 0041 Preventive Care and Screening: Influenza Immunization. Measure #0041 is intended to evaluate adherence to the current recommendations of the Advisory Committee on Immunization Practices for all persons aged ≥ 6 months who do not have contraindications. Measure #0039 - Flu Vaccinations for Adults ages 18 and Older focuses on the self-reported receipt of influenza vaccination among adults using the CAHPS survey. Measure #0226 – Influenza Immunization in the ESRD Population is a facility level measure focused on influenza vaccination among end stage renal disease (ESRD) patients receiving hemodialysis or peritoneal dialysis. Measure #0431 - Influenza Vaccination Coverage Among Healthcare Personnel focuses on influenza vaccination among healthcare workers. Measure #0522 Influenza Immunization Received for Current Flu Season (Home Health) evaluates influenza immunization during home health episodes of care. Measure # 0680 Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (short stay) applies to patients of Inpatient Rehabilitation Facilities and Long-Term Care Hospitals, and to short-stay nursing home residents. Measure #0681 - Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (long stay) assess influenza vaccination among long-stay nursing facility residents. Measure #1659 Influenza Immunization is limited to the assessment of influenza vaccination upon discharge from the inpatient setting.

5b.1 If competing, why superior or rationale for additive value:

Comparison of NQF 3484 and NQF 0431

3484: Prenatal Immunization Status

0431: Influenza Vaccination Coverage Among Healthcare Personnel

Steward

3484: Prenatal Immunization Status

National Committee for Quality Assurance

0431: Influenza Vaccination Coverage Among Healthcare Personnel

Centers for Disease Control and Prevention

Description

3484: Prenatal Immunization Status

Percentage of deliveries in the measurement period in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

0431: Influenza Vaccination Coverage Among Healthcare Personnel

Percentage of healthcare personnel (HCP) who receive the influenza vaccination.

Type

3484: Prenatal Immunization Status

Composite

0431: Influenza Vaccination Coverage Among Healthcare Personnel

Process

Data Source

3484: Prenatal Immunization Status

Claims, Electronic Health Data, Electronic Health Records, Enrollment Data, Management Data, Other, Registry Data This measure is specified for administrative claims, electronic health record, registry, health information exchange or case management data collected in the course of providing care to health plan members. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.

No data collection instrument provided Attachment 3484_PRS_Value_Sets_Fall_2019-637093372926667747.xlsx

0431: Influenza Vaccination Coverage Among Healthcare Personnel

Electronic Health Records, Instrument-Based Data, Management Data, Other, Paper Medical Records Data sources for required data elements include management/personnel data, medical or occupational health records, vaccination record documents, HCP self-reporting in writing (paper or electronic) that vaccination was received elsewhere, HCP providing documentation of receipt of vaccine elsewhere, verbal or written declination by HCP, and verbal or written documentation of medical contraindications.

Available at measure-specific web page URL identified in S.1 Attachment HCP Flu Data Dictionary-635049906022226964.docx

Level

3484: Prenatal Immunization Status

Health Plan

0431: Influenza Vaccination Coverage Among Healthcare Personnel

Facility

Setting

3484: Prenatal Immunization Status

Outpatient Services

0431: Influenza Vaccination Coverage Among Healthcare Personnel

Inpatient/Hospital, Outpatient Services, Post-Acute Care

Numerator Statement

3484: Prenatal Immunization Status

Deliveries in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

0431: Influenza Vaccination Coverage Among Healthcare Personnel

HCP in the denominator population who during the time from October 1 (or when the vaccine became available) through March 31 of the following year:

- (a) received an influenza vaccination administered at the healthcare facility, or reported in writing (paper or electronic) or provided documentation that influenza vaccination was received elsewhere; or
- (b) were determined to have a medical contraindication/condition of severe allergic reaction to eggs or to other component(s) of the vaccine, or history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination; or
- (c) declined influenza vaccination

Each of the three submeasure numerators described above will be calculated and reported separately, alongside the overall numerator calculated as the aggregate of the three submeasure numerators.

Numerator Details

3484: Prenatal Immunization Status

Deliveries during the measurement period in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations. Three numerators are reported:

Numerator 1: Deliveries where members received an influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date; or deliveries where members had an influenza virus vaccine adverse reaction any time during or before the Measurement Period.

Numerator 2: Deliveries where members received at least one Tdap vaccine during the pregnancy (including the delivery date); or deliveries where members had an anaphylactic reaction to Tdap or Td vaccine or its components any time during or before the Measurement Period or encephalopathy due to Td or Tdap vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis) any time during or before the Measurement Period.

Numerator 3: Deliveries that met criteria for both Numerator 1 and Numerator 2.
See attached code value sets.

0431: Influenza Vaccination Coverage Among Healthcare Personnel

1. Persons who declined vaccination because of conditions other than those specified in the 2nd numerator category above should be categorized as declined vaccination.
2. Persons who declined vaccination and did not provide any other information should be categorized as declined vaccination.
3. Persons who did not receive vaccination because of religious or philosophical exemptions should be categorized as declined vaccination.
4. Persons who deferred vaccination all season should be categorized as declined vaccination.

Denominator Statement

3484: Prenatal Immunization Status

Deliveries that occurred during the measurement period.

0431: Influenza Vaccination Coverage Among Healthcare Personnel

Number of HCP in groups(a)-(c) below who are working in the healthcare facility for at least 1 working day between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact.

Denominator is reported in the aggregate; rates for each HCP group may be calculated separately for facility-level quality improvement purposes:

(a) Employees: all persons who receive a direct paycheck from the reporting facility (i.e., on the facility's payroll).

(b) Licensed independent practitioners: include physicians (MD, DO), advanced practice nurses, and physician assistants only who are affiliated with the reporting facility who do not receive a direct paycheck from the reporting facility.

(c) Adult students/trainees and volunteers: include all students/trainees and volunteers aged 18 or over who do not receive a direct paycheck from the reporting facility.

Denominator Details

3484: Prenatal Immunization Status

Deliveries that occurred during the measurement period.

Note: women who had multiple deliveries during the measurement period count multiple times.

0431: Influenza Vaccination Coverage Among Healthcare Personnel

1. Include all HCP in each of the denominator categories who have worked at the facility between October 1 and March 31 for at least 1 working day. This includes persons who joined after October 1 or who left before March 31, or who were on extended leave during part of the reporting period. Working for any number of hours in a day should be counted as a working day.

2. Include both full-time and part-time personnel. If a person works in two or more facilities, each facility should include the person in their denominator.

3. Count persons as individuals rather than full-time equivalents.

4. Licensed practitioners who receive a direct paycheck from the reporting facility, or who are owners of the reporting facility, should be counted as employees.

Exclusions

3484: Prenatal Immunization Status

Deliveries that occurred at less than 37 weeks gestation.

Deliveries in which women were in hospice during the measurement period.

0431: Influenza Vaccination Coverage Among Healthcare Personnel

None.

Exclusion Details

3484: Prenatal Immunization Status

Exclude deliveries that occurred at 37 weeks of gestation or less.

Exclude deliveries where the woman was in hospice or using hospice services during the measurement period.

See attached code value sets.

0431: Influenza Vaccination Coverage Among Healthcare Personnel

Not applicable.

Risk Adjustment

3484: Prenatal Immunization Status

No risk adjustment or risk stratification

0431: Influenza Vaccination Coverage Among Healthcare Personnel

No risk adjustment or risk stratification

Stratification

3484: Prenatal Immunization Status

Not applicable.

