



# 2026

## Physician Clinical Integration

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*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 2026.

# QUALITY

DOMAIN	MEASURE	SUMMARY
QUALITY	<b>Well-Child Exams in the First 30 Months of Life</b>	<ul style="list-style-type: none"> <li>• There are two age stratifications with this measure: <ul style="list-style-type: none"> <li>- Children who turn 15 months of age during measurement year; must have had <b>6 or more</b> well-child visits before the child's 15-month birthday</li> <li>- Children who turn 30 months of age during measurement year; must have had <b>2 or more</b> well-child visits between 15 and 30 months of age</li> </ul> </li> <li>• Must be coded appropriately (See table)</li> </ul>
	<b>Child and Adolescent Well-Care Visits Ages 3 to 21</b>	<ul style="list-style-type: none"> <li>• Measures those members 3–21 years of age who had at least one comprehensive well-care visit with PCP or OB/GYN during the measurement year (2026)</li> <li>• Must be coded appropriately (See table)</li> </ul>
	<b>Breast Cancer Screening</b>	<ul style="list-style-type: none"> <li>• Measures the percentage of women 40–74 years of age who have had at least one mammogram in the previous 27 months (10/2024–12/2026)</li> <li>• Must be coded appropriately (See table)</li> </ul>
	<b>Cervical Cancer Screening</b>	<ul style="list-style-type: none"> <li>• 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"> <li>- Women 21–64 years of age who had cervical cytology performed every three years (2024–2026)</li> <li>- Women 30–64 years of age who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years (2022–2026)</li> </ul> </li> </ul>
	<b>Chlamydia Screening</b>	<ul style="list-style-type: none"> <li>• 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 (2026)</li> <li>• Exclusion: Members who were assigned male at birth</li> <li>• Chlamydia may be screened via urine test or vaginal swab</li> <li>• Submission of CPT Code 87491 (Chlamydia single test, urine or vaginal swab) indicates compliance with this measure</li> </ul>
	<b>Colorectal Cancer Screening</b>	<ul style="list-style-type: none"> <li>• Measures the percentage of members 45–75 years of age who had appropriate screening for colorectal cancer</li> <li>• Must be coded appropriately (See table)</li> <li>• Screenings include: <ul style="list-style-type: none"> <li>- Fecal occult blood test during the measurement year (2026)</li> <li>- FIT-DNA Testing (i.e. Cologuard) during the measurement year or the two years prior to the measurement year (2024–2026)</li> <li>- Colonoscopy during the measurement year or the nine years prior to the measurement year (2017–2026)</li> <li>- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year (2022–2026)</li> <li>- CT-colonography during the measurement year or the four years prior to the measurement year (2022–2026)</li> </ul> </li> </ul>





DOMAIN	MEASURE	SUMMARY
<div> <div>QUALITY</div> <div>CONTINUED</div> </div>	<b>Hypertension</b> – Controlling High Blood Pressure	<ul style="list-style-type: none"> <li>Measures the percentage of members 18–85 years of age with hypertension and whose <b>most recent blood pressure</b> during the measurement year (2025) is <b>BELOW</b> 140/90 mmHg</li> <li>Must use the most recent blood pressure reading obtained during the measurement year (2025) and <b>include the appropriate CPT II code</b> reflecting the result (See below)  <b>Last/most recent SYSTOLIC blood pressure obtained during the measurement year:</b> <ul style="list-style-type: none"> <li>- 3074F &lt; 130 mm Hg</li> <li>- 3075F 130-139 mm Hg</li> <li>- 3077F ≥ 140 mm Hg</li> </ul> <b>Last/most recent DIASTOLIC blood pressure obtained during the measurement year:</b> <ul style="list-style-type: none"> <li>- 3078F &lt; 80 mm Hg</li> <li>- 3079F 80-89 mm Hg</li> <li>- 3080F ≥ 90 mm Hg</li> </ul> </li> </ul>
	<b>Cesarean Section Rate</b>	<ul style="list-style-type: none"> <li>Measures the primary C-section rate across all deliveries</li> <li>Numerator consists of patients with a primary C-section delivery</li> <li>Denominator consists of patients with a delivery DRG</li> <li>Patients with a previous C-section are excluded from this measure</li> </ul>
	<b>Episiotomy Rate</b>	<ul style="list-style-type: none"> <li>Purpose is to reduce the rate of routine episiotomies</li> <li>Evidence-based guidelines recommend against routine episiotomy, as studies fail to show maternal benefit</li> </ul>

