Quality ID #493 (CBE 3620): Adult Immunization Status

2026 COLLECTION TYPE:
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients 19 years of age and older who are up-to-date on recommended routine vaccines for influenza; tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap); zoster; pneumococcal; and hepatitis B.

INSTRUCTIONS:
Reporting Frequency:
This measure is to be submitted a minimum of **once per performance period** for denominator eligible cases as defined in the denominator criteria.

Intent and Clinician Applicability:
This measure is intended to reflect the quality of services provided for patients who are up-to-date on recommended routine vaccines. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions as defined by the numerator based on the services provided and the measure-specific denominator coding.

Measure Strata and Performance Rates:
This measure contains five strata defined by five submission criteria.
This measure produces five performance rates which contribute to the final weighted average.

There are 5 Submission Criteria for this measure:
1) Patients (19 years of age and older on the date of the encounter) who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period.

AND
2) Patients (19 years of age and older on the date of the encounter) who received at least 1 tetanus and diphtheria (Td) vaccine or 1 tetanus, diphtheria, and pertussis (Tdap) vaccine between 9 years prior to the encounter and the end of the measurement period.

AND
3) Patients (50 years of age and older on the date of the encounter) who received 2 doses of the herpes zoster recombinant vaccine anytime on October 20, 2017, through the end of the measurement period.

AND
4) Patients (66 years of age or older on the date of the encounter) who were administered any pneumococcal conjugate vaccine or polysaccharide vaccine, on or after their 19th birthday and before the end of the measurement period.

AND
5) Patients (19 years of age and older on the date of the encounter) who were administered a hepatitis B vaccine series.

This measure will be calculated with 5 performance rates:
1) Percentage of patients (19 years of age and older on the date of the encounter) who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period.
2) Percentage of patients (19 years of age and older on the date of the encounter) who received at least 1. tetanus and diphtheria (Td) vaccine or 1 tetanus, diphtheria, and pertussis (Tdap) vaccine between 9 years

prior to the encounter and the end of the measurement period.

3) Percentage of patients (50 years of age and older on the date of the encounter) who received 2 doses of the herpes zoster recombinant vaccine anytime on October 20, 2017, through the end of the measurement period.
4) Percentage of patients (66 years of age or older on the date of the encounter) who were administered any pneumococcal conjugate vaccine or polysaccharide vaccine, on or after their 19th birthday and before the end of the measurement period.
5) Percentage of patients (19 years of age and older on the date of the encounter) who were administered a hepatitis B vaccine series.

Submission of the five performance rates is required for this measure. A weighted average, which is the sum of the performance numerator values divided by the sum of performance denominator values, will be used to calculate performance.

Implementation Considerations:
For the purposes of MIPS implementation, this patient-periodic measure is submitted a minimum of once per patient per timeframe specified by the measure for the performance period. The most advantageous quality data code will be used if the measure is submitted more than once. If more than one quality data code is submitted during the episode time period, performance rates shall be calculated by the most advantageous quality data code.

Telehealth:
TELEHEALTH ELIGIBLE: This measure **is appropriate for and applicable to the telehealth setting**. Patient encounters conducted via telehealth using encounter code(s) found in the denominator encounter criteria are allowed for this measure. Therefore, if the patient meets all denominator criteria for a telehealth encounter, it would be appropriate to include them in the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:
The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

SUBMISSION CRITERIA 1: PATIENTS (19 YEARS OF AGE AND OLDER ON THE DATE OF THE ENCOUNTER) WHO RECEIVED AN INFLUENZA VACCINE ON OR BETWEEN JULY 1 OF THE YEAR PRIOR TO THE MEASUREMENT PERIOD AND JUNE 30 OF THE MEASUREMENT PERIOD

DENOMINATOR (CRITERIA 1):
Patients 19 years of age and older on the date of the encounter with a visit during the measurement period.

> *DENOMINATOR NOTE:*
> **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 1):
> Patients age 19 and older on the date of the encounter
> **AND**
> **Patient encounter during the performance period (CPT):** 90945, 90947, 90957, 90958, 90959, 90960, 90961, 90962, 90965, 90966, 90969, 90970, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009,

98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, 99512*, G0438, G0439
AND NOT
DENOMINATOR EXCLUSION:
In hospice or using hospice services during the measurement period (HCPCS): M1167

NUMERATOR (CRITERIA 1):
Patients in Denominator 1 who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period.

NUMERATOR NOTE:
Patient reported vaccine receipt, when recorded in the medical record, is acceptable for meeting the numerator.

Numerator Options:

Performance Met:	Patient received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period **(M1168)**

OR

Denominator Exception:	Documentation of medical reason(s) for not administering influenza vaccine (e.g., prior anaphylaxis due to the influenza vaccine) **(M1169)**

OR

Performance Not Met:	Patient did not receive an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period **(M1170)**

AND

SUBMISSION CRITERIA 2: PATIENTS (19 YEARS OF AGE AND OLDER ON THE DATE OF THE ENCOUNTER) WHO RECEIVED AT LEAST 1 TETANUS AND DIPHTHERIA (TD) VACCINE OR 1 TETANUS, DIPHTHERIA, AND PERTUSSIS (TDAP) VACCINE BETWEEN 9 YEARS PRIOR TO THE ENCOUNTER AND THE END OF THE MEASUREMENT PERIOD

DENOMINATOR (CRITERIA 2):
Patients 19 years of age and older on the date of the encounter with a visit during the measurement period.

DENOMINATOR NOTE:
*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 2):
Patients age 19 and older on the date of the encounter
AND
Patient encounter during the performance period (CPT): 90945, 90947, 90957, 90958, 90959, 90960, 90961, 90962, 90965, 90966, 90969, 90970, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, 99512*, G0438, G0439
AND NOT
DENOMINATOR EXCLUSION:

In hospice or using hospice services during the measurement period (HCPCS): M1167

NUMERATOR (CRITERIA 2):
Patients in Denominator 2 who received at least 1 Td vaccine or 1 Tdap vaccine between 9 years prior to the encounter and the end of the measurement period.

NUMERATOR NOTE:
Patient reported vaccine receipt, when recorded in the medical record, is acceptable for meeting the numerator.

Numerator Options:
Performance Met: Patient received at least one Td vaccine or one Tdap vaccine between nine years prior to the encounter and the end of the measurement period **(M1171)**

OR
Denominator Exception: Documentation of medical reason(s) for not administering Td or Tdap vaccine (e.g., prior anaphylaxis due to the Td or Tdap vaccine or history of encephalopathy within seven days after a previous dose of a Td-containing vaccine) **(M1172)**

OR
Performance Not Met: Patient did not receive at least one Td vaccine or one Tdap vaccine between nine years prior to the encounter and the end of the measurement period **(M1173)**

AND

SUBMISSION CRITERIA 3: PATIENTS (50 YEARS OF AGE AND OLDER ON THE DATE OF THE ENCOUNTER) WHO RECEIVED 2 DOSES OF THE HERPES ZOSTER RECOMBINANT VACCINE ANYTIME ON OCTOBER 20, 2017, THROUGH THE END OF THE MEASUREMENT PERIOD

DENOMINATOR (CRITERIA 3):
Patients 50 years of age and older on the date of the encounter with a visit during the measurement period.

