RECOGNITION PROGRAMS
QUICK USER GUIDE – DATA SUBMISSION
Target: BP™ • Check. Change. Control. Cholesterol™ • Target: Type 2 Diabetes^{SM}

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^{SM}

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Getting Started

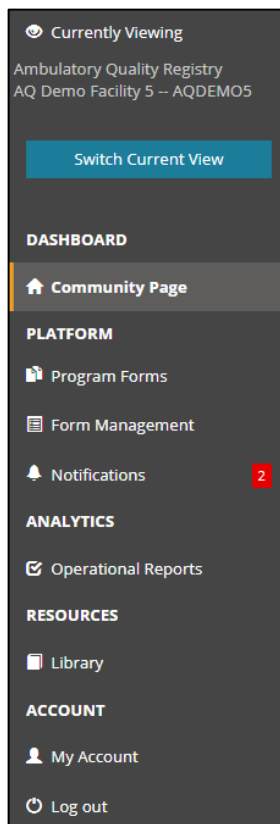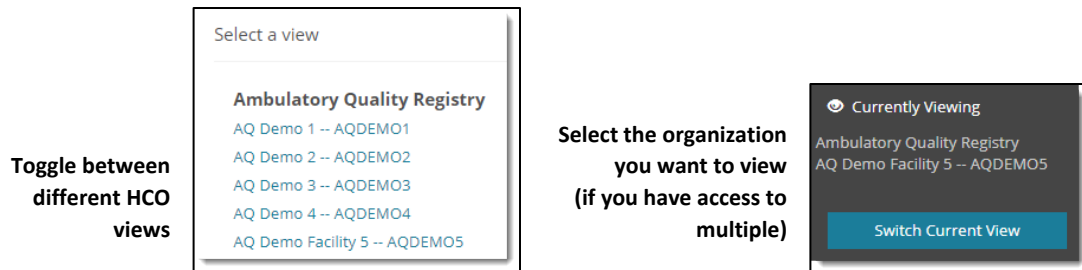|	
If your organization has NOT previously participated in any of the above programs	Navigate to the Ambulatory Quality Improvement registration form (www.heart.org/RegisterMyOutpatientOrg). Follow the instructions within the registration form to select the programs in which you would like to participate and complete the form with your Health Care Organization's details.
If your organization has previously registered for any of the above programs, and is submitting data for the same program	**No need to re-register.** 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.
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 you want to submit data for multiple individual sites through our CSV Uploader feature	Register your individual sites via the Multi-Site registration form -or- submit a request in our Contact Us form for help.
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 3 business days. Check your spam/junk filters for your log-in credentials. If you have no credentials after 3 business days, 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 has access to submit 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". If you have access to submit data for multiple sites via the "Upload" feature, navigate to the profile labeled "(Health System Profile)".

Toggle between different HCO views

Select a view

Ambulatory Quality Registry
AQ Demo 1 -- AQDEMO1
AQ Demo 2 -- AQDEMO2
AQ Demo 3 -- AQDEMO3
AQ Demo 4 -- AQDEMO4
AQ Demo Facility 5 -- AQDEMO5

Select the organization you want to view (if you have access to multiple)

Currently Viewing
Ambulatory Quality Registry
AQ Demo Facility 5 -- AQDEMO5

Switch Current View

Currently Viewing
Ambulatory Quality Registry
AQ Demo Facility 5 -- AQDEMO5

Switch Current View

DASHBOARD

🏠 Community Page

PLATFORM

📑 Program Forms

📋 Form Management

🔔 Notifications   2

ANALYTICS

✅ Operational Reports

RESOURCES

📕 Library

ACCOUNT

👤 My Account

⏻ Log out

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 <u>registration form</u> for the new program. If you feel there is an error with your account, please <u>contact us</u>.

- **Edit Forms** | Section to edit **existing** data forms.
  - Select an existing form's link to edit data from prior years (2019 and earlier) or the current reporting year (2020).

