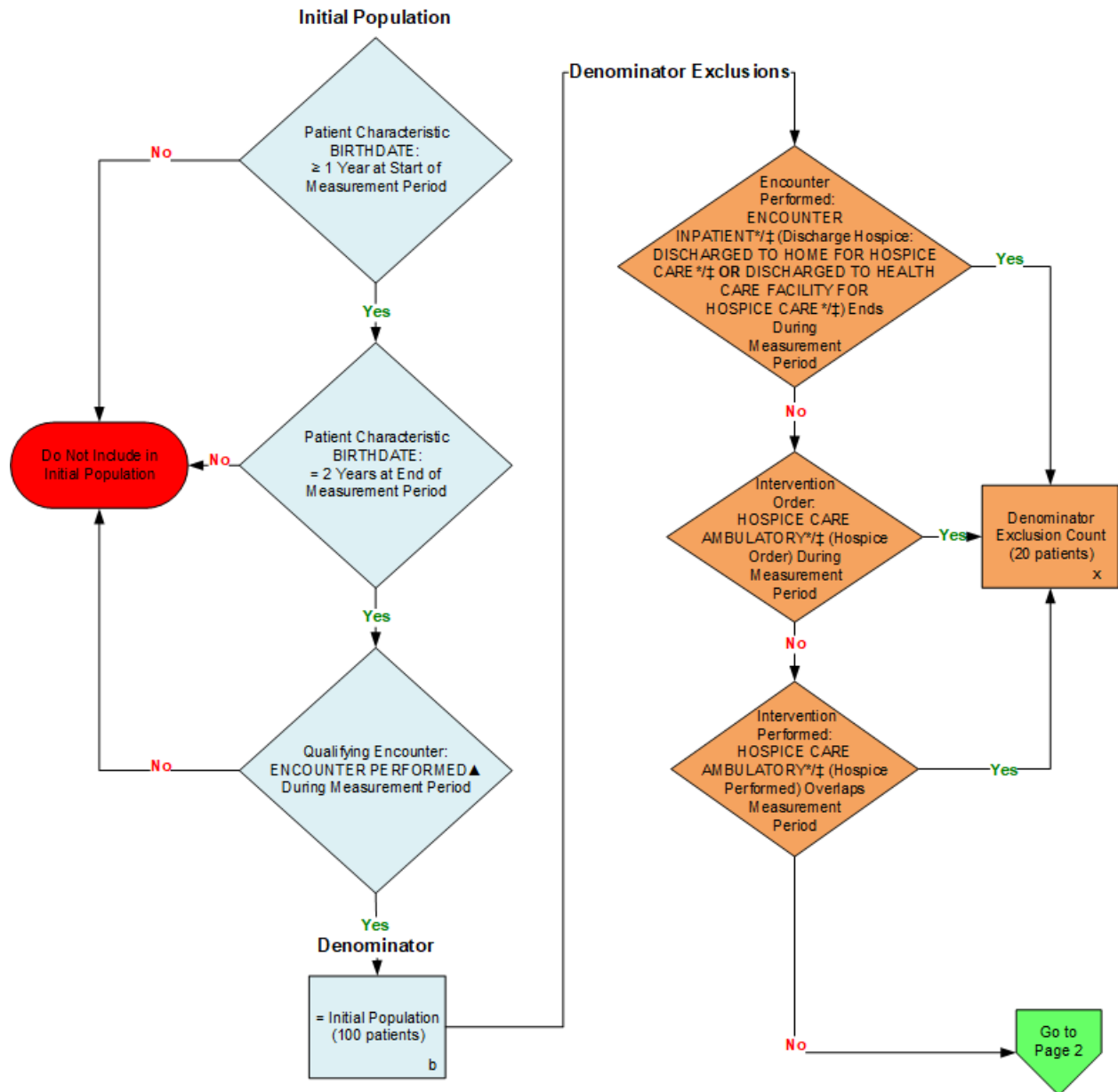


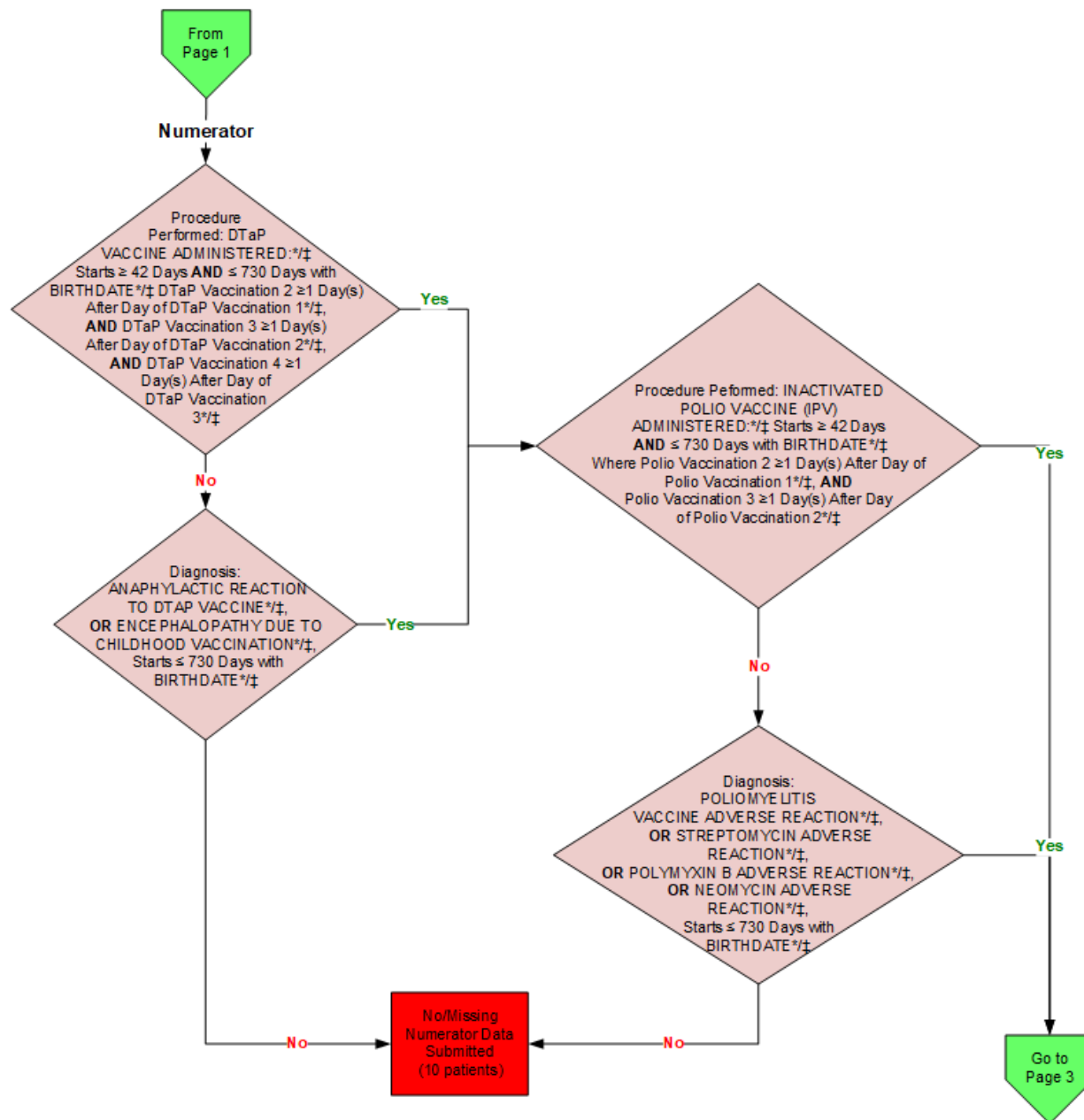
**2019 eCQM Flow**  
**Measure Identifier: CMS117v7**  
NQF 0038: Childhood Immunization Status  
**DISCLAIMER:** Please Refer to the eCQM for a Complete Listing of Required Data Elements



\*/±Please refer to the specific section of the eCQM to identify the associated value sets for use in submitting this eCQM. Please refer to the specific section of the eCQM to identify the Definition associated with Population Criteria.  
▲ For a listing of appropriate Encounters please refer to the Definition Criteria for the data element to view the associated value set names.

