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Prevention and Population Health, Spring 2022 Cycle: CDP Report

TECHNICAL REPORT
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Contents

Executive Summary

Prevention and population health has a central role in the mitigation of disease and the improvement of the nation's health. Prevention and population health services are often characterized by routine disease screening practices and various methods of risk assessment as well as early disease detection and treatment. A study titled "Impact of Preventive Service on Personal Expenditure" revealed that primary clinical preventive services have an estimated net savings of $7 billion on personal health expenditures.[1] The prevention-based population health approach remains a relevant practice across all domains of disease control and provides a commonly shared roadmap for clinical health professions to optimally engage their patients.

Performance measures are necessary tools for assessing improvements in population health, as well as the extent to which healthcare stakeholders are using evidence-based strategies (e.g., prevention programs, health screenings, and community needs assessments) to advance the quality of care. 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 (CDP).

For this cycle, the Standing Committee evaluated two newly submitted measures and four measures undergoing maintenance review against NQF's standard evaluation criteria. The Standing Committee recommended all six measures for endorsement. The Consensus Standards Approval Committee (CSAC) upheld the Standing Committee's recommendations.

The endorsed measures are listed below:

- NQF #2528 Topical Fluoride for Children, Dental Services (American Dental Association [ADA])
- NQF #3700 Prevention: Topical Fluoride for Children, Dental Oral Health Services (ADA)
- NQF #3701 Prevention: Topical Fluoride for Children, Oral Health Services (ADA)
- NQF #0680 Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay) (Centers for Medicare & Medicaid Service [CMS])
- NQF #0041 Preventive Care and Screening: Influenza Immunization (National Committee for Quality Assurance [NCQA])
- NQF #0431 Influenza Vaccination Coverage Among Healthcare Personnel (Centers for Disease Control and Prevention [CDC])

Brief summaries of the measures and their evaluations are included in the body of the report; detailed summaries of the Standing Committee's discussion and ratings of the criteria for each measure are in Appendix A.

Introduction

Population health focuses on disease and illness but also on prevention and health promotion for an identified group of people. The result of these activities should achieve positive health outcomes within the identified population. Population health activities also look to reduce health inequities and disparities across populations; however, nearly 50 percent of health outcomes are affected by social determinants of health (SDOH),[2] which include housing, food and nutrition, transportation, social and economic mobility, education, and environmental conditions.[2] While SDOH are important to improving the population's health, less than 5 percent of national health expenditures have been attributed to prevention services.[3] Measures reviewed during this cycle focused on topical fluoride and influenza vaccination.

Topical Fluoride

Dental caries, in the United States (U.S.), is one of the most common chronic preventable diseases in children. By adulthood, about 1 in 5 children have untreated tooth decay,[4] and children living in poverty are more than twice as likely to have tooth decay that has not been treated. Poor oral health has been associated with lower grades and more school days missed.[4] Application of topical fluoride has been shown to prevent 80 percent of childhood cavities in molars.[4] While topical fluoride has been shown to prevent cavities, an estimated 6.5 million children have not received topical fluoride,[4] even though it can be applied at a dental office or within a medical office, such as a pediatrician or family practice clinic. The Standing Committee evaluated three measures this cycle that assess topical fluoride application (NQF #2528, NQF #3700, and NQF #3701).

Influenza Vaccination

Influenza, or the flu, is a contagious illness that causes respiratory symptoms.[5] Seasonal influenza causes many symptoms that most healthy people can recover from. For those who are high risk, very young or very old, pregnant women, healthcare workers, and those with other serious health conditions, contracting influenza can result in serious illness and even death.[5] Vaccinations, such as the influenza vaccine, help protect the population from serious illness and death by helping the immune system fight viral infections more effectively.[6] The Standing Committee evaluated three measures this cycle that assess influenza vaccination rates (NQF #0431, NQF #0680, and NQF #0041).

NQF Portfolio of Performance Measures for Prevention and Population Health Conditions

The Prevention and Population Health Standing Committee (Appendix C) oversees NQF's portfolio of Prevention and Population Health measures (Appendix B), which includes measures for dental care, cancer screenings, immunizations, and well-child visits. This portfolio contains 23 measures: 20 process measures, one outcome measure, and two composite measures.

Additional measures have been assigned to other portfolios. These include healthcare-associated infection measures (Patient Safety), care coordination measures (Geriatrics and Palliative Care), imaging efficiency measures (Cost and Efficiency), and a variety of condition- or procedure-specific outcome measures (e.g., Cancer, Cardiovascular, and Renal).

Prevention and Population Health Measure Evaluation

On July 7, 2022, the Prevention and Population Health Standing Committee evaluated two new measures and four measures undergoing maintenance review against NQF's standard measure evaluation criteria.

Table 1. Prevention and Population Health Measure Evaluation Summary

Measure	Maintenance	New	Total
Measures under review for endorsement	4	2	6
Measures endorsed	4	2	6

Comments Received Prior to Standing Committee Evaluation

NQF accepts comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). In addition, NQF solicits comments for a continuous period during each evaluation cycle via an online tool located on the project webpage. For this evaluation cycle, the commenting period opened on May 18, 2022, and pre-meeting commenting closed on June 15, 2022. Prior to June 15, 2022, two comments were submitted and shared with the Standing Committee prior to the measure evaluation meeting (Appendix F).

Comments Received After Standing Committee Evaluation

The continuous public commenting period with NQF member support closed on September 13, 2022. Following the Standing Committee's evaluation of the measures under review, NQF received one comment from one organization, which is an NQF member organization, pertaining to the draft report and to the measures under review (Appendix G). All comments for each measure under review have also been summarized in Appendix A.

NQF members had the opportunity to express their support ("support" or "do not support") for each measure submitted for endorsement consideration to inform the Standing Committee's recommendations during the commenting period. Two NQF members expressed "support" for NQF #0041.

Summary of Measure Evaluation

The following brief summaries of the measure evaluation highlight the major issues that the Standing Committee considered. Details of the Standing Committee's discussion and ratings of the criteria for each measure are included in Appendix A.

Influenza Vaccination

NQF #0041 Preventive Care and Screening: Influenza Immunization (National Committee for Quality Assurance [NCQA]): Endorsed

Description: 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; **Measure Type**: Process; **Level of Analysis**: Clinician: Individual; **Setting of Care**: Other; **Data Source**: Claims, Registry Data

This individual clinician-level measure was originally endorsed in 2009 and last retained endorsement in 2017. It is currently used in the Centers for Medicare & Medicaid Services' (CMS) Quality Payment Program (QPP), and the measure performance results and scores, which are publicly available and identifiable by clinician and group on the Physician Compare website annually, are published by CMS.

The Standing Committee considered the evidence, which included updated recommendations from the Advisory Committee on Immunization Practices (ACIP) and updated studies that indicate vaccination provides important protection from influenza illness and its potential complications. The Standing Committee agreed that the updated evidence was directionally the same but stronger from the prior review and passed the measure on evidence. The Standing Committee also noted regional differences in vaccination rates and differences in flu vaccination by age, gender, and race/ethnicity. The Standing Committee agreed that the noted variation was indicative of a gap and passed the measure on performance gap.

The Standing Committee expressed concern with the lack of requirement for documentation, but it ultimately agreed that most measures generally have imperfect specification dynamics and are still suitable for quality improvement purposes. The Standing Committee inquired whether patients who report receiving vaccination outside of the reporting time frame, October 1 through March 31, are counted in the numerator. The developer confirmed that patients who report previous receipts of vaccination, outside of the Oct 1 – March 1 influenza season, would still apply in the numerator and to that respective flu season. The Standing Committee had no further questions on the measure specifications or reliability testing and passed the measure on reliability.

The Standing Committee understood that no exclusions were identified in the submission; however, it sought clarification from the developer on the denominator exception, which states that vaccine declinations due to medical or patient reasons should be removed from the denominator. The Standing Committee expressed concern with this exception, sharing that this may present potential misrepresentation in the performance score and a potential threat to validity. The developer explained that removing patients who do not receive a vaccine due to an allergy, medical reasons, refusal, declination, availability of vaccination, etc., does not distort the performance score but instead enhances the integrity of the calculation. Furthermore, the developer stated that the exception is slightly different from an exclusion in that it accounts for any of those conditions that remove a patient from the denominator if the numerator is not met. The Standing Committee advised separation of vaccination declination from immunization rates in future measure development and ultimately accepted the developer's clarifications and passed the measure on validity.

The Standing Committee noted that the required data elements are available in electronic form and are generated by healthcare personnel other than the original data collector. The Standing Committee passed the measure on feasibility. The Standing Committee noted that the measure is used in the CMS QPP, and the measure scores are available on the Physician Compare website. The Standing Committee passed the measure on use. The Standing Committee also noted improvement in performance between 2014 and 2020 and passed the measure on usability and overall suitability for endorsement.

During the post-evaluation commenting period, one comment was received. The comment was supportive of the measure but did offer a suggestion for improvement, namely, to give credit to the providers that provide education to patients, even if the patient declines a vaccination. The developer responded, noting that the measure is designed to not penalize providers for patients who decline vaccination by documenting the reason for not administering an influenza immunization. The Standing Committee did not have any concerns and maintained its endorsement decision. During the CSAC meeting on December 9, 2022, the CSAC upheld the Standing Committee's recommendation and endorsed the measure. No appeals were received.

NQF #0431 Influenza Vaccination Coverage Among Healthcare Personnel (Centers for Disease Control and Prevention [CDC]): Endorsed

Description: Percentage of healthcare personnel (HCP) who receive the influenza vaccination; **Measure Type**: Process; **Level of Analysis**: Facility; **Setting of Care**: Post-Acute Care, Outpatient Services, Inpatient/Hospital; **Data Source**: Other, Electronic Health Records, Paper Medical Records, Management Data, Instrument-Based Data

This facility-level measure was originally submitted for endorsement in 2008 and last retained endorsement in 2015. It is publicly reported nationally in the CMS Hospital Inpatient Quality Reporting (IQR) Program, CMS Inpatient Rehabilitation Facility (IRF) Quality Reporting Program, and CMS Long-Term Care Hospital (LTCH) Quality Reporting Program.

The Standing Committee acknowledged that the evidence was directionally the same but stronger than the evidence from the previous review and passed the measure on evidence. The Standing Committee also highlighted the performance data submitted for acute care hospitals, ambulatory surgery centers, and long-term care facilities and discussed that performance rates went down 3 to 4 percent overall in all the facilities, probably due to the coronavirus disease 2019 (COVID-19) pandemic. Additionally, the Standing Committee noted that the performance rate gaps are smaller in all the facilities, but that variation exists between the different facilities, which is therefore an argument for measurement. The Standing Committee highlighted that the disparities data are not captured through this measure similar to how sociodemographic variables are not captured. The Standing Committee agreed that variation existed and that it indicated a gap and passed the measure on performance gap.

The Standing Committee acknowledged that the reliability testing and measure specifications have not been updated since the last review. It questioned whether remote workers are included in the measure. The developer clarified that the measure only captures employees who work in the facility at least one day a week and that completely remote employees are excluded. The Standing Committee ultimately passed the measure on reliability. The Standing Committee also acknowledged that the validity testing has not been updated since the last review; however, it discussed threats to validity, including facilities that utilize non-employee staff, such as contract personnel. The developer stated that non-employees are not included and that this is a primary weakness of the measure. In addition, the developer explained that when the measure was being developed, the reliability and validity data that were captured on non-employees were poor; thus, they were excluded. The Standing Committee also questioned how staff turnover affects the denominator. The developer explained that if an employee worked only one day, they would be included in the measure. The Standing Committee had no further questions and passed the measure on validity.

The Standing Committee agreed that the measure is feasible and publicly reported via CMS Hospital IQR Program, CMS IRF Quality Reporting Program, and CMS LTCH Quality Reporting Program. The Standing Committee noted that acute care hospitals and ambulatory surgery centers had decreased rates of vaccinations from the 2019–2020 season to the 2020–2021 season. The developer explained that this was due to a CMS data exception to data submission that was provided during the pandemic. Additionally, the Standing Committee questioned why the number of ambulatory surgery centers reporting data from the 2015–2021 season dropped from 4,278 to 461 facilities. The developer explained that the decrease in ambulatory surgery centers reporting is due to the measure now being optional and not required for CMS ambulatory surgery center reporting. The Standing Committee accepted this explanation and passed the measure on feasibility, use, usability, and overall suitability for endorsement.

No public or member comments were received during the commenting period for this measure. During the CSAC meeting on December 9, 2022, the CSAC upheld the Standing Committee's recommendation and endorsed the measure. No appeals were received.

NQF #0680 Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay) (Centers for Medicare & Medicaid [CMS]): Endorsed

Description: This measure captures the percentage of short-stay nursing home 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 denominator consists of short-stay residents. Short-stay residents are identified as those who have had 100 or fewer days of nursing home care. *Note: While the IVS officially begins when the vaccine becomes available, which may be before October 1, the target period 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; **Measure Type**: Process; **Level of Analysis**: Facility; **Setting of Care**: Post-Acute Care; **Data Source**: Assessment Data

This facility-level measure was originally endorsed in 2011 and last retained endorsement in 2017. It is publicly reported through the Care Compare website and Provider Data Catalogue.

The Standing Committee highlighted the evidence and noted a decrease in hospitalizations and deaths in adults ages 65 and older who received the influenza vaccination. The Standing Committee agreed that the updated evidence was directionally the same but stronger than the evidence from the previous review and passed the measure on evidence. The Standing Committee observed a modest increase in the national facility-level vaccination rate mean scores between the 2013–2014 and 2018–2019 influenza seasons. The Standing Committee further observed variation in performance according to race and socioeconomic status and agreed that the variation presents an opportunity for improvement. The Standing Committee ultimately passed the measure on performance gap.

The Standing Committee expressed concern about the measure specifications and asked whether the reported measure scores were inclusive of all the aggregated numerator components (i.e., received vaccination, offered and declined vaccination, and ineligible due to contraindication) or whether the measure scores represent only those who received the vaccination. The developer explained that any reference of vaccination rates in the data refers to a complete measure rate that is reflective of the aggregation of all three numerator components. The Standing Committee posited that vaccination refusal (or those who are medically ineligible) does not constitute vaccination performance and advised not to aggregate the vaccination declination count into the numerator. The developer expressed their understanding of the potential room for conflation of the measure's meaning and interpretation of the measure scores. The Standing Committee ultimately passed the measure on reliability.

The Standing Committee agreed that the patient/encounter-level data demonstrated high consistency and nearly perfect agreement among nurses completing the assessment and that the accountable-entity level data indicated moderate convergent validity. The Standing Committee expressed a desire for disaggregated data that separate the actual vaccination rate and separately report the validity of that component from the process of assessment. The developer explained that the original intention of the measure's design was to capture provider effort/engagement by calculating the percentage of residents that the providers took actions to assess. The Standing Committee acknowledged the developer's explanation and agreed that if it is examining intention, then the measure as it is currently constructed is adequate. The Standing Committee ultimately passed the measure on validity.

The Standing Committee noted that the required data elements are electronically available and generated by healthcare personnel other than the original person collecting the data. The Standing Committee then passed the measure on feasibility. The Standing Committee also noted that the measure is publicly reported in the CMS Care Compare and Provider Data Catalog and is used in the CMS Certification and Survey Provider Reports (CASPER) program. The Standing Committee ultimately passed the measure on use. The Standing Committee noted improvement in performance between 2014 and 2020 and passed the measure on usability. The Standing Committee also noted an increase in the mean performance score between the 2013–2014 and 2018–2019 influenza seasons, and it passed the measure on usability and overall suitability for endorsement.

No public or member comments were received during the commenting period for this measure. During the CSAC meeting on December 9, 2022, the CSAC upheld the Standing Committee's recommendation and endorsed the measure. No appeals were received.

Topical Fluoride

NQF #2528 Prevention: Topical Fluoride for Children, Dental Services (American Dental Association [ADA]): Endorsed

Description: Percentage of children aged 1 through 20 years who received at least 2 topical fluoride applications as dental services within the reporting year. The measure is specified for reporting at the program (e.g., Medicaid, CHIP, Health Insurance Marketplaces) and plan (e.g., dental and health plans) levels for both public and private/commercial reporting; **Measure Type**: Process; **Level of Analysis**: Other, Health Plan, Health Plan; **Setting of Care**: Outpatient Services; **Data Source**: Claims

This health-plan and program-level measure was originally submitted for endorsement in 2014 and retained endorsement in 2017. It is paired with two other topical fluoride measures: NQF #3701 *Prevention: Topical Fluoride for Children, Oral Health Services* and NQF #3700 *Prevention: Topical Fluoride for Children, Dental or Oral Health Service*. This measure can be reported as a stand-alone measure; however, it is being grouped with these two complementary measures to enable more robust quality improvement efforts. It is publicly reported nationally in the Center for Oral Health Systems Integration and Improvement (COHSII) Oral Health Quality Indicators for the Maternal and Child Health Population and has been adopted for use by CMS for Child Core Health Care Quality Measurement for fiscal year (FY) 2022 reporting conducted by state Medicaid and the Children's Health Insurance Program (CHIP). The measure is also currently utilized in multiple state Medicaid quality and payment programs.

The Standing Committee acknowledged that the updated evidence was directionally the same but stronger from the previous review. The Standing Committee noted that the evidence led to support an update to the measure denominator and that the denominator now includes all children ages 1–20 years, instead of those at high risk. The Standing Committee requested clarification regarding the prior high-risk definition. The developer explained that the high-risk definition included children who had prior carries and that many children were missed; thus, the denominator was updated. The Standing Committee agreed that the evidence existed to support the measure and passed it on evidence. The Standing Committee agreed that variation existed and that it indicated a performance gap. It also agreed that disparities exist and passed the measure on performance gap.

