INSIGHTS
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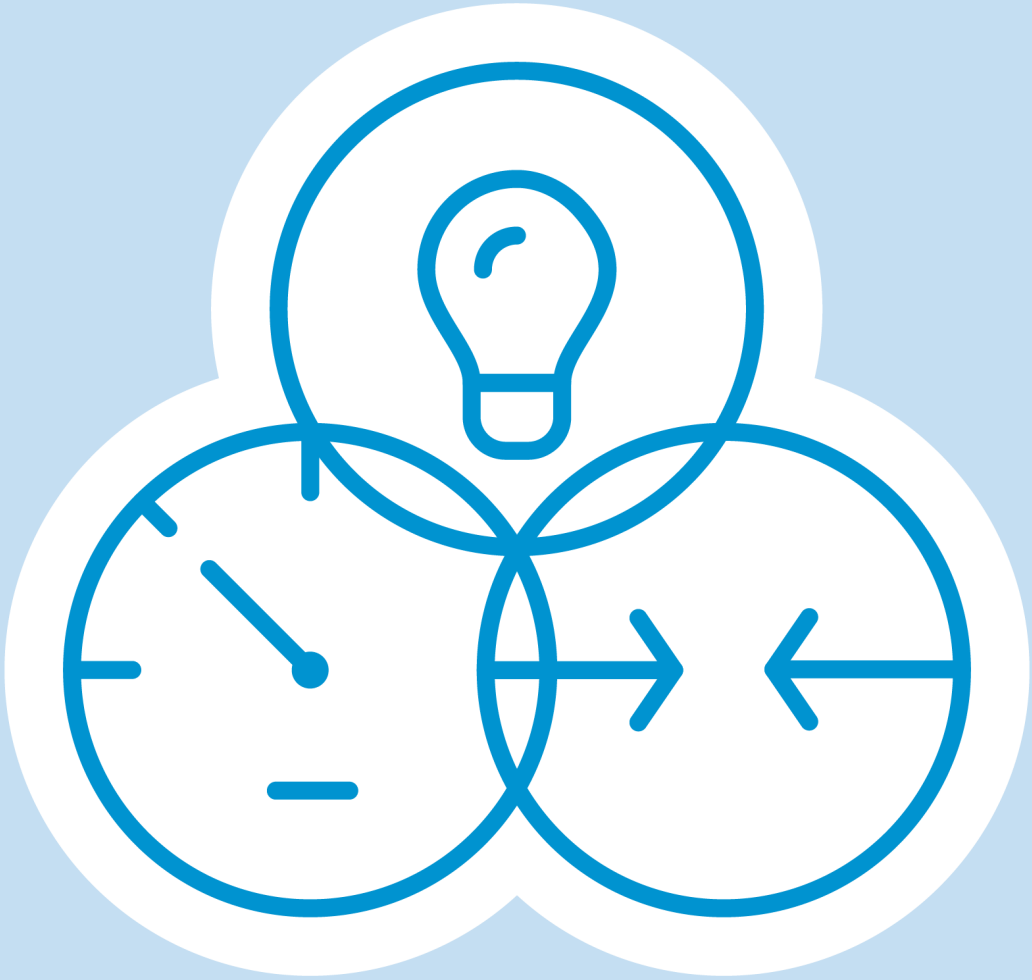

CARE GAPS
QUALITY

UTILIZATION
AFFORDABILITY

# Provider Performance Guide

2023

St. Luke's Health Partners

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# 2023 Provider Performance Guide

The following guide outlines the St. Luke's Health Partners' performance measures for participating providers. These measures constitute the performance expectations for all groups in 2023.

Performance is measured through claims data.