**2019 eCQM Flow**  
**Measure Identifier: CMS117v7**  
 NQF 0038: Childhood Immunization Status

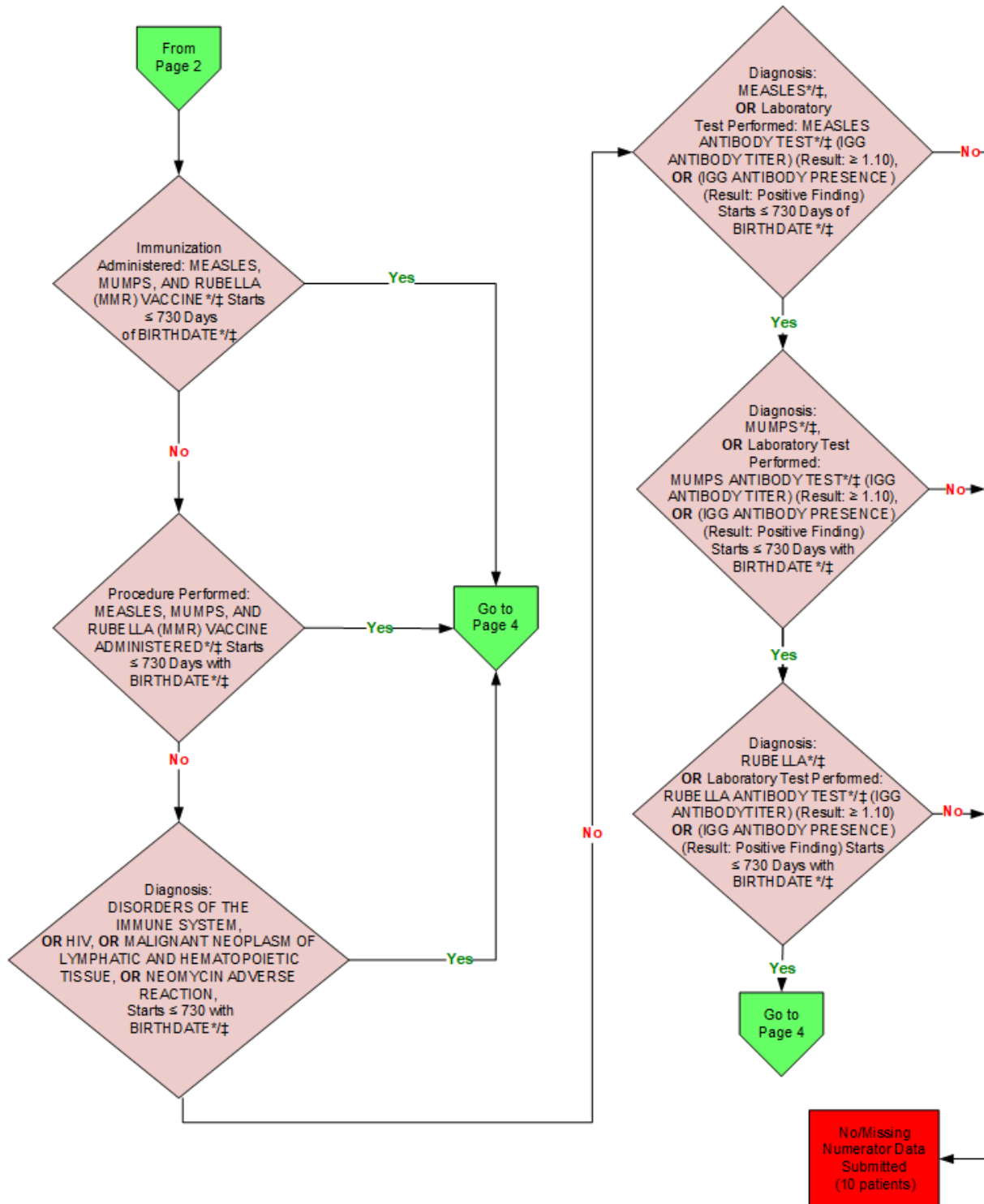
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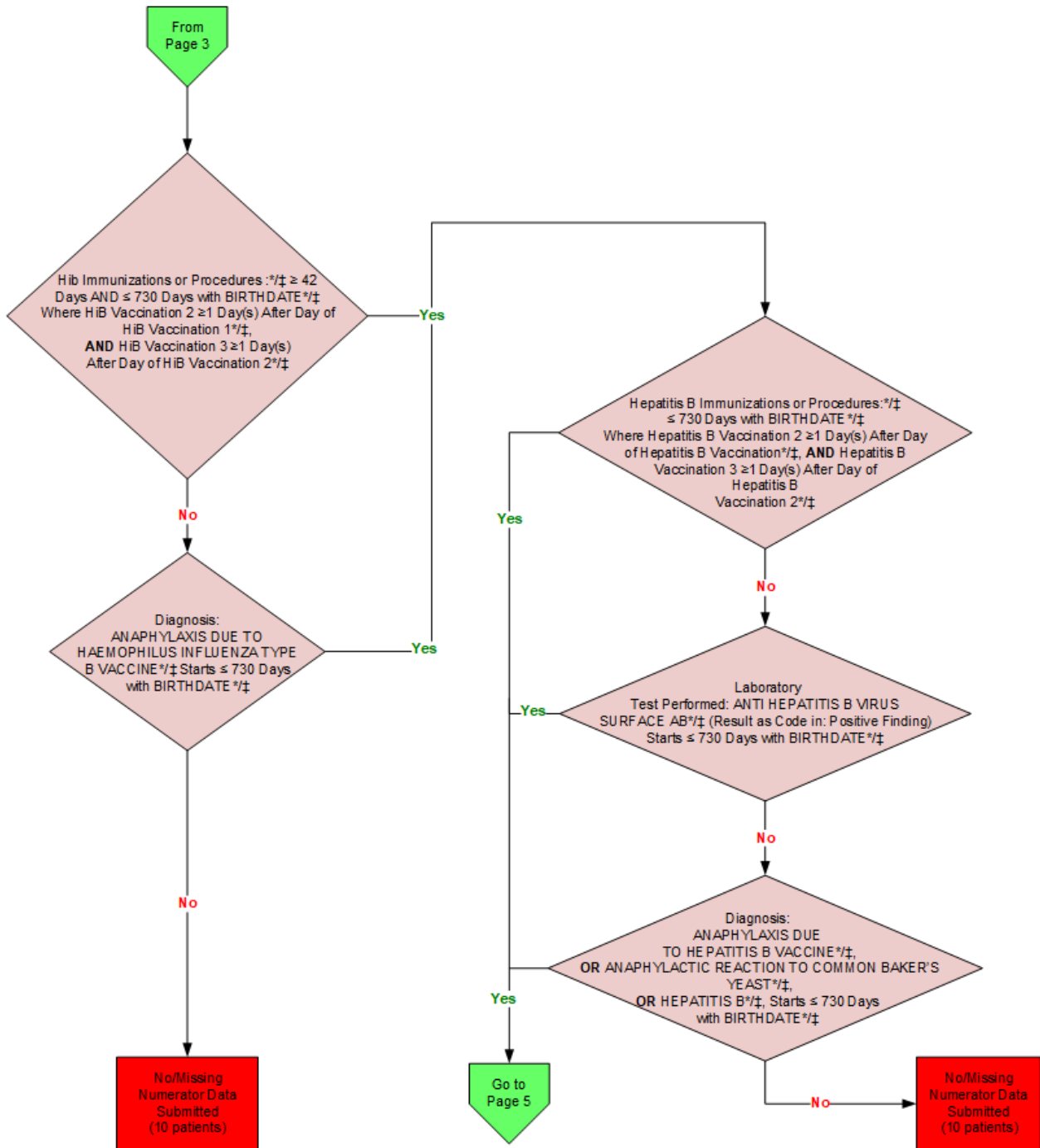


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NQF 0038: Childhood Immunization Status

