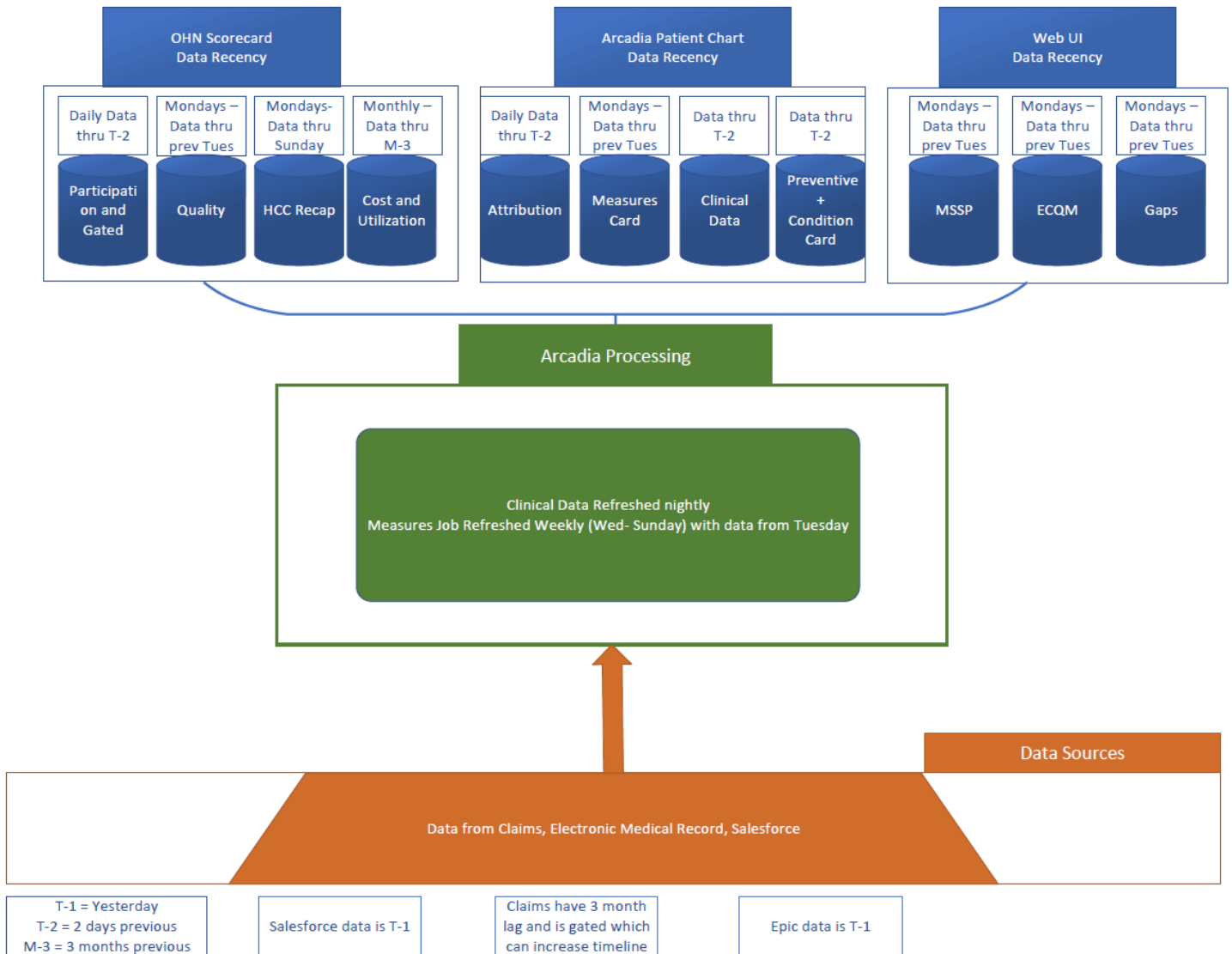


2026 OHN Engaged PCP Scorecard User Guide

OVERVIEW

The OHN Engaged 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

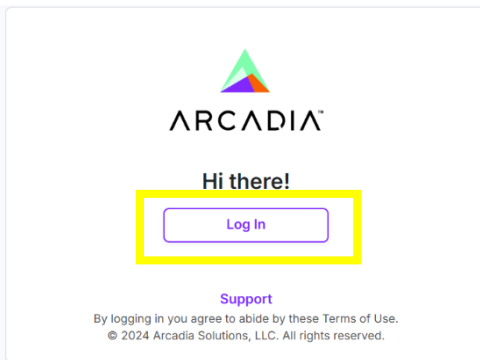


ACCESSING THE OHN PHYSICIAN SCORECARD

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

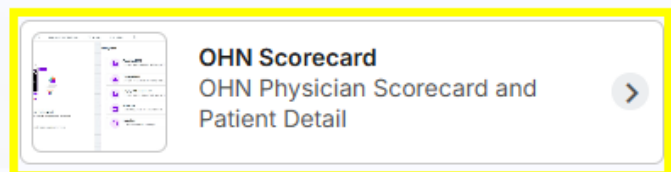
Continue with Ochsner SSO (InfirmaryHealth)

Continue with Ochsner SSO (Singing River)

OH Employed
Infirmary
Singing River

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