DENOMINATOR NOTE:
*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 3):
Patients age 50 and older on the date of the encounter
AND
Patient encounter during the performance period (CPT): 90945, 90947, 90960, 90961, 90962, 90966, 90970, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99386*, 99387*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, 99512*, G0438, G0439
AND NOT
DENOMINATOR EXCLUSION:
In hospice or using hospice services during the measurement period (HCPCS): M1167

NUMERATOR (CRITERIA 3):
Patients in Denominator 3 who received 2 doses of the herpes zoster recombinant vaccine on October 20, 2017, through the end of the measurement period.

NUMERATOR NOTE:
Patient reported vaccine receipt, when recorded in the medical record, is acceptable for meeting the numerator.

Numerator Options:

Performance Met:	Patient received at least two doses of the herpes zoster recombinant vaccine (at least 28 days apart) on October 20, 2017, through the end of the measurement period **(M1174)**

OR

Denominator Exception:	Documentation of medical reason(s) for not administering zoster vaccine (e.g., prior anaphylaxis due to the zoster vaccine) **(M1175)**

OR

Denominator Exception:	Documentation that administration of second recombinant zoster vaccine could not occur during the performance period due to the recommended 2-6 month interval between doses (i.e., first dose received after October 31) **(M1238)**

OR

Performance Not Met:	Patient did not receive two doses of the herpes zoster recombinant vaccine (at least 28 days apart) on October 20, 2017, through the end of the measurement period **(M1176)**

AND

SUBMISSION CRITERIA 4: PATIENTS (66 YEARS OF AGE OR OLDER ON THE DATE OF THE ENCOUNTER) WHO WERE ADMINISTERED ANY PNEUMOCOCCAL CONJUGATE VACCINE OR POLYSACCHARIDE VACCINE, ON OR AFTER THEIR 19TH BIRTHDAY AND BEFORE THE END OF THE MEASUREMENT PERIOD

DENOMINATOR (CRITERIA 4):
Patients 66 years of age or older on the date of the encounter with a visit during the measurement period.

DENOMINATOR NOTE:
*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 4):
Patients age 66 and older on the date of the encounter
AND
Patient encounter during the performance period (CPT): 90945, 90947, 90960, 90961, 90962, 90966, 90970, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99387*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, 99512*, G0438, G0439
AND NOT
DENOMINATOR EXCLUSION:
In hospice or using hospice services during the measurement period (HCPCS): M1167

NUMERATOR (CRITERIA 4):
Patients in Denominator 4 who were administered any pneumococcal conjugate vaccine or polysaccharide vaccine, on

or after their 19th birthday and before the end of the measurement period.

NUMERATOR NOTE:
The measure provides credit for adults 66 years of age and older who have received any pneumococcal vaccine on or after the patient's 19th birthday.

Patient reported vaccine receipt, when recorded in the medical record, is acceptable for meeting the numerator.

Numerator Options:

Performance Met:	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period **(M1177)**

OR

Denominator Exception:	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., prior anaphylaxis due to the pneumococcal vaccine) **(M1178)**

OR

Performance Not Met:	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 19th birthday and before or during measurement period **(M1179)**

<u>AND</u>

<u>SUBMISSION CRITERIA 5: PATIENTS (19 YEARS OF AGE AND OLDER ON THE DATE OF THE ENCOUNTER) WHO WERE ADMINISTERED A HEPATITIS B VACCINE SERIES</u>

<u>DENOMINATOR (CRITERIA 5):</u>
Patients 19 years of age or older on the date of the encounter with a visit during the measurement period.

DENOMINATOR NOTE:
*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.

<u>Denominator Criteria (Eligible Cases 5):</u>
Patients age 19 and older on the date of the encounter
<u>AND</u>
Patient encounter during the performance period (CPT): 90945, 90947, 90957, 90958, 90959, 90960, 90961, 90962, 90965, 90966, 90969, 90970, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, 99512*, G0438, G0439
<u>AND NOT</u>
<u>DENOMINATOR EXCLUSION:</u>
In hospice or using hospice services during the measurement period (HCPCS): M1167

<u>NUMERATOR (CRITERIA 5):</u>
Patients in Denominator 5 who were administered a hepatitis B vaccine series.
<u>NUMERATOR INSTRUCTIONS:</u>
In order to meet criteria for this numerator, patients must have one of the following: 1) at least three doses of the childhood hepatitis B vaccine with different dates of service on or before their 19th birthday; 2) at least two doses of the recommended two-dose adult hepatitis B vaccine administered at least 28 days apart; and 3) at least three doses of any other recommended adult hepatitis B vaccine administered on different dates of service.

NUMERATOR NOTE:
Patient reported vaccine receipt, when recorded in the medical record, is acceptable for meeting the numerator.

Numerator Options:
Performance Met: Patient received recommended doses of hepatitis B
                                                      vaccination based on age **(M1468)**

OR

Denominator Exception: Patient has a history of hepatitis B illness or received a
                                                      hepatitis B surface antigen, hepatitis B surface antibody, or
                                                      total antibody to hepatitis B core antigen test with a positive
                                                      result any time before or during the measurement period
                                                      (M1469)

OR

Denominator Exception: Documentation of medical reason(s) for not administering
                                                      hepatitis B vaccine (e.g., prior anaphylaxis due to the
                                                      hepatitis B vaccine) **(M1470)**

OR

Denominator Exception: Documentation that patient is a Medicare Fee-For-Service
                                                      beneficiary and without additional supplementary insurance
                                                      coverage for whom Hep B vaccination is not reimbursable
                                                      under current Medicare Part B coverage rules **(M1471)**

OR

Performance Not Met: Patient did not receive recommended doses of hepatitis B
                                                      vaccination based on age **(M1472)**

RATIONALE:
The Advisory Committee on Immunization Practices (ACIP) recommends influenza and Td/Tdap
vaccination for all adults 19 years of age and older; herpes zoster vaccination for all adults 50 years and
older; and pneumococcal vaccination for all adults 65 and older and for those 18–64 with certain underlying conditions;
and hepatitis B for adults 19–59 years of age (Wodi, et al. 2025). These vaccines have been included in long-standing
recommendations to prevent serious disease, but vaccination coverage remains low, leaving many adults unprotected
against vaccine-preventable diseases (Hung, et al., 2024).

Estimates of national vaccination coverage are available through the National Health Interview Survey (NHIS), in which
a sample of adults self-report receipt of vaccines. In 2022, the survey found that only 22.8% of adults 19 and older were
up to date on all recommended age-appropriate vaccines (Hung, et al., 2024). Only 49.4% of adults aged 19 and older
received the influenza vaccine during the 2021–2022 flu season. Herpes zoster vaccine receipt for any type of herpes
zoster vaccination was reported among only 36% of adults aged 50 and older. When looking specifically at receipt of the
recombinant zoster vaccine, only 25.6% of adults 50 and older reported receiving 1 or more doses of the vaccine.
Receipt of the pneumococcal vaccine among adults aged 65 and older was 64% in 2022 (Hung, et al., 2024). NHIS data
from 2021 found that of adults 19 years and older, 34% reported receiving the hepatitis B vaccination (Hung, et al.,
2023) NHIS data from 2019 found that of adult 19 years and older, 62.9% reported having received any tetanus toxoid-
containing vaccination in the past 10 years, and 30.1% reported receiving the Tdap vaccine in the past 10 years
(Jatlaoui, et al., 2022). Racial disparities in coverage exist across all five vaccines, with White adults reporting higher
rates of vaccine receipt when compared to Black, Hispanic and Asian adults (Hung, et al., 2023; Jatlaoui, et al., 2022).

