

RECOGNITION PROGRAMS

QUICK USER GUIDE – DATA SUBMISSION

Target: BP • Check. Change. Control. Cholesterol • Target: Type 2 Diabetes

This guide provides instructions for registering and submitting data for recognition in any of our three Ambulatory Quality Improvement programs:

- [Target: BP](#)
- [Check. Change. Control. Cholesterol](#)
- [Target: Type 2 Diabetes](#)

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Getting Started

If your organization has NOT previously participated in any of the above programs	Navigate to the Ambulatory Quality Improvement registration form . Follow the instructions within the registration form to select the programs in which you would like to participate, and complete the form with your Health Care Organization's details.
If your organization has previously participated in any of the above programs, and is submitting data for the same program	Users with an existing account can navigate directly to the data submission platform at https://aha.infosarioregistry.com/login and log in. They will be immediately redirected to the Community Page for their organization. No need to re-register.
If your previously-registered organization wants to register for another program	Fully complete the Ambulatory Quality Improvement registration form and request access to that new program.
If your organization is registered, but you need a new user account	Submit a request in our Contact Us form, or contact the Help Desk . Please do not submit the registration form again to help us reduce duplicates.

Once registered, an account will be created in the data submission platform for new participants within 72 hours. Check your spam/junk filters for your log-in credentials. If you have no credentials after 72 hours, [contact us](#).

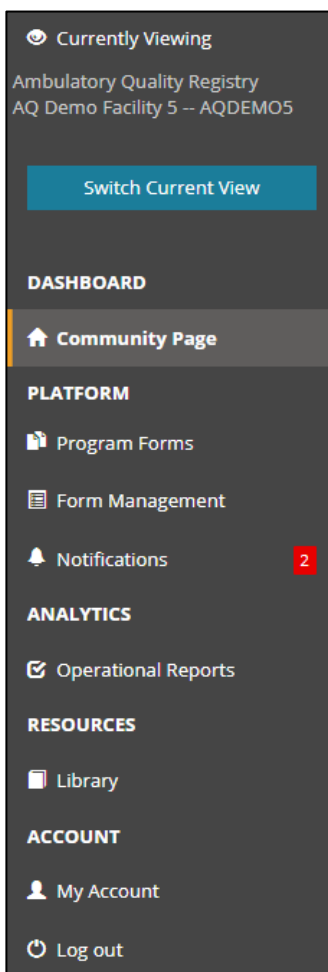
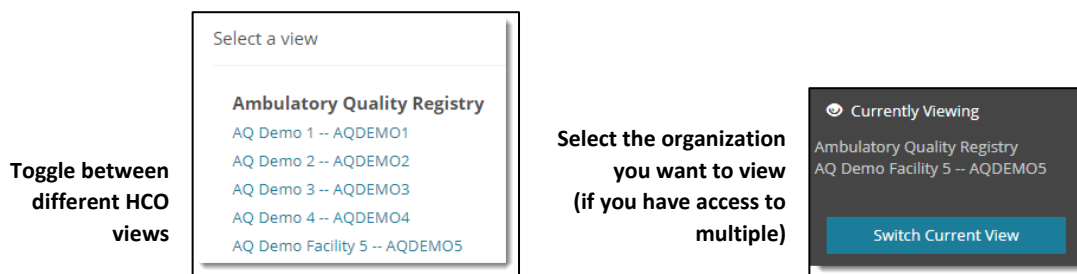
Troubleshooting and Support

- **Forgot your username or password?** Please follow the “Forgot password?” instructions at the log-in landing page. For additional help, see the [troubleshooting](#) page.

- **We highly recommend setting up your Challenge Questions in your account** – these enable you to reset your password in most scenarios without contacting the Help Desk.
- **Locked out of your account?** Reach out to the platform Help Desk (InfosarioOutcomeSupport@quintiles.com or 888-526-6700) or submit a [Contact Us](#) request. You can also reach out directly to your local AHA field staff member to submit a ticket on your behalf.

Navigating the Online Platform

NOTE: If the user is submitting data for **more than one organization**, the user will be prompted to select one organization at a time for which they can make updates and submit data. After selecting the specific organization, the user will be directed to that organization’s community page. To navigate to a different organization’s page, click “Switch Current View”.



The Health Care Organization (HCO) being viewed is located at the top of the panel. In this case, the view for “**AQ Demo Facility 5**” is open. “AQDEMO5” is the **Facility ID** – normally this will be a 6-digit number.

Switch Current View – (When applicable) Allows user to toggle between other organizations for which they have user permissions. Can view and submit data for multiple organizations.

Community Page – HCO home page. Quickly access frequently used sections.

Program Forms – Contains online forms for submitting data – [enter data in Program Forms](#) to be eligible for program recognition.

