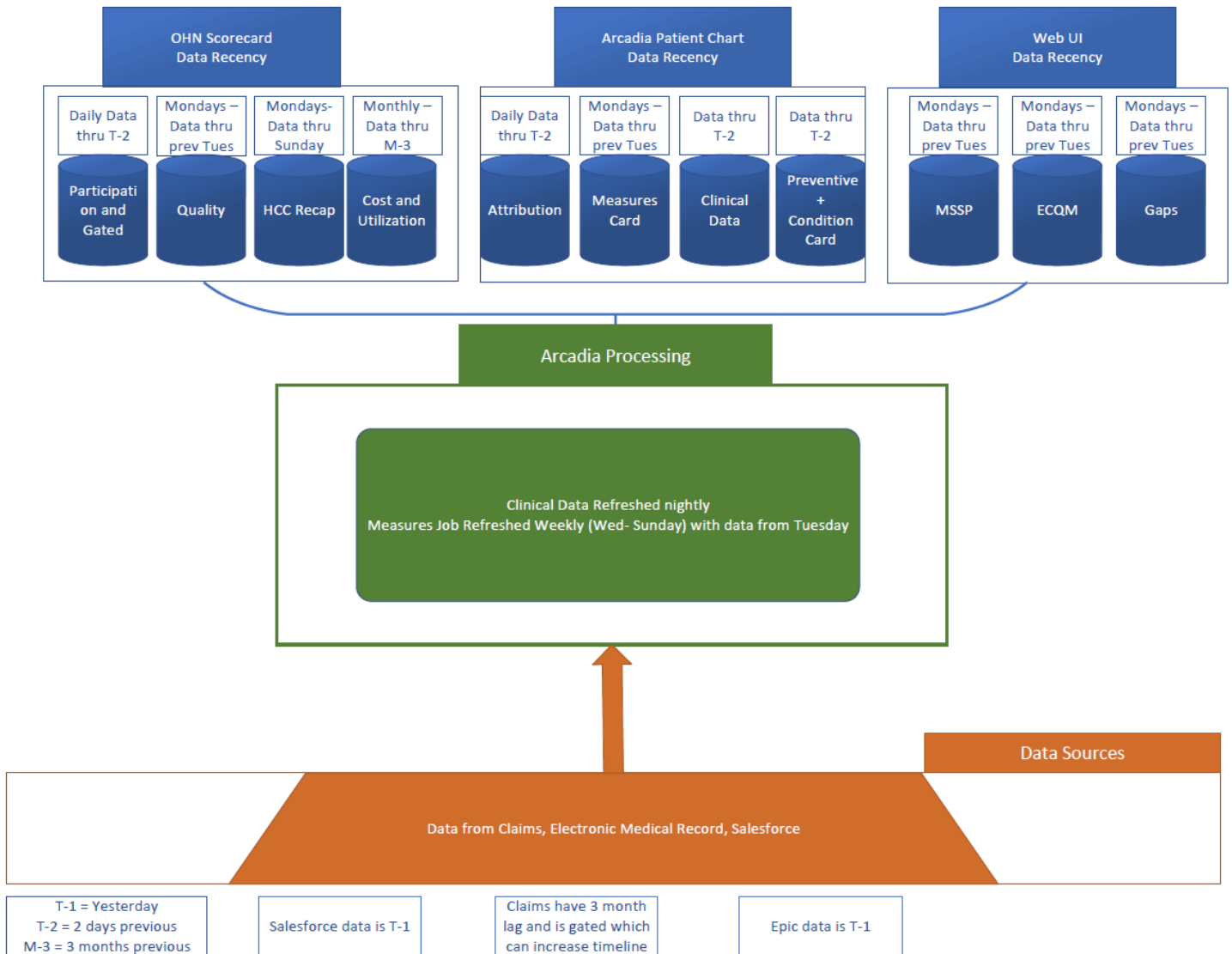


# 2026 OHN Advanced PCP Scorecard User Guide

# OVERVIEW

The OHN Advanced PCP 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](mailto:OHNPerformanceManagement@ochsner.org)

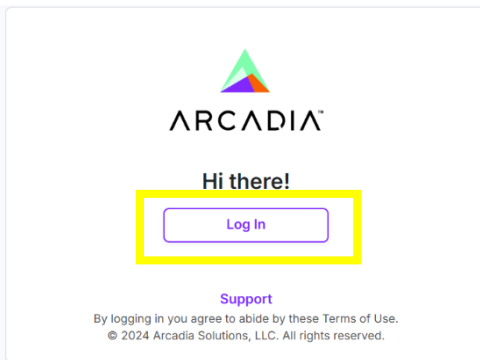


# ACCESSING THE OHN PHYSICIAN SCORECARD

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

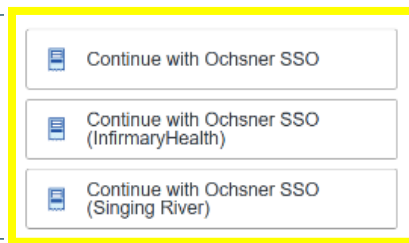
[https://ochsner.arcadiaanalytics.com/users/sign\\_in](https://ochsner.arcadiaanalytics.com/users/sign_in)

- **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.

