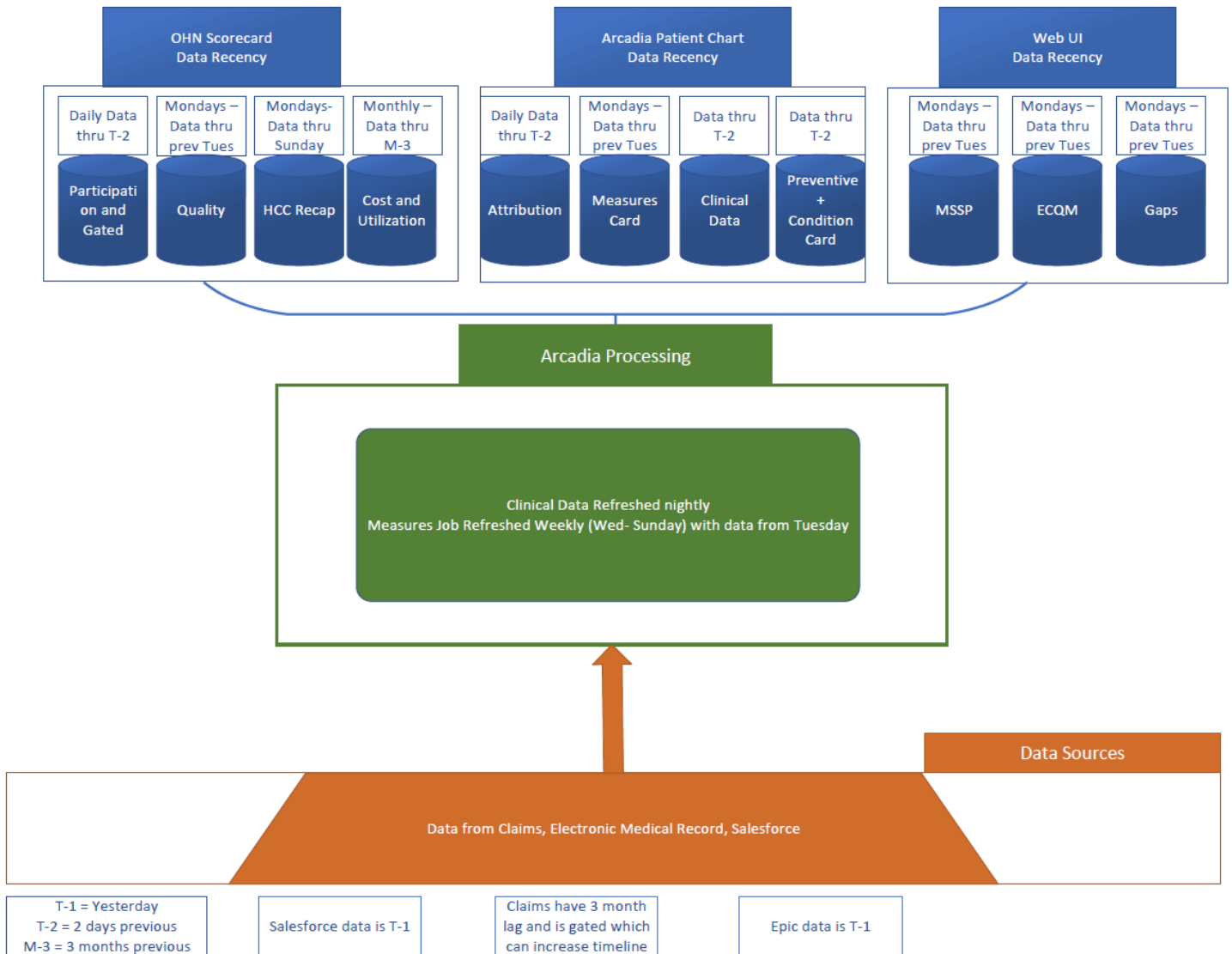


2026 OHN Engaged Pediatrician Scorecard User Guide

OVERVIEW

The OHN Engaged Pediatrician Scorecard is the centralized OHN tool for Physician/APPs to manage their panel of value-based patients. Physician/APPs access the dashboard through Arcadia. They are granted access to their respective panels. The dashboard includes areas for gated and participation performance, quality performance, risk optimization, and cost of care. The scorecard includes patient level reports. Underlying data used by the dashboard includes clinical information in EPIC, payor claims loaded into EPIC, and clinical information from Arcadia connected EMRs (if applicable). Documentation in the EPIC EMR will take 2 days to appear in the patient’s chart in Arcadia. However, documentation used to close gaps in the OHN Scorecard can take up to 12 days to update. See flowchart below for additional information.