Form Management – Contains forms to add/edit site characteristics. Enter site-specific information here to pull advanced benchmarking reports.

Notifications – View updates on recognition, changes to the program, and other news.

Operational Reports – View HCO and benchmarking data.

Library – Locate all resources related to the registry (e.g., data entry worksheets, user guides, measure information).

My Account – Manage your password and account security questions.

Entering Data – Adding Your Program Forms

STEP 1

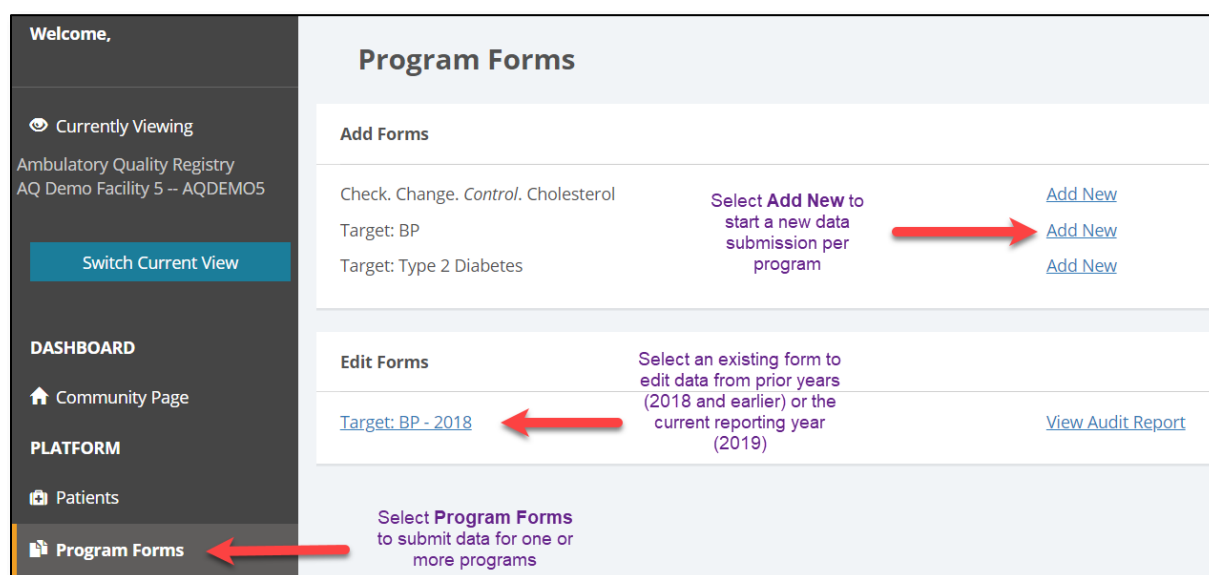
Select “**Program Forms**” from the left navigation bar, or from the Community Page. Here you can enter and submit data into one or more forms to be eligible for recognition.

STEP 2

There are two sections on the “**Program Forms**” page.

- **Add Forms** | This section lists the programs to which your HCO has access.
 - Select **Add New** to start a new data submission per program.
 - *Missing a program form?* Please submit the [registration form](#) for the new program. If you feel there is an error with your account, please [contact us](#).
- **Edit Forms** | Section to edit **existing** data forms.
 - Select an existing form’s link to edit data from prior years (2018 and earlier) or the current reporting year (2019).

NOTE: The form’s year refers to the year data were collected (e.g., for 2020 recognition, an HCO will be submitting data collected during the 2019 calendar year on a form labeled 2019).



STEP 3

Review the existing forms (if any) under the **Edit Forms** section.

- Program forms containing “2019” will be used to determine recognition eligibility for 2020.
 - **To edit an existing form** for year 2019 or prior, click on the link (ex: “Target: BP – 2018”) and skip to STEP 5 for the chosen program.
 - *Why edit a prior year’s form?* Editing data in a 2018 form or earlier does not change your recognition status for that year, but it will update your HCO’s operational reports and allow for more accurate year-over-year comparisons.

STEP 4

To add a 2019 program form, under the **Add Forms** section, click “Add New” to the right of the desired program.

- Enter the Reporting Year (2019) and click “Submit.” The Reporting Year refers to the year the data were collected.
- If selecting the year using the calendar icon, select any month and day within the Reporting Year.

Entering Data – Target: BP

NOTE: It is highly recommended that users first gather data using the Target: BP [Data Collection Worksheet](#). Organizations should report on data collected only from January 1 to December 31, 2019. The deadline to submit data is **Friday, September 4, 2020 at 11:59 PM ET**. *Note: Previously the deadline was Friday, May 29, 2020. It was extended as of April 2020 in light of COVID-19.*

When finished with all entry, check the “**Data Entry Complete**” checkbox and hit “**Save and Exit**”. **NOTE:** Data can still be revised before the submission deadline.