0431: Influenza Vaccination Coverage Among Healthcare Personnel

The measure should be calculated separately for each denominator group of healthcare personnel: employees; licensed independent practitioners; and adult students/trainees and volunteers. Definitions for these groups are as follows:

(a) Employees: all persons who receive a direct paycheck from the reporting facility (i.e., on the facility's payroll).

(b) Licensed independent practitioners: physicians (MD, DO), advanced practice nurses, and physician assistants who are affiliated with the reporting facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Post-residency fellows are also included in this category if they are not on the facility's payroll.

(c) Adult students/trainees and volunteers: medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact.

Type Score

3484: Prenatal Immunization Status

Rate/proportion better quality = higher score

0431: Influenza Vaccination Coverage Among Healthcare Personnel

Rate/proportion better quality = higher score

Algorithm

3484: Prenatal Immunization Status

Step 1: Determine the eligible population. Identify all deliveries during the measurement period (January 1 – December 31) in which the patient was continuously enrolled from 28 days prior to delivery through the delivery date.

Step 2: Determine the denominator by excluding deliveries that occurred at less than 37 gestational weeks or where women were in hospice or using hospice services during the measurement period.

Step 3: Determine the numerators:

-Numerator 1: deliveries where members received an influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date; or deliveries where members had an influenza virus vaccine adverse reaction any time during or before the Measurement Period.

-Numerator 2: Deliveries where members received at least one Tdap vaccine during the pregnancy (including the delivery date); or deliveries where members had an anaphylactic reaction to Tdap or Td vaccine or its components any time during or before the Measurement Period or encephalopathy due to Td or Tdap vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis) any time during or before the Measurement Period.

-Numerator 3: Deliveries in which criteria was met for both Numerator 1 and Numerator 2.

Step 4: Calculate three measure rates:

-Numerator 1 / Denominator

-Numerator 2 / Denominator

-Numerator 3 / Denominator

0431: Influenza Vaccination Coverage Among Healthcare Personnel

Among each of the denominator groups, the measure may be calculated by dividing the number of HCP in the first numerator category (i.e., received an influenza vaccination) by the number of HCP in that denominator group, and multiplying by 100 to produce a vaccination rate expressed as a percentage of all HCP in the denominator group. Rates of medical contraindications, declinations, and unknown vaccination status can be calculated similarly using the second, third, and fourth numerator categories, respectively.

As noted above, numerator categories should not be summed; each numerator status should be calculated and reported separately.

Submission items

3484: Prenatal Immunization Status

5.1 Identified measures: 0680 : Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

0681 : Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

0039 : Flu Vaccinations for Adults Ages 18 and Older

0041 : Preventive Care and Screening: Influenza Immunization

0431 : INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

1659 : Influenza Immunization

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: This measure specifically assesses immunizations administered during prenatal care. Other related measures assess broader populations and older adults, and do not provide information about the quality of care provided to pregnant women.

5b.1 If competing, why superior or rationale for additive value: Not applicable.

0431: Influenza Vaccination Coverage Among Healthcare Personnel

5.1 Identified measures:

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value: Not applicable.

Comparison of NQF 3484 and NQF 0680

3484: Prenatal Immunization Status

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Steward

3484: Prenatal Immunization Status

National Committee for Quality Assurance

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Centers for Medicare & Medicaid Services

Description

3484: Prenatal Immunization Status

Percentage of deliveries in the measurement period in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

The measure reports the percentage of short-stay residents who were assessed and appropriately given the influenza vaccine during the most recent influenza season. The influenza vaccination season (IVS) is defined as beginning on October 1, or when the vaccine first becomes available*, and ends on March 31 of the following year. This measure is based on the NQF's National Voluntary Standards for Influenza and Pneumococcal Immunizations.

The measure is the aggregate of three separately calculated submeasures to reflect the process by which a resident is assessed and appropriately given the influenza vaccination during the current or most recent influenza season.

The three submeasures are as follows:

- Percent of residents who received the seasonal influenza vaccine (Short Stay) (NQF #0680a);
- Percent of residents who were offered and declined the seasonal influenza vaccine (Short Stay) (NQF #0680b);
- Percent of residents who did not receive, due to medical contraindication, the seasonal influenza vaccine (Short Stay) (NQF #0680c).

*Note: While the IVS officially begins when the vaccine becomes available, which may be before October 1, the denominator time window for the quality measure and references to the IVS for the denominator specification is from October 1 to March 31 of the following year. The numerator time window and references to the IVS in the numerator

specifications may include residents who were assessed and offered the vaccine before October 1. This is based on how the influenza items were coded by the facility.

The denominator consists of short-stay residents, 180 days of age or older on the target date of assessment, who were in the facility for at least one day during the most recently-completed IVS. The measure is based on data from the Minimum Data Set (MDS) assessments of nursing home residents.

The measure is limited to short-stay residents, identified as residents who have had 100 or fewer days of nursing home care.

Type

3484: Prenatal Immunization Status

Composite

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Process

Data Source

3484: Prenatal Immunization Status

Claims, Electronic Health Data, Electronic Health Records, Enrollment Data, Management Data, Other, Registry Data This measure is specified for administrative claims, electronic health record, registry, health information exchange or case management data collected in the course of providing care to health plan members. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.

No data collection instrument provided Attachment 3484_PRS_Value_Sets_Fall_2019-637093372926667747.xlsx

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Assessment Data Nursing Home Minimum Data Set 3.0, Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI), LTCH Continuity Assessment Record & Evaluation (Care) Data Set

Available at measure-specific web page URL identified in S.1 No data dictionary

Level

3484: Prenatal Immunization Status

Health Plan

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Facility

Setting

3484: Prenatal Immunization Status

Outpatient Services

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Other Nursing Home Care

Numerator Statement

3484: Prenatal Immunization Status

Deliveries in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

The numerator for the overall measure (NQF #0680) is the number of residents in the denominator sample who, during the numerator time window, meet any one of the following criteria: (1) those who received the seasonal influenza vaccine during the most recently-completed influenza season, either in the facility or outside the facility (NQF #0680a); (2) those who were offered and declined the seasonal influenza vaccine (NQF #0680b); or (3) those who were ineligible due to medical contraindication(s) (NQF #0680c). The numerator time window coincides with the most recently-completed seasonal IVS which begins on October 1 and ends on March 31 of the following year.

Each of the three submeasure numerators described above will be computed and reportedly separately, alongside the overall numerator calculated as the aggregate of the three submeasure numerators.

Numerator Details

3484: Prenatal Immunization Status

Deliveries during the measurement period in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations. Three numerators are reported:

Numerator 1: Deliveries where members received an influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date; or deliveries where members had an influenza virus vaccine adverse reaction any time during or before the Measurement Period.

Numerator 2: Deliveries where members received at least one Tdap vaccine during the pregnancy (including the delivery date); or deliveries where members had an anaphylactic reaction to Tdap or Td vaccine or its components any time during or before the Measurement Period or encephalopathy due to Td or Tdap vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis) any time during or before the Measurement Period.

Numerator 3: Deliveries that met criteria for both Numerator 1 and Numerator 2.

See attached code value sets.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

The numerator for the overall measure (NQF #0680) includes all short-stay residents in the denominator sample who, during the numerator time window, meet one of three criteria: (1) received the seasonal influenza vaccine during the most recent influenza season, either

inside or outside the facility, (2) were offered and declined the vaccine, or (3) were ineligible due to medical contraindication(s).

The numerator components are also computed and reported separately as a submeasure.

