

Data Orientation

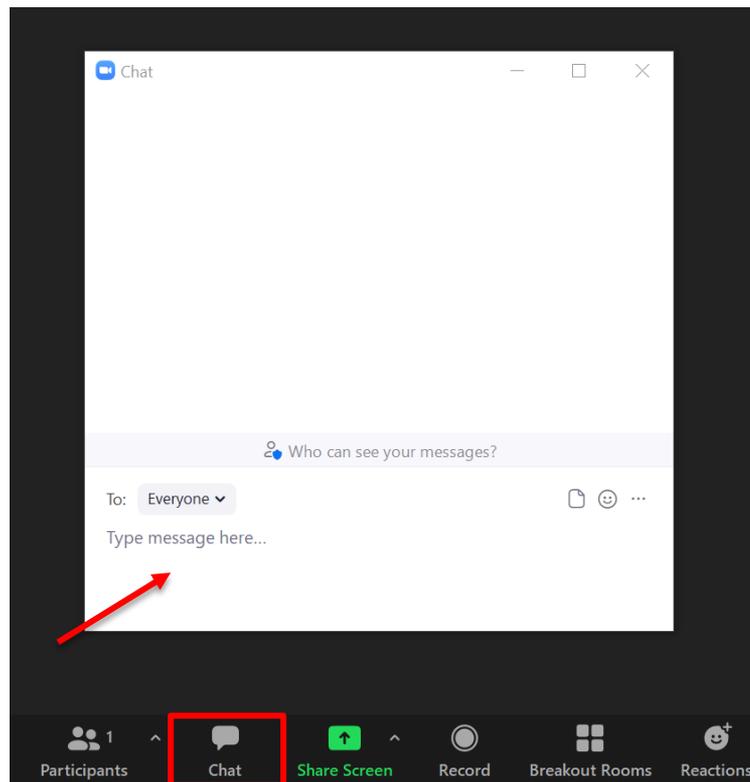
AMGA Analytics
October 21, 2021

Questions?



Ask any questions you have via the chat.

We will answer questions during and at the end of the webinar.



Webinar Recording



- Today's webinar will be recorded and made available the week of November 1st on [RiseToImmunize.org](https://www.risetoimmunize.org).

The screenshot shows the Rise to Immunize website. The top navigation bar includes 'About', 'Campaign Toolkit', 'Resources', 'Measurement', and 'Participation'. A red box highlights the 'Resources' menu, which is open to show 'Campaign Planks' and 'Webinars'. A red arrow points to the 'Webinars' link. The breadcrumb trail reads 'Home / Resources / Webinars'. The main heading is 'Webinars', followed by a paragraph: 'Our monthly webinars feature speakers from leading health organizations sharing best practices and resources to improve adult vaccination rates.' Below this is another paragraph: 'All participating AMGA members, partners, and sponsors are invited to attend our monthly webinars. Others can visit the website following the event for an archived recording.' A link 'email us' is provided for questions. At the bottom, a table lists upcoming webinars.

DATE	TOPIC	PRESENTER
October 21st, 2021	Data Orientation	Rise to Immunize™ Team
November 18th, 2021	Campaign Overview and Orientation	Rise to Immunize™ Team

IQL Conference



INNOVATION, QUALITY
& LEADERSHIP CONFERENCE

IQL October 27-29, 2021
Virtual Event
amga.org/IQL21

An illustration featuring a saxophone, a treble clef, a bass clef, and various musical notes in different colors (red, purple, orange, blue) overlaid on a light green background.

Rise to Immunize™ Launch Event

- Oct. 28th 2:10-2:40pm ET
- Official kick-off and celebration

Agenda



1. Campaign Overview
2. Measures Overview
3. Establishing the Active Patient Population
4. Measure Details
 - Measures 1-5
5. Reporting
 - Timeline
 - Template
 - Submission Process
6. Wrap Up & Questions



Campaign Overview



**Rise to the Challenge.
Rise to Immunize™.**

**Goal
25 million vaccines
administered by 2025.**

Campaign Participation

Implement
evidence-based
best practices
("campaign
planks")

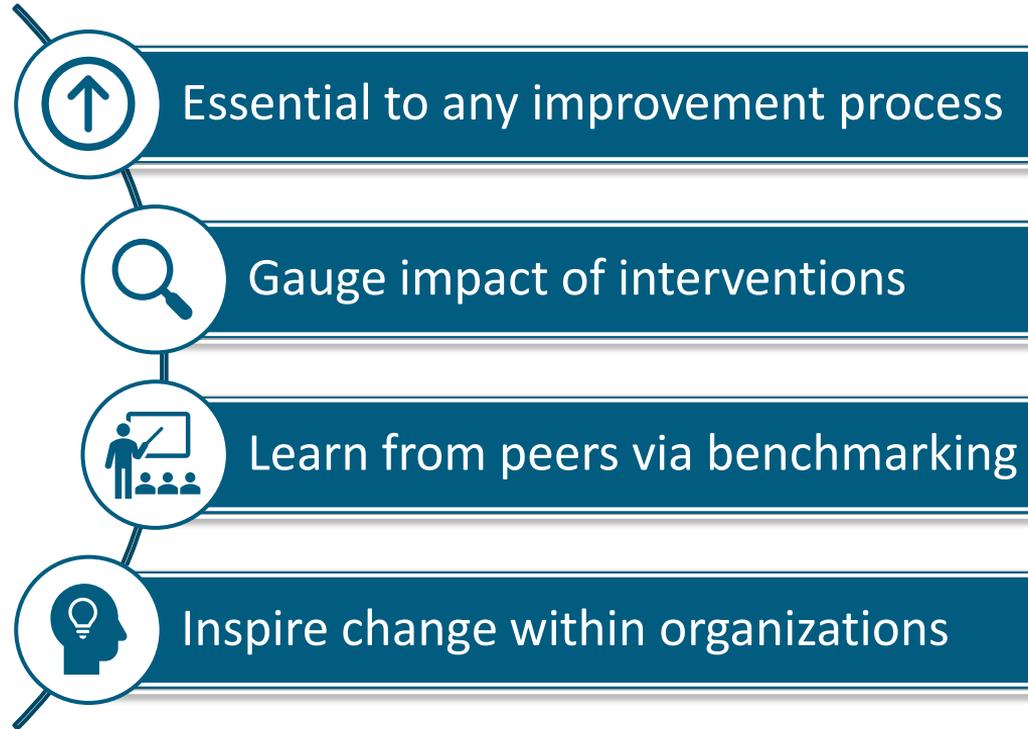
Use campaign
resources

Report campaign
data quarterly



Measures Overview

Why Measures?



Development



- Developed by the Rise to Immunize™ National Advisory Committee (NAC) and AMGA
- Inspired by the HEDIS® Adult Immunization Status (AIS) measure
- Feasibility tested by several participating Healthcare Organizations (HCOs)

Designed with the goal of minimizing burden





Measures Overview

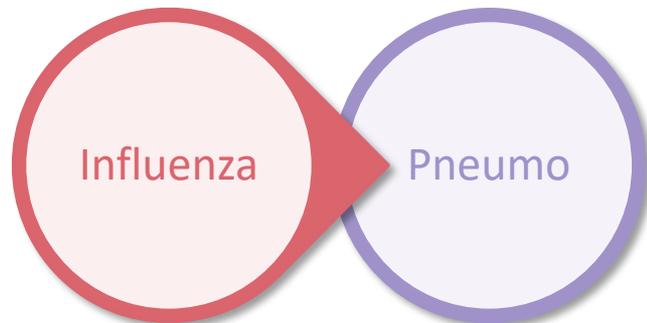
- Groups will report *aggregate* numerators (or numerator parts) and denominators
- Each measure reflects the number of patients who are up to date on the following immunizations:
 - Influenza (flu, age 19-99)
 - Pneumococcal (age 66+)
 - Tetanus and diphtheria; or tetanus, diphtheria, and pertussis (Td/Tdap, age 19-99)
 - Zoster (age 50+)
 - Plus, a Bundle measure (age 66+)



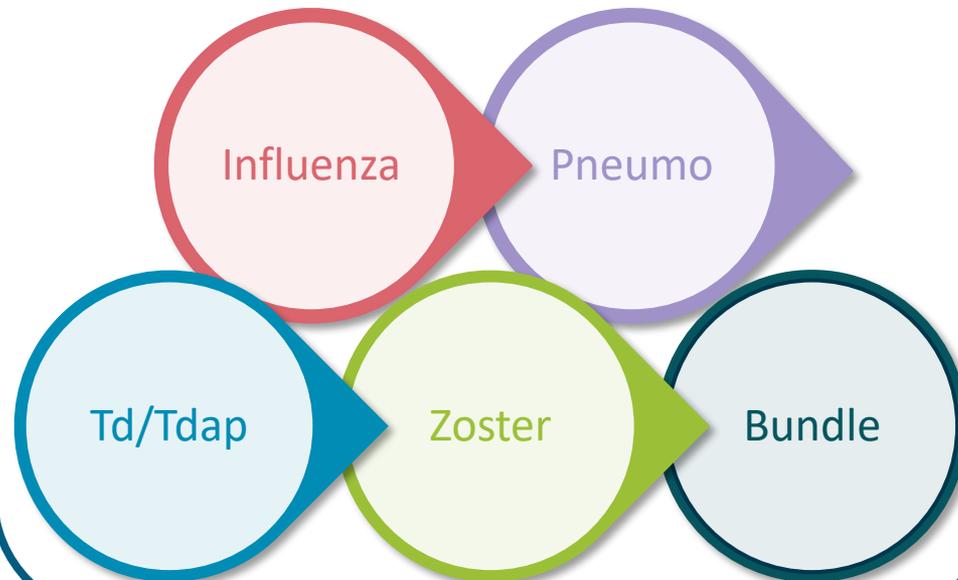
Two tracks



Basic



Core





Flu Season/Measurement Year

One of these immunizations is not like the others...