STEP 1

Enter your HCO’s data into questions 1 – 4 (Q1 - Q4), using Denominator and Numerator data from [NQF 0018/MIPS #236: Controlling High Blood Pressure](#). See STEP 2 below for instructions on question 5 (Q5).

TIP: Save data often by clicking on the Save button in the top right of the page.

The screenshot shows the Target:BP data entry interface. At the top, there are buttons for "Save" and "Save & Exit". A red arrow points to the "Save & Exit" button with the text "Save often to prevent losing your work". Below this, the "Facility Information" section includes a text input for "Overall Total 18-85 years of age" and a "Reporting Year" dropdown set to "2019". A red arrow points to the "Data Entry Complete" checkbox with the text "Once data entry is complete, please check the 'Data Entry Complete' box and click the Save & Exit button above to complete your data submission". Below this, the "Target: BP Data Submission" section contains instructions for data submission, measure components, and a description of the measure. A red arrow points to the "Data Entry Complete" checkbox with the text "When finished, check this box and hit Save and Exit- this is the equivalent of a 'Submit' button". Another red arrow points to the "Save & Exit" button with the text "NOTE: Data can still be revised before the submission deadline". On the right side, there is a "Tabs" panel with a list of age groups: "Patients 18-44 years of age", "Patients 45-64 years of age", "Patients 65-74 years of age", and "Patients 75-85 years of age". A red arrow points to this list with the text "Enter prevalence estimator data by clicking on each age-group tab section **Required for Recognition". At the bottom, there are four questions (Q1-Q4) with text input fields. A red arrow points to the input field for Q1 with the text "Enter HCO's data for questions 1-4".

STEP 2

For Q5, enter your HCO's data regarding your patient population's primary payor groups. Each field must have a data value entered. Even if it is zero, type "0". Blanks will generate an error. See the last page of the [Data Collection Worksheet](#) for details on how to assign a payor group to each patient.

Q5. How many of your total adult (18-85 years) patient population are primarily attributed to the following payor groups:

All fields must contain a value. Please enter "0" where there are no patients.

Medicare: Total Patient Count	<input type="text"/>
Medicaid: Total Patient Count	<input type="text"/>
Private Health Insurance: Total Patient Count	<input type="text"/>
Other Public: Total Patient Count	<input type="text"/>
Uninsured / Self-Pay: Total Patient Count	<input type="text"/>
Other / Unknown: Total Patient Count	<input type="text"/>
Summation: Total Patient Count	<input type="text"/>

Enter your HCO's payor group data here.

STEP 3

Once data are entered for questions 1 – 5, data must be entered in the hypertension prevalence estimator to be eligible for 2020 Target: BP Recognition. Expand the menu in the top right of the page next to the Save/Save & Exit buttons. Under **Tabs**, click on each age group to enter the age, sex, and race/ethnicity data of the HCO's total patient population.

NOTE: Don't enter any data into the greyed-out fields. These auto-populate with sums as data are entered into the prevalence estimator tabs.

TIP: Each field must have a data value entered. Even if it is zero, type "0". Blanks will generate an error.

platform. Remember to save often! There is no submit button. [Save](#) [Save & Exit](#)

Your adult hypertensive patient population is expected to be within the number range corresponding to the 95% confidence interval calculated by this tool. A 95% confidence interval implies that with 95% confidence, your practice's hypertension prevalence count will be between the two values of the interval. A number below the low-end of the range suggests there may be patients with undiagnosed hypertension in your practice due to missing data on the hypertension status of your patients. A number above the high-end value of the range is possible if you have a large elderly patient population.

Patients 18-44 years of age - Non-Hispanic white

Enter sex and ethnicity breakdown for the age tab. Each field must have a number. Enter zeros when no patients are in a group.

Male	<input type="text" value="738"/>
Female	<input type="text" value="54"/>

Patients 18-44 years of age - Non-Hispanic black

Male	<input type="text" value="705"/>
Female	<input type="text" value="0"/>

Patients 18-44 years of age - Hispanic

Male	<input type="text" value="5"/>
Female	<input type="text" value="987"/>

Patients 18-44 years of age - American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and all others

Male	<input type="text" value="987"/>
Female	<input type="text" value="4"/>

Patients 18-44 years of age - Unknown

Fields automatically sum totals as data are entered.

Male	<input type="text" value="9"/>
Female	<input type="text" value="908"/>

Patients 18-44 years of age - Subtotal

Overall Total 18-85 years of age

STEP 4

When all data are entered, check the "Data Entry Complete" checkbox and click the **Save & Exit** button at the top of the page.

