

Immunizations for Adolescents (Combo 2)

[Link to finalized OHA technical specifications](#)

Who: Children who turn 13 years of age in 2026 that have at least 365 days of continuous enrollment before their 13th birthday.

Note: Please note that CCO 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, have been excluded from the incentive quality rates.

Why: Despite the effectiveness of vaccines to prevent disease and reduce unnecessary costs to the health care system, immunization rates for children in Oregon remain well below national Healthy People 2021 goals. Much attention is given to those who decide not to vaccinate their children; however, these families and communities represent the minority in Oregon. Most parents do intend to vaccinate their children according to the American Academy of Pediatrics schedule and as recommended by their health care provider. Thus, providers play a key role in immunization rates among their patients (Source: *CCO Resource Guide—Strategies to Improve Immunization Rates*, OHA July 2017).

What: This measure reports the percentage of adolescents who turn 13-years-old in 2026 who receive all the following immunizations before their 13th birth date.

- **Meningococcal** – any of the following meets criteria:
 - At least one meningococcal serogroups A, C, W, Y, B vaccine on or between the member's 10th and 13th birthdays
 - Anaphylaxis due to the meningococcal vaccine (SNOMED CT code 428301000124106) any time on or before the member's 13th birthday.
- **Tdap** – any of the following meets criteria:
 - At least one tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccine (Only CVX code 115; CPT code 90715) on or between the member's 10th and 13th birthdays.
 - Anaphylaxis due to diphtheria, tetanus, or pertussis vaccine (SNOMED CT codes 428281000124107 and 428291000124105) any time on or before the member's 13th birthday.
 - Encephalitis due to the tetanus, diphtheria, or pertussis vaccine any time on or before the member's 13th birthday.
- **HPV** – any of the following meets criteria:
 - At least two HPV vaccines with different dates that are 146 days apart, occurring on or between the member's 9th and 13th birthdays.
 - At least three HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays.
 - Anaphylaxis due to the HPV vaccine (SNOMED CT code 428241000124101) on or

before the member's 13th birthday.

How:

Some ideas to improve Immunizations for Adolescents performance:

- Utilizing member gap lists to identify members who are most in need.
- Ensure that immunization records in ALERT are up to date and that all patient information is correct (e.g., name spelled correctly, correct date of birth, etc.).
- Monitor and schedule immunizations visits months before their 13th birthday including ensuring the first HPV dose is administered at least 5 months prior to the patient's birthday. This measure continues to be an incentive metric, therefore continuous planning and engagement can lead to better outcomes. Start thinking about those turning nine 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).
- Discuss HPV vaccinations in the context of cancer prevention rather than sexual education. Ensure evidence-based resources on HPV vaccinations and cancer prevention are available for both adolescents and parents.
- 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. For adolescents this may include School Based Health Centers
- Reduce 'hassle factors' (location, hours, incorporating cultural norms, etc.). For adolescents this may include "back to school nights" incorporating vaccines into sports physicals or coordinating with School Based Health Centers.
- 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

2026 Changes:

- Eliminated the legacy Anchor Date rule; the existing requirement is included in the allowable enrollment gap criteria.
Deleted Tdap Vaccine Procedure Value Set and included CPT code 90715 in specs instead.

Exclusions: Members who are deceased at the time of metric reporting or in hospice or using hospice services anytime during the measurement year.



Coding: OHA relies on ALERT IIS data and eligible CPT/SNOMED value sets.

Immunizations for Adolescents (Combo 2) FAQ

Q: What immunization combination does this metric follow?

A: HEDIS® MY2026 Combination 2.

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

A: An adolescent'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 thirteenth birthday is within 2026 and have had physical health coverage with the CCO continuously for the 12-months prior to their 13th birthday are included in the denominator.

Q: If a parent decides to not have their adolescent vaccinated, are they excluded from the metric?

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

Q: Does this measure recognize anaphylaxis reactions to a vaccine as part of the numerator?

A: OHA accepts CCOs' submission of EHR records with qualifying SNOMED-CT codes indicating anaphylaxis to a vaccine, but the submission is only allowed during the measurement year final validation period in the month of May, and ONLY for those CCOs that do not pass the metric in OHA's preliminary result published in April, but could pass the metric with the supplemental anaphylaxis information incorporated.

Resources

CDC recommended schedule of immunizations for adolescents:

<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

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: 41.6%, (MY2023 National Medicaid 75th Percentile percentile)

