rise to immunize

Measure Specifications

Version 2.2 | June 23, 2025



Advancing High Performance Health

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2 PURPOSE

The purpose of this document is to provide guidance to participating heath care organizations (HCOs) on measures data to be submitted for AMGA Foundation's national adult immunization campaign, Rise to Immunize®.

The campaign focuses on closing care gaps for the influenza; pneumococcal; tetanus, diphtheria, and pertussis (Td/Tdap); zoster; respiratory syncytial virus (RSV); COVID-19; and hepatitis B vaccinations among eligible adults in the US.

Measurement is essential to any improvement process. That is why measurement is a cornerstone of AMGA learning collaboratives and campaigns. Measurement is necessary not only to gauge impact, but also to serve as a vital tool for AMGA members to create change. We recommend using measure data as part of a feedback loop to determine whether interventions are working. Data should be shared with all participating clinic sites and providers. Comparing data at this level presents a learning opportunity to understand how differing processes and workflows may be contributing to improvement. Campaign participants are required to submit measure data quarterly, but AMGA strongly recommends that participating HCOs review data on their own at least monthly.

3 MEASURES OVERVIEW

These measures were developed by the Rise to Immunize National Advisory Committee (NAC) (see **Contact Information** for a list of advisors) and, when applicable, are based on the HEDIS® Adult Immunization Status (AIS-E) measure. HEDIS value sets are provided in an accompanying Excel workbook (HEDIS Value Sets for Rize Measures.xlsx). We greatly appreciate NCQA's generosity in granting permission to use these value sets for Rise to Immunize. While the measures for the Rise to Immunize campaign are based on the HEDIS Adult Immunization Status measures and value sets, they have not been validated by NCQA.

Rise to Immunize offers two data reporting tracks –Basic and Core—to fit the capabilities and interests of each AMGA member. The Basic track includes only the influenza and pneumococcal measures (1 & 2). The Core track adds the zoster, Td/Tdap, and immunization bundle measures (3, 4, & 5) in addition to the influenza and pneumococcal measures.

Three more immunizations (RSV, COVID-19, and hepatitis B, measures 6, 7, and 8) were added to the campaign as expansion measures to promote immunization coverage beyond the Basic and Core track measures. Each of these three measures are optional for HCOs to report, but strongly encouraged. Value sets for these measures are also available in an accompanying Excel workbook (Expansion Value Set for Rize.xlsx).

Measures are submitted for the purpose of monitoring progress within and across organizations; they are not intended to replace clinical guidelines. Clinicians should continue to follow evidence-based practices, guidelines, and clinical judgement when administering immunizations.

3.1 DEFINITIONS

3.1.1 Flu Season/Measurement Year

Flu Seasons span from the beginning of Q3 to the end of Q2 (e.g., July 1, 2021—June 30, 2022). **In this document, the Flu Season is equivalent to the Measurement Year (MY).** For consistency, all measures—not just influenza—are reported using the MY time frame. Measurement Years are named after the year in which they began (e.g., the MY of July 1, 2021—June 30, 2022, is named Measurement Year 2021).

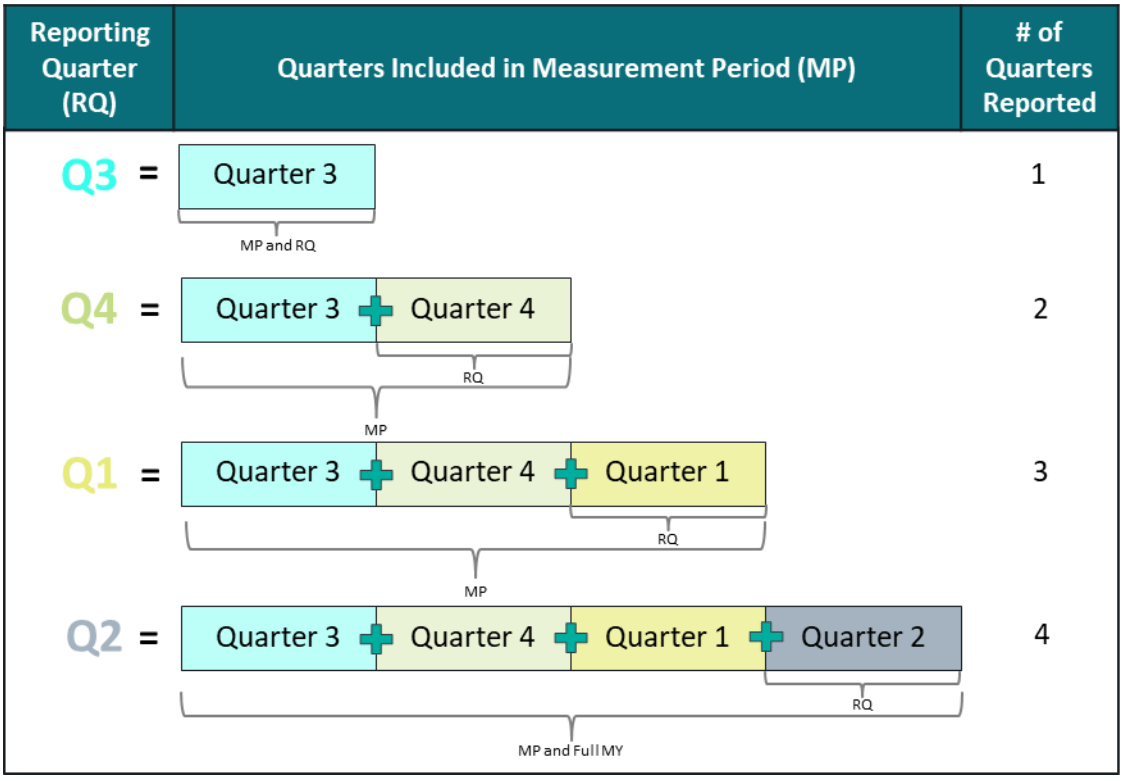
3.1.2 Cumulative Quarters

All measures will be reported as cumulative quarters. Beginning with Q3 (the start of the MY), totals for each measure will be **added** to the previous quarter's totals, resetting on the next Q3 (see **Fig. 1**). A full set of cumulative quarters spans one full MY (Q3 to Q2 of the following calendar year).

3.1.3 Measurement Period & Reporting Quarter

The Measurement Period (MP) is defined as all cumulative quarters reported to date within a given MY (see **Fig. 1**). The Reporting Quarter (RQ) refers to the last (i.e., the most recent) quarter of data in the MP. **The RQ term is mostly used for naming purposes**. An MP will be referred to by its unique RQ (see Tables 1 & 2).