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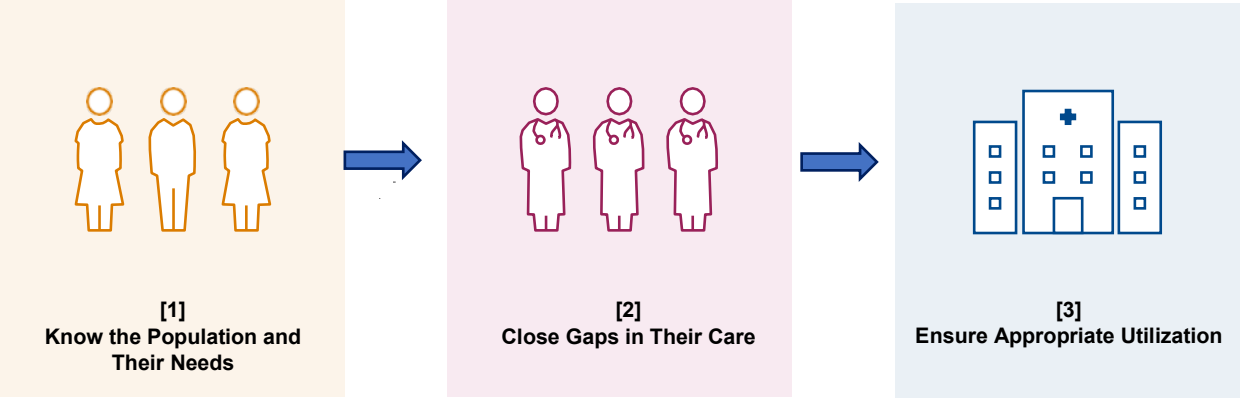
This Provider Performance Guide may include copyrighted material as referenced. The use of this material is specifically to provide definition and understanding on which measures are included and how the measures are defined for calculation purposes. Use of these copyrighted materials other than for the purposes specified herein is strictly prohibited.

# Population Health Management Overview

## Key Areas of Focus




There are three key areas of focus that will lead to success in value-based care and effective population health management: (1) Knowing the population we are accountable for, (2) knowing what gaps in care exist for that population, and (3) addressing gaps appropriately to ensure that individuals receive the right care at the right place and time.

1. Knowing the population requires an accurate reflection of the illness burden. It refers to operational workflows that ensure providers and their staff are aware of the members and patients for whom they are responsible. Currently, SLHP measures **comprehensive annual wellness visits** and **condition recapture rates** to assess how well that process is working.

2. Participating providers are accountable for **closing care gaps**, including proactively reaching out to patients for comprehensive annual wellness exams where **preventive care** and **chronic disease management** can be addressed. Closing care gaps will increase performance as reflected in quality metrics and improve the outcomes that patients experience.

3. There are many aspects of utilization that drive the cost of health care within a population, but perhaps none are more significant than **Emergency Department (ED) visits** and **inpatient admissions**. We are committed to helping clinics maximize access to primary care, which is foundational to all this work.

# Performance Measures and Funds Flow Methodology

2023 is St. Luke's Health Partners' seventh year as a financially and clinically integrated network. Our goal is to enable and facilitate effective population health management throughout the counties in which we operate. We are part of a necessary and significant change in the health care market and are committed to helping members and patients achieve the best possible health at the lowest total cost.

Provider and facility performance measures are intended to (1) support the elements of a financially and clinically integrated network, (2) drive behaviors to decrease costs and improve outcomes and (3) accelerate the rate of improvement in overall performance. Through the SLHP funds flow methodology, we share financial accountability and responsibility with our participating provider groups and facilities regarding the savings or losses we collectively generate as a network.

A participating provider is considered "full risk"—meaning they have both upside and downside performance risk—if they meet one of the following criteria for 2023:

- A primary care provider group with at least 1,000 attributed lives in aggregate across all plans.
- Have opted in as a primary care provider, regardless of the number of attributed lives (must participate in all plans). Specialists and facilities* participating in our network are not at full risk.

Regardless of whether or not the provider group is at full risk, the daily workflows and population health management efforts by each group directly influence the performance in all our plans, thus engagement is imperative. SLHP shares incentive funding with all primary care groups for value-based care activities completed via the Stellar Health platform.

