

# HEDIS® Results for Medicaid Childhood and Adolescent Immunization

Posted January 4, 2019

According to the 2018 Healthcare Effectiveness Data and Information Set (HEDIS) rates for Blue Cross Community Health Plans<sup>SM</sup> (BCCHP<sup>SM</sup>) and Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup> members, the childhood immunization measure, Combo 10, is improving but fell short of the 75<sup>th</sup> percentile goal of 39.66 percent. The adolescent immunization measure, Combo 2, met our benchmark goal of the 75<sup>th</sup> percentile, however, we did not meet our benchmark goal for Combo 1.<sup>1</sup> **Proper documentation is crucial to ensure vaccinations are recorded correctly.**

Childhood Immunization Status (CIS) – Combo 10:

- Goal (2017 Quality Compass Benchmark) = 39.66 percent
  - 2016 HEDIS rate = 25.29 percent
  - 2017 HEDIS rate = 29.63 percent
  - 2018 HEDIS rate = 36.01 percent

Immunizations for Adolescents – Combo 1 and Combo 2:

- Combo 1 Goal = 83.89 percent
  - 2018 HEDIS rate = 80.78 percent
- Combo 2 Goal = 24.62 percent
  - 2018 HEDIS rate = 33.82 percent

HEDIS measures performance in health care where improvements can help make a meaningful difference in people's lives. HEDIS is a nationally standardized set of measures related to important areas of care and service. Developed by the National Committee for Quality Assurance (NCQA), HEDIS is one of the most widely used set of health care performance measures in the U.S.

As a part of the health care team, doctors, practitioners and nurses play a vital role to help improve the HEDIS rates as well as educating parents and encouraging them to vaccinate their children. Below are a few tips you may choose to apply:

- Communicate with parents regarding the benefits of age appropriate childhood immunization
- Explain the pros and cons of immunizations
- Allow the parents to express their concerns

**To further your discussion, below are the HEDIS measures for CIS and Immunizations for Adolescents.**

Combo 10 refers to vaccinations children are recommended to receive by their second birthday<sup>2</sup>:

- 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)
- Two influenza (flu) vaccines

*Continued on next page*

HEDIS measure assess adolescents 13 years of age who had the following immunization by age 13<sup>2</sup>:

**Combo 1**

- One dose of meningococcal vaccine
- One Tdap vaccine

**Combo 2**

- One dose of meningococcal vaccine;
- One Tdap vaccine; **and**
- The complete human papillomavirus vaccine series between 9 to 13 years of age
  - Two-dose Series: must be at least 146 days between the first and second doses
  - Three-dose Series: if three vaccines with different dates of service

For additional information on recommended immunization schedule for children and adolescents aged 18 years or younger, review our [Preventive Care Guidelines](#).

<sup>1</sup>NCQA. HEDIS and performance measures: <https://www.ncqa.org/hedis/>

<sup>2</sup>NCQA, Childhood Immunization Status (CIS). <https://www.ncqa.org/hedis/measures/childhood-immunization-status/>

<sup>2</sup>CDC. Recommended Vaccines by Age, 2018: <https://www.cdc.gov/vaccines/vpd/vaccines-age.html>

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.