The Standing Committee highlighted the reliability testing and acknowledged that the developer performed testing at the program level, but not at the health-plan level. The developer justified this decision by stating that the program data are transferrable to the plan level. The Standing Committee agreed that the testing at the program level is transferable to the health-plan level and passed the measure on reliability. The Standing Committee noted that prior patient/encounter-level validity testing was submitted, and this testing remains valid. The Standing Committee noted that the new testing submitted was only performed at the program level, but it is also transferable to the health-plan level. The Standing Committee ultimately passed the measure on validity.

The Standing Committee agreed that the measure is feasible and is used within state Medicaid programs, along with being adopted for use by CMS for Child Core Health Care Quality Measurement. The Standing Committee expressed a concern regarding a potential unintended consequence: The three paired fluoride measures could increase healthcare costs, considering the measures may increase the number of visits that a patient needs. However, the Standing Committee ultimately agreed that the there is no evidence that an increased number of visits causes harm. The Standing Committee also questioned whether health plan performance might look worse if fluoride services were mostly provided by dentists. The developer explained that the important factor is that children obtain the services and having the three paired measures together will allow for more robust assessment of the services provided. The Standing Committee accepted this explanation and passed the measure on feasibility, use, usability, and overall suitability for endorsement.

No public or member comments were received during the commenting period for this measure. During the CSAC meeting on December 9, 2022, the CSAC upheld the Standing Committee's recommendation and endorsed the measure. No appeals were received.

NQF #3700 Prevention: Topical Fluoride for Children, Dental or Oral Health Services (ADA): Endorsed

Description: Percentage of children aged 1 through 20 years who received at least 2 topical fluoride applications as dental or oral health services within the reporting year. The measure is specified for reporting at the program (e.g., Medicaid, CHIP, Health Insurance Marketplaces) and plan (e.g., dental and health plans) levels for both public and private/commercial reporting; **Measure Type**: Process; **Level of Analysis**: Other, Health Plan; **Setting of Care**: Outpatient Services; **Data Source**: Claims

This program- and health plan-level measure was newly submitted for endorsement. It is not yet implemented in a quality program. The Standing Committee agreed that the evidence supported the measure but asked the developer how the measure is applied at the plan level since not every plan is integrated with both medical and dental programs. The developer noted that it depends on the nature of the plan: If a plan has both dental and medical coverage, they would use this measure, which combines dental and oral health services, whereas if the plan only had one or the other, they would likely use one of the other measures (NQF #2528 and NQF #3701) in the group. The Standing Committee ultimately passed the measure on evidence.

A Standing Committee member questioned whether the Standing Committee should be concerned that the developer is not capturing numerator events, given that the performance gap is so high. Other Standing Committee members stated that with a service like topical fluoride, which requires two treatments each year, there is often a large gap. The developer noted that 71 percent is an accurate reflection of the gap, further stating that when the performance of one treatment is evaluated, the numbers are much higher; however, when the performance of the recommended two treatments is evaluated, the performance drops. The Standing Committee agreed that a gap exists in care and that it warrants a national performance metric. The Standing Committee ultimately passed the measure on performance gap.

One Standing Committee member asked how dual eligibility is factored into the data set, to which another Standing Committee member noted that the youngest someone can be to qualify for Medicare is 20 years of age; therefore, a dual-eligible individual would not be a factor in this case. The Standing Committee did not express any concerns regarding the reliability testing and passed the measure on reliability. The Standing Committee expressed one concern for validity testing regarding if a parent refuses the service because of unclear recollection of whether the child already received the service. One Standing Committee member noted that this concern is not unique to this measure. Other Standing Committee members noted that the measure is based on claims data, not parent recollection, and that the patient/encounter-level validation that was performed showed high agreement. Another Standing Committee member noted that while the measure does use claims data, patient recollection could be a factor in determining whether the service is offered and therefore registered in claims data. Despite this concern, the Standing Committee passed the measure on validity.

The Standing Committee noted that while the measure is technically feasible, the provider could face a challenge in not being able to easily identify whether a service has been provided because medical and

dental records are often not integrated. The developer reminded the Standing Committee that the measure is claims based and specified for reporting at the program and plan levels; therefore, it is not a clinician-focused measure. The Standing Committee recognized this but noted that even a measure at the program or plan level will have an impact on the clinicians; therefore, it is important to consider. One Standing Committee member noted that if it is difficult to provide the service in certain circumstances, this may mean that the proportion of people who receive the treatment will be low; however, this also does not mean that the measure has any issues with its feasibility for data collection. The Standing Committee ultimately passed the measure on feasibility.

The Standing Committee noted that the measure is new and not in use but does have planned uses in public reporting programs. The Standing Committee expressed a concern regarding the potential overuse of topical fluoride treatment but acknowledged that because the performance gap in treatment is high, the overuse of fluoride would ultimately not be a concern at this time. The Standing Committee passed the measure on use, usability, and overall suitability for endorsement.

No public or member comments were received during the commenting period for this measure. During the CSAC meeting on December 9, 2022, the CSAC upheld the Standing Committee's recommendation and endorsed the measure. No appeals were received.

NQF #3701 Prevention: Topical Fluoride for Children, Oral Health Services (ADA): Endorsed

Description: Percentage of children aged 1 through 20 years who received at least 2 topical fluoride applications as oral health services within the reporting year. The measure is specified for reporting at the program and plan levels for both public and private/commercial reporting; **Measure Type**: Process; **Level of Analysis**: Health Plan, Other; **Setting of Care**: Outpatient Services; **Data Source**: Claims

This program- and health plan-level measure was newly submitted for endorsement. It is not yet implemented in a quality program. The Standing Committee noted that the evidence was similar to the evidence presented for NQF #2728 and NQF #3700, and no further conversation was held. The Standing Committee highlighted the performance gap data that the developer presented and did not have any concerns. The Standing Committee also acknowledged the importance of the measure and passed it on evidence and performance gap.

The Standing Committee highlighted the reliability and validity testing and did not express any concerns, as the testing was largely similar to the testing conducted for NQF #2528 and NQF #3700. One Standing Committee member clarified that Current Procedural Terminology (CPT) code 99188, which is a data element used in the measure, is the topical application of fluoride performed by dentists or other practitioners. The Standing Committee ultimately passed the measure on reliability and validity.

The Standing Committee noted the measure was feasible, considering all data elements are in defined fields in electronic claims and the measure is designed to avoid using software or other materials that require licensing fees. The Standing Committee noted that the measure was not currently in use but has planned use in public reporting programs. The Standing Committee passed the measure on feasibility, use, usability, and overall suitability for endorsement.

No public or member comments were received during the commenting period for this measure. During the CSAC meeting on December 9, 2022, the CSAC upheld the Standing Committee's recommendation and endorsed the measure. No appeals were received.

Measures Withdrawn From Consideration

Four measures previously endorsed by NQF either have not been resubmitted for maintenance of endorsement or were withdrawn during the endorsement evaluation process. Endorsement for these measures has been removed.

Table 2. Measures Withdrawn From Consideration

Measure	Reason for Withdrawal
NQF #0039 Flu Vaccinations for Adults Ages 18 and Older	The developer no longer wishes to maintain endorsement of this measure since it has been incorporated into a broader NQF-endorsed measure, NQF #3620 *Adult Immunization Status*.
NQF #0041e Preventive Care and Screening: Influenza Immunization	The developer is no longer able to support the measure.
NQF #0226 Influenza Immunization in the ESRD Population (Facility Level)	The developer is retiring the measure.
NQF #0681 Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (long stay)	The developer has retired this measure because it is topped out.

References

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3 Bipartisan Policy Center. Lots to Lose: How America's Health and Obesity Crisis Threatens our Economic Future. https://bipartisanpolicy.org/report/lots-lose-how-americas-health-and-obesity-crisis-threatens-our-economic-future/. Last accessed August 2022.

4 Susan O. Griffin, Liang Wei, Barbara F. Gooch, et al. Vital Signs: Dental Sealant Use and Untreated Tooth Decay Among U.S. School-Aged Children. *MMWR Morb Mortal Wkly Rep*. 2016;65. https://www.cdc.gov/mmwr/volumes/65/wr/mm6541e1.htm. Last accessed August 2022.

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6 Office of Infectious Disease and HIV/AIDS Policy (OIDP). Vaccines Protect You. HHS.gov. https://www.hhs.gov/immunization/basics/work/prevention/index.html. Published April 26, 2021. Last accessed August 2022.

Appendix A: Details of Measure Evaluation

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

NQF ensures that quorum is maintained for all live voting. Quorum is 66 percent of active Standing Committee members minus any recused Standing Committee members. Due to the exclusion of recused Standing Committee members from the quorum calculation, the required quorum for live voting may vary among measures. During the measure evaluation meeting on July 7, 2022, the quorum required for voting was not achieved (14 out of 21 Standing Committee members for all measures). Therefore, the Standing Committee discussed all criteria for each measure and voted after the meeting using an online voting tool. The Standing Committee received a recording of the meeting and a link to submit online votes. Voting results are provided below. The post-comment call was not held for the spring cycle, as all comments received were in support of the Standing Committee's recommendations.

A measure is recommended for endorsement by the Standing Committee when greater than 60 percent of voting members select a passing vote option (i.e., Pass, High and Moderate, or Yes) on all must-pass criteria and overall suitability for endorsement. A measure is not recommended for endorsement when less than 40 percent of voting members select a passing vote option on any must-pass criterion or overall suitability for endorsement.

Measures Endorsed

NQF #0041 Preventive Care and Screening: Influenza Immunization

Measure Worksheet | Specifications

Description: 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

Numerator Statement: Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization.

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

Exclusions: None.

Adjustment/Stratification: No additional risk adjustment analysis included
No risk adjustment or stratification

Level of Analysis: Clinician: Individual

Setting of Care: Other

Type of Measure: Process

Data Source: Claims, Registry Data

Measure Steward: National Committee for Quality Assurance (NCQA)

STANDING COMMITTEE MEETING [July 7, 2022]

1. Importance to Measure and Report:

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

1a. Evidence: **Total votes-14**; **H-0**; **M-14**; **L-0**; **I-0**; 1b. Performance Gap: **Total votes- 14; H-4**; **M-10**; **L-0**; **I-0**

Rationale:

- The Standing Committee considered the updated evidence submitted for the measure, which included updated information on the Advisory Committee on Immunization Practices' (ACIP) clinical practice guideline recommendations and updated studies that indicate [that] vaccination provides important protection from influenza illness and its potential complications.

- The Standing Committee noted additional strength in the evidence, which cited ACIP's reporting on six influenza seasons beginning 2010–11 through 2015–16 and revealed that influenza vaccination prevented an estimated 1.6–6.7 million illnesses, 790,000–3.1 million outpatient medical visits, 39,000–87,000 hospitalizations, and 3,000–10,000 respiratory and circulatory deaths.
- The Standing Committee agreed that the updated evidence was directionally the same but stronger from the previous review and passed the measure on evidence.
- The Standing Committee observed the clinician-level performance data submitted on behalf of 4,032 reporting clinicians in 2020, and it noted a mean performance rate of 69.81 percent and an interquartile (IQE) range of 51 percent.
- The Standing Committee noted regional differences in vaccination rates and differences in flu vaccination by age, gender, and race/ethnicity.
- The Standing Committee agreed that the noted variation was indicative of a gap and passed the measure on performance gap.

2. Scientific Acceptability of Measure Properties:
(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)
2a. Reliability: **Total votes-14**; **H-8**; **M-6**; **L-0**; **I-0**; 2b. Validity: **Total votes-14**; **H-2**; **M-12**; **L-0**; **I-0**
Rationale:

- The Scientific Methods Panel (SMP) did not review this measure.
- The Standing Committee inquired about one of the measure specifications, specifically the patient self-reporting element, and asked whether patients must provide documentation of vaccination or whether self-reporting is deemed acceptable. The developer explained that documentation is not required, and self-reporting is accepted.
- The Standing Committee expressed slight concern with the self-reporting option versus required documentation, but it ultimately agreed that most measures generally have imperfect specification dynamics and are still suitable for quality improvement purposes.
- The Standing Committee inquired about whether patients who report receiving vaccination outside of the reporting time frame, October 1 through March 31, count favorably towards the measure. In response, the developer confirmed that patients who report previous receipt of vaccination external to Oct 1 – March 1 would still apply in the numerator and to that respective flu season.
- The Standing Committee highlighted the reliability testing, which was conducted at the accountable-entity level. The Standing Committee noted that the developer conducted the signal-to-noise reliability test using the beta-binomial model to assess the performance of 7,789 practices, 85 percent of which were majority single practitioners, in the previous period of January 1 – December 2018. Citing a reliability testing score of 0.99 for the 2020 performance year, the Standing Committee agreed that the measure is highly reliable and passed it on reliability.
- The Standing Committee discussed the validity testing, which was conducted at the accountable-entity level. The Standing Committee observed the developer's reported Pearson correlation coefficient value of 0.8111 and agreed with the developer's indication that a positive and high association exists with the pneumococcal vaccination measure. The Standing Committee also agreed that there is a strong likelihood that those who perform well on the pneumococcal measure will perform well on the influenza measure.
- The Standing Committee understood that no exclusions were identified in the submission, but it sought clarification from the developer on the distinction of a denominator exception, specifically the exception that states that vaccine declinations due to medical or patient reasons should be removed from the denominator.

- The Standing Committee expressed concern with this exception, sharing that this may present potential misrepresentation in the performance score and a potential threat to validity. The developer explained that removing patients who do not receive a vaccine due to allergy, medical reasons, refusal, declination, availability of vaccination, etc., does not distort the performance score but instead actually enhances the integrity of the calculation.
- Furthermore, the developer stated that the exception is slightly different from an exclusion in that it accounts for any of those conditions that remove a patient from the denominator if the numerator is not met.
- The Standing Committee inquired about the availability of information concerning the frequency of these exceptions and how much that frequency may vary by measured entity. The developer stated that they currently do not have data to illustrate the frequency of those exceptions but explained that these are data they are interested in identifying and documenting in future assessments.
- Although the Standing Committee strongly advised the separation of vaccination declination from immunization rates in future measure development and continued to express general concern with the capture of vaccination declination data, it accepted the developer's clarifications and passed the measure on validity.

3. Feasibility: Total votes-14; **H-7; M-7; 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:

- The Standing Committee agreed that the data elements are coded by someone other than the person obtaining the original information and that some of the data elements are captured in defined fields.
- The Standing Committee agreed that the measure is feasible and passed the measure on feasibility.

4. Usability and Use:

(Used and useful to the intended audiences for 4a. Accountability and Transparency; 4b. Improvement; and 4c. Benefits outweigh evidence of unintended consequences)

4a. Use**: Total votes-14**; **Pass-14; No Pass-0**; 4b. Usability: **Total votes-14**; **H-1; M-13; L-0; I-0**

Rationale:

- The Standing Committee acknowledged that the measure is currently used in the Centers for Medicare & Medicaid Services' (CMS) QPP, and the measure performance results and scores, which are publicly available and identifiable by clinician and group on the Physician Compare website annually, are published by CMS.
- A Standing Committee member mentioned difficulty in locating the clinician-level performance rates/data on the Care Compare website and asked whether that information is publicly posted. Another Standing Committee member explained that CMS does not always display scores for all measures publicly and perpetually. The Standing Committee added that the vast majority of measures/performance data that are submitted in the Merit-Based Incentive Payment System (MIPS), and other physician-level quality incentive programs, are not viewable on Physician Compare and that the use of this measure is more visible on the payment side.
- The developer added that the most recent clinician-level performance rate data (2020) were posted at the time of submission on the Physician Compare website and that there may be evolving limitations on data that are viewable at any point in time. The Standing Committee considered this explanation sufficient and expressed no further concerns.
- The Standing Committee agreed that the measure is in use and passed the measure on this criterion.

- The Standing Committee highlighted the usability of the measure, noting the average MIPS performance rate of 69.8 percent in 2020 and 46.3 percent in 2014, the most recent year of available reporting data for Physician Quality Reporting System (PQRS) (the previous version of MIPS). The Standing Committee noted improvement in performance between 2014 and 2020 and passed the measure on usability.

5. Related and Competing Measures

- This measure is related to the following measures:
    - NQF #0038 Childhood Immunization Status (CIS)
    - NQF #0226 Influenza Immunization in the ESRD Population (Facility Level)
    - NQF #0431 Influenza Vaccination Coverage Among Healthcare Personnel
    - NQF #0680 Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)
    - NQF #1659 Influenza Immunization
    - NQF #3484 Prenatal Immunization Status
    - NQF #3620 Adult Immunization Status
- The Standing Committee was unable to discuss related and competing measures during the measure evaluation meeting and consequently, this discussion was moved to the post-comment meeting. However, there were no competing measures for this measure. During post-comment, only one comment was received, which was in support of the measure. Therefore, in consultation with the Standing Committee co-chairs, the NQF team canceled the post-comment meeting since only one supportive comment was received for this measure and only related measures were identified. The Standing Committee maintained its recommendation for continued endorsement without a discussion on related measures.

6. Standing Committee Recommendation for Endorsement: **Total votes-14**; **Yes-14**; **No-0**

7. Public and Member Comment

- Two pre-evaluation public comments, each of which included an expression of support, were submitted.
    - One commenter expressed support and provided a summary of statistics for performance improvement observed between 2014 and 2020 and provided a rationale for the unavailability of performance results from 2017–2019.
    - The other commenter expressed support and requested clarification on several specification sections regarding denominator exceptions as well as an analysis of the frequency of said exceptions in the measure testing section. Additionally, the commenter requested clarification on the use and usability of the measure, with a specific request for updated information following the transition of stewardship from the Physician Consortium for Performance Improvement (PCPI) to NCQA.
- One post-evaluation comment was submitted.
    - The commenter was supportive of the measure but did offer a suggestion for improvement. Specifically, the commenter suggested NQF consider providers still receive credit for their partnership in the shared decision-making process, as well as for providing education to patients on the value of the influenza vaccination, even if the patient declines.
    - The developer responded to this concern by stating that the numerator can be met by submitting either administration of an influenza vaccination or the patient's report of a previous receipt of the current season's influenza immunization. Furthermore, the developer stated that if the

performance of the numerator is not met, a clinician can submit a valid denominator exception for not administering an influenza vaccination. The developer clarified that a denominator exception is any condition that should remove a patient, procedure, or unit of measurement from the denominator of the performance rate only if the numerator criteria are not met. Lastly, the developer stated that there should be a clear rationale and documented reason for not administering an influenza immunization if the patient did not indicate a previous receipt, which could include a medical reason, patient reason, or system reason.