Influenza

- Received **every year**
- Patients drop out and re-enter the numerator each year

Pneumo, Td/Tdap, Zoster

- Only need to complete the immunization series **once ever, or every 10 years (Td/Tdap)**
- Patients stay in the numerator once immunized



Flu Season/Measurement Year

- For consistency, all measures—not just influenza—are reported in the time frame of a flu season
 - Spans from Q3 to Q2 (July 1—June 30)
- Flu season = Measurement Year (MY)
- MYs are named after the year in which they begin
 - MY of July 1, 2021—June 30, 2022, is named **Measurement Year 2021**

- MYs are tracked in *Cumulative Quarters*



Cumulative Quarters



- Begin with Q3 (the start of the MY)
- Immunization totals for each measure will be *across ALL quarters of the current MP*
- Reset on the next Q3
- Measurement Period (MP) = all cumulative quarters in a MY
- Reporting Quarter (RQ) = last (most recent) quarter in the MP

Reporting Quarter (RQ)	Quarters Included in Measurement Period (MP)	# of Quarters Reported
Q3 =		1
Q4 =		2
Q1 =		3
Q2 =		4

Documentation and Administration



HCOs should ultimately use their OWN definitions and policies of vaccination documentation

Influenza

Recommend accepting credible patient self-reports

Pneumo,
Td/Tdap,
Zoster

Recommend requiring documentation stating that the vaccination was administered

Value Sets and Data Sources



- *Value sets for the immunizations will be sent separately via email!*
- **Data elements can be derived from**
 - medical and pharmacy claims and records
 - (electronic) practice management systems (PM or EPM)
 - electronic health record systems (EHR)
 - health maintenance tables
 - disease registries
 - population health software
 - local/state/regional vaccine registries
 - other health records, etc.
- **Recorded or collected directly at point-of-care, or from another data source**



Establishing the Active Patient Population

Active Patient Lookback Period (APL)



- Spans from 15 months prior to Q3 of each MY to the end of the Current Measurement Period (MP)
 - Resets at the beginning of each MY (Q3)
- Patients with specified activity *in the Active Patient Lookback Period (APL)* will be included

Reporting Quarter (RQ)	Quarters Included in Active Patient Lookback (APL)	# of Months in APL
Q3		18
Q4		21
Q1		24
Q2		27

Active Patient Population



Inclusion

1. Age 19–99 on the first day of the Measurement Year (MY) (July 1st),
AND
2. Completed ≥ 1 ambulatory visit in the APL with any specialty
AND

3. have EITHER

- an Assigned PCP,
OR
- ≥ 1 ambulatory visit with a PCP in the APL.

Exclusion

1. Evidence of hospice or palliative care in the APL,
OR
2. Death prior to the end of the RQ.

Per NAC recommendations, not all exclusions in the HEDIS® AIS measure (e.g., history of immunocompromising conditions) are used in Rise to Immunize™.

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.

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.



How are visits defined?

Inclusion

2. Completed ≥ 1 ambulatory visit in the APL with any specialty

We have provided a list of **suggested** CPT/HCPCS Codes, however...

Organizations should ultimately use their OWN definition for classifying ambulatory outpatient activity.

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)



How are PCPs defined?

Inclusion

3. have EITHER

- an Assigned PCP,

OR

- ≥ 1 ambulatory visit **with a PCP** in the APL

Primary Care should, at minimum, include:

1. Family practice
2. General practice
3. Geriatrics
4. Internal medicine
5. Obstetrics/gynecology

(Organizations may include additional specialties that they consider to be part of primary care.)

Eligible providers may 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)

How is hospice/palliative care defined?



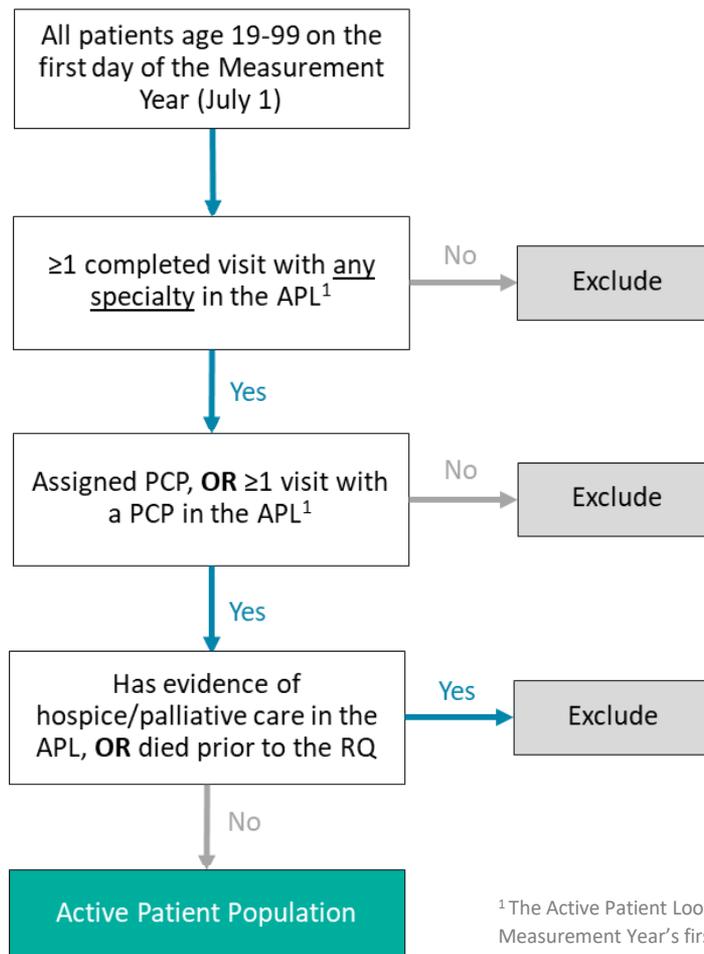
Exclusion

1. Evidence of hospice or palliative care in the APL,

We have provided a list of **suggested** CPT/HCPCS Codes, however...

Organizations should ultimately use their OWN definition for classifying hospice or palliative care.

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



¹The Active Patient Lookback (APL) spans from 15 months prior to each Measurement Year's first RQ (Q3) and runs through the current RQ.



Measure Details



Measure 1: Influenza

Proportion of eligible patients who received an influenza vaccination any time during the current flu season, i.e., the Measurement Year.

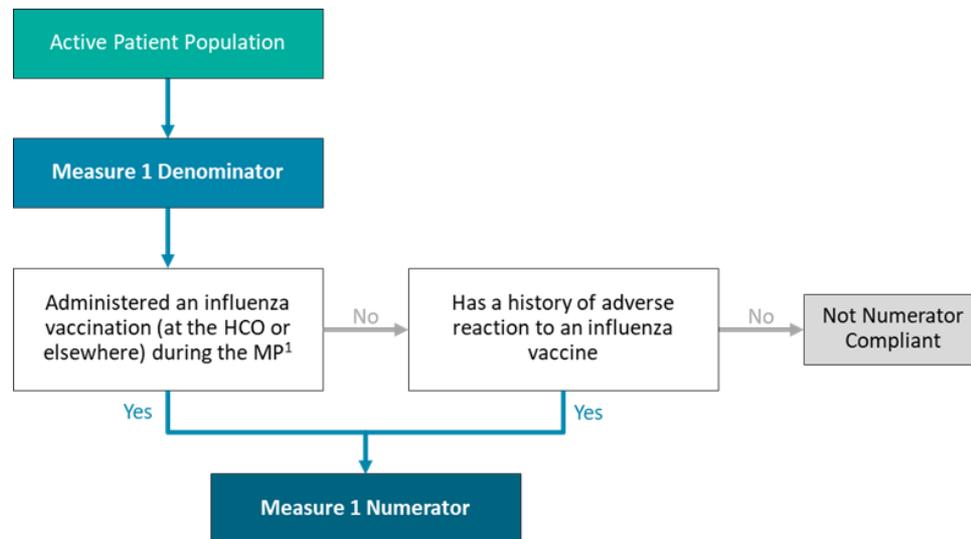
Denominator

Equivalent to the Active Patient Population

Numerator

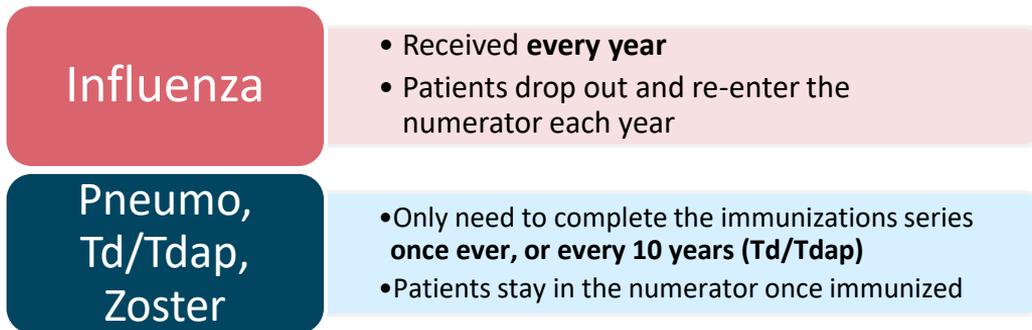
Number of denominator patients who meet any of the following criteria:

