

## Immunizations for Adolescents (IMA, CMIT #363)

### Measure Basic Information

**Name and date of specifications used:** OHA follows HEDIS® MY2026 Technical Specifications for Health Plans (Volume 2).

**Measure description:** The percentage of persons 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.

The measure calculates a rate for each vaccine and two combination rates.

**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/childrens-health-care-quality-measures/index.html>

**Measure Type:**

☒ HEDIS ☐ Survey ☐ Other Specify:

**Measure Utility:**

☒ CCO Incentive (Combo 2) ☐ 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

IMA Combo 2	2024	2025	2026
Benchmark for OHA measurement year	36.9%	40.9%	41.6%
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:	MY2019 national Medicaid median	MY2022 national Medicaid 75 <sup>th</sup> percentile	MY2023 national Medicaid 75 <sup>th</sup> 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.
- Deleted Tdap Vaccine Procedure Value Set and included CPT code 90715 in specs instead.

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 13th birthday.
- *Allowable gap:* No more than one gap of ≤45 days during the continuous enrollment period. No gap on the 13th birthday.

*Ages:* Persons who turn 13 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:

**Numerator 1 - Meningococcal** Either of the following meets criteria:

**serogroups  
A, C, W, Y**

- At least one meningococcal vaccine (serogroups A, C, W, Y or A, C, W, Y, B) (Meningococcal Immunization Value Set; Meningococcal Vaccine Procedure Value Set), with a date of service on or between the 10th and 13th birthdays.
- Anaphylaxis due to the meningococcal vaccine (SNOMED CT code 428301000124106) any time on or before the member's 13th birthday.

**Numerator 2 -  
Tdap** Any of the following meet criteria:

- At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine (CVX code 115; **CPT code 90715**), with a date of service on or between the member's 10th and 13th birthdays.
- Anaphylaxis due to the tetanus, diphtheria or pertussis vaccine (Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine Value Set) any time on or before the member's 13th birthday.
- Encephalitis due to the tetanus, diphtheria or pertussis vaccine (Encephalitis Due to Diphtheria, Tetanus or Pertussis Vaccine Value Set) any time on or before the member's 13th birthday.

**Numerator 3 -  
HPV** Any of the following meet criteria:

- At least two HPV vaccines (HPV Immunization Value Set; HPV Vaccine Procedure Value Set), on or between the 9th and 13th birthdays and with dates of service at least 146 days apart. ~~For example, if the service date for the first vaccine was March 1, then the service date for the second vaccine must be on or after July 25.~~
- At least three HPV vaccines (HPV Immunization Value Set; HPV Vaccine Procedure Value Set), with different dates of service on or between the member's 9th and 13th birthdays.
- Anaphylaxis due to the HPV vaccine (SNOMED CT code 428241000124101) any time on or before the member's 13th birthday.

**Combination 1  
(Meningococcal,  
Tdap)** Persons who are numerator compliant for both the meningococcal and Tdap indicators.

**Combination 2\*  
(Meningococcal,  
Tdap, HPV)** Persons who are numerator compliant for all three indicators (meningococcal, Tdap, HPV).

(See HEDIS MY2025 specifications or CMS Medicaid Child Core Set manual for detail codes in the Value Set.)

Note\*: Combo 2 (meningococcal, Tdap, HPV) rate is incentivized.

**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](mailto: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 supplemental anaphylaxis information submission is effective starting with MY2022 final validation (in May of 2023).

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 HPV must be documented in the EHR on or before the member's 13<sup>th</sup> 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.