RECOGNITION PROGRAM
DATA COLLECTION WORKSHEET

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 has been extended to September 4, 2020, 11:59 p.m. ET.

INSTRUCTIONS
Enter your healthcare organization’s adult (≥ 21 years) 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 MIPS Measure #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease. Also, the AHA/ASA advocates use of ASCVD Risk Estimation tools which enables healthcare providers and patients to estimate 10-year and lifetime risk for atherosclerotic cardiovascular disease (ASCVD). You will need to provide information regarding your organization’s current use of ASCVD Risk Estimation.

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 (≥ 21 years) population for the health care organization? ____________

2. How many of your patients (≥ 21 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 (≥ 21 years) patient population are primarily attributed to the following payor groups? Sum must equal total patient count in question 1. See page 3 for additional guidance on payor groups.
   _____ Medicare  _____ Medicaid  _____ Private Health Insurance
   _____ Other Public  _____ Uninsured/Self-Pay  _____ Other/Unknown

5. Does your organization currently calculate ASCVD Risk?  □ Yes  □ No
   If yes, where?  □ Calculate in our EHR  □ Clinicians calculate external to our EHR

6. Does your organization document the ASCVD Risk score?  □ Yes  □ No
   If yes, where?  □ Discrete field in our EHR  □ Notes or non-discrete field in our EHR

7. My organization is committed to continuously improving use and data capture of ASCVD Risk Estimations into our workflows and EHR systems. A “yes” response to question 7 is required for award eligibility.  □ Yes  □ No
8. **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.**

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

The following section is conditional based upon the answers you provided above. You may not be prompted to answer them all in the data platform.

10. **Was the denominator (question 8 above) determined based on a subset or sample of patients in your organization?** You will need to answer if your denominator is less than 6% of your total adult population (Question 1).

    □ Yes □ No

11. **If yes, please briefly describe your sampling method and reason for sampling.** (500 character limit)

    ____________________________________________________________

    ____________________________________________________________

    ____________________________________________________________

12. **If no, the denominator entered in question 8 may be considered low compared to your overall population in question 1.** If the measure has been appropriately applied to all risk groups, a low denominator may be due to a unique patient population or organizational characteristics. Please describe any unique characteristics for consideration. (500 character limit)

    ____________________________________________________________

    ____________________________________________________________

    ____________________________________________________________
PAYOR GROUP GUIDANCE

For question 4, all patients ages 21+ 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 21+ 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 21+ 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 21+ 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 21+ 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 21+ 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 21+ 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>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>Row 9 (ages 21+)</td>
</tr>
<tr>
<td>Medicaid</td>
<td>Row 8 (8a only - ages 21+)</td>
</tr>
<tr>
<td>Private Health Insurance</td>
<td>Row 11 (ages 21+)</td>
</tr>
<tr>
<td>Other Public</td>
<td>Row 10 (10a only - ages 21+)</td>
</tr>
<tr>
<td>Uninsured/Self-Pay</td>
<td>Row 7 (ages 21+)</td>
</tr>
<tr>
<td>Other / Unknown</td>
<td>--</td>
</tr>
</tbody>
</table>