This User Guide will lay out the basic functionality of the dashboard. For any questions, please reach out to OHNPerformanceManagement@ochsner.org

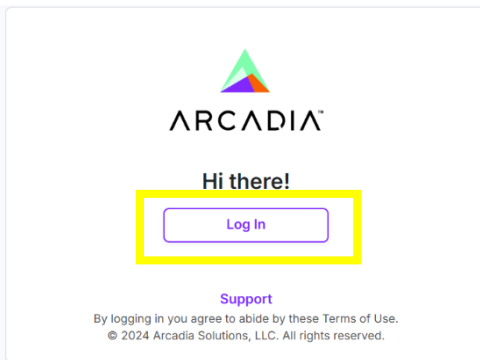


ACCESSING THE OHN PHYSICIAN SCORECARD

To access the OHN Physician Scorecard, Providers/APPs will need to log into Arcadia.

https://ochsner.arcadiaanalytics.com/users/sign_in

- **OH Employed / Infirmary / Singing River:** Users may need to scroll to find the correct SSO log-in option
- **Independent Providers:** Users will log in using their email address as the username, and password
 - **Arcadia Access:** Prior to accessing the OHN Scorecard for the first time, users will need to create an Arcadia account.
 - Users will enter their email address on file with OHN as their username. Click Continue.
 - Select "Forgot Password" to create a new password.
 - After you have set up your account with Arcadia, users will proceed to log in using their email address and password.



Welcome

Log in to Arcadia to continue to ohs-prd01.

Username or email address*

Continue

Independent Providers

OR

Continue with Ochsner SSO

Continue with Ochsner SSO (InfirmaryHealth)

Continue with Ochsner SSO (Singing River)

OH Employed

Infirmary

Singing River

After logging into Arcadia, select the "OHN Scorecard" widget.

Search for a patient



OHN Scorecard

OHN Physician Scorecard and Patient Detail



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ACCESSING THE OHN PHYSICIAN SCORECARD (CONT'D)

Select the appropriate Scorecard Category, then select the appropriate Provider to see details.

Navigation

- Advanced PCP**
Patient Level Detail for the Advanced PCP Scorecard
- Engaged PCP**
Patient Level Detail for the Engaged PCP Scorecard
- Engaged Pediatrician**
Patient Level Detail for the Engaged Pediatrician Scorecard
- Glossary**
View Definitions Used in Dashboard
- Metadata**
Confirm Available Date Range

Table of Contents | **Advanced PCP** | Engaged PCP | Engaged Pediatrician | Glossary

Controls

PCP
SELECT A PROVIDER [dropdown arrow] Measure
All

2025 Physician Scorecard & Patient Detail

Select a provider in the above control filter to get started.

TROUBLESHOOTING

Clearing the browser cache can help with errors.

- When using **Microsoft Edge**, click the 3 dots in the top right-hand corner, to the right of the web address bar and choose “Delete Browsing Data”. Choose a timeframe suitable for your recent Arcadia activity, (i.e. 7 Days) and select “Clear now”.

Microsoft Edge menu options:

- New tab (Ctrl+T)
- New window (Ctrl+N)
- New InPrivate window (Ctrl+Shift+N)
- Zoom (100%)
- Favorites (Ctrl+Shift+O)
- Collections (Ctrl+Shift+Y)
- History (Ctrl+H)
- Downloads (Ctrl+J)
- Apps
- Extensions
- Browser essentials
- Delete browsing data** (Ctrl+Shift+Delete)
- Print (Ctrl+P)
- Split screen
- Screenshot (Ctrl+Shift+S)
- Find on page (Ctrl+F)
- More tools
- Settings
- Help and feedback
- Close Microsoft Edge
- Managed by your organization

Delete browsing data

Time range: **Last 7 days**

- Browsing history (320 items)
- Download history (1 item)
- Cookies and other site data (36 sites)
- Cached images and files (less than 319 MB)

[Clear browsing data for Internet Explorer mode](#)

