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COVID Vaccination Emergency Outcome Tracking (EOT) FAQs

ALERT data

Will additional data sources – for tribal, federal and out-of-state data – be added to ALERT and, if so, will CCOs' baselines for improvement targets be recalculated multiple times?

OHA will continue to seek greater data completeness, but OHA does not plan to rerun baselines unless there is a large addition from a new data source, as described below.

- Tribal: Most Tribes submit data to ALERT IIS, so the vast majority of tribal data already is in the system. Some COVID-19 vaccine doses (particularly from a few Tribes administering a small number of doses at mass vaccination sites) have been entered only in federal databases via an Indian Health Services data feed. OHA is working with tribes to get all COVID-19 doses submitted to ALERT IIS and expects that work to be complete in the coming months. OHA will not rerun baselines based on completion of that work.
- Federal: Many of the COVID-19 vaccine doses administered by the federal government are in ALERT IIS, with the exception of those administered by the VA. Some VA-administered doses may be picked up by ALERT IIS through submission of Medicaid claims. There is no plan to implement further systems-level quality improvement in how federal COVID-19 vaccine doses are reported, so OHA will not recalculate EOT baselines related to federal doses.
- Out of state: ALERT IIS has executed agreements for inter-state data exchange through the IZ Gateway and is in our vendor queue for implementation. This will allow us to share data with all US states and territories who have also signed the agreement. Washington, Idaho and California have either signed or are in the process of getting approvals. Although this work is high priority, the timeline is unknown. If this data exchange begins after EOT baselines are calculated, OHA will recalculate CCO baselines.

Will missing data sources impact CCOs' ability to meet their improvement targets?

No, because the same data source (ALERT) is used to calculate both the baseline and the performance rate, we would expect any impact to be a wash. Missing data would decrease the improvement target the CCO needs to achieve, the same way it would affect the performance rate.

Will data sources other than ALERT be used for determining numerator credit for the EOT?

No, ALERT will be used as the data source for vaccination records.

Can an authorized user pull a report from ALERT to check on vaccination status for a list of individuals, for example, a clinic's patient panel or a CCO's enrolled members?

ALERT IIS is adding functionality to allow users to upload roster lists and obtain various reports based on matching to the roster. This functionality should be available by users by the end of 2021.

Can a provider with information about a patient's vaccination status submit that data into ALERT, for example, when a patient self-reports having received a COVID vaccination at another location?
Providers that have acceptable clinical documentation for any vaccination can report that immunization to ALERT IIS as a historical immunization. The provider should use their clinical judgement on accepting documentation from patients as proof of vaccination.

Can a provider submit additional demographic data, such as a patient's Medicaid ID number, into ALERT to enable better matching?
Yes, the IIS can accept multiple identifiers from patients, including Medicaid ID, when reported with an immunization. Demographic-only updates need to be made directly in the ALERT IIS user interface.

Can a CCO with information about a member's vaccination status submit that data into ALERT, for example, when the CCO has billing data showing that the member received a COVID vaccination?
Our preferred method is that CCOs work with Administering providers to ensure data entry is completed by the provider, or if the administering provider cannot be contacted, can work with Local Public Health Authorities to get the information entered ALERT IIS.

Health plans associated with CCOs often submit batch data to ALERT IIS, and CCOs can work with their health plans to ensure that members billing data is submitted in those files.

The state Medicaid program also submits a monthly file to ALERT IIS which contains billing data from members.

EOT measure details

Will members who received a vaccination in 2020 be counted for numerator credit?
Yes, immunizations administered any time before December 31, 2021 – including doses administered in 2020 – will be counted for numerator credit.

Does the measure exclude members in hospice care?
No, there is no hospice exclusion in the COVID EOT measure. Individuals with underlying medical conditions generally can receive COVID vaccines, per CDC guidance. Individuals in hospice may choose to be vaccinated – for example, to increase safety when they spend time with loved ones – and thus are not excluded from this measure.

Does the measure have an exclusion or exception for patient refusals or for medical contraindications?
No, consistent with the approach to other immunizations metrics, the EOT will not have exclusions or exceptions for refusals or medical contraindication. True medical contraindications are exceedingly rare and should not prevent a CCO from meeting its improvement target.

Are improvement targets set for each race and ethnicity group?
No, the improvement target for each CCO is calculated based on the overall population baseline. Each CCO has a single improvement target.

