



# **Prevention and Population Health, Fall 2019 Cycle, Track 1 Measures: CDP Report**

**TECHNICAL REPORT FOR CSAC REVIEW  
SEPTEMBER 25, 2020**

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## Executive Summary

Traditionally, medical care has been the primary focus of efforts to improve the health and wellbeing 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).<sup>1</sup> There is growing recognition of the role of social determinants of health (SDOH) in influencing health outcomes. Maintaining and improving the health and wellbeing 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.

Due to circumstances around the COVID-19 global pandemic, commenting periods for all measures evaluated in the fall 2019 cycle were extended from 30 days to 60 days. Based on the comments received during this 60-day extended commenting period, measures entered into one of two tracks. If the comments received required a post-comment meeting, the measures were moved to Track 2 and deferred to the spring 2020 cycle. All other measures continued on Track 1 as part of the fall 2019 cycle.

For Track 1: For measures reviewed in the fall 2019 cycle, the Standing Committee evaluated one newly submitted measure and one measure undergoing maintenance review against the National Quality Forum's standard evaluation criteria. The Committee recommended two measures for endorsement. The Consensus Standards Approval Committee (CSAC) upheld the Committee's recommendation.

Endorsed Measures:

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

Track 2: measures deferred to the spring 2020 cycle:

- **NQF 3483** Adult Immunization Status

This report contains details of the evaluation of measures assigned to Track 1 and are continuing in the fall 2019 cycle. The detailed evaluation summary of measures assigned to Track 2 and deferred to the spring 2020 cycle will be included in a subsequent report. Brief summaries of fall 2019 Track 1 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.<sup>2</sup> Population health describes the “health outcomes of a group of individuals, including the distribution of such outcomes within the group.”<sup>3</sup> 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.<sup>4</sup> Nearly 60 percent of deaths in the United States have been attributed to SDOH,<sup>5</sup> yet less than 5 percent of national health expenditures have been attributed to prevention services.<sup>6</sup> 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
<b>Total</b>	<b>21</b>	<b>11</b>

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](#). Two measures were assigned to Track 1 and are continuing in the fall 2019 cycle. One measure was assigned to Track 2 and deferred to the Spring 2020 cycle will be included in a subsequent report.

**Table 2. Prevention and Population Health Measure Evaluation Summary – Track 1**

	Maintenance	New	Total
Measures under consideration	1	1	2
Endorsed Measures	1	1	2

## 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 closed on May 28, 2020. Pre-meeting commenting closed on January 30, 2020. As of that date, no comments were submitted.

## Comments Received After Committee Evaluation

With the recent COVID-19 global pandemic, many organizations needed to focus their attention on the public health emergency. To provide greater flexibility for stakeholders and continue the important work in quality measurement, NQF extended commenting periods and adjusted measure endorsement timelines for the fall 2019 cycle.

Commenting periods for all measures evaluated in the fall 2019 cycle were extended from 30 days to 60 days. Based on the comments received during this 60-day extended commenting period, measures entered one of two tracks:

### **Track 1: Measures Continuing in Fall 2019 Cycle**

**Measures that did not receive public comments or only received comments in support of the Standing Committees' recommendations** will be reviewed by the CSAC on July 28–29, 2020.

- **Exceptions**

Exceptions were granted to measures if non-supportive comments received during the extended post-comment period were similar to those received during the pre-evaluation meeting period and were already adjudicated by the respective Standing Committees during the measure evaluation fall 2019 meetings.

### **Track 2: Measures Deferred to Spring 2020 Cycle**

**Fall 2019 measures requiring further action or discussion from a Standing Committee were deferred to the spring 2020 cycle.** This includes measures where consensus was not reached or those that require a response to member and public comments. Measures undergoing maintenance review retain endorsement during this time. Track 2 measures will be reviewed during the CSAC's meeting in November 2020.

During the fall 2019 CSAC meeting on July 28-29, 2020 the CSAC reviewed all measures assigned to Track 1. A list of measures assigned to Track 2 can be found in the [Executive Summary section](#) of this report for tracking purposes, but these measures will be reviewed by CSAC on November 17 and 18, 2020.

The extended public commenting period with NQF member support closed on May 28, 2020. Following the Committee's evaluation of the measures under consideration, NQF received two comments from two organizations and individuals pertaining to the draft report and to the measures under consideration. All comments for each measure under consideration have been summarized in [Appendix A](#).