- The Standing Committee did not raise any concerns with the comment, nor did it raise concerns with the developer's response and maintained its decision to recommend the measure for endorsement.

8. Consensus Standards Approval Committee (CSAC) Endorsement Decision: Total votes- 15; Yes-15; No-0 December 9, 2022: Endorsed

- The CSAC upheld the Standing Committee's decision to recommend the measure for endorsement.

9. Appeals

- No appeals were received.

NQF #0431 Influenza Vaccination Coverage Among Healthcare Personnel

Measure Worksheet | Specifications

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

Numerator Statement: 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.

Denominator Statement: 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.

Exclusions: None.

Adjustment/Stratification: No additional risk adjustment analysis included

No risk adjustment or stratification

Level of Analysis: Facility

Setting of Care: Post-Acute Care, Outpatient Services, Inpatient/Hospital

Type of Measure: Process

Data Source: Other, Electronic Health Records, Paper Medical Records, Management Data, Instrument-Based Data

Measure Steward: Centers for Disease Control and Prevention (CDC)

STANDING COMMITTEE MEETING [July 7, 2022]

1. Importance to Measure and Report:

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

1a. Evidence: **Total votes-14**; **H-2**; **M-12**; **L-0**; **I-0**; 1b. Performance Gap: **Total votes- 14; H-1**; **M-13**; **L-0**; **I-0**
Rationale:

- The Standing Committee considered the updated evidence submitted for the measure, including two systematic reviews and a meta-analysis of direct epidemiological and economic effects of seasonal influenza vaccination on healthcare workers, which found that influenza vaccination among healthcare workers reduces influenza infection incidence and absenteeism rates.
- The Standing Committee agreed that the updated evidence was directionally the same but stronger from the previous review and passed the measure on evidence.
- The Standing Committee acknowledged the performance data submitted for acute care hospitals, ambulatory surgery centers, and long-term care facilities and discussed that performance rates went down 3 to 4 percent overall in all the facilities, probably due to the pandemic.
- The Standing Committee also noted that the performance rate gaps are smaller between the facilities, but that variation exists between the different facilities, which is therefore an argument for measurement.
- The Standing Committee noted that the disparities data are not captured through this measure similar to how the sociodemographic variables are not captured.
- The Standing Committee agreed that variation existed and that it indicated a gap. Therefore, the Standing Committee passed the measure on performance gap.

2. Scientific Acceptability of Measure Properties:
(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)
2a. Reliability: **Total votes-14**; **H-0**; **M-14**; **L-0**; **I-0**; 2b. Validity: **Total votes-14**; **H-1**; **M-12**; **L-1**; **I-0**
Rationale:

- The SMP did not review this measure.
- The Standing Committee highlighted the reliability testing, which was conducted at the patient/encounter level and has not been updated since the measure's last review.
- The Standing Committee questioned whether remote workers are included in the measure. The developer explained that the measure only captures employees who work in the facility at least one day a week and that completely remote employees are excluded.
- The Standing Committee accepted this explanation and passed the measure on reliability.
- The Standing Committee noted the validity testing, which was conducted at the accountable-entity level and has not been updated since the measure's last review.
- The Standing Committee acknowledged that the validity testing shows the borderline significance of the association between vaccination rates and number of strategies used to promote vaccination for employees at p=0.05, for credentialed non-employees at p=0.02, and other nonemployees at p=0.01.
- The Standing Committee expressed concern regarding threats to validity, including facilities that utilize nonemployee staff, such as contract personnel. The developer stated that nonemployees are not included; however, they agree this is a primary weakness of the measure. The developer also explained that when the measure was being developed, the reliability and validity data that were captured on nonemployees were poor; thus, this group was excluded from the measure.
- The Standing Committee also questioned how staff turnover affects the denominator. The developer explained that if an employee worked only one day, they would be included in the measure. The Standing Committee had no further questions and passed the measure on validity.

3. Feasibility: Total votes-14; **H-1; M-13; 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:

- The Standing Committee agreed that the data elements are coded by someone other than the person obtaining the original information and that some of the data elements are captured in defined fields.
- The Standing Committee agreed that the measure is feasible and passed the measure on feasibility.

4. Usability and Use:

(Used and useful to the intended audiences for 4a. Accountability and Transparency; 4b. Improvement; and 4c. Benefits outweigh evidence of unintended consequences)

4a. Use**: Total votes-14**; **Pass-14; No Pass-0**; 4b. Usability: **Total votes-14**; **H-3; M-10; L-1; I-0**

Rationale:

- The Standing Committee noted that the measure is currently in use and reported through the National Healthcare Safety Network (NHSN) by free-standing acute care facilities, inpatient rehabilitation facilities (IRFs), critical access hospitals, long-term acute care facilities, and prospective payment system (PPS)-exempt cancer hospitals, along with IRF units located within acute care facilities, long-term acute care facilities, critical access hospitals, and inpatient psychiatric facilities.
- The Standing Committee noted that the measure is publicly reported via the CMS Hospital IQR Program, the CMS IRF Quality Reporting Program, and the CMS LTCH Quality Reporting Program.
- The Standing Committee agreed that the measure is in use and passed the measure on this criterion.
- The Standing Committee noted that acute care hospitals and ambulatory surgery centers had reduced rates of vaccinations from the 2019–2020 season to the 2020–2021 season. The developer explained that this was due to a CMS data exception regarding submitting data on the measure that was provided during the pandemic.
- The Standing Committee also questioned why the number of ambulatory surgery centers reporting data from the 2015–2021 season dropped from 4,278 to 461 facilities. The developer explained that the decrease in ambulatory surgery centers reporting is due to the measure now being optional and not required for CMS ambulatory surgery center reporting.
- The Standing Committee accepted this explanation and passed the measure on usability.

5. Related and Competing Measures

- This measure is related to the following measures:
    - NQF #0041 Preventive Care and Screening: Influenza Immunization
    - NQF #0226 Influenza Immunization in the ESRD Population (Facility Level)
    - NQF #0680 Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)
    - NQF #1659 Influenza Immunization
- The Standing Committee was unable to discuss related and competing measures during the measure evaluation meeting and consequently, this discussion was moved to the post-comment meeting. However, there were no competing measures for this measure. During post-comment, no comments were received. Therefore, in consultation with the Standing Committee co-chairs, the NQF team canceled the post-comment meeting since no comments were received for this measure and only related measures were identified. The Standing Committee maintained its recommendation for continued endorsement without a discussion on related measures.

6. Standing Committee Recommendation for Endorsement: **Total votes- 14**; **Yes-14**; **No-0**

7. Public and Member Comment

- No NQF member or public comments were received.

8. Consensus Standards Approval Committee (CSAC) Endorsement Decision: Total votes- 15; Yes-15; No-0
December 9, 2022: Endorsed

- The CSAC upheld the Standing Committee's decision to recommend the measure for endorsement.

9. Appeals

- No appeals were received.

NQF #0680 Percentage of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)

Measure Worksheet | Specifications

Description: This measure captures the percentage of short-stay nursing home 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 denominator consists of short-stay residents. Short-stay residents are identified as those who have had 100 or fewer days of nursing home care. *Note: While the IVS officially begins when the vaccine becomes available, which may be before October 1, the target period 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.

Numerator Statement: The numerator is the number of residents in the denominator sample who, during the numerator time window, meet any one of the following criteria:

1. Resident received the influenza vaccine during the most recent influenza season, either in the facility or outside the facility; or
2. Resident was offered and declined the influenza vaccine; or
3. Resident was ineligible due to medical contraindication(s).

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. However, the measure selection period uses a June 30 end date to ensure residents who do not have an assessment completed until after March 31 but were vaccinated between October 1 and March 31 are captured in the sample.

Denominator Statement: The denominator consists of 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 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 this time window, only the more recent episode is included in this measure.

Exclusions: Residents whose age is 179 days or less on the target date of the selected influenza vaccination assessment are excluded from this measure. Nursing homes with denominator counts of less than 20 short-stay residents in the sample are excluded from public reporting for the corresponding population due to small sample size.

Adjustment/Stratification: No additional risk adjustment analysis included

No risk adjustment or stratification

Level of Analysis: Facility

Setting of Care: Post-Acute Care

Type of Measure: Process

Data Source: Assessment Data

Measure Steward: Centers for Medicare & Medicaid Services (CMS)

STANDING COMMITTEE MEETING [July 7, 2022]

1. Importance to Measure and Report:

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

1a. Evidence: **Total votes-14**; **H-0**; **M-14**; **L-0**; **I-0**; 1b. Performance Gap: **Total votes-14; H-3**; **M-11**; **L-0**; **I-0**

Rationale:

- The Standing Committee considered the updated evidence submitted for the measure, which included updated studies demonstrating that residents ages 65 and older who received the influenza vaccine experienced reduced mortality due to influenza vaccination versus their unvaccinated counterparts. The Standing Committee also noted an aversion of 61,115 hospitalizations and 4,723 deaths in adults ages 65 and older during the 2019–2020 influenza season due to influenza vaccination. The Standing Committee agreed that the updated evidence was directionally the same but stronger from the previous review and passed the measure on evidence.
- The Standing Committee agreed that the facility-level performance data and the developer's observation of the national facility-level mean scores have remained relatively stable, with a small increase between the 2013–2014 (81.6 percent) influenza season and the 2018–2019 (83.9) influenza season.
- The Standing Committee also recognized an IQR of 17.4 percent in performance rates between 2018 and 2019. The Standing Committee observed that the mean influenza vaccination rate was higher for residents ages 85 or older (87.5 percent) than for residents below the age of 85 (85.5 percent). Additionally, the Standing Committee noted differences in measure performance across race and socioeconomic status.
- The Standing Committee agreed that the noted variations were indicative of a gap and passed the measure on this criterion.

2. Scientific Acceptability of Measure Properties:

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

2a. Reliability: **Total votes-14**; **H-5**; **M-9**; **L-0**; **I-0**; 2b. Validity: **Total votes-14**; **H-4**; **M-8**; **L-2**; **I-0**

Rationale:

- The SMP did not review this measure.
- The Standing Committee expressed concern with a measure specification and asked whether the reported measure scores were inclusive of all the aggregated numerator components (i.e., received vaccination, offered and declined vaccination, and ineligible due to contraindication) or whether the measure scores represent only those who received the vaccination. The developer explained that any mention of vaccination rates in the data refers to a complete measure rate that is reflective of the aggregation of all three numerator components.
- The Standing Committee contended that this numerator approach may lead to a slight distortion in the interpretation of perceived vaccination rates because as the number of refusals decreases, the numeric value of the performance metric increases. The Standing Committee also suggested that from a technical standpoint, those who refuse vaccination (or are medically ineligible) do not constitute vaccination performance. The developer expressed the Standing Committee's understanding of the potential room for the conflation of the measure's meaning and interpretation of the measure scores and shared that they will consider this distinction in future measure development.
- The Standing Committee maintained an overarching concern about this set of specifications and representation of vaccination rates at large, but it agreed that the measure does convey its intended process and captures the components that it intends to capture (i.e., vaccination, declination of vaccination, and contraindication).
- The Standing Committee highlighted the reliability testing, which was conducted at both the patient/encounter and accountable-entity levels.
- The Standing Committee observed a high kappa score of 0.989 for the gold-standard to gold-standard assessments of the influenza vaccination received in the facility and a kappa score of 0.941 for gold-

standard nurse assessment to facility nurse assessment of the influenza vaccination received in the facility.

- At the accountable-entity level, the Standing Committee agreed that the split-half reliability data (R = 0.91; intraclass correlation coefficient [ICC] = 0.91; p-value < 0.01) suggest a positive and strong correlation between providers and substantial internal reliability.
- The Standing Committee passed the measure on reliability.
- The Standing Committee discussed the validity testing, which was conducted at both the patient/encounter and accountable-entity levels.
- At the patient/encounter level, the Standing Committee noted that the developer used the same method outlined in its patient/encounter level reliability testing, specifically in the form of criterion validity testing by comparing facility nurses and gold-standard nurses who assessed the same residents. The Standing Committee noted a kappa score of 0.941 for gold-standard nurse assessment to facility nurse assessment of the influenza vaccination received in the facility and a kappa score of 0.815 for gold-standard nurse assessment to facility nurse assessment of no influenza vaccination received.
- At the accountable-entity level, the Standing Committed noted a 0.728 percent correlation with the *Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine* (*Short-Stay*) measure and a 0.586 correlation with the *Percent of Residents Assessed and Appropriately Given the Influenza Vaccine (Long-Stay)* measure.
- The Standing Committee agreed that the patient/encounter-level data demonstrated high consistency and nearly perfect agreement among nurses completing the assessment and that the accountable-entity level data indicated moderate convergent validity.
- The Standing Committee commented on the lack of distinction between vaccination and vaccination declination or refusal of vaccination and stated that the inability to distinguish the declinations from the total performance of this measure may present a threat to validity.
- The Standing Committee expressed a desire for disaggregated data that separate the actual vaccination rate and separately report the validity of that component from the process of assessment. The developer explained that the original intention of the measure's design was to capture provider effort/engagement by calculating the percentage of residents that the providers took actions to assess. The developer added that the measure focus is intended to demonstrate whether the provider asked the necessary question and left opportunity to provide an option.
- The Standing Committee acknowledged the developer's explanation and agreed that if it is examining intention, then the measure as it is currently constructed is adequate.
- The Standing Committee passed the measure on validity.

3. Feasibility: Total votes-14; **H-8; M-6; 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:

- The Standing Committee agreed that the data elements are coded by someone other than the person obtaining the original information and that some of the data elements are captured in defined fields.
- The Standing Committee agreed that the measure is feasible and passed the measure on feasibility.

4. Usability and Use:

(Used and useful to the intended audiences for 4a. Accountability and Transparency; 4b. Improvement; and 4c. Benefits outweigh evidence of unintended consequences)

4a. Use**: Total votes-14**; **Pass-14; No Pass-0**; 4b. Usability: **Total votes-14**; **H-2; M-10; L-2; I-0**

Rationale:

- The Standing Committee observed that the measure is used for public reporting in the CMS' Care Compare and Provider Data Catalog. The Standing Committee also noted that the measure is used for internal and external quality improvement benchmarking via CMS' CASPER program.
- The Standing Committee agreed that the measure is in use and passed the measure on this criterion.
- The Standing Committee noted an increase in the mean performance score between the 2013–2014 influenza season (81.6 percent) and the 2018–2019 influenza season (83.9 percent).
- The Standing Committee reiterated its concern with the quality construct and cautioned the developer of the risk of miscommunication to the public. Specifically, the Standing Committee explained that a person observing the data may mistakenly read the data as a facility that has a high or low vaccination rate. The developer reminded the Standing Committee that the measure speaks to the quality of facility and practice patterns, not vaccination rates. However, the developer also acknowledged the usefulness and necessity of separating out a raw vaccination measure. The developer told the Standing Committee that they will take the Committee's feedback back to the full developer team.
- The Standing Committee accepted the developer's acknowledgement and passed the measure on usability.

5. Related and Competing Measures

- This measure is related to the following measures:
  - NQF #1659 Influenza Immunization
- The Standing Committee was unable to discuss related and competing measures during the measure evaluation meeting and consequently, this discussion was moved to the post-comment meeting. However, there were no competing measures for this measure. During post-comment, no comments were received. Therefore, in consultation with the Standing Committee co-chairs, the NQF team canceled the post-comment meeting since no comments were received for this measure and only related measures were identified. The Standing Committee maintained its recommendation for continued endorsement without a discussion on related measures.

6. Standing Committee Recommendation for Endorsement: Total votes-14; Yes-13; No-1

7. Public and Member Comment

- No NQF member or public comments were received.

8. Consensus Standards Approval Committee (CSAC) Endorsement Decision: Total votes- 15; Yes-15; No-0 December 9, 2022: Endorsed

- The CSAC upheld the Standing Committee's decision to recommend the measure for endorsement.

9. Appeals

- No appeals were received.

NQF #2528 Prevention: Topical Fluoride for Children, Dental Services

Measure Worksheet | Specifications

Description: Percentage of children aged 1 through 20 years who received at least 2 topical fluoride applications as dental services within the reporting year. The measure is specified for reporting at the program (e.g., Medicaid, CHIP, Health Insurance Marketplaces) and plan (e.g., dental and health plans) levels for both public and private/commercial reporting.

Numerator Statement: Unduplicated number of children who received at least 2 topical fluoride applications as dental services

Denominator Statement: Unduplicated number of children aged 1 through 20 years

Exclusions: There are no measure-specific exclusions. There is a standard exclusion as part of determining denominator eligibility: Medicaid/CHIP programs should exclude those individuals who do not qualify for dental benefits.

Adjustment/Stratification: No additional risk adjustment analysis included

No risk adjustment or stratification

Not applicable.