- 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
- ever had an adverse reaction caused by the influenza vaccine or its components any time



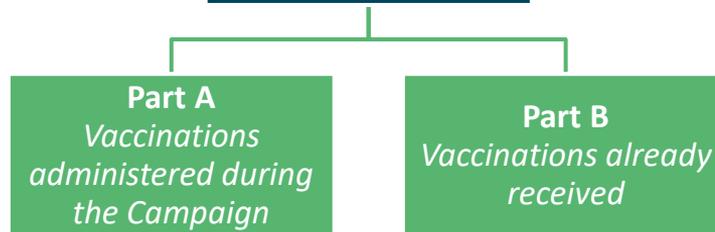


Numerator Parts



Measures 2-4 will each contain two Numerator Parts (A and B), which separate:

1. *vaccinations being administered during the Campaign, and*
2. *vaccinations already received.*



This is how we'll track our goal of 25M vaccinations by 2025!



Measure 2: Pneumococcal

Proportion of eligible patients who were administered a pneumococcal vaccine during the Measurement Year or are documented as up to date on their pneumococcal vaccination.

Denominator

Patients from the Active Patient Population who are *age 66 and older* as of the start of the MY (July 1).

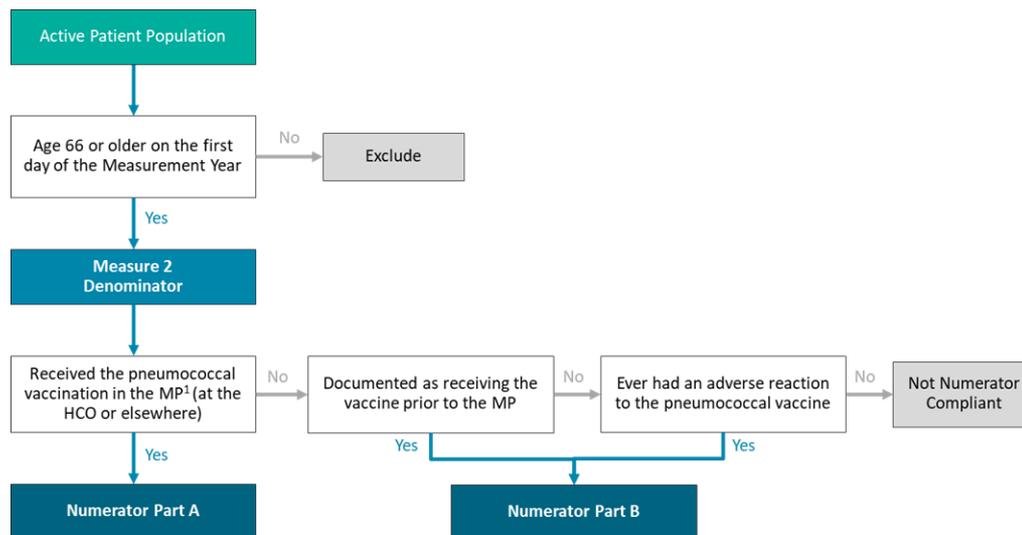
Numerator Part A

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

Numerator Part B

Number of denominator patients who:

- were documented as having received the pneumococcal vaccination prior to the Measurement Period,
OR
- ever had an adverse reaction caused by the pneumococcal vaccine or its components





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.

Denominator

Equivalent to the Active Patient Population

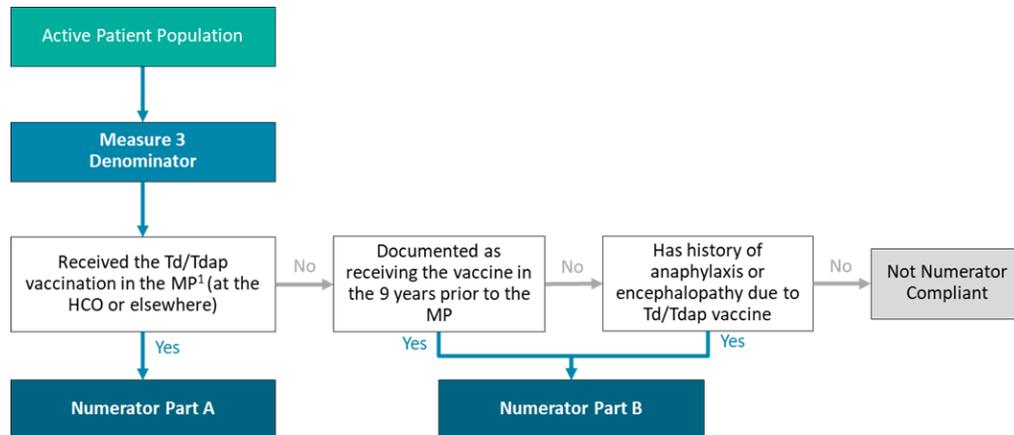
Numerator Part A

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

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 MP,
OR
- have a history of at least one of the following contraindications ever:
 - Anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components,
OR
 - Encephalopathy due to Tdap or Td vaccine.





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.

Denominator

Patients from the Active Patient Population who are *age 50 and older* as of the start of the MY (July 1).

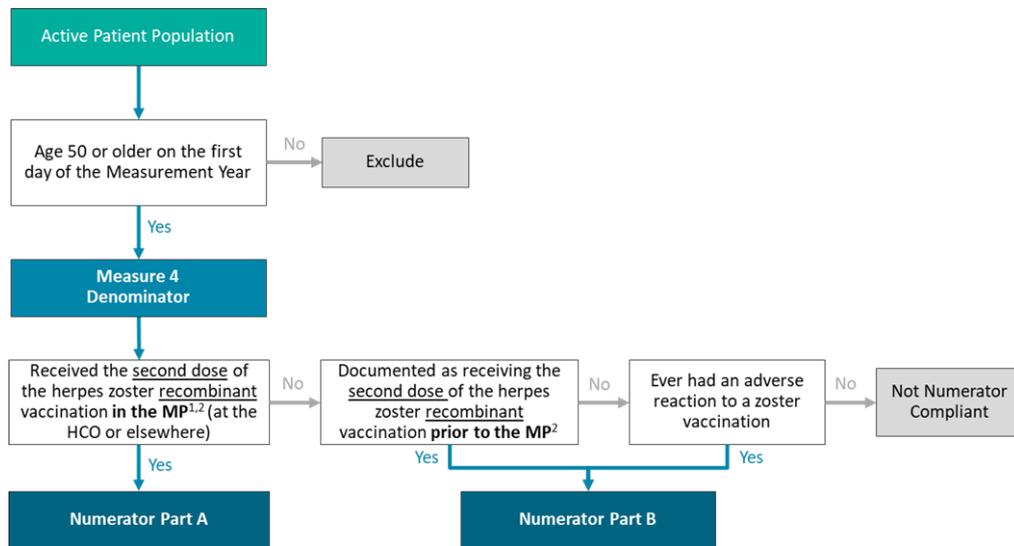
Numerator Part A

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

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 MP,
OR
- **ever** had an adverse reaction caused by the zoster vaccine or its components.





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.

Denominator

Patients from the Active Patient Population who are *age 50 and older* as of the start of the MY (July 1).

Numerator Part A

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

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 MP,
- OR
- **ever** had an adverse reaction caused by the zoster vaccine or its components.

Recombinant



First dose

The first dose alone does NOT count towards the Numerator Parts



Second dose

Patient has completed the immunization series; the second dose counts towards the Numerator Parts

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.

If a patient receives a first dose prior to the MP and a second dose during the MP, the patient should be counted as immunized in the current MP. 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.



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.

Denominator

Patients from the Active Patient Population who are *age 50 and older* as of the start of the MY (July 1).

Numerator Part A

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

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 MP,
OR
- ever had an adverse reaction caused by the zoster vaccine or its components.

Recombinant



Live



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™**.

Many HCOs are re-immunizing patients with the **recombinant** zoster vaccine, even if they've already received the **live**. Therefore, patients who received the **live** vaccination are not compliant for either Numerator Part A or Part B.