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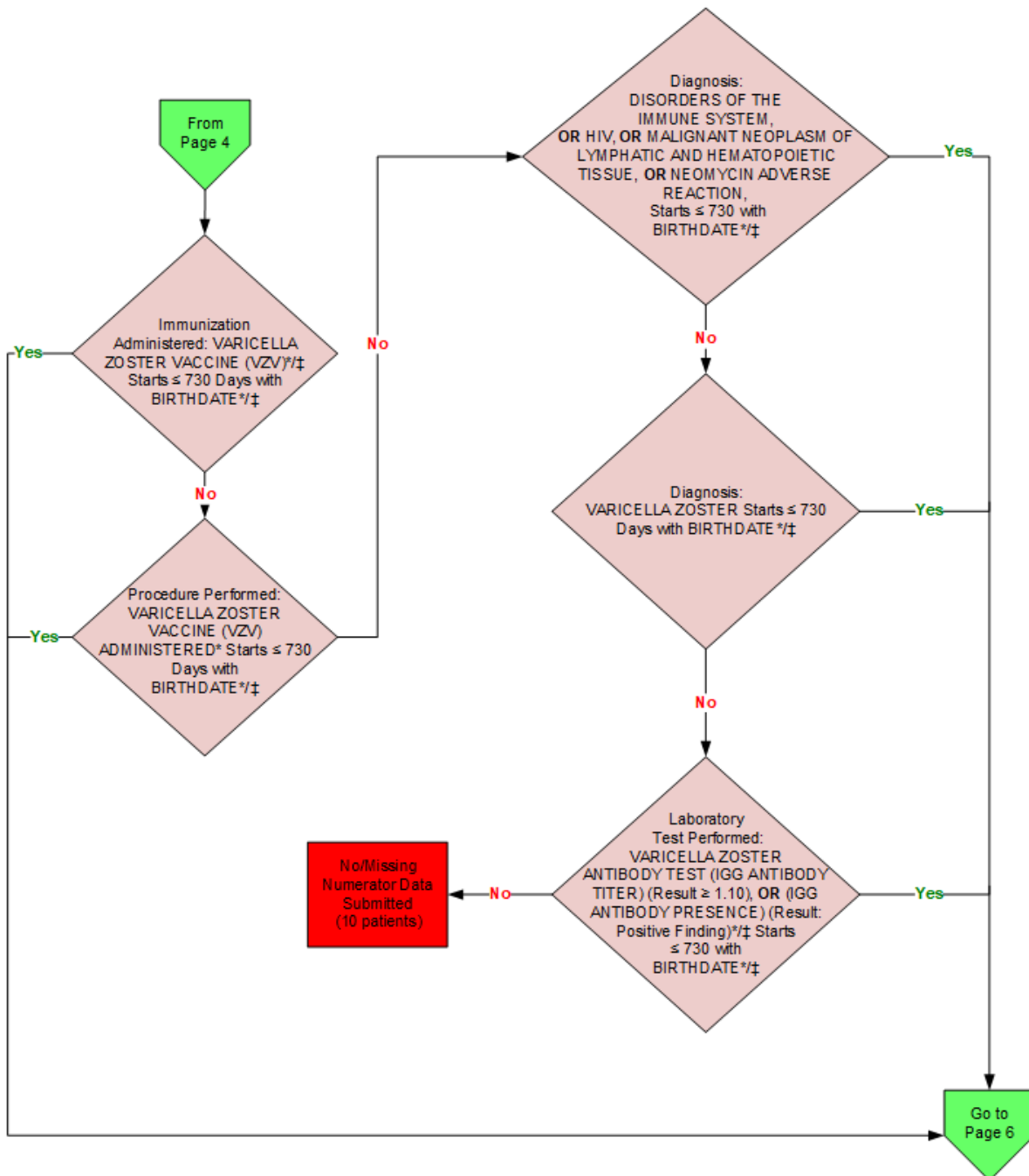


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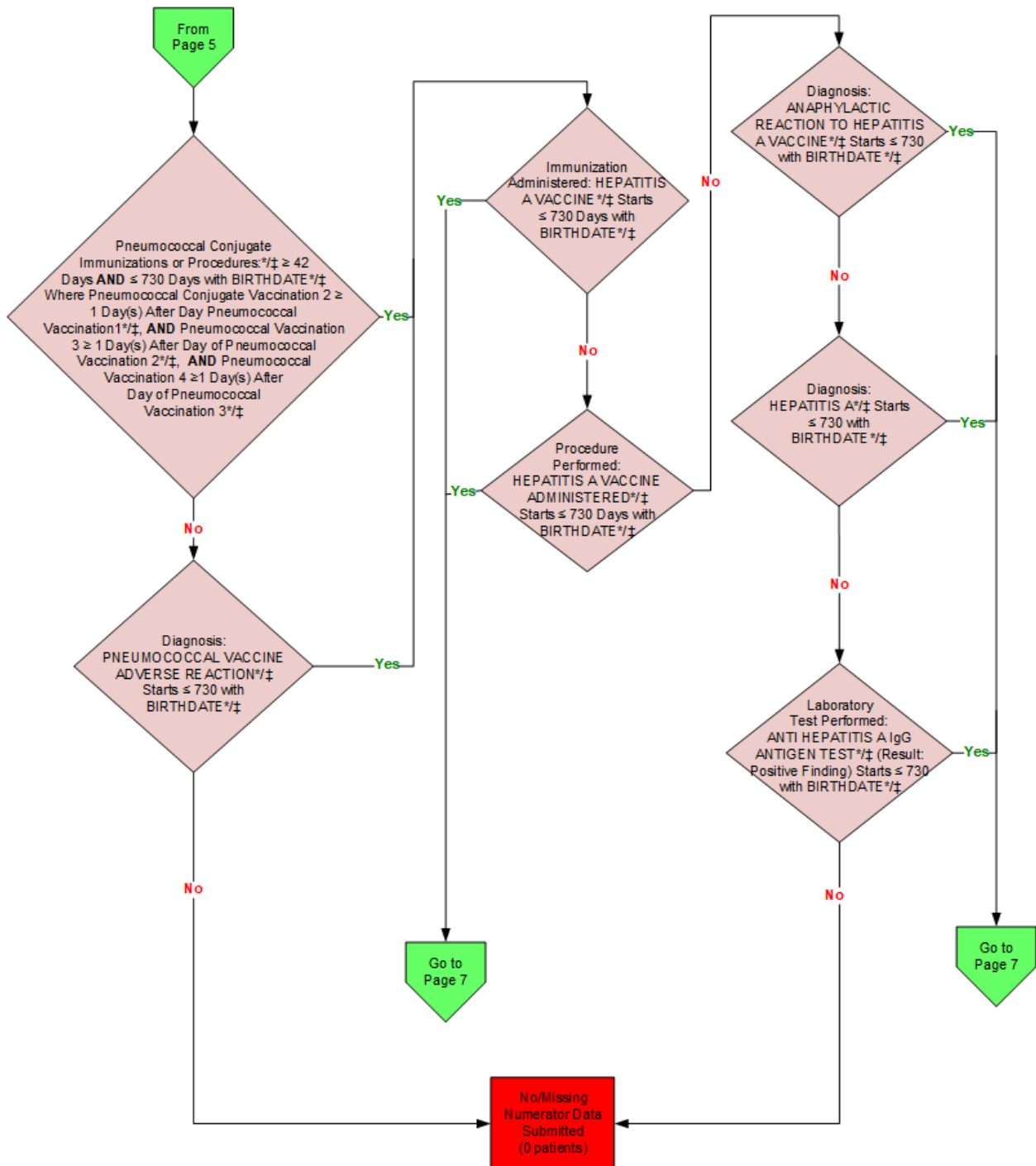