**The key SLHP performance priorities for 2023 are listed below. This guide will describe each of these measures in greater detail.**

| |
|---|
| Emergency Department (ED) Utilization |
| Admissions |
| Plan All-Cause Readmissions (PCR) |
| Kidney Health Evaluation for Patients with Diabetes |
| Eye Exam for Patients with Diabetes |
| Well-Child Visits in the First 30 Months of Life |
| Child and Adolescent Well-Care Visits |
| Annual Well-Care Visits Adults |

*Acute Care Hospitals, Critical Access Hospitals, Ambulatory Surgery Centers, Home Health and Hospice, and Skilled Nursing Facilities.

## Funds Flow Adjudication Criteria

**Primary Care Providers Eligible for Full Risk**

- Group meets performance expectations on 2023 measures.
- Group participated in completion of value-based care activities utilizing the Stellar Health platform.

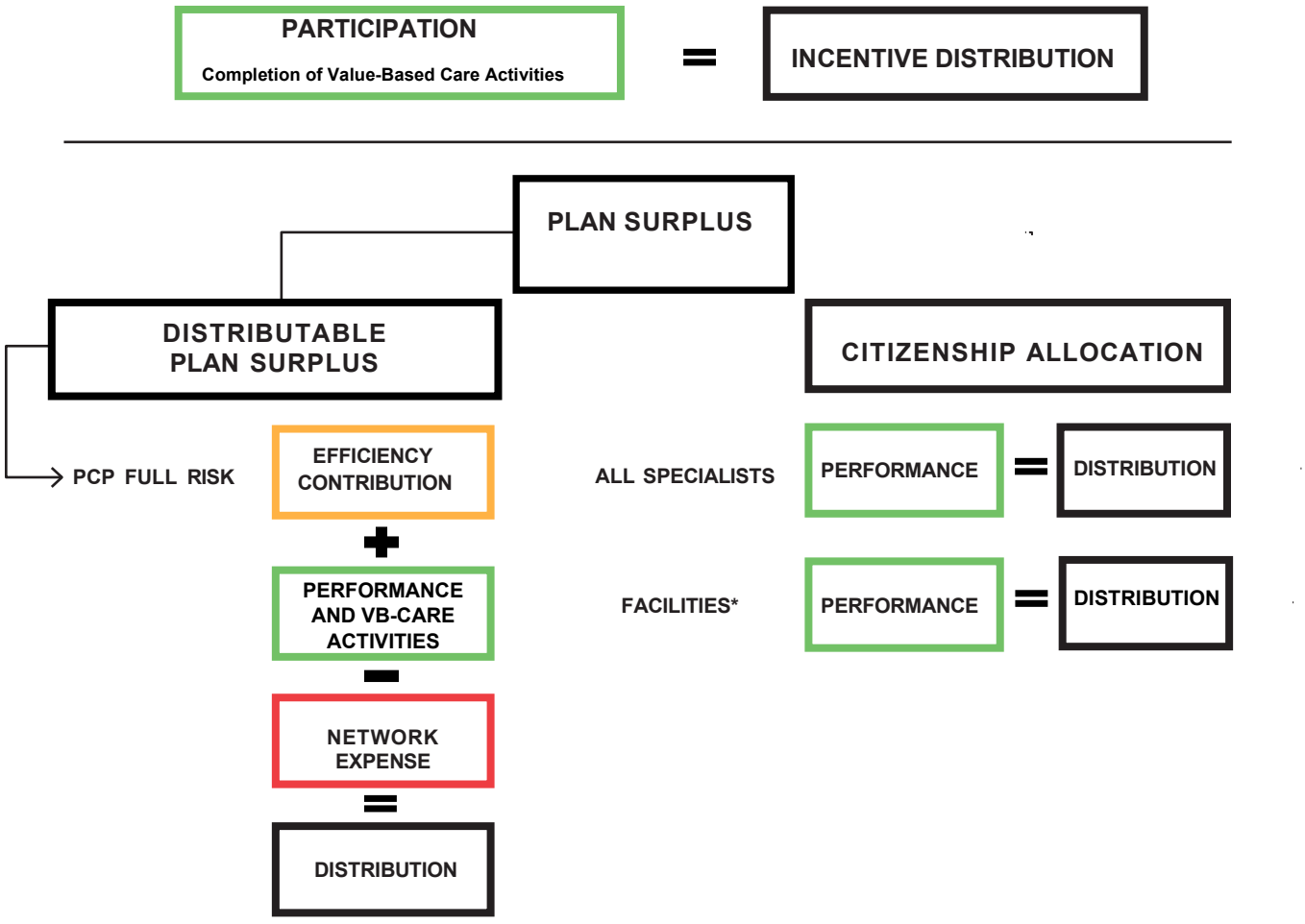
**Primary Care Providers NOT Eligible for Full Risk**

- Group participated in completion of value-based care activities utilizing the Stellar Health platform.

