



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



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 also 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 by the deadline to be eligible for an achievement award.

Form Management – Contains forms to add/edit characteristics. Enter site-specific information here to pull advanced benchmarking reports.

Notifications – View updates on recognition, updates to the platform, and other news.

Operational Reports – View HCO and benchmarking data.

Library – Locate all resources related to the registry (e.g. data worksheets, user guides, measure information).

My Account – Manage your password and account security questions.

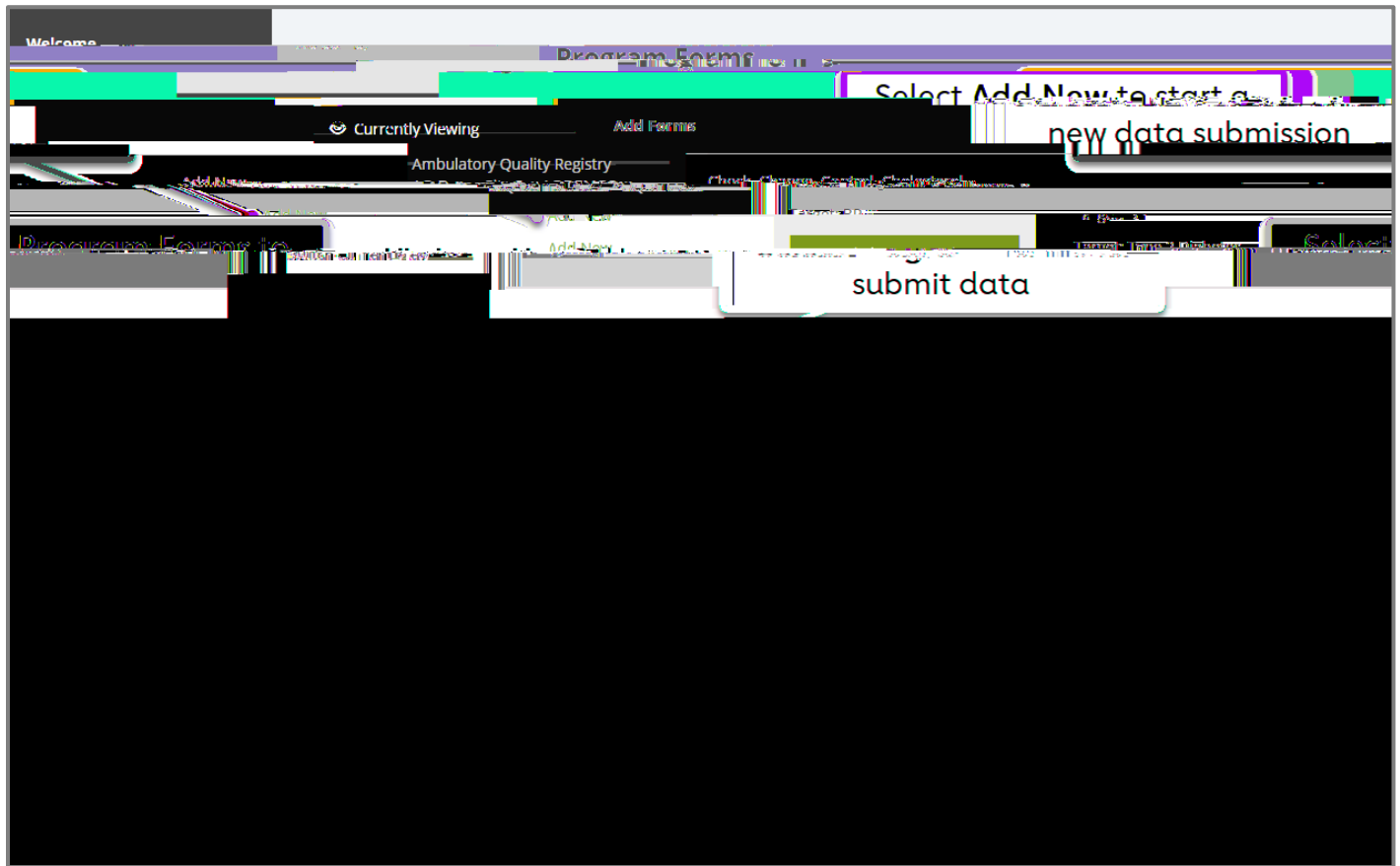
Entering Data – Adding Your Program Forms

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.