Level of Analysis: Other, Health Plan, Health Plan

Setting of Care: Outpatient Services

Type of Measure: Process

Data Source: Claims

Measure Steward: American Dental Association (ADA)

STANDING COMMITTEE MEETING [July 7, 2022]

1. Importance to Measure and Report:

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

1a. Evidence: **Total votes-14**; **H-3**; **M-11**; **L-0**; **I-0**; 1b. Performance Gap: **Total votes- 14; H-7**; **M-7**; **L-0**; **I-0**

Rationale:

- The Standing Committee considered the evidence submitted for the measure, including a systematic review with 22 studies and the United States Preventive Services Task Force (USPSTF) recommendation on the *Prevention of Dental Caries in Children Younger Than 5 Years Old*.
- The Standing Committee noted that the evidence found that fluoride on permanent dentation is associated with a 43 percent reduction in decayed, missing, and filled tooth surfaces; for fluoride on primary dentation, there was a 37 percent associated reduction.
- The Standing Committee requested clarification regarding the definition of high risk. The developer explained that the high-risk definition included children who had prior carries; they also noted that many children were missed; thus, the denominator was updated.
- The Standing Committee agreed that the evidence existed to support the measure and passed the measure on this criterion.
- The Standing Committee noted that the developer provided 2018 Medicaid data from 14 states, which included over 7 million enrollees, and showed that variation existed in performance scores ranging from 14 to 28 percent.
- The Standing Committee highlighted that the data also showed that 72 percent of children in the highest-performing states did not receive at least two fluoride treatments.
- The Standing Committee acknowledged the disparities data, which showed that children in the youngest and oldest cohorts had the lowest performance scores and that non-Hispanic Black and American Indian/Alaskan Native children had lower measure scores than non-Hispanic White children.
- The Standing Committee agreed that variation existed and that it indicated a performance gap. It also agreed that disparities exist and passed the measure on performance gap.

2. Scientific Acceptability of Measure Properties:

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

2a. Reliability: **Total votes-14**; **H-3**; **M-11**; **L-0**; **I-0**; 2b. Validity: **Total votes-14**; **H-3**; **M-11**; **L-0**; **I-0**

Rationale:

- The SMP did not review this measure.
- The Standing Committee noted that reliability testing was conducted at the accountable-entity level.

- The Standing Committee questioned why the developer performed testing at the program level but not at the health-plan level. The developer justified this decision by stating that the program data are transferrable to the health-plan level.
- The Standing Committee agreed that the testing at the program level is transferable to the health-plan level. It also agreed that the measure was reliable and passed the measure on reliability.
- The Standing Committee noted that updated accountable entity-level validity testing was conducted, during which the developer measured the association between the measure and two other dental measures.
- The Standing Committee highlighted that patient/encounter level validity testing was also provided, during which the developer validated encounter data by compared claims data against dental charts, which showed a 94.04 percent correlation.
- The Standing Committee noted that the developer performed testing at the program level but not at the plan level; the developer stated that program data are transferrable to the plan level.
- The Standing Committee agreed that the testing at the program level is transferable to the health-plan level. It also agreed that the measure was valid and passed the measure on validity.

3. Feasibility: Total votes-14; **H-8; M-6; 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:

- The Standing Committee agreed that the data elements are coded by someone other than the person obtaining the original information and that the data elements are found in standard fields in administrative claims data, which are routinely collected.
- The Standing Committee agreed that the measure is feasible and passed the measure on feasibility.

4. Usability and Use:
(Used and useful to the intended audiences for 4a. Accountability and Transparency; 4b. Improvement; and 4c. Benefits outweigh evidence of unintended consequences)
4a. Use**: Total votes-14**; **Pass-14; No Pass-0**; 4b. Usability: **Total votes-14**; **H-6; M-8; L-0; I-0**
Rationale:

- The Standing Committee acknowledged that this measure is currently used in multiple state Medicaid payment programs along with quality improvement programs. The measure has also been adopted by CMS for Child Core Health Care Quality Measurement for FY 2022 reporting conducted by state Medicaid and CHIP and has been included in the Center for Oral Health Systems Integration and Improvement (COHSII) Oral Health Quality Indicators for the Maternal and Child Health Population, which is funded by the Health Services and Resources Administration (HRSA) Maternal and Child Health Bureau for 2022 reporting.
- The Standing Committee agreed that the measure is in use and passed the measure on this criterion.
- The Standing Committee noted the measure's usability and that the Texas Medicaid and CHIP increased performance on the measure by 10 points from 2014 to 2018.
- The Standing Committee expressed a concern regarding a potential unintended consequence: The three paired fluoride measures could increase healthcare costs, considering the measures may increase the number of visits a patient may need. The Standing Committee ultimately agreed that there is no evidence that an increased number of visits causes harm.
- The Standing Committee also questioned whether health plan performance might look worse if fluoride services were mostly provided by dentists. The developer explained that the importance of this measure

is to have children obtain the services and that having the three paired measures together will allow for a more robust assessment of the services provided.

- The Standing Committee accepted this explanation and passed the measure on usability.

5. Related and Competing Measures

- This measure is related to the following measures:
  - NQF #2511 Utilization of Services, Dental Services
  - NQF #2517 Oral Evaluation, Dental Services
  - NQF #2689 Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children
  - NQF #2695 Follow-Up after Emergency Department Visits for Dental Caries in Children
- The Standing Committee was unable to discuss related and competing measures during the measure evaluation meeting and consequently, this discussion was moved to the post-comment meeting. However, there were no competing measures for this measure. During post-comment, no comments were received. Therefore, in consultation with the Standing Committee co-chairs, the NQF team canceled the post-comment meeting since no comments were received for this measure and only related measures were identified. The Standing Committee maintained its recommendation for continued endorsement without a discussion on related measures.

6. Standing Committee Recommendation for Endorsement: **Total votes- 14**; **Yes-14**; **No-0**

7. Public and Member Comment

- No NQF member or public comments were received.

8. Consensus Standards Approval Committee (CSAC) Endorsement Decision: Total votes- 15; Yes-15; No-0 December 9, 2022: Endorsed

- The CSAC upheld the Standing Committee's decision to recommend the measure for endorsement.

9. Appeals

- No appeals were received.

NQF #3700 Prevention: Topical Fluoride for Children, Dental, or Oral Health Services

Measure Worksheet | Specifications

Description: Percentage of children aged 1 through 20 years who received at least 2 topical fluoride applications as dental or oral health services within the reporting year. The measure is specified for reporting at the program (e.g., Medicaid, CHIP, Health Insurance Marketplaces) and plan (e.g., dental and health plans) levels for both public and private/commercial reporting.

Numerator Statement: Unduplicated number of children who received at least 2 topical fluoride applications as dental or oral health services

Denominator Statement: Unduplicated number of children aged 1 through 20 years

Exclusions: There are no measure-specific exclusions. There is a standard exclusion as part of determining denominator eligibility: Medicaid/CHIP programs should exclude those individuals who do not qualify for dental benefits.

Adjustment/Stratification: No additional risk adjustment analysis included

No risk adjustment or stratification

Not applicable.

Level of Analysis: Other, Health Plan

Setting of Care: Outpatient Services

Type of Measure: Process

Data Source: Claims
Measure Steward: ADA

STANDING COMMITTEE MEETING [July 7, 2022]

1. Importance to Measure and Report:

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

1a. Evidence: **Total votes-14**; **H-2**; **M-12**; **L-0**; **I-0;** 1b. Performance Gap: **Total votes- 14; H-9**; **M-5**; **L-0**; **I-0**

Rationale:

- The Standing Committee highlighted the evidence the developer submitted, which included a Cochrane systematic review consisting of 22 studies, a USPSTF review and recommendation consisting of 32 studies, one systematic review consisting of an additional 19 studies, and an ADA-conducted system review consisting of 71 studies. All reviews and recommendations received a moderate evidence grade.
- The Standing Committee asked the developer how the measure is applied at the plan level, considering not every plan is integrated with both medical and dental programs. The developer noted that if a plan has both dental and medical coverage, this measure will track rates of fluoride. If the plan includes only dental or medical coverage, one of the other grouped measures would be used to track fluoride rates (NQF #2528 and NQF #3701).
- The Standing Committee agreed that the evidence was strong and passed the measure on this criterion.
- The Standing Committee highlighted the information submitted for performance gap, noting that the data were derived from 14 state Medicaid programs.
- The Standing Committee noted that in the most recent year of data, measure scores ranged from 15.85 percent to 28.68 percent, suggesting variation in care. The Standing Committee also noted that 71 percent of children in the highest-performing states did not receive at least two fluoride treatments, thus indicating room for improvement.
- The Standing Committee highlighted the disparities data, noting that children in the youngest and oldest cohorts had the lowest performance scores and that non-Hispanic Black and American Indian/Alaskan Native children had lower measure scores than non-Hispanic White children.
- The Standing Committee also noted that measure scores were higher for non-Hispanic Asian and Hispanic children than for non-Hispanic White children.
- A Standing Committee member questioned whether the Standing Committee should be concerned that the developer is not capturing numerator events, given that the performance gap is so high. Other Standing Committee members stated that with a service like topical fluoride, which requires two treatments each year, there is often a large gap. The developer noted that 71 percent is an accurate reflection of the gap, further stating that when the performance of one treatment is evaluated, the numbers are much higher; however, when the performance of the recommended two treatments is evaluated, the performance drops.
- The Standing Committee asked the developer to confirm that Hispanic children had higher performance scores than non-Hispanic White children, as that is unusual. The developer stated that this was correct and that they consistently found this trend in their testing data across states and years.
- The Standing Committee agreed that variation existed and that it indicated a gap. Therefore, the Standing Committee passed the measure on performance gap.

2. Scientific Acceptability of Measure Properties:

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

2a. Reliability: **Total votes-14**; **H-5**; **M-9**; **L-0**; **I-0**; 2b. Validity: **Total votes-14**; **H-1**; **M-13**; **L-0**; **I-0**

Rationale:

- The SMP did not review this measure.
- The Standing Committee highlighted the reliability testing data, noting that at the accountable-entity level, the variation between split samples for each year was relatively small, signifying that the samples were similar. It also noted that the measure scores had overlapping 95 percent confidence intervals.
- The Standing Committee also highlighted the ICC values reported for 2016, 2017, and 2018, noting they were 0.999, 0.998, and 0.998, respectively.
- The Standing Committee also noted that scores remained stable across split samples.
- The Standing Committee highlighted the reliability testing at the patient/encounter level, noting that the developer presented their patient/encounter-level validity testing as their patient/encounter-level reliability testing.
- One Standing Committee member asked how dual eligibility factored into the data set, to which another Standing Committee member noted that the youngest someone can be to qualify for Medicare is 20 years of age. Since this measure is looking at children up to 20 years of age, a dual-eligible individual would not be a factor in this case.
- The Standing Committee passed the measure on reliability.
- The Standing Committee highlighted the validity testing at the accountable entity-level, noting that the developers tested a hypothesized positive relationship across three calendar years with three other dental NQF-endorsed measures using Kendall's tau-b and Spearman's rank correlation.
- The Standing Committee highlighted the validity testing at the patient/encounter-level, noting that the developers performed an analysis of the newer CPT code 99188, which is used in addition to Current Dental Terminology (CDT) codes D1206/D1208 in the numerator.
- The Standing Committee noted that the developer reached the following conclusion: The analyses of the CPT codes were as expected, with the expected provider types rendering CPT 99188 services and services being concentrated within the age ranges eligible for reimbursement.
- Additionally, the Standing Committee highlighted the critical data element validation that was performed to assess the accuracy of topical fluoride procedure codes reported in the claims data.
- The Standing Committee expressed one concern for validity testing regarding if a parent refuses the service due to unclear recollection of whether the child already received the service. One Standing Committee member noted that this concern is not unique to this measure.
- Other Standing Committee members noted that the measure is based on claims data, not parent recollection, and that the patient/encounter-level validation that was performed showed high agreement. Another Standing Committee member noted that while the measure does use claims data, patient recollection could be a factor in determining whether the service is offered and therefore registered in claims data.
- The Standing Committee ultimately agreed that the measure was valid and passed the measure on validity.

3. Feasibility: Total votes-14; **H-8; M-6; 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:

- The Standing Committee highlighted the information submitted for feasibility, noting that the data elements are coded by someone other than the person obtaining the original information and that all the data elements are defined in fields in electronic claims.
- Furthermore, the Standing Committee noted the measure was designed to avoid using software or other materials that require licensing fees and that the specifications are free and accessible through a website.

- The Standing Committee noted that while the measure is technically feasible, a provider could face a challenge in not being able to easily identify whether a service has been provided because medical and dental records are often not integrated. The developer reminded the Standing Committee that the measure is claims based and specified for reporting at the program and plan levels; therefore, it is not a clinician-focused measure, further stating that the information submitted for feasibility is at the program and plan levels.
- The Standing Committee recognized this fact but noted that even a measure at the program or plan level will have an impact on the clinicians; therefore, it is important to consider. One Standing Committee member noted that the conversation thus far has focused on the feasibility of providing the service rather than the feasibility of the measure, further noting that if it is difficult to provide the service in certain circumstances, this may mean the proportion of people who receive the treatment will be low. However, this also does not mean that the measure has any issues with its feasibility for data collection.
- The Standing Committee ultimately agreed that the measure was feasible and passed the measure on feasibility.

4. Usability and Use:
(Used and useful to the intended audiences for 4a. Accountability and Transparency; 4b. Improvement; and 4c. Benefits outweigh evidence of unintended consequences)
4a. Use**: Total votes-14**; **Pass-14; No Pass-0**; 4b. Usability: **Total votes-14**; **H-3; M-9; L-2; I-0**
Rationale:

- The Standing Committee noted that this measure is new and not yet in use. However, the measure has been adopted by CMS for Child Core Health Care Quality Measurement for FY 2022 reporting conducted by state Medicaid and CHIP; has been included in the Center for Oral Health Systems Integration and Improvement (COHSII) Oral Health Quality Indicators for the Maternal and Child Health Population, which is funded by HRSA's Maternal and Child Health Bureau (MCHB) for 2022 reporting; and is being considered for use by NCQA's Healthcare Effectiveness Data and Information Set (HEDIS) for plan-level reporting. The Standing Committee also noted that the developer anticipates widespread adoption of the measure within three years.
- The Standing Committee highlighted the Division of Quality Assurance's (DQA) process for reviewing and updating all measures, which incorporates feedback from measure users.
- The Standing Committee noted that the process is overseen by DQA's Measure Development and Maintenance Committee (MDMC) and includes public commenting, evaluation of comments, user group feedback, and code set reviews. The Standing Committee noted that during this process, the stakeholders responded positively overall to the measure and its ability to increase quality improvement efforts.
- The Standing Committee also highlighted the improvement results, noting that the developer expressed that the initial testing suggests a performance gap exists and that performance data will be shared via DQA's State Oral Health Quality Dashboard once reporting in the CMS Child Core Health Care Quality Measurement set becomes mandatory in 2024, which will facilitate the ability to identify performance, establish improvement goals, and evaluate any changes over time and how improvement varies across entities.
- The Standing Committee expressed a concern regarding the potential overuse of topical fluoride treatment but acknowledged that because the performance gap in treatment is high, the overuse of fluoride would ultimately not be a concern at this time.
- The Standing Committee passed the measure on use and usability.

5. Related and Competing Measures

- This measure is related to the following measures:
    - NQF #2511 Utilization of Services, Dental Services
    - NQF #2517 Oral Evaluation, Dental Services
    - NQF #2689 Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children
    - NQF #2695 Follow-Up after Emergency Department Visits for Dental Caries in Children
- The Standing Committee was unable to discuss related and competing measures during the measure evaluation meeting and consequently, this discussion was moved to the post-comment meeting. However, there were no competing measures for this measure. During post-comment, no comments were received. Therefore, in consultation with the Standing Committee co-chairs, the NQF team canceled the post-comment meeting since no comments were received for this measure and only related measures were identified. The Standing Committee maintained its recommendation for continued endorsement without a discussion on related measures.

6. Standing Committee Recommendation for Endorsement: **Total votes- 14**; **Yes-14**; **No-0**

7. Public and Member Comment

- No public or member comments were received.

8. Consensus Standards Approval Committee (CSAC) Endorsement Decision: Total votes- 15; Yes-15; No-0 December 9, 2022: Endorsed

- The CSAC upheld the Standing Committee's decision to recommend the measure for endorsement.

9. Appeals

- No appeals were received.

NQF #3701 Prevention: Topical Fluoride for Children, Oral Health Services

Measure Worksheet | Specifications

Description: Percentage of children aged 1 through 20 years who received at least 2 topical fluoride applications as oral health services within the reporting year. The measure is specified for reporting at the program and plan levels for both public and private/commercial reporting.

Numerator Statement: Unduplicated number of children who received at least 2 topical fluoride applications as oral health services

Denominator Statement: Unduplicated number of children aged 1 through 20 years

Exclusions: There are no measure-specific exclusions. There is a standard exclusion as part of determining denominator eligibility: Medicaid/CHIP programs should exclude those individuals who do not qualify for dental benefits.

Adjustment/Stratification: No additional risk adjustment analysis included

No risk adjustment or stratification

Not applicable.

Level of Analysis: Health Plan, Other

Setting of Care: Outpatient Services

Type of Measure: Process

Data Source: Claims

Measure Steward: ADA

STANDING COMMITTEE MEETING [July 7, 2022]

1. Importance to Measure and Report:

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

1a. Evidence: **Total votes-14**; **H-3**; **M-11**; **L-0**; **I-0**; 1b. Performance Gap: **Total votes- 14; H-10**; **M-4**; **L-0**; **I-0**
Rationale:

- The Standing Committee highlighted the evidence the developer submitted, which included a Cochrane systematic review consisting of 22 studies, a USPSTF review and recommendation consisting of 32 studies, one systematic review consisting of an additional 19 studies, and an ADA-conducted system review consisting of 71 studies. All reviews and recommendations received a moderate evidence grade.
- The Standing Committee did not express any concerns and passed the measure on evidence.
- The Standing Committee highlighted the data submitted for performance gap, noting that the data were derived from 14 state Medicaid programs, which were selected based on their quality of data, diverse geographic location, population size, demographic characteristics, and Medicaid dental delivery system. The Standing Committee noted that in the most recent year of data, measure scores ranged from 0.16 percent to 3.6 percent, thus suggesting variation in care.
- The Standing Committee highlighted the disparities data, noting that children in the youngest age group had the highest performance scores and children in the oldest age group had the lowest performance scores. The Standing Committee also noted that non-Hispanic Black, non-Hispanic White, and Hawaiian/Pacific Islander children had lower performance scores than non-Hispanic Asian, non-Hispanic American Indian/Alaska Native, and Hispanic children.
- The Standing Committee agreed that variation existed and that it indicated a gap. Therefore, the Standing Committee passed the measure on performance gap.