**All Specialists and Facilities***

- Plan(s) meet performance expectations for Emergency Department utilization.
- Plan(s) meet performance expectations for inpatient admissions.
- Line of business meets performance priority target on plan all-cause readmissions (PCR).

**PCP (FULL/NON-FULL RISK)**




*Acute Care Hospitals, Critical Access Hospitals, Ambulatory Surgery Centers, Home Health and Hospice, and Skilled Nursing Facilities.

# 2023 Performance Measures: Primary Care

## Network Expectations

| | Measures | PY 2023 Benchmark | PY 2023 Measure Target |
|---|---|---|---|
| Performance and Participation | **Emergency Department Utilization**<br>Rate of ED utilization measured as ED encounters/1000, calculated as ([Total ED visits(outpatient)] / [Total Member Months])*12,000. | Medicare: 274.74<br>Commercial: 115.90<br>SLHP well-managed benchmark[1] | Medicare: 345<br>Commercial: 140 |
| | **Admissions**<br>Rate of inpatient admissions utilization measured as admits/1000 per year, calculated as ([Total Admits (inpatient)] / [Total Member Months])*12,000. | Medicare: 186.7<br>Commercial: 51.3<br>SLHP well-managed benchmark[1] | Medicare: 186.7<br>Commercial: 54 |
| | **Plan All-Cause Readmissions (PCR)**<br>For members 18 years of age and older (18 to 64 for non-Medicare), the number of acute and readmissions for any diagnosis within 30 days. | 1.3685 national Medicare (5th percentile)<br>0.7591 national commercial (5th percentile) | New – Reporting Only |
| | **Kidney Health Evaluation for Patients with Diabetes**<br>The percentage of members 18 to 85 years of age with diabetes (Type 1 and Type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year. | **Reporting Only:**<br>SLHP will report claims-based performance on your behalf and that will meet the reporting-only requirement. | Reporting Only |
| | **Eye Exam for Patients with Diabetes (EED)**<br>The percentage of members 18 to 75 years of age with diabetes (Type 1 and Type 2) who had:<br>• An eye exam (retinal) performed during the measurement year.<br>• A negative retinal or dilated exam in the year prior to the measurement year. | ≥71% Medicare 4 STAR[2]<br>55.28% national commercial benchmark (75th percentile) | Medicare: ≥52%<br>Commercial: 34.31% |
| | **Well-Child Visits in the First 30 Months of Life**<br>Percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:<br>Rate 1: Well-child visits in the first 15 months.<br>Rate 2: Well-child visits for age 15 months to 30 months. | Rate 1: 92.16% national commercial (75th percentile)<br><br>Rate 2: 85.39% national commercial (75th percentile) | Rate 1: 73.7%<br><br>Rate 2: 81.46% |
| | **Child and Adolescent Well-Care Visits**<br>Percentage of members 3 to 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. | 60.83% national commercial (75th percentile) | 60.83% |
| | **Annual Well-Care Visits Adults**<br>The percentage of members who had an annual preventive or wellness visit. | 85.00%<br>SLHP well-managed benchmark | New – Reporting Only |
| | **Value-Based Care Activities** | | |
| | Completion of value-based care activities through the Stellar Health platform is the only way to earn participation credit in primary care. The Stellar Health platform provides funding for the completion of value-based activities. Examples of value-based care activities include, but are not limited to, closing care gaps (e.g., preventive screening, diabetes care and addressing chronic conditions). | | |

**2023 performance credit for full-risk funds flow is determined the following way:**

1. If 2022 performance is at or above the 2023 benchmark, maintain 2023 benchmark.
    - A benchmark is a number used to compare the performance of our network to other networks/entities in a standardized fashion.
2. If 2022 performance is below the 2023 benchmark, achieve or exceed 2023 measure target.
    - A measure target is a specific goal established for performance in a given period of time.

