Quality ID #110 (NQF 0041): Preventive Care and Screening: Influenza Immunization
– National Quality Strategy Domain: Community/Population Health
– Meaningful Measure Area: Preventive Care

2022 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process

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

INSTRUCTIONS:
This measure is to be submitted a minimum of **once for visits for patients seen** between January and March for the 2021-2022 influenza season AND a minimum of **once for visits for patients seen** between October and December for the 2022-2023 influenza season. This measure is intended to determine whether or not all patients aged 6 months and older received (either from the submitting Merit-based Incentive Payment System (MIPS) eligible clinician or from an alternate care provider) the influenza immunization during the flu season. There is no diagnosis associated with this measure. This measure may be submitted by MIPS eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

- If submitting this measure between January 1, 2022 and March 31, 2022, quality data code **G8482** should be submitted when the influenza immunization is administered to the patient during the months of August, September, October, November, and December of 2021 or January, February, and March of 2022 for the flu season ending March 31, 2022.
- If submitting this measure between October 1, 2022 and December 31, 2022, quality data code **G8482** should be submitted when the influenza immunization is administered to the patient during the months of August, September, October, November, and December of 2022 for the flu season ending March 31, 2023.
- Influenza immunizations administered during the month of August or September of a given flu season (either 2021-2022 flu season OR 2022-2023 flu season) can be submitted when a visit occurs during the flu season (October 1 - March 31). In these cases, **G8482** should be submitted.

NOTE: *Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.*

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:
All patients aged 6 months and older seen for a visit during the measurement period

> ***DENOMINATOR NOTE:*** *For the purposes of the program, in order to submit on the flu season 2021-2022, the patient must have a qualifying encounter between January 1 and March 31, 2022. In order to submit on the flu season 2022-2023, the patient must have a qualifying encounter between October 1 and December*

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31, 2022. 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

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 for this measure 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 MIPS eligible clinician can submit a valid denominator exception for having not administered an influenza vaccination. For MIPS eligible clinicians submitting a denominator exception for this measure, 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.*

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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)**

RATIONALE:

Influenza vaccination is the most effective protection against influenza virus infection (Centers for Disease Control and Prevention [CDC], 2019). Influenza may lead to serious complications including hospitalization or death (CDC, 2019). Influenza vaccine is recommended for all persons aged >= 6 months who do not have contraindications to vaccination. However, data indicate that less than half of all eligible individuals receive an influenza vaccination (CDC, 2019). This measure promotes annual influenza vaccination for all persons aged >= 6 months.

CLINICAL RECOMMENDATION STATEMENTS:

The following evidence statements are quoted verbatim from the referenced clinical guidelines.

Routine annual influenza vaccination is recommended for all persons aged >= 6 months who do not have contraindications. Optimally, vaccination should occur before onset of influenza activity in the community. Although vaccination by the end of October is recommended, vaccine administered in December or later, even if influenza activity has already begun, is likely to be beneficial in the majority of influenza seasons (CDC/Advisory Committee on Immunization Practices [ACIP], 2020).