Search for a patient



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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

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".

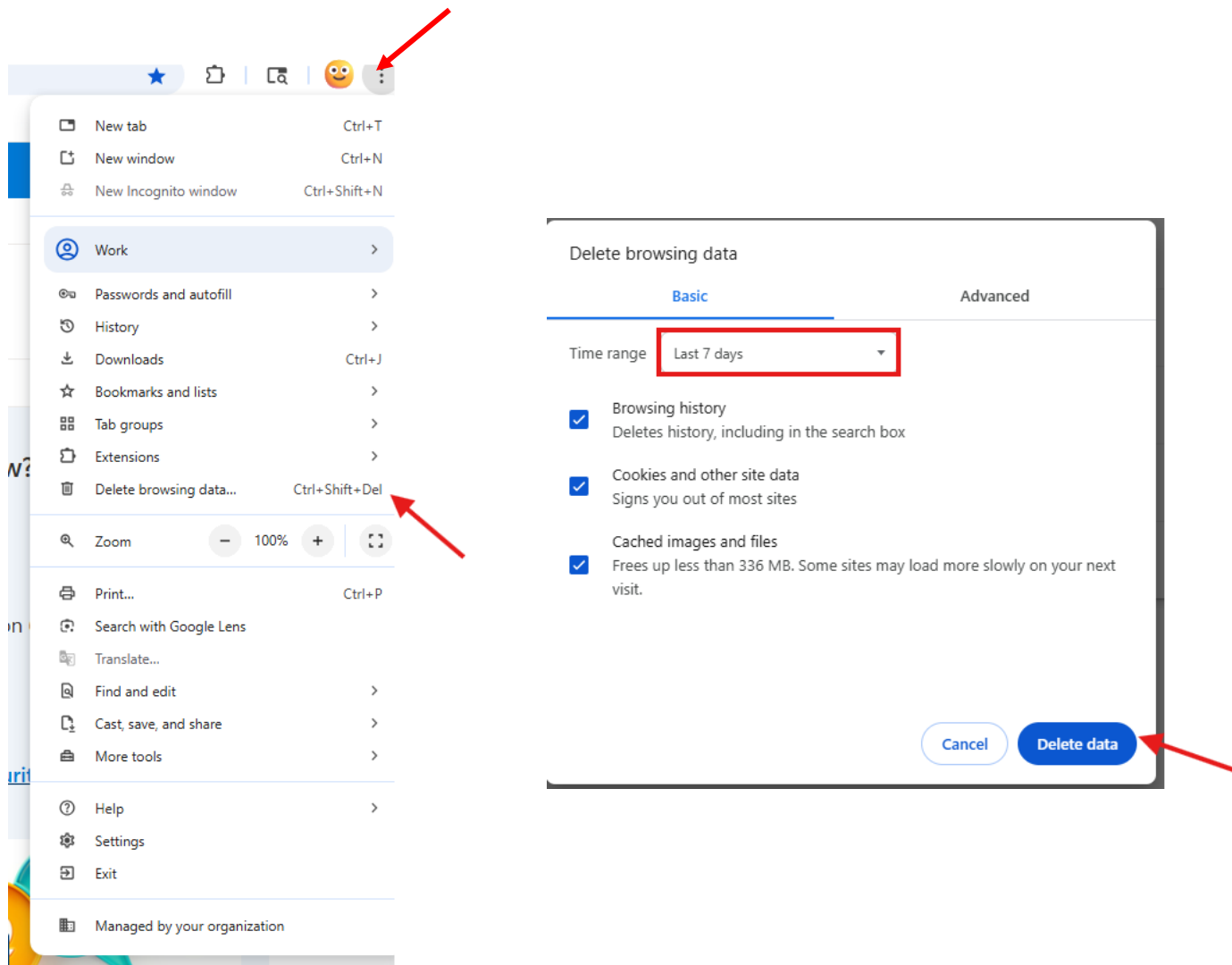
A screenshot of the Microsoft Edge browser's main menu. The menu is open, showing various options. A red arrow points to the three-dot menu icon in the top right corner of the browser window. Another red arrow points to the 'Delete browsing data' option in the menu.