Throughout the extended public commenting period, NQF members had the opportunity to express their support ("support" or "do not support") for each measure submitted for endorsement consideration to inform the Committee's recommendations. Two NQF organizations provided their expression of support.

## 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: Fall 2019 Measures, Track 1

The following brief summaries of the two 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): Endorsed**

**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 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 GiGiC was 83. The Committee passed this measure on reliability. It 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 GiGiC.

### *Immunization*

#### **3484 Prenatal Immunization Status (National Committee for Quality Assurance): Endorsed**

**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 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.

### **Measures Withdrawn from Consideration**

Two measures previously endorsed by NQF have not been resubmitted for maintenance of endorsement or have been withdrawn during the endorsement evaluation process. Endorsement for these measures will be removed.

**Table 3. Measures Withdrawn from Consideration**

Measure	Reason for withdrawal
0275: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 05)	Measure Steward (AHRQ) chose to withdraw measure for consideration
0283: Asthma in Younger Adults Admission Rate (PQI 15)	Measure Steward (AHRQ) chose to withdraw measure for consideration

## References

- 1 Eggleston EM, Finkelstein JA. Finding the Role of Health Care in Population Health. *JAMA*. 2014;311(8):797-798.
- 2 OECD. *Tackling Wasteful Spending on Health*. OECD; 2017. [https://www.oecd-ilibrary.org/social-issues-migration-health/tackling-wasteful-spending-on-health\\_9789264266414-en](https://www.oecd-ilibrary.org/social-issues-migration-health/tackling-wasteful-spending-on-health_9789264266414-en). Last accessed March 2020.
- 3 Kindig D, Stoddart G. What Is Population Health? *Am J Public Health*. 2003;93(3):380-383.
- 4 Social Determinants of Health | Healthy People 2020. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources>. Last accessed March 2020.
- 5 Kindig DA, Asada Y, Booske B. A Population Health Framework for Setting National and State Health Goals. *JAMA*. 2008;299(17):2081-2083.
- 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

### Track 1 – Endorsed Measures

0658 Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
<p><a href="#">Submission</a>   <a href="#">Specifications</a></p> <p><b>Description:</b> 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.</p> <p><b>Numerator Statement:</b> Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report</p> <p><b>Denominator Statement:</b> All patients aged 50 years to 75 years and receiving screening a screening colonoscopy without biopsy or polypectomy</p> <p><b>Exclusions:</b> 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 <math>\geq 66</math> years old, or life expectancy <math>&lt; 10</math> years, other medical reasons)</p> <p><b>Adjustment/Stratification:</b> No risk adjustment or risk stratification</p> <p><b>Level of Analysis:</b> Clinician: Individual</p> <p><b>Setting of Care:</b> Outpatient Services</p> <p><b>Type of Measure:</b> Process</p> <p><b>Data Source:</b> Claims, Electronic Health Data, Electronic Health Records, Other, Registry Data</p> <p><b>Measure Steward:</b> American Gastroenterological Association</p>
<p><b>STANDING COMMITTEE MEETING 02/18/2020</b></p> <p><b>1. Importance to Measure and Report:</b> <u>The measure meets the importance criteria</u> (1a. Evidence, 1b. Performance Gap)</p> <p>1a. Evidence: <b>M-15; L-0; I-3</b>; 1b. Performance Gap: <b>H-2; M-11; L-2; I-0</b></p> <p><u>Rationale:</u></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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%.</li> <li>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, GIGulC, a qualified clinician data registry, has a broader set of reporters and is likely more reflective of what is happening in the field, generally.</li> <li>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.</li> </ul>

**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 endowriter, 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"> <li>The measure does not compete with any measures.</li> </ul>
<b>6. Standing Committee Recommendation for Endorsement: Y-15; N-3</b>
<b>7. Public and Member Comment</b> <ul style="list-style-type: none"> <li>No comments received</li> </ul>
<b>8. Consensus Standards Approval Committee (CSAC) Vote (July 28, 2020): Y-9; N-2</b> Decision: Approved for continued endorsement
<b>9. Appeals</b> No appeals were received.

