

Vaccination Quality Measures

Current landscape & what's coming next

Presented to the National Adult Influenza and Immunization Summit

**EVERY
PATIENT
POSSIBLE**



Agenda.

01 Overview

- Vaccination quality measures
- How and where they're used
- Financial implications

02 Future implications

- ACIP overhaul
- Shifting COVID-19 vaccine indications
- Vaccine perceptions and attitudes
- Stakeholder impact

03 Questions

Composite vaccination measures aim to reflect immunization delivery across the life course.

While standalone measures are still used in some programs, composite measures are more common.

CIS

Childhood Immunization Status

- Percentage of children aged ≥ 2 years who had 4 DTaP, 3 IPV, 1 MMR, 3 Hib, 3 HepB, 1 VZV, 4 PCV, 1 HepA, 2 or 3 RV, and 2 influenza vaccines by their second birthday

IMA

Immunizations for Adolescents

- Percentage of adolescents aged ≥ 13 years who had 1 dose meningococcal vaccine, 1 Tdap vaccine, and a full HPV series by their thirteenth birthday

AIS

Adult Immunization Status

- Percentage of members aged ≥ 19 years who are up to date on recommended routine vaccines for influenza, Td/Tdap, zoster, hepatitis B, and pneumococcal

PRS

Prenatal Immunization Status

- Percentage of deliveries during the measurement period in which women received influenza and Tdap vaccinations

Overview

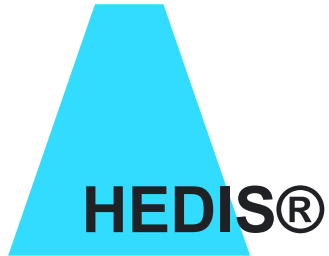
Composite measures are stewarded by NCQA but used broadly.

Measure	Program/Measure Set					
	NCQA HEDIS®	Medicare QPP MIPS	MSSP	Medicaid Child Core Set	Medicaid Adult Core Set	MA Star Ratings
CIS	X			X		
IMA	X			X		
AIS	X	X	X		X	X*
PRS	X			X	X	

Different programs leverage different payment incentives and disincentives with the goal of improving vaccine uptake.

*AIS is currently a Star Ratings display measure; it is proposed for full adoption beginning in the CY2027 measurement year.
AIS: Adult Immunization Status; CIS: Childhood Immunization Status; HEDIS: Healthcare Effectiveness Data and Information Set; IMA: Immunizations for Adolescents; MA: Medicare Advantage; MIPS: Merit-based Incentive Payment System; MSSP: Medicare Shared Savings Program; NCQA: National Committee for Quality Assurance; PRS: Prenatal Immunization Status; QPP: Quality Payment Program

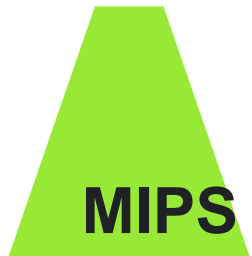
Different quality programs leverage varying financial incentives.



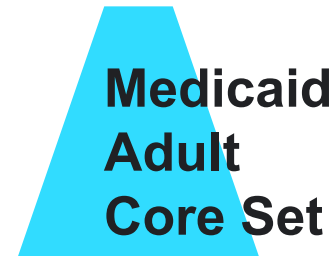
Ratings are published publicly and have impact to reputation. Measures commonly used in commercial, Medicare, Medicaid, and exchange value-based arrangements.



Incentives and disincentives vary by state; CMS will withhold federal Medicaid payments from states that do not comply with mandatory Core Set reporting.



Participants earn a payment adjustment (positive or negative) for Part B covered services based on performance across categories.



Incentives and disincentives vary by state. Adult immunization measures are voluntary for reporting.



ACO participants may be eligible for shared savings or shared risk at varied levels depending on track.



Performance on measures affects plan ratings, which are used to determine bonus payments.

Measures tied to payment are more likely to drive behavior change. One study found that paying providers \$200 more per patient for meeting performance criteria resulted in care improvements.

The evolving federal landscape could have varying implications for vaccination quality measures.