2. Scientific Acceptability of Measure Properties:
(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)
2a. Reliability: **Total votes-14**; **H-6**; **M-8**; **L-0**; **I-0**; 2b. Validity: **Total votes-14**; **H-0**; **M-14**; **L-0**; **I-0**
Rationale:

- The SMP did not review this measure.
- The Standing Committee highlighted the reliability testing data, noting that at the accountable-entity level, the developers used a random-split sample methodology and ICC to calculate agreement between the split samples.
- The Standing Committee noted that the variation between split samples for each year was relatively small, signifying that the samples were similar, and also noted that the measure scores had overlapping 95 percent confidence intervals.
- The Standing Committee also highlighted the reliability testing at the patient/encounter level, noting that the developer presented their patient/encounter-level validity testing as their patient/encounter-level reliability testing.
- The Standing Committee did not express any concerns regarding the reliability testing and passed the measure on reliability.
- The Standing Committee highlighted the validity testing the patient/encounter level, noting that the developers performed an analysis of the newer CPT code 99188, which is used in addition to CDT codes D1206/D1208 in the numerator.
- The Standing Committee noted that the developer reached the following conclusion: The analyses of the CPT codes were as expected, with the expected provider types rendering CPT 99188 services and services being concentrated within the age ranges eligible for reimbursement.
- Additionally, the Standing Committee noted the critical data element validation that was performed to assess the accuracy of the topical fluoride procedure codes reported in claims data.
- The Standing Committee did not express any concerns regarding the validity testing and passed the measure on validity.

3. Feasibility: Total votes-14; **H-7; M-7; 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:

- The Standing Committee highlighted the information submitted for feasibility, noting that the data elements are coded by someone other than the person obtaining the original information and that all data elements are defined in fields in electronic claims.
- The Standing Committee further highlighted that the measure was designed to avoid using software or other materials that require licensing fees. It also highlighted that the specifications are free and accessible through a website.
- The Standing Committee did not express any concerns and passed the measure on feasibility.

4. Usability and Use:

(Used and useful to the intended audiences for 4a. Accountability and Transparency; 4b. Improvement; and 4c. Benefits outweigh evidence of unintended consequences)

4a. Use**: Total votes-14**; **Pass-14; No Pass-0**; 4b. Usability: **Total votes-14**; **H-2; M-12; L-0; I-0**

Rationale:

- The Standing Committee noted that this measure is new and not yet in use. However, this measure has been adopted by CMS for Child Core Health Care Quality Measurement for FY 2022 reporting conducted by state Medicaid and CHIP and has been included in COHSII's Oral Health Quality Indicators for the Maternal and Child Health Population, which is funded by HRSA's MCHB for 2022 reporting.
- The Standing Committee also noted that the developer anticipates widespread adoption of the measure within three years.
- The Standing Committee highlighted DQA's process for reviewing and updating all measures, which incorporates feedback from measure users. The Standing Committee noted that the process is overseen by DQA's MDMC and includes public commenting, evaluation of comments, user group feedback, and code set reviews.
- The Standing Committee noted that during this process, the stakeholders responded positively overall to the measure and its ability to increase quality improvement efforts.
- The Standing Committee also highlighted the improvement results, noting that the initial testing suggests a performance gap exists. In addition, the developer noted that performance data will be shared via DQA's State Oral Health Quality Dashboard once reporting in the CMS Child Core Health Care Quality Measurement set becomes mandatory in 2024, which will facilitate the ability to identify performance, establish improvement goals, and evaluate any changes over time and how improvement varies across entities.
- The Standing Committee also noted that the developer stated the potential for harm is minimal.
- The Standing Committee did not express any concerns and passed the measure on use and usability.

5. Related and Competing Measures

- This measure is related to the following measures:
    - NQF #2511 Utilization of Services, Dental Services
    - NQF #2517 Oral Evaluation, Dental Services
    - NQF #2689 Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children
    - NQF #2695 Follow-Up after Emergency Department Visits for Dental Caries in Children
- The Standing Committee was unable to discuss related and competing measures during the measure evaluation meeting and consequently, this discussion was moved to the post-comment meeting. However, there were no competing measures for this measure. During post-comment, no comments

were received. Therefore, in consultation with the Standing Committee co-chairs, the NQF team canceled the post-comment meeting since no comments were received for this measure and only related measures were identified. The Standing Committee maintained its recommendation for continued endorsement without a discussion on related measures.

6. Standing Committee Recommendation for Endorsement: **Total votes- 14**; **Yes-14**; **No-0**

7. Public and Member Comment

- No public or member comments were received.

8. Consensus Standards Approval Committee (CSAC) Endorsement Decision: Total votes- 15; Yes-15; No-0 December 9, 2022: Endorsed

- The CSAC upheld the Standing Committee's decision to recommend the measure for endorsement.

9. Appeals

- No appeals were received.

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

NQF#	Title	Federal Programs (Finalized or Implemented)
0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Marketplace Quality Rating System (QRS) Healthcare Effectiveness Data and Information Set (HEDIS) Quality Measure Rating System
0032	Cervical Cancer Screening	None
0034	Colorectal Cancer Screening (COL)	None
0038	Childhood Immunization Status (CIS)	Marketplace QRS
0041	Preventive Care and Screening: Influenza Immunization	Medicare Shared Savings Program Merit-Based Incentive Payment System Program (MIPS) Program
0431	Influenza Vaccination Coverage Among Healthcare Personnel	Prospective Payment System-Exempt Cancer Hospital Quality Reporting Hospital Inpatient Quality Reporting Long-Term Care Hospital Quality Reporting Inpatient Rehabilitation Facility Compare Long-Term Care Hospital Compare
0658	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Ambulatory Surgical Center Quality Reporting Hospital Compare Hospital Outpatient Quality Reporting Doctors & Clinicians Compare MIPS Program
0680	Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)	Nursing Home Quality Initiative
1392	Well-Child Visits in the First 15 Months of Life	HEDIS Quality Measure Rating System Marketplace QRS
1407	Immunizations for Adolescents	None
1516	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	HEDIS Quality Measure Rating System
1659	Influenza Immunization	Hospital Compare
2372	Breast Cancer Screening	None
2511	Utilization of Services, Dental Services	None
2517	Oral Evaluation, Dental Services	None

NQF#	Title	Federal Programs (Finalized or Implemented)
2528	Prevention: Topical Fluoride for Children, Dental Services	None
2689	Ambulatory Care-Sensitive Emergency Department Visits for Dental Caries in Children	None
2695	Follow-Up After Emergency Department Visits for Dental Caries in Children	None
3484	Prenatal Immunization Status	None
3592e	Global Malnutrition Composite Score	None
3620	Adult Immunization Status	None
3700	Prevention: Topical Fluoride for Children, Dental, or Oral Health Services	None
3701	Prevention: Topical Fluoride for Children, Oral Health Services	None

* CMS Measures Inventory Tool Last Accessed on January 3, 2023.

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

STANDING COMMITTEE

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Appendix D: Measure Specifications

NQF #0041 Preventive Care and Screening: Influenza Immunization

STEWARD

National Committee for Quality Assurance

DESCRIPTION

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

Process

DATA SOURCE

Claims, Registry Data

N/A

LEVEL

Clinician: Individual

SETTING

Other

NUMERATOR STATEMENT

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

NUMERATOR DETAILS

NUMERATOR:

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

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 Instruction:

The numerator can be met by submitting either administration of an influenza vaccination or that the patient reported previous receipt of the current season's influenza immunization. If the performance of the numerator is not met, a clinician can submit a valid denominator exception for having not administered an influenza vaccination. For clinicians submitting a denominator exception, there should be a clear rationale and documented reason for not administering an influenza immunization if the patient did not indicate previous receipt, which could include a medical reason (e.g., patient allergy), patient reason (e.g., patient declined), or system reason (e.g., vaccination not available). The system reason should be indicated only for cases of disruption or shortage of influenza vaccination supply.

Due to the changing nature of the CDC/ACIP recommendations regarding the live attenuated influenza vaccine (LAIV) for a particular flu season, this measure will not include the

administration of this specific formulation of the flu vaccination. Given the variance of the timeframes for the annual update cycles, program implementation, and publication of revised recommendations from the CDC/ACIP, it has been determined that the coding for this measure will specifically exclude this formulation, so as not to inappropriately include this form of the vaccine for flu seasons when CDC/ACIP explicitly advise against it. However, it is recommended that all eligible professionals or eligible clinicians review the guidelines for each flu season to determine appropriateness of the LAIV and other formulations of the flu vaccine. Should the LAIV be recommended for administration for a particular flu season, an eligible professional or clinician may consider one of the following options: 1) satisfy the numerator by reporting previous receipt, 2) report a denominator exception, either as a patient reason (e.g., for patient preference) or a system reason (e.g., the institution only carries LAIV).

NUMERATOR NOTE: Denominator Exception(s) are determined at the time of the denominator eligible encounter during the current flu season.

Numerator Options:

Performance Met: Influenza immunization administered or previously received (G8482)

OR

Denominator Exception: Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons) (G8483)

OR

Performance Not Met: Influenza immunization was not administered, reason not given (G8484)

DENOMINATOR STATEMENT

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

DENOMINATOR DETAILS

DENOMINATOR NOTE: In order to submit on the flu season 2020-2021, the patient must have a qualifying encounter between January 1 and March 31, 2021. In order to submit on the flu season 2021-2022, the patient must have a qualifying encounter between October 1 and December 31, 2021. A qualifying encounter needs to occur within the flu season that is being submitted; any additional encounter(s) may occur at any time within the measurement period.

*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.

Denominator Criteria (Eligible Cases):

Patients aged ≥ 6 months

AND

Patient encounter during January thru March and/or October thru December (CPT or HCPCS): 90945, 90947, 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90960, 90961, 90962, 90963, 90964, 90965, 90966, 90967, 90968, 90969, 90970, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381*, 99382*, 99383*, 99384*, 99385*, 99386*, 99387*, 99391*, 99392*, 99393*, 99394*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, 99512*, G0438, G0439

EXCLUSIONS

None.

EXCLUSION DETAILS

N/A

RISK ADJUSTMENT

No additional risk adjustment analysis included

No risk adjustment or stratification

STRATIFICATION

N/A

TYPE SCORE

Rate/proportion

Better quality = Higher score

ALGORITHM

1. Start with Denominator
2. Check Patients aged greater than or equal to 6 months:
    a. If Patients aged greater than or equal to 6 months equals No, do not include in Eligible Population/Denominator. Stop processing.
    b. If Patients aged greater than or equal to 6 months equals Yes, proceed to check Patient encounter during January thru March and/or October thru December as listed in Denominator*/**.
3. Check Patient encounter during January thru March and/or October thru December as listed in Denominator*/**:
    a. If Patient encounter during January thru March and/or October thru December as listed in Denominator*/** equals No, do not include in Eligible Population/Denominator. Stop processing.
    b. If Patient encounter during January thru March and/or October thru December as listed in Denominator*/** equals Yes, include in Eligible Population/Denominator.
4. Denominator Population:
    a. Denominator Population is all Eligible Patients in Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
5. Start Numerator
6. Check Influenza immunization administered or previously received:
    a. If Influenza immunization administered or previously received equals Yes, include in Data Completeness Met and Performance Met.
        i. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 30 patients in the Sample Calculation.

   b. If Influenza immunization administered or previously received equals No, proceed to check Influenza immunization was not administered for reasons documented by clinician.
7. Check Influenza immunization was not administered for reasons documented by clinician:
   a. If Influenza immunization was not administered for reasons documented by clinician equals Yes, include in Data Completeness Met and Denominator Exception.
      i. Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 patients in the Sample Calculation.
   b. If Influenza immunization was not administered for reasons documented by clinician equals No, proceed to check Influenza immunization was not administered, reason not given.
8. Check Influenza immunization was not administered, reason not given:
   a. If Influenza immunization was not administered, reason not given equals Yes, include in the Data Completeness Met and Performance Not Met.
      i. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 patients in the Sample Calculation.
   b. If Influenza immunization was not administered, reason not given equals No, proceed to check Data Completeness Not Met.
9. Check Data Completeness Not Met:
   a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

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NQF #0431 Influenza Vaccination Coverage Among Healthcare Personnel

STEWARD

Centers for Disease Control and Prevention

DESCRIPTION

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

TYPE

Process

DATA SOURCE

Other, Electronic Health Records, Paper Medical Records, Management Data, Instrument-Based Data

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.

LEVEL

Facility

SETTING

Post-Acute Care, Outpatient Services, Inpatient/Hospital

NUMERATOR STATEMENT

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

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

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

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

None.

EXCLUSION DETAILS

Not applicable.

RISK ADJUSTMENT

No additional risk adjustment analysis included

No risk adjustment or stratification

STRATIFICATION

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

Rate/proportion

Better quality = Higher score

ALGORITHM

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.

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

STEWARD

Centers for Medicare & Medicaid Services

DESCRIPTION

This measure captures the percentage of short-stay nursing home 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 denominator consists of short-stay residents. Short-stay residents are identified as those who have had 100 or fewer days of nursing home care. *Note: While the IVS officially begins when the vaccine becomes available, which may be before October 1, the target period 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.

TYPE

Process

DATA SOURCE

Assessment Data The data source is the Minimum Data Set (MDS) 3.0, and the collection instrument is the Resident Assessment Instrument (RAI). For MDS 3.0 item sets used to calculate the quality measure, please see "MDS3.0_Final_Item_Sets_v1.17.2 for October 1 2020 zip (ZIP)" under the "Downloads" section of the following webpage: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation

LEVEL

Facility

SETTING

Post-Acute Care

NUMERATOR STATEMENT

The numerator is the number of residents in the denominator sample who, during the numerator time window, meet any one of the following criteria:

1. Resident received the influenza vaccine during the most recent influenza season, either in the facility or outside the facility; or
2. Resident was offered and declined the influenza vaccine; or
3. Resident was ineligible due to medical contraindication(s).

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. However, the measure selection period uses a June 30 end date to ensure residents who do not have an assessment completed until after March 31 but were vaccinated between October 1 and March 31 are captured in the sample.

NUMERATOR DETAILS

Residents whose cumulative length of stay is less than or equal to 100 days are considered short-stay residents and are counted in the measure. Residents are included in the numerator if they meet any of the following criteria on the selected MDS assessment during the numerator time window:

1. Resident received the influenza vaccine during the most recent influenza vaccine season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]); or

2. Resident was offered and declined the influenza vaccine (O0250C = [4]); or

3. Resident was ineligible due to medical contraindication(s) (O0250C = [3]) (e.g., anaphylactic hypersensitivity to eggs or other components of the vaccine, history of Guillian-Barré Syndrome within 6 weeks after a previous influenza vaccination, bone marrow transplant within the past 6 months).

The assessment record selected will be the record with the latest target date that meets all of the following conditions:

1. The record contains a qualifying reason for assessment (OBRA admission, quarterly, annual or significant change/correction assessment (A0310A = [01, 02, 03, 04, 05, 06]), PPS scheduled assessment (A0310B = [01]) 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

The denominator consists of 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 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 this time window, only the more recent episode is included in this measure.

DENOMINATOR DETAILS

Residents whose cumulative length of stay is less than or equal to 100 days are considered short-stay residents and are counted in measure. Residents are included in the denominator if they are aged 180 days or older and were in the facility for at least one day from October 1 through March 31. Specifically, a resident is considered to have stayed in the facility for at least one day from October 1 through March 31 if the resident has an OBRA assessment (A0310A = [01, 02, 03, 04, 05, 06]) or PPS assessment (A0310B = [01]) or discharge assessment (A0310F = [10, 11]) with an assessment reference date on or after October 1 and an entry date (A1600) on or before 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 to ensure each resident is counted once.

EXCLUSIONS

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

EXCLUSION DETAILS

Residents whose age is 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

No additional risk adjustment analysis included

No risk adjustment or stratification

STRATIFICATION

This measure is not stratified.

TYPE SCORE

Rate/proportion

Better quality = Higher score

ALGORITHM

The calculation algorithm for the measure is:

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

Step 2: 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 3: Identify the total number of short-stay residents who were offered and declined the seasonal influenza vaccine (O0250C = [4]).

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

Step 5: Aggregate Steps 2-4 [Sum the total number of short-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 6: Divide the results of Step 5 by the result of Step 1.

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N/A

N/A

NQF #2528 Prevention: Topical Fluoride for Children, Dental Services

STEWARD

American Dental Association

DESCRIPTION

Percentage of children aged 1 through 20 years who received at least 2 topical fluoride applications as dental services within the reporting year.

The measure is specified for reporting at the program (e.g., Medicaid, CHIP, Health Insurance Marketplaces) and plan (e.g., dental and health plans) levels for both public and private/commercial reporting.

TYPE

Process

DATA SOURCE

Claims

Not applicable.

LEVEL

Other, Health Plan, Health Plan

SETTING

Outpatient Services

NUMERATOR STATEMENT

Unduplicated number of children who received at least 2 topical fluoride applications as dental services.

NUMERATOR DETAILS

Please see section sp 22.

DENOMINATOR STATEMENT

Unduplicated number of children aged 1 through 20 years.

DENOMINATOR DETAILS

Please see section sp 22.

EXCLUSIONS

There are no measure-specific exclusions. There is a standard exclusion as part of determining denominator eligibility: Medicaid/CHIP programs should exclude those individuals who do not qualify for dental benefits.

EXCLUSION DETAILS

There are no measure-specific exclusions.

RISK ADJUSTMENT

No additional risk adjustment analysis included

No risk adjustment or stratification

Not applicable.

STRATIFICATION

This measure is stratified by age (in years) using the following categories:

1-2; 3-5; 6-7; 8-9; 10-11; 12-14; 15-18; 19-20

No new data are needed for this stratification. Please see sp. 22 and attached specifications for complete measure details.