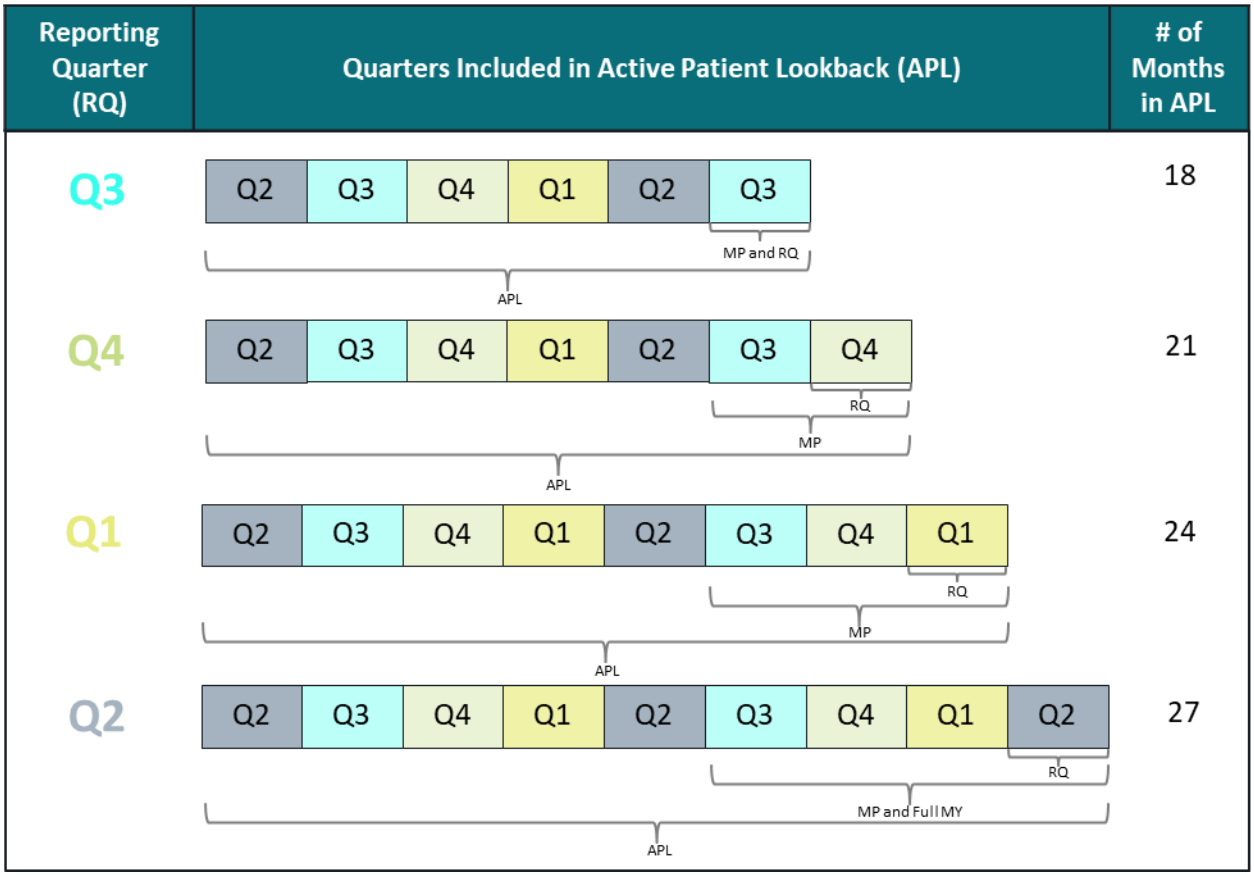
3.1.4 Fig. 1: Cumulative Quarters



3.1.5 Active Patient Lookback Period

To determine the Active Patient Population (defined in Section 4.1), HCOs will identify patients with specified activity in the Active Patient Lookback Period (APL) (see Fig 2). The APL begins 15 months prior to Q3 (the beginning of each MY) and runs through the end of the current RQ. The APL resets at the beginning of each MY (see Tables 1 & 2).

3.1.6 Fig. 2: Active Patient Lookback



3.1.7 Vaccination Documentation and Administration

HCOs should ultimately use their own definitions and policies of vaccination documentation. It is recommended to accept credible patient self-reports of *influenza* and *COVID-19* vaccinations. For *pneumococcal, Td/Tdap, zoster, RSV, and hepatitis B* vaccinations, it is recommended that HCOs require documentation stating that the vaccination was administered.

An accompanying Excel workbook contains relevant value sets from the HEDIS Adult Immunization Status measure (HEDIS Value Sets for Rize Measures.xlsx). HCOs may use these value sets to aid in the identification of vaccination procedures. Value sets for the extension measures are also available in a separate accompanying Excel workbook (Expansion Value Set for Rize.xlsx).

3.2 List of Measures

3.2.1 Basic Track

- **Measure 1 (Influenza)**: Proportion of eligible patients who received an influenza vaccination any time during the current flu season, i.e., the Measurement Year.
- **Measure 2 (Pneumococcal):** Proportion of eligible patients who were administered any conjugate pneumococcal vaccine during the Measurement Year or are documented as up to date on their pneumococcal vaccination.

3.2.2 Core Track

In addition to Measures 1 & 2 (above):

- **Measure 3 (Td/Tdap):** Proportion of eligible patients who were administered a Td or Tdap vaccine during the Measurement Year or are documented as up to date on their Td or Tdap vaccination.
- **Measure 4 (Zoster):** Proportion of eligible patients who completed the zoster vaccination series during the Measurement Year or are documented as up to date on their zoster vaccination.
- **Measure 5 (Bundle):** Proportion of eligible patients who are up to date on all four required vaccinations (influenza, pneumococcal, zoster, Td/Tdap).

3.2.3 Expansion Measures

These measures are independent of the Basic and Core tracks. HCOs can elect which measure(s) to report.

- **Measure 6 (RSV):** Proportion of eligible patients who received an RSV vaccination during the Measurement Year or are documented as up to date on their RSV vaccination.
    - The RSV vaccination recommendation includes shared clinical decision making (SCDM). However, the measure specifications will not include documenting SCDM conversations.
- **Measure 7 (COVID-19):** Proportion of eligible patients who received a COVID-19 vaccination in the Measurement Year.[a]
- **Measure 8 (Hepatitis B):** Proportion of eligible patients who completed the hepatitis B vaccination series during the Measurement Year or are documented as up to date on their hepatitis B vaccination.

3.3 REPORTING

Population-level numerators and denominators for each measure will be reported for active patients (see Section 4.1) who meet each specific vaccination numerator and denominator requirement. If HCOs choose the Basic track, they will only report numerators and denominators for Measures 1 & 2. If HCOs choose the Core track, they will report all Measures (1 through 5). Expansion measures will be reported individually if elected.

3.3.1 Data Sources

The data elements can be derived from medical and pharmacy claims and records, (electronic) practice management systems (PM or EPM), electronic health record systems (EHR), disease registries, population health software, local/state/regional vaccine registries, other health records, etc. These data could have been recorded or collected directly at point-of-care, or they could have originated and been transmitted from another data source.

3.3.2 Process

Data will be submitted **quarterly**. Reports are due approximately two weeks after the end of each RQ.

An Excel reporting template along with detailed instructions regarding data submission will be provided to participating HCOs prior to the baseline reporting deadline. HCOs must submit data by attaching the reporting template (populated with aggregate numerator parts and denominators for each measure) to

[a] Subject to change per upcoming ACIP recommendation

DataForRize@amga.org, a secure data repository that enables automatic parsing and consistency checking for submitted files. No patient-level data will be reported or submitted.

The Excel reporting template will provide a cumulative record of the HCOs' reported measures data so the organization can evaluate the consistency of their data from quarter to quarter. This can also be used to track progress, although we recommend that participants track their data more frequently, e.g., monthly. Following each submission deadline, AMGA will provide blinded comparative benchmarking reports across all organizations participating in the campaign.