A screenshot of the 'Delete browsing data' dialog box in Microsoft Edge. The 'Time range' 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 box highlights the 'Last 7 days' dropdown. A red arrow points to the 'Clear now' button.

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 interface, each with a callout box explaining a specific tab:

- Measure Tab:** The first panel shows the "Measure" tab selected. A callout box explains: "Measure – all contract based quality measures (HEDIS, ECQM, CMS)". The content includes a "Measure Period: 03/01/2024 to 02/28/2025" and a "Depression Screen/Follow-Up eCQM 2024 (Desktop)" with a "View Evidence" link. The status is "Non-Adherent" (red) and "Adherent" (green).
- Preventive Tab:** The second panel shows the "Preventive" tab selected. A callout box explains: "Preventive – shows overdue tests or out of range results based on care gaps. Not measure specific. More generic guidelines than measure." The content shows various tests: "Colonoscopy" (No data provided), "CT Colonography" (No data provided), "Depression Screen" (No data provided), "FIT-DNA" (No data provided), "BMI" (22.4 on 2024-10-22), "BP Diastolic" (80.0 on 2024-10-22), "BP Systolic" (126.0 on 2024-10-22), and "Physical Exam" (2024-10-22). The status is "Overdue" (red), "Out of Range" (yellow), and "No Action" (green).
- Condition Tab:** The third panel shows the "Condition" tab selected. A callout box explains: "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>. The content shows: "HDL" (2.0 on 06/16/2020, LAGESON, ENAYAH @ Combined HIE Feed 127), "BP" (158/84 on 08/09/2020, LAGESON, ENAYAH @ Combined HIE Feed 127), "LVEF" (No data provided), "Nephropathy" (08/11/2020, LAGESON, ENAYAH @ Combined HIE Feed 127), and "Pneumo Vacc" (08/16/2020, Combined HIE Feed 127). The status is "Overdue" (red), "Out of Range" (yellow), and "Adherent" (green).

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 PCP scorecard metrics include A1c Testing, Avoidance of Antibiotics for Acute Bronchitis (Avoidance of Antibiotics), Breast Cancer Screening, Chlamydia Screening, Colorectal Cancer Screening, Diabetes Eye Screening, Diabetes Kidney Health, 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, HCC Recapture Rate, and Percentage of Avoidable Admissions. 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	
Glycemic Status Assessment: Testing		Quality	≥ 93%	5	
Acute Bronchitis (Avoidance of Antibiotics)		Quality	≥ 54%	5	
Breast Cancer Screening		Quality	≥ 85%	5	
Chlamydia Screening		Quality	≥ 62%	5	
Colorectal Cancer Screening		Quality	≥ 80%	5	
Diabetes Eye Screening		Quality	≥ 81%	5	
Diabetes Kidney Health		Quality	≥ 68%	5	
Percentage of Medical Discharges with a follow up visit within 7 days		Quality	≥ 50%	5	
Percentage of PCP Panel with PCP visit		Quality	≥ 90%	5	
Statin Therapy for Patients with Cardiovascular Disease		Quality	≥ 90%	5	
Statin Therapy for Patients with Diabetes		Quality	≥ 92%	5	
Percentage of Avoidable ED		C/U	≤ 45.00%	5	
HCC Recapture Rate		CDE	≥ 85%	10	
Percentage of Avoidable Admissions		C/U	≤ 10.00%	Display Only	

A1c Testing ($\geq 93\%$) [Point Value: 5]

The percentage of patients, ages 18-75, with diabetes who received a Hemoglobin A1c Test during the last 12 months.