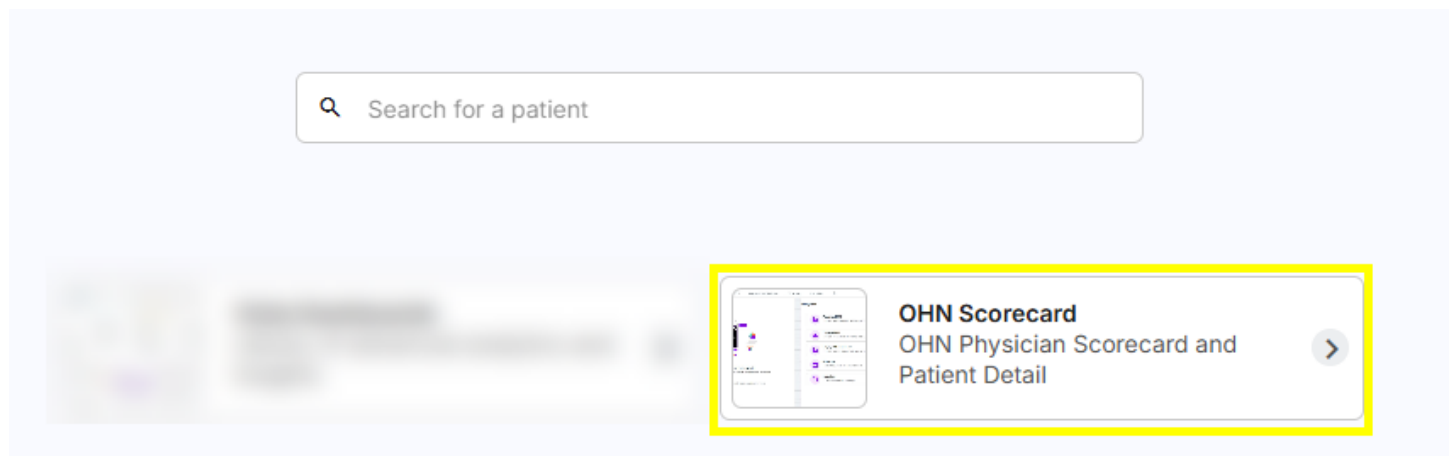


Independent Providers

OH Employed  
Infirmary  
Singing River



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



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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”.