Measure 5: Bundle

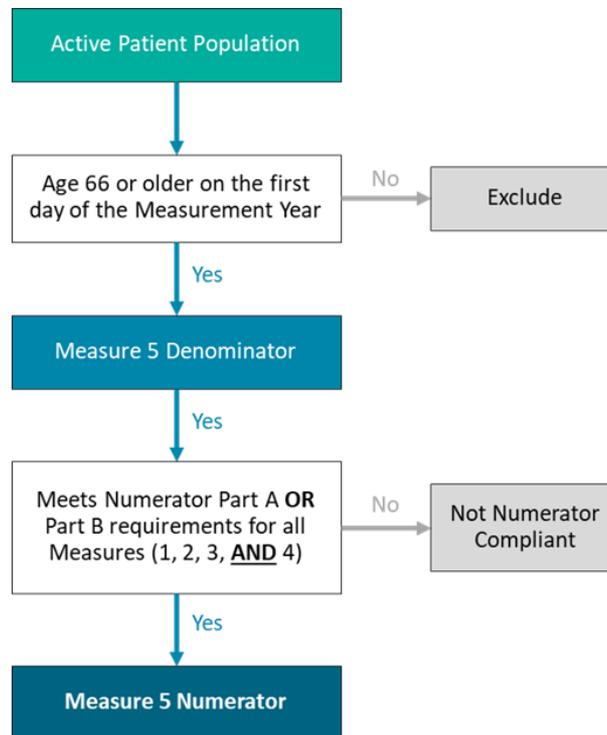
Proportion of eligible patients who are up to date on all four required vaccinations (influenza, pneumococcal, zoster, Td/Tdap).

Denominator

Patients from the Active Patient Population who are *age 66 and older* (same as Measure 2) as of the start of the MY.

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).



How are adverse reactions, anaphylaxis, etc., defined?



- ever had an **adverse reaction** caused by the [influenza, pneumococcal, zoster] vaccine or its components any time
- have a history of at least one of the following contraindications ever:
 - **Anaphylaxis** due to Tdap vaccine, **anaphylaxis** due to Td vaccine or its components,
 - OR
 - **Encephalopathy** due to Tdap or Td vaccine.

We have provided a list of **suggested** CPT/HCPCS Codes as a guide, however...

Organizations should ultimately use their OWN definition for classifying adverse reactions, anaphylaxis, and encephalitis.

Adverse Reaction to:	SNOMEDCT	Mapped ICD-10 Equivalent
Influenza	420113004	T50.B95-
Pneumococcal	293116002	T50.A95-
Td/Tdap	428281000124107, 428291000124105, 192711008, 192712001, 192710009	G04.02 T50.A15- T50.A95- T80.52X-
Zoster	451291000124104	T50.B95-



Reporting Timelines

Baseline Reporting Time Periods and Due Date



Flu Season (Measurement Year) ¹	Reporting Quarter ²	Active Patient Lookback Period	# of APL Months Included	Measurement Period (Cumulative Quarters)	# of MP Quarters Included	Report Due Date
Pre-COVID 2019	Q3 2019	4/1/2018–9/30/2019 Q2 2018–Q3 2019	18	7/1/2019–9/30/2019 Q3 2019	1	Feb 15, 2022
	Q4 2019	4/1/2018–12/31/2019 Q2 2018–Q4 2019	21	7/1/2019– 12/31/2019 Q3 2019–Q4 2019	2	
	Q1 2020	4/1/2018–3/31/2020 Q2 2018–Q1 2020	24	7/1/2019– 3/31/2020 Q3 2019 – Q1 2020	3	
	Q2 2020	4/1/2018–6/30/2020 Q2 2018–Q2 2020	27	7/1/2019– 6/30/2020 Q3 2019 – Q2 2020	4	
Intra-COVID 2020	Q3 2020	4/1/2019–9/30/2020 Q2 2019 - Q3 2020	18	7/1/2020–9/30/2020 Q3 2020	1	
	Q4 2020	4/1/2019–12/31/2020 Q2 2019–Q4 2020	21	7/1/2020–12/31/2020 Q3 2020–Q4 2020	2	
	Q1 2021	4/1/2019–3/31/2021 Q2 2019–Q1 2021	24	7/1/2020–3/31/2021 Q3 2020–Q1 2021	3	
	Q2 2021	4/1/2019–6/30/2021 Q2 2019–Q2 2021	27	7/1/2020–6/30/2021 Q3 2020–Q2 2021	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).

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	18	7/1/2021–9/30/2021	1
		Q2 2020–Q3 2021		Q3 2021	
	Q4 2021	4/1/2020–12/31/2021	21	7/1/2021–12/31/2021	2
		Q2 2020–Q4 2021		Q3 2021–Q4 2021	
	Q1 2022	4/1/2020–3/31/2022	24	7/1/2021–3/31/2022	3
	Q2 2020–Q1 2022		Q3 2021–Q1 2022		
	Q2 2022	4/1/2020–6/30/2022	27	7/1/2021–6/30/2022	4
		Q2 2020–Q2 2022		Q3 2021–Q2 2022	
2022	Q3 2022	4/1/2021–9/30/2022	18	7/1/2022–9/30/2022	1
		Q2 2021–Q3 2022		Q3 2022	
	Q4 2022	4/1/2021–12/31/2022	21	7/1/2022–12/31/2022	2
		Q2 2021–Q4 2022		Q3 2022–Q4 2022	
	Q1 2023	4/1/2021–3/31/2023	24	7/1/2022–3/31/2023	3
	Q2 2021–Q1 2023		Q3 2022–Q1 2023		
	Q2 2023	4/1/2021–6/30/2023	27	7/1/2022–6/30/2023	4
		Q2 2021–Q2 2023		Q3 2022–Q2 2023	
2023	Q3 2023	4/1/2022–9/30/2023	18	7/1/2023–9/30/2023	1
		Q2 2022–Q3 2023		Q3 2023	
	Q4 2023	4/1/2022–12/31/2023	21	7/1/2023–12/31/2023	2
		Q2 2022–Q4 2023		Q3 2023–Q4 2023	
	Q1 2024	4/1/2022–3/31/2024	24	7/1/2023–3/31/2024	3
	Q2 2022–Q1 2024		Q3 2023–Q1 2024		
	Q2 2024	4/1/2022–6/30/2024	27	7/1/2023–6/30/2024	4
		Q2 2022–Q2 2024		Q3 2023–Q2 2024	
2024	Q3 2024	4/1/2023–9/30/2024	18	7/1/2024–9/30/2024	1
		Q2 2023–Q3 2024		Q3 2024	
	Q4 2024	4/1/2023–12/31/2024	21	7/1/2024–12/31/2024	2
		Q2 2023–Q4 2024		Q3 2024–Q4 2024	
	Q1 2025	4/1/2023–3/31/2025	24	7/1/2024–3/31/2025	3
	Q2 2023–Q1 2025		Q3 2024–Q1 2025		
	Q2 2025	4/1/2023–6/30/2025	27	7/1/2024–6/30/2025	4
		Q2 2023–Q2 2025		Q3 2024–Q2 2025	

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).



Due Dates and Blinded Comparative Report Dates

Flu Season (Measurement Year)	Reporting Quarter	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



Due Dates and Blinded Comparative Report Dates

The first due date is February 15, 2022, however...

You are welcome to submit data starting today!



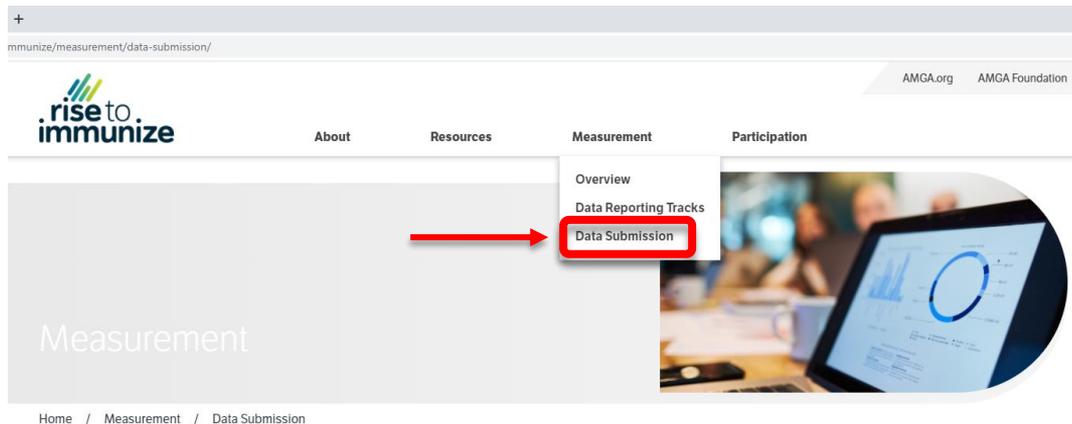


Data Reporting Template

Data Reporting Template



The Data Reporting Excel Template is available in the [Data Submission](#) section of the Rise to Immunize™ website



Data Submission

Campaign participants will submit data by emailing a completed predefined Excel template to the campaign. Download the Excel template below:

- [Data Reporting Excel Template](#)

Send the completed Excel template to DataForRize@amga.org. For guidance on completing and sending the Excel template, please consult our [Data Submission User Guide](#).