Data may be edited at any time. All recognition awards will be based on a "snapshot" of data available in the platform on September 4, 2020 at 11:59 PM ET.



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Entering Data – Check. Change. Control. Cholesterol

NOTE: It is highly recommended that users first gather data using the Check. Change. Control. Cholesterol [Data Collection Worksheet](#). Organizations should report on data collected only from January 1 to December 31, 2019. The deadline to submit data is **Friday, September 4, 2020 at 11:59 PM ET**. *Note: Previously the deadline was Friday, May 29, 2020. It was extended as of April 2020 in light of COVID-19.*

2020 Recognition Update: Organizations must complete data under **both** the Participant Information and Measure Submission tabs to be eligible for 2020 awards for their 2019 data submission. (Previously Participant status was awarded to organizations who completed the Participant Information tab alone.)

When finished with all entry, check the “**Data Entry Complete**” checkbox and hit “**Save and Exit**”. **NOTE:** Data can still be revised before the submission deadline.

STEP 1 Enter your HCO’s data into questions 1 – 3 (Q1 – Q3).

TIP: Save data often by clicking on the Save button in the top right of the page.

The screenshot shows the 'Participant Information' tab in the data submission system. At the top, there are 'Save' and 'Save & Exit' buttons. A red arrow points from the text 'Save often to prevent losing your work' to the 'Save' button. Below the buttons, the 'Participant Information' section includes a 'Reporting Year' dropdown set to '2019' and a 'Data Entry Complete' checkbox. A red arrow points to the checkbox with the text: 'Once data entry is complete, please check the "Data Entry Complete" box and click the Save & Exit button above to complete your data submission'. To the right, a 'Tabs' panel shows 'Participant Information' as the active tab, with a red arrow pointing up to it and the text: 'Enter data into both tabs for award eligibility'. Below the tabs, the 'Check. Change. Control. Cholesterol Data Submission' section contains instructions and organizational information. At the bottom, the 'Participant Organizational Information' section has three questions (Q1, Q2, Q3) with corresponding input fields. A red arrow points to the first input field with the text: 'Enter HCO's data for questions 1-3'. A 'NOTE' at the bottom right states: 'NOTE: Data can still be revised before the submission deadline'.





STEP 2

For Q4, enter your HCO's data regarding your patient population's primary payor groups. Each field must have a data value entered. Even if it is zero, type "0". Blanks will generate an error. See the last page of the [Data Collection Worksheet](#) for details on how to assign a payor group to each patient.

Q4. How many of your total adult (≥ 21 years) patient population are primarily attributed to the following payor groups:

All fields must contain a value. Please enter "0" where there are no patients.

Medicare: Total Patient Count	<input type="text"/>
Medicaid: Total Patient Count	<input type="text"/>
Private Health Insurance: Total Patient Count	<input type="text"/>
Other Public: Total Patient Count	<input type="text"/>
Uninsured / Self-Pay: Total Patient Count	<input type="text"/>
Other / Unknown: Total Patient Count	<input type="text"/>
Summation: Total Patient Count	<input type="text"/>

STEP 3

For Q5 and Q6, enter your HCO's data regarding its calculation and documentation of ASCVD Risk. Selecting "Yes" on either question will prompt additional required questions.

Q5. Does your organization currently calculate ASCVD Risk? ☒ Yes ☐ No

If Yes, where?

- ☐ My organization currently calculates ASCVD Risk Estimations in our EHR.
- ☐ My organization relies on clinicians to calculate ASCVD Risk Estimation external to our EHR (our EHR does not have this functionality).
- ☐ My organization and its providers do not calculate or document ASCVD Risk Estimations at this time.

Please select where your organization currently calculate ASCVD Risk.

Q6. Does your organization document the ASCVD Risk Score? ☒ Yes ☐ No

If Yes, where?

- ☐ My organization currently collects the results of ASCVD Risk Estimations in a discrete field in our EHR.
- ☐ My organization currently collects the results of ASCVD Risk Estimations in a notes field or other non-discrete field in our EHR (there is not a dedicated space in our EHR to capture this information).
- ☐ My organization and its providers do not calculate or document ASCVD Risk Estimations at this time.

Please select where your organization document the ASCVD Risk score.

Selecting "Yes" in Q5 will prompt additional required questions

Selecting "Yes" in Q6 will prompt additional required questions

STEP 4

For Q7, indicate if your HCO is committed to continuously improving use and data capture of ASCVD Risk Estimations. You must select "Yes" on Q7 to be eligible for recognition.