There are evidence-based practices for improving adult vaccination coverage. Health care providers should routinely
assess patients' vaccination history; strongly recommend appropriate vaccines; offer needed vaccines to adults or refer
patients to a provider who can administer the vaccine; and document vaccinations received by their patients in an
immunization information system (Lu, et al., 2021). In addition, providing easy access and convenience for adult
vaccination in and outside the health care setting is important for increasing equitable adult vaccine uptake (KFF, 2020).
Sharing immunization related information between providers, health systems, public health agencies and patients is

required to increase vaccination coverage and ensure high-quality data to inform clinical and public health interventions (Scharf, et al., 2021). Leveraging health information technology, such as immunization information systems, is important for targeting and monitoring immunization program activities and providing clinical decision support at the point of care (Scharf, et al., 2021).

CLINICAL RECOMMENDATION STATEMENTS:
The Advisory Committee on Immunization Practices recommends annual influenza vaccination; and tetanus, diphtheria and acellular pertussis (Tdap) and/or tetanus and diphtheria (Td) vaccine; herpes zoster vaccine; pneumococcal vaccine; and hepatitis B vaccine for adults at various ages.

REFERENCES:

Wodi, A.P., Issa, A.N., Moser, C.A., Cineas, S. 2025. "Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older — United States, 2025." MMWR Morb Mortal Wkly Rep 2025;74:30–33. DOI: http://dx.doi.org/10.15585/mmwr.mm7402a3.
Hung, M.-C., Srivastav, A., Lu, P.-j., Black, C.L., Lindley, M.C., Singleton, J.A. 2024. "Vaccination Coverage among Adults in the United States, National Health Interview Survey, 2022." Updated October 4. https://www.cdc.gov/adultvaxview/publications-resources/adult-vaccination-coverage-2022.html

Hung, M.-C., Srivastav, A., Lu, P.-j., Black, C.L., Jatlaoui, T.C., Lindley, M.C., Singleton, J.A. 2023. "Vaccination Coverage among Adults in the United States, National Health Interview Survey, 2021." Updated July 19. https://www.cdc.gov/adultvaxview/publications-resources/vaccination-coverage-adults-2021.html

Jatlaoui T., Hung, M. et al. 2022 "Vaccination Coverage among Adults in the United States, National Health Interview Survey, 2019-2020." Last Updated February 17, 2022. https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/vaccination-coverage-adults-2019-2020.html

Lu, P., M. Hung, A. Srivastav, et al. 2021. "Surveillance of Vaccination Coverage among Adult Populations—United States, 2018." MMWR Surveill Summ 2021. 70(No. SS-3):1–26. DOI: http://dx.doi.org/10.15585/mmwr.ss7003a1

Kaiser Family Foundation (KFF). 2020. Addressing Racial Equity in Vaccine Distribution. https://www.kff.org/racial-equity-and-health-policy/issue-brief/addressing-racial-equity-vaccine-distribution/ (accessed January 31, 2024).

Scharf, L.G., R. Coyle, K. Adeniyi, J. Fath, L. Harris, S. Myerburg, M. Kurilo, & E. Abbott. 2021. "Current Challenges and Future Possibilities for immunization Information Systems." Academic Pediatrics 21(4), S57–64.

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2026 Clinical Quality Measure Flow for Quality ID #493 (CBE 3620):
Adult Immunization Status
Multiple Performance Rates

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

*See the posted measure specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-Periodic

Submission Criteria One

Denominator
- Start
- Patients age 19 and older on the date of the encounter — No → Not included in Eligible Population/Denominator
- Yes → Patient encounter during the performance period as listed in Denominator* — No → Not included in Eligible Population/Denominator
- Yes → **Denominator Exclusion** — In hospice or using hospice services during the measurement period: M1167 or equivalent — Yes → Not included in Eligible Population/Denominator
- No → Include in Eligible Population/Denominator (80 patients) d^1

Numerator
- Patient received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period — Yes → Data Completeness Met + Performance Met M1168 or equivalent (40 patients) a^1
- No → Documentation of medical reason(s) for not administering influenza vaccine — Yes → Data Completeness Met + Denominator Exception M1169 or equivalent (10 patients) b^1
- No → Patient did not receive an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period — Yes → Data Completeness Met + Performance Not Met M1170 or equivalent (20 patients) c^1
- No → Data Completeness Not Met Quality Data Code or equivalent not submitted (10 patients)

*See the posted measure specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-Periodic

Submission Criteria Two

Denominator

Start

Patients age 19 and older on the date of the encounter
— No → **Not included in Eligible Population/Denominator**
— Yes ↓

Patient encounter during the performance period as listed in Denominator*
— No → (to Not included in Eligible Population/Denominator)
— Yes ↓

Denominator Exclusion

In hospice or using hospice services during the measurement period: M1167 or equivalent
— Yes → (to Not included in Eligible Population/Denominator)
— No ↓

Include in Eligible Population/Denominator (80 patients) d^2

Numerator

Patient received at least one Td vaccine or one Tdap vaccine between nine years prior to the encounter and the end of the measurement period
— Yes → **Data Completeness Met + Performance Met** M1171 or equivalent (40 patients) a^2
— No ↓

Documentation of medical reason(s) for not administering Td or Tdap vaccine
— Yes → **Data Completeness Met + Denominator Exception** M1172 or equivalent (10 patients) b^2
— No ↓

Patient did not receive at least one Td vaccine or one Tdap vaccine between nine years prior to the encounter and the end of the measurement period
— Yes → **Data Completeness Met + Performance Not Met** M1173 or equivalent (20 patients) c^2
— No ↓

Data Completeness Not Met Quality Data Code or equivalent not submitted (10 patients)

