



2023 Physician Clinical Integration Progress Report

FACT SHEET

How to Use This Report

This document provides succinct summaries of three domains: Quality, Efficiency and Citizenship. Unless otherwise indicated, the goals for the Quality and Efficiency measures follow the guidelines set by the Memorial Health Network (MHN) Quality and IT Committee for 2023. Also included are codes for select Quality measures along with goal-setting guidelines below.

2023 Guidelines for Setting Select Goals

1. For each metric, prior CI year performance is obtained as close as possible to the close of that year.
2. The prior year performance will be compared with the prior year goal and HEDIS benchmarks (mean, P50, P75 and P90).
3. If prior year performance meets or exceeds HEDIS P90, the new goal will be set at HEDIS P90.
4. If prior year performance falls below P75 (below P50 for new MHN measures), the new goal will be to improve prior year performance by 5% (unless the situation in #5 below exists).
5. If the 5% improvement calculation results in a new goal that is less than the prior year goal, the prior year goal shall be maintained.



Domain	Measure	Summary
Quality	Well-Child Exams in the First 30 Months of Life	<ul style="list-style-type: none"> • There are two age stratifications with this measure: <ul style="list-style-type: none"> – Children who turn 15 months of age during measurement year; <ul style="list-style-type: none"> Must have had 6 or more well-child visits before the child's 15-month birthday – Children who turn 30 months of age during measurement year; <ul style="list-style-type: none"> Must have had 2 or more well-child visits between 15 to 30 months of age • Visits must be coded appropriately (See table on page 5)
	Child and Adolescent Well-Care Visits Ages 3 to 21	<ul style="list-style-type: none"> • Measures those members ages 3-21 who had at least one comprehensive well-care visit with PCP or OB/GYN during the measurement year (2023) • Visits must be coded appropriately (See table on page 5)
	Breast Cancer Screening	<ul style="list-style-type: none"> • Measures the percentage of women 50-74 years of age who have had at least one mammogram in the previous 27 months (10/2021 - 12/2023) • Must be coded appropriately (See table on page 5)
	Cervical Cancer Screening	<ul style="list-style-type: none"> • Measures the percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> – Women age 21-64 who had cervical cytology performed every three years (2021-2023) – Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years (2019-2023)
	Chlamydia Screening in Women	<ul style="list-style-type: none"> • Measures the percentage of women 16-24 years of age who were identified as sexually active via medical claims or pharmacy data (oral contraceptives) and who had at least one screening test for chlamydia during the measurement year (2023) • Chlamydia may be screened via urine test or vaginal swab. • Compliance is measured via laboratory data (See table on page 5)
	Colorectal Cancer Screening	<ul style="list-style-type: none"> • Measures the percentage of members 45-75 years of age who had appropriate screening for colorectal cancer • Must be coded appropriately (See table on page 6)
	Diabetes Care – HbA1c Testing	<ul style="list-style-type: none"> • Measures the percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had at least one Hemoglobin A1c (HbA1c) test within the measurement year (2023)

Domain	Measure	Summary
Quality (continued)	Diabetes Care – HbA1c Control (< 8.0)	<ul style="list-style-type: none"> Measures the percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had Hemoglobin A1c (HbA1c) testing within the measurement year and the value returned as < 8.0 percent Must use the most recent test results during the measurement year (2023) and include appropriate CPT II code reflecting the result (See below) <ul style="list-style-type: none"> 3044F Less than 7.0 percent 3051F ≥ 7.0 and < 8.0 percent 3052F ≥ 8.0 and ≤ 9.0 percent 3046F Greater than 9.0 percent
	Diabetes Care – Eye Exam	<ul style="list-style-type: none"> Measures the percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had one of the following comprehensive eye exams to screen/monitor for diabetic retinal disease Screening must include one of the following: <ul style="list-style-type: none"> Retinal or dilated eye exam by an optometrist or ophthalmologist in the measurement year (2023) Negative retinal or dilated eye exam by an optometrist or ophthalmologist in the year prior to the measurement year (2022) Bilateral eye enucleation prior to or during the measurement year Blindness is not an exclusion for this measure because it is difficult to distinguish between those that are legally blind but require a retinal exam and those who are completely blind and therefore do not require an exam Must be coded appropriately (See table on page 6)
	Hypertension – Controlling High Blood Pressure	<ul style="list-style-type: none"> Measures the percentage of members 18-85 years of age with hypertension and whose most recent blood pressure during the measurement year (2023) is BELOW 140/90 mmHg Must use the most recent blood pressure reading obtained during the measurement year (2023) and include the appropriate CPT II code reflecting the result (See below) <ul style="list-style-type: none"> Most recent SYSTOLIC blood pressure: <ul style="list-style-type: none"> 3074F < 130 mm Hg 3075F 130-139 mm Hg 3077F ≥ 140 mm Hg Most recent DIASTOLIC blood pressure: <ul style="list-style-type: none"> 3078F < 80 mm Hg 3079F 80-89 mm Hg 3080F ≥ 90 mm Hg
	Cesarean Section Rate	<ul style="list-style-type: none"> Measures the primary c-section rate across all deliveries Numerator consists of patients with a primary c-section delivery Denominator consists of patients with a delivery DRG Patients with a previous c-section are excluded from this measure
	Episiotomy Rate	<ul style="list-style-type: none"> Purpose is to reduce the rate of routine episiotomies Evidence-based guidelines recommend against routine episiotomy, as studies fail to show maternal benefit

