



# 2022 RECOGNITION PROGRAM DATA COLLECTION WORKSHEET

Use this worksheet to prepare for the formal data submission process. The deadline to submit 2021 data for 2022 recognition is May 27, 2022, 11:59 p.m. ET.

## INSTRUCTIONS

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-Q12 and either option 1 or option 2 (Q13-Q14 or Q15-Q16) in the online data submission platform.

## ALL FIELDS ARE REQUIRED

The 2022 recognition cycle is based on the performance period of the 2021 calendar year (1/1/2021-12/31/2021).

1. Does your organization diagnose and manage patients with diabetes, including prescribing and managing medications? *Only organizations directly diagnosing and managing diabetes are eligible for awards as of 2021. A "yes" response is required for award eligibility.*  Yes  No
2. I am a designated representative of my organization and certify that the following attestations are accurate to the best of my knowledge. *A "yes" response is required for award eligibility.*  Yes  No
3. What is the total number of adult patients (≥18 years of age) for the health care organization, regardless of diagnosis? *You will be asked to break down this total by primary payor and race/ethnicity in subsequent questions.* \_\_\_\_\_
4. How many providers are in the health care organization? *Include all physicians, nurse practitioners, and physician assistants.* \_\_\_\_\_

*(Questions continue on the following page)*

**5. How many of your total adult patient population (≥18 years of age) self-identify as the following race and ethnicity (based on Table 3B of the HRSA Uniform Data System Reporting Requirements for 2021 Health Center Data)**

Sum must equal total patient count in question 3.

Race	Non-Hispanic or Latinx (Total Patients – Ages 18+)	Hispanic or Latinx (Total Patients – Ages 18+)
Asian		
Native Hawaiian		
Other Pacific Islander		
Black/African American		
American Indian or Alaska Native		
White		
More than one race		
Unreported or Unknown		
<b>Subtotals</b>	<b>Total Non-Hispanic or Latinx Patients:</b>	<b>Total Hispanic or Latinx Patients:</b>
<b>Total Patients</b> (Must equal Question 3 response)		

**6. How many of your total adult patients (≥18 years of age) are primarily attributed to the following payor groups? Sum must equal total patient count in question 3.**

See page 5 for additional guidance on payor groups.

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

Questions 7 – 10 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. A “yes” response is required on question 10 for award eligibility.

**7. 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

**(Questions continue on the following page)**

8. 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)

- |   |  |
|---|--|
| <input type="checkbox"/> Comprehensive lifestyle modification recommendations | <input type="checkbox"/> Guideline-based use of pharmacologic therapy inclusive of antihyperglycemic medications with proven CVD benefit |
| <input type="checkbox"/> Diabetes self-management education and support       | <input type="checkbox"/> None of the above   |

9. How does your organization track patients with type 2 diabetes and associated CVD co-morbidities and risk factors? Select all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Electronic health record (EHR) system | <input type="checkbox"/> A diabetes or CVD specific patient registry |
| <input type="checkbox"/> A population health management tool   | <input type="checkbox"/> None of the above                           |

10. My organization is committed to continuously improving strategies for addressing CVD risk in patients with type 2 diabetes.  Yes  No  
A "yes" response is required for award eligibility.

## MEASURE SUBMISSION – NUMERATOR/DENOMINATOR DATA

You must complete questions 11 and 12 and either option 1 or option 2 in the online data submission platform.

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

NOTE: This is an inverse measure. A smaller numerator relative to your denominator indicates better patient outcomes.

11. DENOMINATOR: What is the number of adult patients (age 18-75) who had a visit during the measurement period and have a diagnosis of diabetes? \_\_\_\_\_
12. NUMERATOR: Of those who have been diagnosed with diabetes (from question 11), what is the number of patients whose most recent HbA1c level (performed during the measurement period) is >9%, or who had no HbA1c level performed during the measurement period? \_\_\_\_\_

(Questions continue on the following page)

## 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

#### 13. 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?*).

**Identify the number of patients in EACH of the below risk groups. What is the sum of patients in all three risk groups? Avoid double-counting patients who fall into more than one risk group. NOTE: All three risk groups must be factored into the final denominator total.**

Aged  $\geq 21$  years at the beginning of the measurement period with clinical ASCVD diagnosis.

- OR -

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

- OR -

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.

#### 14. NUMERATOR:

**How many of these patients were prescribed or were actively using statins at any point during the measurement period?**

- OR -

### OPTION 2: MIPS Measure #236: Controlling High Blood Pressure

#### 15. DENOMINATOR:

Adult patients who had a 2021 visit and diagnosis of essential hypertension present any time between Jan. 1, 2020 and Dec. 31, 2021.

**What is the number of patients (age 18-85) who had a 2021 visit (in-office or telehealth encounter) and a diagnosis of essential hypertension present any time between 1/1/2020 and 12/31/2021?**

#### 16. NUMERATOR:

Adult patients whose blood pressure at the most recent visit is adequately controlled during the measurement period.

**Of those who have been diagnosed with hypertension (from question 15), what is the number of patients (age 18-85) whose most recent BP is under control (systolic blood pressure  $<140$  mm Hg and diastolic blood pressure  $<90$  mm Hg)?**

## PAYOR GROUP GUIDANCE

**For question 6, all patients ≥18 years of age for the Total Population reported in question 3 should be grouped by their primary health care payor at the time of their last visit.**

**Medicaid** – Report patients ages 18+ 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+ 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+ 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+ 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+ 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+ 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 2021 Health Center Data](#)” manual for “Table 4: Selected Patient Characteristics.”

PROGRAM PAYOR GROUP	UDS TABLE 4 ALIGNED ROWS
Medicare	Row 9 (ages 18+)
Medicaid	Row 8 (8a and 8b - ages 18+ only)
Private Health Insurance	Row 11 (ages 18+)
Other Public	Row 10 (10a and 10b - ages 18+ only)
Uninsured/Self-Pay	Row 7 (ages 18+)
Other / Unknown	--

[heart.org/targettype2diabetesoutpatient](https://heart.org/targettype2diabetesoutpatient)