Table 1: Extension Baseline Reporting Time Periods

Flu Season (Measurement Year)[1]	Reporting Quarter[2]	Active Patient Lookback Period	# of APL Months Included	Measurement Period (Cumulative Quarters)	# of MP Quarters Included
2023	**Q3 2023**	4/1/2022–9/30/2023 Q2 2022–Q3 2023	18	7/1/2023–9/30/2023 Q3 2023	1
	Q4 2023	4/1/2022–12/31/2023 Q2 2022–Q4 2023	21	7/1/2023–12/31/2023 Q3 2023–Q4 2023	2
	Q1 2024	4/1/2022–3/31/2024 Q2 2022–Q1 2024	24	7/1/2023–3/31/2024 Q3 2023–Q1 2024	3
	Q2 2024	4/1/2022–6/30/2024 Q2 2022–Q2 2024	27	7/1/2023–6/30/2024 Q3 2023–Q2 2024	4

[1] Flu seasons span from July 1—June 30 (Q3, Q4, Q1, and Q2). Q1 and Q2 are part of the flu season named after the previous calendar year (e.g., if the Reporting Quarter is Q2 2022, it is considered part of the 2021 flu season).

[2] Measures will be reported quarterly. The *reporting quarter (RQ)* refers to the last quarter of both the Active Patient Lookback and the Measurement Period (i.e., the most recent quarter of data).

Table 2: Intervention Reporting Time Periods

Flu Season (Measurement Year)[1]	Reporting Quarter[2]	Active Patient Lookback Period	# of APL Months Included	Measurement Period (Cumulative Quarters)	# of MP Quarters Included
2021	Q3 2021	4/1/2020–9/30/2021 Q2 2020–Q3 2021	18	7/1/2021–9/30/2021 Q3 2021	1
	Q4 2021	4/1/2020–12/31/2021 Q2 2020–Q4 2021	21	7/1/2021–12/31/2021 Q3 2021–Q4 2021	2
	Q1 2022	4/1/2020–3/31/2022 Q2 2020–Q1 2022	24	7/1/2021–3/31/2022 Q3 2021–Q1 2022	3
	Q2 2022	4/1/2020–6/30/2022 Q2 2020–Q2 2022	27	7/1/2021–6/30/2022 Q3 2021–Q2 2022	4
2022	Q3 2022	4/1/2021–9/30/2022 Q2 2021–Q3 2022	18	7/1/2022–9/30/2022 Q3 2022	1
	Q4 2022	4/1/2021–12/31/2022 Q2 2021–Q4 2022	21	7/1/2022–12/31/2022 Q3 2022–Q4 2022	2
	Q1 2023	4/1/2021–3/31/2023 Q2 2021–Q1 2023	24	7/1/2022–3/31/2023 Q3 2022–Q1 2023	3
	Q2 2023	4/1/2021–6/30/2023 Q2 2021–Q2 2023	27	7/1/2022–6/30/2023 Q3 2022–Q2 2023	4
2023	Q3 2023	4/1/2022–9/30/2023 Q2 2022–Q3 2023	18	7/1/2023–9/30/2023 Q3 2023	1
	Q4 2023	4/1/2022–12/31/2023 Q2 2022–Q4 2023	21	7/1/2023–12/31/2023 Q3 2023–Q4 2023	2
	Q1 2024	4/1/2022–3/31/2024 Q2 2022–Q1 2024	24	7/1/2023–3/31/2024 Q3 2023–Q1 2024	3
	Q2 2024	4/1/2022–6/30/2024 Q2 2022–Q2 2024	27	7/1/2023–6/30/2024 Q3 2023–Q2 2024	4
2024	Q3 2024	4/1/2023–9/30/2024 Q2 2023–Q3 2024	18	7/1/2024–9/30/2024 Q3 2024	1
	Q4 2024	4/1/2023–12/31/2024 Q2 2023–Q4 2024	21	7/1/2024–12/31/2024 Q3 2024–Q4 2024	2
	Q1 2025	4/1/2023–3/31/2025 Q2 2023–Q1 2025	24	7/1/2024–3/31/2025 Q3 2024–Q1 2025	3
	Q2 2025	4/1/2023–6/30/2025 Q2 2023–Q2 2025	27	7/1/2024–6/30/2025 Q3 2024–Q2 2025	4
2025	Q3 2025	4/1/2024–9/30/2025 Q2 2024–Q3 2025	18	7/1/2025–9/30/2025 Q3 2025	1
	Q4 2025	4/1/2024–12/31/2025 Q2 2024–Q4 2025	21	7/1/2025–12/31/2025 Q3 2025–Q4 2025	2
	Q1 2026	4/1/2024–3/31/2026 Q2 2024–Q1 2026	24	7/1/2025–3/31/2026 Q3 2025–Q1 2026	3
	Q2 2026	4/1/2024–6/30/2026 Q2 2024–Q2 2026	27	7/1/2025–6/30/2026 Q3 2025–Q2 2026	4
2026	Q3 2026	4/1/2025–9/30/2026 Q2 2025–Q3 2026	18	7/1/2026–9/30/2026 Q3 2026	1
	Q4 2026	4/1/2025–12/31/2026 Q2 2025–Q4 2026	21	7/1/2026–12/31/2026 Q3 2026–Q4 2026	2
	Q1 2027	4/1/2025–3/31/2027 Q2 2025–Q1 2027	24	7/1/2026–3/31/2027 Q3 2026–Q1 2027	3
	Q2 2027	4/1/2025–6/30/2027 Q2 2025–Q2 2027	27	7/1/2026–6/30/2027 Q3 2026–Q2 2027	4

1 Flu seasons span from July 1—June 30 (Q3, Q4, Q1, and Q2). Q1 and Q2 are part of the flu season named after the previous calendar year (e.g., if the Reporting Quarter is Q2 2022, it is considered part of the 2021 flu season).
2 Measures will be reported quarterly. The reporting quarter (RQ) refers to the last quarter of both the Active Patient Lookback and the Measurement Period (i.e., the most recent quarter of data).

Table 3: Reporting Time Periods and Due Dates

Flu Season (Measurement Year)[1]	Reporting Quarter[2]	Report Due Date	Blinded Comparative Report Provided
2021	Q3 2021	Feb 15, 2022	Mar 29, 2022
	Q4 2021		
	Q1 2022	Apr 15, 2022	May 27, 2022
	Q2 2022	Jul 15, 2022	Aug 26, 2022
2022	Q3 2022	Oct 14, 2022	Nov 29, 2022
	Q4 2022	Jan 17, 2023	Feb 28, 2023
	Q1 2023	Apr 14, 2023	May 26, 2023
	Q2 2023	Jul 14, 2023	Aug 25, 2023
2023	Q3 2023	Oct 16, 2023	Nov 29, 2023
	Q4 2023	Jan 16, 2024	Feb 27, 2024
	Q1 2024	Apr 15, 2024	May 29, 2024
	Q2 2024	Jul 15, 2024	Aug 26, 2024
2024	Q3 2024	Oct 15, 2024	Nov 26, 2024
	Q4 2024	Jan 15, 2025	Feb 26, 2025
	Q1 2025	Apr 15, 2025	May 28, 2025
	Q2 2025	Jul 15, 2025	Aug 26, 2025
2025	Q3 2025	Oct 15, 2025	Nov 19, 2025
	Q4 2025	Jan 15, 2026	Feb 19, 2026
	Q1 2026	Apr 15, 2026	May 21, 2026
	Q2 2026	Jul 15, 2026	Aug 19, 2026
2026	Q3 2026	Oct 15, 2026	Nov 19, 2026
	Q4 2026	Jan 15, 2027	Feb 19, 2027
	Q1 2027	Apr 15, 2027	May 14, 2027
	Q2 2027	Jul 15, 2027	Aug 19, 2027

4 MEASURE SPECIFICATIONS

4.1 ACTIVE PATIENT POPULATION

Defining the Active Patient Population is the first step of determining each measure's denominator.