Residents are counted if they are short-stay residents, defined as residents whose length of stay is less than or equal to 100 days. Short-stay residents are included in the numerator for the overall measure (NQF #0680) if they meet any of the following criteria during the numerator time window: (1) received the influenza vaccine during the most recent influenza vaccine season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]) (also computed and reported separately as a submeasure); or (2) offered and declined the influenza vaccine (O0250C = [4]) (also computed and reported separately as a submeasure); or (3) ineligible due to medical contraindication(s) (O0250C = [3]) (also computed and reported separately as a submeasure). Included in the numerator are short-stay residents who meet the criteria on the selected MDS assessment. The record selected will be the record with the latest target date that meets all of the following conditions: (1) it has a qualifying reason for assessment (OBRA (A0310A = [01, 02, 03, 04, 05, 06]), PPS (A0310B = [01, 02, 03, 04, 05, 06]) or discharge assessment (A0310F = [10, 11]), (2) the target date is on or after October 1st of the most recently completed influenza season, and (3) the entry date is on or before March 31st of the most recently completed influenza season.

Denominator Statement

3484: Prenatal Immunization Status

Deliveries that occurred during the measurement period.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

The denominator consists of short-stay residents 180 days of age and older on the target date of the assessment who were in the facility for at least one day during the denominator time window. The denominator time window is defined as the most recently-completed IVS, from October 1 to March 31 of the following year. If a nursing home resident has more than one episode during the denominator time window only the more recent episode is included in this QM.

Denominator Details

3484: Prenatal Immunization Status

Deliveries that occurred during the measurement period.

Note: women who had multiple deliveries during the measurement period count multiple times.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

The denominator time window is defined as the most recently-completed IVS, from October 1 to March 31 of the following year. If a nursing home resident has more than one episode during the denominator time window only the more recent episode is included in this QM.

Residents are counted if they are short-stay residents, defined as residents whose length of stay is less than or equal to 100 days. The sample includes residents, aged 180 days or

older, meeting the following conditions: the resident has an OBRA assessment (A0310A = [01, 02, 03, 04, 05, 06]) or PPS assessment (A0310B = [01, 02, 03, 04, 05, 06]) or discharge assessment (A0310F = [10, 11]) with an assessment reference date on or after the start of the denominator time window and an entry date (A1600) on or before the end of the denominator time window.

Exclusions

3484: Prenatal Immunization Status

Deliveries that occurred at less than 37 weeks gestation.

Deliveries in which women were in hospice during the measurement period.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Residents whose age is 179 days or less of age on target date of the selected influenza vaccination assessment are excluded. Nursing homes with denominator counts of less than 20 residents in the sample are excluded from public reporting due to small sample size.

Exclusion Details

3484: Prenatal Immunization Status

Exclude deliveries that occurred at 37 weeks of gestation or less.

Exclude deliveries where the woman was in hospice or using hospice services during the measurement period.

See attached code value sets.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Residents with age 179 days or less are excluded, with age calculation based on the resident's birthdate and the target date of the selected influenza vaccination assessment.

Risk Adjustment

3484: Prenatal Immunization Status

No risk adjustment or risk stratification

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

No risk adjustment or risk stratification

Stratification

3484: Prenatal Immunization Status

Not applicable.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

This section is not applicable.

Type Score

3484: Prenatal Immunization Status

Rate/proportion better quality = higher score

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Rate/proportion better quality = higher score

Algorithm

3484: Prenatal Immunization Status

Step 1: Determine the eligible population. Identify all deliveries during the measurement period (January 1 – December 31) in which the patient was continuously enrolled from 28 days prior to delivery through the delivery date.

Step 2: Determine the denominator by excluding deliveries that occurred at less than 37 gestational weeks or where women were in hospice or using hospice services during the measurement period.

Step 3: Determine the numerators:

-Numerator 1: deliveries where members received an influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date; or deliveries where members had an influenza virus vaccine adverse reaction any time during or before the Measurement Period.

-Numerator 2: Deliveries where members received at least one Tdap vaccine during the pregnancy (including the delivery date); or deliveries where members had an anaphylactic reaction to Tdap or Td vaccine or its components any time during or before the Measurement Period or encephalopathy due to Td or Tdap vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis) any time during or before the Measurement Period.

-Numerator 3: Deliveries in which criteria was met for both Numerator 1 and Numerator 2.

Step 4: Calculate three measure rates:

-Numerator 1 / Denominator

-Numerator 2 / Denominator

-Numerator 3 / Denominator

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

The calculation algorithm for the overall measure and submeasures a-c are:

Step 1: Identify the total number of residents meeting the denominator criteria.

Step 2: For the first submeasure (NQF #0680a: Percent of Residents Who Received the Seasonal Influenza Vaccine (Short Stay)):

Step 2a: Identify the total number of short-stay residents who received the seasonal influenza vaccine during the current or most recently completed influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]).

Step 2b: Divide the results of Step 2a by the result of Step 1.

Step 3: For the second submeasure (NQF #0680b: Percent of Residents Who Were Offered and Declined the Seasonal Influenza Vaccine (Short Stay)):

Step 3a: Identify the total number of short-stay residents who were offered and declined the seasonal influenza vaccine (O0250C = [4]).

Step 3b: Divide the results of Step 3a by the result of Step 1.

Step 4: For the third submeasure (NQF #0680c): Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine (Short Stay):

Step 4a: Identify the total number of short-stay residents who were ineligible due to medical contraindication(s) (O0250C = [3]).

Step 4b: Divide the results of Step 4a by the result of Step 1.

Step 5: For the overall measure (NQF #0680): Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay):

Step 5a: Aggregate Step 2a, 3a, and 4a [Sum the total number of short-stay residents who met any one of the following criteria: who received the seasonal influenza vaccine during the current or most recently completed influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]); OR who were offered and declined the seasonal influenza vaccine (O0250C = [4]); OR who were ineligible due to medical contraindication(s) (O0250C = [3]).]

Step 5b: Divide the results of Step 5a by the result of Step 1.

Submission items

3484: Prenatal Immunization Status

5.1 Identified measures: 0680 : Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

0681 : Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

0039 : Flu Vaccinations for Adults Ages 18 and Older

0041 : Preventive Care and Screening: Influenza Immunization

0431 : INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

1659 : Influenza Immunization

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: This measure specifically assesses immunizations administered during prenatal care. Other related measures assess broader populations and older adults, and do not provide information about the quality of care provided to pregnant women.

5b.1 If competing, why superior or rationale for additive value: Not applicable.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

5.1 Identified measures: 0681 : Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

1659 : Influenza Immunization

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value: The current measure for Nursing Homes is expanded to both additional post-acute care settings (LTCHs and IRFs), as well as to additional data sources (MDS 3.0 remained the data source of nursing homes, IRF-PAI is the data source for IRFs, and the LTCH CARE Data Set is the data source for LTCHs). The proposed measure is harmonized to the NQF Voluntary Consensus Standards for Influenza and Pneumococcal Immunizations.

A possible competing measure is the National Committee for Quality Assurance (NCQA) measure titled: Flu vaccinations for adults ages 65 and older: percentage of Medicare members 65 years of age and older who received an influenza vaccination between July 1 of the measurement year and the date when Medicare CAHPS survey was completed.

This NCQA measure is based on the CAHPS Health Plan Survey and targets a different and non-institutionalized population, so while this is a related measure, it does not compete with NQF #0680, which provides distinctive value.

Another possible competing measure for IRFs and LTCHs is NQF #1659 titled: Influenza Immunization for Hospital/Acute Care Facility AND Institute for Clinical Systems (ICS). The measure suggests immunizations of adult patients 18 years and older to be up to date with all immunization vaccines with follow up time periods.