As explained in the Data FAQs (coming soon!), we do not request any patient-level data. For questions regarding data submission, please email RiseToImmunize@amga.org.

Baseline Reporting Time Periods and Due Date

Data Reporting Template



Instructions tab

Step by step instructions...read for a refresher!

Rise to Immunize™ Reporting Template

Please read instructions before completing and submitting your data.

1. Data are entered on the Data Entry tab. **Data can only be entered in blue shaded cells.** Each Reporting Quarter, all blue cells must be populated by the reporting organization. White cells will be auto-populated. Data entry cells will be grayed out until steps 2 and 3 are completed. To preserve data validation, do not copy and paste values across cells.
2. Enter your organization name in cell E4 of the Data Entry tab, so we can identify and track your submission. Your organization name will then be populated for the rest of the reporting and summary tabs.
3. Enter your Track (Basic or Core) in cell E5 of the Data Entry tab. Completing step 2 and 3 will reveal cells for data entry based on your Track.
4. Each Reporting Quarter, complete the following data entry for all 5 campaign measures:
 - Measure 1: Influenza: Proportion of eligible patients who received an influenza vaccination any time during the current flu season, i.e., the Measurement Year
 - Enter the Denominator first, followed by the Numerator.
 - Measure 2: Pneumococcal: Proportion of eligible patients who were administered a pneumococcal vaccine during the Measurement Year or are documented as up to date on their pneumococcal vaccination.
 - Enter the Denominator first, followed by Numerator Part A, followed by Numerator Part B.
 - 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.
 - Denominator will self-populate (same as denominator for Measure 1). Enter Numerator Part A first, followed by Numerator Part B.
 - 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.
 - Enter the Denominator first, followed by Numerator Part A, followed by Numerator Part B.
 - Measure 5: Bundle: Proportion of eligible patients who are up to date on all four required vaccinations (influenza, pneumococcal, zoster, Td/Tdap).
 - Denominator will self-populate (same as denominator for Measure 2). Enter Numerator.

Percentages will auto-populate after Numerators and Denominators are entered.

NOTE: Data submission cannot be accepted unless all Denominators, Numerators, and Numerator Parts have been populated for that particular Reporting Quarter.

- 5. Prior to submitting, your data should be reviewed in the green tabs as well as the data entry tab. Please review these tabs regularly. Any significant changes from quarter to quarter in denominators, numerators, or rates should be reviewed by your team to determine if the change represents a data error or is consistent with expectations (based on interventions or external shock to system, e.g., pandemic, mergers, and acquisitions, etc.). This explanation should be submitted in the body of the submission e-mail.
- 6. Submission: Once your data have been reviewed and approved internally by the appropriate members of your team, you can submit your data by attaching this template to an e-mail and sending it to:

Detailed measure specifications, code lists, reporting updates, data benchmark reports, etc. can be found in the Measurement section of the Rise to Immunize™ website.

IMPORTANT E-MAIL ADDRESSES:

DATA SUBMISSIONS ONLY DataForRize@amaa.org

General questions RiseToImmunize@amaa.org



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Data Reporting Template

Data Entry tab

Organization Name:

Track:

Detailed measure specification:

Basic
Core

ing folder in the

Start by entering

1. the name of your Organization
2. the track your Organization has selected (Basic or Core)

Measures are **grayed out** until

Organization Name and Track are filled.

AutoSave RIZE Reporting Template_2021-10-08

File Home Insert Page Layout Formulas Data Review View Developer Help

ES

Enter requested data in all the light blue shaded cells. Data in white cells will be auto populated.

To preserve data validation, please do not copy/paste data across cells.

Enter data from left to right

Phase	Reporting Quarter ¹	Active Patient 18-month Lookback ²	Measurement Period (Cumulative Quarters)	Data submission window ³	
				Open	Close
2019 (Pre-COVID)	Q3 2019	4/1/2018-9/30/2019	7/1/2019-9/30/2019		
	Q4 2019	4/1/2018-12/31/2019	7/1/2019-12/31/2019		
	Q1 2020	4/1/2018-3/31/2020	7/1/2019-3/31/2020		
	Q2 2020	4/1/2018-6/30/2020	7/1/2019-6/30/2020	2/1/2022	2/15/2022
	Q3 2020	4/1/2018-9/30/2020	7/1/2020-9/30/2020		
	Q4 2020	4/1/2018-12/31/2020	7/1/2020-12/31/2020		
2020 (Inter-COVID)	Q1 2021	4/1/2019-3/31/2021	7/1/2020-3/31/2021		
	Q2 2021	4/1/2019-6/30/2021	7/1/2020-6/30/2021		
	Q3 2021	4/1/2020-9/30/2021	7/1/2021-9/30/2021	2/1/2022	2/15/2022
	Q4 2021	4/1/2020-12/31/2021	7/1/2021-12/31/2021		
	Q1 2022	4/1/2020-3/31/2022	7/1/2021-3/31/2022	4/1/2022	4/15/2022
	Q2 2022	4/1/2020-6/30/2022	7/1/2021-6/30/2022	7/1/2022	7/15/2022
2022	Q3 2022	4/1/2021-9/30/2022	7/1/2022-9/30/2022	10/1/2022	10/14/2022
	Q4 2022	4/1/2021-12/31/2022	7/1/2022-12/31/2022	1/2/2023	1/17/2023
	Q1 2023	4/1/2022-3/31/2023	7/1/2023-3/31/2023	4/1/2023	4/14/2023
	Q2 2023	4/1/2022-6/30/2023	7/1/2023-6/30/2023	7/1/2023	7/14/2023
	Q3 2023	4/1/2022-9/30/2023	7/1/2023-9/30/2023	10/1/2023	10/16/2023
	Q4 2023	4/1/2022-12/31/2023	7/1/2023-12/31/2023	1/2/2024	1/16/2024
2023	Q1 2024	4/1/2023-3/31/2024	7/1/2023-3/31/2024	4/1/2024	4/15/2024
	Q2 2024	4/1/2023-6/30/2024	7/1/2023-6/30/2024	7/1/2024	7/15/2024
	Q3 2024	4/1/2023-9/30/2024	7/1/2024-9/30/2024	10/1/2024	10/15/2024
	Q4 2024	4/1/2023-12/31/2024	7/1/2024-12/31/2024	1/2/2025	1/15/2025
	Q1 2025	4/1/2024-3/31/2025	7/1/2024-3/31/2025	4/1/2025	4/15/2025
	Q2 2025	4/1/2024-6/30/2025	7/1/2024-6/30/2025	7/1/2025	7/15/2025

¹ If a measure Measurement Period spans from Q4 to Q4, Q1 to Q1, and Q2 to Q2, it is considered part of the 2022 reporting quarter.
² Measure 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).
³ To be eligible for each measure denominator, patients must meet Active Patient criteria (see Section 3 of Rize to Immunize Measure Specifications).
⁴ In most cases, data will be due 2 weeks after the end of the Reporting Quarter. The due date for the last RQ (Q2 2023) will be subject to accommodate the final Campaign meeting.
⁵ Denominators for Measures 1 and 2 are equivalent to the Active Patient Population (APL). Measure 2 only includes patients from the APL who are age 16 and older. Measure 4 includes patients in the APL who are age 16 and older. The Measure 5 denominator is equal to the Measure 2 denominator.

Instructions Data Entry Proportions Table Prop. Pts. Vaxxed Prop. Pts. Vaxxed, by Num Parts Prop. Pts. Vaxxed, Recent RQ Count of Vax ...



Data Reporting Template

Data Entry tab

Once both cells are filled, the Measures corresponding with your Track will be revealed.

Basic Track reveals Measures 1 and 2.

AutoSave RIZE Reporting Template_2021-10-08

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Basic

Enter requested data in all the light blue shaded cells. Data in white cells will be auto populated.

To preserve data validation, please do not copy/paste data across cells.