Patients are included in the Active Patient Population if they:

1. are age 19–99 on the first day of the Measurement Year (MY) (July 1st), **AND**
2. have completed ≥1 ambulatory visit (see Table 4) in the Active Patient Lookback (APL)[a] period with any specialty, **AND**
3. have **EITHER**
    - an Assigned PCP, **OR**
    - ≥1 ambulatory visit with a PCP in the APL[a,b] (see Table 5).

    If Assigned PCP is not a reliable designation at your organization, individual HCOs can elect to only use ≥1 visit with a PCP in the APL.

    For Organizations that elect to use the Assigned PCP designation, patients meeting EITHER criterion (Assigned PCP OR ≥1 visit with a PCP) should be considered eligible for the APL.

Patients are excluded from the Active Patient Population if:

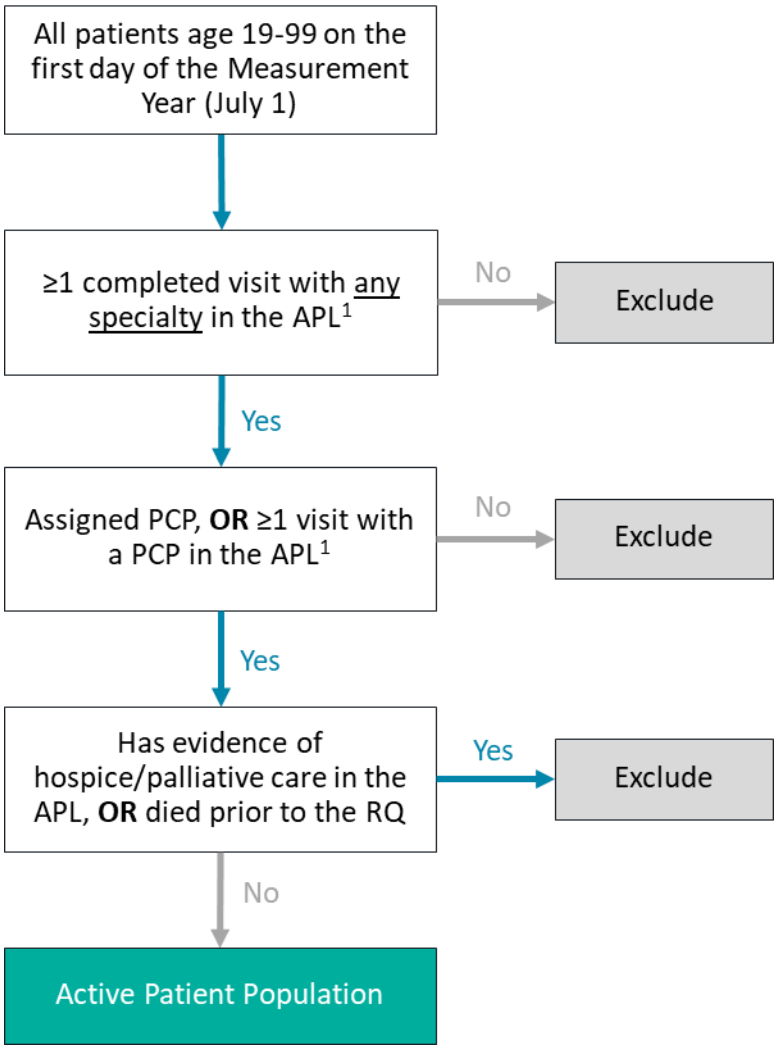
1. there is evidence of hospice or palliative care in the APL (see Table 6), **OR**
2. the patient died prior to the end of the RQ.

Note: Per NAC recommendations, not all exclusions in the HEDIS AIS-E measures (e.g., history of immunocompromising conditions) are used in Rise to Immunize.

[a] The APL includes the current Measurement Period (MP).

[b] ≥1 visit with a PCP in the APL also counts as ≥1 ambulatory visit with any specialty in the APL (i.e., ≥1 visit with a PCP in the APL satisfies both criteria).

4.1.1 Defining the Active Patient Population



[1] The Active Patient Lookback (APL) spans from 15 months prior to each Measurement Year's first RQ (Q3) and runs through the current RQ (See Tables 1 & 2). **The APL includes the Measurement Period (MP).**

4.1.2 Date of Birth (DOB) Range to Establish Active Patient Population

Flu Season (Measurement Year)	DOB on or after	DOB on or before
2019 (Q3 2019 – Q2 2020)	7/2/1919	7/1/2000
2020 (Q3 2020 – Q2 2021)	7/2/1920	7/1/2001
2021 (Q3 2021 – Q2 2022)	7/2/1921	7/1/2002
2022 (Q3 2022 – Q2 2023)	7/2/1922	7/1/2003
2023 (Q3 2023 – Q2 2024)	7/2/1923	7/1/2004
2024 (Q3 2024 – Q2 2025)	7/2/1924	7/1/2005
2025 (Q3 2025 – Q2 2026)	7/2/1925	7/1/2006
2026 (Q3 2026 – Q2 2027)	7/2/1926	7/1/2007

Table 4: Suggested Codes to Identify Visits

Organizations should use their own definition for classifying ambulatory outpatient activity (face-to-face or telehealth[1]), using this list as a guide.

CPT/HCPCS Codes	Description
99201–99205, 99211–99215	Evaluation & Management Office Visit
99241–99245	Evaluation & Management Office Consultation
99385–99387, 99395–99397	Evaluation & Management Preventive Visit
99401–99404	Preventive Medicine: Individual Counseling Visit
99411–99412	Preventive Medicine: Group Counseling Visit
99420, 99429	Other Preventive Medicine Services
G0402	Initial Preventive Physical Examination ("Welcome to Medicare" Visit)
G0438, G0439	Medicare Annual Wellness Visit
G0463	Hospital outpatient clinic visit for assessment and management of a patient
T1015	Clinic visit/encounter, all inclusive
99421 – 99423, G2061 – G2063	E-visit (effective 1/1/2020)
99441 – 99444, 98966 – 98969	Phone E&M
G2010, G2012	Virtual Communication (CMS)

[1] Telehealth visits can be identified using the codes specified above as e-visit, phone, or virtual communication; or by the presence of a telehealth modifier or a telehealth POS code associated with any of the codes listed in this table.

Table 5: Suggestions for Defining Primary Care and Eligible Providers

Primary care should, <u>at minimum</u>, include: **1.** Family practice **2.** General practice **3.** Geriatrics **4.** Internal medicine **5.** Obstetrics/gynecology (Organizations may include <u>additional</u> specialties that they consider to be part of primary care.)
Eligible providers <u>may</u> include: **1.** Doctor of Medicine (MD) **2.** Doctor of Osteopathy (DO) **3.** Nurse Practitioner (NP) **4.** Physician Assistant (PA) **5.** Advanced Practice Registered Nurse (APRN) **6.** Other Advanced Practice Professionals (APPs)

Table 6: Suggested Codes for Identifying Hospice/Palliative Care

Organizations should use their own definition for classifying Palliative/Hospice Care, using this list as a guide.