[1]ED visits per capita target and inpatient admission target based off benchmark developed in Milliman MedInsight®.
[2]STAR benchmarks from Medicare 2021 Part C & D Star Ratings and Technical Notes.
HEDIS® benchmarks from 2021 Quality Compass; for national commercial and Medicare.
SLHP has permission from Millman MedInsight to base our target benchmarks off Milliman MedInsight analytics, which is copyrighted material, for the purposes specified herein. The baseline performance that participating provider groups will need to improve from will be Jan. 1, 2022-Dec. 31, 2022.

# 2023 Performance Measures: Specialists and Facilities
## Network Expectations

| | Measures | PY 2023 Benchmark | PY 2023 Measure Target |
|---|---|---|---|
| Plan Performance | **Emergency Department Utilization**<br>Rate of ED utilization measured as ED encounters/1000, calculated as ([Total ED visits(outpatient)] / [Total Member Months])*12,000. | Medicare: 274.74<br>Commercial: 115.90<br>SLHP well-managed benchmark[1] | Medicare: 345<br>Commercial: 140 |
| | **Admissions**<br>Rate of inpatient admissions utilization measured as admits/1000 per year, calculated as ([Total Admits (inpatient)] / [Total Member Months])*12,000. | Medicare: 186.7<br>Commercial: 51.3<br>SLHP well-managed benchmark[1] | Medicare: 186.7<br>Commercial: 54 |

[1]ED visits per capita target and inpatient admission target based off benchmark developed in Milliman MedInsight®.
SLHP has permission from Millman MedInsight® to base our target benchmarks off Milliman MedInsight analytics, which is copyrighted material, for the purposes specified herein. The baseline performance that participating provider groups will need to improve from will be Jan. 1, 2022-Dec. 31, 2022.

# Appendix

# Definitions of Performance Measures

## Emergency Department Utilization

| | |
|---|---|
| **Measure Description** | Rate of Emergency Department utilization measured as ED encounters/1000, calculated as ([Total ED visits(outpatient)] / [Total Member Months])*12,000. |
| **Measurement Period** | 01/01/2023-12/31/2023 |
| **Denominator** | Total member months x 12,000 |
| **Numerator** | All outpatient Emergency Department visits during the measurement year for SLHP members. |
| **Exclusions** | Patients who had an Emergency Department visit that resulted in an inpatient admission. |
| **Measurement Steward** | SLHP |
| **Numerator Codes** | **Revenue Codes:** 0450, 0451, 0452, 0456, 0459, 0981 **CPT Codes:** 99281-99285 |
| **Accountable Providers** | All SLHP Providers |

**Revenue Codes:** Uniform billing or UB-04 codes are copyrighted (© 2023) by the American Hospital Association, Chicago, Illinois.

## Admissions

| | |
|---|---|
| **Measure Description** | Rate of inpatient admissions utilization measured as admits/1000 per year, calculated as ([Total Admits (inpatient)] / [Total Member Months])*12,000. |
| **Measurement Period** | 01/01/2023-12/31/2023 |
| **Denominator** | Total member months x 12,000 |
| **Numerator** | All inpatient admissions during the measurement year for SLHP members. |
| **Exclusions** | None |
| **Measurement Steward** | SLHP |
| **Numerator Codes** | **Revenue Codes:** 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169, 0170, 01740, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002 **CPT Codes:** 99221-99223 |
| **Accountable Providers** | All SLHP Providers |

**Revenue Codes:** Uniform billing or UB-04 codes are copyrighted (© 2021) by the American Hospital Association, Chicago, Illinois.