Q7. My organization is committed to continuously improving use and data capture of ASCVD Risk Estimations into our workflows and EHR systems. ☒ Yes ☐ No

To be eligible for recognition, Q7 must equal "Yes"

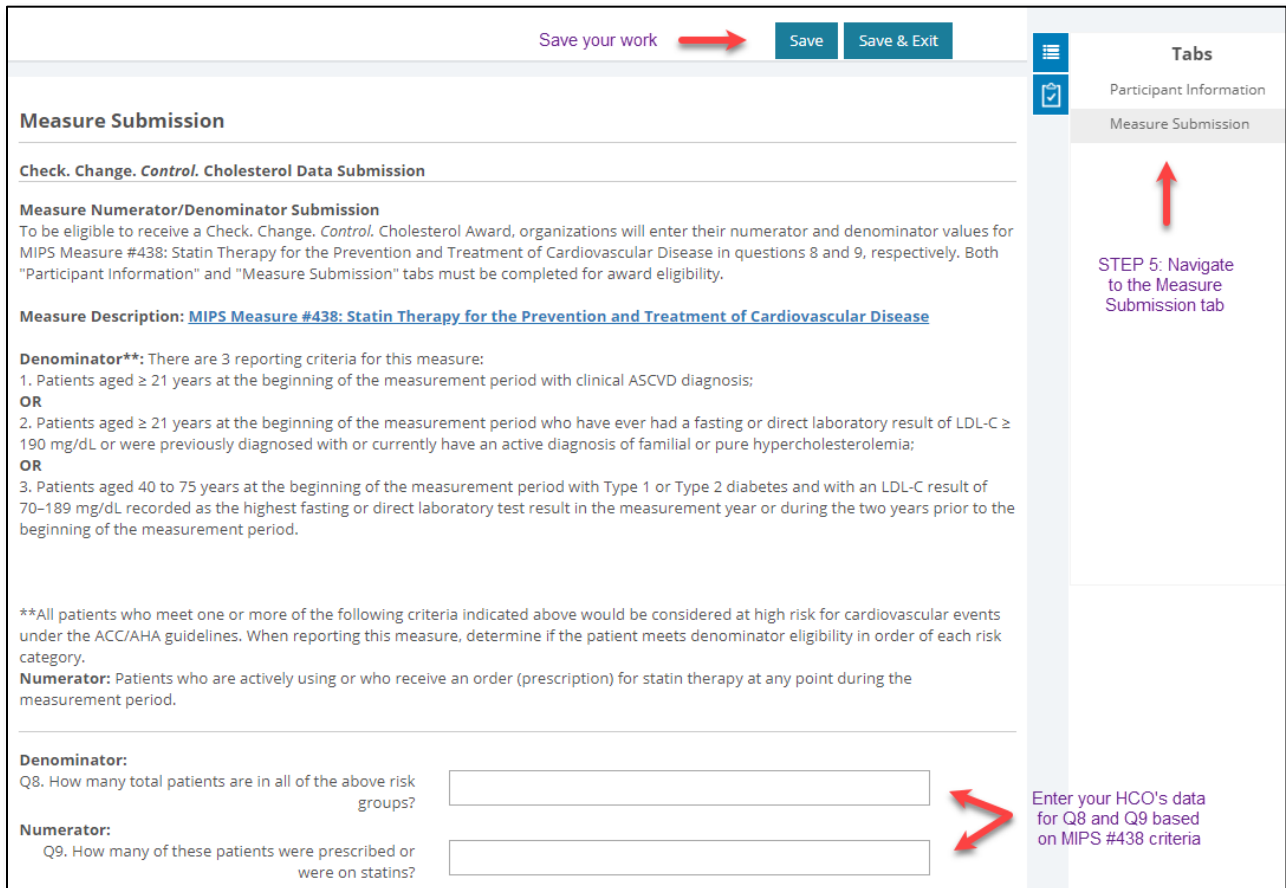


STEP 5

Navigate to the “**Measure Submission**” tab in the top right corner. If the Tabs panel is not available, it can be expanded by pressing the blue icon with three horizontal lines in the top right of the form window.

STEP 6

For Q8 and Q9, enter Denominator and Numerator data for [MIPS #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease](#). Patients should be specific to the 2019 calendar year and reflect all three denominator groupings specific to the measure. Please refer to the [Data Collection Worksheet](#) for details.



Save your work → Save Save & Exit

Measure Submission

Check. Change. Control. Cholesterol Data Submission

Measure Numerator/Denominator Submission
To be eligible to receive a Check. Change. Control. Cholesterol Award, organizations will enter their numerator and denominator values for MIPS Measure #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease in questions 8 and 9, respectively. Both “Participant Information” and “Measure Submission” tabs must be completed for award eligibility.