NOTE: The form's year refers to the year data were collected (e.g., for 2021 recognition, an HCO will be submitting data collected during the 2020 calendar year on a form labeled 2020).
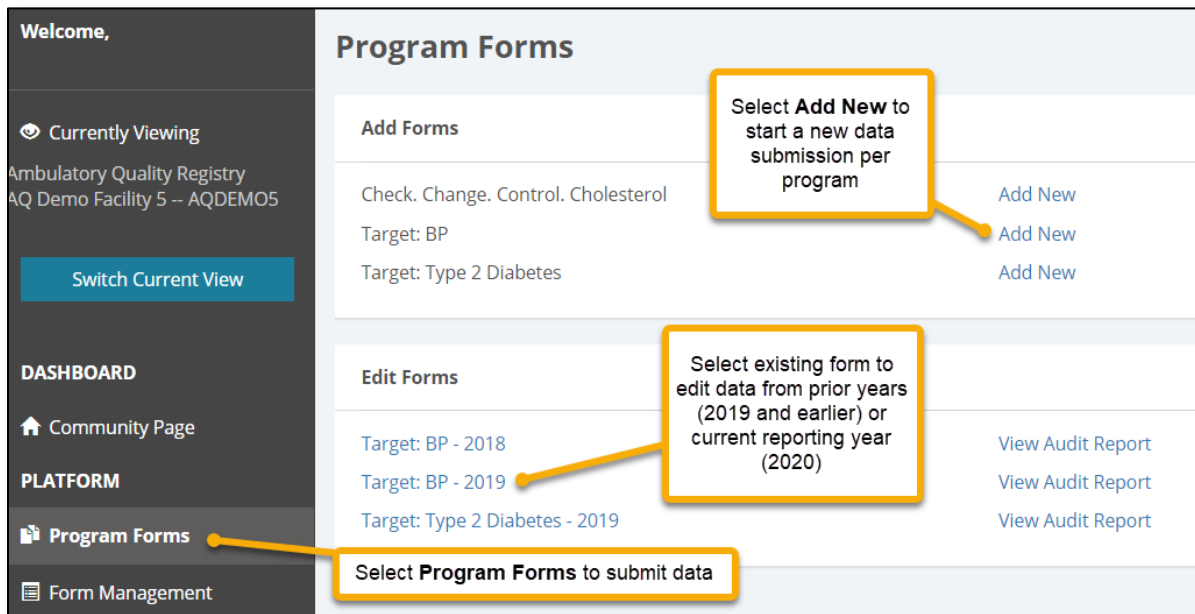
STEP 3   Review the existing forms (if any) under the **Edit Forms** section.
- Program forms containing "2020" will be used to determine recognition eligibility for 2021.
  - **To edit an existing form** for year 2020 or prior, click on the link (ex: "Target: BP – 2020") and skip to STEP 1 below for the chosen program.
  - *Why edit a prior year's form?* Editing data in a 2019 form or earlier does <u>not</u> 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 2020 program form, under the **Add Forms** section, click "Add New" to the right of the desired program.
- Enter the Reporting Year (2020) 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, 2020. The deadline to submit data is **Friday, May 28, 2021, at 11:59 PM ET.** 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.

Organizations must submit complete 2020 data under **ALL tabs** to be eligible for 2021 awards.

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

STEP 1 Respond "yes" or "no" to Questions 1 and 2 (Q1 and Q2). Q1 asks if your organization directly treats patients with hypertension. Q2 asks if you certify that your attestations are accurate. A "yes" response on both is required to be eligible for an award.

STEP 2   Enter your HCO's data into questions 3 – 7 (Q3 – Q7). For Q4 and Q5, use Denominator and Numerator data from MIPS #236: Controlling High Blood Pressure. NQF 0018 measure specifications are also acceptable. Question 6 asks if your data included blood pressure readings from patients' remote monitoring devices – please answer to the best of your knowledge. See STEP 3 below for instructions on question 8 (Q8).

Q3. What is the total number of patients 18-85 years of age in the Healthcare Organization, regardless of diagnosis?

DENOMINATOR
Q4. What is the number of patients 18-85 years of age who had a visit (in-office or telehealth encounter) and a diagnosis of essential hypertension overlapping (prior to or during) the measurement period?

