



American Heart Association®

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RECOGNITION PROGRAM DATA COLLECTION WORKSHEET

Use this worksheet to prepare for the formal data submission process. The deadline to submit 2020 data for 2021 recognition is May 28, 2021, 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 2021 recognition cycle is based on the performance period of the 2020 calendar year (1/1/2020-12/31/2020).

- 1. Does your organization diagnose and manage patients with high cholesterol, including prescribing and managing medications?** Yes No
Only organizations directly diagnosing and managing high cholesterol are eligible for awards as of 2021. A “yes” response is required for award eligibility.
- 2. I am a designated representative of my organization and certify that the following attestations are accurate to the best of my knowledge.** Yes No
A “yes” response is required for award eligibility.
- 3. What is the total number of adult patients (≥ 21 years of age) for the health care organization, regardless of diagnosis?** _____
- 4. PLEASE PROVIDE THE SUM OF THE FOLLOWING:**
Total adult patients (≥21 years of age) who are a race other than white + total adult patients (≥21 years of age) who are white AND identify as Latino or Hispanic ethnicity. _____
- 5. How many providers are in the health care organization?** _____
Include all physicians, nurse practitioners, and physician assistants.

6. How many of your total adult patients (≥ 21 years of age) are *primarily* attributed to the following payor groups? Sum must equal total patient count in question 3.

See page 4 for additional guidance on payor groups.

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

7. Does your organization or its individual clinical providers consistently calculate ASCVD Risk? Yes No

If yes, where? Calculate in our EHR Clinicians calculate external to our EHR

8. Does your organization or its individual clinical providers document the ASCVD Risk score? Yes No

If yes, where? Discrete field in our EHR Notes or non-discrete field in our EHR

9. My organization is committed to continuously improving use and data capture of ASCVD Risk Estimations into our workflows and EHR systems. A "yes" response is required for award eligibility. Yes No

10. 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 patients meet one or more of the three below criteria? _____

Take care not to double-count patients who meet more than one criterion.

Aged ≥ 21 years at the beginning of the measurement period with clinical ASCVD diagnosis.

- OR -

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 -

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.

11. 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 in questions 10 and 11.

You may not be prompted to answer them all in the data platform.

12. Was the denominator (question 10) 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 3). Yes No

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

14. If no, the denominator entered in question 10 may be considered low compared to your overall population in question 3. If your denominator includes ALL patients who meet ANY of the three risk criteria, and all other measure logic is appropriately applied, 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 6, all patients ages 21+ 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 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 2020 Health Center Data”](#) manual for “Table 4: Selected Patient Characteristics.”

PROGRAM PAYOR GROUP	UDS TABLE 4 ALIGNED ROWS
Medicare	Row 9 (ages 21+)
Medicaid	Row 8 (8a only - ages 21+)
Private Health Insurance	Row 11 (ages 21+)
Other Public	Row 10 (10a only - ages 21+)
Uninsured/Self-Pay	Row 7 (ages 21+)
Other / Unknown	--