Codes for Palliative/Hospice Care	
ICD-9	V66.7
ICD-10	Z51.5
CPT	99377–99378
HCPCS	G0182, G9473 - G9479 Q5001–Q5010 S0255, S0271, S9126 T2042–T2046
POS (Place of Service)	34

4.2 Measure 1 (Influenza)

4.2.1 Denominator

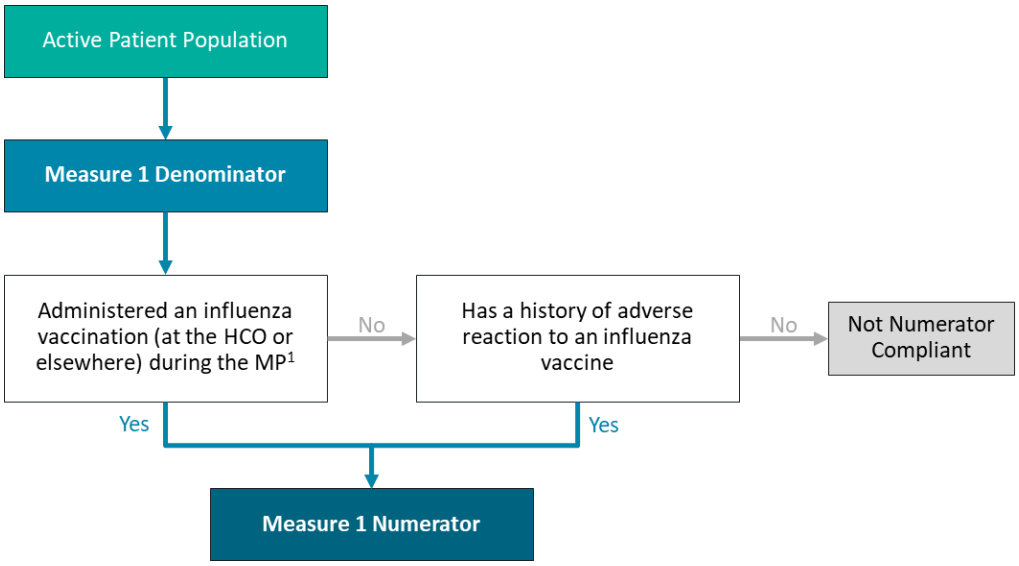
Equivalent to the Active Patient Population (see Section 4.1)

4.2.2 Numerator

Number of denominator patients who meet any of the following criteria:

- were administered an influenza vaccination (at the HCO or elsewhere) any time during the current Measurement Period up to and including the last day of the Reporting Quarter, **OR**
- had an adverse reaction caused by the influenza vaccine or its components before or during the Measurement Period (see Table 7)

4.2.3 Measure 1 (Influenza) Flowchart



[1] MP = Measurement Period (See Tables 1 & 2)

4.3 NUMERATOR PARTS

While the influenza vaccination is administered annually, the vaccination for Td/Tdap is administered once every 10 years and the vaccinations (or vaccination series) for pneumococcal, zoster, and hepatitis B are administered once in a lifetime (twice for some high-risk patients)[a]. Therefore, these measures will each contain two Numerator Parts (A and B) to separately account for vaccinations already received and vaccinations being administered during the Campaign. This is so that we can track the overall success of the Rise to Immunize Campaign and progress toward our goal of 30 million vaccinations by 2027.

Numerator **Part A** will be used to track the number of vaccines administered (i.e., current care gaps closed) during the campaign. It is a count of patients who received the vaccination (in the case of zoster, completed the series) **during the Measurement Period (MP)**. Patients should not be counted in Part A if a vaccination was newly documented in the MP but was administered prior to the MP. The date of administration takes precedence over the date of documentation.

Numerator **Part B** is a count of patients who received the vaccination **prior to the MP** or ever had an adverse reaction. Patients should be counted in Part B if a vaccination was newly documented in the MP but was administered prior to the MP.

[a] The frequency of RSV and COVID-19 vaccinations will be updated once ACIP guidelines are released.

4.4 Measure 2 (Pneumococcal)

4.4.1 Denominator

Patients from the Active Patient Population (see Section 4.1) who are *age 50 and older* as of the start of the Measurement Year (July 1)

4.4.2 Numerator Part A

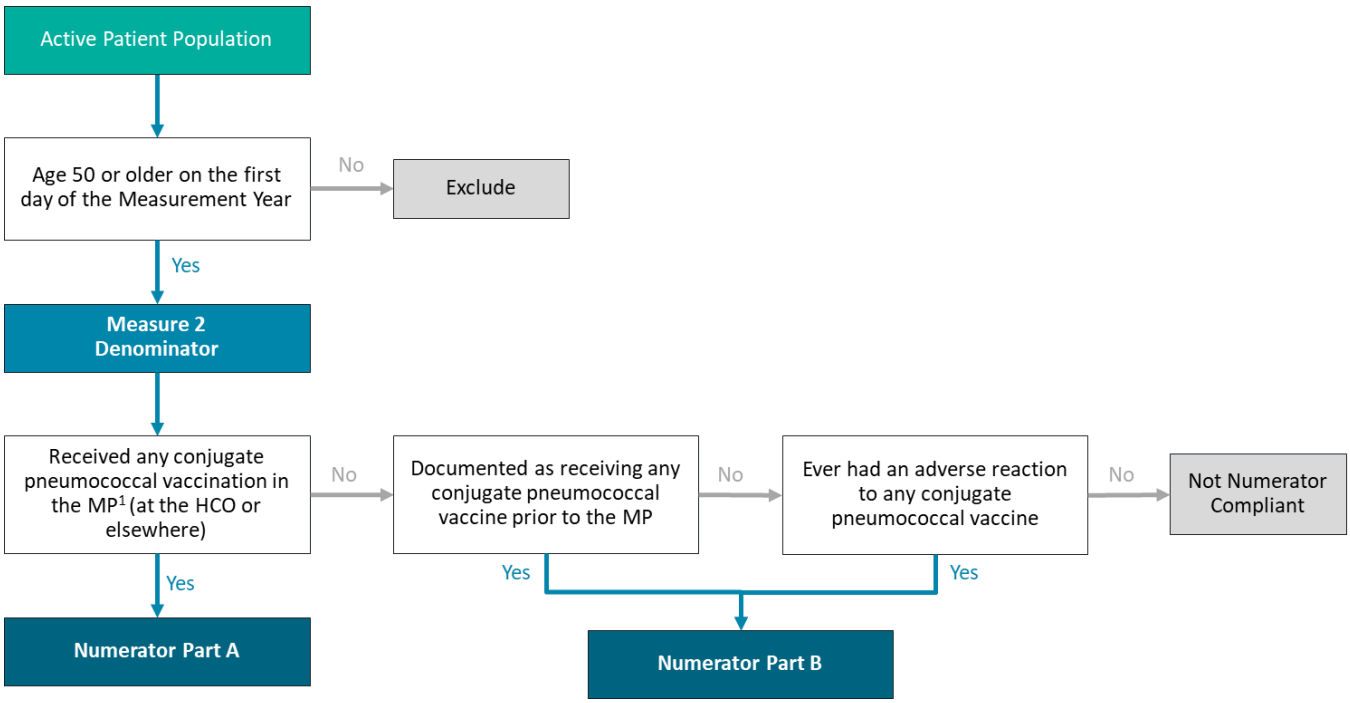
Number of denominator patients who were administered (at the HCO or elsewhere) any conjugate pneumococcal vaccination any time during the current Measurement Period, up to and including the last day of the Reporting Quarter