CODES FOR QUALITY MEASURES

Measure	Description	CPT	ICD-10-CM	HCPCS
Well-Child Exams in the First 30 Months of Life	Infant (younger than 1 year)	99381 New patient 99391 Established	<ul style="list-style-type: none"> • Z00.110 Health supervision for newborn under 8 days old • Z00.111 Health supervision for newborn up to 28 days old • Z00.121 Routine child health exam with abnormal findings • Z00.129 Routine child health exam without abnormal findings 	
	Early childhood (age 1 to 4)	99382 New Patient 99392 Established		
Child and Adolescent Well-Care Visits Ages 3-21	Early childhood (age 1 to 4)	99382 New patient 99392 Established	<ul style="list-style-type: none"> • Z00.121 Routine child health exam with abnormal findings • Z00.129 Routine child health exam without abnormal findings 	
	Late childhood (age 5-11)	99383 New patient 99393 Established		
	Adolescent (age 12-17)	99384 New patient 99394 Established		
Breast Cancer Screening	Mammography bilateral	77066 77067		C9899 C9900
	Exclusion – Bilateral mastectomy		• Z90.13	
	Exclusion – Hospice intervention	99377-99378		C9687-88 C9690-94 C9700, C9702, C9707, C9709-10
Cervical Cancer Screening	Women 21–64 years of age who had cervical cytology performed every three years (2021-2023)	88150, 88141-43, 88147-48, 88152-4, 88164-7, 88174-5	<ul style="list-style-type: none"> • Z01.411 Encounter for gynecological exam with abnormal findings • Z01.419 Encounter for gynecological exam without abnormal findings • Z12.4 Encounter for screening for malignant neoplasms of cervix • Z12.72 Encounter for screening for malignant neoplasm of vagina 	G0123, G0124, G0141, G0143-45, G0147-48, P3000-01, Q0091
	Women 30–64 years of age who had cervical cytology/ human papillomavirus (HPV) co-testing performed every five years (2019-2023)	87620, 87621, 87622, 87624, 87625	<ul style="list-style-type: none"> • Z11.51 Encounter for screening for HPV • Z01.411 Encounter for gynecological exam with abnormal findings • Z01.419 Encounter for gynecological exam without abnormal findings 	G0476 Must be performed and documented in addition to cervical cytology (pap) test
	Exclusion – “Total”, “Complete” or “Radical” hysterectomy or hysterectomy with no residual cervix	51925, 56308, 57540, 57545, 57550, 58150, 58152, 58200, 58210, 58240, 58260, 58267, 58270, 58275, 58280, 58285, 58548, 58550, 58575, 58951, 58956, 59135, 57555-6, 58262-3, 58290-4, 58552-4, 58570-3, 58953-4	Absence of cervix <ul style="list-style-type: none"> • Q51.5, • Z90.710 • Z90.712 	

CODES FOR QUALITY MEASURES

Measure	Description	CPT	ICD-10-CM	HCPCS	
Chlamydia Screening in Women	Culture of chlamydia, any source	87110, 87270, 87320			
	Chlamydia single test (urine or vaginal swab)	87490, 87491, 87492			
	Multiple organism test (includes chlamydia)	87801			
Colorectal Cancer Screening	Fecal occult blood test (2023)	82270, 82274		G0328	
	Flexible sigmoidoscopy (2019 – 2023)	45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45339, 45340, 45341, 45342, 45345, 45346, 45347, 45349, 45350		G0104, G0106	
	Colonoscopy (2014 – 2023)	44388, 44389, 44390, 44391, 44392, 44393, 44394, 44397, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45355, 45378, 45379, 45380, 45381, 45382, 45383, 45384, 45385, 45386, 45387, 45388, 45389, 45390, 45391, 45392, 45393, 45398		G0105, G0120, G0121	
	CT Colonography (2019 – 2023)	74261, 74262, 74263			
	FIT-DNA Stool Test (Cologuard) (2021 – 2023)	81528			
Measure	Description	CPT	CPT II	ICD-10-CM	HCPCS
Diabetes Care – Eye Exam	Current measurement year	92250 or 92227 or 92228 Must be submitted via claims by an eye care professional (optometrist or ophthalmologist); **If submitted by PCP then must also apply a CPT II code as shown in adjacent column.	2022F, 2024F, 2026F (2023F and 2025F are current year codes to be used for when the member is without evidence of retinopathy. Thus, they meet numerator compliance for current year and the following year.)	Z13.5	
	Current measurement year	92220 To be used only for eye exams read by a system that provides an artificial intelligence (AI) interpretation of results			
	Year prior to measurement year (only if eye exam was negative for retinopathy)		3072F Must use date of service in the current year		