SAMPLE CALCULATION: SUBMISSION CRITERIA TWO

Data Completeness=

$$\frac{\text{Performance Met } (a^2=40 \text{ patients}) + \text{Denominator Exception } (b^2=10 \text{ patients}) + \text{Performance Not Met } (c^2=20 \text{ patients})}{\text{Eligible Population/Denominator } (d^2=80 \text{ patients})} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met } (a^2=40 \text{ patients})}{\text{Data Completeness Numerator (70 patients)} - \text{Denominator Exception } (b^2=10 \text{ patients})} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$
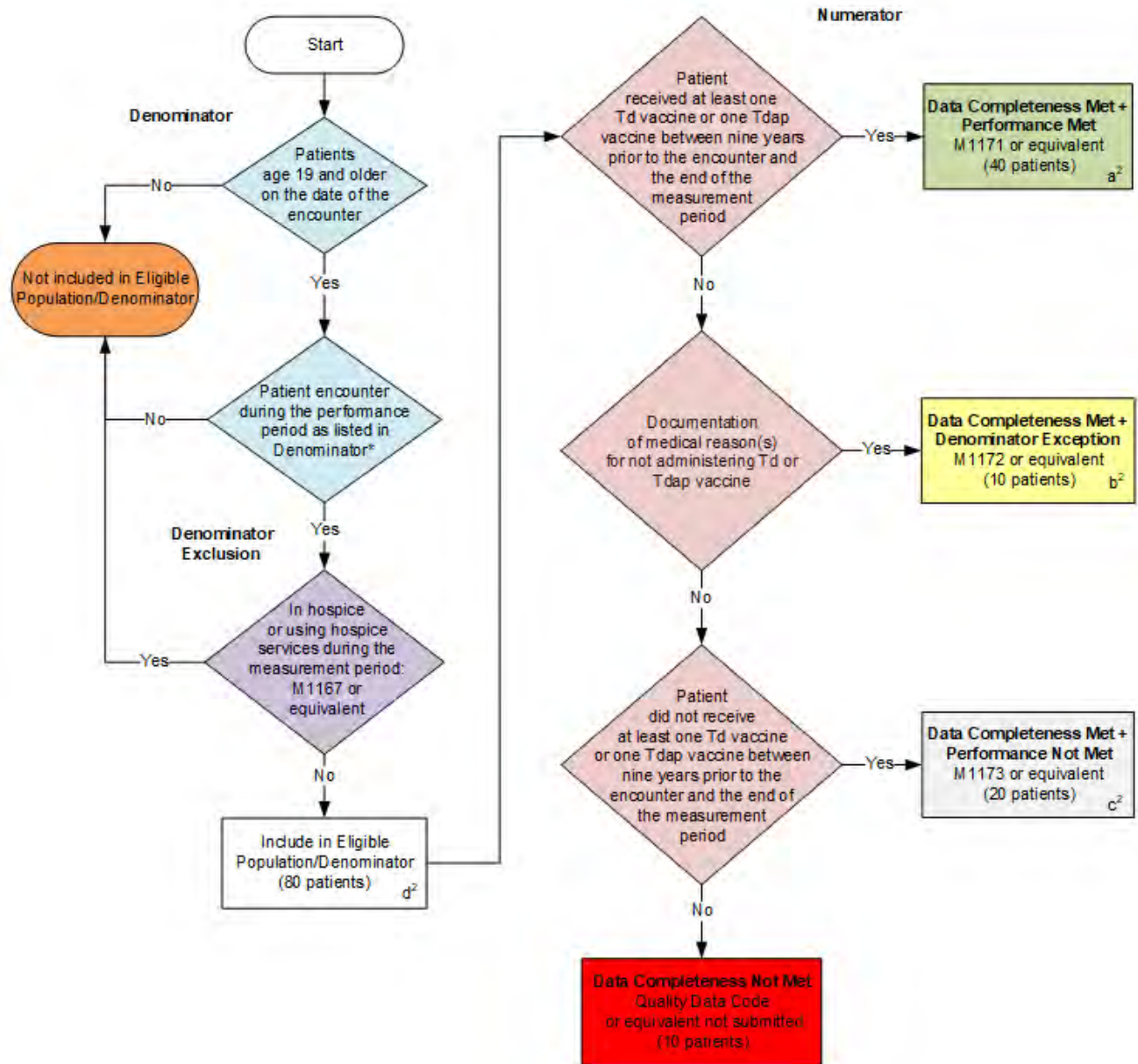
*See the posted measure specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-Periodic

Submission Criteria Three

Denominator — **Start**

Numerator

Patient received at least two doses of the herpes zoster recombinant vaccine (at least 28 days apart) on October 20, 2017, through the end of the measurement period
— Yes → **Data Completeness Met + Performance Met** M1174 or equivalent (40 patients) a³

↓ No

Documentation of medical reason(s) for not administering zoster vaccine
— Yes → **Data Completeness Met + Denominator Exception** M1175 or equivalent (5 patients) b³

↓ No

Documentation that administration of second recombinant zoster vaccine could not occur during the performance period due to the recommended 2-6 month interval between doses
— Yes → **Data Completeness Met + Denominator Exception** M1238 or equivalent (5 patients) b⁴

↓ No

Patient did not receive two doses of the herpes zoster recombinant vaccine (at least 28 days apart) on October 20, 2017, through the end of the measurement period
— Yes → **Data Completeness Met + Performance Not Met** M1176 or equivalent (20 patients) c³

↓ No

Data Completeness Not Met Quality Data Code or equivalent not submitted (10 patients)

Patients age 50 and older on the date of the encounter — No → Not included in Eligible Population/Denominator

↓ Yes

Patient encounter during the performance period as listed in Denominator* — No → Not included in Eligible Population/Denominator

↓ Yes

Denominator Exclusion

In hospice or using hospice services during the measurement period: M1167 or equivalent — Yes → Not included in Eligible Population/Denominator