Measure Description: [MIPS Measure #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease](#)

Denominator:** There are 3 reporting criteria for this measure:
1. Patients aged ≥ 21 years at the beginning of the measurement period with clinical ASCVD diagnosis;
OR
2. Patients aged ≥ 21 years at the beginning of the measurement period who have ever had a fasting or direct laboratory result of LDL-C ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia;
OR
3. Patients aged 40 to 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes and with an LDL-C result of 70–189 mg/dL recorded as the highest fasting or direct laboratory test result in the measurement year or during the two years prior to the beginning of the measurement period.

****All patients who meet one or more of the following criteria indicated above 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.**

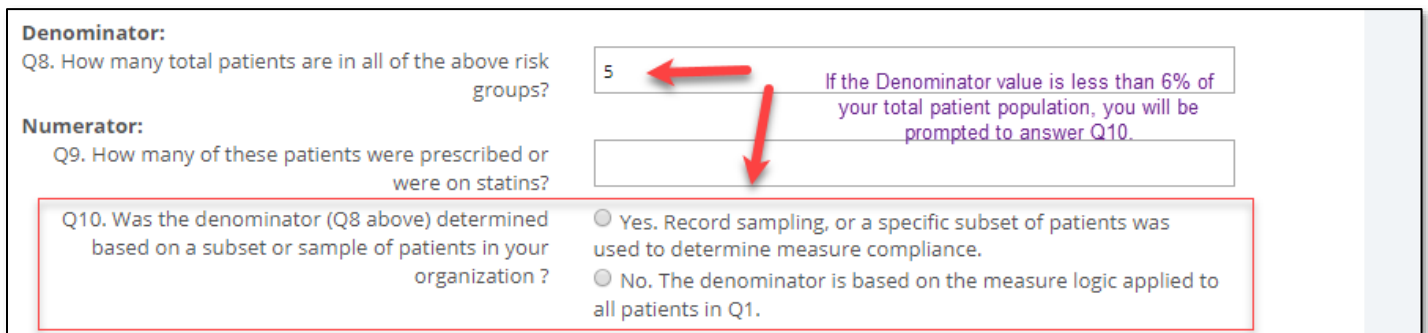
Numerator: Patients who are actively using or who receive an order (prescription) for statin therapy at any point during the measurement period.

Denominator:
Q8. How many total patients are in all of the above risk groups?

Numerator:
Q9. How many of these patients were prescribed or were on statins?

Enter your HCO's data for Q8 and Q9 based on MIPS #438 criteria

IMPORTANT NOTE: If the Denominator (total patients in measure’s risk groups) is less than 6% of your total patient population (ex: 5 patients out of 100 total patients), an additional question (Q10) will be required.



Denominator:
Q8. How many total patients are in all of the above risk groups?

Numerator:
Q9. How many of these patients were prescribed or were on statins?

Q10. Was the denominator (Q8 above) determined based on a subset or sample of patients in your organization?

☐ Yes. Record sampling, or a specific subset of patients was used to determine measure compliance.

☐ No. The denominator is based on the measure logic applied to all patients in Q1.

If the Denominator value is less than 6% of your total patient population, you will be prompted to answer Q10.



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If Q10 appears, and you select “Yes”: You will be prompted to briefly describe your sampling method and reason for sampling.

Denominator:
Q8. How many total patients are in all of the above risk groups? Q10 appears if the Denominator is less than 6% of your total patient population.

Numerator:
Q9. How many of these patients were prescribed or were on statins?

Q10. Was the denominator (Q8 above) determined based on a subset or sample of patients in your organization? ☒ Yes. Record sampling, or a specific subset of patients was used to determine measure compliance. ☐ No. The denominator is based on the measure logic applied to all patients in Q1.

Q11. Please briefly describe your sampling method and reason for sampling. (500-character) If you select “Yes”, you must answer Q11.

If Q10 appears, and you select “No”: You will be notified that the number of patients across all risk groups are considered low compared to your overall population. Please describe any unique characteristics of your patients or organization for consideration.

Denominator:
Q8. How many total patients are in all of the above risk groups? Q10 appears if the Denominator is less than 6% of your total patient population.

Numerator:
Q9. How many of these patients were prescribed or were on statins?

Q10. Was the denominator (Q8 above) determined based on a subset or sample of patients in your organization? ☐ Yes. Record sampling, or a specific subset of patients was used to determine measure compliance. ☒ No. The denominator is based on the measure logic applied to all patients in Q1.

Q12. The denominator entered in Q8 may be considered low compared to your overall population in Q1. Please ensure measure logic is appropriately applied to all patients across all risk groups. If the measure has been appropriately applied, a low denominator may be due to a unique patient population or organizational characteristics. Please describe any unique characteristic of your patients or organization for consideration. (500-character) If you select “No”, you must answer Q12.