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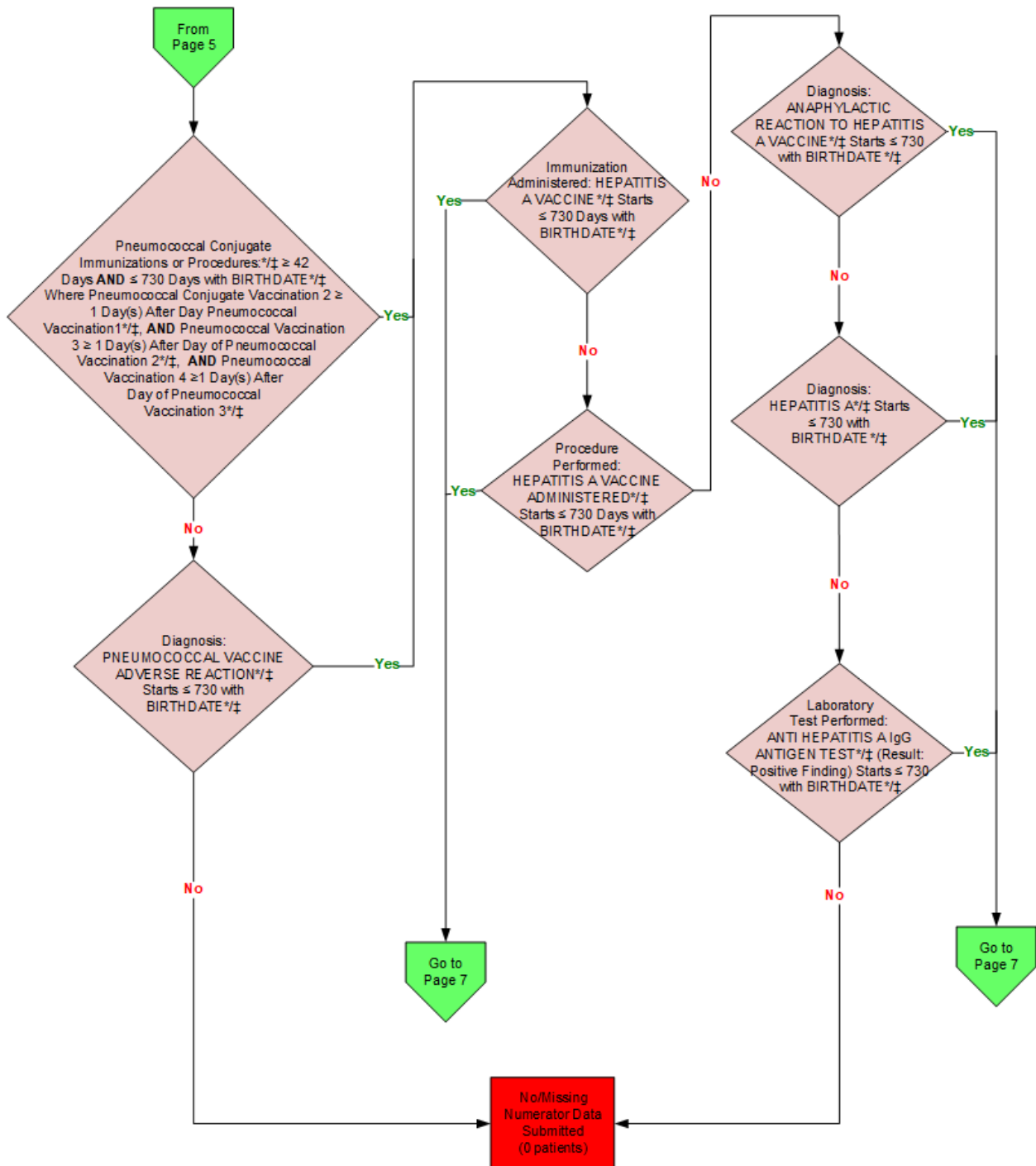
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 NQF 0038: Childhood Immunization Status

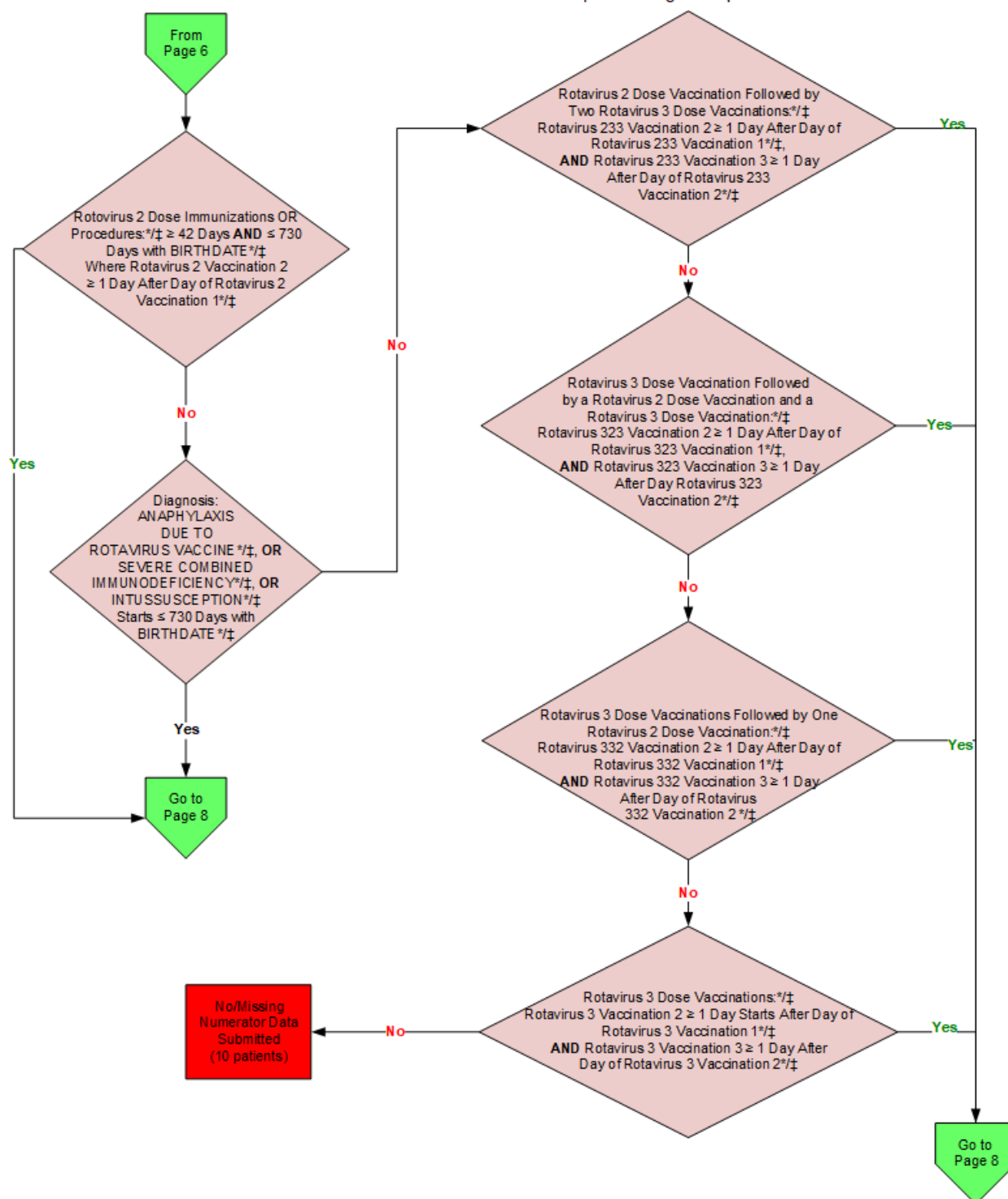
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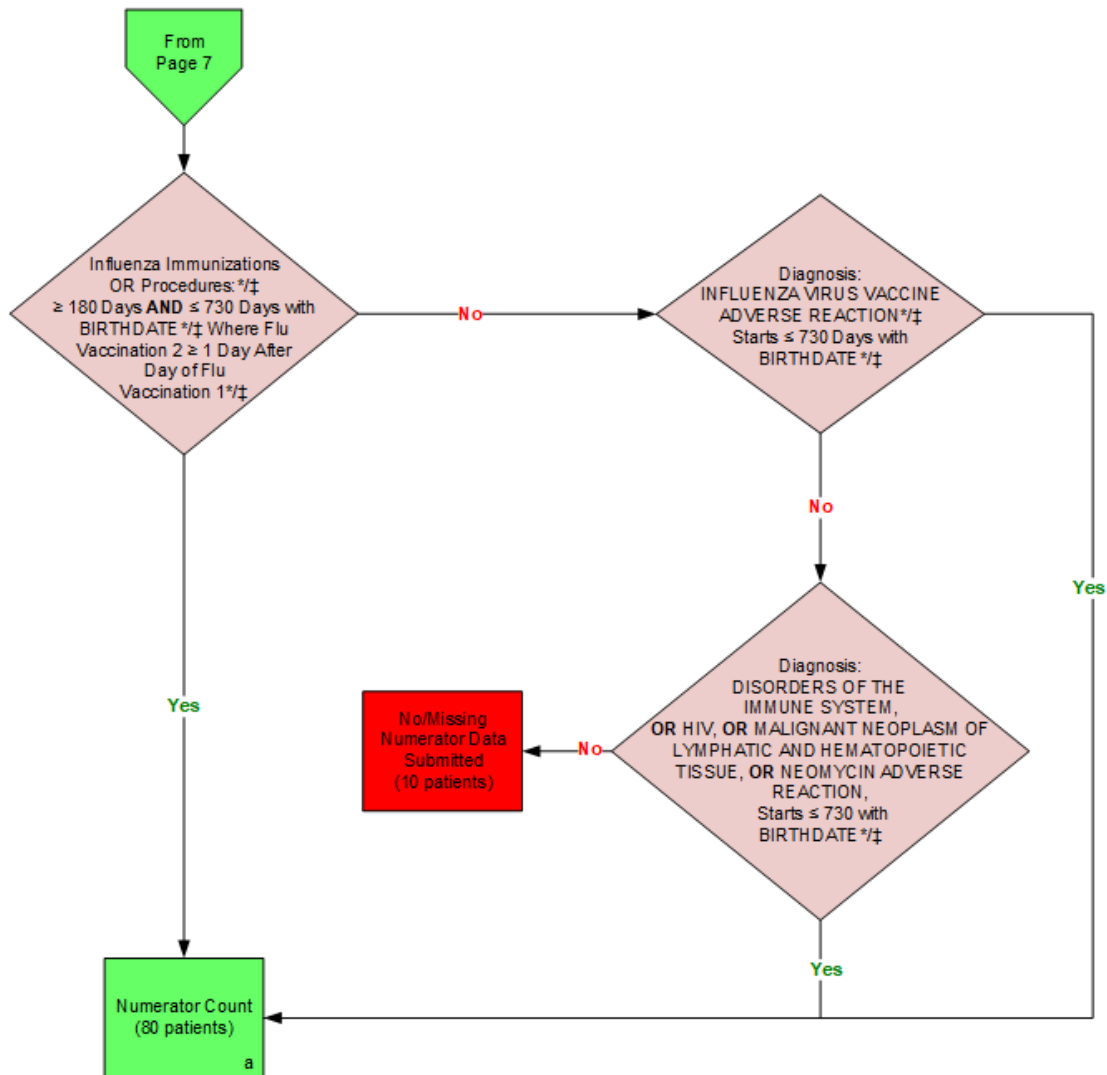