↓ No

Include in Eligible Population/Denominator (80 patients) d³

SAMPLE CALCULATION: SUBMISSION CRITERIA THREE

Data Completeness=

$$\frac{\text{Performance Met (a}^3\text{=40 patients) + Denominator Exceptions (b}^3\text{+b}^4\text{=10 patients) + Performance Not Met (c}^3\text{=20 patients)}}{\text{Eligible Population/Denominator (d}^3\text{=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a}^3\text{=40 patients)}}{\text{Data Completeness Numerator (70 patients) - Denominator Exceptions (b}^3\text{+b}^4\text{=10 patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$
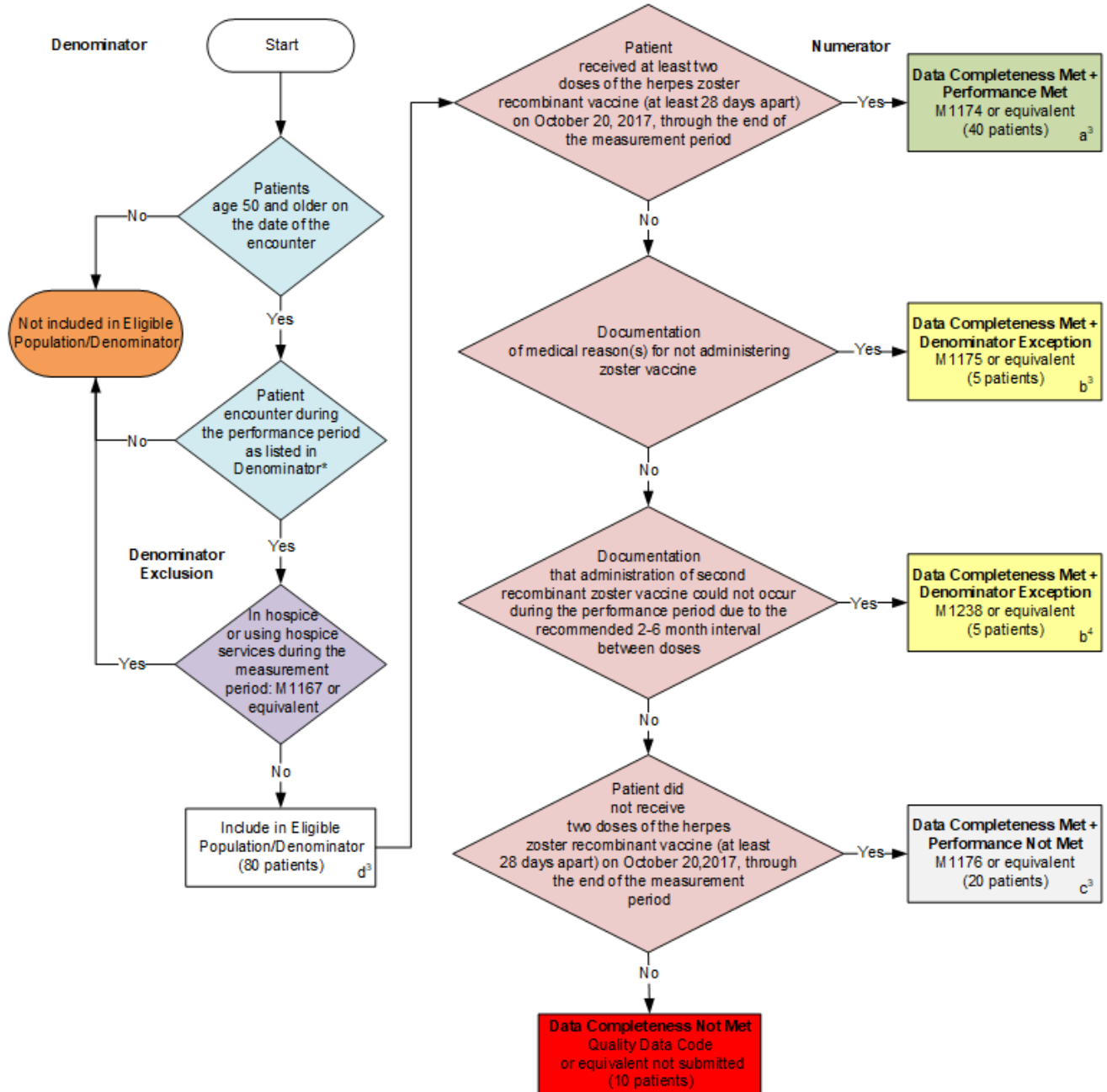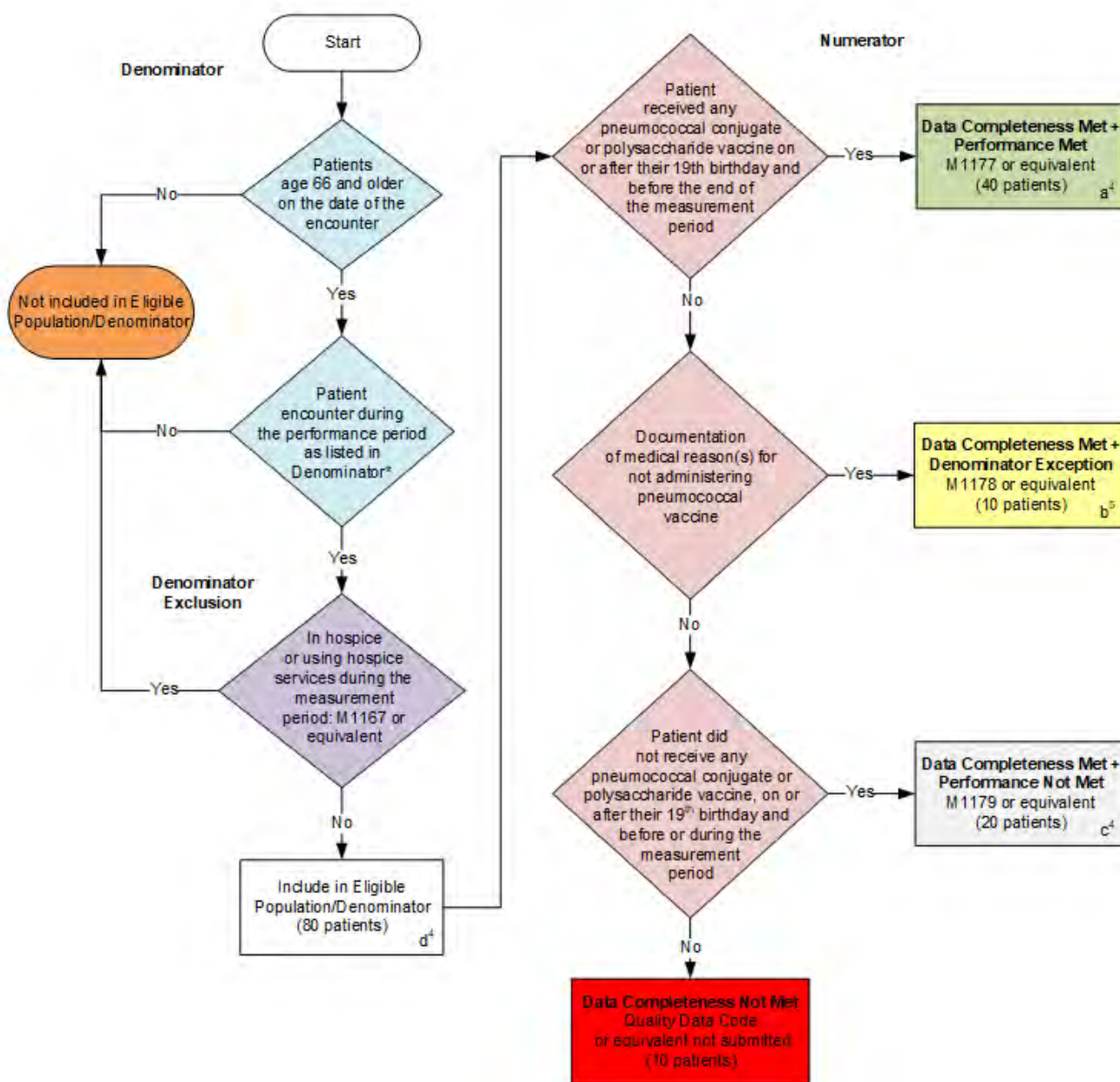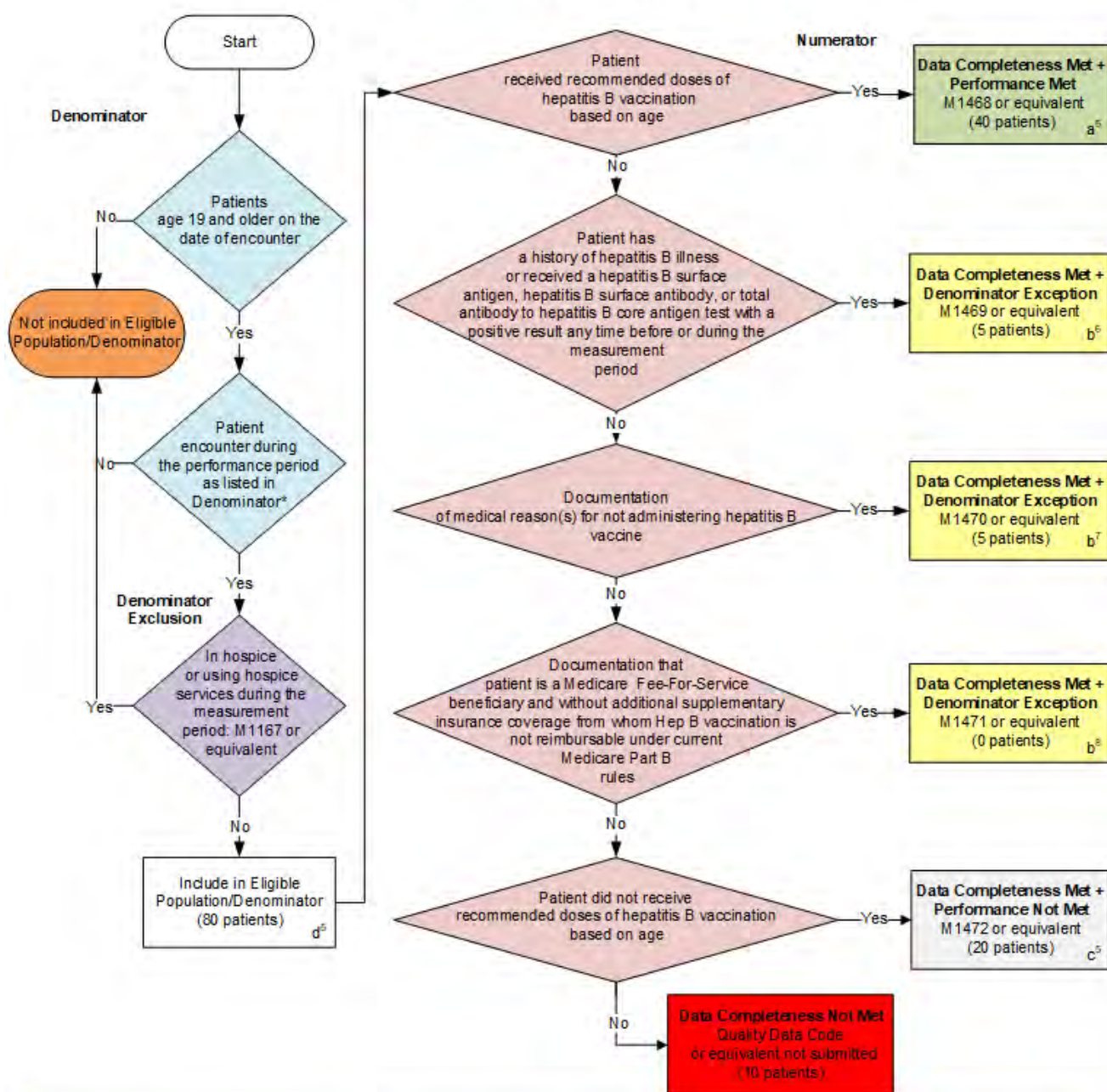
*See the posted measure specification for specific coding and instructions to submit this measure.
NOTE : Submission Frequency: Patient-Periodic