## Plan All-Cause Readmissions

| | |
|---|---|
| **Measure Description** | For members 18 years of age and older (18-64 for non-Medicare), the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days. Data is reported as O/E Ratio (observed vs. expected). Each index admit is weighted in five different categories (demographics, surgery, observation, primary discharge ICD, additional HCCs coded during stay) to determine probability of a readmit (expected readmits) and calculated against the number of readmits divided by admits (observed readmits). |
| **Measurement Period** | 01/01/2023-12/31/2023 |
| **Denominator** | Count of index hospital stays. |
| **Numerator** | Count of 30-day readmissions. |
| **Exclusions** | • Member in hospice or using hospice services.<br>• Member who died during the inpatient stay.<br>• Female with a principal diagnosis of pregnancy on the discharge claim.<br>• Principal diagnosis of a condition originating in the perinatal period on the discharge claim.<br>• Acute hospitalization where the discharge claims have a diagnosis for:<br>  ○ Chemotherapy maintenance.<br>  ○ Principal diagnosis of rehabilitation.<br>  ○ Organ transplant.<br>  ○ Potentially planned procedure without a principal acute diagnosis. |
| **Measurement Steward** | SLHP |
| **Numerator Codes** | **Revenue Codes:** 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002, 0760, 0762, 0769 |
| **Accountable Providers** | All SLHP Providers |

## Kidney Health Evaluation for Patients with Diabetes (KED)

| | |
|---|---|
| **Measure Description** | The percentage of members 18 to 85 years of age with diabetes (Type 1 and Type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year. |
| **Measurement Period** | 01/01/2023-12/31/2023 |

| Denominator | **18-85 years of age with diabetes (Type 1 and Type 2) as of Dec. 31 of the measurement year.**<br><br>There are two ways to identify members with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a member only needs to be identified by one method to be included in the measure. Members may be identified as having diabetes during the measurement year or the year prior to the measurement year.<br><br>**Claim/Encounter Data:** Members who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):<br>• At least one acute inpatient encounter, with a diagnosis of diabetes, **without** telehealth.<br>• At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge:<br>  ○ Identify all acute and nonacute inpatient stays.<br>  ○ Exclude nonacute inpatient stays.<br>  ○ Identify the discharge date for the stay.<br>• At least two outpatient visits, observation visits, telephone visits, e-visits or virtual check-ins, ED visits, nonacute inpatient encounters or nonacute inpatient discharges (the diagnosis must be on the discharge claim), on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two encounters. To identify a nonacute inpatient discharge:<br>  ○ Identify all acute and nonacute inpatient stays.<br>  ○ Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.<br>  ○ Identify the discharge date for the stay.<br><br>Only include nonacute inpatient encounters **without** telehealth.<br><br>**Pharmacy Data:** Members who were dispensed insulin or hypoglycemics/antihyperglycemics during the measurement year or the year prior to the measurement year. |
|---|---|

| | |
|---|---|
| **Numerator** | Members who received **both** an eGFR and a uACR during the measurement year on the same or different dates of service:<br>• At least one eGFR.<br>• At least one uACR identified by either of the following:<br>  ○ **Both** a quantitative urine albumin test **and** a urine creatinine test **with** service dates four or less days apart. For example, if the service date for the quantitative urine albumin test was Dec. 1 of the measurement year, then the urine creatinine test must have a service date on or between Nov. 27 and Dec. 5 of the measurement year.<br>  ○ A uACR. |
| **Exclusions** | • Members who did not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year **and** who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.<br>• Members in hospice or using hospice services anytime during the measurement year.<br>• Members with evidence of ESRD or dialysis any time during the member's history on or prior to Dec. 31 of the measurement year.<br>• Members receiving palliative care anytime during the measurement year.<br>• Members who died any time during the measurement year.<br><br>*Note: Supplemental and medical record data may not be used for these exclusions below.*<br>• Medicare members 66 years of age and older as of Dec. 31 of the measurement year who meet either of the following:<br>  ○ Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.<br>  ○ Living long-term in an institution any time during the measurement year.<br>• Members 66-80 years of age as of Dec. 31 of the measurement year with frailty **and** advanced illness.<br>• Members must meet **BOTH** of the following frailty and advanced illness criteria to be excluded:<br>  ○ At least two indications of frailty with different dates of service during the measurement year.<br>  ○ Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):<br>  ▪ At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits, or virtual check ins, nonacute inpatient encounters or nonacute inpatient discharges (the diagnosis must be on the discharge claim) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:<br>  • Identify all acute and nonacute inpatient stays.<br>  • Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.<br>  • Identify the discharge date for the stay.<br>  ▪ At least one acute inpatient encounter with an advanced illness diagnosis.<br>  ▪ At least one acute inpatient discharge with an advanced illness diagnosis on the discharge claim. To identify an acute inpatient discharge:<br>  • Identify all acute and nonacute inpatient stays.<br>  • Exclude nonacute inpatient stays.<br>  • Identify the discharge date for the stay.<br>  ▪ A dispensed dementia medication.<br>• Members 81 years of age and older as of Dec. 31 of the measurement year with at least two indications of frailty with different dates of service during the measurement year. |
| **Measurement Steward** | Healthcare Effectiveness Data and Information Set (HEDIS®) |
| **Numerator Codes** | **Creatinine lab test CPT:** 82570<br>**Quantitative urine albumin lab test CPT:** 82043<br>**Estimated glomerular filtration rate lab test CPT:** 80047, 80048, 80050, 80053, 80069, 82565<br>Other LOINC and SNOMED codes count that are not listed here. |
| **Accountable Providers** | Primary Care Providers |

