Childhood Immunization Status (CIS, CMIT #124)

Measure Basic Information

Name and date of specifications used: OHA follows HEDIS® MY2026 Technical Specifications for Health Plans (Volume 2). The measure Combo 2 was incentivized in the CCO quality measure program from measurement year 2016 to 2021 but Combo 2 is retired by HEDIS starting MY2022, therefore the CCO incentive program is switching to use Combo 3 starting measurement year 2022.

URL of Specifications: This measure is selected in the CMS CHIP and Medicaid Child Core Set; the detail manual and Value Set Dictionary can be found on the CMS resource page: https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html

Measure Type:
■HEDIS   ☐Survey   ☐Other   Specify:

Measure Utility:
■CCO Incentive (Combo 3)   ☐CMS Adult Core Set   ■CMS Child Core Set   ☐Other Specify:

Data Source:
MMIS/DSSURS and Public Health Division Immunization Program Registry (ALERT IIS)

See the ALERT IIS Data Use Cases document posted online for additional information about immunization data. https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx

Measurement Period: January 1, 2026 – December 31, 2026

CIS Combo 3	2024	2025	2026
Benchmark for OHA measurement year	67.9%	69.0%	68.9%
Improvement target for OHA measurement year	MN method with 1.5 percentage point floor	MN method with 1.5 percentage point floor	MN method (no floor)
Source:	MY2020 national Medicaid median	MY2022 national Medicaid 75th percentile	MY2023 national Medicaid 75th percentile

Note on telehealth: This measure is not telehealth eligible.

Changes in specifications from MY2025 to MY2026:
- Updated the race and ethnicity stratification categories to align with OMB SPD 15 2024.
- Added instructions on allowable adjustments to the race and ethnicity stratifications.
- HEDIS MY2026 specifications restructured the sections related to denominator criteria, but the requirements remain the same.

- Eliminated the legacy Anchor Date rule; the existing requirement is included in the allowable enrollment gap criteria.
- Updated the names of the value sets related to disease history.
- Used asterisks for the value set names where laboratory claims (with POS code 81) should not be used.
- Deleted Hepatitis A Vaccine Procedure Value Set, Rotavirus Vaccine (2 Dose Schedule) Procedure Value Set and Rotavirus Vaccine (3 Dose Schedule) Procedure Value Set; included CPT code 90633, 90681 and 90680 in specs instead, respectively.

CCO coverage type: ■CCOA   ■CCOB   ☐CCOE   ☐CCOF   ☐CCOG

- Starting MY2024, CCO members under the Basic Health Plan (BHP) anytime during the required continuous enrollment period are excluded from the incentive quality rates. Note that the Cover All Kids (CAK) and Healthier Oregon Program (HOP) recipients have also been excluded from the incentive quality rates.

Measure Details

Initial population:
Measure item count: Person.
Attribution basis: Enrollment.
- *Benefits:* Medical.
- *Continuous enrollment:* 365 days prior to the person's second birthday and the second birthday.
- *Allowable gap:* No more than one gap of ≤45 days during the continuous enrollment period. No gap on the second birthday.

Ages: Persons who turn 2 years of age during the measurement period.
Event: None.

Denominator exclusions:

Persons with a date of death.
Death in the measurement period, identified using data sources determined by the organization. Method and data sources are subject to review during the HEDIS audit.

Persons in hospice or using hospice services.
Persons who use hospice services (Hospice Encounter Value Set; Hospice Intervention Value Set) or elect to use a hospice benefit any time during the measurement period. Organizations that use the Monthly Membership Detail Data File to identify these persons must use only the run date of the file.

Contraindication to a childhood vaccine.
Persons who had a contraindication to a childhood vaccine (Contraindications to Childhood Vaccines Value Set*; Organ and Bone Marrow Transplants Value Set) on or before their second birthday.

Coding Guidance
*Do not include laboratory claims (claims with POS code 81).

Denominator: The initial population minus denominator exclusions.

Deviations from cited specifications for denominator: None.