Submission Criteria Four

Denominator

Start

Patients age 66 and older on the date of the encounter — No → **Not included in Eligible Population/Denominator**

Yes ↓

Patient encounter during the performance period as listed in Denominator* — No → **Not included in Eligible Population/Denominator**

Yes ↓

Denominator Exclusion

In hospice or using hospice services during the measurement period: M1167 or equivalent — Yes → **Not included in Eligible Population/Denominator**

No ↓

Include in Eligible Population/Denominator (80 patients) d^4

Numerator

Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period — Yes → **Data Completeness Met + Performance Met** M1177 or equivalent (40 patients) a^4

No ↓

Documentation of medical reason(s) for not administering pneumococcal vaccine — Yes → **Data Completeness Met + Denominator Exception** M1178 or equivalent (10 patients) b^5

No ↓

Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 19th birthday and before or during the measurement period — Yes → **Data Completeness Met + Performance Not Met** M1179 or equivalent (20 patients) c^4

No ↓

Data Completeness Not Met Quality Data Code or equivalent not submitted (10 patients)

SAMPLE CALCULATION: SUBMISSION CRITERIA FOUR

Data Completeness=

$$\frac{\text{Performance Met } (a^4=40 \text{ patients}) + \text{Denominator Exception } (b^5=10 \text{ patients}) + \text{Performance Not Met } (c^4=20 \text{ patients})}{\text{Eligible Population/Denominator } (d^4=80 \text{ patients})} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met } (a^4=40 \text{ patients})}{\text{Data Completeness Numerator (70 patients)} - \text{Denominator Exception } (b^5=10 \text{ patients})} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$

*See the posted measure specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-Periodic

Submission Criteria Five

Start

Denominator

- Patients age 19 and older on the date of encounter
  - No → Not included in Eligible Population/Denominator
  - Yes →
- Patient encounter during the performance period as listed in Denominator*
  - No → Not included in Eligible Population/Denominator
  - Yes →

Denominator Exclusion

- In hospice or using hospice services during the measurement period: M1167 or equivalent
  - Yes → Not included in Eligible Population/Denominator
  - No →
- Include in Eligible Population/Denominator (80 patients) d^5

Numerator

- Patient received recommended doses of hepatitis B vaccination based on age
  - Yes → **Data Completeness Met + Performance Met** M1468 or equivalent (40 patients) a^5
  - No →
- Patient has a history of hepatitis B illness or received a hepatitis B surface antigen, hepatitis B surface antibody, or total antibody to hepatitis B core antigen test with a positive result any time before or during the measurement period
  - Yes → **Data Completeness Met + Denominator Exception** M1469 or equivalent (5 patients) b^6
  - No →
- Documentation of medical reason(s) for not administering hepatitis B vaccine
  - Yes → **Data Completeness Met + Denominator Exception** M1470 or equivalent (5 patients) b^7
  - No →
- Documentation that patient is a Medicare Fee-For-Service beneficiary and without additional supplementary insurance coverage from whom Hep B vaccination is not reimbursable under current Medicare Part B rules
  - Yes → **Data Completeness Met + Denominator Exception** M1471 or equivalent (0 patients) b^8
  - No →
- Patient did not receive recommended doses of hepatitis B vaccination based on age
  - Yes → **Data Completeness Met + Performance Not Met** M1472 or equivalent (20 patients) c^5
  - No → **Data Completeness Not Met** Quality Data Code or equivalent not submitted (10 patients)

SAMPLE CALCULATION: SUBMISSION CRITERIA FIVE

Data Completeness=

$$\frac{\text{Performance Met } (a^5=40 \text{ patients}) + \text{Denominator Exception } (b^6 + b^7 + b^8 = 10 \text{ patients}) + \text{Performance Not Met } (c^5=20 \text{ patients})}{\text{Eligible Population/Denominator } (d^5=80 \text{ patients})} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met } (a^5=40 \text{ patients})}{\text{Data Completeness Numerator } (70 \text{ patients}) - \text{Denominator Exception } (b^6 + b^7 + b^8 = 10 \text{ patients})} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$

*See the posted measure specification for specific coding and instructions to submit this measure.
NOTE : Submission Frequency: Patient-Periodic

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

<u>Accountability Reporting in the CMS MIPS Program: Sample Calculations</u>

Data Completeness equals Performance Met (a^1,a^2,a^3,a^4,a^5 equals 200 patients) plus Denominator Exception (b^1, b^2, b^3, b^4, b^5, b^6, b^7+b^8 equals 50 patients) plus Performance Not Met (c^1, c^2+c^3+c^4+c^5 equals 100 patients) divided by Eligible Population/Denominator (d^1, d^2, d^3, d^4, d^5equals 400 patients). All equals 350 patients divided by 400 patients. All equals 87.50 percent.

Performance Rate equals Performance (weighted average) Met (a^1,a^2,a^3,a^4,a^5 equals 200 patients) divided by Data Completeness Numerator (350 patients) minus Denominator Exception (b^1, b^2, b^3, b^4, b^5, b^6, b^7+b^8 equals 50 patients). All equals 200 patients divided by 300 patients. All equals 66.67 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Periodic

Submission Criteria One:

1. Start with Denominator

2. Check *Patients age 19 and older on the date of the encounter*:

   a. If *Patients age 19 and older on the date of the encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *Patient age 19 and older on the date of the encounter* equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator**.

3. Check *Patient encounter during the performance period as listed in Denominator**:

   a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, proceed to check *In hospice or using hospice services during the measurement period.*

4. Check *In hospice or using hospice services during the measurement period*:

   a. If *In hospice or using hospice services during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *In hospice or using hospice services during the measurement period* equals No, include in *Eligible Population/Denominator*.

5. Denominator Population:

   - Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d^1 equals 80 patients in the Sample Calculation.