4.4.3 Numerator Part B

Number of denominator patients who:

- were documented as having received any conjugate pneumococcal vaccination prior to the Measurement Period, **OR**
- had an adverse reaction caused by any conjugate pneumococcal vaccine or its components before or during the Measurement Period (see Table 7)

4.4.4 Measure 2 (Pneumococcal) Flowchart



[1] MP = Measurement Period (See Tables 1 & 2)

4.5 MEASURE 3 (TD/TDAP)

4.5.1 Denominator

Equivalent to the Active Patient Population (see Section 4.1)

4.5.2 Numerator Part A

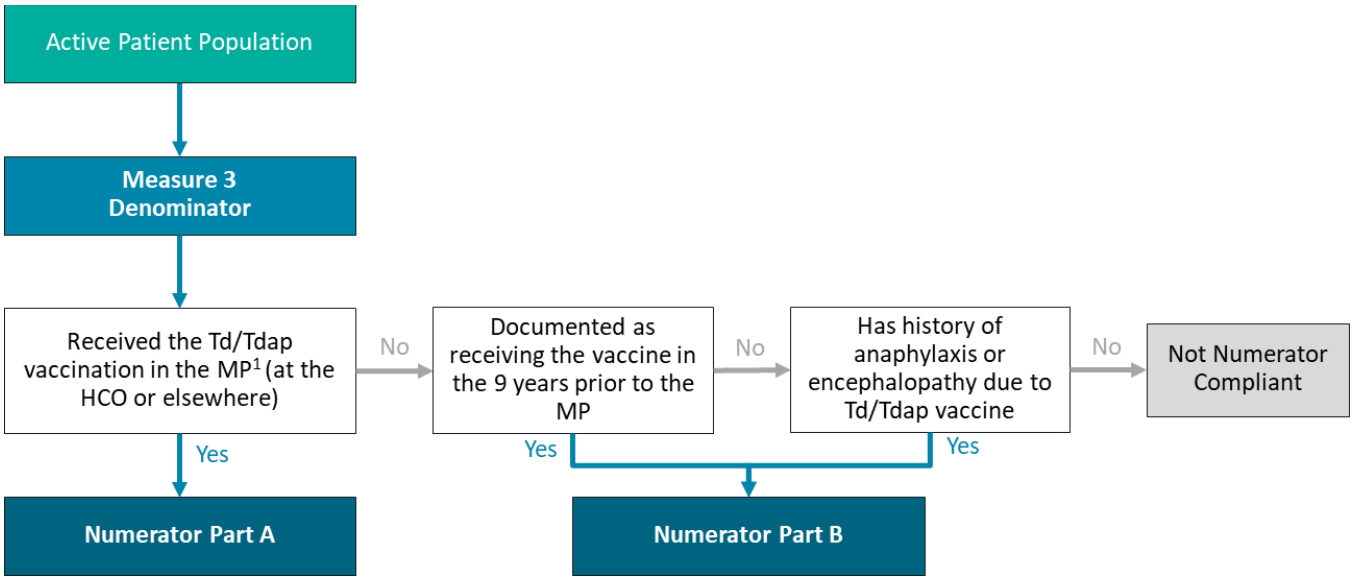
Number of denominator patients who were administered (at the HCO or elsewhere) a Td or Tdap vaccination any time during the current Measurement Period, up to and including the last day of the Reporting Quarter

4.5.3 Numerator Part B

Number of denominator patients who:

- were documented as having received a Td or Tdap vaccination in the 9 years prior to the start of the Measurement Period, **OR**
- have a history of at least one of the following contraindications before or during the Measurement Period (see Table 7):
  - Anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components, **OR**
  - Encephalopathy due to Tdap or Td vaccine

4.5.4 Measure 3 (Td/Tdap) Flowchart



[1] MP = Measurement Period (See Tables 1 & 2)

4.6 MEASURE 4 (ZOSTER)

4.6.1 Denominator

Patients from the Active Patient Population (see Section 4.1) who are *age 50 and older* as of the start of the Measurement Year (July 1)

4.6.2 Numerator Part A

Number of denominator patients who (at the HCO or elsewhere) received a **second dose** of the herpes zoster **recombinant**[a] vaccine (i.e., completed the vaccination series) any time during the current Measurement Period, up to and including the last day of the Reporting Quarter

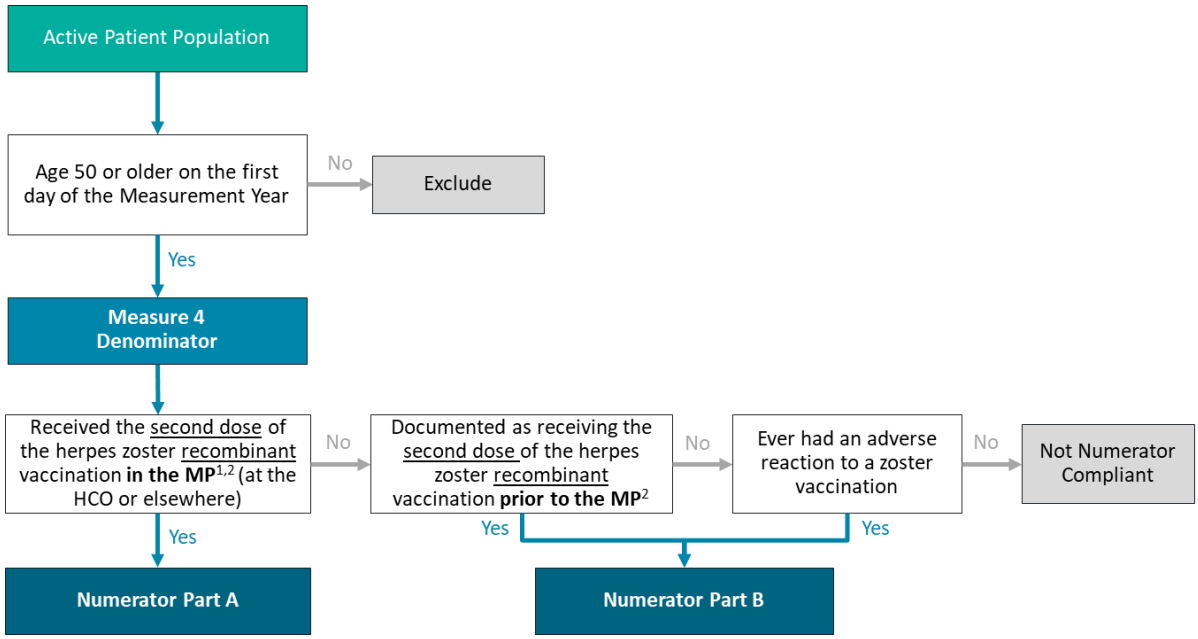
*Note: To be compliant for Numerator Part A, patients must also have been administered (at the HCO or elsewhere) a **first dose** of the herpes zoster recombinant vaccine. First doses administered **prior** to the Measurement Period should be counted. Only the second dose is reported in Numerator Part A; the first dose is a requirement of the second, but it is not reported separately.*

4.6.3 Numerator Part B

Number of denominator patients who:

- were documented as having received **two** doses (i.e., one second dose) of the herpes zoster **recombinant** vaccine prior to the Measurement Period, **OR**
- had an adverse reaction caused by the zoster vaccine or its components before or during the Measurement Period (see Table 7)

4.6.4 Measure 4 (Zoster) Flowchart



[1] MP = Measurement Period (See Tables 1 & 2)

[2] Patients must also have been administered (at the HCO or elsewhere) a first dose of the herpes zoster recombinant vaccine.