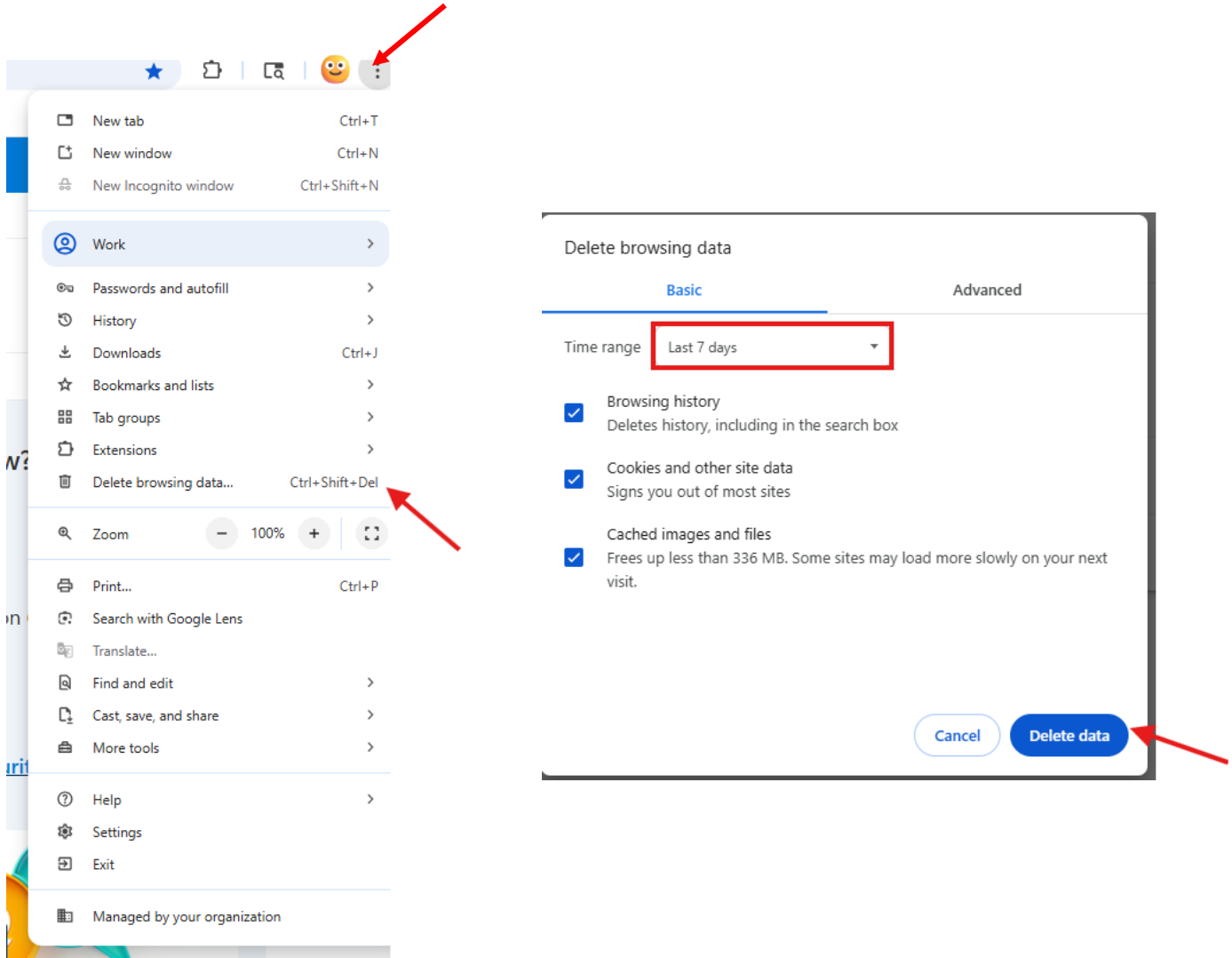
A screenshot of the Microsoft Edge browser's main menu. The menu is open, showing various options. A red arrow points to the three-dot menu icon in the top right corner of the browser window. Another red arrow points to the 'Delete browsing data' option in the menu.

A screenshot of the 'Delete browsing data' dialog box in Microsoft Edge. The 'Time range' dropdown is set to 'Last 7 days'. The 'Browsing history' and 'Download history' options are unchecked. The 'Cookies and other site data' and 'Cached images and files' options are checked. A red arrow points to the 'Clear now' button at the bottom.

## 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 screenshot displays three panels of the Arcadia Patient Chart, each with a callout box explaining its function:

- Measure Tab:** Shows a 'Quality Guidelines' section with a 'Measure' tab selected. A callout box states: "Measure – all contract based quality measures (HEDIS, ECQM, CMS)".
- Preventive Tab:** Shows a 'Quality Guidelines' section with a 'Preventive' tab selected. A callout box states: "Preventive – shows overdue tests or out of range results based on care gaps. Not measure specific. More generic guidelines than measure." Below this, a list of items is shown:
 

<b>Overdue</b>	<b>Out of Range</b>	<b>No Action</b>
<b>Colonoscopy</b> No data provided	No gaps available	<b>BMI</b> 22.4 on 2024-10-22
<b>CT Colonography</b> No data provided		<b>BP Diastolic</b> 80.0 on 2024-10-22
<b>Depression Screen</b> No data provided		<b>BP Systolic</b> 126.0 on 2024-10-22
<b>FIT-DNA</b> No data provided		<b>Physical Exam</b> 2024-10-22
- Condition Tab:** Shows a 'Quality Guidelines' section with a 'Condition' tab selected. A callout box states: "Condition – all gaps from patient conditions. More generic diagnosis requirements than measure tab." Below this, a list of items is shown:
 

<b>Overdue</b>	<b>Out of Range</b>	<b>Adherent</b>
<b>HDL</b> 2.0 on 06/16/2020 LAGESON, ENAYAH @ Combined HIE Feed 127	<b>BP</b> 158/84 on 08/09/2020 LAGESON, ENAYAH @ Combined HIE Feed 127	<b>LVEF</b> No data provided
		<b>Nephropathy</b> 08/11/2020 LAGESON, ENAYAH @ Combined HIE Feed 127
		<b>Pneumo Vacc</b> 08/16/2020 Combined HIE

## 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 Advanced PCP scorecard metrics include A1c Control < 8, Depression Screening and Follow-Up, Hypertension Control  $\leq 139/89$ , Percentage of MA/MSSP Patients That Have an Advanced Care Plan Documented, Percentage of Medical Discharges with a Follow-Up Visit Within 7 days, Percentage of PCP Panel with PCP Visit, Statin Therapy for Patients with Cardiovascular Disease, Statin Therapy for Patients with Diabetes, Percentage of Avoidable ED, Chronic HCC Reconciliation Rate, Breast Cancer Screening (eCQM), Chlamydia Screening, Depression Screening and Follow-Up (eCQM), Adjusted Total Cost of Care per Member per Month – Commercial and > 65, Percentage of Avoidable Admissions, and Chronic Condition Rate. 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.*