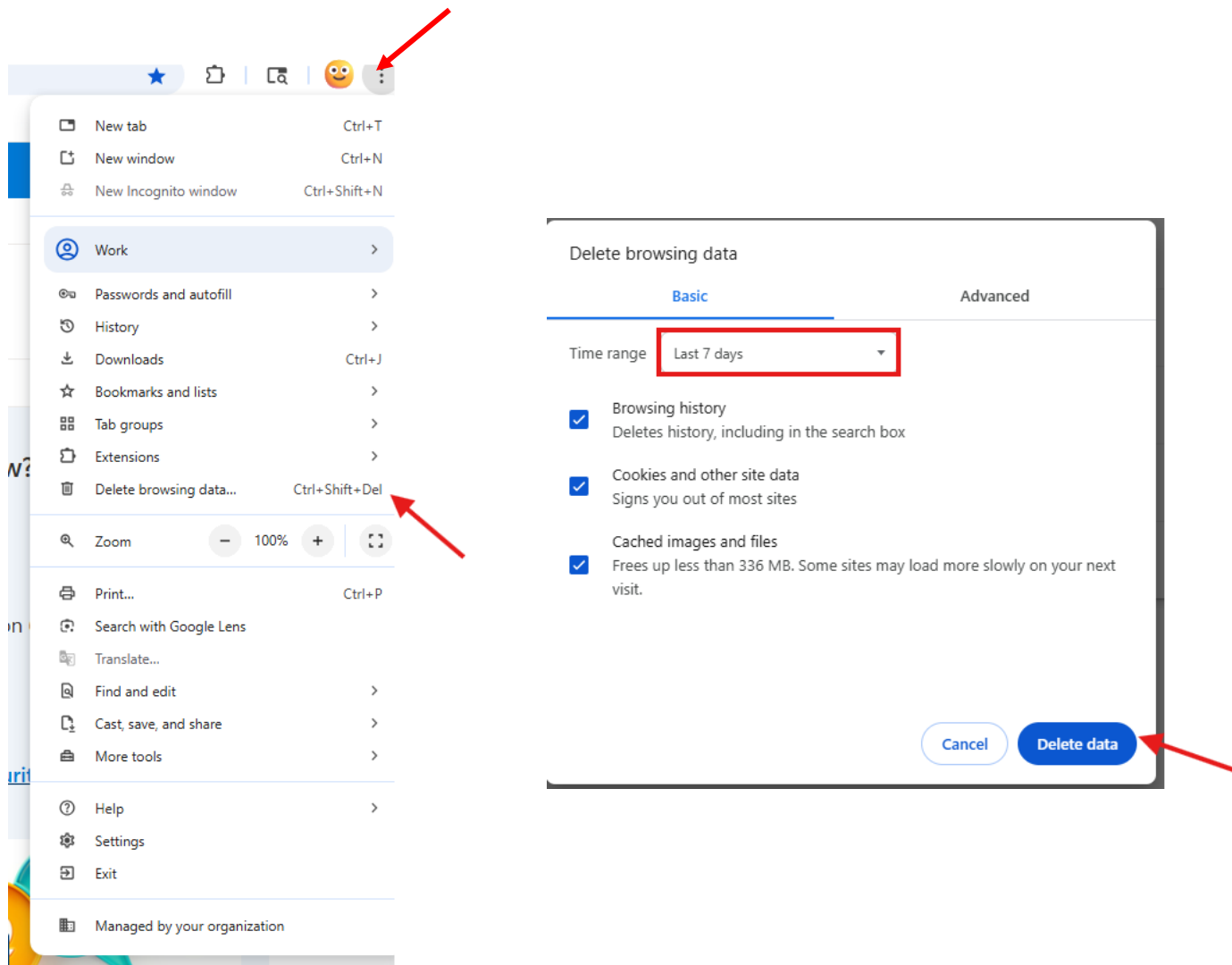
This will clear your data across all your synced devices signed in to 2024763@ochsner.org. To clear browsing data from this device only, [sign out first](#).

Clear now | Cancel

TROUBLESHOOTING (CONT'D)

Clearing the browser cache can help with errors.

- When using **Google Chrome**, click the 3 dots in the top right-hand corner, to the right of the web address bar and choose “Delete Browsing Data”. Choose a timeframe suitable for your recent Arcadia activity, (i.e. 7 Days) and select “Delete data”.



ARCADIA PATIENT CHART

Each patient's Arcadia chart can be accessed directly from the patient level detail by clicking on the Patient's Name, within the Patient Performance by Measure section of the dashboard and selecting View Patient's Chart.

