

## Childhood Immunization Status (Combo 3)

[Link to OHA 2025 measure specifications](#)

**Who:** Children who turn two years of age in 2025.

**Why:** Childhood vaccines protect children from a number of serious and potentially life-threatening diseases such as diphtheria, measles, meningitis, polio, tetanus, and whooping cough, at a time in their lives when they are most vulnerable to disease. Approximately 300 children in the United States die each year from vaccine preventable diseases. Immunizations are essential for disease prevention and are a critical aspect of preventable care for children. Vaccination coverage must be maintained to prevent a resurgence of vaccine-preventable diseases.

**What:** This measure reports the percentage of children who turn two-years-old in 2025 and receive all the following immunizations before their second birth date:

### **Incentivized Combo 3 Vaccinations (19 Total)**

- 4 DTaP (Diphtheria, Tetanus, and Pertussis)
  - 3 IPV (Inactivated Polio Vaccine)
  - 1 MMR\* (Measles, Mumps, Rubella)
  - 3 HiB (Hemophilus Influenzae Type B)
  - 3 Hepatitis B
  - 1 VZV\* (Varicella Zoster Vaccine)
  - 4 PCV (Pneumococcal conjugate)
- Multiple vaccines within the same type must have different dates of service to count toward requirement (i.e., to meet the four required DTaP vaccines there must be at least four dates of service on which a DTaP was provided).
  - \*1 MMR, 1 VZV, & Hep-A must have a date of service on or between the child's first and second birthdays.
  - HepA, RV, and Influenzas are not part of the incentivized Combo 3 vaccinations but OHA reports results for the CMS Medicaid Child Core Set

**How:** Some ideas to improve Childhood Immunization Status rate:

- Utilizing member gap lists to identify members who are most in need. You can create your own gap lists using FIDO Metrics Dashboard and actionable member list.
- Ensure that immunization records in ALERT IIS are up to date and that all patient information is correct (e.g., name spelled correctly, correct date of birth, etc.). Chart review of hospital records to find any missing immunizations (like the first dose of hepatitis B) from the patient's immunization records in ALERT IIS.

- Schedule immunizations visits months before their second birthday. This is especially vital for members who have their second birth within January or February. This measure continues to be an incentive metric; therefore, continuous planning and engagement can lead to better outcomes. Start thinking about those turning one in preparation for the next reporting year.
- Ensure that patient decision-aid tools and catch-up schedules are available for all parents when deciding to vaccinate their children (see resources for more information).
- Schedule subsequent vaccine visits before parents leave the office.
- Implement patient recall workflows.
- Reach out to your clinic’s assigned Quality Improvement Analyst or Innovation Specialist for more support.
- Ways to improve vaccine uptake:
  - Engage cultural, religious, and community-based organizations who may influence social circles
  - Reduce ‘hassle factors’ (location, hours, incorporating cultural norms, etc.)
  - Involve children early and often, children can act as behavior change agents regarding health-related issues
  - Utilize your extended care team (BHC, THW, pharmacist) to talk, explore beliefs and concerns
  - Provider recommendation: collaborative discussions where concerns are addressed, and science is shared

### Exclusions:

Members who have had a contraindication to a childhood vaccine on or before their second birthday, received an organ or bone marrow transplant, utilized hospice services, or died during the measurement year are excluded from the denominator of this metric. Members enrolled under the Basic Health Plan (BHP) at any time during the required continuous enrollment period, in addition to Cover All Kids (CAK) and Healthier Oregon Program (HOP) recipients, are excluded from the incentive reporting rates.

### Exclusion Codesets:

Transplant CPT/HCPCS: 32850-6, 33927-30, 33933, 33935, 44132-7, 44715, 44720-1, 47133, 47135-6, 47140-7, 48160, 48550-2, 48554, 48556, 50360, 50365, 50380, S2053-5, S2060-1, S2065, S2152

Hospice CPT/HCPCS: 99377-8, G0182, G9473-79, Q5003-08, Q5010, S9126, T2042-6

## Frequently Asked Questions: Childhood Immunization Status (Combo 3)

**Q: What immunization combination does this metric follow?**

**A:** HEDIS® MY2025 Combination 3.

**Q: How do I know which members are due for vaccinations?**

**A:** A child's immunization history in ALERT should be checked before each visit. Additionally, CareOregon prepares and distributes member gap lists using ALERT data provided by OHA on a quarterly basis.

**Q: Who is included in the denominator for this measure?**

**A:** Members whose second birthday is within 2025 and have had physical health coverage with the CCO continuously and have not been enrolled in BHP, CAK, or HOP for the 12 months prior to their second birthday are included in the denominator.

**Q: If parents decided to not have their child vaccinated, are they excluded from the metric?**

**A:** No. If the child does not receive immunizations, they will remain in the denominator but not the numerator.

**Performance Measure Set:**  CCO Incentive Metric  Medicare Star Measure

**Quality Measurement Type:**  Structure  Process  Outcome  Patient Experience

**Data Type:**  Claims  Chart Documentation  eCQM  Survey  Other: ALERT IIS Registry

**State Benchmark:** 69.0%, with 1.5% improvement floor (2022 National Medicaid 75<sup>th</sup> Percentile)