NQF #1659 targets a different population in multiple settings and does not include those assessed but not given the vaccine. ICS is not NQF endorsed and has a different target population with a broader numerator (multiple other vaccines). NQF #0680 targets a different population in multiple settings, so while it is a related measure, it does not compete with NQF# 0680.

Comparison of NQF 3484 and NQF 0680

3484: Prenatal Immunization Status

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Steward

3484: Prenatal Immunization Status

National Committee for Quality Assurance

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Centers for Medicare & Medicaid Services

Description

3484: Prenatal Immunization Status

Percentage of deliveries in the measurement period in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

The measure reports the percentage of short-stay residents who were assessed and appropriately given the influenza vaccine during the most recent influenza season. The influenza vaccination season (IVS) is defined as beginning on October 1, or when the vaccine first becomes available*, and ends on March 31 of the following year. This measure is based on the NQF's National Voluntary Standards for Influenza and Pneumococcal Immunizations.

The measure is the aggregate of three separately calculated submeasures to reflect the process by which a resident is assessed and appropriately given the influenza vaccination during the current or most recent influenza season.

The three submeasures are as follows:

- Percent of residents who received the seasonal influenza vaccine (Short Stay) (NQF #0680a);
- Percent of residents who were offered and declined the seasonal influenza vaccine (Short Stay) (NQF #0680b);
- Percent of residents who did not receive, due to medical contraindication, the seasonal influenza vaccine (Short Stay) (NQF #0680c).

*Note: While the IVS officially begins when the vaccine becomes available, which may be before October 1, the denominator time window for the quality measure and references to the IVS for the denominator specification is from October 1 to March 31 of the following year. The numerator time window and references to the IVS in the numerator specifications may include residents who were assessed and offered the vaccine before October 1. This is based on how the influenza items were coded by the facility.

The denominator consists of short-stay residents, 180 days of age or older on the target date of assessment, who were in the facility for at least one day during the most recently-completed IVS. The measure is based on data from the Minimum Data Set (MDS) assessments of nursing home residents.

The measure is limited to short-stay residents, identified as residents who have had 100 or fewer days of nursing home care.

Type

3484: Prenatal Immunization Status

Composite

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Process

Data Source

3484: Prenatal Immunization Status

Claims, Electronic Health Data, Electronic Health Records, Enrollment Data, Management Data, Other, Registry Data This measure is specified for administrative claims, electronic health record, registry, health information exchange or case management data collected in the course of providing care to health plan members. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.

No data collection instrument provided Attachment 3484_PRS_Value_Sets_Fall_2019-637093372926667747.xlsx

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Assessment Data Nursing Home Minimum Data Set 3.0, Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI), LTCH Continuity Assessment Record & Evaluation (Care) Data Set

Available at measure-specific web page URL identified in S.1 No data dictionary

Level

3484: Prenatal Immunization Status

Health Plan

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Facility

Setting

3484: Prenatal Immunization Status

Outpatient Services

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Other Nursing Home Care

Numerator Statement

3484: Prenatal Immunization Status

Deliveries in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

The numerator for the overall measure (NQF #0680) is the number of residents in the denominator sample who, during the numerator time window, meet any one of the following criteria: (1) those who received the seasonal influenza vaccine during the most recently-completed influenza season, either in the facility or outside the facility (NQF #0680a); (2) those who were offered and declined the seasonal influenza vaccine (NQF #0680b); or (3) those who were ineligible due to medical contraindication(s) (NQF #0680c). The numerator time window coincides with the most recently-completed seasonal IVS which begins on October 1 and ends on March 31 of the following year.

Each of the three submeasure numerators described above will be computed and reportedly separately, alongside the overall numerator calculated as the aggregate of the three submeasure numerators.

Numerator Details

3484: Prenatal Immunization Status

Deliveries during the measurement period in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations. Three numerators are reported:

Numerator 1: Deliveries where members received an influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date; or deliveries where members had an influenza virus vaccine adverse reaction any time during or before the Measurement Period.

Numerator 2: Deliveries where members received at least one Tdap vaccine during the pregnancy (including the delivery date); or deliveries where members had an anaphylactic reaction to Tdap or Td vaccine or its components any time during or before the

Measurement Period or encephalopathy due to Td or Tdap vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis) any time during or before the Measurement Period.

Numerator 3: Deliveries that met criteria for both Numerator 1 and Numerator 2.

See attached code value sets.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

The numerator for the overall measure (NQF #0680) includes all short-stay residents in the denominator sample who, during the numerator time window, meet one of three criteria: (1) received the seasonal influenza vaccine during the most recent influenza season, either inside or outside the facility, (2) were offered and declined the vaccine, or (3) were ineligible due to medical contraindication(s).

The numerator components are also computed and reported separately as a submeasure.

Residents are counted if they are short-stay residents, defined as residents whose length of stay is less than or equal to 100 days. Short-stay residents are included in the numerator for the overall measure (NQF #0680) if they meet any of the following criteria during the numerator time window: (1) received the influenza vaccine during the most recent influenza vaccine season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]) (also computed and reported separately as a submeasure); or (2) offered and declined the influenza vaccine (O0250C = [4]) (also computed and reported separately as a submeasure); or (3) ineligible due to medical contraindication(s) (O0250C = [3]) (also computed and reported separately as a submeasure). Included in the numerator are short-stay residents who meet the criteria on the selected MDS assessment. The record selected will be the record with the latest target date that meets all of the following conditions: (1) it has a qualifying reason for assessment (OBRA (A0310A = [01, 02, 03, 04, 05, 06]), PPS (A0310B = [01, 02, 03, 04, 05, 06]) or discharge assessment (A0310F = [10, 11]), (2) the target date is on or after October 1st of the most recently completed influenza season, and (3) the entry date is on or before March 31st of the most recently completed influenza season.

Denominator Statement

3484: Prenatal Immunization Status

Deliveries that occurred during the measurement period.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

The denominator consists of short-stay residents 180 days of age and older on the target date of the assessment who were in the facility for at least one day during the denominator time window. The denominator time window is defined as the most recently-completed IVS, from October 1 to March 31 of the following year. If a nursing home resident has more than one episode during the denominator time window only the more recent episode is included in this QM.

Denominator Details

3484: Prenatal Immunization Status

Deliveries that occurred during the measurement period.

Note: women who had multiple deliveries during the measurement period count multiple times.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

The denominator time window is defined as the most recently-completed IVS, from October 1 to March 31 of the following year. If a nursing home resident has more than one episode during the denominator time window only the more recent episode is included in this QM.

Residents are counted if they are short-stay residents, defined as residents whose length of stay is less than or equal to 100 days. The sample includes residents, aged 180 days or older, meeting the following conditions: the resident has an OBRA assessment (A0310A = [01, 02, 03, 04, 05, 06]) or PPS assessment (A0310B = [01, 02, 03, 04, 05, 06]) or discharge assessment (A0310F = [10, 11]) with an assessment reference date on or after the start of the denominator time window and an entry date (A1600) on or before the end of the denominator time window.

Exclusions

3484: Prenatal Immunization Status

Deliveries that occurred at less than 37 weeks gestation.

Deliveries in which women were in hospice during the measurement period.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Residents whose age is 179 days or less of age on target date of the selected influenza vaccination assessment are excluded. Nursing homes with denominator counts of less than 20 residents in the sample are excluded from public reporting due to small sample size.