TYPE SCORE

Rate/proportion

Better quality = Higher score

ALGORITHM

(1) Check if the subject meets age criteria at the last day of the reporting year:

[1]

(a) If child is >=1 and <21,

[2] then proceed to next step.

(b) If age criteria are not met or there are missing or invalid field codes (e.g., date of birth), then STOP processing. This subject does not get counted.

(2) Check if subject is continuously enrolled for the reporting year (12 months) with a gap of no more than 31 days (one-month gap for programs that determine eligibility on a monthly basis):

[3]

(a) If subject meets continuous enrollment criterion, then proceed to next step.

(b) If subject does not meet enrollment criterion, then STOP processing. This subject does not get counted.

YOU NOW HAVE THE DENOMINATOR (DEN): SUBJECTS WHO MEET THE AGE AND ENROLLMENT CRITERIA

(3) Check if subject received at least two fluoride applications as **dental services** during the reporting year – at least two unique dates of service when topical fluoride was provided. Service provided on each date of service should satisfy the following criteria:

(a) If [SERVICE CODE] = CDT D1206 or D1208,

[4] AND

(b) If [RENDERING PROVIDER TAXONOMY] code = any of the NUCC maintained Provider Taxonomy Codes in Table 1 below, then include in the numerator;

[5] proceed to next step.

(c) If both a AND b are not met, then the service was not a "dental" service; STOP processing. This subject is already included in the denominator but will not be included in the numerator.

Note 1: No more than one fluoride application can be counted for the same member on the same date of service.

Note 2: In this step, all **claims** with missing or invalid SERVICE CODE or with missing or invalid NUCC maintained Provider Taxonomy Codes should be excluded.

YOU NOW HAVE NUMERATOR (NUM) COUNT: Subjects who received at least two fluoride applications as *dental* services

(4) Report

(a) Unduplicated number of subjects in denominator (DEN)

(b) Unduplicated number of subjects in numerator (NUM)

(c) Measure rate (NUM/DEN)

(d) Rate stratified by age

Table 1: NUCC maintained Provider Taxonomy Codes classified as "Dental Service"++

Note: See Excel file attached in sp.11) for code descriptions.

122300000X	1223P0106X	1223X0008X	125Q00000X	126800000X
1223D0001X	1223P0221X	1223X0400X	261QF0400X	261QD0000X
1223D0004X	1223P0300X	124Q00000X+	261QR1300X	204E00000X
1223E0200X	1223P0700X	125J00000X	1223X2210X	261QS0112X
1223G0001X	1223S0112X	125K00000X	122400000X	*

Table showing NUCC-maintained Provider Taxonomy Codes classified as "Dental Service"

Alt text: Table showing NUCC-maintained Provider Taxonomy Codes classified as "Dental Service"

*Cell left intentionally blank

++Services provided by County Health Department dental clinics may also be included as "dental" services.

+Only dental hygienists who provide services under the supervision of a dentist should be classified as "dental" services. Services provided by independently practicing dental hygienists should be classified as "oral health" services and are not applicable for this measure.

[1] **Medicaid/CHIP programs should exclude those individuals who do not qualify for dental benefits.** The exclusion criteria should be reported along with the number and percentage of members excluded.

[2] **Age**: Medicaid/CHIP programs use under age 21(<21) as upper bound of age range; Exchange quality reporting use under age 19 (<19) as the upper bound of the age range; other programs check with program officials. The age criteria should be reported with the measure score.

[3] **Enrollment in "same" plan vs. "any" plan**: At the state program level (e.g., Medicaid/CHIP) a criterion of "any" plan applies versus at the health plan (e.g., MCO) level a criterion of "same" plan applies. The criterion used should be reported with the measure score. While this prevents direct aggregation of results from plan to program, each entity is given due credit for the population it serves. Thus, states with multiple MCOs should not merely "add up" the plan level scores but should calculate the state score from their database to allow inclusion of individuals who may be continuously enrolled but might have switched plans in the interim.

[4] **Topical Fluoride codes**: For reporting years prior to 2013, use CDT codes D1203 or D1204 or D1206.

[5] **Identifying "dental" services:** Programs and plans that do not use standard NUCC maintained provider taxonomy codes should use a valid mapping to identify providers whose services would be categorized as "dental" or "oral health" services.

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NQF #3700 Prevention: Topical Fluoride for Children, Dental or Oral Health Services

STEWARD

American Dental Association

DESCRIPTION

Percentage of children aged 1 through 20 years who received at least 2 topical fluoride applications as dental or oral health services within the reporting year.

The measure is specified for reporting at the program (e.g., Medicaid, CHIP, Health Insurance Marketplaces) and plan (e.g., dental and health plans) levels for both public and private/commercial reporting.

TYPE

Process

DATA SOURCE

Claims

Not applicable.

LEVEL

Other, Health Plan

SETTING

Outpatient Services

NUMERATOR STATEMENT

Unduplicated number of children who received at least 2 topical fluoride applications as dental or oral health services

NUMERATOR DETAILS

Please see section sp 22.

DENOMINATOR STATEMENT

Unduplicated number of children aged 1 through 20 years

DENOMINATOR DETAILS

Please see section sp 22.

EXCLUSIONS

There are no measure-specific exclusions. There is a standard exclusion as part of determining denominator eligibility: Medicaid/CHIP programs should exclude those individuals who do not qualify for dental benefits.

EXCLUSION DETAILS

There are no measure-specific exclusions.

RISK ADJUSTMENT

No additional risk adjustment analysis included

No risk adjustment or stratification

Not applicable.

STRATIFICATION

This measure is stratified by age (in years) using the following categories:

1-2; 3-5; 6-7; 8-9; 10-11; 12-14; 15-18; 19-20

No new data are needed for this stratification. Please see sp. 22 and attached specifications for complete measure details.

TYPE SCORE

Rate/proportion

Better quality = Higher score

ALGORITHM

Topical Fluoride for Children, Dental or Oral Health Services, Measure Score Calculation

(1) Check if the subject meets age criteria at the last day of the reporting year:[1]

(a) If child is >=1 and <21,[2] then proceed to next step.

(b) If age criteria are not met or there are missing or invalid field codes (e.g., date of birth), then STOP processing. This subject does not get counted.

(2) Check if subject is continuously enrolled for the reporting year (12 months) with a gap of no more than 31 days (one-month gap for programs that determine eligibility on a monthly basis):[3]

(a) If subject meets continuous enrollment criterion, then proceed to next step.

(b) If subject does not meet enrollment criterion, then STOP processing. This subject does not get counted.

YOU NOW HAVE THE DENOMINATOR (DEN): SUBJECTS WHO MEET THE AGE AND ENROLLMENT CRITERIA

(3) Check if subject received at least two fluoride applications as **dental or oral health services** during the reporting year – at least two unique dates of service when topical fluoride was provided. Service provided on each date of service should satisfy the following criteria:

(a) If [SERVICE CODE] = CDT D1206 or D1208 or CPT99188[4] then include in numerator; proceed

to next step.

(b) If a is not met, then STOP processing. This subject is already included in the denominator but will

not be included in the numerator.

Note 1: Some states may use additional codes to reimburse for fluoride provided by non-dental

providers.[5] These codes should be included in the [SERVICE CODE] codes in addition to CDT D1206,

CDT D1208 and CPT 99188.

Note 2: No more than one fluoride application can be counted for the same member on the same

date of service.

Note 3: In this step, all claims with missing or invalid SERVICE CODE should be excluded.

YOU NOW HAVE NUMERATOR (NUM) COUNT: Subjects who received at least two fluoride applications as *dental* or oral health services

(6) Report

(a) Unduplicated number of subjects in denominator (DEN)

(b) Unduplicated number of subjects in numerator (NUM)

(c) Measure rate (NUM/DEN)

(d) Rate stratified by age

[1] **Medicaid/CHIP programs should exclude those individuals who do not qualify for dental benefits.** The exclusion criteria should be reported along with the number and percentage of members excluded.

[2] **Age**: Medicaid/CHIP programs use under age 21(<21) as upper bound of age range; Exchange quality reporting use under age 19 (<19) as the upper bound of the age range; other programs check with program officials. The age criteria should be reported with the measure score.

[3] **Enrollment in "same" plan vs. "any" plan**: At the state program level (e.g., Medicaid/CHIP) a criterion of "any" plan applies versus at the health plan (e.g., MCO) level a criterion of "same" plan applies. The criterion used should be reported with the measure score. While this prevents direct aggregation of results from plan to program, each entity is given due credit for the population it serves. Thus, states with multiple MCOs should not merely "add up" the plan level scores but should calculate the state score from their database to allow inclusion of individuals who may be continuously enrolled but might have switched plans in the interim.

[4] Topical **Fluoride codes**: For reporting years prior to 2013, use CDT codes D1203 or D1204 or D1206.

[5] **Services provided by medical providers:** CPT 99188 is a dedicated code for "application of topical fluoride varnish by a physician or other qualified health care professional." In some instances, additional CPT or other codes may be used for reimbursement of oral health services (e.g., medical primary care providers providing oral evaluation, risk assessment, anticipatory guidance or fluoride varnish). Details available at AAP Table. For such states these additional codes must be considered. The AAP also provides an Oral Health Coding Fact Sheet for Primary Care Physicians: https://downloads.aap.org/AAP/PDF/coding_factsheet_oral_health.pdf. Accessed May 25, 2021.

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NQF #3701 Prevention: Topical Fluoride for Children, Oral Health Services

STEWARD

American Dental Association

DESCRIPTION

Percentage of children aged 1 through 20 years who received at least 2 topical fluoride applications as oral health services within the reporting year.

The measure is specified for reporting at the program and plan levels for both public and private/commercial reporting.

TYPE

Process

DATA SOURCE

Claims

Not applicable.

LEVEL

Health Plan, Other

SETTING

Outpatient Services

NUMERATOR STATEMENT

Unduplicated number of children who received at least 2 topical fluoride applications as oral health services

NUMERATOR DETAILS

Please see section sp 22.

DENOMINATOR STATEMENT

Unduplicated number of children aged 1 through 20 years

DENOMINATOR DETAILS

Please see section sp 22.

EXCLUSIONS

There are no measure-specific exclusions. There is a standard exclusion as part of determining denominator eligibility: Medicaid/CHIP programs should exclude those individuals who do not qualify for dental benefits.

EXCLUSION DETAILS

There are no measure-specific exclusions.

RISK ADJUSTMENT

No additional risk adjustment analysis included

No risk adjustment or stratification

Not applicable.

STRATIFICATION

This measure is stratified by age (in years) using the following categories:

1-2; 3-5; 6-7; 8-9; 10-11; 12-14; 15-18; 19-20

No new data are needed for this stratification. Please see sp. 22 and attached specifications for complete measure details.

TYPE SCORE

Rate/proportion

Better quality = Higher score

ALGORITHM

Topical Fluoride for Children, Oral Health Services, Measure Score Calculation

(1) Check if the subject meets age criteria at the last day of the reporting year:[1]

(a) If child is >=1 and <21,[2] then proceed to next step.

(b) If age criteria are not met or there are missing or invalid field codes (e.g., date of birth), then STOP processing. This subject does not get counted.

(2) Check if subject is continuously enrolled for the reporting year (12 months) with a gap of no more than 31 days (one-month gap for programs that determine eligibility on a monthly basis):[3]

(a) If subject meets continuous enrollment criterion, then proceed to next step.

(b) If subject does not meet enrollment criterion, then STOP processing. This subject does not get counted.

YOU NOW HAVE THE DENOMINATOR (DEN): SUBJECTS WHO MEET THE AGE AND ENROLLMENT CRITERIA

(3) Check if subject received at least two fluoride applications as **oral health services** during the reporting year – at least two unique dates of service when topical fluoride was provided. Service provided on each date of service should satisfy the following criteria:

(a) If [SERVICE CODE] = CDT D1206 or D1208 or CPT99188,[4] AND

(b) If [RENDERING PROVIDER TAXONOMY] code is a valid NUCC maintained Provider Taxonomy code but NOT included in the NUCC maintained Provider Taxonomy Codes in Table 1 below, then include in numerator;[5] proceed to next step.

(c) If both a AND b are not met, then STOP processing. This subject is already included in the denominator but will not be included in the numerator.

Note 1: Some states may use additional codes to reimburse for fluoride provided by non-dental providers.[5] These codes should be included in the [SERVICE CODE] codes in addition to CDT D1206, CDT D1208 and CPT 99188.

Note 2: No more than one fluoride application can be counted for the same member on the same date of service.

Note 3: In this step, all claims with missing or invalid SERVICE CODE or with missing or invalid NUCC maintained Provider Taxonomy Codes should be excluded.

YOU NOW HAVE NUMERATOR (NUM) COUNT: Subjects who received at least two fluoride applications as oral health services

(6) Report

(a) Unduplicated number of subjects in denominator (DEN)

(b) Unduplicated number of subjects in numerator (NUM)

(c) Measure rate (NUM/DEN)

(d) Rate stratified by age

Table 1: NUCC maintained Provider Taxonomy Codes classified as "Dental Service"++

Note: See Excel file attached in sp.11) for code descriptions.

122300000X	1223P0106X	1223X0008X	125Q00000X	126800000X
1223D0001X	1223P0221X	1223X0400X	261QF0400X	261QD0000X
1223D0004X	1223P0300X	124Q00000X+	261QR1300X	204E00000X
1223E0200X	1223P0700X	125J00000X	1223X2210X	261QS0112X
1223G0001X	1223S0112X	125K00000X	122400000X	*

Table showing NUCC-maintained Provider Taxonomy Codes classified as "Dental Service"

*Cell left intentionally blank

++Services provided by County Health Department dental clinics may also be included as "dental" services.

+Only dental hygienists who provide services under the supervision of a dentist should be classified as "dental" services. Services provided by independently practicing dental hygienists should be classified as "oral health" services and are not applicable for this measure.

[1] **Medicaid/CHIP programs should exclude those individuals who do not qualify for dental benefits.** The exclusion criteria should be reported along with the number and percentage of members excluded.

[2] **Age**: Medicaid/CHIP programs use under age 21(<21) as upper bound of age range; Exchange quality reporting use under age 19 (<19) as the upper bound of the age range; other programs check with program officials. The age criteria should be reported with the measure score.

[3] **Enrollment in "same" plan vs. "any" plan**: At the state program level (e.g., Medicaid/CHIP) a criterion of "any" plan applies versus at the health plan (e.g., MCO) level a criterion of "same" plan applies. The criterion used should be reported with the measure score. While this prevents direct aggregation of results from plan to program, each entity is given due credit for the population it serves. Thus, states with multiple MCOs should not merely "add up" the plan level scores but should calculate the state score from their database to allow inclusion of individuals who may be continuously enrolled but might have switched plans in the interim.

[4] **Topical Fluoride codes**: For reporting years prior to 2013, use CDT codes D1203 or D1204 or D1206.

[5] **Services provided by medical providers:** CPT 99188 is a dedicated code for "application of topical fluoride varnish by a physician or other qualified health care professional." In some instances, additional CPT or other codes may be used for reimbursement of oral health services (e.g., medical primary care providers providing oral evaluation, risk assessment, anticipatory guidance or fluoride varnish). Details available at AAP Table. For such states these additional codes must be considered. The AAP also provides an Oral Health Coding Fact Sheet for Primary Care Physicians: https://downloads.aap.org/AAP/PDF/coding_factsheet_oral_health.pdf. Accessed May 25, 2021.

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Appendix E: Related and Competing Measures

Comparison of NQF #0041 and NQF #0038

Steward/Developer

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

National Committee for Quality Assurance

NQF #0038 CHILDHOOD IMMUNIZATION STATUS (CIS)

National Committee for Quality Assurance

Description

NQF #0041 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

NQF #0038 CHILDHOOD IMMUNIZATION STATUS (CIS)

Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DtaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine.

Numerator

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

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

NQF #0038 CHILDHOOD IMMUNIZATION STATUS (CIS)

Children who received the recommended vaccines by their second birthday.

Denominator

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

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

NQF #0038 CHILDHOOD IMMUNIZATION STATUS (CIS)

Children who turn 2 years of age during the measurement year.

Measure Type

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Process

NQF #0038 CHILDHOOD IMMUNIZATION STATUS (CIS)

Process

Data Source

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Claims, Registry Data

NQF #0038 CHILDHOOD IMMUNIZATION STATUS (CIS)

Paper Medical Records, Registry Data, Electronic Health Records: Electronic Health Records, Claims

Target Population

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Children (Age < 18), Elderly (Age >= 65), Adults (Age >= 18)

NQF #0038 CHILDHOOD IMMUNIZATION STATUS (CIS)

Children

Care Setting

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Other

NQF #0038 CHILDHOOD IMMUNIZATION STATUS (CIS)

Outpatient Services

Level of Analysis

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Clinician: Individual

NQF #0038 CHILDHOOD IMMUNIZATION STATUS (CIS)

Health Plan, Integrated Delivery System

Comparison of NQF #0041 and NQF #0226

Steward/Developer

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

National Committee for Quality Assurance

NQF #0226 INFLUENZA IMMUNIZATION IN THE ESRD POPULATION (FACILITY LEVEL)

Kidney Care Quality Alliance

Description

NQF #0041 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

NQF #0226 INFLUENZA IMMUNIZATION IN THE ESRD POPULATION (FACILITY LEVEL)

Percentage of end stage renal disease (ESRD) patients aged 6 months and older receiving hemodialysis or peritoneal dialysis during the time from October 1 (or when the influenza vaccine became available) to March 31 who either received, were offered and declined, or were determined to have a medical contraindication to the influenza vaccine.

Numerator

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

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

NQF #0226 INFLUENZA IMMUNIZATION IN THE ESRD POPULATION (FACILITY LEVEL)

Number of patients from the denominator who:

1. received an influenza vaccination,* documented by the provider or reported receipt from another provider by the patient (computed and reported separately);

OR

2. were assessed and offered an influenza vaccination but declined (computed and reported separately);

OR

3. were assessed and determined to have a medical contraindication(s) of anaphylactic hypersensitivity to eggs or other component(s) of the vaccine, history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination, and/or bone marrow transplant within the past 6 months (<6 months prior to encounters between October 1 and March 31) (computed and reported separately).