Q4. Note: Exclude patients: in hospice, OR with ESRD, dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period, OR patients ages 66 or older who meet any of the following criteria – are in Institutional Special Needs Plans (SNP) for 90+ days OR have an encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior OR an encounter for frailty during the measurement period and either an acute inpatient encounter with advanced illness diagnosis or two outpatient, observation, ED, or nonacute inpatient encounters on different dates with an advanced illness diagnosis during the measurement period or the year prior.

NUMERATOR
Q5. Of those who have been diagnosed with hypertension (from Question 4), what is the number of patients 18-85 years of age whose most recent BP is under control, < 140/90 mmHg?

Q5. Note: If there are multiple blood pressures on the same date of service, use the lowest systolic and lowest diastolic blood pressure. See additional guidance in the Data Collection Worksheet.

> Enter your HCO's data for Q4 and Q5 based on MIPS #236 criteria.

Q6. Did your numerator data include digitally transmitted blood pressure readings from a patient's remote monitoring device?   ○ Yes ○ No ○ Not Sure

Q6. (Note: Your response will not affect your recognition status.)

> Please indicate if, to the best of your knowledge, home BP readings were used to determine patients with controlled BP.

Q7. How many providers are there for the Healthcare Organization? Include all physicians, nurse practitioners, and physician assistants.

STEP 3   For Q8, 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.

Q8. 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	
Medicaid: Total Patient Count	
Private Health Insurance: Total Patient Count	
Other Public: Total Patient Count	
Uninsured / Self-Pay: Total Patient Count	
Other / Unknown: Total Patient Count	
Summation: Total Patient Count	

STEP 4

Under **Tabs** on the righthand side, navigate to the 2nd tab, "**BP Measurement Activities**". Select responses for questions 9a, 9b, and 11 – 14 (Q9a, Q9b, Q11 – Q14). For question 10 (Q10), report the percentage of your organization's devices that are validated. Completing all questions is required for award eligibility.

BP Measurement Activities

BP measurement is the first step in accurately diagnosing and managing hypertension. [...] measurement knowledge and skills, and systems of care are essential evidence-based BP activit[...] [...] organization's practices during 2020. Your response will help us gauge adoption of evidence-based BP activities and evaluate your eligibility for additional recognition.

Please see guidance in the Data Collection Worksheet for further details on the attestation questions below. **An individual familiar with blood pressure devices, staff training, and clinical practice within your organization should answer or be consulted on these questions.**

BP Device Calibration & Validation
I attest that my organization:

Q9a. Calibrates ALL aneroid devices per the 2019 AHA Scientific Statement: Measurement of BP in Humans (every 2–4 weeks for handheld devices and every 6 months for wall-mounted devices).
Resources: 2019 AHA Scientific Statement: Measurement of BP in Humans

○ Yes ○ No ○ No aneroid devices ○ Not sure

Q9b. Calibrates ALL oscillometric devices per the 2019 AHA Scientific Statement: Measurement of BP in Humans (Nearly all manufacturers recommend that oscillometric devices, including Ambulatory Blood Pressure Monitors, be calibrated at regular intervals, e.g., every 1 or 2 years).
Resources: 2019 AHA Scientific Statement: Measurement of BP in Humans

○ Yes ○ No ○ No oscillometric devices ○ Not sure

Q10. Please review a validated blood pressure device listing such as ValidateBP.org or similar international sources. Report [...]

Tabs
- **✕ Facility Information**
- BP Measurement Activities
- Patients 18-44 years of age
- Patients 45-64 years of age
- Patients 65-74 years of age
- Patients 75-85 years of age

Navigate to the "BP Measurement Activities" tab and respond to all questions

Answer each single-select question

Enter a whole number 0-100 (percentage of your BP devices that are validated)

STEP 5

Under **Tabs,** navigate to the next tab, "**Patients 18-44 years of age**", which is the first of four tabs of data required for the hypertension prevalence estimator. These data are required for award eligibility.

Tabs
- **✕ Facility Information**
- BP Measurement Activities
- Patients 18-44 years of age
- Patients 45-64 years of age
- Patients 65-74 years of age
- Patients 75-85 years of age

...measurement knowledge
...tion's practices during

...th blood pressure

Click on each age group tab and enter the age, sex, and race/ethnicity data of your HCO's total patient population (not only those diagnosed with hypertension).