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**SAMPLE CALCULATION:**

**Performance Rate =**  

$$\frac{\text{Numerator (a=80 patients)}}{\text{Denominator (b=100 patients) - Denominator Exclusions (x=20 patients) - Denominator Exceptions (N/A)}} = 100\%$$

**2019 eCQM Flow**  
**Measure Identifier: CMS117v7**  
**NQF 0038: Childhood Immunization Status**

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1. Start Initial Population
2. Check Patient Characteristic: BIRTHDATE:
  - a. If the Patient Characteristic: BIRTHDATE is greater than or equal to 1 year at start of measurement period equals No, do not include in Initial Population. Stop Processing.
  - b. If the Patient Characteristic: BIRTHDATE is greater than or equal to 1 year at start of measurement period equals Yes, proceed to check Patient Characteristic: BIRTHDATE.
3. Check Patient Characteristic: BIRTHDATE:
  - a. If the Patient Characteristic BIRTHDATE is equal to 2 years at end of measurement period equals No, do not include in Initial Population. Stop Processing.
  - b. If the Patient Characteristic: BIRTHDATE is equal to 2 years at end of measurement period equals Yes, proceed to check Qualifying Encounter: ENCOUNTER PERFORMED.
4. Check Qualifying Encounter: ENCOUNTER PERFORMED:
  - a. If the Qualifying Encounter: ENCOUNTER PERFORMED during measurement period equals No, do not include in Initial Population. Stop Processing.
  - b. If the Qualifying Encounter: ENCOUNTER PERFORMED during measurement period equals Yes, include in Initial Population and proceed to check Denominator.
5. Check Denominator:
  - a. Denominator equals the Initial Population. Denominator is represented by Letter b in the Sample Calculation listed at the end of this document. Letter b equals 100 patients in the Sample Calculation.
6. Denominator Exclusions
7. Check Encounter Performed:
  - a. If Encounter Performed: ENCOUNTER INPATIENT (Discharge Hospice: DISCHARGED TO HOME FOR HOSPICE CARE **OR** DISCHARGED TO HEALTH CARE FACILITY FOR HOSPICE CARE) ends during measurement period equals Yes, include in the Denominator Exclusion Count. Denominator Exclusion is Letter x in the Sample Calculation listed at the end of this document. Letter x equals 20 patients in the Sample Calculation.
  - b. If Encounter Performed: ENCOUNTER INPATIENT (Discharge Hospice: DISCHARGED TO HOME FOR HOSPICE CARE **OR** DISCHARGED TO HEALTH CARE FACILITY FOR HOSPICE CARE) ends during measurement period equals No, proceed to Intervention Order.
8. Check Intervention Order:

- a. If Intervention Order: HOSPICE CARE AMBULATORY (Hospice Order) during measurement period equals Yes, include in the Denominator Exclusion Count. Denominator Exclusion Count is Letter x in the Sample Calculation listed at the end of this document. Letter x equals 20 patients in the Sample Calculation.
  - b. If Intervention Order: HOSPICE CARE AMBULATORY (Hospice Order) during measurement period equals No, proceed to Intervention Performed.
9. Check Intervention Performed:
  - a. If Intervention Performed: HOSPICE CARE AMBULATORY (Hospice Performed) overlaps measurement period equals Yes, include in the Denominator Exclusion Count. Denominator Exclusion Count is Letter x in the Sample Calculation listed at the end of this document. Letter x equals 20 patients in the Sample Calculation.
  - b. If Intervention Performed: HOSPICE CARE AMBULATORY (Hospice Performed) overlaps measurement period proceed to Numerator.
10. Start Numerator
11. Check Procedure Performed:
  - a. If the Procedure Performed: DTaP VACCINE ADMINISTERED starts greater than or equal to 42 days **AND** less than or equal to 730 days with BIRTHDATE DTaP Vaccination 2 greater than or equal to 1 day after day of DTaP Vaccination 1 **AND** DTaP Vaccination 3 greater than or equal to 1 day after day of DTaP Vaccination 2 **AND** DTaP Vaccination 4 greater than or equal to 1 day after day of DTaP Vaccination 3 equals No, proceed to check Diagnosis.
  - b. If the Procedure Performed: DTaP VACCINE ADMINISTERED starts greater than or equal to 42 days **AND** less than or equal to 730 days with BIRTHDATE DTaP Vaccination 2 greater than or equal to 1 day after day of DTaP Vaccination 1 **AND** DTaP Vaccination 3 greater than or equal to 1 day after day of DTaP Vaccination 2 **AND** DTaP Vaccination 4 greater than or equal to 1 day after day of DTaP Vaccination 3 equals Yes, proceed to check POLIO IMMUNIZATIONS.
12. Check Diagnosis: ANAPHYLACTIC REACTION **OR** ENCEPHALOPATHY:
  - a. If the Diagnosis: ANAPHYLACTIC REACTION TO DTaP VACCINE **OR** ENCEPHALOPATHY DUE TO CHILDHOOD VACCINATION starts less than or equal to 730 days with BIRTHDATE equals No, include in the No/Missing Data Numerator Submitted. Stop Processing.
  - b. If the Diagnosis: ANAPHYLACTIC REACTION TO DTaP VACCINE **OR** ENCEPHALOPATHY DUE TO CHILDHOOD VACCINATION starts less than or equal to 730 days with BIRTHDATE equals Yes, proceed to check Procedure Performed.
13. Check Procedure Performed: IINACTIVATED POLIO VACCINE ADMINISTERED:
  - a. If the Procedure Performed: IINACTIVATED POLIO VACCINE ADMINISTERED: starts greater than or equal to 42 days **AND** less than or equal to 730 days with BIRTHDATE where Polio Vaccination 2 is greater than or equal to 1 day(s) after day of Polio Vaccination 1, **AND** Polio Vaccination 3 is greater than or equal to 1 day(s) after day of Polio Vaccination 2 equals No, proceed to check Diagnosis: POLIOMYELITIS.