*Only inactivated vaccine should be used in the ESRD population.

Denominator

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

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

NQF #0226 INFLUENZA IMMUNIZATION IN THE ESRD POPULATION (FACILITY LEVEL)

All ESRD patients aged 6 months and older receiving hemodialysis and/or peritoneal dialysis during the time from October 1 (or when the influenza vaccine became available) to March 31.

Measure Type

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Process

NQF #0226 INFLUENZA IMMUNIZATION IN THE ESRD POPULATION (FACILITY LEVEL)

Process

Data Source

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Claims, Registry Data

NQF #0226 INFLUENZA IMMUNIZATION IN THE ESRD POPULATION (FACILITY LEVEL)

Electronic Health Records: Electronic Health Records, Paper Medical Records, Other

Target Population

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Children (Age < 18), Elderly (Age >= 65), Adults (Age >= 18)

NQF #0226 INFLUENZA IMMUNIZATION IN THE ESRD POPULATION (FACILITY LEVEL)

Populations at Risk, Children, Elderly, Dual eligible beneficiaries, Individuals with multiple chronic conditions

Care Setting

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Other

NQF #0226 INFLUENZA IMMUNIZATION IN THE ESRD POPULATION (FACILITY LEVEL)

Post-Acute Care

Level of Analysis

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Clinician: Individual

NQF #0226 INFLUENZA IMMUNIZATION IN THE ESRD POPULATION (FACILITY LEVEL)

Facility

Comparison of NQF #0041 and NQF #0431

Steward/Developer

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

National Committee for Quality Assurance

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Centers for Disease Control and Prevention

Description

NQF #0041 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

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

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

Numerator

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

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

NQF #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.

Denominator

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

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

NQF #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.

Measure Type

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Process

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Process

Data Source

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Claims, Registry Data

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Other, Electronic Health Records, Paper Medical Records, Management Data, Instrument-Based Data

Target Population

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Children (Age < 18), Elderly (Age >= 65), Adults (Age >= 18)

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Adults (Age >= 18)

Care Setting

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Other

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Post-Acute Care, Outpatient Services, Inpatient/Hospital

Level of Analysis

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Clinician: Individual

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Facility

Comparison of NQF #0041 and NQF #0680

Steward/Developer

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

National Committee for Quality Assurance

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

Centers for Medicare & Medicaid Services

Description

NQF #0041 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

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

This measure captures the percentage of short-stay nursing home 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 denominator consists of short-stay residents. Short-stay residents are identified as those who have had 100 or fewer days of nursing home care.

*Note: While the IVS officially begins when the vaccine becomes available, which may be before October 1, the target period 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.

Numerator

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

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

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

The numerator is the number of residents in the denominator sample who, during the numerator time window, meet any one of the following criteria:

1. Resident received the influenza vaccine during the most recent influenza season, either in the facility or outside the facility; or
2. Resident was offered and declined the influenza vaccine; or
3. Resident was ineligible due to medical contraindication(s).

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. However, the measure selection period uses a June 30 end date to ensure residents who do not have an assessment completed until after March 31 but were vaccinated between October 1 and March 31 are captured in the sample.

Denominator

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

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

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

The denominator consists of 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 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 this time window, only the more recent episode is included in this measure.

Measure Type

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Process

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

Process

Data Source

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Claims, Registry Data

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

Assessment Data

Target Population

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Children (Age < 18), Elderly (Age >= 65), Adults (Age >= 18)

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

Elderly (Age >= 65), Individuals with multiple chronic conditions, Dual eligible beneficiaries, Populations at Risk

Care Setting

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Other

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

Post-Acute Care

Level of Analysis

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Clinician: Individual

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

Facility

Comparison of NQF #0041 and NQF #1659

Steward/Developer

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

National Committee for Quality Assurance

NQF #1659 INFLUENZA IMMUNIZATION

Centers for Medicare & Medicaid Services

Description

NQF #0041 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

NQF #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.

Numerator

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

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

NQF #1659 INFLUENZA IMMUNIZATION

Inpatient discharges who were screened for influenza vaccine status and were vaccinated prior to discharge if indicated.

Denominator

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

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

NQF #1659 INFLUENZA IMMUNIZATION

Acute care hospitalized inpatients age 6 months and older discharged during the months of October, November, December, January, February or March.

Measure Type

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Process

NQF #1659 INFLUENZA IMMUNIZATION

Process

Data Source

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Claims, Registry Data

NQF #1659 INFLUENZA IMMUNIZATION

Claims, Paper Medical Records, Other

Target Population

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Children (Age < 18), Elderly (Age >= 65), Adults (Age >= 18)

NQF #1659 INFLUENZA IMMUNIZATION

Women, Individuals with multiple chronic conditions, Children, Dual eligible beneficiaries, Veterans, Elderly, Populations at Risk

Care Setting

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Other

NQF #1659 INFLUENZA IMMUNIZATION

Inpatient/Hospital

Level of Analysis

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Clinician: Individual

NQF #1659 INFLUENZA IMMUNIZATION

Facility

Comparison of NQF #0041 and NQF #3484

Steward/Developer

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

National Committee for Quality Assurance

NQF #3484 PRENATAL IMMUNIZATION STATUS

National Committee for Quality Assurance

Description

NQF #0041 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

NQF #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.

Numerator

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

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

NQF #3484 PRENATAL IMMUNIZATION STATUS

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

Denominator

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

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

NQF #3484 PRENATAL IMMUNIZATION STATUS

Deliveries that occurred during the measurement period.

Measure Type

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Process

NQF #3484 PRENATAL IMMUNIZATION STATUS

Composite

Data Source

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Claims, Registry Data

NQF #3484 PRENATAL IMMUNIZATION STATUS

Electronic Health Records: Electronic Health Records, Claims, Other, Registry Data, Electronic Health Data, Enrollment Data, Management Data

Target Population

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Children (Age < 18), Elderly (Age >= 65), Adults (Age >= 18)

NQF #3484 PRENATAL IMMUNIZATION STATUS

Pregnant Women

Care Setting

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Other

NQF #3484 PRENATAL IMMUNIZATION STATUS

Outpatient Services

Level of Analysis

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Clinician: Individual

NQF #3484 PRENATAL IMMUNIZATION STATUS

Health Plan

Comparison of NQF #0041 and NQF #3620

Steward/Developer

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

National Committee for Quality Assurance

NQF #3620 ADULT IMMUNIZATION STATUS

National Committee for Quality Assurance

Description

NQF #0041 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

NQF #3620 ADULT IMMUNIZATION STATUS

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

Numerator

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

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

NQF #3620 ADULT IMMUNIZATION STATUS

Adults age 19 and older who are up-to-date on recommended routine vaccines for influenza, tetanus (Td) or tetanus, diphtheria or acellular pertussis (Tdap), herpes zoster and pneumococcal based on age and recommendations.

Denominator

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

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

NQF #3620 ADULT IMMUNIZATION STATUS

Adults ages 19 years and older.

Measure Type

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Process

NQF #3620 ADULT IMMUNIZATION STATUS

Process

Data Source

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Claims, Registry Data

NQF #3620 ADULT IMMUNIZATION STATUS

Electronic Health Records: Electronic Health Records, Management Data, Registry Data, Claims, Electronic Health Data, Enrollment Data

Target Population

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Children (Age < 18), Elderly (Age >= 65), Adults (Age >= 18)

NQF #3620 ADULT IMMUNIZATION STATUS

Adults (Age >= 19)

Care Setting

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Other

NQF #3620 ADULT IMMUNIZATION STATUS

Outpatient Services

Level of Analysis

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Clinician: Individual

NQF #3620 ADULT IMMUNIZATION STATUS

Health Plan

Comparison of NQF #0431 and NQF #0041

Steward/Developer

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Centers for Disease Control and Prevention

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

National Committee for Quality Assurance

Description

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

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

NQF #0041 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

Numerator

NQF #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.

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

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

Denominator

NQF #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.

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

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

Measure Type

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Process

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Process

Data Source

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Other, Electronic Health Records, Paper Medical Records, Management Data, Instrument-Based Data

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Claims, Registry Data

Target Population

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Adults (Age >= 18)

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Children (Age < 18), Elderly (Age >= 65), Adults (Age >= 18)

Care Setting

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Post-Acute Care, Outpatient Services, Inpatient/Hospital

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Other

Level of Analysis

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Facility

NQF #0041 PREVENTIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION

Clinician: Individual

Comparison of NQF #0431 and NQF #0226

Steward/Developer

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Centers for Disease Control and Prevention

NQF #0226 INFLUENZA IMMUNIZATION IN THE ESRD POPULATION (FACILITY LEVEL)

Kidney Care Quality Alliance

Description

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

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

NQF #0226 INFLUENZA IMMUNIZATION IN THE ESRD POPULATION (FACILITY LEVEL)

Percentage of end stage renal disease (ESRD) patients aged 6 months and older receiving hemodialysis or peritoneal dialysis during the time from October 1 (or when the influenza vaccine became available) to March 31 who either received, were offered and declined, or were determined to have a medical contraindication to the influenza vaccine.

Numerator

NQF #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.

NQF #0226 INFLUENZA IMMUNIZATION IN THE ESRD POPULATION (FACILITY LEVEL)

Number of patients from the denominator who:

1. received an influenza vaccination,* documented by the provider or reported receipt from another provider by the patient (computed and reported separately);

OR

2. were assessed and offered an influenza vaccination but declined (computed and reported separately);

OR

3. were assessed and determined to have a medical contraindication(s) of anaphylactic hypersensitivity to eggs or other component(s) of the vaccine, history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination, and/or bone marrow transplant within the past 6 months (<6 months prior to encounters between October 1 and March 31) (computed and reported separately).

*Only inactivated vaccine should be used in the ESRD population.

Denominator

NQF #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.

NQF #0226 INFLUENZA IMMUNIZATION IN THE ESRD POPULATION (FACILITY LEVEL)

All ESRD patients aged 6 months and older receiving hemodialysis and/or peritoneal dialysis during the time from October 1 (or when the influenza vaccine became available) to March 31.

Measure Type

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Process

NQF #0226 INFLUENZA IMMUNIZATION IN THE ESRD POPULATION (FACILITY LEVEL)

Process

Data Source

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Other, Electronic Health Records, Paper Medical Records, Management Data, Instrument-Based Data

NQF #0226 INFLUENZA IMMUNIZATION IN THE ESRD POPULATION (FACILITY LEVEL)

Electronic Health Records: Electronic Health Records, Paper Medical Records, Other

Target Population

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Adults (Age >= 18)

NQF #0226 INFLUENZA IMMUNIZATION IN THE ESRD POPULATION (FACILITY LEVEL)

Populations at Risk, Children, Elderly, Dual eligible beneficiaries, Individuals with multiple chronic conditions

Care Setting

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Post-Acute Care, Outpatient Services, Inpatient/Hospital

NQF #0226 INFLUENZA IMMUNIZATION IN THE ESRD POPULATION (FACILITY LEVEL)

Post-Acute Care

Level of Analysis

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Facility

NQF #0226 INFLUENZA IMMUNIZATION IN THE ESRD POPULATION (FACILITY LEVEL)

Facility

Comparison of NQF #0431 and NQF #0680

Steward/Developer

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Centers for Disease Control and Prevention

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

Centers for Medicare & Medicaid Services

Description

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

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

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

This measure captures the percentage of short-stay nursing home 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 denominator consists of short-stay residents. Short-stay residents are identified as those who have had 100 or fewer days of nursing home care.

*Note: While the IVS officially begins when the vaccine becomes available, which may be before October 1, the target period 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.

Numerator

NQF #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.

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

The numerator is the number of residents in the denominator sample who, during the numerator time window, meet any one of the following criteria:

1. Resident received the influenza vaccine during the most recent influenza season, either in the facility or outside the facility; or

2. Resident was offered and declined the influenza vaccine; or

3. Resident was ineligible due to medical contraindication(s).

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. However, the measure selection period uses a June 30 end date to ensure residents who do not have an assessment completed until after March 31 but were vaccinated between October 1 and March 31 are captured in the sample.

Denominator

NQF #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.

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

The denominator consists of 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 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 this time window, only the more recent episode is included in this measure.

Measure Type

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Process

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

Process

Data Source

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Other, Electronic Health Records, Paper Medical Records, Management Data, Instrument-Based Data

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

Assessment Data

Target Population

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Adults (Age >= 18)

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

Elderly (Age >= 65), Individuals with multiple chronic conditions, Dual eligible beneficiaries, Populations at Risk

Care Setting

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Post-Acute Care, Outpatient Services, Inpatient/Hospital

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

Post-Acute Care

Level of Analysis

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Facility

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

Facility

Comparison of NQF #0431 and NQF #1659

Steward/Developer

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Centers for Disease Control and Prevention

NQF #1659 INFLUENZA IMMUNIZATION

Centers for Medicare & Medicaid Services

Description

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

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

NQF #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.

Numerator

NQF #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.

NQF #1659 INFLUENZA IMMUNIZATION

Inpatient discharges who were screened for influenza vaccine status and were vaccinated prior to discharge if indicated.

Denominator

NQF #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.

NQF #1659 INFLUENZA IMMUNIZATION

Acute care hospitalized inpatients age 6 months and older discharged during the months of October, November, December, January, February or March

Measure Type

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Process

NQF #1659 INFLUENZA IMMUNIZATION

Process

Data Source

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Other, Electronic Health Records, Paper Medical Records, Management Data, Instrument-Based Data

NQF #1659 INFLUENZA IMMUNIZATION

Claims, Paper Medical Records, Other

Target Population

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Adults (Age >= 18)

NQF #1659 INFLUENZA IMMUNIZATION

Women, Individuals with multiple chronic conditions, Children, Dual eligible beneficiaries, Veterans, Elderly, Populations at Risk

Care Setting

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Post-Acute Care, Outpatient Services, Inpatient/Hospital

NQF #1659 INFLUENZA IMMUNIZATION

Inpatient/Hospital

Level of Analysis

NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Facility

NQF #1659 INFLUENZA IMMUNIZATION

Facility

Comparison of NQF #0680 and NQF #1659

Steward/Developer

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

Centers for Medicare & Medicaid Services

NQF #1659 INFLUENZA IMMUNIZATION

Centers for Medicare & Medicaid Services

Description

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

This measure captures the percentage of short-stay nursing home 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 denominator consists of short-stay residents. Short-stay residents are identified as those who have had 100 or fewer days of nursing home care.

*Note: While the IVS officially begins when the vaccine becomes available, which may be before October 1, the target period 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.

NQF #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.

Numerator

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

The numerator is the number of residents in the denominator sample who, during the numerator time window, meet any one of the following criteria:

1. Resident received the influenza vaccine during the most recent influenza season, either in the facility or outside the facility; or

2. Resident was offered and declined the influenza vaccine; or

3. Resident was ineligible due to medical contraindication(s).

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. However, the measure selection period uses a June 30 end date to ensure residents who do not have an assessment completed until after March 31 but were vaccinated between October 1 and March 31 are captured in the sample.

NQF #1659 INFLUENZA IMMUNIZATION

Inpatient discharges who were screened for influenza vaccine status and were vaccinated prior to discharge if indicated.

Denominator

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

The denominator consists of 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 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 this time window, only the more recent episode is included in this measure.

NQF #1659 INFLUENZA IMMUNIZATION

Acute care hospitalized inpatients age 6 months and older discharged during the months of October, November, December, January, February or March.

Measure Type

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

Process

NQF #1659 INFLUENZA IMMUNIZATION

Process

Data Source

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

Assessment Data

NQF #1659 INFLUENZA IMMUNIZATION

Claims, Paper Medical Records, Other

Target Population

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

Elderly (Age >= 65), Individuals with multiple chronic conditions, Dual eligible beneficiaries, Populations at Risk

NQF #1659 INFLUENZA IMMUNIZATION

Women, Individuals with multiple chronic conditions, Children, Dual eligible beneficiaries, Veterans, Elderly, Populations at Risk

Care Setting

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

Post-Acute Care

NQF #1659 INFLUENZA IMMUNIZATION

Inpatient/Hospital

Level of Analysis

NQF #0680 PERCENT OF RESIDENTS WHO WERE ASSESSED AND APPROPRIATELY GIVEN THE SEASONAL INFLUENZA VACCINE (SHORT-STAY)

Facility

NQF #1659 INFLUENZA IMMUNIZATION

Facility

Comparison of NQF #2528 and NQF #2511

Steward/Developer

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

American Dental Association

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

American Dental Association

Description

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Percentage of children aged 1 through 20 years who received at least 2 topical fluoride applications as dental services within the reporting year.

The measure is specified for reporting at the program (e.g., Medicaid, CHIP, Health Insurance Marketplaces) and plan (e.g., dental and health plans) levels for both public and private/commercial reporting.

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

Percentage of enrolled children under age 21 years who received at least one dental service within the reporting year.

Numerator

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Unduplicated number of children who received at least 2 topical fluoride applications as dental services

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

Unduplicated number of children under age 21 years who received at least one dental service

Denominator

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Unduplicated number of children aged 1 through 20 years

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

Unduplicated number of enrolled children under age 21 years

Measure Type

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Process

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

Process

Data Source

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Claims

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

Claims

Target Population

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Children (Age < 18), Populations at Risk

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

Children, Populations at Risk

Care Setting

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Outpatient Services

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

Outpatient Services

Level of Analysis

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Other, Health Plan, Health Plan

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

Integrated Delivery System, Health Plan

Comparison of NQF #2528 and NQF #2517

Steward/Developer

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

American Dental Association

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

American Dental Association

Description

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Percentage of children aged 1 through 20 years who received at least 2 topical fluoride applications as dental services within the reporting year.