STEP 7

When all data are entered, check the “**Data Entry Complete**” checkbox and click the **Save & Exit** button at the top of the page.

Data may be edited at any time. All recognition awards will be based on a “snapshot” of data available in the platform on September 4, 2020 at 11:59 p.m. ET.



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Entering Data – Target: Type 2 Diabetes

NOTE: It is highly recommended that users first gather data using the Target: Type 2 Diabetes [Data Collection Worksheet](#). Organizations should report on data collected only from January 1 to December 31, 2019. The deadline to submit data is **Friday, September 4, 2020 at 11:59 PM ET**. *Note: Previously the deadline was Friday, May 29, 2020. It was extended as of April 2020 in light of COVID-19.*

Organizations must complete data under **both** the Participant Information and Measure Submission tabs to be eligible for 2020 awards for their 2019 data submission (questions 1-10, and either Option 1 or Option 2 for questions 11-14).

When finished with all entry, check the “**Data Entry Complete**” checkbox and hit “**Save and Exit**”. **NOTE:** Data can still be revised before the submission deadline.

STEP 1 Enter your HCO’s data into questions 1 – 3 (Q1 – Q3).

TIP: Save data often by clicking on the Save button in the top right of the page.

The screenshot shows the 'Participant Information' tab of the data entry form. At the top right, there are 'Save' and 'Save & Exit' buttons. A red arrow points to the 'Save & Exit' button with the text 'Save often to prevent losing your work'. Below the buttons, there is a 'Participant Information' section with a 'Reporting Year' dropdown set to '2019'. A red arrow points to the 'Data Entry Complete' checkbox, which is currently unchecked. A red arrow points to the 'Save & Exit' button with the text 'When finished, check this box and hit Save and Exit - this is the equivalent of a "Submit" button'. A red arrow points to the 'Measure Submission' tab in the right-hand 'Tabs' panel with the text 'Enter data into both tabs for award eligibility'. At the bottom, there are three input fields for questions Q1, Q2, and Q3. A red arrow points to the Q3 input field with the text 'Enter HCO's data for questions 1-3'.

Participant Information

Reporting Year: 2019

Once data entry is complete, please check the “Data Entry Complete” box and click the Save & Exit button above to complete your data submission

Data Entry Complete: ☐

When finished, check this box and hit Save and Exit - this is the equivalent of a “Submit” button

NOTE: Data can still be revised before the submission deadline

Target: Type 2 Diabetes Data Submission Instructions

The Target: Type 2 Diabetes program aims to reduce CV deaths, heart attacks, strokes in people living with type 2 diabetes.

Recognition data entry requires completion of Q1-Q10 AND either Q11/Q12 or Q13/Q14 for award eligibility.

The participant information tab provides information on demographics and current clinical practices. Age ranges for organizational information questions are based on the [NQF 0059 - Diabetes: Hemoglobin A1c \(HbA1c\) Poor Control \(>9%\)](#) patient population.

In the measure submission tab, (Q9 - Q14) participants will supply numerator and denominator values for select measures of patients seen in the previous calendar year.

Tabs are located in the right panel and can be expanded by clicking the blue icon with 4 lines in the top right of the data submission window. Additional resources for submission are located in the Library.

Participant Organizational Information

Q1. What is the total adult (18-75 years) patient population count for the Healthcare Organization?

Q2. How many of your adult patients (18-75 years) are a race other than white and/or identify as Latino or Hispanic ethnicity?

Q3. How many providers are in the Healthcare Organization? Include physicians and mid-level providers.

STEP 2 For Q4, enter your HCO’s data regarding your patient population’s primary payer groups. Each field must have a data value entered. Even if it is zero, type “0”. Blanks will generate an error. See the last page of the [Data Collection Worksheet](#) for details on how to assign a payer group to each patient.

Q4. How many of your total adult (18-75 years) patient population are primarily attributed to the following payer groups:

All fields must contain a value. Please enter “0” where there are no patients.

Medicare: Total Patient Count	<input type="text"/>
Medicaid: Total Patient Count	<input type="text"/>
Private Health Insurance: Total Patient Count	<input type="text"/>
Other Public: Total Patient Count	<input type="text"/>
Uninsured / Self-Pay: Total Patient Count	<input type="text"/>
Other / Unknown: Total Patient Count	<input type="text"/>
Summation: Total Patient Count	<input type="text"/>



**STEP 3**

For Q5 and Q6, enter your HCO's data regarding its protocol to assess key characteristics of patients with type 2 diabetes, and if it operationalizes a specific treatment plan. Selecting "Yes" on either question will prompt additional required questions.

Q5. Does your organization have a specific protocol to assess 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

Protocol include assessment cannot be blank when your organization has a specific protocol to assess key characteristics of patients with type 2 diabetes. Please review.