Exclusion Details

3484: Prenatal Immunization Status

Exclude deliveries that occurred at 37 weeks of gestation or less.

Exclude deliveries where the woman was in hospice or using hospice services during the measurement period.

See attached code value sets.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Residents with age 179 days or less are excluded, with age calculation based on the resident's birthdate and the target date of the selected influenza vaccination assessment.

Risk Adjustment

3484: Prenatal Immunization Status

No risk adjustment or risk stratification

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

No risk adjustment or risk stratification

Stratification

3484: Prenatal Immunization Status

Not applicable.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

This section is not applicable.

Type Score

3484: Prenatal Immunization Status

Rate/proportion better quality = higher score

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Rate/proportion better quality = higher score

Algorithm

3484: Prenatal Immunization Status

Step 1: Determine the eligible population. Identify all deliveries during the measurement period (January 1 – December 31) in which the patient was continuously enrolled from 28 days prior to delivery through the delivery date.

Step 2: Determine the denominator by excluding deliveries that occurred at less than 37 gestational weeks or where women were in hospice or using hospice services during the measurement period.

Step 3: Determine the numerators:

-Numerator 1: deliveries where members received an influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date; or deliveries where members had an influenza virus vaccine adverse reaction any time during or before the Measurement Period.

-Numerator 2: Deliveries where members received at least one Tdap vaccine during the pregnancy (including the delivery date); or deliveries where members had an anaphylactic reaction to Tdap or Td vaccine or its components any time during or before the Measurement Period or encephalopathy due to Td or Tdap vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis) any time during or before the Measurement Period.

-Numerator 3: Deliveries in which criteria was met for both Numerator 1 and Numerator 2.

Step 4: Calculate three measure rates:

-Numerator 1 / Denominator

-Numerator 2 / Denominator

-Numerator 3 / Denominator

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

The calculation algorithm for the overall measure and submeasures a-c are:

Step 1: Identify the total number of residents meeting the denominator criteria.

Step 2: For the first submeasure (NQF #0680a: Percent of Residents Who Received the Seasonal Influenza Vaccine (Short Stay)):

Step 2a: Identify the total number of short-stay residents who received the seasonal influenza vaccine during the current or most recently completed influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]).

Step 2b: Divide the results of Step 2a by the result of Step 1.

Step 3: For the second submeasure (NQF #0680b: Percent of Residents Who Were Offered and Declined the Seasonal Influenza Vaccine (Short Stay)):

Step 3a: Identify the total number of short-stay residents who were offered and declined the seasonal influenza vaccine (O0250C = [4]).

Step 3b: Divide the results of Step 3a by the result of Step 1.

Step 4: For the third submeasure (NQF #0680c): Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine (Short Stay)):

Step 4a: Identify the total number of short-stay residents who were ineligible due to medical contraindication(s) (O0250C = [3]).

Step 4b: Divide the results of Step 4a by the result of Step 1.

Step 5: For the overall measure (NQF #0680): Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)):

Step 5a: Aggregate Step 2a, 3a, and 4a [Sum the total number of short-stay residents who met any one of the following criteria: who received the seasonal influenza vaccine during the current or most recently completed influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]); OR who were offered and declined the seasonal influenza vaccine (O0250C = [4]); OR who were ineligible due to medical contraindication(s) (O0250C = [3]).]

Step 5b: Divide the results of Step 5a by the result of Step 1.

Submission items

3484: Prenatal Immunization Status

5.1 Identified measures: 0680 : Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

0681 : Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

0039 : Flu Vaccinations for Adults Ages 18 and Older

0041 : Preventive Care and Screening: Influenza Immunization

0431 : INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

1659 : Influenza Immunization

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: This measure specifically assesses immunizations administered during prenatal care. Other related measures assess broader populations and older adults, and do not provide information about the quality of care provided to pregnant women.

5b.1 If competing, why superior or rationale for additive value: Not applicable.

0680: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

5.1 Identified measures: 0681 : Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

1659 : Influenza Immunization

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value: The current measure for Nursing Homes is expanded to both additional post-acute care settings (LTCHs and IRFs), as well as to additional data sources (MDS 3.0 remained the data source of nursing homes, IRF-PAI is the data source for IRFs, and the LTCH CARE Data Set is the data source for LTCHs).The proposed measure is harmonized to the NQF Voluntary Consensus Standards for Influenza and Pneumococcal Immunizations.

A possible competing measure is the National Committee for Quality Assurance (NCQA) measure titled: Flu vaccinations for adults ages 65 and older: percentage of Medicare members 65 years of age and older who received an influenza vaccination between July 1 of the measurement year and the date when Medicare CAHPS survey was completed.

This NCQA measure is based on the CAHPS Health Plan Survey and targets a different and non-institutionalized population, so while this is a related measure, it does not complete with NQF #0680, which provides distinctive value.

Another possible competing measure for IRFs and LTCHs is NQF #1659 titled: Influenza Immunization for Hospital/Acute Care Facility AND Institute for Clinical Systems (ICS). The measure suggests immunizations of adult patients 18 years and older to be up to date with all immunization vaccines with follow up time periods.

NQF #1659 targets a different population in multiple settings and does not include those assessed but not given the vaccine. ICS is not NQF endorsed and has a different target population with a broader numerator (multiple other vaccines). NQF #0680 targets a different population in multiple settings, so while it is a related measure, it does not compete with NQF# 0680.

Comparison of NQF 3484 and NQF 0681

3484: Prenatal Immunization Status

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

Steward

3484: Prenatal Immunization Status

National Committee for Quality Assurance

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

Centers for Medicare & Medicaid Services

*Description***3484: Prenatal Immunization Status**

Percentage of deliveries in the measurement period in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

This measure reports the percentage of long-stay residents, 180 days of age and older, who were in a nursing facility for at least one day during the most recently completed influenza vaccination season (IVS), and who were assessed and appropriately given the seasonal influenza vaccine. The IVS is defined as beginning on October 1 and ends on March 31 of the following year. The measure is the aggregate of three separately calculated submeasures to reflect the process by which a resident is assessed and appropriately given the influenza vaccination during the current or most recent influenza season.

The three submeasures are as follows:

- Percent of resident who received the seasonal influenza vaccine (Long Stay) (NQF #0681a);
- Percent of resident who were offered and declined the seasonal influenza vaccine (Long Stay) (NQF #0681b); and
- Percent of resident who did not receive, due to medical contraindication, the seasonal influenza vaccine (Long Stay) (NQF #0681c).

*Note: While the IVS officially begins when the vaccine becomes available, which may be before October 1, the denominator time window for the quality measure and references to the IVS for the denominator specification is from October 1 to March 31 of the following year. The numerator time window and references to the IVS in the numerator specifications may include patients and residents who were assessed and offered the vaccine before October 1. This is based on how the influenza items were coded by the facility.

The denominator consists of long-stay residents, 180 days of age or older on the target date of assessment, who were in the facility for at least one day during the most recently-completed IVS. This measure is based on data from the Minimum Data Set (MDS 3.0) OBRA, PPS, and/or discharge assessments during the selected influenza season. Long-stay residents are identified as those who have had 101 or more cumulative days of nursing facility care.

A separate measure (NQF #0680, Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)) is to be used for residents who have had 100 or fewer cumulative days of nursing facility care.

*Type***3484: Prenatal Immunization Status**

Composite

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

Process

Data Source

3484: Prenatal Immunization Status

Claims, Electronic Health Data, Electronic Health Records, Enrollment Data, Management Data, Other, Registry Data This measure is specified for administrative claims, electronic health record, registry, health information exchange or case management data collected in the course of providing care to health plan members. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.