If a member is counted in the baseline and has since been deceased, does that member still count in the baseline used to calculate the CCO's improvement target?
Yes, a member who died later in the year would still be counted in the baseline. The baseline is meant to establish a population performance level and was calculated based on data in ALERT on or before March 31, 2021. OHA will not recalculate the baseline to account for members who died later in the year, but if OHA reruns the baseline for another reason (for example, additional data sources added to ALERT), updates in death records might also contribute at the margin to changes in the baseline.

Race and ethnicity data

Where can CCOs find race and ethnicity data on their members?

The member-level race and ethnicity data used in the COVID EOT report is shared with CCOs via 834s. In the 834, the detailed information is listed under MMIS Race Code Loop 2750. Specific to the COVID EOT metric, in the early fall, OHA will provide each CCO with a member-level COVID EOT metric report including race and ethnicity data. That member-level report will be provided in addition to the ongoing monthly reports of aggregated data on the COVID EOT measure uploaded to each CCO's SharePoint site.

How do the detailed race and ethnicity codes roll up?

This table shows how the codes from the MMIS Race Code Loop 2750 are rolled up for purposes of the COVID EOT metric.

MMIS Race Code	MMIS Race Code Description	EOT Race Description	SORT_ORDER
B	Black	African American/Black	1
BA	African American	African American/Black	1
BB	African	African American/Black	1
BC	Caribbean	African American/Black	1
BE	African/African American/Black - Other Black	African American/Black	1
BN	Black or African American	African American/Black	1
N	Black (Non-Hispanic)	African American/Black	1
G	Native American	American Indian/Alaskan Native	2
I	American Indian or Alaskan Native	American Indian/Alaskan Native	2
IA	Alaska Native	American Indian/Alaskan Native	2
IC	Canadian Inuit, Metis or First Nation	American Indian/Alaskan Native	2
IE	Other American Indian/Alaskan Native	American Indian/Alaskan Native	2
II	American Indian	American Indian/Alaskan Native	2
IM	Indigenous Mexican, Central American or South American	American Indian/Alaskan Native	2
A	Asian or Pacific Islander	Asian American	3
AC	Chinese	Asian American	3
AE	Other Asian	Asian American	3
AF	Filipino/a	Asian American	3
AH	Hmong	Asian American	3
AI	Asian Indian	Asian American	3
AJ	Japanese	Asian American	3
AK	Korean	Asian American	3
AL	Laotian	Asian American	3
AS	South Asian	Asian American	3
AV	Vietnamese	Asian American	3
D	Subcontinent Asian American	Asian American	3
F	Asian Pacific American	Native Hawaiian/Pacific Islander	4
J	Native Hawaiian	Native Hawaiian/Pacific Islander	4
P	Pacific Islander	Native Hawaiian/Pacific Islander	4
PE	Other Pacific Islander	Native Hawaiian/Pacific Islander	4
PG	Guamanian or Chamorro	Native Hawaiian/Pacific Islander	4
PM	Micronesian	Native Hawaiian/Pacific Islander	4

MMIS Race Code	MMIS Race Code Description	EOT Race Description	SORT_ ORDER
PS	Samoan	Native Hawaiian/Pacific Islander	4
PT	Tongan	Native Hawaiian/Pacific Islander	4
H	Hispanic	Hispanic/Latino	5
HC	Hispanic or Latino Central American	Hispanic/Latino	5
HE	Other Hispanic, Latino	Hispanic/Latino	5
HM	Hispanic or Latino Mexican	Hispanic/Latino	5
HS	Hispanic or Latino South American	Hispanic/Latino	5
C	Caucasian	White	7
CE	Other White	White	7
CM	Middle Eastern	White	7
CN	Northern African	White	7
CS	Slavic	White	7
CU	Eastern European	White	7
CW	Western European	White	7
O	White (Non-Hispanic)	White	7
W	WHITE	White	7
E	Other Race or Ethnicity	Other	8
7D	Decline to Answer	Did not answer	9
7N	Did Not Answer	Did not answer	9
##	Unknown	Unknown/undetermined	10
7	Not Provided	Unknown/undetermined	10
8	Not Applicable	Unknown/undetermined	10
U	Unknown	Unknown/undetermined	10
Z	Mutually Defined	Unknown/undetermined	10

Contact for questions about EOT specifications
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