The measure is specified for reporting at the program (e.g., Medicaid, CHIP, Health Insurance Marketplaces) and plan (e.g., dental and health plans) levels for both public and private/commercial reporting.

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

Percentage of enrolled children under age 21 years who received a comprehensive or periodic oral evaluation within the reporting year.

Numerator

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Unduplicated number of children who received at least 2 topical fluoride applications as dental services

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

Unduplicated number of enrolled children under age 21 years who received a comprehensive or periodic oral evaluation as a dental service

Denominator

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Unduplicated number of children aged 1 through 20 years

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

Unduplicated number of enrolled children under age 21 years

Measure Type

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Process

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

Process

Data Source

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Claims

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

Claims

Target Population

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Children (Age < 18), Populations at Risk

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

Children, Populations at Risk

Care Setting

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Outpatient Services

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

Outpatient Services

Level of Analysis

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Other, Health Plan, Health Plan

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

Health Plan, Integrated Delivery System

Comparison of NQF #2528 and NQF #2689

Steward/Developer

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

American Dental Association

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

American Dental Association

Description

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Percentage of children aged 1 through 20 years who received at least 2 topical fluoride applications as dental services within the reporting year.

The measure is specified for reporting at the program (e.g., Medicaid, CHIP, Health Insurance Marketplaces) and plan (e.g., dental and health plans) levels for both public and private/commercial reporting.

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Number of emergency department visits for caries-related reasons per 100,000 member months for all enrolled children

Numerator

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Unduplicated number of children who received at least 2 topical fluoride applications as dental services

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Number of ED visits with caries-related diagnosis code among all enrolled children

Denominator

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Unduplicated number of children aged 1 through 20 years

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

All member months for enrollees 0 through 20 years during the reporting year divided by 100,000.

NOTES:

1. Age range is 0 through 20 years (<21 years) to coincide with Medicaid Early and Periodic Screening, Diagnostic, and Treatment eligibility. (http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html).

2. 100,000 member months of enrollment was selected instead of a per population approach due to enrollment variation. This is consistent with the approach that the Centers for Medicare and Medicaid Services has taken for the Medicaid Adult Health Care Quality measures of potentially preventable hospitalizations, which measures rates per 100,000 member months.

Measure Type

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Process

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Outcome

Data Source

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Claims

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Claims

Target Population

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Children (Age < 18), Populations at Risk

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Populations at Risk: Populations at Risk, Children

Care Setting

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Outpatient Services

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Emergency Department and Services

Level of Analysis

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Other, Health Plan, Health Plan

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Integrated Delivery System

Comparison of NQF #2528 and NQF #2695

Steward/Developer

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

American Dental Association

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

American Dental Association

Description

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Percentage of children aged 1 through 20 years who received at least 2 topical fluoride applications as dental services within the reporting year.

The measure is specified for reporting at the program (e.g., Medicaid, CHIP, Health Insurance Marketplaces) and plan (e.g., dental and health plans) levels for both public and private/commercial reporting.

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Percentage of ambulatory care sensitive Emergency Department (ED) visits for dental caries among children 0 – 20 years in the reporting period for which the member visited a dentist within (a) 7 days and (b) 30 days of the ED visit.

Numerator

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Unduplicated number of children who received at least 2 topical fluoride applications as dental services

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Number of ambulatory care sensitive ED visits by children for dental caries for which the member visited a dentist within (a) 7 days (NUM1) and (b) 30 days (NUM2) of the ED visit

Denominator

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Unduplicated number of children aged 1 through 20 years

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Number of ambulatory care sensitive ED visits by children 0 through 20 years for dental caries in the reporting period.

Note: Age range is 0 through 20 years (<21 years) to coincide with Medicaid Early and Periodic Screening, Diagnostic, and Treatment eligibility.

Measure Type

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Process

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Process

Data Source

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Claims

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Claims

Target Population

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Children (Age < 18), Populations at Risk

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Children, Populations at Risk: Populations at Risk

Care Setting

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Outpatient Services

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Outpatient Services, Emergency Department and Services

Level of Analysis

NQF #2528 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL SERVICES

Other, Health Plan, Health Plan

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Integrated Delivery System

Comparison of NQF #3700 and NQF #2511

Steward/Developer

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

American Dental Association

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

American Dental Association

Description

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Percentage of children aged 1 through 20 years who received at least 2 topical fluoride applications as dental or oral health services within the reporting year.

The measure is specified for reporting at the program (e.g., Medicaid, CHIP, Health Insurance Marketplaces) and plan (e.g., dental and health plans) levels for both public and private/commercial reporting.

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

Percentage of enrolled children under age 21 years who received at least one dental service within the reporting year.

Numerator

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Unduplicated number of children who received at least 2 topical fluoride applications as dental or oral health services

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

Unduplicated number of children under age 21 years who received at least one dental service

Denominator

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Unduplicated number of children aged 1 through 20 years

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

Unduplicated number of enrolled children under age 21 years

Type

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Process

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

Process

Data Source

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Claims

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

Claims

Target Population

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Populations at Risk, Children (Age < 18)

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

Children, Populations at Risk

Care Setting

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Outpatient Services

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

Outpatient Services

Level of Analysis

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Other, Health Plan

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

Integrated Delivery System, Health Plan

Comparison of NQF #3700 and NQF #2517

Steward/Developer

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

American Dental Association

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

American Dental Association

Description

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Percentage of children aged 1 through 20 years who received at least 2 topical fluoride applications as dental or oral health services within the reporting year.

The measure is specified for reporting at the program (e.g., Medicaid, CHIP, Health Insurance Marketplaces) and plan (e.g., dental and health plans) levels for both public and private/commercial reporting.

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

Percentage of enrolled children under age 21 years who received a comprehensive or periodic oral evaluation within the reporting year.

Numerator

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Unduplicated number of children who received at least 2 topical fluoride applications as dental or oral health services

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

Unduplicated number of enrolled children under age 21 years who received a comprehensive or periodic oral evaluation as a dental service

Denominator

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Unduplicated number of children aged 1 through 20 years

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

Unduplicated number of enrolled children under age 21 years

Measure Type

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Process

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

Process

Data Source

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Claims

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

Claims

Target Population

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Populations at Risk, Children (Age < 18)

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

Children, Populations at Risk

Care Setting

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Outpatient Services

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

Outpatient Services

Level of Analysis

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Other, Health Plan

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

Health Plan, Integrated Delivery System

Comparison of NQF #3700 and NQF #2689

Steward/Developer

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

American Dental Association

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

American Dental Association

Description

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Percentage of children aged 1 through 20 years who received at least 2 topical fluoride applications as dental or oral health services within the reporting year.

The measure is specified for reporting at the program (e.g., Medicaid, CHIP, Health Insurance Marketplaces) and plan (e.g., dental and health plans) levels for both public and private/commercial reporting.

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Number of emergency department visits for caries-related reasons per 100,000 member months for all enrolled children

Numerator

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Unduplicated number of children who received at least 2 topical fluoride applications as dental or oral health services

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Number of ED visits with caries-related diagnosis code among all enrolled children

Denominator

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Unduplicated number of children aged 1 through 20 years

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

All member months for enrollees 0 through 20 years during the reporting year divided by 100,000.

NOTES:

1. Age range is 0 through 20 years (<21 years) to coincide with Medicaid Early and Periodic Screening, Diagnostic, and Treatment eligibility. (http://whttps://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html).

2. 100,000 member months of enrollment was selected instead of a per population approach due to enrollment variation. This is consistent with the approach that the Centers for Medicare and Medicaid Services has taken for the Medicaid Adult Health Care Quality measures of potentially preventable hospitalizations, which measures rates per 100,000 member months.

Measure Type

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Process

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Outcome

Data Source

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Claims

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Claims

Target Population

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Populations at Risk, Children (Age < 18)

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Populations at Risk: Populations at Risk, Children

Care Setting

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Outpatient Services

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Emergency Department and Services

Level of Analysis

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Other, Health Plan

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Integrated Delivery System

Comparison of NQF #3700 and NQF #2695

Steward/Developer

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

American Dental Association

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

American Dental Association

Description

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Percentage of children aged 1 through 20 years who received at least 2 topical fluoride applications as dental or oral health services within the reporting year.

The measure is specified for reporting at the program (e.g., Medicaid, CHIP, Health Insurance Marketplaces) and plan (e.g., dental and health plans) levels for both public and private/commercial reporting.

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Percentage of ambulatory care sensitive Emergency Department (ED) visits for dental caries among children 0 – 20 years in the reporting period for which the member visited a dentist within (a) 7 days and (b) 30 days of the ED visit.

Numerator

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Unduplicated number of children who received at least 2 topical fluoride applications as dental or oral health services

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Number of ambulatory care sensitive ED visits by children for dental caries for which the member visited a dentist within (a) 7 days (NUM1) and (b) 30 days (NUM2) of the ED visit

Denominator

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Unduplicated number of children aged 1 through 20 years

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Number of ambulatory care sensitive ED visits by children 0 through 20 years for dental caries in the reporting period.

Note: Age range is 0 through 20 years (<21 years) to coincide with Medicaid Early and Periodic Screening, Diagnostic, and Treatment eligibility.

Measure Type

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Process

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Process

Data Source

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Claims

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Claims

Target Population

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Populations at Risk, Children (Age < 18)

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Children, Populations at Risk: Populations at Risk

Care Setting

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Outpatient Services

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Outpatient Services, Emergency Department and Services

Level of Analysis

NQF #3700 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, DENTAL OR ORAL HEALTH SERVICES

Other, Health Plan

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Integrated Delivery System

Comparison of NQF #3701 and NQF #2511

Steward/Developer

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

American Dental Association

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

American Dental Association

Description

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Percentage of children aged 1 through 20 years who received at least 2 topical fluoride applications as oral health services within the reporting year.

The measure is specified for reporting at the program and plan levels for both public and private/commercial reporting.

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

Percentage of enrolled children under age 21 years who received at least one dental service within the reporting year.

Numerator

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Unduplicated number of children who received at least 2 topical fluoride applications as oral health services

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

Unduplicated number of children under age 21 years who received at least one dental service

Denominator

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Unduplicated number of children aged 1 through 20 years

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

Unduplicated number of enrolled children under age 21 years

Measure Type

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Process

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

Process

Data Source

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Claims

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

Claims

Target Population

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Populations at Risk, Children (Age < 18)

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

Children, Populations at Risk

Care Setting

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Outpatient Services

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

Outpatient Services

Level of Analysis

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Health Plan, Other

NQF #2511 UTILIZATION OF SERVICES, DENTAL SERVICES

Integrated Delivery System, Health Plan

Comparison of NQF #3701 and NQF #2517

Steward/Developer

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

American Dental Association

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

American Dental Association

Description

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Percentage of children aged 1 through 20 years who received at least 2 topical fluoride applications as oral health services within the reporting year.

The measure is specified for reporting at the program and plan levels for both public and private/commercial reporting.

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

Percentage of enrolled children under age 21 years who received a comprehensive or periodic oral evaluation within the reporting year.

Numerator

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Unduplicated number of children who received at least 2 topical fluoride applications as oral health services

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

Unduplicated number of enrolled children under age 21 years who received a comprehensive or periodic oral evaluation as a dental service

Denominator

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Unduplicated number of children aged 1 through 20 years

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

Unduplicated number of enrolled children under age 21 years

Measure Type

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Process

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

Process

Data Source

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Claims

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

Claims

Target Population

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Populations at Risk, Children (Age < 18)

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

Children, Populations at Risk

Care Setting

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Outpatient Services

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

Outpatient Services

Level of Analysis

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Health Plan, Other

NQF #2517 ORAL EVALUATION, DENTAL SERVICES

Health Plan, Integrated Delivery System

Comparison of NQF #3701 and NQF #2689

Steward/Developer

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

American Dental Association

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

American Dental Association

Description

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Percentage of children aged 1 through 20 years who received at least 2 topical fluoride applications as oral health services within the reporting year.

The measure is specified for reporting at the program and plan levels for both public and private/commercial reporting.

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Number of emergency department visits for caries-related reasons per 100,000 member months for all enrolled children

Numerator

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Unduplicated number of children who received at least 2 topical fluoride applications as oral health services

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Number of ED visits with caries-related diagnosis code among all enrolled children

Denominator

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Unduplicated number of children aged 1 through 20 years

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

All member months for enrollees 0 through 20 years during the reporting year divided by 100,000.

NOTES:

1. Age range is 0 through 20 years (<21 years) to coincide with Medicaid Early and Periodic Screening, Diagnostic, and Treatment eligibility. (https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html).

2. 100,000 member months of enrollment was selected instead of a per population approach due to enrollment variation. This is consistent with the approach that the Centers for Medicare and Medicaid Services has taken for the Medicaid Adult Health Care Quality measures of potentially preventable hospitalizations, which measures rates per 100,000 member months.

Measure Type

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Process

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Outcome

Data Source

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Claims

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Claims

Target Population

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Populations at Risk, Children (Age < 18)

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Populations at Risk: Populations at Risk, Children

Care Setting

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Outpatient Services

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Emergency Department and Services

Level of Analysis

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Health Plan, Other

NQF #2689 AMBULATORY CARE SENSITIVE EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Integrated Delivery System

Comparison of NQF #3701 and NQF #2695

Steward/Developer

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

American Dental Association

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

American Dental Association

Description

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Percentage of children aged 1 through 20 years who received at least 2 topical fluoride applications as oral health services within the reporting year.

The measure is specified for reporting at the program and plan levels for both public and private/commercial reporting.

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Percentage of ambulatory care sensitive Emergency Department (ED) visits for dental caries among children 0 – 20 years in the reporting period for which the member visited a dentist within (a) 7 days and (b) 30 days of the ED visit.

Numerator

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Unduplicated number of children who received at least 2 topical fluoride applications as oral health services

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Number of ambulatory care sensitive ED visits by children for dental caries for which the member visited a dentist within (a) 7 days (NUM1) and (b) 30 days (NUM2) of the ED visit

Denominator

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Unduplicated number of children aged 1 through 20 years

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Number of ambulatory care sensitive ED visits by children 0 through 20 years for dental caries in the reporting period.

Note: Age range is 0 through 20 years (<21 years) to coincide with Medicaid Early and Periodic Screening, Diagnostic, and Treatment eligibility.

Measure Type

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Process

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Process

Data Source

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Claims

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Claims

Target Population

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Populations at Risk, Children (Age < 18)

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Children, Populations at Risk: Populations at Risk

Care Setting

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Outpatient Services

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Outpatient Services, Emergency Department and Services

Level of Analysis

NQF #3701 PREVENTION: TOPICAL FLUORIDE FOR CHILDREN, ORAL HEALTH SERVICES

Health Plan, Other

NQF #2695 FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISITS FOR DENTAL CARIES IN CHILDREN

Integrated Delivery System

Appendix F: Pre-Evaluation Comments

Comments received as of June 15, 2022.

#0041 Preventive Care and Screening: Influenza Immunization

Comment 1 by: Fern McCree, NCQA; Submitted by Bob Rehm, National Committee for Quality Assurance

In 2017, MIPS replaced the Physician Quality Reporting System (PQRS) which ended in 2016. Clinician-level MIPS performance results from 2017 through 2019 are not available. The average MIPS performance rate in 2020 was 69.8%. The most recent year of available reporting data for PQRS is 2014. The average performance rate in 2014 was 46.3%. There has been an improvement in performance between 2014 and 2020.

Comment 2 by: Submitted by Koryn Rubin, American Medical Association

The American Medical Association (AMA) appreciates the opportunity to comment on this measure. We are writing to request clarification on several items in the measure submission form. On review of the measure specifications, the developer notes that it includes a denominator exception for medical or patient reasons (see sp.13 as an example) and sp.22 outlines how these exceptions should be removed from the denominator. However, sp.16, which describes denominator exclusions, is marked "None" nor did the developer provide any analysis on the frequency of exceptions in the measure testing section (see 2b.15 through 2b.18). We believe that these inconsistencies must be addressed, and the developer must ensure that what is endorsed is aligned with the version of the measure currently in the Merit-Based Incentive Payment System (MIPS). We also request clarification on the use and usability of the measure. On our review, it does not appear that this section was updated since stewardship of the measure was transitioned from the PCPI to the National Committee for Quality Assurance. The AMA requests that these discrepancies be addressed prior to continued endorsement of this measure. We appreciate the Committee's consideration of our comments.

Appendix G: Post-Evaluation Comments

Comments received as of September 13, 2022.

NQF #0041 Preventive Care and Screening: Influenza Immunization (Endorsed)

Stephanie Collingwood, UnityPoint Health

Comment ID#: 8149 (Submitted: 09/01/2022)

Council / Public: PRO

Level of Support: N/A

Comment

UnityPoint Health agrees, Influenza vaccinations are evidence-based recommendations important and recognized as such by the medical community. However, we do have concerns around changes made to this measure regarding patient declination. UnityPoint Health appreciates this metric allows for the discussion and shared decision making to occur between patient and provider. We would recommend NQF consider for inclusion of the measure that a provider would still receive "credit" for their partnership in shared decision making as well as education provided to patients on the value of the influenza vaccination, even if the patient declines.

Developer Response

The numerator can be met by submitting either administration of an influenza vaccination or that the patient reported previous receipt of the current season's influenza immunization. However, if the performance of the numerator is not met, a clinician can submit a valid denominator exception for having not administered an influenza vaccination. A denominator exception is any condition that should remove a patient, procedure, or unit of measurement from the denominator of the performance rate only if the numerator criteria are not met. A denominator exception allows for adjustment of the calculated score for those providers with higher risk populations and provides for the exercise of clinical judgment. For clinicians submitting a denominator exception, there should be a clear rationale and documented reason for not administering an influenza immunization if the patient did not indicate previous receipt, which could include a medical reason (e.g., patient allergy), patient reason (e.g., patient declined), or system reason (e.g., vaccination not available). The information must be documented in a structured manner as defined by the measure.

NQF Response

Thank you for your comment. It has been shared with the Standing Committee and measure developer.

NQF Committee Response

N/A

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