Domain	Measure	Summary
Efficiency	Generic Medication Usage	<ul style="list-style-type: none"> Measures the ratio of generic prescriptions divided by the total prescriptions (brand and generic) authorized for MHN-attributed members during the measurement year (2023) Inpatient orders are not included in this measure Goal: Varies by specialty and is based upon historical performance Exclusion: Branded Levothyroxine products Threshold: 25 total outpatient prescriptions
	ED Visits per 1,000	<ul style="list-style-type: none"> Applicable to primary care providers only For group practices: The practice rate will be used, NOT individual physician Measures the ED utilization of all members seen by the practice Calculated by taking the number of ED visits during the measurement year (2023) divided by the number of member months per practice multiplied by 12,000
	Average Length of Stay	<ul style="list-style-type: none"> Reports the arithmetic average length of stay for all cases attributed to a provider over a rolling 12-month period Value indicates the provider's average length of stay for cases with the Memorial Healthcare System For the adult population, the Crimson Cohort "All Hospitals" will be used as a comparison For the pediatric population, the Crimson Pediatric Cohort "Hospitals with Pediatric Beds" will be used as a comparison Attributed only to the "responsible" physician on the case, not all providers in the practice Threshold: 10 cases Population: All inpatients regardless of payor
	30-Day All-Cause Readmission Ratio 30-Day Heart Failure Readmission Ratio	<ul style="list-style-type: none"> For the all-cause readmissions, pediatrics and adults will be broken out into two separate scores Physicians will be measured on a system total, NOT individual performance <ul style="list-style-type: none"> Adult rate: MHN 30-day readmission rate is compared to the 30-day rate for the "Florida Hospitals" cohort Pediatric rate: MHN 30-day readmission rate is compared to the 30-day rate for the "Florida Hospitals with Pediatric Beds" cohort Heart Failure: MHN 30-day readmission rate for patients with heart failure (HF APR-DRG) is compared to the corresponding 30-day rate (same patient population) within the "Florida Hospitals" cohort Goal: To have the observed rate over the expected rate be ≤ 1.0

Domain	Measure	Summary
Citizenship	Clinical Integration Education – One CI Program Update Session	<ul style="list-style-type: none"> • In-person sessions offered throughout Memorial Healthcare System for convenience • Attendance at one MHN CI Program Update Session in-person or online is required to remain in good standing • Goal: One full point will be awarded to physicians compliant with this metric
	MHN Second Education Topic	<ul style="list-style-type: none"> • Attendance at one MHN-related topic session in-person or online per calendar year • Topic to be determined by the MHN Quality/IT Committee • Goal: One full point will be awarded to physicians compliant with this metric
	MHN Physician Survey	<ul style="list-style-type: none"> • Provides MHN physicians the opportunity to share their opinions and suggestions with MHN administration • Goal: One full point will be awarded to physicians who complete the survey during the measurement year (2023)
	CI Education – Office Manager Symposium	<ul style="list-style-type: none"> • Provides targeted MHN Network information to office administrative staff • Attendance at one CI Education Session in-person or online per calendar year by at least one member of the office staff • Goal: One full point will be awarded to physicians compliant with this metric
	Extended Hours – Bonus	<ul style="list-style-type: none"> • Encourages physicians to expand office hours, accommodating same-day appointments in order to reduce visits to emergency departments and out-of-network providers • Extended hours defined as at least one hour per week that meets at least one of the following requirements listed below. Appointments must be available during these times. <ol style="list-style-type: none"> a) Any office hours on Saturday or Sunday b) Additional office hours on Monday through Friday before 8 AM or after 6 PM • Must complete After Hours Access Attestation form indicating availability of appointments during the hours stated above • Goal: One bonus point will be awarded to office-based physicians compliant with this metric
	Specialty Specific MHN Meeting	<ul style="list-style-type: none"> • Provides targeted information to physicians in the specific specialty • Attendance at the annual meeting is required (either in-person or online) • Goal: One full point will be awarded to physicians compliant with this metric