6. Start Numerator

7. Check *Patient received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period*:

   a. If *Patient received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period* equals Yes, include in *Data Completeness Met and Performance Met.*

      - *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^1 equals 40 patients in Sample Calculation

   b. If *Patient received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period* equals No, proceed to check *Documentation of medical reason(s) for not administering influenza vaccine.*

8. Check *Documentation of medical reason(s) for not administering influenza vaccine.*

   a. If *Documentation of medical reason(s) for not administering influenza vaccine* equals Yes, include in *Data Completeness Met and Denominator Exception.*

      - *Data Completeness Met and Denominator Exception is* represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b^1 equals 10 patients in the Sample Calculation.

   b. If *Documentation of medical reason(s) for not administering influenza vaccine* equals No, proceed to check *Patient did not receive an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period.*

9. Check *Patient did not receive an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period*:

   a. If *Patient did not receive an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period* equals Yes, include in *Data Completeness Met and Performance Not Met.*

      - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c^1 equals 20 patients in the Sample Calculation.

   b. If *Patient did not receive an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period* equals No, proceed to check *Data Completeness Not Met.*

10. Check *Data Completeness Not Met*:

    - 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.

Sample Calculations: Submission Criteria One

Data Completeness equals Performance Met (a^1 equals 40 patients) plus Denominator Exception (b^1 equals 10 patients) plus Performance Not Met (c^1 equals 20 patients) divided by Eligible Population/Denominator (d^1 equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a^1 equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b^1 equals 10 patients). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Periodic

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

<u>Submission Criteria Two:</u>

1. Start with Denominator

2. Check *Patients age 19 and older on the date of the encounter*:

    a. If *Patients age 19 and older on the date of the encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patients age 19 and older on the date of the encounter* equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator**.

3. Check *Patient encounter during the performance period as listed in Denominator**:

    a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, proceed to check *In hospice or using hospice services during the measurement period*.

4. Check *In hospice or using hospice services during the measurement period*:

    a. If *In hospice or using hospice services during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *In hospice or using hospice services during the measurement period* equals No, include in *Eligible Population/Denominator*.

5. Denominator Population:

    • Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d^2 equals 80 patients in the Sample Calculation.

6. Start Numerator

7. Check *Patient received at least one Td vaccine or one Tdap vaccine between nine years prior to the encounter and the end of the measurement period*:

    a. If *Patient received at least one Td vaccine or one Tdap vaccine between nine years prior to the encounter and the end of the measurement period* equals Yes, include in *Data Completeness Met and Performance Met*.

        • *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^2 equals 40 patients in Sample Calculation.

b. If *Patient received at least one Td vaccine or one Tdap vaccine between nine years prior to the encounter and the end of the measurement period* equals No, proceed to check *Documentation of medical reason(s) for not administering Td or Tdap vaccine.*

8. Check *Documentation of medical reason(s) for not administering Td or Tdap vaccine.:*

   a. If *Documentation of medical reason(s) for not administering Td or Tdap vaccine* equals Yes, include in *Data Completeness Met and Denominator Exception.*

      • *Data Completeness Met and Denominator Exception* is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b^2 equals 10 patients in the Sample Calculation.

   b. If *Documentation of medical reason(s) for not administering Td or Tdap vaccine* equals No, proceed to check *Patient did not receive at least one Td vaccine or one Tdap vaccine between nine years prior to the encounter and the end of the measurement period.*

9. Check *Patient did not receive at least one Td vaccine or one Tdap vaccine between nine years prior to the encounter and the end of the measurement period*:

   a. If *Patient did not receive at least one Td vaccine or one Tdap vaccine between nine years prior to the encounter and the end of the measurement period* equals Yes, include in *Data Completeness Met and Performance Not Met.*

      • *Data Completeness Met and Performance Not Met* is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c^2 equals 20 patients in the Sample Calculation.

   b. If *Patient did not receive at least one Td vaccine or one Tdap vaccine between nine years prior to the encounter and the end of the measurement period* equals No, proceed to check *Data Completeness Not Met.*

10. Check *Data Completeness Not Met*:

    • 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.

Sample Calculations: Submission Criteria Two

Data Completeness equals Performance Met (a^2 equals 40 patients) plus Denominator Exception (b^2 equals 10 patients) plus Performance Not Met (c^2 equals 20 patients) divided by Eligible Population/Denominator (d^2 equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a^2 equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b^2 equals 10 patients). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Periodic

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

<u>Submission Criteria Three:</u>

1. Start with Denominator

2. Check *Patients 50 years of age and older on the date of the encounter*:

   a. If *Patients 50 years of age and older on the date of the encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *Patients 50 years of age and older on the date of the encounter* equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator**.

3. Check *Patient encounter during the performance period as listed in Denominator**:

   a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, proceed to check *In hospice or using hospice services during the measurement period* *.

4. Check *In hospice or using hospice services during the measurement period*:

   a. If *In hospice or using hospice services during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *In hospice or using hospice services during the measurement period* equals No, include in *Eligible Population/Denominator*.

5. Denominator Population:

   a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d_3 equals 80 patients in the Sample Calculation.

6. Start Numerator

7. Check *Patient received at least two doses of the herpes zoster recombinant vaccine (at least 28 days apart) on October 20, 2017, through the end of the measurement period*:

   a. If *Patient received at least two doses of the herpes zoster recombinant vaccine (at least 28 days apart) on October 20, 2017, through the end of the measurement period* equals Yes, include in *Data Completeness Met and Performance Met*.

      • *Data Completeness Met and Performance Met* is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a_3 equals 40 patients in Sample Calculation.

   b. If *Patient received at least two doses of the herpes zoster recombinant vaccine (at least 28 days apart) on October 20, 2017, through the end of the measurement period* equals No, proceed to check *Documentation of medical reason(s) for not administering zoster vaccine*.

8. Check *Documentation of medical reason(s) for not administering zoster vaccine*:

   a. If *Documentation of medical reason(s) for not administering zoster vaccine* equals Yes, include in *Data Completeness Met and Denominator Exception*.

- *Data Completeness Met and Denominator Exception* is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b^3 equals 5 patients in the Sample Calculation.

  b. If *Documentation of medical reason(s) for not administering zoster vaccine* equals No, proceed to check *Documentation that administration of second recombinant zoster vaccine could not occur during the performance period due to recommended 2-6 month interval between doses.*

9. Check *Documentation that administration of second recombinant zoster vaccine could not occur during the performance period due to recommended 2-6 month interval between doses.*

  a. If *Documentation that administration of second recombinant zoster vaccine could not occur during the performance period due to recommended 2-6 month interval between doses* Yes, include in Data Completeness Met and Denominator Exception.

    · Data Completeness Met and Denominator Exception is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b4 equals 5 patients in the Sample Calculation.

  b. If *Documentation that administration of second recombinant zoster vaccine could not occur during the performance period due to recommended 2-6 month interval between doses* No, proceed to check *Patient did not receive at least two doses of the herpes zoster recombinant vaccine (at least 28 days apart) on October 20, 2017, through the end of measurement period.*

10. Check *Patient did not receive at least two doses of the herpes zoster recombinant vaccine (at least 28 days apart) on October 20, 2017 through the end of the measurement period*:

  a. If *Patient did not receive at least two doses of the herpes zoster recombinant vaccine (at least 28 days apart) on October 20, 2017 through the end of the measurement period* equals Yes, include in *Data Completeness Met and Performance Not Met.*

    - *Data Completeness Met and Performance Not Met* is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c^3 equals 20 patients in the Sample Calculation.

  b. If *Patient did not receive at least two doses of the herpes zoster recombinant vaccine (at least 28 days apart) on October 20, 2017 through the end of the measurement period* equals No, proceed to check *Data Completeness Not Met.*

11. Check *Data Completeness Not Met*:

    - 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.