The image displays three screenshots of the Arcadia Quality Guidelines interface, each with a callout box explaining a specific tab:

- Measure Tab:** The first screenshot shows the 'Measure' tab selected. The callout box states: "Measure – all contract based quality measures (HEDIS, ECQM, CMS)".
- Preventive Tab:** The second screenshot shows the 'Preventive' tab selected. The callout box states: "Preventive – shows overdue tests or out of range results based on care gaps. Not measure specific. More generic guidelines than measure." It lists items like Colonoscopy, CT Colonography, Depression Screen, and FIT-DNA with "No data provided", and BMI, BP Diastolic, BP Systolic, and Physical Exam with specific values and dates.
- Condition Tab:** The third screenshot shows the 'Condition' tab selected. The callout box states: "Condition – all gaps from patient conditions. More generic diagnosis requirements than measure tab." and provides the URL: <https://docs.arcadiaanalytics.com/core-analytics/7.9/aacm/clinical-care-gap-guidelines>. It lists items like HDL, BP, LVEF, Nephropathy, and Pneumo Vacc with specific values and dates.

OHN PHYSICIAN SCORECARD AND PATIENT DETAIL

The OHN Physician Scorecard Dashboard displays the Provider Scorecard with Gated, Participation, and Performance Metrics. It will also generate patient level data for the Performance Metrics. Ensure that the appropriate tab is selected for the Provider's Class (Advanced PCP, Engaged PCP, or Engaged Pediatrician).

2026 Provider Scorecard & Patient Detail: This area of the dashboard displays specific details for the selected provider.

- **Participation:** This area of the dashboard displays possible and earned points for Annual Participation Metrics.
- **Gated:** This area of the dashboard displays completion status of participation metrics, required to be completed, to be eligible for annual distribution.
- **Performance:** This area of the dashboard lists all quality metrics and the corresponding patients to goal, numerator, denominator, current and previous performance percentage (Current/Previous TY Perf). A green check or red X signifies if the measure target was met or not met, with possible and earned points listed accordingly.
- **Display-Only: PMPM Measures:** This area of the dashboard displays PMPM Metrics and the corresponding Performance statistics.
- **Display-Only: Cost & Utilization and Quality:** This area of the dashboard displays Cost & Utilization and Quality Metrics that are Display-Only. The corresponding Performance statistics are also displayed.

of Gaps By Measure: This area is located at the top right-hand corner of the dashboard. It offers a visual representation of the amount of gaps open by measure. The image can be expanded for a more comprehensive view by clicking on the diagonal arrows in the upper right-hand corner of this section. To return to the OHN Scorecard, click on the same arrows again.

Patient Performance by Measure: This area is located at the second to last box from the bottom of the dashboard. It displays all attributed patients' Quality Metric Performance by individual measure. The result value will display data that is used in determining numerator compliance or noncompliance for most metrics. The result date is the date the result value was obtained. The report is exportable by clicking on the three vertical dots in the upper-right hand corner of the section and selecting Export to CSV or Export to Excel.

Overall Performance by Patient: This area is the last box at the bottom of the dashboard. It displays all attributed patients' Quality Metric Performance for all quality metrics and the total number of Gaps for those metrics. The report is exportable by clicking on the three vertical dots in the upper-right hand corner of the section and selecting Export to CSV or Export to Excel.

QUALITY

The OHN Engaged Pediatrician scorecard metrics include Appropriate Testing for Children with Pharyngitis, Appropriate Treatment for Children with Upper Respiratory Infection, BMI Percentile Assessment (3-17), Childhood Immunizations – Combo 10, Chlamydia Screening, Follow-Up Care After Initiation of ADHD Treatment, Follow-Up Care During Continuation of ADHD Treatment, Well-Child Visits 3-17 Years of Age, Well-Child Visits 15-30 Months, Well-Child Visits Within First 15 Months of Life, Acute Bronchitis (Avoidance of Antibiotics), and Percentage of Avoidable ED. All measures will show current and historical performance. All quality metrics generate a patient list displaying patient gaps and compliant patients. These patient lists can be reviewed by quality metric or by patient.