- b. If the Procedure Performed: INACTIVATED POLIO VACCINE ADMINISTERED: starts greater than or equal to 42 days **AND** less than or equal to 730 days with BIRTHDATE where Polio Vaccination 2 is greater than or equal to 1 day(s) after day of Polio Vaccination 1, **AND** Polio Vaccination 3 is greater than or equal to 1 day(s) after day of Polio Vaccination 2 equals Yes, proceed to check Immunization Administered - Measles, Mumps and Rubella (MMR) Vaccine.
14. Check Diagnosis: POLIOMYELITIS:
  - a. If the Diagnosis: POLIOMYELITIS VACCINE ADVERSE REACTION **OR** STREPTOMYCIN ADVERSE REACTION **OR** POLYMYXIN B ADVERSE REACTION **OR** NEOMYCIN ADVERSE REACTION starts less than or equal to 730 days with BIRTHDATE equals No, proceed to check include in No/Missing Data Numerator Submitted. Stop Processing.
  - b. If the Diagnosis: POLIOMYELITIS VACCINE ADVERSE REACTION **OR** STREPTOMYCIN ADVERSE REACTION **OR** POLYMYXIN B ADVERSE REACTION **OR** NEOMYCIN ADVERSE REACTION starts less than or equal to 730 days with BIRTHDATE equals Yes, proceed to check Immunization Administered – Measles, Mumps and Rubella (MMR) Vaccine.
15. Check Immunization Administered: MEASLES, MUMPS, AND RUBELLA (MMR) VACCINE:
  - a. If the Immunization Administered: MEASLES, MUMPS, AND RUBELLA (MMR) VACCINE starts less than or equal to 730 days of BIRTHDATE equals No, proceed to check Procedure Performed: MEASLES, MUMPS, AND RUBELLA (MMR) VACCINE.
  - b. If the Immunization Administered: MEASLES, MUMPS, AND RUBELLA (MMR) VACCINE starts less than or equal to 730 days of BIRTHDATE equals Yes, proceed to check HiB IMMUNIZATIONS OR PROCEDURES.
16. Check Procedure Performed: MEASLES, MUMPS, AND RUBELLA (MMR) VACCINE ADMINISTERED:
  - a. If the Procedure Performed: MEASLES, MUMPS, AND RUBELLA (MMR) VACCINE ADMINISTERED starts less than or equal to 730 days with BIRTHDATE equals No, proceed to check Diagnosis: DISORDERS OF THE IMMUNE SYSTEM.
  - b. If the Procedure Performed: MEASLES, MUMPS, AND RUBELLA (MMR) VACCINE ADMINISTERED starts less than or equal to 730 days with BIRTHDATE equals Yes, proceed to check HiB IMMUNIZATIONS OR PROCEDURES.
17. Check Diagnosis: DISORDERS OF THE IMMUNE SYSTEM:
  - a. If the Diagnosis: DISORDERS OF THE IMMUNE SYSTEM **OR** HIV **OR** MALIGNANT NEOPLASM OF LYMPHATIC AND HEMATOPOIETIC TISSUE **OR** NEOMYCIN ADVERSE REACTION starts less than or equal to 730 days with BIRTHDATE equals No, proceed to check Diagnosis: MEASLES.
  - b. If the Diagnosis: DISORDERS OF THE IMMUNE SYSTEM **OR** HIV **OR** MALIGNANT NEOPLASM OF LYMPHATIC AND HEMATOPOIETIC TISSUE **OR** NEOMYCIN ADVERSE REACTION starts less than or equal to 730 days of BIRTHDATE equals Yes, proceed to check HiB IMMUNIZATIONS OR PROCEDURES.
18. Check Diagnosis: MEASLES **OR** Laboratory Test Performed: MEASLES ANTIBODY TEST:
  - a. If the Diagnosis: MEASLES **OR** Laboratory Test Performed: MEASLES ANTIBODY TEST (IGG ANTIBODY TITER) (Result: greater than or equal to 1.10), **OR** (IGG ANTIBODY PRESENCE) (Result:

Positive Finding) starts less than or equal to 730 days of BIRTHDATE equals No, include in the No/Missing Data Numerator Submitted. Stop Processing.

- b. If the Diagnosis: MEASLES **OR** Laboratory Test Performed: MEASLES ANTIBODY TEST (IGG ANTIBODY TITER) (Result: greater than or equal to 1.10), **OR** (IGG ANTIBODY PRESENCE) (Result: Positive Finding) starts less than or equal to 730 days of BIRTHDATE equals Yes, proceed to check Diagnosis: MUMPS **OR** Laboratory Test Performed: MUMPS ANTIBODY TEST.

19. Check Diagnosis MUMPS **OR** Laboratory Test Performed: MUMPS ANTIBODY TEST:

- a. If the Diagnosis MUMPS **OR** Laboratory Test Performed: MUMPS ANTIBODY TEST (IGG ANTIBODY TITER) (Result: greater than or equal to 1.10), (IGG ANTIBODY PRESENCE) (Result: Positive Finding) starts less than or equal to 730 days with BIRTHDATE equals No, include in the No/Missing Data Numerator Submitted. Stop Processing.
- b. If the Diagnosis MUMPS **OR** Laboratory Test Performed: MUMPS ANTIBODY TEST (IGG ANTIBODY TITER) (Result: greater than or equal to 1.10), (IGG ANTIBODY PRESENCE) (Result: Positive Finding) starts less than or equal to 730 days with BIRTHDATE equals Yes, proceed to check Diagnosis: RUBELLA **OR** Laboratory Test Performed: RUBELLA ANTIBODY TEST.

20. Check Diagnosis: RUBELLA **OR** Laboratory Test Performed: RUBELLA ANTIBODY TEST:

- a. If the Diagnosis: RUBELLA **OR** Laboratory Test Performed: RUBELLA ANTIBODY TEST (IGG ANTIBODY TITER) (Result: greater than or equal to 1.10), **OR** (IGG ANTIBODY PRESENCE ) (Result: Positive Finding) starts less than or equal to 730 days with BIRTHDATE equals No, include in the No/Missing Data Numerator Submitted. Stop Processing.
- b. If the Diagnosis: RUBELLA **OR** Laboratory Test Performed: RUBELLA ANTIBODY TEST (IGG ANTIBODY TITER) (Result: greater than or equal to 1.10), **OR** (IGG ANTIBODY PRESENCE) (Result: Positive Finding) starts less than or equal to 730 days with BIRTHDATE equals Yes, proceed to check Hib Immunizations or Procedures.

21. Check Hib Immunizations or Procedures:

- a. If the Hib Immunizations or Procedures is greater than or equal 42 days AND less than or equal to 730 days with BIRTHDATE where HiB Vaccination 2 is greater than or equal to 1 day after day of HiB Vaccination 1 **AND** HiB Vaccination 3 is greater than or equal to 1 day after day of HiB Vaccination 2 equals No, proceed to Diagnosis.
- b. If the Hib Immunizations or Procedures is greater than or equal 42 days AND less than or equal to 730 days with BIRTHDATE where HiB Vaccination 2 is greater than or equal to 1 day after day of HiB Vaccination 1 **AND** HiB Vaccination 3 is greater than or equal to 1 day after day of HiB Vaccination 2 equals Yes, proceed to check HEPATITIS B IMMUNIZATIONS.

22. Check Diagnosis: ANAPHYLAXIS DUE TO HAEMOPHILUS INFLUENZA TYPE B VACCINE:

- a. If the Diagnosis: ANAPHYLAXIS DUE TO HAEMOPHILUS INFLUENZA TYPE B VACCINE starts less than or equal to 730 days with BIRTHDATE equals No, include in the No/Missing Data Numerator Submitted. Stop Processing.
- b. If the Diagnosis: ANAPHYLAXIS DUE TO HAEMOPHILUS INFLUENZA TYPE B VACCINE starts less than or equal to 730 days with BIRTHDATE equals Yes, proceed to check Hepatitis B Immunizations or Procedures.

23. Check Hepatitis B Immunizations or Procedures:

- a. If the Hepatitis B Immunizations or Procedures are less than or equal to 730 days with BIRTHDATE where Hepatitis B vaccination 2 is greater than or equal to 1 day after day of Hepatitis B Vaccination **AND** Hepatitis B vaccination 3 is greater than or equal to 1 day after day of Hepatitis B Vaccination 2 equals No, proceed to Laboratory Test Performed.
- b. If the Hepatitis B Immunizations or Procedures are less than or equal to 730 days with BIRTHDATE where Hepatitis B vaccination 2 is greater than or equal to 1 day after day of Hepatitis B Vaccination **AND** Hepatitis B vaccination 3 is greater than or equal to 1 day after day of Hepatitis B Vaccination 2 equals Yes, proceed to check Immunization Administered: Varicella Zoster Vaccine.

24. Check Laboratory Test Performed: ANTI HEPATITIS VIRUS SURFACE AB:

- a. If the Laboratory Test Performed: ANTI HEPATITIS VIRUS SURFACE AB (Result as code in: Positive Finding) starts less than or equal to 730 days with BIRTHDATE equals No proceed to check Diagnosis: Anaphylactic Reaction to Hepatitis B Vaccine, or Anaphylactic Reaction to Common Baker's Yeast, or Hepatitis B.
- b. If the Laboratory Test Performed: ANTI HEPATITIS VIRUS SURFACE AB (Result as code in: Positive Finding) starts less than or equal to 730 days with BIRTHDATE equals Yes, proceed to check Immunization Administered: Varicella Zoster Vaccine Check Diagnosis: ANAPHYLASIX DUE TO HEPATITS B VACCINE:

25. Check Diagnosis: ANAPHYLACTIC REACTION:

- a. If the Diagnosis: ANAPHYLACTIC REACTION TO HEPATITIS B VACCINE, **OR** ANAPHYLACTIC REACTION TO COMMON BAKER'S YEAST **OR** HEPATITIS B starts less than or equal to 730 days with BIRTHDATE equals No, include in the No/Missing Data Numerator Submitted. Stop Processing.
- b. If the Diagnosis: ANAPHYLACTIC REACTION TO HEPATITIS B VACCINE, **OR** ANAPHYLACTIC REACTION TO COMMON BAKER'S YEAST **OR** HEPATITIS B starts less than or equal to 730 days with BIRTHDATE equals Yes, proceed to check Immunization Administered: Varicella Zoster Vaccine.