*\*\*For eCQM Metrics, if the Provider has seen the patient at any time during the year, the patient is included in the measure (Rendering Attribution). Multiple providers can have the same patient included in the same measure.*

## 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
A1c Control < 8	Quality	≥ 81%	5
Depression Screening and Follow-up	Quality	≥ 85%	5
Hypertension Control ≤ 139/89	Quality	≥ 85%	5
% of Attributed MA/MSSP pts that have an Advanced Care Plan documented	Quality	≥ 38%	10
Percentage of Medical Discharges with a follow up visit within 7 days	Quality	≥ 50%	5
Percentage of PCP Panel with PCP visit	Quality	≥ 90%	10
Statin Therapy for Patients with Cardiovascular Disease	Quality	≥ 90%	5
Statin Therapy for Patients with Diabetes	Quality	≥ 92%	5
Percentage of Avoidable ED – MA & MSSP	C/U	≤ 45.00%	10
Chronic HCC Reconciliation Rate	CDE	≥ 90%	10
Breast Cancer Screening (eCQM)	Quality	≥ 70%	Display Only
Chlamydia Screening	Quality	≥ 62%	Display Only
Depression Screening and Follow-up (eCQM)	Quality	≥ 85%	Display Only
Adjusted Total Cost of Care PMPM – Commercial	C/U	TBD	Display Only
Adjusted Total Cost of Care PMPM > 65	C/U	TBD	Display Only
Percentage of Avoidable Admissions	C/U	≤ 10.00%	Display Only
Chronic Condition Rate	CDE	≥ 90%	Display Only

## A1c Control < 8 ( $\geq 81\%$ ) [Point Value: 5]

---

The percentage of patients, ages 18 – 75, with diabetes whose most recent Hemoglobin A1c or glucose management indicator (GMI) is adequately controlled (< 8).

---

- **Numerator:** *The most recent A1c or GMI is < 8.0*
  - CPT II: 3051F, 3044F
  - EMR: Most recent A1c Result < 8
- **Denominator:** *Patients ages 18 – 75, with a diagnosis of Diabetes, defined by any of the following:*
  - 2 Diagnoses of Diabetes in the past 24 months
  - 1 Diabetes Med Dispense or Order **and** have at least 1 Dx of Diabetes in the past 24 months
- **Additional Considerations:**
  - *The most recent A1c or GMI must be less than 8.0. If the most recent A1c is  $\geq 8.0$ , the patient is noncompliant*
  - *If a claim/CPT is captured for an A1c Test, but Arcadia does not capture a value, the patient is noncompliant*
  - *If a claim/CPTII is captured for a range, i.e. 3051F (A1c greater than or equal to 7.0 and less than 8.0%), then Arcadia will display the A1c as a number to fit the measure requirements in the Quality Guidelines Measure Card. This is **NOT** the actual A1c value.*
- **Common Exclusions:** *Frailty and Advanced Illness, Palliative Care, Hospice, or Death*

## Depression Screening and Follow-Up [MA / MSSP] ( $\geq 85\%$ ) [Point Value: 5]

---

The percentage of patients, ages 12 and older, who were screened for depression, and if the screen was positive had a follow-up plan for clinical depression documented.

---

- **Numerator:** *Depression Screening completed at the most recent encounter (or 14 days prior) and if positive, follow-up plan is documented on that date or up to 2 days following*
  - Common Depression Screenings: PHQ-9 or PHQ-2
  - HCPCS: G8431, G8510, G8433
  - Follow-Up Plan:
    - Referral to a clinician for additional evaluation and assessment
    - Pharmacological Interventions
    - Other interventions or follow-up for the diagnosis or treatment of depression
- **Denominator:** *Patients 12 years and older at the beginning of the year, with at least one qualifying encounter during the year*
  - See Appendix for Full List of the Qualifying Encounter Codes
- **Common Exclusions:**
  - Bipolar disorder
  - Patients who refuse to participate in the screening
  - Documented medical reason the patient may not have been screened for depression (i.e. emergent situation, cognitive, functional, or motivational limitations that may impact the result)

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## Depression Screening and Follow-Up [MA / MSSP] ( $\geq 85\%$ ) [Point Value: 5]