## CODES FOR QUALITY MEASURES

MEASURE	DESCRIPTION	CPT	ICD-10-CM	HCCPS
<b>Well-Child Exams in the First 30 Months of Life</b>	Infant (younger than 1 year)	99381 New patient 99391 Established	<ul style="list-style-type: none"> <li>• Z00.110 Health supervision for newborn under 8 days old</li> <li>• Z00.111 Health supervision for newborn up to 28 days old</li> <li>• Z00.121 Routine child health exam with abnormal findings</li> <li>• Z00.129 Routine child health exam without abnormal findings</li> </ul>	
	Early childhood (1–4 years of age)	99382 New patient 99392 Established		
<b>Child and Adolescent Well-Care Visits Ages 3-21</b>	Early childhood (1–4 years of age)	99382 New patient 99392 Established	<ul style="list-style-type: none"> <li>• Z00.121 Routine child health exam with abnormal findings</li> <li>• Z00.129 Routine child health exam without abnormal findings</li> </ul>	
	Late childhood (5–11 years of age)	99383 New patient 99393 Established		
	Adolescent (12–17 years of age)	99384 New patient 99394 Established		
<b>Breast Cancer Screening</b>	18 years or older	99385 New patient 99395 Established	<ul style="list-style-type: none"> <li>• Z00.00 General adult medical exam without abnormal findings</li> <li>• Z00.01 General adult medical exam with abnormal findings</li> </ul>	
	Mammography bilateral	77066, 77067		G9899, G9900
	Exclusion – Bilateral mastectomy		• Z90.13	
<b>Cervical Cancer Screening</b>	Exclusion – Hospice intervention	99377-99378		G9687-88, G9690-94, G9700, G9702, G9707, G9709-10
	Women 21–64 years of age who had cervical cytology performed every three years (2023–2025)	88150, 88141-43, 88147-48, 88152-4, 88164-7, 88174-5	<ul style="list-style-type: none"> <li>• Z01.411 Encounter for gynecological exam with abnormal findings</li> <li>• Z01.419 Encounter for gynecological exam without abnormal findings</li> <li>• Z12.4 Encounter for screening for malignant neoplasms of cervix</li> <li>• Z12.72 Encounter for screening for malignant neoplasm of vagina</li> </ul>	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 (2021–2025)	87620, 87621, 87622, 87624, 87625	<ul style="list-style-type: none"> <li>• Z11.51 Encounter for screening for HPV</li> <li>• Z01.411 Encounter for gynecological exam with abnormal findings</li> <li>• Z01.419 Encounter for gynecological exam without abnormal findings</li> </ul>	G0476 Must be performed and documented in addition to cervical cytology (Pap test)
<b>Cervical Cancer Screening</b>	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"> <li>• Q51.5</li> <li>• Z90.710</li> <li>• Z90.712</li> </ul>	

## CODES FOR QUALITY MEASURES

MEASURE	DESCRIPTION	CPT	ICD-10-CM	HCPCS
<b>Chlamydia Screening</b>	Chlamydia Test	87110, 87270, 87320, 87490-87492, 87810		
<b>Colorectal Cancer Screening</b>	Fecal occult blood/FIT (2026)	82270, 82274		G0328
	Flexible sigmoidoscopy (2022–2026)	45325, 45330, 45334, 45335, 45350		G0104, G0106
	Colonoscopy (2017–2026)	45378, 45380, 45381, 45382, 45384, 45385		G0105, G0120, G0121
	CT colonography/ Virtual colonoscopy (2022–2026)	74261, 74262, 74263		
	FIT-DNA stool test (Cologuard) (2024–2026)	81528		
<b>Diabetes Care – Eye Exam</b>  Codes Submitted by Primary Care Providers (PCPs)	Dilated retinal eye exam (interpreted by optometrist or ophthalmologist) <u>with</u> evidence of retinopathy	2022F		
	Dilated retinal eye exam (interpreted by optometrist or ophthalmologist) <u>without</u> evidence of retinopathy	2023F		
	Low risk for retinopathy; no evidence of retinopathy in the prior year - <u>Use only if the eye exam was completed in the prior measurement year (2025)</u>	3072F		
<b>Diabetes Care – Eye Exam</b>  Codes Submitted by Optometrist/Ophthalmologist	Diabetic retinal screening – Billed by an eye care professional during the measurement year (2026)	67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245		S0620, S0621, S3000
<b>Diabetes Care – Eye Exam</b>  Codes Submitted by ANY Provider Type	Automated eye exam (AI interpretation) – Billed by any provider type during the measurement year (2026)	92229		
	Eye exam <u>with</u> evidence of retinopathy – Billed by any provider type during the measurement year (2026)	2022F, 2024F, 2026F		
	Eye exam <u>without</u> evidence of retinopathy – Billed by any provider type during the measurement year (2026)	2023F, 2025F, 2033F		

## CODES FOR QUALITY MEASURES

MEASURE	DESCRIPTION	CPT
<b>Diabetes Care – Eye Exam (Cont.)</b> Codes Submitted by ANY Provider Type	Diabetic retinal screening was NEGATIVE in PRIOR YEAR (2025) – Billed by any provider type during the measurement year (2026)	3072F
<b>Kidney Health Evaluation for Patients with Diabetes</b> Estimated glomerular filtration rate (eGFR) Must be ordered with Urine Tests shown below	Basic metabolic panel (Calcium, ionized)	80047
	Basic metabolic panel (Calcium, total)	80048
	General health panel	80050
	Comprehensive metabolic panel	80053
	Renal function panel	80069
	Blood creatinine level	82565
<b>Kidney Health Evaluation for Patients with Diabetes</b> Urine Tests	Urine albumin test (quantitative) – MUST be ordered with urine creatinine test	82043
	Urine creatinine – MUST be ordered with urine albumin test	82570