Enter data from left to right

Organization Name: Health Clinic

Track: Basic

Detailed measure specifications can be found in the Data Reporting folder in the Community Library page

Phase	Reporting Quarter ²	Active Patient 18-month Lookback ³	Measurement Period (Cumulative Quarters)	Data submission window ⁴		Measure 1: Influenza		Measure 2: Pneumococcal		Proportion: Level (num/denom)
				Open	Close	Denominator ⁵	Numerator	Denominator ⁶	Numerator	
Baseline	2019 (Pre-COVID)	Q3 2019	4/1/2019-9/30/2019	7/1/2019-9/30/2019	Open	Close	...	...	...	...
		Q4 2019	4/1/2019-12/31/2019	7/1/2019-12/31/2019	...	...	...	...	...	...
		Q1 2020	4/1/2019-3/31/2020	7/1/2019-3/31/2020	...	...	...	...	...	...
		Q2 2020	4/1/2019-6/30/2020	7/1/2019-6/30/2020	...	...	...	...	...	...
	2020 (Interp-COVID)	Q3 2020	4/1/2019-9/30/2020	7/1/2020-9/30/2020	2/1/2022	2/15/2022	...	...	...	...
		Q4 2020	4/1/2019-12/31/2020	7/1/2020-12/31/2020	...	...	...	...	...	...
		Q1 2021	4/1/2020-3/31/2021	7/1/2020-3/31/2021	...	...	...	...	...	...
		Q2 2021	4/1/2020-6/30/2021	7/1/2020-6/30/2021	...	...	...	...	...	...
Immunization Measurement Year ⁷	2021	Q3 2021	4/1/2020-9/30/2021	7/1/2021-9/30/2021	2/1/2022	2/15/2022	...	...	...	...
		Q4 2021	4/1/2020-12/31/2021	7/1/2021-12/31/2021	...	...	...	...	...	...
		Q1 2022	4/1/2020-3/31/2022	7/1/2021-3/31/2022	4/1/2022	4/15/2022	...	...	...	...
		Q2 2022	4/1/2020-6/30/2022	7/1/2021-6/30/2022	7/1/2022	7/15/2022	...	...	...	...
	2022	Q3 2022	4/1/2021-9/30/2022	7/1/2022-9/30/2022	10/1/2023	10/15/2023	...	...	...	...
		Q4 2022	4/1/2021-12/31/2022	7/1/2022-12/31/2022	1/2/2023	1/17/2023	...	...	...	...
		Q1 2023	4/1/2021-3/31/2023	7/1/2022-3/31/2023	4/1/2023	4/14/2023	...	...	...	...
		Q2 2023	4/1/2021-6/30/2023	7/1/2022-6/30/2023	7/1/2023	7/14/2023	...	...	...	...
	2023	Q3 2023	4/1/2022-9/30/2023	7/1/2023-9/30/2023	10/1/2023	10/16/2023	...	...	...	...
		Q4 2023	4/1/2022-12/31/2023	7/1/2023-12/31/2023	1/2/2024	1/16/2024	...	...	...	...
		Q1 2024	4/1/2023-3/31/2024	7/1/2023-3/31/2024	4/1/2024	4/15/2024	...	...	...	...
		Q2 2024	4/1/2023-6/30/2024	7/1/2023-6/30/2024	7/1/2024	7/15/2024	...	...	...	...
		Q3 2024	4/1/2023-9/30/2024	7/1/2024-9/30/2024	10/1/2024	10/15/2024	...	...	...	...
		Q4 2024	4/1/2023-12/31/2024	7/1/2024-12/31/2024	1/2/2025	1/15/2025	...	...	...	...
		Q1 2025	4/1/2023-3/31/2025	7/1/2024-3/31/2025	4/1/2025	4/15/2025	...	...	...	...
		Q2 2025	4/1/2023-6/30/2025	7/1/2024-6/30/2025	7/1/2025	7/15/2025	...	...	...	...

¹ Flu season (Measurement Year) spans from July 1—June 30 (Q3, Q4, Q1, and Q2) and Q2 is part of the flu season noted after the previous calendar year (e.g., in the Reporting Quarter 4 Q2 2022, it is considered part of the 2021 flu season).

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

³ To be eligible for each measure denominator, patients must meet Active Patient criteria (see Section 3.1 of Plan to Immunize Measure Specifications).

⁴ In most cases, data will be due 2 weeks after the end of the Reporting Quarter. The due date for the last RQ (Q2 2025) will be adjusted to accommodate the final Campaign meeting.

⁵ Denominator for Measure 1 and 2 is equivalent to the Active Patient Population (APL). Measure 2 only includes patients from the APL who are age 65 and older. Measure 4 includes patients from the APL who are age 65 and older. The Measure 5 denominator is equal to the Measure 2 denominator.

Instructions | **Data Entry** | Proportions Table | Prop. Pts. Vaxxed | Prop. Pts. Vaxxed, by Num Parts | Prop. Pts. Vaxxed, Recent RQ | Count of Vax...

Data Reporting Template



Data Entry tab

Core Track reveals
Measures 1-5

AutoSave RISE Reporting Template_2021-10-08 Search Stephen Shields

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ES Core

Enter requested data in all the light blue shaded cells. Data in white cells will be auto populated.

To preserve data validation, please do not copy/paste data across cells.

Enter data from left to right

Organization Name: Health Clinic
Track: Core

Detailed measure specifications can be found in the Data Reporting folder in the Community Library page.

Phase	Reporting Quarter	Active Patient 18 month Lookback ^a	Measurement Period (Cumulative Quarters)	Close	Basic Track (Measure 1 and 2 only)						Core Track (All Measures, 1-5)									
					Measure 1: Influenza			Measure 2: Pneumococcal			Measure 3: Tetanus			Measure 4: Zoster			Measure 5: Bundle			
					Discontinuator ^b	Numerator	Proportion ^c	Discontinuator ^b	Numerator	Proportion ^c	Discontinuator ^b	Numerator	Proportion ^c	Discontinuator ^b	Numerator	Proportion ^c	Discontinuator ^b	Numerator	Proportion ^c	
Baseline (Pre-COVID)	Q3 2019	6/1/2018-8/30/2019	7/1/2018-8/30/2019																	
	Q4 2019	6/1/2018-11/30/2019	7/1/2018-11/30/2019																	
	Q1 2020	6/1/2018-3/31/2020	7/1/2018-3/31/2020																	
	Q2 2020	6/1/2018-6/30/2020	7/1/2018-6/30/2020																	
	Q3 2020	6/1/2018-9/30/2020	7/1/2018-9/30/2020	2/15/2022																
	Q4 2020	6/1/2018-12/31/2020	7/1/2018-12/31/2020																	
2020 (Post-COVID)	Q1 2021	6/1/2019-3/31/2021	7/1/2019-3/31/2021																	
	Q2 2021	6/1/2019-6/30/2021	7/1/2019-6/30/2021																	
	Q3 2021	6/1/2019-9/30/2021	7/1/2019-9/30/2021																	
	Q4 2021	6/1/2019-12/31/2021	7/1/2019-12/31/2021	2/15/2022																
	Q1 2022	6/1/2020-3/31/2022	7/1/2020-3/31/2022	4/15/2022																
	Q2 2022	6/1/2020-6/30/2022	7/1/2020-6/30/2022	7/15/2022																
2022	Q3 2022	6/1/2020-9/30/2022	7/1/2020-9/30/2022	10/14/2022																
	Q4 2022	6/1/2020-12/31/2022	7/1/2020-12/31/2022	1/17/2023																
	Q1 2023	6/1/2021-3/31/2023	7/1/2021-3/31/2023	4/14/2023																
	Q2 2023	6/1/2021-6/30/2023	7/1/2021-6/30/2023	7/14/2023																
	Q3 2023	6/1/2021-9/30/2023	7/1/2021-9/30/2023	10/18/2023																
	Q4 2023	6/1/2021-12/31/2023	7/1/2021-12/31/2023	1/18/2024																
2023	Q1 2024	6/1/2022-3/31/2024	7/1/2022-3/31/2024	4/15/2024																
	Q2 2024	6/1/2022-6/30/2024	7/1/2022-6/30/2024	7/15/2024																
	Q3 2024	6/1/2022-9/30/2024	7/1/2022-9/30/2024	10/13/2024																
	Q4 2024	6/1/2022-12/31/2024	7/1/2022-12/31/2024	1/15/2025																
	Q1 2025	6/1/2023-3/31/2025	7/1/2023-3/31/2025	4/15/2025																
	Q2 2025	6/1/2023-6/30/2025	7/1/2023-6/30/2025	7/15/2025																

^aThe Reporting Measurement Period spans from the start of the Reporting Quarter (RQ) and ends on the end of the Reporting Quarter (RQ) and is considered part of the RQ measurement.

^bMeasures will be reported quarterly. The reporting quarter (RQ) refers to the last quarter of both the Measure's 18-month Lookback and the Measurement Period (i.e., the most recent quarter of data).

^cTo be eligible for each measure denominator, patients must meet Active Patient criteria (see Section 3.1 of Plan to Immunize Measure Specifications).

The most recent data will be the 2 weeks after the end of the Reporting Quarter. The data for the last RQ (Q2 2023) will be submitted to associated the final Campaign meeting.

^dDiscontinuator for Measure 1 and 2 are equivalent to the Discontinuator for Population (APL). Measure 2 only includes patients from the APL who are age 65 and older. Measure 4 excludes patients from the APL who are age 65 and older. The Measure 5 Discontinuator is equal to the Measure 2 denominator.

Instructions | Data Entry | Populations Table | Prop. Pts. Vaxxed | Prop. Pts. Vaxxed by Num Parts | Prop. Pts. Vaxxed, Recent RQ | Count of Vax ...

Data Reporting Template



Data Entry tab

Each RQ, fill in all **blue-shaded cells** with aggregate numerators, numerator parts, and denominators.

The data validation criteria in the template is designed to catch errant data (e.g., the sum of the numerator parts exceeding the denominator).

To preserve validation, please manually enter data from left to right, and do not copy/paste data into the template.