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- **Additional Considerations:**
  - A positive depression screening = PHQ9  $\geq 10$  or PHQ2  $\geq 3$ 
    - If a PHQ2 is positive, and a subsequent PHQ9 is negative (taken before or on the encounter date, but after the positive PHQ2), a follow-up plan is **STILL** required for the positive PHQ2
  - \*\*G0444 is **not** a numerator compliance code; it is a denominator inclusion code
  - Please note the **differences** between this Measure and the eCQM Depression Screening and Follow-Up Display Measure
    - Clinical and Claims Data are used to close this measure
    - Patients included in this measure are in our MA / MSSP Contracts

## Hypertension Blood Pressure Control $\leq 139/89$ ( $\geq 85\%$ ) [Point Value: 5]

---

The percentage of patients, ages 18 – 85, with hypertension who have adequately controlled blood pressure  $\leq 139/89$ .

---

- **Numerator:** The **last BP** of the year is  $\leq 139/89$ , obtained in an appropriate setting
  - CPT II: Systolic = 3074F or 3075F
  - CPT II: Diastolic = 3079F or 3078F
  - EMR: Most recent Systolic & Diastolic BP  $\leq 139 / 89$
- **Denominator:** Patients 18 – 85 years of age with **two** diagnoses of HTN, in the last 18-24 months
- **Common Exclusions:**
  - ESRD, Dialysis, Nephrectomy, or Kidney Transplant at any time during the patient's history
  - Pregnancy during the last 12 months
  - Procedures that require a medication regimen, change in diet, or medication change due to the procedure
  - Do not use BPs taken in an acute inpatient, ED setting or during a dialysis procedure
    - Inpatient Encounters must have an inpatient charge dropped every day the patient is hospitalized for the BP to be excluded as an inpatient BP in Arcadia
  - Frailty and Advanced Illness, Palliative Care, Hospice, or Death
  - See additional considerations below
- **Additional Considerations:**
  - Systolic measurement of 140 or Diastolic measurement of 90 is considered non-compliant
  - If multiple BPs are taken on the same date, the lowest BP is captured for compliance
  - Digital BPs are not captured, but patient-reported and Telephonic BPs are captured
  - Includes the last BP taken in any area (Primary Care, Specialty, etc.)
  - Because of Arcadia limitations, some exclusions may not be captured. Upon approval, these may be manually reviewed for possible exclusion at the end of the measurement year.

## Advanced Care Plan Documented [MA / MSSP] ( $\geq 38\%$ ) [Point Value: 10]

---

The percentage of patients, ages 65 and older, who have documentation of advanced care planning (ACP) in the last 12 months.

---

- **Numerator:** Evidence of Advance Care Planning--Any of the following will meet compliance:
  - CPT: 99497, 99483
  - CPT II: 1157F, 1123F, 1124F, Z66
  - EMR: .ACP SmartPhrases
    - ACP Living Will
    - ACP HCPOA
    - ACP Family Meeting Note
    - ACP GOC
    - ACP Reviewed/No Changes
    - ACP Declined
  - EMR: SmartTexts
    - AMB HRA/AWV Advance Directive Discussed
    - AMB HRA/AWV Advance Directive Patient Declined
    - AMB HRA/AWV Advanced Directives Discussed with Patient
    - AMB HRA/AWV Advanced Directives Discussion Declined by Patient
    - AMB HRA/AWV Advanced Directives on File. Changes Requested
    - AMB HRA/AWV Advanced Directives on File. No Changes
    - AMB HRA/AWV has Advanced Directives has declined to Provide Copies
    - AMB HRA/AWV Patient has Advanced Directives Written and Agrees to Provide Copies to the Institution
  - EMR: Advanced Directive Flowsheet
    - Documentation in flowsheet
      - Do not select 'Unable to assess' or 'Patient is a minor' – The patient will be noncompliant if these options are documented
- **Denominator:** MA / MSSP Patients, 65 years and older
- **Additional Considerations:**
  - ACP Documentation uploaded into Media, within Epic, *is not captured* in Arcadia. A code, the .ACP smart phrase, or SmartText must be dropped to capture compliance

## % of Medical Discharges with a F/U Visit within 7 Days [MA & MSSP] ( $\geq 50\%$ ) [Point Value: 5]

---

The percentage of discharges, ages 18 years and older, where the patient was seen for a follow-up visit in the clinic within 7 days of discharge.

---

- **Numerator:** Follow-Up Visit within 7 days of discharge
  - Office Visits, Telemedicine, At-Home Visits
- **Denominator:** Patients 18 years and older that have an inpatient discharge
- **Common Exclusions:** Discharges from ED

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% of Medical Discharges with a F/U Visit within 7 Days [MA & MSSP] ( $\geq 50\%$ ) [Point Value: 5]

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- **Additional Considerations:**
  - This is a claims-only measure
  - No discharges in the previous 3 months will be included in the patient level data. End of year evaluation will allow for claims run-out for this measure.
  - This is an encounter-based measure. One patient can have multiple encounters counting toward the denominator throughout the year. Each encounter is either compliant or noncompliant.