No data collection instrument provided Attachment 3484_PRS_Value_Sets_Fall_2019-637093372926667747.xlsx

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

Assessment Data Nursing Home Minimum Data Set 3.0

Available at measure-specific web page URL identified in S.1 No data dictionary

Level

3484: Prenatal Immunization Status

Health Plan

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

Facility

Setting

3484: Prenatal Immunization Status

Outpatient Services

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

Other Nursing Home Care

Numerator Statement

3484: Prenatal Immunization Status

Deliveries in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

The numerator is the number of long-stay residents with a target assessment (OBRA admission, quarterly, annual or significant change/correction assessments; PPS 5-,14-, 30-, 60-, 90-day, or readmission/return assessments; or discharge assessment with or without return anticipated) who were in the denominator sample, AND who meet any of the following criteria for the selected influenza season: (1) they received the influenza vaccine during the most recent influenza season, either in the facility or outside the facility (NQF #0681a), (2) they were offered and declined the influenza vaccine (NQF #0681b), or (3) they were ineligible due to medical contraindication(s) (NQF #0681c). The influenza season

is defined as July 1 of the current year to June 30 of the following year. The IVS begins on October 1 and ends on March 31 of the following year.

Each of the three submeasure numerators described above will be computed and reported separately, alongside the overall numerator calculated as the aggregate of the three submeasure numerators.

Numerator Details

3484: Prenatal Immunization Status

Deliveries during the measurement period in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations. Three numerators are reported:

Numerator 1: Deliveries where members received an influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date; or deliveries where members had an influenza virus vaccine adverse reaction any time during or before the Measurement Period.

Numerator 2: Deliveries where members received at least one Tdap vaccine during the pregnancy (including the delivery date); or deliveries where members had an anaphylactic reaction to Tdap or Td vaccine or its components any time during or before the Measurement Period or encephalopathy due to Td or Tdap vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis) any time during or before the Measurement Period.

Numerator 3: Deliveries that met criteria for both Numerator 1 and Numerator 2.

See attached code value sets.

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

Residents are counted if they are long-stay residents, defined as residents who have had 101 or more cumulative days of nursing facility care, are 180 days of age and older, and who were in a nursing facility for at least one day during the most recently completed IVS. Residents who return to the nursing home following a hospital discharge will not have their stay reset to zero. The numerator is the number of long-stay residents in the denominator sample with a selected target assessment (OBRA admission, quarterly, annual or significant change/correction assessments; PPS 5-, 14-, 30-, 60-, 90-day, or readmission/return assessments; or discharge assessment with or without return anticipated) during the most recently selected influenza season who meet any of the following criteria:

(1) Resident received the influenza vaccine during the most recent influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]) (NQF #0681a, computed separately); or

(2) Resident was offered and declined the influenza vaccine (O0250C = [4]) (NQF #0681b, computed separately); or

(3) Resident was ineligible due to medical contraindication(s) (O0250C = [3]) (NQF #0681c, computed separately) (e.g., anaphylactic hypersensitivity to eggs or other components of the vaccine).

Denominator Statement

3484: Prenatal Immunization Status

Deliveries that occurred during the measurement period.

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

The denominator is the total number of long-stay residents 180 days of age or older on the target date of the assessment who were in the nursing facility for at least one day during the most recently completed IVS that have an OBRA, PPS, or discharge assessment and who did not meet the exclusion criteria.

Denominator Details

3484: Prenatal Immunization Status

Deliveries that occurred during the measurement period.

Note: women who had multiple deliveries during the measurement period count multiple times.

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

Residents are counted if they are long-stay residents, defined as residents who have had 101 or more cumulative days of nursing facility care. Residents who return to the nursing home following a hospital discharge will not have their length of stay reset to zero. The target population includes all long-stay residents with a target assessment (assessments may be OBRA admission, quarterly, annual or significant change/correction assessments (A0310A = [01, 02, 03, 04, 05, 06]) or PPS 5-, 14-, 30-, 60-, 90-day, or readmission/return assessments (A0310B = 01, 02, 03, 04, 05, 06) or discharge assessment with or without return anticipated (A0310F = [10, 11]) who were in a nursing facility for at least one day during the most recently completed IVS, except for those who meet the exclusion criteria (specified in S.10 and S.11).

Exclusions

3484: Prenatal Immunization Status

Deliveries that occurred at less than 37 weeks gestation.

Deliveries in which women were in hospice during the measurement period.

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

Residents whose age is 179 days or less on target date of selected influenza vaccination assessment are excluded.

If the facility sample includes fewer than 20 residents after all other resident-level exclusions are applied, then the facility is excluded from public reporting.

Exclusion Details

3484: Prenatal Immunization Status

Exclude deliveries that occurred at 37 weeks of gestation or less.

Exclude deliveries where the woman was in hospice or using hospice services during the measurement period.

See attached code value sets.

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

Residents whose age is 179 days or less are excluded, with age calculation based on the resident birthdate and the target date of the selected influenza vaccination assessment.

Risk Adjustment

3484: Prenatal Immunization Status

No risk adjustment or risk stratification

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

No risk adjustment or risk stratification

Stratification

3484: Prenatal Immunization Status

Not applicable.

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

This is not applicable.

Type Score

3484: Prenatal Immunization Status

Rate/proportion better quality = higher score

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

Rate/proportion better quality = higher score

Algorithm

3484: Prenatal Immunization Status

Step 1: Determine the eligible population. Identify all deliveries during the measurement period (January 1 – December 31) in which the patient was continuously enrolled from 28 days prior to delivery through the delivery date.

Step 2: Determine the denominator by excluding deliveries that occurred at less than 37 gestational weeks or where women were in hospice or using hospice services during the measurement period.

Step 3: Determine the numerators:

-Numerator 1: deliveries where members received an influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date; or deliveries where members had an influenza virus vaccine adverse reaction any time during or before the Measurement Period.

-Numerator 2: Deliveries where members received at least one Tdap vaccine during the pregnancy (including the delivery date); or deliveries where members had an anaphylactic reaction to Tdap or Td vaccine or its components any time during or before the Measurement Period or encephalopathy due to Td or Tdap vaccination (post-tetanus

vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis) any time during or before the Measurement Period.

-Numerator 3: Deliveries in which criteria was met for both Numerator 1 and Numerator 2.

Step 4: Calculate three measure rates:

-Numerator 1 / Denominator

-Numerator 2 / Denominator

-Numerator 3 / Denominator

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

The calculation algorithm for the overall measure and submeasures a-c are:

Step 1: Identify the total number of residents meeting the denominator criteria.

For the first submeasure (NQF #0681a): Percent of Residents Who Received the Seasonal Influenza Vaccine (Long Stay):

Step 2a: Identify the total number of long-stay residents who received the seasonal influenza vaccine during the current or most recently completed influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]).

Step 3a: Divide the results of Step 2a by the result of Step 1.

For the second submeasure (NQF #0681b): Percent of Residents Who Were Offered and Declined the Seasonal Influenza Vaccine (Long Stay):

Step 2b: Identify the total number of long-stay residents who were offered and declined the seasonal influenza vaccine (O0250C = [4]).

Step 3b: Divide the results of Step 2b by the result of Step 1.

For the third submeasure (NQF #0681c): Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine (Long Stay):

Step 2c: Identify the total number of long-stay residents who were ineligible due to medical contraindication(s) (O0250C = [3]).