The screenshot shows the 'Data Entry' tab of the RISE Reporting Template. The spreadsheet is organized into several sections:

- Organization Information:** Organization Name: Health Clinic, Track: Core.
- Basic Track (Measure 1 and 2 only):** Includes columns for Influenza and Pneumococcal measures.
- Core Track (All Measures, 1-5):** Includes columns for 16/16ap, Zoster, and Bundle measures.

Red boxes highlight the data entry area for the 2019-2020 season, and red arrows point to the Organization Name and Track fields.



Data Reporting Template

First Submission

Two Baseline MPs and the first two RQs of MY2021

Detailed measure specifications can be found in the Data Reporting folder in the Community Library page

				Basic Track (Measure 1 and 2 only)						Core Track (All Measures, 1-5)												
Phase	Reporting Quarter ²	Active Patient 18-month Lookback ³	Measurement Period (Cumulative Quarters)	Measure 1: Influenza			Measure 2: Pneumococcal			Measure 3: Td/Tdap			Measure 4: Zoster			Measure 5: Bundle						
				Denominator ⁵	Numerator	Proportion % vaccinated this flu season	Denominator ⁵	Numerator Part A ⁶	Part B ⁷	Proportion % ever vaccinated ((A+B)/Denom)	Denominator ⁵	Part A ⁶	Part B ⁷	Proportion % ever vaccinated ((A+B)/Denom)	Denominator ⁵	Part A ⁶	Part B ⁷	Proportion % vaccinated ((A+B)/Denom)	Denominator ⁵	Numerator	Proportion % pts. w/ all vaccinations	
Baseline	2019 (Pre-COVID)	Q3 2019	4/1/2018-9/30/2019	7/1/2019-9/30/2019	10000	2000	20%	5000	250	2500	55%	10000	400	6000	64%	7500	250	2500	37%	5000	1000	20%
		Q4 2019	4/1/2018-12/31/2019	7/1/2019-12/31/2019	10500	5500	52%	5500	300	2900	58%	10500	400	6400	65%	8000	300	2900	40%	5500	1600	29%
	2020 (Intra-COVID)	Q1 2020	4/1/2018-3/31/2020	7/1/2019-3/31/2020	11000	6500	59%	6000	600	2900	58%	11000	400	6800	65%	8500	600	2900	41%	6000	2200	37%
		Q2 2020	4/1/2018-6/30/2020	7/1/2019-6/30/2020	11500	6700	58%	6500	700	3200	60%	11500	400	7200	66%	9000	700	3200	43%	6500	2800	43%
		Q3 2020	4/1/2019-9/30/2020	7/1/2020-9/30/2020	12000	1500	13%	7000	700	3200	56%	12000	300	7200	63%	9500	700	3200	41%	7000	2800	40%
		Q4 2020	4/1/2019-12/31/2020	7/1/2020-12/31/2020	12500	5500	44%	7500	700	3200	52%	12500	300	7200	60%	10000	700	3200	39%	7500	2800	37%
Intervention Measurement Year ¹	2021	Q1 2021	4/1/2019-3/31/2021	7/1/2020-3/31/2021	13000	5900	45%	8000	700	3200	49%	13000	300	7200	58%	10500	700	3200	37%	8000	2800	35%
		Q2 2021	4/1/2019-6/30/2021	7/1/2020-6/30/2021	13500	7000	52%	8500	700	3200	46%	13500	300	7200	56%	11000	700	3200	35%	8500	2800	33%
	2022	Q3 2021	4/1/2020-9/30/2021	7/1/2021-9/30/2021	14000	1500	11%	9000	900	4000	54%	14000	400	7600	57%	11500	900	4000	43%	9000	2800	31%
		Q4 2021	4/1/2020-12/31/2021	7/1/2021-12/31/2021	14500	9000	62%	9500	900	5000	62%	14500	400	8000	58%	12000	900	5000	49%	9500	2800	29%
		Q1 2022	4/1/2020-3/31/2022	7/1/2021-3/31/2022	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
		Q2 2022	4/1/2020-6/30/2022	7/1/2021-6/30/2022	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
		Q3 2022	4/1/2021-9/30/2022	7/1/2022-9/30/2022	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
		Q4 2022	4/1/2021-12/31/2022	7/1/2022-12/31/2022	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
		Q1 2023	4/1/2021-3/31/2023	7/1/2022-3/31/2023	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
		Q2 2023	4/1/2021-6/30/2023	7/1/2022-6/30/2023	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
2023	Q3 2023	4/1/2022-9/30/2023	7/1/2023-9/30/2023	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	
	Q4 2023	4/1/2022-12/31/2023	7/1/2023-12/31/2023	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	
	Q1 2024	4/1/2022-3/31/2024	7/1/2023-3/31/2024	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	
	Q2 2024	4/1/2022-6/30/2024	7/1/2023-6/30/2024	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	
	Q3 2024	4/1/2023-9/30/2024	7/1/2024-9/30/2024	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	
	Q4 2024	4/1/2023-12/31/2024	7/1/2024-12/31/2024	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	
2024	Q1 2025	4/1/2023-3/31/2025	7/1/2024-3/31/2025	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	
	Q2 2025	4/1/2023-6/30/2025	7/1/2024-6/30/2025	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	

1. To be eligible for each measure, denominator counts must meet Active Patient criteria.

Instructions	Data Entry	Proportions Table	Prop. Pts. Vaxxed	Prop. Pts. Vaxxed, by Num Parts	Prop. Pts. Vaxxed, Recent RQ	Count of Vaxc ...	+	←
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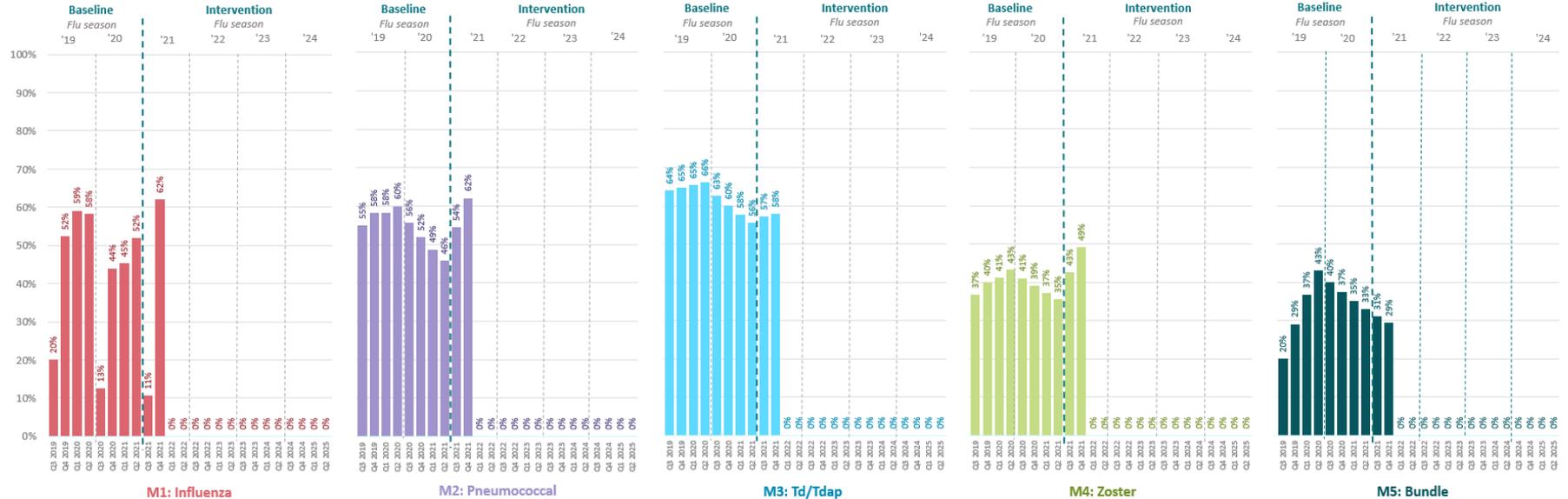
Data Reporting Template



Check data using **Green tabs**. Report significant changes Q to Q.