26. Check Immunization Administered: VARICELLA ZOSTER VACCINE (VZV):

- a. If the Immunization Administered: VARICELLA ZOSTER VACCINE (VZV) starts less than or equal to 730 days with BIRTHDATE equals No, proceed to check Procedure Performed: Varicella Zoster Vaccine (VZV).
- b. If the Immunization Administered: VARICELLA ZOSTER VACCINE (VZV) starts less than or equal to 730 days with BIRTHDATE equals Yes, proceed to check PNEUMOCOCCAL CONJUGATE IMMUNIZATION.

27. Check Procedure Performed: VARICELLA ZOSTER VACCINE (VZV) ADMINISTERED:

- a. If the Procedure Performed: VARICELLA ZOSTER VACCINE (VZV) ADMINISTERED starts less than or equal to 730 days with BIRTHDATE equals No, proceed to check Diagnosis: DISORDERS OF THE IMMUNE SYSTEM
- b. If the Procedure Performed: VARICELLA ZOSTER VACCINE (VZV) ADMINISTERED starts less than or equal to 730 days with BIRTHDATE equals Yes, proceed to check PNEUMOCOCCAL CONJUGATE IMMUNIZATION.

28. Check Diagnosis: DISORDERS OF THE IMMUNE SYSTEM, **OR** HIV, **OR** MALIGNANT NEOPLASM OF LYMPHATIC AND HEMATOPEITIC TISSUE, **OR** NEOMYCIN ADVERSE REACTION:
  - a. If the Diagnosis: DISORDERS OF THE IMMUNE SYSTEM, **OR** HIV, **OR** MALIGNANT NEOPLASM OF LYMPHATIC AND HEMATOPEITIC TISSUE, **OR** NEOMYCIN ADVERSE REACTION, starts less than or equal to 730 days with BIRTHDATE equals No, proceed to check Diagnosis: VARICELLA ZOSTER.
  - b. If the Diagnosis: DISORDERS OF THE IMMUNE SYSTEM, **OR** HIV, **OR** MALIGNANT NEOPLASM OF LYMPHATIC AND HEMATOPEITIC TISSUE, **OR** NEOMYCIN ADVERSE REACTION, starts less than or equal to 730 days with BIRTHDATE equals Yes, proceed to check PNEUMOCOCCAL CONJUGATE IMMUNIZATION.
29. Check Diagnosis: VARICELLA ZOSTER:
  - a. If the Diagnosis: VARICELLA ZOSTER starts less than or equal to 730 days with BIRTHDATE equals No, proceed to check Laboratory Test Performed: VARICELLA ZOSTER ANTIBODY TEST.
  - b. If the Diagnosis: VARICELLA ZOSTER starts less than or equal to 730 days with BIRTHDATE equals Yes, PNEUMOCOCCAL CONJUGATE IMMUNIZATION.
30. Check Laboratory Test Performed: VARICELLA ZOSTER ANTIBODY TEST:
  - a. If the Laboratory Test Performed: VARICELLA ZOSTER ANTIBODY TEST (IGG ANTIBODY TITER) (Result: greater than or equal to 1.10) **OR** (IGG ANTIBODY PRESENCE) (Result: Positive Finding) starts less than or equal to 730 days with BIRTHDATE equals No, include in the No/Missing Data Numerator Submitted. Stop Processing.
  - b. If the Laboratory Test Performed: VARICELLA ZOSTER ANTIBODY TEST (IGG ANTIBODY TITER) (Result: greater than or equal to 1.10) **OR** (IGG ANTIBODY PRESENCE) (Result: Positive Finding) starts less than or equal to 730 days with BIRTHDATE equals Yes, proceed to check Pneumococcal Conjugate Immunizations or Procedures.
31. Check Pneumococcal Conjugate Immunizations or Procedures:
  - a. If the Pneumococcal Conjugate Immunizations or Procedures is greater than or equal to 42 days **AND** less than or equal to 730 days with BIRTHDATE where Pneumococcal Conjugate Vaccination 2 is greater than or equal to 1 day after day of Pneumococcal Vaccination 1 **AND** Pneumococcal Vaccination 3 is greater than or equal to 1 day after day of Pneumococcal Vaccination 2 **AND** Pneumococcal Vaccination 4 is greater than or equal to 1 day after day of Pneumococcal Vaccination 3 equals No, proceed Diagnosis: PNEUMOCOCCAL VACCINE.
  - b. If the Pneumococcal Conjugate Immunizations or Procedures is greater than or equal to 42 days **AND** less than or equal to 730 days with BIRTHDATE where Pneumococcal Conjugate Vaccination 2 is greater than or equal to 1 day after day of Pneumococcal Vaccination 1 **AND** Pneumococcal Vaccination 3 is greater than or equal to 1 day after day of Pneumococcal Vaccination 2 **AND** Pneumococcal Vaccination 4 is greater than or equal to 1 day after day of Pneumococcal Vaccination 3 equals Yes, proceed to check Immunization Administered: HEPATITIS A VACCINE.
32. Check Diagnosis: PNEUMOCOCCAL VACCINE ADVERSE REACTION:
  - a. If the Diagnosis: PNEUMOCOCCAL VACCINE ADVERSE REACTION starts less than or equal to 730 days with BIRTHDATE equals No, include in No/Missing Numerator data submitted. Stop Processing.

- b. If the Diagnosis: PNEUMOCOCCAL VACCINE ADVERSE REACTION starts less than or equal to 730 days with BIRTHDATE equals Yes, proceed to check Immunization Administered: HEPATITIS A VACCINE.
- 33. Check Immunization Administered: HEPATITIS A VACCINE:
  - a. If the Immunization Administered: HEPATITIS A VACCINE starts less than or equal to 730 days with BIRTHDATE equals No, proceed to check Procedure Performed: HEPATITIS A VACCINE.
  - b. If the Immunization Administered: HEPATITIS A VACCINE starts less than or equal to 730 days with BIRTHDATE equals Yes, proceed to check ROTAVIRUS 2 DOSE.
- 34. Check Procedure Performed: HEPATITIS A VACCINE ADMINISTERED:
  - a. If the Procedure Performed: HEPATITIS A VACCINE ADMINISTERED starts less than or equal to 730 days with BIRTHDATE equals No, proceed to check Diagnosis: ANAPHYLACTIC REACTION.
  - b. If the Procedure Performed: HEPATITIS A VACCINE ADMINISTERED starts less than or equal to 730 days with BIRTHDATE equals Yes, proceed to check ROTAVIRUS 2 DOSE.
- 35. Check Diagnosis: ANAPHYLACTIC REACTION TO HEPATITIS A VACCINE:
  - a. If the Diagnosis: ANAPHYLACTIC REACTION TO HEPATITIS A VACCINE starts less than or equal to 730 days with BIRTHDATE equals No, proceed to check Diagnosis: HEPATITIS A.
  - b. If the Diagnosis: ANAPHYLACTIC REACTION TO HEPATITIS A VACCINE starts less than or equal to 730 days with BIRTHDATE equals Yes, proceed to check ROTAVIRUS 2 DOSE.
- 36. Check Diagnosis: HEPATITIS A:
  - a. If the Diagnosis: HEPATITIS A starts less than or equal to 730 days with BIRTHDATE equals No, proceed to check Laboratory Test Performed: HEPATITIS A ANTIGEN TEST.
  - b. If the Diagnosis: HEPATITIS A starts less than or equal to 730 days with BIRTHDATE equals Yes, proceed to check ROTAVIRUS 2 DOSE.
- 37. Check Laboratory Test Performed: ANTI HEPATITIS A IgG ANTIGEN TEST:
  - a. If the Laboratory Test Performed: ANTI HEPATITIS A IgG ANTIGEN TEST (Result: Positive Finding) starts less than or equal to 730 days with BIRTHDATE equals No, include in the No/Missing Numerator Data Submitted. Stop Processing.
  - b. If the Laboratory Test Performed: ANTI HEPATITIS A IgG ANTIGEN TEST (Result: Positive Finding) starts less than or equal to 730 days with BIRTHDATE equals Yes, proceed to check Rotavirus 2 Dose.
- 38. Check Rotavirus 2 Dose Immunizations OR Procedures:
  - a. If the Rotavirus 2 Dose Immunizations OR Procedures is greater than or equal to 42 days **AND** less than or equal to 730 days with BIRTHDATE where Rotavirus 2 Vaccination 2 is greater than or equal to 1 day after day of Rotavirus 2 Vaccination 1 equals No, proceed to check Diagnosis.
  - b. If the Rotavirus 2 Dose Immunizations OR Procedures is greater than or equal to 42 days **AND** less than or equal to 730 days with BIRTHDATE where Rotavirus 2 Vaccination 2 is greater than or equal to 1 day after day of Rotavirus 2 Vaccination 1 equals Yes, proceed to check Influenza Immunizations OR Procedures.