<b>3484 Prenatal Immunization Status</b>
<a href="#">Submission</a>   <a href="#">Specifications</a>
<p><b>Description:</b> Percentage of deliveries in the measurement period in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.</p> <p><b>Numerator Statement:</b> Deliveries in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.</p> <p><b>Denominator Statement:</b> Deliveries that occurred during the measurement period.</p> <p><b>Exclusions:</b> Deliveries that occurred at less than 37 weeks gestation.  Deliveries in which women were in hospice during the measurement period.</p> <p><b>Adjustment/Stratification:</b> No risk adjustment or risk stratification</p> <p><b>Level of Analysis:</b> Health Plan</p> <p><b>Setting of Care:</b> Outpatient Services</p> <p><b>Type of Measure:</b> Composite</p> <p><b>Data Source:</b> Claims, Electronic Health Data, Electronic Health Records, Enrollment Data, Management Data, Other, Registry Data</p> <p><b>Measure Steward:</b> National Committee for Quality Assurance</p>
<p><b>STANDING COMMITTEE MEETING 02/18/2020 and 02/20/2020</b></p> <p><b>1. Importance to Measure and Report: <u>The measure meets the importance criteria</u></b>  (1a. Evidence, 1b. Performance Gap, 1c. Composite – Quality Construct)  1a. Evidence: <b>H-8; M-8; L-1; I-0</b>; 1b. Performance Gap: <b>H-9; M-9; L-0; I-0</b>; 1c. Composite – Quality Construct: <b>H-6; M-10; L-1; I-0</b></p> <p><b>Rationale:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>The developer cited data extracted from 2018 HEDIS data collection reflecting the most recent year of measurement.</li> <li>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.</li> <li>The Committee agreed that the evidence provided supported the measure; and there is evidence of a performance gap among health plans.</li> <li>The Committee requested that the developer provide data on racial, ethnic, and SES disparities in performance during the measure's next review cycle.</li> </ul>
<p><b>2. Scientific Acceptability of Measure Properties: <u>The measure meets the scientific acceptability criteria</u></b>  (2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity, 2c. Composite construction)</p>

2a. Reliability: **Yes-17; No-1** 2b. Validity: **Yes-18; No-1** 2c. Composite Construction: **H-4; M-14; L-2; I-0**

- 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.
- 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 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 potential harms.
- 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.

**5. Related and Competing Measures**

- This measure is related to the influenza measures within the portfolio:
  - 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.

**6. Standing Committee Recommendation for Endorsement: Y-21; N-0**

**7. Public and Member Comment**

- American Immunization Registry Association (AIRA) provided a comment strongly supporting the endorsement of the Prenatal Immunization Status (PRS) measure. They emphasized the importance of public health Immunization Information Systems (IIS) to contribute to more complete, quality vaccination data among adults to inform efforts to improve vaccine uptake, access, and delivery.
- American College of Obstetricians and Gynecologists (ACOG) provided a comment in support of the Prenatal Immunization Status measure mentioning that the measure encourages the meeting of all nationally accepted immunization guidelines.

**8. Consensus Standards Approval Committee (CSAC) Vote (July 28, 2020): Y-11; N-0**

Decision: Approved for endorsement

**9. Appeals**

No appeals were received.



## Appendix B: Prevention and Population Health Portfolio—Use in Federal Programs<sup>a</sup>

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 (PQI 10)	No federal program usage specified for this measure.

<sup>a</sup> Per CMS Measures Inventory Tool as of 2/28/2020

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

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 McInerny, 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

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**Philip Alberti, PhD**

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

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**Jayaram Brindala, MD, MBA, MPH**

Chief Medical Officer for Population Health, AdventHealth

Maitland, Florida

**Ron Bialek, MPP, CQIA**

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Clinical Associate Professor of Medicine, Weill Cornell Medicine

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**Gigi Chawla, MD, MHA**

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Executive Director, National Indian Council on Aging

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**Barry-Lewis Harris, II, MD**

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**Catherine Hill, DNP, APRN**

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

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**Amy Nguyen Howell, MD, MBA, FAAFP**

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**Ronald Inge, DDS**

Chief Dental Officer & Vice President of Professional Services, Delta Dental of Missouri  
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**Julia Logan, MD, MPH**

Associate Medical Director, California Department of Health Care Services  
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State MCH Epidemiologist and Director Lifecourse Epidemiology and Genomics,  
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Lansing, Michigan

**Amy Minnich, RN, MHSA**

Director, Geisinger Health System  
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**Bruce K. Muma, MD, FACP**

Chief Medical Officer and President and CEO, Henry Ford Physician Network  
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NQF Senior Consultant

## Appendix D: Measure Specifications

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### 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

## 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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### 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

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.

#### 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  $\geq 66$  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.



**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  $\geq 66$  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.

#### **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 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  $\geq 6$  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

*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](http://www.QualityNet.org), are also available for the CART tool. These tools are posted on [www.QualityNet.org](http://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**

No NQF member comments were received during the pre-commenting period.

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