Organization Name: Health Clinic

Proportion of patients ever vaccinated or documented, quarterly



Instructions

Data Entry

Proportions Table

Prop. Pts. Vaxxed

Prop. Pts. Vaxxed, by Num Parts

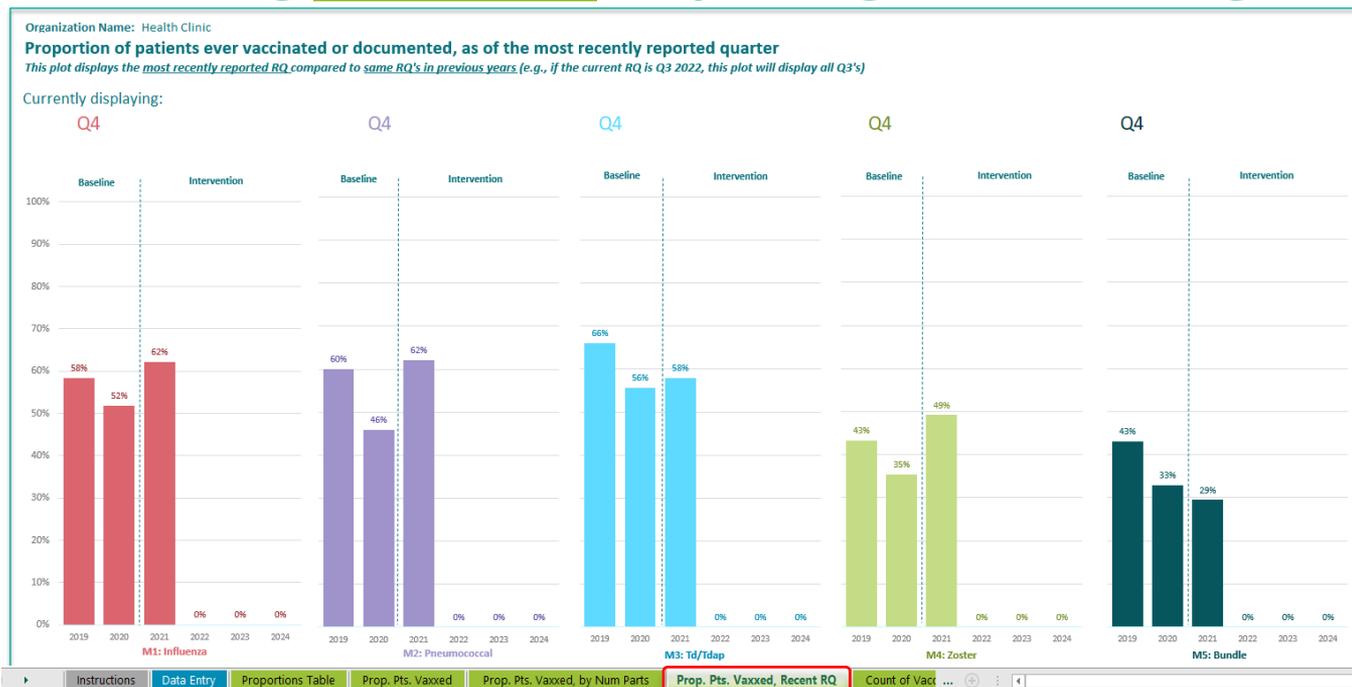
Prop. Pts. Vaxxed, Recent RQ

Count of Vax...



Data Reporting Template

Check data using **Green tabs**. Report significant changes Q to Q.





Submission Process

Submission Process



1. Each RQ, add your new data to the template (one row per RQ, except for the first submission)
2. Review and approve data internally
 - Are there any significant changes from quarter to quarter in denominators, numerators, or rates?
 - Does the change represent a data error or is it consistent with expectations (based on interventions or external shock to system, e.g., pandemic, mergers, and acquisitions, etc.)?
 - Submit an explanation of this data change in the body of the submission e-mail.
 - AMGA will QC data internally and reach out with questions.
3. Attach the Data Reporting Template to an email
4. Send it to DataforRize@amga.org



How do I know if my submission was accepted?



You'll receive a response, typically within an hour, saying that your submission was accepted.

RIZE Portal- Data submission was successful - RIZE Reporting Test_1_Test_group2.xlsx



Data For Rise to Immunize Campaign
To: Penraj Siva



The file "RIZE Reporting Test_1_Test_group2.xlsx" has been successfully submitted to the Rise to Immunize™ campaign database. Thank you for your data submission.

Submission Summary:

Organization: Anceta Test Group 2

Submitted By: siva@amga.org

Automated Response - PLEASE DO NOT REPLY DIRECTLY TO THIS EMAIL

Submission summary:

RiseToImmunize Campaign : Data submitted for Q3 2019
RiseToImmunize Campaign : Data submitted for Q4 2019
RiseToImmunize Campaign : Data submitted for Q1 2020
RiseToImmunize Campaign : Data submitted for Q2 2020
RiseToImmunize Campaign : Data submitted for Q3 2020
RiseToImmunize Campaign : Data submitted for Q4 2020
RiseToImmunize Campaign : Data submitted for Q1 2021
RiseToImmunize Campaign : Data submitted for Q2 2021

RiseToImmunize Measure 1 : Data read for Q3 2019
RiseToImmunize Measure 1 : Data read for Q4 2019
RiseToImmunize Measure 1 : Data read for Q1 2020
RiseToImmunize Measure 1 : Data read for Q2 2020
RiseToImmunize Measure 1 : Data read for Q3 2020
RiseToImmunize Measure 1 : Data read for Q4 2020
RiseToImmunize Measure 1 : Data read for Q1 2021
RiseToImmunize Measure 1 : Data read for Q2 2021

RiseToImmunize Measure 2 : Data read for Q3 2019
RiseToImmunize Measure 2 : Data read for Q4 2019
RiseToImmunize Measure 2 : Data read for Q1 2020
RiseToImmunize Measure 2 : Data read for Q2 2020
RiseToImmunize Measure 2 : Data read for Q3 2020
RiseToImmunize Measure 2 : Data read for Q4 2020
RiseToImmunize Measure 2 : Data read for Q1 2021
RiseToImmunize Measure 2 : Data read for Q2 2021



What happens if my submission is rejected?

There are many reasons why your submission could be rejected

The email response should highlight the issue.

For example, data from a future time period cannot be submitted.



RE: File with future data for group 2



Data For Rise to Immunize Campaign
To: Ponraj Siva



RIZE Data Submission: Data Error - PLEASE DO NOT REPLY

We are unable to process your Rise to Immunize™ data submission.

The file "RIZE Reporting Test_1_Test_group2_Future.xlsx" contained data issues that will not allow us to load some or all of your data. Please correct the errors or warnings identified below and re-submit the file.

Send questions to the Rise to Immunize™ team at Risetoimmunize@amga.org.

Submission Summary:

Organization: Anceta Test Group 2

Submitted By: PSiva@amga.org

Automated Response - PLEASE DO NOT REPLY DIRECTLY TO THIS EMAIL

Submission summary:

RiseToImmunize Campaign : Data submitted for Q3 2019

RiseToImmunize Campaign : Data submitted for Q4 2019

RiseToImmunize Campaign : Data submitted for Q1 2020

RiseToImmunize Campaign : Data submitted for Q2 2020

RiseToImmunize Campaign : Data submitted for Q3 2020

RiseToImmunize Campaign : Data submitted for Q4 2020

RiseToImmunize Campaign : Data submitted for Q1 2021

RiseToImmunize Campaign : Data submitted for Q2 2021

RiseToImmunize Campaign : Data submitted for Q3 2021

RiseToImmunize Measure 1 : Data read for Q3 2019

RiseToImmunize Measure 1 : Data read for Q4 2019

RiseToImmunize Measure 1 : Data read for Q1 2020

RiseToImmunize Measure 1 : Data read for Q2 2020

RiseToImmunize Measure 1 : Data read for Q3 2020

RiseToImmunize Measure 1 : Data read for Q4 2020

RiseToImmunize Measure 1 : Data read for Q1 2021

RiseToImmunize Measure 1 : Data read for Q2 2021

RiseToImmunize Measure 1 : Data read for Q3 2021

RiseToImmunize Measure 1 : Data read for Q4 2021 (Error : data for future period)

RiseToImmunize Measure 1 : Data read for Q1 2022 (Error : data for future period)

RiseToImmunize Measure 2 : Data read for Q3 2019



How do I resubmit data?

Should you need to resubmit data for any reason,

1. Overwrite the data you'd like to resubmit
2. Re-send the updated template.

Your data will be updated. A historical record of all entries and changes will be kept.

Data can be updated at any time.



Wrap Up & Questions



Next Steps

- Download data reporting template and instructions
 - [RiseToImmunize.org](https://www.risetoimmunize.org)
- The Rise to Immunize™ team will email you the HEDIS Value Sets
- Begin submitting data to DataforRize@amga.org
 - Due Date February 15th, 2022



Campaign Communication



Add the campaign email to your safe sender list
RiseToImmunize@amga.org



Upcoming Date to Remember



Thurs., Nov. 18, 2–3 pm (ET)
Campaign Orientation webinar

BREAKING NEWS!



- **Yesterday, the Advisory Committee on Immunization Practices (ACIP) updated their recommendation for pneumococcal vaccinations:**
 - Adults 65+ who have not previously received a pneumococcal conjugate vaccine or whose previous vaccination history is unknown should receive a pneumococcal conjugate vaccine (either PCV20 or PCV15). If PCV15 is used, this should be followed by a dose of PPSV23.
 - 50+ was considered, but not approved.
 - Adults aged 19+ with certain underlying medical conditions or other risk factors who have not previously received a pneumococcal conjugate vaccine or whose previous vaccination history is unknown should receive a pneumococcal conjugate vaccine (either PCV20 or PCV15). If PCV15 is used, this should be followed by a dose of PPSV23.
- **Prior recommendations for all adults 65+ was PPSV23 only**
 - PCV13 with shared clinical decision-making

The pneumococcal measure (Measure 2) in Rise to Immunize™ will continue to reflect the PRIOR recommendation, i.e., one dose of PPSV23 will count towards the numerator.

Measure 2 will be updated as more health systems implement the new guidelines

Questions