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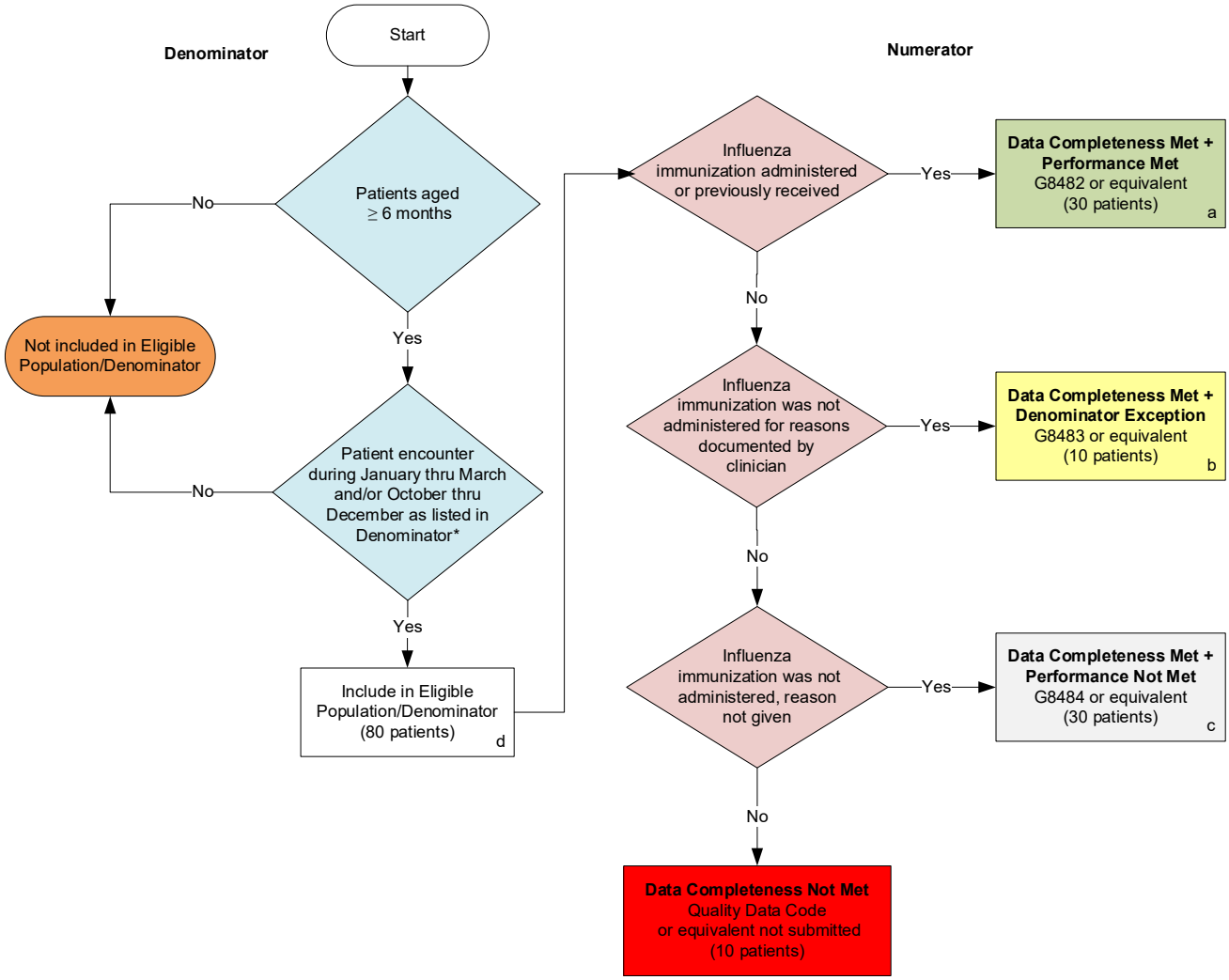
2022 Clinical Quality Measure Flow for Quality ID #110 (NQF 0041): Preventive Care and Screening: Influenza Immunization

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



SAMPLE CALCULATIONS

Data Completeness=

Performance Met (a=30 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=30 patients) = 70 patients = **87.50%**

Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate=

Performance Met (a=30 patients) = 30 patients = **50.00%**

Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients) = 60 patients

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

NOTE: Submission Frequency: Patient-Periodic

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2022 Clinical Quality Measure Flow Narrative for Quality ID #110 (NQF 0041): Preventive Care and Screening: Influenza Immunization

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

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*.
        - *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*.
        - *Data 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*:

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a. If *Influenza immunization was not administered, reason not given* equals Yes, include in the *Data Completeness Met and Performance Not Met*.

   - *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.

Sample Calculations

Data Completeness equals Performance Met (a equals 30 patients) plus Denominator Exception (b equals 10 patients) plus Performance Not Met (c equals 30 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.5 percent.

Performance Rate equals Performance Met (a equals 30 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b equals 10 patients). All equals 30 patients divided by 60 patients. All equals 50 percent.

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

NOTE: Submission Frequency: Patient-Periodic

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