CONSIDERATIONS FOR PERFORMANCE METRICS

- *Arcadia does not currently pull in Care Everywhere data. If clinical data (not claims) support should be used for compliance in a measure, the data should be uploaded within the corresponding Health Maintenance topic. Barring any delays, Care Everywhere data may be ingested into Arcadia by the end of 2026.*
- *In the guidance following, for measures that use medications for numerator or denominator criteria, “Dispense” refers to pharmacy claims data and “Ordered” refers to clinical data captured within the EMR, e.g. Medication Orders/Lists. Within the Medication section of the Arcadia Patient Chart, Medication Claims can be identified by “Filled on _(Date)_”, which is displayed under the medication name. The source of the claim will also be displayed within the same line.*
- *Codes listed throughout this guide may not be all-inclusive for each measure. Codes are limited to those commonly used in documentation. Please refer to the HEDIS Value Set Directory for a complete list of codes for each measure.*
- *Unless otherwise specified, the following Value-Based Rosters are included in each metric:*
 - **Medicare (MA):** *Humana MA, Humana TCA, Humana SS, PHN, Blue Advantage*
 - **MSSP:** *OACN, OSCN*
 - *Retrospective Attribution: Historical utilization is used to drive ACO assignments throughout the year. This attribution methodology leads to periodic adjustments throughout the year, as patients will move in and out of the population / your panel. For example:*
 - *Patient is included in your panel at the beginning of the year but has not visited our ACO in the last 2 quarters.*
 - *The patient has PCP Utilization with another ACO.*
 - *Quarterly, patients are removed and added based on utilization. This patient may be removed from your panel, based on retrospective attribution, and/or other patients may be added based on recent utilization.*
 - **Commercial:** *OEP, United Health Care, Blue Connect, QBVP*
 - *United Attribution: Attribution is also driven by retrospective attribution (like MSSP); however, adjustments are made monthly versus quarterly, so large population shifts are less likely.*

PERFORMANCE MEASUREMENT

EACH PARTICIPATING PHYSICIAN'S PERFORMANCE WILL BE TRACKED USING THE SCALE BELOW:

Tier	Description	Range			
		Low	High		
Tier 1	Results exceed most requirements and performance is achieved on a consistent basis	70	100		
Tier 2	Meets performance standards	40	69		
Tier 3	Improvement is needed	0	39		
Gated Metrics <i>(Must complete to be eligible for distribution)</i>		Participation Metrics <i>(Various options: Max 30 points annually)</i>		Compliance Result	Points
Complete CIN/ACO Compliance Education Module in Workday Learn		Complete OHN Education Modules in Workday Learn		Yes/No	8 each
Complete Annual Participation/Performance Attestation in Workday Learn		View OHN Approved Podcast(s)		Yes/No	10 each
Complete Represented Provider Acknowledgement		View OHN Approved Webinar(s)		Yes/No	10 each
*and ACO Joinder Agreement as applicable		Attend OHN Approved In Person Conference		Yes/No	30 each
Performance Metric		Measure Category	Target	Points	
Appropriate Testing for Children with Pharyngitis		Quality	≥ 90%	7	
Appropriate Treatment for Children with Upper Respiratory Infection		Quality	≥ 97%	7	
BMI Percentile Assessment (3-17)		Quality	≥ 79%	7	
Childhood Immunizations – Combo 10		Quality	≥ 55%	Display Only	
Chlamydia Screening		Quality	≥ 62%	7	
Follow-up Care After Initiation of ADHD Treatment		Quality	≥ 37%	7	
Follow-up Care During Continuation of ADHD Treatment		Quality	≥ 42%	7	
Well Child Visit 3-17 Years		Quality	≥ 72%	7	
Well Child Visits 15-30 Months		Quality	≥ 85%	7	
Well Child Visits within First 15 Months of Life		Quality	≥ 90%	7	
Acute Bronchitis (Avoidance of Antibiotics)		Quality	≥ 54%	7	
Percentage of Avoidable ED		C/U	≤ 10.00%	Display Only	

Appropriate Testing for Children with Pharyngitis ($\geq 90\%$) [Point Value: 7]

The percentage of children, ages 3-17, who were diagnosed with pharyngitis, dispensed an antibiotic, and received a Group A Strep Test for the episode.

- **Numerator:** Strep Test, obtained **3 days prior** to the Diagnosis of Pharyngitis, **on the date** of the Diagnosis of Pharyngitis, **or 3 days after** the Diagnosis of Pharyngitis
 - CPT: 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880
 - EMR: Strep Test or Throat Culture
- **Denominator:** Patients 3 – 17 years of age with a Diagnosis of Pharyngitis
 - ICD10: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.9

– And –

 - An Antibiotic Dispense
 - Antibiotics dispensed on or 3 days after the Diagnosis of Pharyngitis will include the patient in the measure; Arcadia must have the pharmacy claim for the antibiotic
- **Common Exclusions:**
 - Competing Diagnosis or Comorbid Condition
 - Antibiotics dispensed 30 days prior to the Diagnosis of Pharyngitis
 - Hospice or Death
- **Additional Considerations:**
 - Includes patients that have a pharmacy indicator coverage **in Arcadia**
 - Only specific exclusion codes are accepted (Example: H66.90, H66.93 are acceptable exclusionary Otitis Media Codes; J01.40, J01.80 are acceptable exclusionary Sinusitis codes)
 - This is an Encounter-Based Measure: Only the 1st encounter within 31 days is included in the denominator, but multiple encounters can be included in the denominator throughout the year
 - Only oral or injectable antibiotic medications are reviewed in this measure
 - This measure uses an intake period, beginning 18 months prior to the current month and ending 6 months prior to the current month