Step 3c: Divide the results of Step 2c by the result of Step 1.

For the overall measure (NQF #0681): Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay):

Step 2d: Aggregate Step 2a, 2b, and 2c [Sum the total number of long-stay residents who met any of the following criteria: who received the seasonal influenza vaccine during the current or most recently completed influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]); OR who were offered and declined the seasonal influenza vaccine (O0250C = [4]); OR who were ineligible due to medical contraindication(s) (O0250C = [3]).]

Step 3d: Divide the results of Step 2d by the result of Step 1.

Submission items

3484: Prenatal Immunization Status

5.1 Identified measures: 0680 : Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

0681 : Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

0039 : Flu Vaccinations for Adults Ages 18 and Older

0041 : Preventive Care and Screening: Influenza Immunization

0431 : INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

1659 : Influenza Immunization

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: This measure specifically assesses immunizations administered during prenatal care. Other related measures assess broader populations and older adults, and do not provide information about the quality of care provided to pregnant women.

5b.1 If competing, why superior or rationale for additive value: Not applicable.

0681: Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

5.1 Identified measures: 0680 : Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

1659 : Influenza Immunization

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value: NQF #0680 Percent of Residents or Patients Assessed and Appropriately Given the Seasonal Influenza Vaccine (SS) applies to short-stay nursing home residents as well as additional post-acute care settings (LTCHs and IRFs), and is based on different data sources for each setting (MDS 3.0 for nursing homes, IRF-PAI is the data source for IRFs, and the LTCH CARE Data Set is the data source for LTCHs). Both NQF #0680 and the current measure #0681 for long stay nursing home residents were developed together and harmonized to the NQF Voluntary Consensus Standards for Influenza Immunizations and each other as much as possible.

A possible competing measure is NQF #1659: Influenza Immunization for Hospital/Acute Care Facility AND Institute for Clinical Systems (ICS) suggest immunizations of adult patients 18 years and older, to be up to date with all immunization vaccines with follow up time periods. NQF #1659 targets a different population in a different setting and does not include those assessed but not given the vaccine. ICS is not NQF endorsed and has a different target population with a broader numerator (multiple other vaccines). NQF #0680 targets a different population in multiple settings.

Another possible competing measure is the National Committee for Quality Assurance (NCQA) measure titled: Flu vaccinations for adults ages 65 and older: percentage of Medicare members 65 years of age and older who received an influenza vaccination between July 1 of the measurement year and the date when Medicare CAHPS survey was completed.

This NCQA measure is based on the CAHPS Health Plan Survey and targets a different and non-institutionalized population, so NQF #0681 offers distinctive value.

Comparison of NQF 3484 and NQF 1659

3484: Prenatal Immunization Status

1659: Influenza Immunization

NATIONAL QUALITY FORUM

NQF REVIEW DRAFT—Comments due by May 28 , 2020 by 6:00 PM ET.

Steward

3484: Prenatal Immunization Status

National Committee for Quality Assurance

1659: Influenza Immunization

Centers for Medicare and Medicaid Services

Description

3484: Prenatal Immunization Status

Percentage of deliveries in the measurement period in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

1659: Influenza Immunization

Inpatients age 6 months and older discharged during October, November, December, January, February or March who are screened for influenza vaccine status and vaccinated prior to discharge if indicated.

Type

3484: Prenatal Immunization Status

Composite

1659: Influenza Immunization

Process

Data Source

3484: Prenatal Immunization Status

Claims, Electronic Health Data, Electronic Health Records, Enrollment Data, Management Data, Other, Registry Data This measure is specified for administrative claims, electronic health record, registry, health information exchange or case management data collected in the course of providing care to health plan members. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.

No data collection instrument provided Attachment 3484_PRS_Value_Sets_Fall_2019-637093372926667747.xlsx

1659: Influenza Immunization

Claims, Other, Paper Medical Records An electronic data collection tool is made available from vendors or facilities can download the free CMS Abstraction & Reporting Tool (CART). Paper tools for manual abstraction, which are posted on www.QualityNet.org, are also available for the CART tool. These tools are posted on www.QualityNet.org.

Available at measure-specific web page URL identified in S.1 Attachment Appendix_A.Table_12.10_Organ_Transplant_ICD-10__ICD-9_codes.xls

Level

3484: Prenatal Immunization Status

Health Plan

1659: Influenza Immunization

Facility

Setting

3484: Prenatal Immunization Status

Outpatient Services

1659: Influenza Immunization

Inpatient/Hospital

Numerator Statement

3484: Prenatal Immunization Status

Deliveries in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

1659: Influenza Immunization

Inpatient discharges who were screened for influenza vaccine status and were vaccinated prior to discharge if indicated.

Numerator Details

3484: Prenatal Immunization Status

Deliveries during the measurement period in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations. Three numerators are reported:

Numerator 1: Deliveries where members received an influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date; or deliveries where members had an influenza virus vaccine adverse reaction any time during or before the Measurement Period.

Numerator 2: Deliveries where members received at least one Tdap vaccine during the pregnancy (including the delivery date); or deliveries where members had an anaphylactic reaction to Tdap or Td vaccine or its components any time during or before the Measurement Period or encephalopathy due to Td or Tdap vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis) any time during or before the Measurement Period.

Numerator 3: Deliveries that met criteria for both Numerator 1 and Numerator 2.

See attached code value sets.

1659: Influenza Immunization

The following are included in the numerator:

- Patients who received the influenza vaccine during this inpatient hospitalization
- Patients who received the influenza vaccine during the current year's flu season but prior to the current hospitalization
- Patients who were offered and declined the influenza vaccine
- Patients who have an allergy/sensitivity to the influenza vaccine, anaphylactic latex allergy or anaphylactic allergy to eggs, or for whom the vaccine is not likely to be effective because of bone marrow transplant within the past 6 months, or history of Guillian-Barre Syndrome within 6 weeks after a previous influenza vaccination

Data Elements required for the numerator:

- ICD-10-CM Other Diagnosis Codes
- ICD-10-PCS Other Procedure Codes
- ICD-10-CM Principal Diagnosis Code
- ICD-10-PCS Principal Procedure Code
- Influenza Vaccination Status

Denominator Statement

3484: Prenatal Immunization Status

Deliveries that occurred during the measurement period.

1659: Influenza Immunization

Acute care hospitalized inpatients age 6 months and older discharged during the months of October, November, December, January, February or March.

Denominator Details

3484: Prenatal Immunization Status

Deliveries that occurred during the measurement period.

Note: women who had multiple deliveries during the measurement period count multiple times.

1659: Influenza Immunization

Data Elements required for the denominator:

- Admission Date
- Birthdate
- Discharge Date
- Discharge Disposition
- ICD-10-PCS Other Procedure Codes
- ICD-10-PCS Principal Procedure Code

Exclusions

3484: Prenatal Immunization Status

Deliveries that occurred at less than 37 weeks gestation.

Deliveries in which women were in hospice during the measurement period.

1659: Influenza Immunization

The following patients are excluded from the denominator:

- Patients less than 6 months of age
- Patients who expire prior to hospital discharge
- Patients with an organ transplant during the current hospitalization (Appendix_A.Table 12.10 Organ Transplant codes.xls)
- Patients for whom vaccination was indicated, but supply had not been received by the hospital due to problems with vaccine production or distribution
- Patients who have a Length of Stay greater than 120 days

- Patients who are transferred or discharged to another acute care hospital
- Patients who leave Against Medical Advice (AMA)

Exclusion Details

3484: Prenatal Immunization Status

Exclude deliveries that occurred at 37 weeks of gestation or less.