Percentage of PCP Panel with PCP Visit ( $\geq 90\%$ ) [Point Value: 10]

---

The percentage of patients who have had a primary care visit within the last year.

---

- **Numerator:** Primary Care Visit
  - Office Visits with a Primary Care Physician
- **Denominator:** Patients 18 years of age and older
- **Additional Considerations:** Any primary care visit with ANY internal medicine, family medicine, primary care or pediatric provider will meet the measure. The visit does not have to be with the patient's PCP.

Statin Therapy for Patients with Cardiovascular Disease ( $\geq 90\%$ ) [Point Value: 5]

---

The percentage of patients, ages 21–75, with ASCVD who were dispensed one high-intensity or moderate-intensity statin medication within the last year.

---

- **Numerator:** 1 Dispense (Pharmacy Claim) of a high or moderate intensity statin within the past 12 months

Atorvastatin 40-80 mg	Atorvastatin 10-20 mg	Pravastatin 40-80 mg
Amlodipine-atorvastatin 40-80 mg	Amlodipine-atorvastatin 10-20 mg	Lovastatin 40 mg
Rosuvastatin 20-40 mg	Rosuvastatin 5-10 mg	Fluvastatin 40-80 mg
Simvastatin 80 mg	Simvastatin 20-40 mg	Pitavastatin 1-4 mg
Ezetimibe-simvastatin 80 mg	Ezetimibe-simvastatin 20-40 mg	
- **Denominator:** Patients ages 21 – 75, with a diagnosis of ASCVD, defined by any of the following:
  - Event during the prior measurement year – CABG, PCI, or other Revascularization Procedure; or discharged from an inpatient setting with an MI
  - At least 2 ASCVD Diagnoses during the measurement year or prior to the measurement year (Diagnoses do not have to be the same in both years) – Ischemic Vascular Disease (IVD) Diagnosis, i.e. Angina, Ischemic Heart Disease, Stroke, Atherosclerosis, Stenosis, Embolism, Ischemia, etc.

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## Statin Therapy for Patients with Cardiovascular Disease ( $\geq 90\%$ ) [Point Value: 5]

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- **Common Exclusions:**
  - During the prior or current measurement year – Pregnancy, IVF, Clomiphene Dispense, ESRD, Dialysis, Cirrhosis
  - During the measurement year – Myalgia, Myositis, Myopathy, Rhabdomyolysis
  - Anytime during the patient’s history – Myalgia or Rhabdomyolysis caused by a Statin
  - Frailty and Advanced Illness, Palliative Care, Hospice, or Death
- **Additional Considerations:**
  - Allergies and Generalized “Statin Intolerance” are not exclusions for this measure
    - Statin Intolerance documentation must be SPECIFIC (i.e. Rhabdomyolysis or Myalgia caused by a Statin)
  - If a patient has both Diabetes **and** ASCVD, then the patient will be included in this measure and excluded from the Statin Therapy for Patients with Diabetes measure
    - Includes patients that have a pharmacy indicator coverage in Arcadia; patients will be compliant if there is a **pharmacy claim** for a statin.
      - ALL other documentation indicating that the patient is taking a statin is not acceptable for compliance. A pharmacy claim for a statin, within the measurement year, is required for compliance.
  - This measure excludes patients on the MSSP Roster

## Statin Therapy for Patients with Diabetes ( $\geq 92\%$ ) [Point Value: 5]

---

The percentage of patients ages 40-75, with Diabetes who do not have ASCVD and who were dispensed one statin of any intensity within the last year.

---

- **Numerator:** 1 Dispense (Pharmacy Claim) of any intensity statin within the last 12 months

Atorvastatin 40-80 mg	Atorvastatin 10-20 mg	Pitavastatin 1–4 mg
Amlodipine-atorvastatin 40-80 mg	Amlodipine-atorvastatin 10-20 mg	Fluvastatin 20 mg
Rosuvastatin 20-40 mg	Rosuvastatin 5-10 mg	Lovastatin 10-20 mg
Simvastatin 80 mg	Simvastatin 20-40 mg	Pravastatin 10–20 mg
Ezetimibe-simvastatin 80 mg	Ezetimibe-simvastatin 20-40 mg	Simvastatin 5-10 mg
Pravastatin 40-80 mg	Lovastatin 40 mg	Fluvastatin 40-80 mg
	Ezetimibe-simvastatin 10 mg	
- **Denominator:** Patients ages 40 – 75, with a diagnosis of Diabetes, defined by any of the following:
  - 2 Diagnoses of Diabetes in the past 24 months
  - 1 Diabetes Med Dispense or Order **and** have at least 1 Dx of Diabetes in the past 24 months
- **Common Exclusions:**
  - During the prior or current measurement year – Pregnancy, IVF, Clomiphene Dispense, ESRD, Dialysis, Cirrhosis
  - During the measurement year – Myalgia, Myositis, Myopathy, Rhabdomyolysis
  - Anytime during the patient’s history – Myalgia or Rhabdomyolysis caused by a Statin
  - Frailty and Advanced Illness, Palliative Care, Hospice, or Death