Current Date/Month	Start of Intake	End of Intake
December 31, 2026	July 1, 2025	June 30, 2026

Appropriate Treatment for Children w/ an Upper Respiratory Infection ($\geq 97\%$) [Point Value: 7]

The percentage of patients, ages 3 months to 17 years, who were diagnosed with an upper respiratory infection and were not ordered an antibiotic.

- **Compliance:** No Antibiotic Ordered or Dispensed, within 3 days after the URI Diagnosis
 - Claims: No Antibiotic Dispensed
 - EMR: No Antibiotic Ordered
- **Denominator:** Patients 3 months – 17 years of age with a Dx of an Upper Respiratory Infection
 - ICD10: J00, J06.0, J06.9

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Appropriate Treatment for Children w/ an Upper Respiratory Infection ($\geq 97\%$) [Point Value: 7]

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- **Common Exclusions:**
 - Pharyngitis or Competing Diagnosis diagnosed on the same date or 3 days after the URI Dx
 - If a patient is diagnosed with an Upper Respiratory Infection and Pharyngitis on the same date or 3 days after the URI Dx, the patient will be included in the Pharyngitis measure and excluded from the URI measure
 - Comorbid Condition diagnosed on the same date or 365 days prior to the URI Dx
 - Antibiotics dispensed 30 days prior to the Diagnosis of Acute Bronchitis / Bronchiolitis
 - Hospice or Death
- **Additional Considerations:**
 - Includes patients that have a pharmacy indicator coverage **in Arcadia**
 - Only specific exclusion codes are accepted (Example: H66.90, H66.93 are acceptable exclusionary Otitis Media Codes; J01.40, J01.80 are acceptable exclusionary Sinusitis codes)
 - This is an Encounter-Based Measure: Only the 1st encounter within 31 days is included in the denominator, but multiple encounters can be included in the denominator throughout the year
 - Only oral, inhalation, or injectable antibiotic medications are reviewed as non-compliant for this measure
 - This measure uses an intake period, beginning 18 months prior to the current month and ending 6 months prior to the current month

Current Date/Month	Start of Intake	End of Intake
December 31, 2026	July 1, 2025	June 30, 2026

BMI Percentile Assessment ($\geq 79\%$) [Point Value: 7]

The percentage of patients, ages 3-17 years, who had an outpatient visit with a PCP and who had evidence of a BMI Percentile.

- **Numerator:** BMI Percentile Documented
 - **ICD10:** Z68.51, Z68.52, Z68.53, Z68.54, Z68.55, Z68.56
 - **EMR:** BMI Percentile documented in Epic, i.e. growth chart
- **Denominator:** Patients 3 – 17 Years of age, who have had an Outpatient Visit with a PCP
- **Common Exclusions:**
 - Pregnancy
 - Hospice or Death
- **Additional Considerations:**
 - Ochsner Epic Practices: BMI Percentile will automatically calculate when a height and weight is entered
 - Non-Epic Practices: BMI ICD-10 codes must be dropped (Z68.51, Z68.52, Z68.53, Z68.54, Z68.55, Z68.56)

Childhood Immunizations – Combo 10 ($\geq 55\%$) [Point Value: Display Only]

The percentage of patients who received the following immunizations by their 2nd birthday:

- 4 diphtheria, tetanus and acellular pertussis (DTaP)
 - 3 polio (IPV)
 - 1 measles, mumps, rubella (MMR)
 - 3 haemophilus influenza type B (HiB)
 - 3 hepatitis B (HepB)
 - 1 chicken pox (VZV)
 - 4 pneumococcal conjugate (PCV)
 - 1 hepatitis A (HepA)
 - 2 or 3 rotavirus (RV)
 - 2 influenza (Flu)
-

- **Numerator:** Received all immunizations listed above by their 2nd birthday
- **Denominator:** Children who turn 2 during the year
- **Common Exclusions:**
 - Anaphylaxis, Organ Transplants, HIV, Other Immunosuppressive Disorders
 - Hospice or Death
- **Additional Considerations:**
 - Arcadia does not pull in immunization data by ONLY querying LINKS. After querying LINKS, immunizations **must then be reconciled** for compliance in the measure on the scorecard.
 - All immunizations from Care Everywhere **must be reconciled** for compliance in this measure.