## Eye Exam for Patients with Diabetes (EED)

| | |
|---|---|
| **Measure Description** | The percentage of members 18 to 75 years of age with diabetes (Type 1 and Type 2) who had an eye exam (retinal) performed. |

| | |
|---|---|
| **Measurement Period** | 01/01/2023-12/31/2023 |
| **Denominator** | **18-75 years of age with diabetes (Type 1 and Type 2) as of Dec. 31 of the measurement year.**<br><br>There are two ways to identify members with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a member only needs to be identified by one method to be included in the measure. Members may be identified as having diabetes during the measurement year or the year prior to the measurement year.<br><br>**Claim/Encounter Data:** Members who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):<br>• At least two outpatient visits, observation visits, telephone visits, e-visits or virtual check-ins, ED visits or nonacute inpatient encounters or nonacute inpatient discharges on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits.<br>• At least one acute inpatient encounter with a diagnosis of diabetes without telehealth.<br>• At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim.<br><br>**Pharmacy Data:** Members who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year. |
| **Numerator** | **Screening or monitoring for diabetic retinal disease as identified by administrative data. This includes diabetics who had one of the following:**<br>• A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.<br>• A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.<br>• Bilateral eye enucleation anytime during the member's history through Dec. 31 of the measurement year. |
| **Exclusions** | • Members who did not have a diagnosis of diabetes in any setting, during the measurement year or the year prior to the measurement year, ***and*** who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes in any setting, during the measurement year or the year prior to the measurement year.<br>• Members in hospice or using hospice services any time during the measurement year.<br>• Members receiving palliative care.<br>• Members who died during the measurement year.<br>• Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either:<br>  ○ Enrolled in an Institutional Specials Needs Plan (I-SNP).<br>  ○ Living long-term in an institution any time during the measurement year.<br>• Members 65 years of age and older as of Dec. 31 of the measurement year with frailty ***and*** advanced illness. Members must meet **BOTH** of the following frailty and advanced illness criteria to be excluded:<br>  ○ At least two indications of frailty with different dates of service during the measurement year.<br>  ○ Any of the following during the measurement year or the year prior to the measurement year:<br>  ▪ At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits, or virtual check-ins OR nonacute inpatient encounters (the diagnosis must be on the discharge claim) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:<br>  • Identify all acute and nonacute inpatient stays.<br>  • Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.<br>  • Identify the discharge date for the stay.<br>  ▪ At least one acute inpatient encounter with an advanced illness diagnosis.<br>  ▪ At least one acute inpatient discharge with an advanced illness diagnosis on the discharge claim. To identify an acute inpatient discharge:<br>  • Identify all acute and nonacute inpatient stay.<br>  • Exclude nonacute inpatient stays<br>  • Identify the discharge date for the stay.<br>  ▪ A dispensed dementia medication. |
| **Measurement Steward** | Healthcare Effectiveness Data and Information Set (HEDIS®) |