NOTE: Do not enter any data into the grayed-out fields. These auto-populate with sums as data are completed in the prevalence estimator tabs.

TIP: Each field must have a data value entered. Even if it is zero, type "0". Blanks will prevent you from being able to check the "**Data Entry Complete**" checkbox.

STEP 6   When all data are entered, navigate to the "**Facility Information**" tab, 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 May 28, 2021, at 11:59 PM ET.

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, 2020. The deadline to submit data is **Friday, May 28, 2021, at 11:59 PM ET.** 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.

Organizations must submit complete 2020 data under **ALL tabs** to be eligible for 2021 awards.

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

STEP 1   Respond "yes" or "no" to Questions 1 and 2 (Q1 and Q2). Q1 asks if your organization directly treats patients with high cholesterol. Q2 asks if you certify that your attestations are accurate. A "yes" response on both is required to be eligible for an award.

STEP 2 Enter your HCO's data into questions 3 – 5 (Q3 – Q5).

Q3. What is the total number of adult patients (≥21 years of age) in your Healthcare Organization, regardless of diagnosis?	
Q4. 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.	
Q5. How many providers are in your Healthcare Organization? Include physicians and mid-level providers.	

STEP 3 For Q6, 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.

Q6. How many of your total adult patients (≥21 years) 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	
Medicaid: Total Patient Count	
Private Health Insurance: Total Patient Count	
Other Public: Total Patient Count	
Uninsured / Self-Pay: Total Patient Count	
Other / Unknown: Total Patient Count	
Summation: Total Patient Count	

STEP 4 For Q7 and Q8, enter your HCO's data regarding its calculation and documentation of ASCVD Risk. Selecting "Yes" on either question will prompt additional required questions.

Q7. Does your organization or its individual clinical providers consistently 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 or its individual providers currently calculates ASCVD Risk.

Selecting "Yes" in Q7 will prompt additional required questions.

Q8. Does your organization or its individual clinical providers 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 or its individual providers documents the ASCVD Risk Score.

Selecting "Yes" in Q8 will prompt additional required questions.

American Heart Association®
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Cholesterol™

STEP 5

For Q9, indicate if your HCO is committed to continuously improving use and data capture of ASCVD Risk Estimations. You must select "Yes" to be eligible for recognition.

Q9. My organization is committed to continuously improving use and data capture of ASCVD Risk Estimations into our workflows and EHR systems.   ◯ Yes ◯ No

STEP 6

Under **Tabs** on the righthand side, navigate to the "**Measure Submission**" tab. For Q10 and Q11, enter Denominator and Numerator data for MIPS #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease. Patients should be specific to the 2020 calendar year and reflect all who meet one or more of the three denominator criteria. Please refer to the Data Collection Worksheet for details.

Measure 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 11 and 10, 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
(*Measurement period* = January 1 – December 31, 2020)

Denominator: All patients who meet <u>one or more</u> of the three below criteria (NOTE: A patient may meet 2+ criteria, but be careful not to count twice – determine patient eligibility in order of each criterion. See example measure logic in the Library, found in the left navigation panel.):

1. Aged ≥ 21 years at the beginning of the measurement period with clinical ASCVD diagnosis;
OR
2. Aged ≥ 21 years at the beginning of the measurement period and 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. 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 above criteria would be considered at high risk for cardiovascular events under the ACC/AHA guidelines.

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

Denominator:
Q10. How many patients meet one or more of the above criteria?

Numerator:
Q11. How many of the patients given in Question 10 were prescribed or were actively using statins at any point during

IMPORTANT NOTE: If the Denominator (total patients in measure risk groups) is less than 6% of your total patient population (ex: 5 patients out of 100 total patients), an additional question (Q12) will be required.

Denominator:
Q10. How many patients meet one or more of the above criteria?   5

Numerator:
Q11. How many of the patients given in Question 10 were prescribed or were actively using statins at any point during the measurement period?

Q12. Was the denominator (Q10 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 Q12 appears, and you select "Yes": You will be prompted to briefly describe your sampling method and reason for sampling. This description is <u>required</u> to be eligible for an award.

If Q12 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. This description is <u>required</u> to be eligible for an award.