Chlamydia Screening ($\geq 62\%$) [Point Value: 7]

The percentage of patients assigned female at birth, ages 16-24 years, who were identified as sexually active, during the year, and had at least one chlamydia test.

- **Numerator:** Chlamydia Test
 - CPT: 87110, 87320, 87810, 87270, 87491, 87490, 87492
 - EMR: Chlamydia Test
- **Denominator:** Patients 16 – 24 years of age, defined as sexually active, by any of the following:
 - Any Pregnancy-Related Dx, Procedure or Test
 - Sexually Transmitted Disease Dx
 - Ordered or Dispensed a Contraceptive Medication
- **Common Exclusions:**
 - Pregnancy Test, with a prescription for Isotretinoin **or** an x-ray on the same day as the pregnancy test or up to 6 days after
 - Hospice or Death

Follow-up Care After Initiation of ADHD Treatment ($\geq 37\%$) [Point Value: 7]

The percentage of patients, ages 6-12 years, with a dispense for a new ADHD medication, who had at least one follow-up visit during the following 30 days.

- **Numerator:** 1 Office Visit, with a Provider who is authorized to prescribe medications, within 30 days of a newly dispensed ADHD Medication
- **Denominator:** Patients 6 – 12 years of age, who were newly dispensed an ADHD Medication
 - Patient has no ADHD Medication Dispenses in the last 120 days
- **Common Exclusions:**
 - Narcolepsy
 - Hospice or Death
- **Additional Considerations:**
 - Result Date and Result Value displayed in the Patient Performance by Measure section of the OHN Physician Scorecard and Patient Detail Dashboard, is the newly prescribed ADHD medication and the date it was prescribed (ISPD).
 - Includes patients that have a pharmacy indicator coverage **in Arcadia**
 - This is a claims-only measure
 - The encounter provider does not have to be the prescribing provider but must have prescribing authority
 - Telehealth and Telephone visits are allowed as compliant
 - This measure uses an intake period, beginning 22 months prior to the current month and ending 10 months prior to the current month, to determine eligible encounters

Current Date/Month	Start of Intake	End of Intake
December 31, 2026	March 1, 2025	February 28, 2026

Follow-up Care During Continuation of ADHD Treatment ($\geq 42\%$) [Point Value: 7]

The percentage of patients, ages 6-12 years, with a dispense for a new ADHD medication, who remained on the medication for at least 210 days, who had at least one follow-up visit during the initiation phase (30 days after the dispense) and at least two follow-up visits during the 9 months after the initiation phase.

- **Numerator:** 2 Office Visits, with a Provider who is authorized to prescribe medications, during the 9 months after the initiation phase and 1 Office Visit within 30 days of a newly dispensed ADHD Medication
- **Denominator:** Patients 6 – 12 years of age, who were newly dispensed an ADHD Medication and were dispensed at least 210 days of an ADHD medication
 - Patient has no ADHD Medication Dispense in the last 120 days of the initial dispense
- **Common Exclusions:**
 - Narcolepsy
 - Hospice or Death

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Follow-up Care During Continuation of ADHD Treatment ($\geq 42\%$) [Point Value: 7]

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- **Additional Considerations:**
 - Result Date and Result Value displayed in the Patient Performance by Measure section of the OHN Physician Scorecard and Patient Detail Dashboard is the newly prescribed ADHD medication and the date it was prescribed (ISPD).
 - Includes patients that have a pharmacy indicator coverage **in Arcadia**
 - This is a claims-only measure
 - The encounter provider does not have to be the prescribing provider but must have prescribing authority
 - The patient must be compliant in the F/U Care after Initiation of ADHD Medication measure to be compliant for this measure
 - Telehealth and Telephone visits are allowed as compliant
 - This measure uses an intake period, beginning 22 months prior to the current month and ending 10 months prior to the current month, to determine eligible encounters

Current Date/Month	Start of Intake	End of Intake
December 31, 2026	March 1, 2025	February 28, 2026

Well Child Visits 3-17 Years Old ($\geq 72\%$) [Point Value: 7]

The percentage of patients, ages 3-17 years, who have completed a well-child visit in the last year.