DOMAIN	MEASURE	SUMMARY
EFFICIENCY	Generic Medication Usage	<ul style="list-style-type: none"> <li>Measures the ratio of generic prescriptions divided by the total prescriptions (brand and generic) prescribed for MHN-attributed members during the measurement year (2026)</li> <li>Inpatient orders are not included in this measure</li> <li><b>Goal:</b> Varies by specialty and is based upon historical performance</li> <li><b>Exclusion:</b> Branded Levothyroxine products</li> <li><b>Threshold:</b> 25 total outpatient prescriptions</li> </ul>
	ED Visits per 1,000	<ul style="list-style-type: none"> <li><b>Applicable to primary care providers only</b></li> <li>For group practices, the practice rate will be used, NOT the individual physician rate</li> <li>Measures the ED utilization of all members seen by the practice</li> <li>Calculated by taking the number of ED visits during the measurement year (2026) divided by the number of member months per practice multiplied by 12,000</li> </ul>
	Average Length of Stay	<ul style="list-style-type: none"> <li>Reports the arithmetic average length of stay <b>for all cases attributed to a provider</b> over a rolling 12-month period</li> <li>Value indicates the provider's average length of stay for cases with the Memorial Healthcare System</li> <li>Crimson utilizes a grouper for calculation of this measure to compare physicians to "like" cases</li> <li>Physicians who achieve better than the mean length of stay for their comparison group will receive one point for this measure</li> <li><b>Threshold:</b> 10 cases</li> <li><b>Population:</b> All inpatients within the Memorial Healthcare System regardless of payer</li> </ul>
	30-Day All-Cause Readmission Ratio  30-Day Heart Failure Readmission Ratio	<ul style="list-style-type: none"> <li>For the all-cause readmissions, pediatrics and adults will be broken out into two separate scores</li> <li>Physicians will be measured on a system total, NOT on individual performance</li> <li>- <b>Adult rate:</b> MHN 30-day readmission rate is compared to the 30-day rate for the "Florida Hospitals" cohort</li> <li>- <b>Heart Failure, Adult:</b> 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</li> <li>- <b>Pediatric rate:</b> MHN 30-day readmission rate is compared to the 30-day rate for the "Florida Hospitals with Pediatric Beds" cohort</li> <li><b>Goal:</b> To have the observed rate over the expected rate be <math>\leq 1.0</math></li> </ul>

DOMAIN	MEASURE	SUMMARY
CITIZENSHIP	Clinical Integration Education – One CI Program Update Session	<ul style="list-style-type: none"> <li>Attendance at one MHN CI Program Update Session <b>in-person</b> or <b>online</b> per calendar year is required</li> <li>In-person sessions are conveniently offered at various Memorial Healthcare System locations</li> <li><b>Goal:</b> One full point will be awarded to physicians compliant with this metric</li> </ul>
	MHN Second Education Topic	<ul style="list-style-type: none"> <li>Attendance at one MHN-related topic session <b>in-person</b> or <b>online</b> per calendar year is required</li> <li>Topic to be determined by the MHN Quality/IT Committee</li> <li><b>Goal:</b> One full point will be awarded to physicians compliant with this metric</li> </ul>
	CI Education – Office Manager Symposium	<ul style="list-style-type: none"> <li>Provides targeted MHN information to office administrative staff</li> <li>Attendance at one Office Manager Symposium <b>in-person</b> or <b>online</b> per calendar year by at least one member of the office staff</li> <li><b>Goal:</b> One full point will be awarded to physicians compliant with this metric</li> </ul>
	Extended Hours – Bonus	<ul style="list-style-type: none"> <li>Encourages physicians to expand office hours, accommodating same-day appointments to reduce visits to emergency departments and out-of-network providers</li> <li>Extended hours defined as <b>at least one hour per week</b> that meets at least one of the following requirements listed below</li> <li><b>Appointments must be available during these times:</b> <ul style="list-style-type: none"> <li>- Any office hours on Saturday or Sunday</li> <li>- Additional office hours on Monday through Friday <b>before 8 AM or after 6 PM</b></li> </ul> </li> <li>Must complete <b>After-Hours Access Attestation</b> form indicating availability of appointments during the hours stated above</li> <li><b>Goal:</b> One bonus point will be awarded to office-based physicians compliant with this metric</li> </ul>





# 2026 Guidelines for Setting Select Goals

Also included are codes for select Quality measures along with goal-setting guidelines below:

- 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.



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