American Heart Association.
Check. Change. Control. Cholesterol™

2027 DATA COLLECTION WORKSHEET

FOR CHECK. CHANGE. CONTROL. CHOLESTEROL AWARD ACHIEVEMENT

INSTRUCTIONS

Enter your healthcare organization's adult patient data to prepare for the formal data submission process. Use only numbers when entering data into the data submission platform. (No commas or decimals.)

The deadline to submit 2026 data for 2027 achievement awards is May 21, 2027, 11:59 p.m. ET. Data submission deadlines are firm to ensure fair opportunities for all submitters. Early submission is highly encouraged to ensure the deadline is met.

The 2027 recognition cycle is based on the performance period of the 2026 calendar year (1/1/2026-12/31/2026). Questions are organized below into five sections:

- Participant Information
- Clinical Practices
- Measure Submission (CMS MIPS #438)
- Outpace CVD™ Optional Measure Submission
- Payor Group Guidance

All data must be submitted using our data submission platform (https://aha.infosarioregistry.com) by the deadline to be eligible for an award. All fields are required unless stated as optional. Completing this worksheet does not constitute data submission.

For any questions, contact your local American Heart Association staff member or reach out at bit.ly/AQContactUs.

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PARTICIPANT INFORMATION

Q1	**Does your organization diagnose and manage adult patients with chronic disease conditions (hypertension, dyslipidemia and/or diabetes) including prescribing and managing medications?** Only organizations directly diagnosing and managing chronic disease conditions (blood pressure for Target: BP, dyslipidemia for Check. Change. Control. Cholesterol and diabetes for Target: Type 2 Diabetes) are eligible for awards. This must include both diagnosis and prescribing and managing medications. Organizations that screen and refer only are ineligible.	☐ Yes ☐ No
Q2	**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
Q3	**What is the total number of adult patients (≥18 years of age) for the healthcare organization, regardless of diagnosis? Patients must have had at least one 2026 visit (in-office or telehealth encounter). Exclude acute care visits.** This answer should represent all adult patients that could be considered for management of hypertension, dyslipidemia and/or diabetes during their visit. You will be asked to break down this total by primary payor and race/ethnicity in subsequent questions.	_____
Q4	**How many clinicians are in the healthcare organization?** Include all physicians, nurse practitioners and physician assistants.	_____
Q5	**How many people in 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 2026 Health Center Data)?**	

RACE	NON-HISPANIC, LATINO/A OR SPANISH ORIGIN Total Patients - Ages 18+	HISPANIC, LATINO/A OR SPANISH ORIGIN Total Patients - Ages 18+
Asian		
Native Hawaiian		
Other Pacific Islander		
Black/African American		
American Indian or Alaska Native		
White		
More Than One Race		
Unreported/Unknown Race (Ethnicity is known to be Hispanic, Latino/a or Spanish Origin but Race is Unknown)		
Race Known, Unreported/Unknown Ethnicity (Race is known [Any], but unknown if Hispanic, Latino/a or Spanish Origin)		
Race Unknown/Ethnicity either Unknown, Undisclosed or not Hispanic, Latino/a or Spanish Origin (Race is unknown and ethnicity is unknown or not Hispanic, Latino/a or Spanish Origin)		
Subtotals		
Total Patients		

NOTES: Patient population totals will auto-populate in the data submission platform. Your sum must equal your Q3 response.

Questions continue on next page.

Q6	**How many people in your total adult patient population (≥18 years of age) are primarily attributed to the following payor groups?** Sum must equal total patient count in question 3. *See additional guidance in the Payor Group Guidance section.* • Medicare: • Medicaid: • Private Health Insurance: • Other Public: • Uninsured/Self-Pay: • Other/Unknown:

CHECK. CHANGE. CONTROL. CHOLESTEROL™ | CLINICAL PRACTICES

As part of the Check. Change. Control. Cholesterol program, the American Heart Association advocates use of guideline-based atherosclerotic cardiovascular disease (ASCVD) Risk Assessment. In this section, we look to understand your organization, its current use of ASCVD Risk Assessment and ask participating organizations to commit to improving risk-assessment and clinical activation in their patient populations.