- **Numerator:** Hemoglobin A1c or GMI within the last 12 months
 - **CPT II:** 3051F, 3052F, 3044F, 3046F
 - **EMR:** Hemoglobin A1c or GMI Completed
- **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
- **Common Exclusions:** Frailty and Advanced Illness, Palliative Care, Hospice, or Death

Acute Bronchitis [Avoidance of Antibiotics] ($\geq 54\%$) [Point Value: 5]

The percentage of patients, ages 18-64, who were diagnosed with Acute Bronchitis / Bronchiolitis and were not dispensed an antibiotic.

- **Compliance:** No Antibiotic Ordered or Dispensed within 3 days after the Bronchitis Diagnosis
 - **Claims:** No Antibiotic Dispensed
 - **EMR:** No Antibiotic Ordered
- **Denominator:** Patients 18 – 64 years of age with a Diagnosis 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
 - 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

Breast Cancer Screening ($\geq 85\%$) [Point Value: 5]

The percentage of patients assigned female at birth, ages 42-74, who have completed a mammogram in the last 27 months.

- **Numerator:** Received a mammogram within the last 27 months
 - CPT: 77061, 77062, 77063, 77065, 77066, 77067
 - EMR: Digital Breast Tomosynthesis or Mammogram
- **Denominator:** Patients assigned female at birth, 40 – 74 years of age
- **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

Chlamydia Screening ($\geq 62\%$) [Point Value: 5]

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.

- **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

Colorectal Cancer Screening ($\geq 80\%$) [Point Value: 5]

The percentage of patients, ages 45-75, who have completed an appropriate screening for colorectal cancer.

- **Numerator:** One of the following Colorectal Cancer Screening Tests:
 - FOBT within the last 12 months
 - FIT-DNA Test within the last 3 years
 - Flexible Sigmoidoscopy **or** CT Colonography within the last 5 years
 - Colonoscopy within the last 10 years

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Colorectal Cancer Screening ($\geq 80\%$) [Point Value: 5]

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- **Denominator:** Patients 45 – 75 years of age
- **Common Exclusions:**
 - Colorectal Cancer or a Total Colectomy
 - Frailty and Advanced Illness, Palliative Care, Hospice, or Death

Diabetes Eye Screening ($\geq 81\%$) [Point Value: 5]

The percentage of patients, ages 18-75, with diabetes who have completed a diabetic eye exam in the last 12 months or had a negative eye diabetic exam in the past 24 months.

- **Numerator:** Received any one of the following:
 - Retinal or Diabetic Eye Exam by an Optometrist or Ophthalmologist in the last **12 months**:
 - **CPT:** 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92137, 92201, 92202, 92227, 92228, 92230, 92235, 92250, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245
 - Negative Retinal or Diabetic Eye Exam by an Optometrist or Ophthalmologist in last **24 months**; both Eye Exam and Diabetes Diagnosis Codes below must present for compliance:
 - **CPT:** 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92137, 92201, 92202, 92227, 92228, 92230, 92235, 92250, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245
 - **ICD10:** E10.9, E11.9, E13.9
 - Any Provider Type, during the year:
 - Positive Eye Exam **CPT II:** 2022F, 2024F, 2026F
 - Negative Eye Exam **CPT II:** 2023F, 2025F, 2033F
 - Retinal Imaging with Interpretation **CPT:** 92227, 92228
 - Automated Eye Exam in the Measurement Year **CPT:** 92229
 - Any Provider Type, during the prior year:
 - Negative Eye Exam **CPT II:** 2023F, 2025F, 2033F
 - Negative Prior Year Eye Exam **CPT II:** 3072F
 - EMR: Eye Exam uploaded to Health Maintenance in Epic **with** the appropriate result value (positive or negative) **and** the Optometrist or Ophthalmologist Name entered
- **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
- **Common Exclusions:**
 - Bilateral eye enucleation
 - Frailty and Advanced Illness, Palliative Care, Hospice, or Death
- **Additional Considerations:**
 - Blindness is not an exclusion for a diabetic eye exam
 - Only certain Provider Types can drop specific Eye Codes, i.e. CPTII codes can be dropped by any provider type, but CPT 92002 must be dropped by an Ophthalmologist or Optometrist
 - When uploading eye exam reports to Health Maintenance, a Provider Name **and** a Result **MUST** be entered, or the clinical data will not be accepted as compliant