Exclude deliveries where the woman was in hospice or using hospice services during the measurement period.

See attached code value sets.

1659: Influenza Immunization

To determine the length of stay, the admission date and discharge date are entered. If the result of the calculation subtracting the admission date from the discharge date is greater than 120 days the patient is excluded from the measure.

The patient's date of birth is entered. If the calculation result of the admission date minus the birth date is less than 6 months the patient is excluded from the measure.

Patients who had an organ transplant during the current hospitalization are excluded based on having an ICD-10 PCS Principal or Other Procedure Code assigned as having occurred during the current hospitalization. If the patient has at least one code from the list on Appendix_A.Table 12.10 Organ Transplant codes.xls assigned for the current hospitalization they are excluded.

Discharge Disposition is a manually abstracted data element. If documentation in the patient's medical record is consistent with the criteria specified in the Discharge Disposition data element for discharge to an acute care facility, patient expired prior to hospital discharge, or the patient left against medical advice the patient is excluded from the measure.

The Influenza Vaccination Status is a manually abstracted data element for the measure. Allowable Value 6 may be selected if there is documentation in the medical record reflecting the hospital has ordered the influenza vaccine but has not yet received it based on problems with vaccine production or distribution. If this value is selected the measure algorithm will exclude the patient from the measure.

Risk Adjustment

3484: Prenatal Immunization Status

No risk adjustment or risk stratification

1659: Influenza Immunization

No risk adjustment or risk stratification

Stratification

3484: Prenatal Immunization Status

Not applicable.

1659: Influenza Immunization

Measure is not stratified.

Type Score

3484: Prenatal Immunization Status

Rate/proportion better quality = higher score

1659: Influenza Immunization

Rate/proportion better quality = higher score

Algorithm

3484: Prenatal Immunization Status

Step 1: Determine the eligible population. Identify all deliveries during the measurement period (January 1 – December 31) in which the patient was continuously enrolled from 28 days prior to delivery through the delivery date.

Step 2: Determine the denominator by excluding deliveries that occurred at less than 37 gestational weeks or where women were in hospice or using hospice services during the measurement period.

Step 3: Determine the numerators:

-Numerator 1: deliveries where members received an influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date; or deliveries where members had an influenza virus vaccine adverse reaction any time during or before the Measurement Period.

-Numerator 2: Deliveries where members received at least one Tdap vaccine during the pregnancy (including the delivery date); or deliveries where members had an anaphylactic reaction to Tdap or Td vaccine or its components any time during or before the Measurement Period or encephalopathy due to Td or Tdap vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis) any time during or before the Measurement Period.

-Numerator 3: Deliveries in which criteria was met for both Numerator 1 and Numerator 2.

Step 4: Calculate three measure rates:

-Numerator 1 / Denominator

-Numerator 2 / Denominator

-Numerator 3 / Denominator

1659: Influenza Immunization

Numerator: Inpatient discharges who were screened for Influenza vaccine status and were vaccinated prior to discharge if indicated.

Denominator: Acute care hospitalized inpatients age 6 months and older discharged during October, November, December, January, February or March.

Variable Key: Patient Age

1. Start processing. Run cases that are included in the Global Initial Patient Population and pass the edits defined in the Transmission Data Processing Flow: Clinical through this measure.

2. Calculate Patient Age. Patient Age, in years, is equal to the Admission Date minus the Birthdate. Use the month and day portion of admission date and birthdate to yield the most accurate age. Only cases with valid Admission Date and Birthdate will pass the critical feedback messages into the measure specific algorithms.

3. Check Patient Age

- a. If the Patient Age is less than 6 months old, the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Stop processing.
- b. If the Patient Age is greater than or equal to 6 months, continue processing and proceed to ICD-10-PCS Principal or Other Procedure Codes.

4. Check ICD-10-PCS Principal or Other Procedure Codes

- a. If at least one of ICD-10-PCS Principal or Other Procedure Codes is on Appendix_A.Table 12.10 Organ Transplant codes.xls the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Stop processing.
- b. If all of ICD-10-PCS Principal or Other Procedure Codes are missing or none of ICD-10-PCS Principal or Other Procedure Codes is on Appendix_A.Table 12.10 Organ Transplant codes.xls, continue processing and check Discharge Disposition.

5. Check Discharge Disposition

- a. If Discharge Disposition equals 4, 6, or 7 the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Stop processing.
- b. If Discharge Disposition equals 1, 2, 3, 5, or 8 continue processing and proceed to Discharge Date.
- c. If Discharge Disposition is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. Stop processing.

6. Check Discharge Date. Note: 'yyyy' refers to the specific year of discharge.

- a. If the Discharge Date is 04-01-yyyy through 09-30-yyyy, the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Stop processing.
- b. If the Discharge Date is 10-01-yyyy through 03-31-yyyy, continue processing and proceed to Influenza Vaccination Status.

7. Check Influenza Vaccination Status

- a. If Influenza Vaccination Status is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. Stop processing.
- b. If Influenza Vaccination Status equals 6, the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Stop processing.
- c. If Influenza Vaccination Status equals 1, 2, 3, 4, or 5, continue processing and recheck Influenza Vaccination Status.

8. Recheck Influenza Vaccination Status

- a. If Influenza Vaccination Status equals 5, the case will proceed to a Measure Category Assignment of D and will be in the Measure Population. Stop processing.
- b. If Influenza Vaccination Status equals 1, 2, 3, or 4 the case will proceed to a Measure Category Assignment of E and will be in the Numerator Population. Stop processing.

Submission items

3484: Prenatal Immunization Status

5.1 Identified measures: 0680 : Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

0681 : Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

0039 : Flu Vaccinations for Adults Ages 18 and Older

0041 : Preventive Care and Screening: Influenza Immunization

0431 : INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

1659 : Influenza Immunization

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: This measure specifically assesses immunizations administered during prenatal care. Other related measures assess broader populations and older adults, and do not provide information about the quality of care provided to pregnant women.

5b.1 If competing, why superior or rationale for additive value: Not applicable.

1659: Influenza Immunization

5.1 Identified measures: 0680 : Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

0681 : Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

0226 : Influenza Immunization in the ESRD Population (Facility Level)

0038 : Childhood Immunization Status (CIS)

0039 : Flu Vaccinations for Adults Ages 18 and Older

0041 : Preventive Care and Screening: Influenza Immunization

0431 : INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

0522 : Influenza Immunization Received for Current Flu Season (Home Health)

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: Measures focus on different patient populations based on age, health conditions or location (e.g., home health, physician office, short term skilled, long term stay, acute care hospital, etc.). There are some differences in Exclusions and Inclusions specific to the population. These differences are in part based upon procedures that may be performed in an acute care hospital that would not be performed in a skilled setting or physician office setting. Additionally IMM-2 excludes cases in which the vaccine has been ordered but it has not yet been received. We've found in the past that there have been some seasons in which the vaccine became available much later than expected and seasons in which there were shortages. We prefer to exclude these cases if there is documentation in the chart to support either of these scenarios

5b.1 If competing, why superior or rationale for additive value: Multiple measures are justified because they each focus on a different patient population. A single measure could not capture the variability inherent in these different populations.

IMM-2 is the only measure that focuses on patients in the acute care hospital setting.

Appendix F: Pre-Evaluation Comments

As of January 21, 2020, no NQF member comments were received during the pre-commenting period.

National Quality Forum
1099 14th Street NW, Suite 500
Washington, DC 20005
<http://www.qualityforum.org>

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