Q6. 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

Treatment plan cannot be blank when your organization operationalize a specific treatment plan for managing patients with type 2 diabetes and related CVD co-morbidities and risk factors is selected as Yes. Please review.

STEP 4

For Q7, indicate how your HCO tracks patients with type 2 diabetes and associated risk factors.

Q7. 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

STEP 5

For Q8, indicate if your HCO is committed to continuously improving strategies for addressing CVD risk in patients with type 2 diabetes. You must select "Yes" on Q8 to be eligible for recognition.

Q8. My organization is committed to continuously improving strategies for addressing CVD risk in patients with type 2 diabetes.

☒ Yes ☐ No

To be eligible for recognition, Q8 must equal "Yes"

STEP 6

Navigate to the "Measure Submission" tab in the top right corner. If the Tabs panel is not available, it can be expanded by pressing the blue icon with three horizontal lines in the top right of the form window.

TIP: Save your work frequently.

Save your work often

Measure Submission

Target: Type 2 Diabetes Measure Submission

Navigate to the Measure Submission tab

Save your work often

Save Save & Exit

Measure Submission

Participant Information

Measure Submission



**STEP 7**

For Q9 and Q10, enter Denominator and Numerator data for [NQF 0059 – Diabetes: Hemoglobin A1c \(HbA1c\) Poor Control \(>9%\)](#). Patients should be specific to the 2019 calendar year.

DIABETES MEASURE (Required):

[NQF 59 - Diabetes: Hemoglobin A1c \(HbA1c\) Poor Control \(>9%\)](#)

Denominator: Patients 18 - 75 years of age with diabetes with a visit during the measurement period.
Numerator: Patients whose most recent HbA1c level (performed during the measurement period) is > 9.0%.

Denominator:
Q9. What is your total adult (18-75 years) patient population that has been diagnosed with Diabetes during the measurement period?

Numerator:
Q10. Of those who have been diagnosed with diabetes (from Q9), what is the number of patients whose most recent HbA1c level (performed during the measurement period) is > 9.0%.

Enter HCO's data here

STEP 8

For recognition eligibility, you need to enter data for **one CVD Measure – option 1 or 2**. Option 1 is questions 11 and 12 (Q11/12) and Option 2 is questions 13 and 14 (Q13/14). You need to enter both Denominator and Numerator data for whichever option you choose.

Option 1 of 2 – Q11 and Q12

Enter Denominator and Numerator data for [MIPS #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease](#). Patients should be specific to the 2019 calendar year and reflect all three denominator groupings specific to the measure. Please refer to the [Data Collection Worksheet](#) for details.

CVD Measure #1 (Option 1 of 2):

[MIPS Measure #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease](#)

Denominator:** There are 3 reporting criteria for this measure:

1. Patients aged ≥ 21 years at the beginning of the measurement period with clinical ASCVD diagnosis;
OR
2. Patients ≥ 21 years at the beginning of the measurement period who have ever had a fasting or direct laboratory result of LDL-C ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia;
OR
3. Patients aged 40 to 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes and with an LDL-C result of 70-189 mg/dL recorded as the highest fasting or direct laboratory test result in the measurement year or during the two years prior to the beginning of the measurement period.

** All patients who meet one or more of the following criteria indicated above 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.

Numerator: Patients who are actively using or who receive an order (prescription) for statin therapy at any point during the measurement period.

Denominator:
Q11. How many total patients meet one or more of the above risk groups?

Numerator:
Q12. How many of these patients were prescribed or were on statins?

OPTIONAL - Complete if you will not submit data for Option 2

Enter your HCO's data for Q11 and Q12 based on MIPS #438 criteria





Option 2 of 2 – Q13 and Q14

Enter Denominator and Numerator data for [MIPS #236: Controlling High Blood Pressure](#). Patients should be specific to the 2019 calendar year. Please refer to the [Data Collection Worksheet](#) for details.

CVD Measure #2 (Option 2 of 2):

[NQF 18/MIPS #236: Controlling High Blood Pressure](#)

Denominator: Patients 18-85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period.

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

Denominator:
Q13. What is your total adult (18-85 years) patient population that has been diagnosed with hypertension?

Numerator:
Q14. Of those who have been diagnosed with hypertension (from Q13), what is the number of patients under control, BP <140/90 mmHg?

OPTIONAL - Complete if you will not submit data for Option 1

Enter your HCO's data

STEP 9

When all data are entered, check the “**Data Entry Complete**” checkbox and click the **Save & Exit** button at the top of the page.

Data may be edited at any time. All recognition awards will be based on a “snapshot” of data available in the platform on September 4, 2020, at 11:59 p.m. ET.