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## Statin Therapy for Patients with Diabetes ( $\geq 92\%$ ) [Point Value: 5]

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- **Additional Considerations:**
  - Allergies and Generalized “Statin Intolerance” are not exclusions for this measure
    - Statin Intolerance documentation must be SPECIFIC (i.e. Rhabdomyolysis or Myalgia caused by a Statin)
  - If a patient has both Diabetes **and** ASCVD, then the patient will be included in the Statin Therapy for Patients with Cardiovascular Disease measure and excluded from this measure
  - Includes patients that have a pharmacy indicator coverage in Arcadia; patients will be compliant if there is a **pharmacy claim** for a statin.
    - ALL other documentation indicating that the patient is taking a statin is not acceptable for compliance. A pharmacy claim for a statin, within the measurement year, is required for compliance.
  - This measure excludes patients on the MSSP Roster

## Percentage of Avoidable ED [MA & MSSP] ( $\leq 45.00\%$ ) [Point Value: 10]

---

The percentage of patients, ages 65 years and older, 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.

## Chronic HCC Reconciliation Rate ( $\geq 90\%$ ) [Point Value: 10]

---

The percentage of CMS-HCC Chronic Conditions dispositioned in a face-to-face encounter year over year.

---

- **Numerator:** Chronic HCCs Dispositioned at Point of Care in 2026; Any of the following meet criteria:
  - External Capture: Claims
  - EMR: Select “Add”, “Resolve” or “NA to Patient” within the HCC BPA or Problem List
  - EMR: Recapture chronic conditions that were captured in 2025
  - Arcadia: Select “Confirm” or “Deny” via Arcadia Inform Tool

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## Chronic HCC Reconciliation Rate ( $\geq 90\%$ ) [Point Value: 10]

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- **Denominator:** Chronic HCCs Captured in 2025
- **Additional Considerations:**
  - Refer to this dashboard for access to the HCC Performance Metrics:
    - OHS, Rush, OLG, OLSU Users: [HCC Provider Scorecard](#)
    - Infirmity Health, Singing River, St. Tammany, Titus, Independent Provider Users: [Workspace Air](#) → [Tableau HCC Prov Supp Dashbd](#)

## Breast Cancer Screening [eCQM] ( $\geq 70\%$ ) [Point Value: Display Only]

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The percentage of women, ages 42-74, who had a mammogram to screen for breast cancer in the previous 27 months.

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- **Numerator:** Received a mammogram within the last 27 months
  - EMR: Mammography results documented within the EMR
  - Clinical data ONLY is used for compliance; CPT Codes do NOT meet this eCQM metric
- **Denominator:** Patients assigned female at birth, 40 – 74 years of age, **with** at least one qualifying encounter during the year
  - See Appendix for Full List of the Qualifying Encounter Codes
  - “Rendering Attribution” determines patient inclusion
    - If the patient has seen the Provider at any time during the year, the patient will be included in the denominator
    - If two or more Providers have seen the patient during the year, the patient will be included in both Provider’s denominators for this measure
    - Qualifying Patients = All Patients, All Payors
- **Common Exclusions:**
  - Bilateral or both right and left unilateral mastectomy
  - Frailty and Advanced Illness, Palliative Care, Hospice, or Death
- **Additional Considerations:**
  - MRIs, ultrasounds, or biopsies do not count for numerator compliance
  - Because this is an eCQM metric, clinical documentation is required for numerator compliance and all patients, regardless of payor, are included in the denominator

## Chlamydia Screening ( $\geq 62\%$ ) [Point Value: Display Only]

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

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- **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

## Depression Screening and Follow-Up [eCQM] ( $\geq 85\%$ ) [Point Value: Display Only]

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The percentage of patients, ages 12 and older, who were screened for depression, and if the screen was positive had a follow-up plan for clinical depression documented.