- **Numerator:** 1 Well-Child Visit in the last 12 months
 - Either ICD or CPT Codes listed below will be considered compliant:
 - **CPT:** 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461
 - **ICD10:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2
- **Denominator:** Children 3 – 17 years of age
- **Common Exclusions:**
 - Hospice or Death
- **Additional Considerations:** Telehealth Visits are not eligible for this measure

Well Child Visits 15 – 30 Months ($\geq 85\%$) [Point Value: 7]

The percentage of patients who turned 30 months old, who completed at least 2 well-child visits any time after the patient's 15-month birthday but on or before the patient's 30-month birthday.

- **Numerator:** 2 or more Well-Child Visits
 - Visits must occur after the child's 15-month birthday through the child's 30-month birthday
 - Visits must be at least 14 days apart
 - Either ICD or CPT Codes listed below is considered compliant:
 - **CPT:** 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461
 - **ICD10:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2
- **Denominator:** Children who turned 30 months old in last 12 months
- **Common Exclusions:**
 - Hospice or Death
- **Additional Considerations:** Telehealth Visits are not eligible for this measure

Well Child Visits within the First 15 Months of Life ($\geq 90\%$) [Point Value: 7]

The percentage of patients who turned 15 months old in the past 12 months who completed at least 6 well-child visits before turning 15 months old.

- **Numerator:** 6 or more well-child visits prior to the child turning 15 months old
 - Visits must be at least 14 days apart
 - Either ICD or CPT Codes listed below is considered compliant:
 - **CPT:** 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461
 - **ICD10:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2
- **Denominator:** Children who turned 15 months old in the last 12 months
- **Common Exclusions:**
 - Hospice or Death
- **Additional Considerations:** Telehealth Visits are not eligible for this measure

Acute Bronchitis (Avoidance of Antibiotics) ($\geq 54\%$) [Point Value: 7]

The percentage of children, ages 3 months to 17 years, who were diagnosed with Acute Bronchitis / Bronchiolitis and were not ordered an antibiotic.

- **Compliance:** No Antibiotic Ordered or Dispensed, within 3 days after the Bronchitis Diagnosis
 - Claims: No Antibiotic Dispensed
 - EMR: No Antibiotic Ordered

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Acute Bronchitis (Avoidance of Antibiotics) ($\geq 54\%$) [Point Value: 7]

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- **Denominator:** Patients 3 months – 17 years of age, with a Dx of Acute Bronchitis / Bronchiolitis:
 - **ICD10:** J20.3, J20.4, J20.5, J20.6, J20.7, J20.8, J20.9, J21.0, J21.1, J21.8, J21.9
- **Common Exclusions:**
 - Pharyngitis or Competing Diagnosis diagnosed on the same date or 3 days after the Bronchitis / Bronchiolitis Diagnosis
 - If a patient is diagnosed with Bronchitis / Bronchiolitis and Pharyngitis on the same date or 3 days after the Bronchitis / Bronchiolitis Dx, the patient will be included in the Pharyngitis measure and excluded from the Acute Bronchitis measure
 - Comorbid Condition diagnosed on the same date or 365 days prior to the Bronchitis / Bronchiolitis Diagnosis
 - Antibiotics dispensed 30 days prior to the Diagnosis of Acute Bronchitis / Bronchiolitis
 - Hospice or Death
- **Additional Considerations:**
 - Includes patients that have a pharmacy indicator coverage **in Arcadia**.
 - Only specific exclusion codes are accepted (Example: H66.90, H66.93 are acceptable exclusionary Otitis Media Codes; J01.40, J01.80 are acceptable exclusionary Sinusitis codes)
 - This is an Encounter-Based Measure: Only the 1st encounter within 31 days is included in the denominator, but multiple encounters can be included in the denominator throughout the year
 - Only oral, inhalation, or injectable antibiotic medications are reviewed as non-compliant for this measure
 - This measure uses an intake period, beginning 18 months prior to the current month and ending 6 months prior to the current month

Current Date/Month	Start of Intake	End of Intake
December 31, 2026	July 1, 2025	June 30, 2026

Percentage of Avoidable ED ($\leq 10\%$) [Point Value: Display Only]

For all attributed patients, the rate of members who had an avoidable ED visit.

- **Numerator:** Total Number of avoidable ED Visits
- **Denominator:** Total Number of all ED Visits
- **Common Exclusions:** Mental Health, Alcohol, Substance Abuse and Injuries
- **Additional Considerations:**
 - Avoidable ED visits are classified as visits that could have been avoided if timely and effective ambulatory care had been received during the episode of the illness, or treatment that could have been provided effectively and safely in a primary care setting and did not require resources that are not available in a primary care setting.
 - Physicians/APPs should use the [Vista Emergency Department Dashboard](#), within Arcadia, to access patient level details relevant to this performance metric.