Sample Calculations: Submission Criteria Three

Data Completeness equals Performance Met (a^3 equals 40 patients) plus Denominator Exception (b^3 plus b^4 equals 10 patients) plus Performance Not Met (c^3 equals 20 patients) divided by Eligible Population/Denominator (d^3 equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a^3 equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b^3 plus b4 equals 10 patients). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Periodic

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

<u>Submission Criteria Four:</u>

1. Start with Denominator

2. Check *Patients 66 years of age and older on the date of the encounter*:

    a. If *Patients 66 years of age and older on the date of the encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patients 66 years of age and older on the date of the encounter* equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator**.

3. Check *Patient encounter during the performance period as listed in Denominator**:

    a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, proceed to check *In hospice or using hospice services during the measurement period.*

4. Check *In hospice or using hospice services during the measurement period*:

    a. If *In hospice or using hospice services during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *In hospice or using hospice services during the measurement period* equals No, include in *Eligible Population/Denominator.*

5. Denominator Population:

    - Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d^4 equals 80 patients in the Sample Calculation.

6. Start Numerator

7. Check *Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period*:

    a. If *Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period* equals Yes, include in *Data Completeness Met and Performance Met*.

        - *Data Completeness Met and Performance Met* is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^4 equals 40 patients in Sample Calculation.

    b. If *Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period* equals No, proceed to check *Documentation of medical reason(s) for not administering pneumococcal vaccine.*

8. Check *Documentation of medical reason(s) for not administering pneumococcal vaccine.*

    a. If *Documentation of medical reason(s) for not administering pneumococcal vaccine* equals Yes, include in *Data Completeness Met and Denominator Exception.*

        • *Data Completeness Met and Denominator Exception* is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b^5 equals 10 patients in the Sample Calculation.

    b. If *Documentation of medical reason(s) for not administering pneumococcal vaccine)* equals No, proceed to check *Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 19th birthday and before or during measurement period.*

9. Check *Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 19th birthday and before or during measurement period*:

    a. If *Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 19th birthday and before or during measurement period* equals Yes, include in *Data Completeness Met and Performance Not Met.*

        • *Data Completeness Met and Performance Not Met* is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c^4 equals 20 patients in the Sample Calculation.

    b. If *Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 19th birthday and before or during measurement period* equals No, proceed to check *Data Completeness Not Met.*

10. Check *Data Completeness Not Met*:

        • 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.

Sample Calculations: Submission Criteria Four

Data Completeness equals Performance Met (a^4 equals 40 patients) plus Denominator Exception (b^5 equals 10 patients) plus Performance Not Met (c^4 equals 20 patients) divided by Eligible Population/Denominator (d^4 equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a^4 equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b^4 equals 10 patients). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

Note: Submission Frequency: Patient-Periodic

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

Submission Criteria Five:

1. Start with Denominator

2. Check *Patients age 19 and older on the date of the encounter*

    a. If *Patients age 19 and older on the date of the encounter* equals No, do not include in *Eligible Population/Denominator.* Stop processing.

b. If *Patients age 19 and older on the date of the encounter* equals Yes, proceed to check *Patient encounter during the performance period as listed in the Denominator **.

3. Check *Patient encounter during the performance period as listed in the Denominator **:

   a. If *Patient encounter during the performance period as listed in the Denominator ** equals No, do not include in the *Eligible Population/Denominator*. Stop processing.

   b. If *Patient encounter during the performance period as listed in the Denominator ** equals Yes, proceed to check *In hospice or using hospice services during the measurement period*.

4. Check *In hospice or using hospice services during the measurement period*:

   a. If *In hospice or using hospice services during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *In hospice or using hospice services during the measurement period* equals No, include in *Eligible Population/Denominator*.

5. Denominator Population:

   • Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d[5] equals 80 patients in the Sample Calculation.

6. Start Numerator

7. Check *Patient received recommended doses of hepatitis B vaccination based on age*:

   a. If *Patient received recommended doses of hepatitis B vaccination based on age* equals Yes, include in *Data Completeness Met and Performance Met*.

      • *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a[5] equals 40 patients in Sample Calculation

   b. If *Patient received recommended doses of hepatitis B vaccination based on age* equals No, proceed to check *Patient has a history of hepatitis B illness or received a hepatitis B surface antigen, hepatitis B surface antibody, or total antibody to hepatitis B core antigen test with a positive result any time before or during the measurement period*.

8. Check *Patient has a history of hepatitis B illness or received a hepatitis B surface antigen, hepatitis B surface antibody, or total antibody to hepatitis B core antigen test with a positive result any time before or during the measurement period*.

   a. If *Patient has a history of hepatitis B illness or received a hepatitis B surface antigen, hepatitis B surface antibody, or total antibody to hepatitis B core antigen test with a positive result any time before or during the measurement period* equals Yes, include in *Data Completeness Met and Denominator Exception*

      • *Data Completeness Met and Denominator Exception* is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b[6] equals 5 patients in the Sample Calculation.

   b. If *Patient has a history of hepatitis B illness or received a hepatitis B surface antigen, hepatitis B surface antibody, or total antibody to hepatitis B core antigen test with a positive result any time before or during the measurement period* equals No, proceed to check *Documentation of medical reason(s) for not administering hepatitis B vaccine.*

9. Check *Documentation of medical reason(s) for not administering hepatitis B vaccine:*

    a. If *Documentation of medical reason(s) for not administering hepatitis B vaccine* equals Yes, include in *Data Completeness Met and Denominator Exception*

        • *Data Completeness Met and Denominator Exception* is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b^7 equals 5 patients in the Sample Calculation.

    b. If *Documentation of medical reason(s) for not administering hepatitis B vaccine* equals No, proceed to check *Documentation that patient is a Medicare Fee-For-Service beneficiary and without additional supplementary insurance coverage for whom Hep B vaccination is not reimbursable under current Medicare Part B coverage rules.*

10. Check *Documentation that patient is a Medicare Fee-For-Service beneficiary and without additional supplementary insurance coverage for whom Hep B vaccination is not reimbursable under current Medicare Part B coverage rules:*

    a. If *Documentation that patient is a Medicare Fee-For-Service beneficiary and without additional supplementary insurance coverage for whom Hep B vaccination is not reimbursable under current Medicare Part B coverage rules* equals Yes, include in *Data Completeness Met and Denominator Exception*

        • *Data Completeness Met and Denominator Exception* is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b^8 equals 0 patients in the Sample Calculation.

    b. If *Documentation that patient is a Medicare Fee-For-Service beneficiary and without additional supplementary insurance coverage for whom Hep B vaccination is not reimbursable under current Medicare Part B coverage rules* equals No, then proceed to check *Patient did not receive recommended doses of hepatitis B vaccination based on age.*

11. Check *Patient did not receive recommended doses of hepatitis B vaccination based on age:*

    a. If *Patient did not receive recommended doses of hepatitis B vaccination based on age* equals Yes, include in *Data Completeness Met and Performance Not Met.*

        • *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c^5 equals 20 patients in the Sample Calculation.

    b. If *Patient did not receive recommended doses of hepatitis B vaccination based on age* equals No, proceed to check *Data Completeness Not Met:*

        • 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.

Sample Calculations: Submission Criteria Five

Data Completeness equals Performance Met (a^5 equals 40 patients) plus Denominator Exception (b^6 plus b^7 plus b^8 equals 10 patients) plus Performance Not Met (c^5 equals 20 patients) divided by Eligible Population/Denominator (d^4 equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a^5 equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b^6 plus b^7 plus b^8 equals 10 patients). All equals 40 patients divided by 60

patients. All equals 66.67 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

Note: Submission Frequency: Patient-Periodic

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.