CH 1	**Which of the following describes your organization's use of ASCVD Risk Calculators (utilizing either the Pooled Cohort Equations CV Risk Calculator or the PREVENT™ Calculator) as part of standard process?** Select all that apply but note that conflicting answers cannot be selected. ☐ 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 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). ☐ Clinicians at my organization discuss ASCVD Risk Estimation results with patients. ☐ None of the above. ☐ I am not sure.	
CH 2	**The 2026 ACC/AHA Guideline on the Management of Dyslipidemia defines patients with existing clinical ASCVD as being at "very high-risk" of a future event if they have a history of multiple major ASCVD events or 1 major ASCVD event and multiple high-risk features despite maximally tolerated statin plus ezetimibe. Does your organization operationalize a specific treatment plan, such as use of a clinical decision support tool or workflow following the ACC/AHA guideline for managing patients considered very high-risk for future ASCVD events?**	☐ **Yes** ☐ **No**

Questions continue on next page.

CH 2a	**If yes, does this treatment plan include:** Select all that apply. ☐ Detailed collection of past medical history including Major ASCVD Events and High-Risk Conditions as defined in the 2026 ACC/AHA Guideline on the Management of Blood Cholesterol ☐ Protocol for follow-up with repeat lipid measurement 4-12 weeks after treatment initiation or dose adjustment and every 6-12 months thereafter or referral to a specialist ☐ Using an EHR-based clinical decision support tool for intensifying statins or prescribing ezetimibe or PCSK9 therapy ☐ Supplying the ACC/AHA guideline algorithm for "Secondary ASCVD Prevention for Adults at Very High Risk" to clinicians ☐ Educating care teams every 12 months about guideline-based management of very high-risk patients ☐ Standard protocol for clinician-patient shared decision making, including discussion of other possible risk factors, social needs, cost considerations and lifestyle ☐ None of the above	
CH 3	**My organization is committed to continuously improving use and data capture of ASCVD Risk Estimations into our workflows and EHR systems.** **NOTE:** You must select "Yes" to be eligible for an achievement award.	☐ **Yes** ☐ **No**

The following are selections from the "Top Things to Know" from the 2026 ACC/AHA Guideline on the Management of Dyslipidemia. For each item, please select the option that best describes your organization's current practices.

CH 4	**The American Heart Association launched a tool to predict a person's long-term risk of cardiovascular disease. The Predicting Risk of cardiovascular disease EVENTs (PREVENT™) calculator aims to help clinicians implement risk assessment for cardiovascular disease and facilitate clinician-patient discussion to optimize prevention for cardiovascular disease, including ASCVD and heart failure. This tool factors in kidney disease and metabolic disease, including Type 2 diabetes and obesity, as well as indicators of social deprivation. Is your organization currently utilizing the PREVENT™ calculator?** ☐ Yes, all clinicians at my organization are utilizing the PREVENT calculator. ☐ Some clinicians at my organization are utilizing the PREVENT calculator. ☐ No clinicians at my organization are utilizing the PREVENT calculator. ☐ I am not sure.
CH 4a	**If you selected that any clinicians are using the PREVENT™ calculator, how are the results being calculated and captured?** ☐ Our EHR automatically calculates the PREVENT™ risk score and captures results in a discrete field. ☐ Clinicians manually activate the PREVENT™ calculator within our EHR and capture the results in a discrete field. ☐ Clinicians utilize the PREVENT™ calculator as a standalone tool, but it is not integrated into the EHR.

The following are selections from the "Top Things to Know" from the 2026 ACC/AHA Guideline on the Management of Dyslipidemia. For each item, please select the option that best describes your organization's current practices.