[a] There are two types of zoster vaccinations: recombinant (2 doses) and live (single dose). The live vaccine was discontinued in the U.S. as of November 18th, 2020—it will **not** be counted in Rise to Immunize. Patients who received the live vaccination are **not** compliant for either Numerator Part A or B.

4.7 MEASURE 5 (BUNDLE)

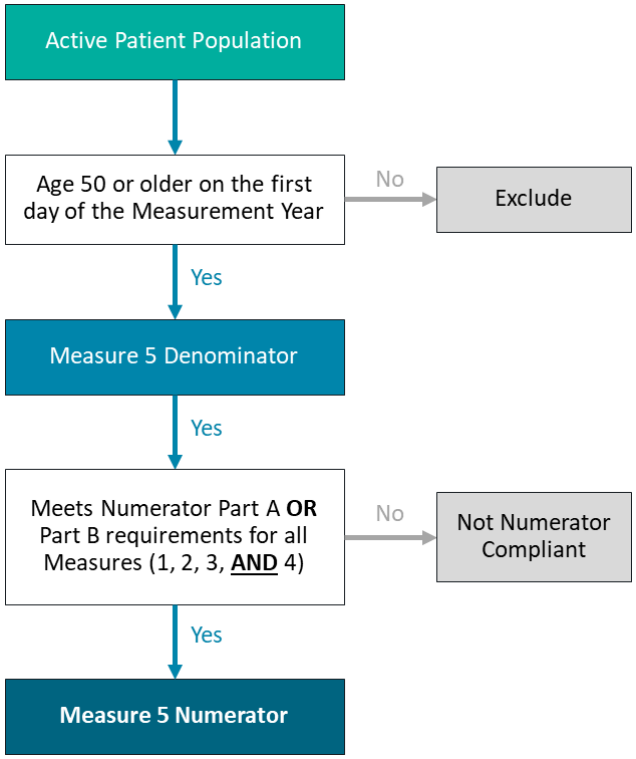
4.7.1 Denominator

Patients from the Active Patient Population (see Section 4.1) who are *age 50 and older* as of the start of the Measurement Year (July 1)

4.7.2 Numerator

Number of denominator patients who meet requirements for **EITHER** Numerator Part A **OR** Part B of each Measure (1, 2, 3, **AND** 4, i.e., influenza, pneumococcal, Tdap, **AND** zoster vaccinations)

4.7.3 Measure 5 (Bundle) Flowchart



4.8 MEASURE 6 (RSV)

4.8.1 Denominator

Patients from the Active Patient Population (see Section 4.1) aged 75 or older as of the start of the Measurement Year (July 1)

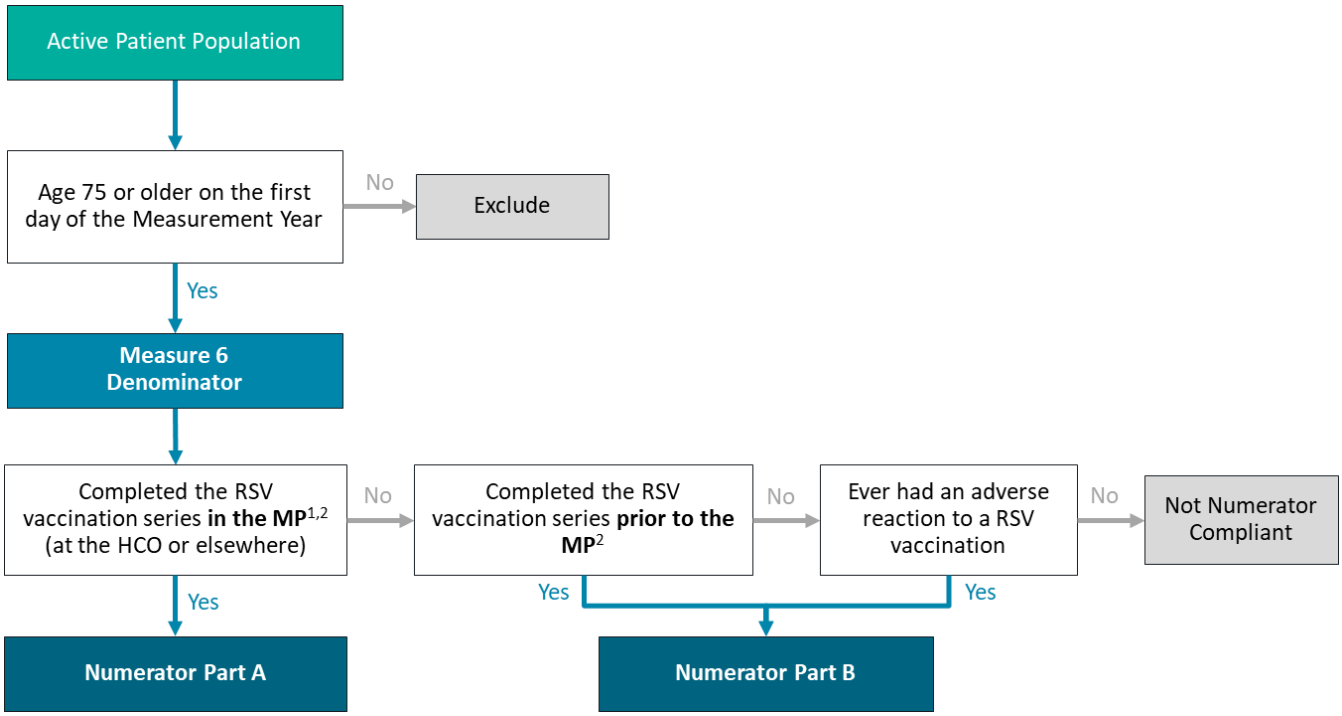
4.8.2 Numerator Part A

Number of denominator patients who (at the HCO or elsewhere) received an RSV vaccination any time during the current Measurement Period, up to and including the last day of the Reporting Quarter

4.8.3 Numerator Part B

Number of denominator patients who:

- were documented as having received an RSV vaccination prior to the Measurement Period, **OR**
- had an adverse reaction caused by the RSV vaccine or its components before or during the Measurement Period (see Table 7)