Numerator criteria:

Note ** below: The Combo 3 rate for the CCO incentive program includes DTap, IPV, MMR, HiB, HepB, VZV, PCV. (HepA, RV and Influenzas are not a part of the incentivized Combo 3 but OHA reports the results for the CMS Medicaid Child Core Set.)

*Numerator 1 – DtaP*** Persons who meet any of the following criteria on or before the second birthday:

- At least four DTaP vaccinations (DTaP Immunization Value Set; DTaP Vaccine Procedure Value Set), with different dates of service. Do not count a vaccination administered prior to 42 days after birth.
- Anaphylaxis due to the diphtheria, tetanus or pertussis vaccine (Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine Value Set).
- Encephalitis due to the diphtheria, tetanus or pertussis vaccine (Encephalitis Due to Diphtheria, Tetanus or Pertussis Vaccine Value Set).

*Numerator 2 – IPV*** Persons who meet either of the following criteria on or before the second birthday:

- At least three IPV vaccinations (Inactivated Polio Vaccine (IPV) Immunization Value Set; Inactivated Polio Vaccine (IPV) Procedure Value Set), with different dates of service. Do not count a vaccination administered prior to 42 days after birth.
- Anaphylaxis due to the IPV vaccine (SNOMED CT code 471321000124106).

*Numerator 3 – MMR*** Persons who meet any of the following criteria:

- At least one MMR vaccination (Measles, Mumps and Rubella (MMR) Immunization Value Set; Measles, Mumps and Rubella (MMR) Vaccine Procedure Value Set) on or between the first and second birthdays.
- All of the following anytime on or before the second birthday (on the same or different date of service).
    - History of measles illness (Measles and History of Measles Value Set*).
    - History of mumps illness (Mumps and History of Mumps Value Set*).
    - History of rubella illness (Rubella and History of Rubella Value Set*).
- Anaphylaxis due to the MMR vaccine (SNOMED CT code 471331000124109) on or before the child's second birthday

*Numerator 4 – HiB*** Persons who meet either of the following criteria on or before the second birthday:

- At least three HiB vaccinations (Haemophilus Influenzae Type B (HiB) Immunization Value Set; Haemophilus Influenzae Type B (HiB) Vaccine Procedure Value Set), with different dates of service. Do not count a vaccination administered prior to 42 days after birth.

- Anaphylaxis due to the HiB vaccine (SNOMED CT code 433621000124101).

Numerator 5 - Hepatitis B**

Persons who meet any of the following criteria on or before the second birthday:

- At least three hepatitis B vaccinations (Hepatitis B Immunization Value Set; Hepatitis B Vaccine Procedure Value Set), with different dates of service.
  - One of the three vaccinations can be a newborn hepatitis B vaccination (ICD-10-PCS code 3E0234Z) during the 8-day period that begins on the date of birth and ends 7 days after the date of birth.
- History of hepatitis B illness (Hepatitis B and History of Hepatitis B Value Set*).
- Anaphylaxis due to the Hepatitis B vaccine (SNOMED CT code 428321000124101).

Numerator 6 – VZV**

Persons who meet any of the following meet criteria:

- At least one VZV vaccination (Varicella Zoster (VZV) Immunization Value Set; Varicella Zoster (VZV) Vaccine Procedure Value Set), with a date of service on or between the first and second birthdays.
- History of varicella zoster (e.g., chicken pox) illness (Varicella Zoster and History of Varicella Zoster Value Set*) on or before the child's second birthday.
- Anaphylaxis due to the VZV vaccine (SNOMED CT code 471341000124104) on or before the child's second birthday.

Numerator 7 - Pneumococcal conjugate**

Persons who meet either of the following criteria on or before the second birthday:

- At least four pneumococcal conjugate vaccinations (Pneumococcal Conjugate Immunization Value Set; Pneumococcal Conjugate Vaccine Procedure Value Set), with different dates of service. Do not count a vaccination administered prior to 42 days after birth.
- Anaphylaxis due to the pneumococcal conjugate vaccine (SNOMED CT code 471141000124102).