CH 5a	**Measuring LP(a) at least once for all adults to identify those individuals at higher risk of ASCVD. (COR 1)** ☐ Implementation completed ☐ Implementation in progress ☐ Implementation to start in the next 12 months ☐ No plan for implementation ☐ Unsure
CH 5b	**Utilizing ApoB testing to guide decision-making for lipid-lowering therapy in adults once LDL-C and non–HDL-C goals are met. (COR 2a)** ☐ Implementation completed ☐ Implementation in progress ☐ Implementation to start in the next 12 months ☐ No plan for implementation ☐ Unsure
CH 5c	**Utilizing CAC scoring (in men ≥40 yrs, women ≥45 yrs) to improve risk assessment and guide LDL-C and non-HDL-C. [1]** ☐ Implementation completed ☐ Implementation in progress ☐ Implementation to start in the next 12 months ☐ No plan for implementation ☐ Unsure
CH 5d	**In secondary prevention, utilizing a goal of LDL-C <55 mg/dL (1.4 mmol/L) and non–HDL-C <85 mg/dL (2.2 mmol/L) for those at very high risk of ASCVD events. [2]** ☐ Implementation completed ☐ Implementation in progress ☐ Implementation to start in the next 12 months ☐ No plan for implementation ☐ Unsure

[1.] Utilizing coronary artery calcium (CAC) scoring in adults at intermediate risk and select adults at borderline risk with no prior ASCVD (men ≥40 yrs, women ≥45 yrs) to enhance risk stratification and guide decisions on lipid-lowering therapy (COR 1). 4d. Utilizing coronary artery calcium (CAC) scoring in adults at intermediate or high risk with no prior ASCVD (men ≥40 yrs, women ≥45 yrs) to refine treatment goals and decide whether to intensify lipid-lowering therapy (COR 2a).

[2.] See Figure 1. Lipoprotein Goals for ASCVD Risk Reduction in the Guideline for additional guidance.

Questions continue on next page.

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CHECK. CHANGE. CONTROL. CHOLESTEROL™ | MEASURE SUBMISSION

To be eligible to receive a Check. Change. Control. Cholesterol™ achievement award, organizations are required to enter their denominator and numerator data values for CMS MIPS Measure 438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease in questions CH 6 and CH 7. If prompted, CH 6a, CH 7a, CH 8 and CH 9 or CH 10 must be completed.

DENOMINATOR:
All patients who meet one or more of the criteria below would be considered at high risk for cardiovascular events. 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? If not, do they meet criteria #4?) Avoid double-counting patients who fall into more than one risk category.

CH 6	**Identify the number of patients in EACH of the below risk groups. What is the sum of patients in all four risk groups?**	_____

NOTE:

- **All four risk groups must be factored into the final denominator.**
- You must use the MIPS #438 measure (or the equivalent eCQM CMS347v9) criteria as specified – using a different measure, using a custom definition of at-risk patients or pulling in only patients with ASCVD is NOT acceptable for award eligibility.
- Find denominator exclusions and exceptions in the measure description.

Risk Groups:

1. All patients who were previously diagnosed with or currently have a diagnosis of clinical ASCVD, including an ASCVD procedure; **or**

2. Patients aged 20 to 75 years at the beginning of the performance period who have ever had a laboratory result of low-density lipoprotein cholesterol (LDL-C) ≥ 190 mg/dL or were previously diagnosed with/have an active diagnosis of familial hypercholesterolemia; **or**

3. Patients aged 40 to 75 years at the beginning of the performance period with Type 1 or Type 2 Diabetes; **or**

4. Patients aged 40 to 75 years at the beginning of the performance period with a 10-year ASCVD risk score of ≥ 20 percent

CH 6a	**Please provide context on why your organization has ≤10 adult patients meeting the denominator criteria and, if applicable, why your overall patient population may be small. Examples may include unique characteristics of your patient demographics or location. (500 character limit)** **NOTE:** CH 6a is a conditional question based on your answer to CH 6. You may not be prompted to answer in the data platform, but it is REQUIRED if your answer to CH 6 is 10 or fewer. _____ _____

Questions continue on next page.