4.9 MEASURE 7 (COVID-19)

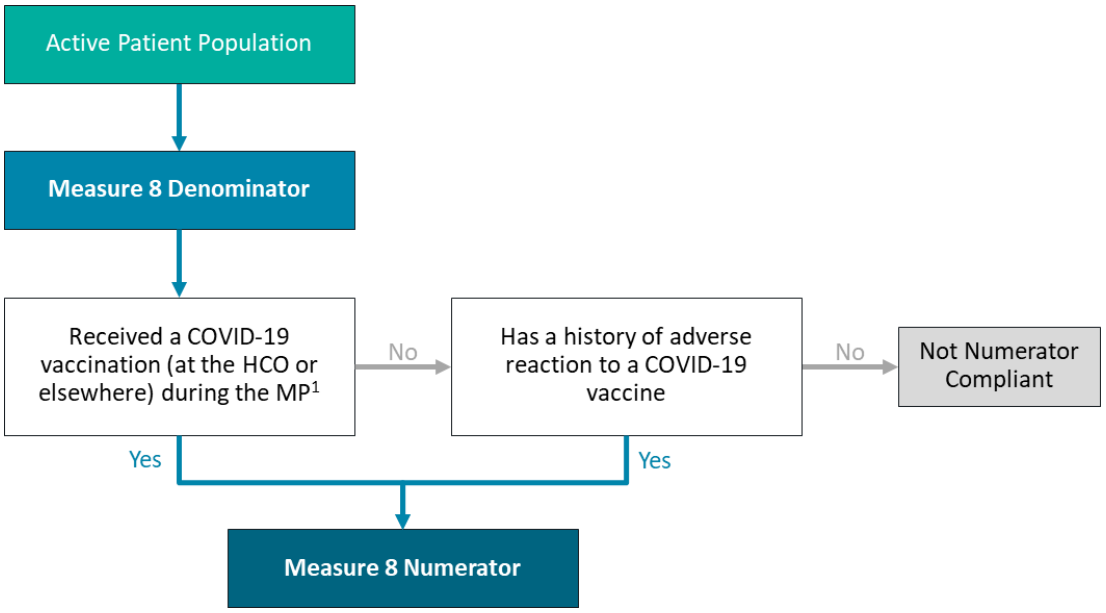
4.9.1 Denominator

Equivalent to the Active Patient Population (see Section 4.1)

4.9.2 Numerator

Number of denominator patients who meet any of the following criteria:

- were administered a COVID-19 vaccination (at the HCO or elsewhere) any time during the current Measurement Period up to and including the last day of the Reporting Quarter, OR
- had an adverse reaction caused by a COVID-19 vaccine or its components before or during the Measurement Period (see Table 7)



4.10 Measure 8 (Hepatitis B)

4.10.1 Denominator

Patients from the Active Patient Population (see Section 4.1) aged 19-59 as of the start of the Measurement Year (July 1)

4.10.2 Numerator Part A

Number of denominator patients who (at the HCO or elsewhere) completed a hepatitis B vaccination series any time during the current Measurement Period, up to and including the last day of the Reporting Quarter

Note: Only the vaccination that completes a series is reported in Numerator Part A. Prior doses administered leading up to completion of the series are requirements for completion but are not counted separately.

4.10.3 Numerator Part B

Number of denominator patients who:

- were documented as having completed a hepatitis B vaccination series prior to the Measurement Period, **OR**
- had an adverse reaction caused by the hepatitis B vaccine or its components before or during the Measurement Period (see Table 7)

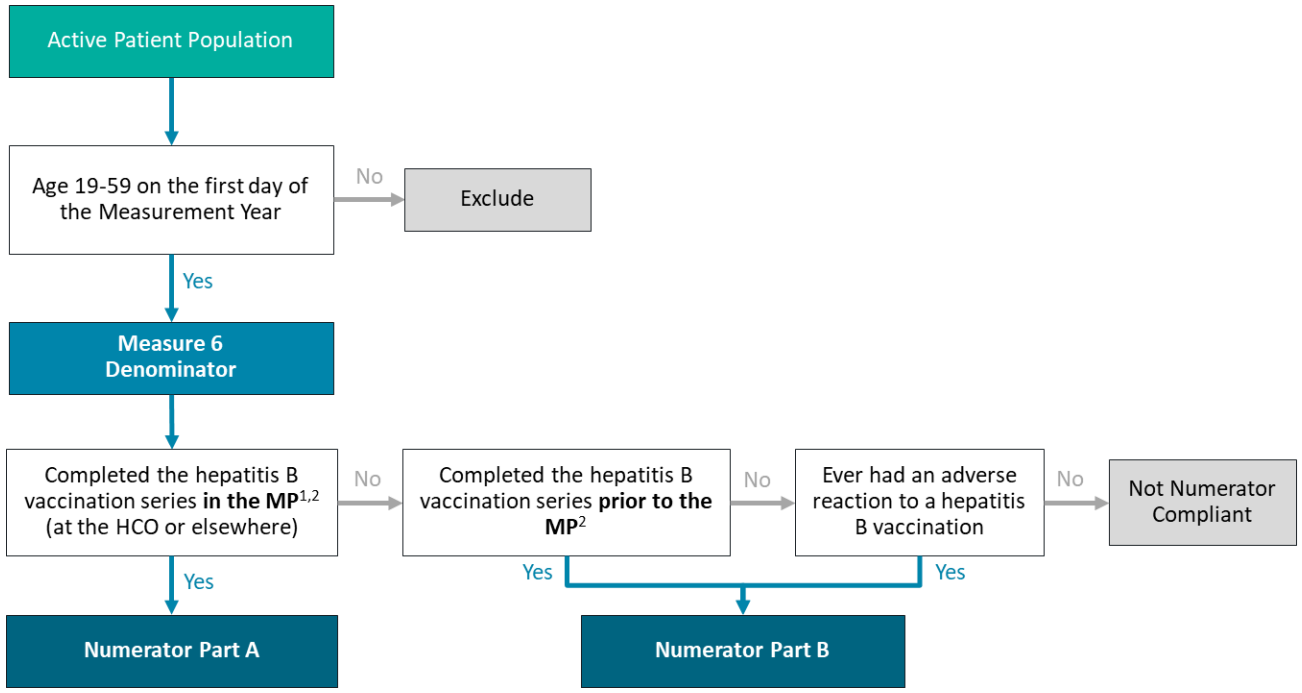


Table 7: Suggested Codes for Identifying Adverse Reactions, Anaphylaxis, and Encephalitis

Organizations should use their own definition for classifying adverse reactions, anaphylaxis, and encephalitis, using this list as a guide.

Adverse Reaction to:	SNOMEDCT	Mapped ICD-10 Equivalent
Influenza	420113004	T50.B95-
Pneumococcal	293116002, 471141000124102	T50.A95-
Td/Tdap	428281000124107, 428291000124105, 192711008, 192712001, 192710009	G04.02 T50.A15- T50.A95- T80.52X-
Zoster	451291000124104	T50.B95-
RSV	293104008	T50.B95-
COVID-19	1156256003	T50.Z95- T50.B95-
Hepatitis B	293110008 428321000124101	T50.B95-

5 CHANGE LOG

Date	Measure(s) Impacted	Change Summary
2021		
Nov. 19th	APL	Added a table (p.11) containing the range of eligible Dates of Birth for each Measurement Year.
Nov. 19th	1-4	Clarified that ever means before or during the Measurement Year in the adverse reaction exclusions.
2022		
Aug 29th	2	Numerator compliance is now measured as administration, documentation, or adverse reaction to "any *conjugate* pneumococcal vaccine" instead of "any pneumococcal vaccine".
2024		
Jan 30th	6,7,8	Added expansion measures (RSV, COVID-19, and hepatitis B,) and extension timeline (the campaign now runs through December 2027).
June 26th	6	Changed RSV age group to 75+ to match the new ACIP recommendation.
2025		
June 4th	2, 5	Changed denominator to age 50+ to match the new ACIP recommendation.

6 QUICK LINKS & CONTACT INFORMATION

Rise to Immunize website
Reporting Template

Send questions to RiseToImmunize@amga.org.

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