1



ACIP overhaul

2



**Shifting COVID-19
vaccine indications**

3

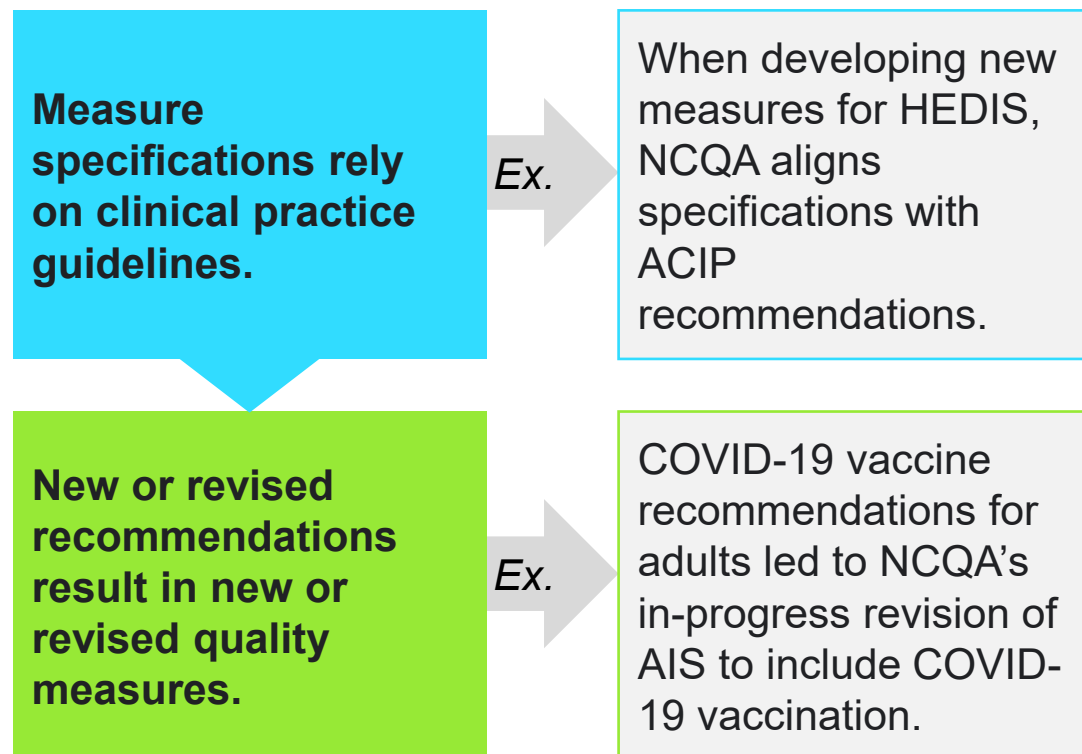


**Vaccine perceptions
and attitudes**

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RFK Jr.'s replacement of ACIP membership calls vaccine recommendations into question.

How guidelines inform measure development:



The Committee's intent to revisit existing recommendations could result in 2 scenarios for HEDIS composite measures:

- 1** NCQA revises HEDIS measures to align with updated recommendations, reducing the number of vaccines included and/or narrowing applicable populations.
- 2** NCQA pivots to alternative sources for vaccination guidance to inform measure development (e.g., AAP, AAFP, Vaccine Integrity Project).

Future Implications – Shifting COVID-19 Vaccine Indications

Narrower COVID-19 vaccine indications have already affected quality measure updates.



April 15, 2025

Policy Options for 2025–2026 COVID-19 vaccines:
Annual COVID-19 vaccine doses

- Currently annual vaccines are recommended for everyone ages ≥6 months
- **Option 1:** Maintain a universal vaccine policy for everyone ages ≥6 months
- **Option 2:** Risk-based recommendation only for groups at increased risk of severe COVID-19
- **Option 3:** Combination of risk-based and universal vaccine recommendations (e.g., risk-based recommendation for ages 6 months–64 years and universal recommendations for ages ≥65 years).

The ACIP expressed consideration of a narrower, risk-based recommendation for COVID-19 vaccines (vs. the current universal recommendation for everyone aged ≥6 months).

May 22, 2025

CMP Update
HEDIS for Health Plans – Measure Changes

COVID-19 Indicator for AIS, 65 years and older

Tobacco Use Screening and Cessation Intervention

Follow-Up After Acute Care Visits for Asthma

Disability Description of Membership

The committee approved new measures for First Year Status

NCQA announced its proposed COVID-19 indicator for AIS would apply to adults aged ≥65 years.

May 27, 2025

Secretary Kennedy @SecKennedy

Today, the COVID vaccine for healthy children and healthy pregnant women has been removed from @CDCgov recommended immunization schedule. Bottom line: it's common sense and it's good science. We are now one step closer to realizing @POTUS's promise to Make America Healthy Again.

10:16 AM · May 27, 2025 · 7.3M Views

HHS announced the removal of COVID-19 vaccination recommendations for healthy children and pregnant people. The recommendation for children was subsequently changed from routine to SCDM.

CMS proposals to remove COVID-19 measures from post-acute quality programs could indicate deprioritization.

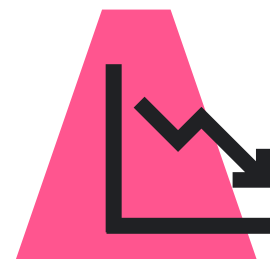
CMS proposed removing the “COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date” measure from two quality reporting programs:	
Inpatient Rehabilitation Facility QRP	Home Health QRP

Measure removal was proposed based on:

- Removal Factor 8: “The costs associated with a measure outweigh the benefit of its continued use in the program.”



Providers noted concerns about data collection challenges and increased administrative burden.



CMS noted declining COVID-19 cases and deaths among older adults.

CMS’s stated perception of reduced COVID-19 disease burden among older adults may not align with the latest recommendations and indications for COVID-19 vaccines, which prioritize older adults.

The changing vaccine policy environment could influence changes to quality measures with downstream impacts on providers and patients.



203 million people

are covered by health plans that report HEDIS



60,000 clinicians

Work in an NCQA-recognized medical practice

Narrower or removed ACIP recommendations could reduce vaccination composite measure potential to improve vaccination rates.

Shifting measure specifications to align with changing guidelines could result in confusion among providers.

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Thank you.