The following data are required for each health care organization seeking recognition. This worksheet can be used to prepare for the formal data submission process. The deadline to submit 2019 data for 2020 recognition is September 4, 2020, 11:59 p.m. ET.

INSTRUCTIONS
Enter your health care organization’s adult (age 18-75) patient data for the previous calendar year. Use only numbers when entering data into the data submission platform. (No commas or decimals.)

NOTE: These data are based on NQF 0059 or MIPS #001, Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) patient population. You must complete Q1-Q10 and either option 1 or option 2 in the online data submission platform.

ALL FIELDS ARE REQUIRED
The 2020 recognition cycle is based on the performance period of the 2019 calendar year (1/1/2019-12/31/2019).

1. What is the total adult (18-75 years) population for the health care organization?

2. How many of your adult patients (18-75 years) are a race other than White and/or identify as Latino or Hispanic ethnicity?

3. How many providers are in the health care organization? Include all physicians, nurse practitioners, and physician assistants.

4. How many of your total adult (18-75 years) patient population are primarily attributed to the following payor groups? Sum must equal total patient count in question 1. See page 4 for additional guidance on payor groups.

   Medicare
   Medicaid
   Private Health Insurance
   Other Public
   Uninsured/Self-Pay
   Other/Unknown

Questions 5 – 8 are meant to serve as an assessment to identify strengths and weaknesses within your organization. Responses are required, but are intended to support your improvement and do not exclude an organization from potential recognition, with the exception of question 8. Organizations must select “Yes” on question 8 to be eligible for recognition.

5. Does your organization have a specific protocol to address key characteristics of patients with type 2 diabetes? □ Yes □ No

   If yes, does this protocol include assessment of: (select all that apply)

   - Current lifestyle
   - Co-morbidities (i.e. ASCVD, HF, CKD)
   - Clinical characteristics associated with increased CVD risk (i.e. age, blood pressure, cholesterol, smoking age, weight, etc.)
   - Issues such as motivation and depression
   - Cultural and socioeconomic context
   - None of the above
6. **Does your organization operationalize a specific treatment plan for managing patients with type 2 diabetes and related CVD co-morbidities and risk factors?**
   - □ Yes
   - □ No

   If yes, does this treatment plan include: (select all that apply)
   - □ Comprehensive lifestyle modification recommendations
   - □ Diabetes self-management education and support
   - □ Guideline-based use of pharmacologic therapy inclusive of antihyperglycemic medications with proven CVD benefit
   - □ None of the above

7. **How does your organization track patients with type 2 diabetes and associated CVD co-morbidities and risk factors?**

   Select all that apply:
   - □ Electronic health record (EHR) system
   - □ A population health management tool
   - □ A diabetes or CVD specific patient registry
   - □ None of the above

8. **My organization is committed to continuously improving strategies for addressing CVD risk in patients with type 2 diabetes. A “yes” response to question 8 is required for award eligibility.**
   - □ Yes
   - □ No

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**MEASURE SUBMISSION – NUMERATOR/DENOMINATOR DATA**

You must complete questions 9 and 10 and either option 1 or option 2 in the online data submission platform.

**NQF 0059 - Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)**

9. **DENOMINATOR:** What is your total adult (18-75 years) patient population that has been diagnosed with diabetes during the measurement period? 

10. **NUMERATOR:** Of those who have been diagnosed with diabetes (from question 9), what is the number of patients whose most recent HbA1c level (performed during the measurement period) is > 9.0%? 

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CARDIOVASCULAR DISEASE-RELATED MEASURES

Must complete at least 1 option to be eligible for recognition

**OPTION 1: MIPS Measure #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease**

11. DENOMINATOR:
All patients who meet one or more of the criteria below would be considered at high risk for cardiovascular events under the ACC/AHA guidelines. When reporting this measure, determine if the patient meets denominator eligibility in order of each risk category (i.e. Does the patient meet criteria #1? If not, do they meet criteria #2? If not, do they meet criteria #3?).

How many total patients are in each high risk group? Consider all three.

- Patients aged ≥ 21 years at the beginning of the measurement period with clinical ASCVD diagnosis.