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 May 28, 2021, at 11:59 p.m. ET.

Entering Data – Target: Type 2 Diabetes^{SM}

NOTE: It is highly recommended that users first gather data using the Target: Type 2 Diabetes^{SM} Data Submission Worksheet. Organizations should report on data collected only from January 1 to December 31, 2020. The deadline to submit data is **Friday, May 28, 2021, at 11:59 PM ET.** 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.

Organizations must submit complete 2020 data under **ALL tabs** to be eligible for 2021 awards (questions 1-12, and either Option 1 or Option 2 for questions 13-16 on the **Measure Submission** tab).

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

| STEP 1 | Respond "yes" or "no" to Questions 1 and 2 (Q1 and Q2). Q1 asks if your organization directly treats patients with diabetes. Q2 asks if you certify that your attestations are accurate. A "yes" response on both is required to be eligible for an award. |

| STEP 2 | Enter your HCO's data into questions 3 – 5 (Q3 – Q5). |

STEP 3

For Q6, 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 Submission Worksheet for details on how to assign a payor group to each patient.

> Q6. How many of your total adult patients (18-75 years) 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
> Medicaid: Total Patient Count
> Private Health Insurance: Total Patient Count
> Other Public: Total Patient Count
> Uninsured / Self-Pay: Total Patient Count
> Other / Unknown: Total Patient Count
> Summation: Total Patient Count

STEP 4

For Q7 and Q8, 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.

> Q7. 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
>
> **Selecting "Yes" in Q7 will prompt additional required questions.**
>
> Protocol includes assessment cannot be blank when your organization has a specific protocol to assess key characteristics of patients with type 2 diabetes. Please review.
>
> Q8. 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
>
> **Selecting "Yes" in Q8 will prompt additional required questions.**
>
> Treatment plan cannot be blank when your organization operationalizes a specific treatment plan for managing patients with type 2 diabetes and related CVD co-morbidities and risk factors. Please review.

STEP 5

For Q9, indicate how your HCO tracks patients with type 2 diabetes and associated risk factors.

> Q9. 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 6

For Q10, 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 Q10 to be eligible for recognition.

> Q10. My organization is committed to continuously improving strategies for addressing CVD risk in patients with type 2 diabetes. ○ Yes ○ No

STEP 7

Under **Tabs** on the righthand side, navigate to the 2ⁿᵈ tab, "**Measure Submission**" tab in the top right corner. For Q11 and Q12, enter Denominator and Numerator data for NQF 0059 – Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%). Patients should be specific to the 2020 calendar year.

STEP 8

For recognition eligibility, you need to enter data for **one CVD measure – option 1 or 2.** Option 1 is questions 13 and 14 (Q13/14) and Option 2 is questions 15 and 16 (Q15/16). You need to enter both Denominator and Numerator data for whichever option you choose.

Option 1 of 2 – Q13 and Q14

Enter Denominator and Numerator data for MIPS #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease. Patients should be specific to the 2020 calendar year and reflect all who meet one or more of the three denominator criteria. Please refer to the Data Submission Worksheet for details.

Option 2 of 2 – Q15 and Q16

Enter Denominator and Numerator data for MIPS #236: Controlling High Blood Pressure. Patients should be specific to the 2020 calendar year. Please refer to the Data Submission Worksheet for details.

CVD Measure #2 (Option 2 of 2):

MIPS #236: Controlling High Blood Pressure
(*Measurement period* = January 1 – December 31, 2020)

> Must complete this
> data OR Option 1

Denominator: Patients 18-85 years of age who had a visit (in-office or telehealth encounter) and a diagnosis of essential hypertension overlapping (prior to or during) the measurement period.

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

Denominator:
Q15. What is the number of patients 18-85 years of age who had a visit (in-office or telehealth encounter) and a diagnosis of essential hypertension overlapping (prior to or during) the measurement period?

> Enter data based on
> MIPS #236 criteria.

Numerator:
Q16. Of those who have been diagnosed with hypertension (from Q15), what is the number of patients 18-85 years of age whose most recent BP is under control, < 140/90 mmHg?

| 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 May 28, 2021, at 11:59 p.m. ET.