| | |
|---|---|
| **Numerator Codes** | **Eye exam CPT:** 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, 92229<br>Other CPT codes count for eye enucleation that are not listed here.<br><br>**Eye exam result CPT II *with* evidence of retinopathy:** 2022F, 2024F, 2026F<br>**Eye exam result CPT II *without* evidence of retinopathy:** 2023F, 2025F, 2033F<br>**Eye exam result CPT II diabetic retinal screening negative in prior year:** 3072F<br><br>**HCPCS:** S0620, S0621, S3000<br><br>Other SNOMED codes count that are not listed here. |
| **Accountable Providers** | Primary Care Providers |

## Well-Child Visits in the First 30 Months of Life (W30)

| | |
|---|---|
| **Measure Description** | **The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:**<br>**Rate 1:** Well-child visits in the first 15 months.<br>**Rate 2:** Well-child visits for age 15 months to 30 months. |
| **Measurement Period** | 01/01/2023-12/31/2023 |
| **Denominator** | **Rate 1:** Children who turn 15 months old during the measurement year.<br>**Rate 2:** Children who turn 30 months old during the measurement year. Calculate the 30-month birthday as the second birthday plus 180 days. |
| **Numerator** | **Rate 1:** Six or more well-child visits on different dates of service on or before the 15-month birthday.<br>**Rate 2:** Two or more well-child visits on different dates of service between the child's 15-month mark plus 1 day and the 30-month birthday. |
| **Exclusions** | ▪ Members in hospice or using hospice any time during the measurement year.<br>▪ Members who died any time during the measurement year. |
| **Measurement Steward** | Healthcare Effectiveness Data and Information Set (HEDIS®) |
| **Numerator Codes** | **Well-Visit CPT:** 99381, 99382, 99391, 99392. 15-30 months: 99382, 99392<br>**Well-Visit ICD-10-CM:** Z00.110, Z00.111, Z00.121, Z00.129<br>Other SNOMED codes count that are not listed here. |
| **Accountable Providers** | Primary Care Providers |

## Child and Adolescent Well-Care Visits (WCV)

| | |
|---|---|
| **Measure Description** | The percentage of members 3 to 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. |
| **Measurement Period** | 01/01/2023-12/31/2023 |
| **Denominator** | Members 3-21 years of age as of Dec. 31 of the measurement year. |
| **Numerator** | One or more well-care visits during the measurement year with a PCP or OB/GYN practitioner. |
| **Exclusions** | ▪ Members in hospice or using hospice services any time during the measurement year.<br>▪ Members who died any time during the measurement year. |

| | |
|---|---|
| **Measurement Steward** | Healthcare Effectiveness Data and Information Set (HEDIS®) |
| **Numerator Codes** | **CPT:** 99382,99383,99384, 99392, 99393, 99394. *18 years or older:* 99385, 99395<br>**ICD-10-CM:** Z00.121, Z00.129. *18 years or older:* Z00.00, Z00.01<br>Other SNOMED codes count that are not listed here. |
| **Accountable Providers** | Primary Care Providers |

## Annual Well-Care Visits Adults

| | |
|---|---|
| **Measure Description** | The percentage of members 18 and older who had an annual preventive or wellness visit. |
| **Measurement Period** | 01/01/2023-12/31/2023 |
| **Denominator** | Members 18 years of age as of Dec. 31 of the measurement year. |
| **Numerator** | One well-care visit during the measurement year with a PCP or OB/GYN practitioner. |
| **Exclusions** | Members in hospice are excluded from the eligible population. |
| **Measurement Steward** | Healthcare Effectiveness Data and Information Set (HEDIS®) |
| **Numerator Codes** | **Well-Visit CPT: 99385-99387, 99395-99397**<br>**HCPCS:** G0402, G0438, G0439<br>**Well-Visit ICD-10-CM:** Z00.00, Z00.01<br>Other SNOMED codes count that are not listed here. |
| **Accountable Providers** | Primary Care Providers |

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