CH 7	**NUMERATOR: Using MIPS #438 criteria, of the patients given in Question CH 6, how many were prescribed or were actively using statins at any point during 2026?**	_____
CH 7a	**Your control rate on the measure is above 90% control. Please verify your data, and if accurate, provide details that may be contributing to your above average performance.** **NOTE:** CH 7a is a conditional question based on your answer to CH 7. You may not be prompted to answer in the data platform, but it is REQUIRED if your control rate (CH 7 divided by CH 6) is 90% or higher. _____ _____	

NOTE: If you are also submitting data for Target: Type 2 Diabetes, data from CH 6 and CH 7 will automatically populate in questions T2D 28 and T2D 29.

The following section is conditional based on your provided answer to question 6.

CH 8	**Was the denominator (CH 6) determined based on a subset or sample of patients in your organization?** This is REQUIRED if your denominator is less than 6% of your total population (i.e., Question 6 total is <6% of the Question 3 total). **Ex:** If Question 6 = 50 patients and Question 3 = 1,000 patients, Question 8 is required for award eligibility. ☐ Yes. Record sampling, or a specific subset of patients, was used to determine measure compliance. ☐ No. The denominator includes all patients in our total patient population who meet the MIPS #438 measure criteria as specified for CMS use.
CH 9	**If "Yes" on CH 8, please describe your sampling method (including initial population sampled, sample size and selection methods) and reason for sampling. (500 character limit)** _____ _____
CH 10	**If "No" on CH 8, denominator entered in CH 6 may be considered small compared to your overall population in Q3. Please ensure your denominator includes ALL patients in ALL four risk groups, and all other measure logic is appropriately applied. If the measure has been appropriately applied, please describe any unique characteristics of your patients or organization for consideration that might contribute to having a small number of patients at risk for ASCVD. (500 character limit)** _____ _____

OUTPACE CVD™ | OPTIONAL MEASURE SUBMISSION

NEW! Help shape the future of cardiovascular quality measurement!

As Outpace CVD™ continues to align with the latest clinical guidelines, this submission provides an opportunity for your organization to contribute data that will inform the next generation of program measures and reporting strategies. Your participation will help the American Heart Association better understand current data capabilities, identify trends across organizations and guide future enhancements to the program. Organizations that complete questions OP 1 – OP 3 will be recognized for their leadership and commitment to advancing cardiovascular health.

OP 1	**Does your organization currently pull from the American Heart Association's Optimally Managed Blood Pressure (<130/80 mmHg) (OMBP) measure (or a similar measure with BP controlled at <130/80 mmHg)?** Please describe your organization's current ability to pull and use of this measure.	☐ Yes, we can pull these criteria and currently practice/report on this measure (or a similar measure with BP controlled at <130/80 mmHg). ☐ Yes, we can pull these criteria but do not currently practice/report on this measure (or a similar measure with BP controlled at <130/80 mmHg). ☐ No, we cannot pull these criteria but intend to add the capability in the next 12 months. ☐ No, we cannot currently pull these criteria; we have no plans to add them. ☐ I am not sure.
OP 2	**DENOMINATOR: Using the Heart Association's OMBP measure, how many adult patients (18-85 years of age) at the start of the measurement period with a diagnosis of essential hypertension starting before and continuing into or starting during the first six months of the measurement period who had at least 1 visit at the clinical unit during the measurement period.** Include patients with an essential hypertension diagnosis present sometime between 1/1/2025– 6/30/2026 with at least one visit in 2026. Exclude patients meeting the Denominator Exclusions criteria in the OMBP specifications.	_____
OP 3	**NUMERATOR: Of the patients in OP 2, what is the number of patients whose blood pressure measurement at the most recent visit was optimally controlled (<130/80 mmHg)?** If a patient has multiple blood pressure readings from their office visit, use the lowest systolic and lowest diastolic blood pressure on that visit as the representative BP.	_____

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 healthcare 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 2026 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	- -

For additional resources to support you for 2027 Check. Change. Control. Cholesterol™ Data Submission, please visit **heart.org/OutpaceCVDPlatform**.

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