Diabetes Kidney Health ($\geq 68\%$) [Point Value: 5]

The percentage of patients, ages 18-85, diagnosed with Diabetes, who received a Kidney Health Evaluation during the last 12 months.

- **Numerator:** Both an eGFR **and** an uACR in the last 12 months
 - eGFR:
 - **CPT:** 80047, 80048, 80050, 80053, 80069, 82565
 - **LOINC:** 102097-3, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 94677-2, 98979-8, 98980-6
 - uACR:
 - **LOINC:** 13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7
 - OR –
 - **Both** a quantitative urine albumin test **and** a urine creatinine test with the service dates 4 days or less apart
 - Quantitative Urine Albumin Test **CPT:** 82043
 - Urine Creatinine Test **CPT:** 82570
 - **EMR:** eGFR and uACR Results
- **Denominator:** Patients ages 18 – 85, 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:**
 - ESRD or Dialysis
 - Frailty and Advanced Illness, Palliative Care, Hospice, or Death
- **Additional Considerations:** Ochsner Epic = Order LAB689 (uACR)

% 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
- **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: 5]

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

- **Numerator:** Primary Care Visit
- **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
 - Amlodipine-atorvastatin 40-80 mg
 - Rosuvastatin 20-40 mg
 - Simvastatin 80 mg
 - Ezetimibe-simvastatin 80 mg
 - Atorvastatin 10-20 mg
 - Amlodipine-atorvastatin 10-20 mg
 - Rosuvastatin 5-10 mg
 - Simvastatin 20-40 mg
 - Ezetimibe-simvastatin 20-40 mg
 - Pravastatin 40-80 mg
 - Lovastatin 40 mg
 - Fluvastatin 40-80 mg
 - Pitavastatin 1-4 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.
- **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
 - Amlodipine-atorvastatin 40-80 mg
 - Rosuvastatin 20-40 mg
 - Simvastatin 80 mg
 - Ezetimibe-simvastatin 80 mg
 - Pravastatin 40-80 mg
 - Atorvastatin 10-20 mg
 - Amlodipine-atorvastatin 10-20 mg
 - Rosuvastatin 5-10 mg
 - Simvastatin 20-40 mg
 - Ezetimibe-simvastatin 20-40 mg
 - Lovastatin 40 mg
 - Ezetimibe-simvastatin 10 mg
 - Pitavastatin 1-4 mg
 - Fluvastatin 20 mg
 - Lovastatin 10-20 mg
 - Pravastatin 10-20 mg
 - Simvastatin 5-10 mg
 - Fluvastatin 40-80 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
- **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 ($\leq 45.00\%$) [Point Value: 5]

The percentage of patients, 65 years of age 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

< Continued on Next Page >

Percentage of Avoidable ED ($\leq 45.00\%$) [Point Value: 5]

< Continued from Previous Page >

- **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.

HCC Recapture Rate ($\geq 85\%$) [Point Value: 10]

The percentage of chronic HCCs recaptured in 2026.

- **Numerator:** HCCs recaptured in 2026; Any of the following meet criteria:
 - External Capture: Claims
 - EMR: Recapture chronic conditions that were captured in 2025
- **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](#)
 - Infirmiry Health, Singing River, St. Tammany, Titus, Independent Provider Users: [Workspace Air](#) → [Tableau HCC Prov Supp Dashbd](#)

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

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

- **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