- OR -

- Patients aged ≥ 21 years at the beginning of the measurement period who have ever had a fasting or direct laboratory result of (LDL-C) level ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia.

- OR -

- Patients aged 40-75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes and with a LDL-C level of 70-189 mg/dL recorded as the highest fasting or direct laboratory test results in the measurement year or during the two years prior to the beginning of the measurement period.

12. NUMERATOR:
How many of these patients were prescribed or were actively using statins at any point during the measurement period?

- OR -

**OPTION 2: NQF 0018/MIPS #236: Controlling High Blood Pressure**

13. DENOMINATOR:
Patients 18–85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period (Jan. 1–June 30) or any time prior to the measurement period.

What is your total adult (18-85 years) patient population that has been diagnosed with hypertension?

14. NUMERATOR:
Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure <140 mm Hg and diastolic blood pressure <90 mm Hg) during the measurement period.

Of those who have been diagnosed with hypertension (from question 13), what is the number of patients under control, BP <140/90 mm Hg?
PAYOR GROUP GUIDANCE

For question 4, all patients ages 18-75 for the Total Population reported in question 1 should be grouped by their primary health care payor at the time of their last visit.

Medicaid – Report patients ages 18-75 covered by state-run Medicaid programs, including those known by state names (e.g. MassHealth). Report patients covered by Medicaid and Medicare (dual eligible) with Medicare as a primary insurer.

Medicare – Report patients ages 18-75 covered by federal Medicare programs. Report patients covered by Medicaid and Medicare (dual eligible) with Medicare as a primary insurer.

Private Insurance – Report patients ages 18-75 covered by commercial or private insurers. This includes employer-based insurance and insurance purchased through federal and state exchanges unless part of state Medicare exchanges.

NOTE: For Federally Qualified Health Centers (FQHCs) reporting to the Uniform Data System (UDS): Insurance purchased for public employees or retirees, such as TRICARE or the Federal Employees Benefits Program, may be grouped with “Private Health Insurance” (as reported in UDS), or as “Other Public”.

Other Public – Report patients ages 18-75 covered by programs such as state health plans, Department of Veterans Affairs, Department of Defense, Department of Corrections, Indian Health Services Plans, Title V, Ryan White Act, Migrant Health Program, other public insurance programs, and insurance purchased for public employees or retirees, such as TRICARE.

NOTE: For Federally Qualified Health Centers (FQHCs) reporting to the Uniform Data System (UDS): Insurance purchased for public employees or retirees, such as TRICARE or the Federal Employees Benefits Program, may be grouped with “Private Health Insurance” (as reported in UDS), or as “Other Public”.

Uninsured/Self-Pay – Report patients ages 18-75 who did not have medical insurance at the time of their last visit. This may include patients whose visit was paid for by a third-party source that was not an insurance provider.

Other / Unknown – Report patients ages 18-75 where the payment source is not documented or unable to be determined, or the payment source does not coincide with one of the above options.

UNIFORM DATA SYSTEM (UDS) ALIGNMENT

For Federally Qualified Health Centers (FQHCs) reporting to the Uniform Data System (UDS): The table below outlines alignment with the “Uniform Data System Reporting Instructions for 2019 Health Center Data” manual for “Table 4: Selected Patient Characteristics.”

<table>
<thead>
<tr>
<th>PROGRAM PAYOR GROUP</th>
<th>UDS TABLE 4 ALIGNED ROWS</th>
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</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>Row 9 (ages 18-75)</td>
</tr>
<tr>
<td>Medicaid</td>
<td>Row 8 (8a and 8b - ages 18-75 only)</td>
</tr>
<tr>
<td>Private Health Insurance</td>
<td>Row 11 (ages 18-75)</td>
</tr>
<tr>
<td>Other Public</td>
<td>Row 10 (10a and 10b - ages 18-75 only)</td>
</tr>
<tr>
<td>Uninsured/Self-Pay</td>
<td>Row 7 (ages 18-75)</td>
</tr>
<tr>
<td>Other / Unknown</td>
<td>--</td>
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</tbody>
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