Numerator 8 - Hepatitis A

Persons who meet any of the following meet criteria:

- At least one hepatitis A vaccination (Hepatitis A Immunization Value Set; CPT code 90633), with a date of service on or between the child's first and second birthdays.
- History of hepatitis A illness (Hepatitis A and History of Hepatitis A Value Set*) on or before the child's second birthday. Do not include laboratory claims (claims with POS code 81).
- Anaphylaxis due to the hepatitis A vaccine (SNOMED CT code 471311000124103) on or before the child's second birthday.

Numerator 9 - Rotavirus

Persons who meet any of the following criteria:

- At least two doses of the two-dose rotavirus vaccine (CVX code 119; CPT code 90681) on different dates of service on or before the second

birthday. Do not count a vaccination administered prior to 42 days after birth.

- At least three doses of the three-dose rotavirus vaccine (Rotavirus (3 Dose Schedule) Immunization Value Set; CPT code 90680) on different dates of service on or before the second birthday. Do not count a vaccination administered prior to 42 days after birth.

- At least one dose of the two-dose rotavirus vaccine (CVX code 119; CPT code 90681) and at least two doses of the three-dose rotavirus vaccine (Rotavirus (3 Dose Schedule) Immunization Value Set; CPT code 90680), all on different dates of service, on or before the second birthday. Do not count a vaccination administered prior to 42 days after birth.

- Anaphylaxis due to the rotavirus vaccine (SNOMED CT code 428331000124103) on or before the second birthday.

Numerator 10 - Influenza

Persons who meet either of the following criteria on or before the second birthday:

- At least two influenza vaccinations (Influenza Immunization Value Set; Influenza Vaccine Procedure Value Set), with different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 180 days after birth.
  - An influenza vaccination recommended for children 2 years and older (e.g., LAIV) (Influenza Virus LAIV Immunization Value Set; Influenza Virus LAIV Vaccine Procedure Value Set) administered on the second birthday meets criteria for one of the two required vaccinations.

- Anaphylaxis due to the influenza vaccine (SNOMED CT code 471361000124100).

Coding Guidance

*Do not include laboratory claims (claims with POS code 81).

Combination rates

Calculate the following rates for Combinations 3, 7 and 10.

Combination Vaccinations for Childhood Immunization Status

Combination	DTaP	IPV	MMR	HiB	HepB	VZV	PCV	HepA	RV	Influenza
Combination 3*	✓	✓	✓	✓	✓	✓	✓			
Combination 7	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Combination 10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

* Combination 3 rate is incentivized for the OHA CCO quality program.

(See HEDIS MY2026 specifications or CMS Medicaid Child Core Set manual for detail codes in the Value Set.)

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: None.

Note for Anaphylaxis information submission:

The measure recognizes anaphylaxis reactions for numerator hits. However, the records can only be verified by SNOMED CT codes available in EHR, which is not available for OHA's regular calculation using administrative claims and immunization registry (ALERT IIS) data.

OHA accepts CCOs' submission of EHR records with qualifying SNOMED-CT codes indicating anaphylaxis to a vaccine, but the submission is only allowed during the measurement year final validation period in the month of May, and ONLY for those CCOs that do not pass the metric in OHA's preliminary result published in April, but could pass the metric with the supplemental anaphylaxis information incorporated.

The anaphylaxis data submission template (used for both the Childhood and the Adolescent immunization measures) is available on the CCO Metrics website, and includes a code reference table along with more detailed instructions: https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx

A CCOs must first alert OHA of their intent to submit the anaphylaxis information by emailing metrics.questions@odhsoha.oregon.gov. OHA staff will then initiate a secure email for the CCO to attach the template and the verification documents.

The date for which the data source (EHR) documented the anaphylactic reactions should be reported; OHA will examine the date to determine whether it is within the required time window to qualify for a numerator hit. For example, an anaphylactic reaction for DTaP must be documented in the EHR on or before the member's 2nd birthday.

In addition to filling out the template, the CCO must also provide evidence for each case. The following documents are permitted as the primary sources of verification:

- *A screenshot of the EHR record showing the SNOMED-CT code and documentation date, or*

- *A copy of the clinical report or clinical summary from the visit for service.*