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- **Numerator:** Depression Screening completed at the most recent encounter (or 14 days prior) and if positive, follow-up plan is documented on that date or up to 2 days following
  - Common Depression Screenings: PHQ-9 **or** PHQ-2
  - Clinical data ONLY is used for compliance; CPT Codes do NOT meet this eCQM metric
  - Follow-Up Plan:
    - Referral to a clinician for additional evaluation and assessment
    - Pharmacological Interventions
    - Other interventions or follow-up for the diagnosis or treatment of depression
- **Denominator:** Patients 12 years and older at the beginning of the year, with at least one qualifying encounter during the year
  - See Appendix for Full List of the Qualifying Encounter Codes
  - “Rendering Attribution” determines patient inclusion
    - If the patient has seen the Provider at any time during the year, the patient will be included in the denominator
    - If two or more Providers have seen the patient during the year, the patient will be included in both Provider’s denominators for this measure
  - Qualifying Patients = All Patients, All Payors

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## Depression Screening and Follow-Up [eCQM] ( $\geq 85\%$ ) [Point Value: Display Only]

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- **Common Exclusions:**
  - Bipolar disorder
  - Patients who refuse to participate in the screening
  - Documented medical reason the patient may not have been screened for depression (i.e. emergent situation, cognitive, functional, or motivational limitations that may impact the result)
- **Additional Considerations:**
  - A positive depression screening = PHQ9  $\geq 10$  or PHQ2  $\geq 3$ 
    - If a PHQ2 is positive, and a subsequent PHQ9 is negative (taken before or on the encounter date, but after the positive PHQ2), a follow-up plan is **STILL** required for the positive PHQ2
  - \*\*G0444 is **not** a numerator compliance code; it is a denominator inclusion code
  - Please note the **differences** between this Measure and the Depression Screening and Follow-Up [MA / MSSP] Measure
    - Because this is an eCQM metric, clinical documentation is required for numerator compliance and all patients, regardless of payor, are included in the denominator

## Adjusted Total Cost of Care PMPM -- Commercial (TBD) [Point Value: Display Only]

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The adjusted cost of care for commercial patients, utilizing the patient's risk factors versus the average risk factors of the population.

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- Higher-risk patients may have their costs adjusted lower and lower-risk patients may have their costs adjusted higher.

## Adjusted Total Cost of Care PMPM > 65 -- MA/MSSP (TBD) [Point Value: Display Only]

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The adjusted cost of care for MA / MSSP patients, utilizing the patient's risk factors versus the average risk factors of the population.

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- Higher-risk patients may have their costs adjusted lower and lower-risk patients may have their costs adjusted higher.

## Percentage of Avoidable Admissions ( $\leq 10.00\%$ ) [Point Value: Display Only]

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For patients 18 years and older, the admission rate of ambulatory care sensitive conditions (ACSC) per 1,000 patients.

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- **Numerator:** Total Number of avoidable Inpatient Admissions
- **Denominator:** Total Number of all Inpatient Admissions
- ACSC Conditions Include:
  - Diabetes, short-term complications
  - Diabetes, long-term complications
  - Lower Extremity Amputation in Patients with Diabetes
  - Uncontrolled Diabetes
  - HTN
  - Heart Failure
  - COPD or Asthma
  - Community Acquired Pneumonia
  - Urinary Tract Infections

## Chronic Condition Rate ( $\geq 90\%$ ) [Point Value: Display Only]

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The percentage of Chronic HCCs dispositioned by the Care Team in 2026 over the number of Chronic HCCs presented during an encounter.

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- **Numerator:** Chronic HCCs Dispositioned in 2026
  - External Capture: Claims
  - EMR: Recapture condition
  - EMR: Resolve in BPA / PL or NA in BPA
  - Arcadia: Select “Confirm” or “Deny” via Arcadia Inform Tool
- **Denominator:** Chronic HCCs Presented, including Suspected, During an Encounter
- **Additional Considerations:**
  - Accountable for Chronic HCCs presented **during** the encounter—including recaptures, suspects, and queries
  - Refer to this dashboard for access to the HCC Performance Metrics:
    - OHS, Rush, OLG, OLSU Users: [HCC Provider Scorecard](#)
    - Infirmiry Health, Singing River, St. Tammany, Titus, Independent Provider Users: [Workspace Air](#) → [Tableau HCC Prov Supp Dashbd](#)

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### Depression Screening and Follow-Up

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○ **Qualifying Encounter Codes:**

- 59400, 59425, 59426, 59510, 59610, 59618, 90791, 90792, 90832, 90834, 90837, 92622, 92625, 96105, 96110, 96112, 96116, 96125, 96136, 96138, 96156, 96158, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97802, 97803, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 99078, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99401, 99402, 99403, 99424, 99483, 99484, 99491, 99492, 99493, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, G0101, G0270, G0271, G0402, G0438, G0439, G0444

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### Breast Cancer Screening [eCQM]

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○ **Qualifying Encounter Codes:**

- 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98979, 98980, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99386, 99387, 99396, 99397, 99421, 99422, 99423, 99457, 99470, G0402, G0438, G0439, G2250, G2251, G2252