39. Check Diagnosis: ANAPHYLAXIS DUE TO ROTAVIRUS VACCINE **OR** SEVERE COMBINED IMMUNODEFICIENCY **OR** INTUSSUSCEPTION:
- a. If the Diagnosis: ANAPHYLAXIS DUE TO ROTAVIRUS VACCINE **OR** SEVERE COMBINED IMMUNODEFICIENCY **OR** INTUSSUSCEPTION starts less than or equal to 730 days with BIRTHDATE equals No, proceed to check Rotavirus 2 Dose Vaccination.
  - b. If the Diagnosis: ANAPHYLAXIS DUE TO ROTAVIRUS VACCINE **OR** SEVERE COMBINED IMMUNODEFICIENCY **OR** INTUSSUSCEPTION starts less than or equal to 730 days with BIRTHDATE equals Yes, proceed to check Influenza Immunizations OR Procedures.
40. Check Rotavirus 2 Dose Vaccination:
- a. If the Rotavirus 2 Dose Vaccination Followed by Two Rotavirus 3 Dose Vaccinations: Rotavirus 233 Vaccination 2 is greater than or equal to 1 day after day of Rotavirus 233 Vaccination 1 **AND** Rotavirus 233 Vaccination 3 is greater than or equal to 1 day after day of Rotavirus 233 Vaccination 2 equals No, proceed to check Rotavirus 3 Dose Vaccination.
  - b. If the Rotavirus 2 Dose Vaccination Followed by Two Rotavirus 3 Dose Vaccinations: Rotavirus 233 Vaccination 2 is greater than or equal to 1 day after day of Rotavirus 233 Vaccination 1 **AND** Rotavirus 233 Vaccination 3 is greater than or equal to 1 day after day of Rotavirus 233 Vaccination 2 equals Yes, proceed to check Influenza Immunizations OR Procedures.
41. Check Rotavirus 3 Dose Vaccination:
- a. If the Rotavirus 3 Dose Vaccination Followed by a Rotavirus 2 Dose Vaccination and a Rotavirus 3 Dose Vaccination: Rotavirus 323 Vaccination 2 is greater than or equal to 1 day after day of Rotavirus 323 Vaccination 1 **AND** Rotavirus 323 Vaccination 3 is greater than or equal to 1 day after day of Rotavirus 323 Vaccination 2 equals No, proceed to check ROTAVIRUS 3 DOSE.
  - b. If the Rotavirus 3 Dose Vaccination Followed by a Rotavirus 2 Dose Vaccination and a Rotavirus 3 Dose Vaccination: Rotavirus 323 Vaccination 2 is greater than or equal to 1 day after day of Rotavirus 323 Vaccination 1 **AND** Rotavirus 323 Vaccination 3 is greater than or equal to 1 day after day of Rotavirus 323 Vaccination 2 equals Yes, proceed to check Influenza Immunizations OR Procedures.
42. Check Rotavirus 3 Dose Vaccination:
- a. If the Rotavirus 3 Dose Vaccinations Followed by One Rotavirus 2 Dose Vaccination: Rotavirus 332 Vaccination 2 is greater than or equal to 1 day after day of Rotavirus 332 Vaccination 1 **AND** Rotavirus 332 Vaccination 3 is greater than or equal to 1 day after day of Rotavirus 332 Vaccination 2 equals No, proceed to check Rotavirus 3 Dose Vaccination.
  - b. If the Rotavirus 3 Dose Vaccinations Followed by One Rotavirus 2 Dose Vaccination: Rotavirus 332 Vaccination 2 is greater than or equal to 1 day after day of Rotavirus 332 Vaccination 1 **AND** Rotavirus 332 Vaccination 3 is greater than or equal to 1 day after day of Rotavirus 332 Vaccination 2 equals Yes, proceed to check Influenza Immunizations OR Procedures.
43. Check Rotavirus 3 Dose Vaccinations:
- a. If the Rotavirus 3 Dose Vaccinations: Rotavirus 3 Vaccination 2 is greater than or equal to 1 day after day of Rotavirus 3 Vaccination 1 **AND** Rotavirus 3 Vaccination 3 is greater than or equal to 1 day after day of Rotavirus 3 Vaccination 2 equals No, include in No/Missing Numerator Data Submitted. Stop Processing.

- b. If the Rotavirus 3 Dose Vaccinations: Rotavirus 3 Vaccination 2 is greater than or equal to 1 day after day of Rotavirus 3 Vaccination 1 **AND** Rotavirus 3 Vaccination 3 is greater than or equal to 1 day after day of Rotavirus 3 Vaccination 2 equals Yes, proceed to check Influenza Immunizations OR Procedures.
47. Check Influenza Immunizations OR Procedures:
  - a. If the Influenza Immunizations OR Procedures is greater than or equal to 180 days **AND** less than or equal to 730 days with BIRTHDATE where Flu Vaccination 2 is greater than or equal to 1 day after day of Flu Vaccination 1 equals No, proceed to check Diagnosis: INFLUENZA VIRUS VACCINE.
  - b. If the Influenza Immunizations OR Procedures is greater than or equal to 180 days **AND** less than or equal to 730 days with BIRTHDATE where Flu Vaccination 2 is greater than or equal to 1 day after day of Flu Vaccination 1 equals Yes, include in Numerator Count. The Numerator Count is represented by the Letter a in the Sample Calculation listed at the end of this document. Letter a equals 80 patients in the Sample Calculation equals 80 patients in the Sample Calculation.
48. Check Diagnosis: INFLUENZA VIRUS VACCINE ADVERSE REACTION:
  - a. If the Diagnosis: INFLUENZA VIRUS VACCINE ADVERSE REACTION starts less than or equal to 730 days with BIRTHDATE equals No, proceed to check Diagnosis: DISORDERS OF THE IMMUNE SYSTEM.
  - b. If the Diagnosis: INFLUENZA VIRUS VACCINE ADVERSE REACTION starts less than or equal to 730 days with BIRTHDATE equals Yes, include in Numerator Count. The Numerator Count is represented by Letter a in the Sample Calculation listed at the end of this document. Letter a equals 80 patients in the Sample Calculation.
49. Check Diagnosis: DISORDERS OF THE IMMUNE SYSTEM:
  - a. If the Diagnosis: DISORDERS OF THE IMMUNE SYSTEM, **OR** HIV, **OR** MALIGNANT NEOPLASM OF LYMPHATIC AND HEMATOPOIETIC TISSUE, **OR** NEOMYCIN ADVERSE REACTION, starts less than or equal to 730 days with BIRTHDATE equals No, include in No/Missing Numerator Data Submitted. Stop Processing.
  - b. If the Diagnosis: DISORDERS OF THE IMMUNE SYSTEM, **OR** HIV, **OR** MALIGNANT NEOPLASM OF LYMPHATIC AND HEMATOPOIETIC TISSUE, **OR** NEOMYCIN ADVERSE REACTION, starts less than or equal to 730 days with BIRTHDATE equals Yes, include in Numerator Count. The Numerator Count is represented by Letter a in the Sample Calculation listed at the end of this document. Letter a equals 80 patients in the Sample Calculation.

| SAMPLE CALCULATION:  |  |        |
|--|--|--------|
| Performance Rate =   |  |        |
| Numerator (a=80 patients)  |  | = 100% |
| Denominator (b=100 patients) – Denominator Exclusions (x=20 patients) – Denominator Exceptions (N/A) |  |        |