There are two sections on the “Program Forms” page.

Add Forms | This section lists the initiatives to which your HCO has access.

Select A



STEP 3

Review the existing forms (if any) under the Edit Forms section.

Program forms containing “2023” will be used to determine award eligibility for 2024.

To edit an existing form for year 2022 or prior, click on the link (ex: “Target: BP – 2022”) and skip to STEP 1 below for the chosen initiative.

Why edit a prior year's form? Editing data in a 2022 form or earlier does not change your award 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 new 2023 program form, under the Add Forms section, click “Add New” to the right of the desired initiative.

Enter the Reporting Year (2023) 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



Enter your HCO's data into questions 3 – 7 (Q3 – Q7). For Q4 and Q5, use Denominator



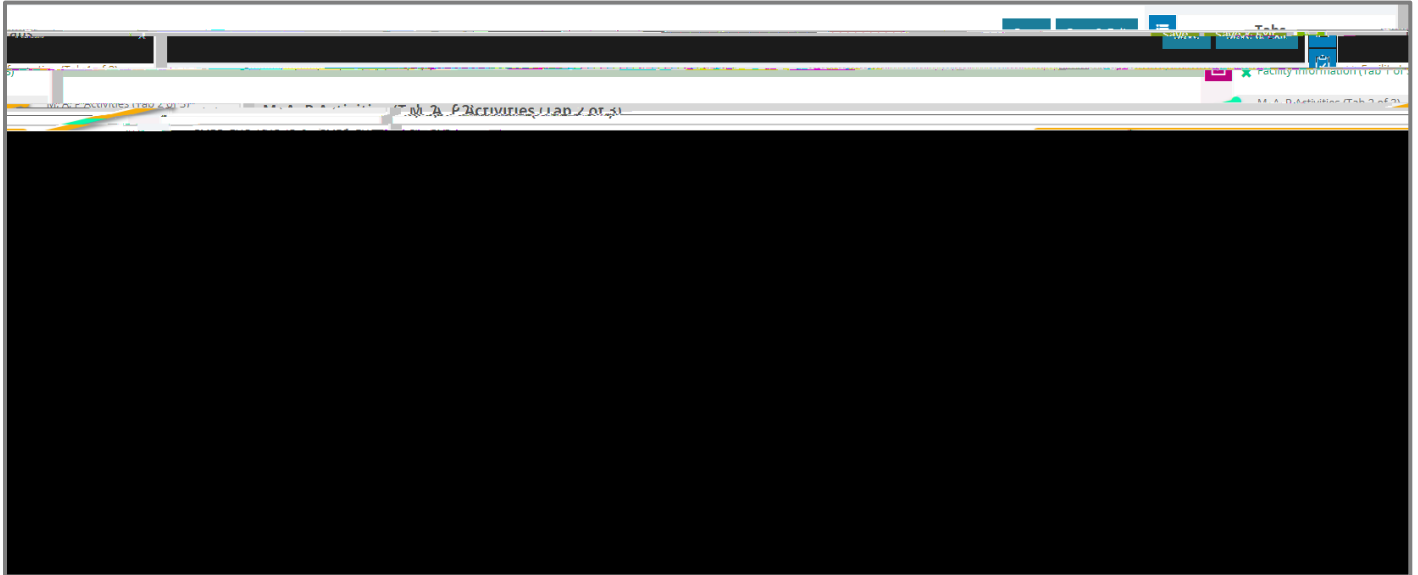
STEP 4

For Q9 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.

Medicaid: Total Patient Count		
Medicaid: Total Patient Count		
Uninsured / Self-Pay: Total Patient Count		
Payor Group Summation: Total Patient Count (MUST EQUAL YOUR RESPONSE TO QUESTION 3)		

STEP 5

Under Tabs on the righthand side, or using the Next button at the bottom of the screen, navigate to the 2nd tab, “M, A, P Activities”. Select responses for the “Measure Accurately” pillar questions 10a, 10b, and 12 – 15 (Q10a, Q10b, Q12 – Q15). For question 11 (Q11), select the percentage of your organization’s devices that are validated. Completing all questions is required for award eligibility.



For question 11 (Q11), select the percentage of your organization’s devices that are validated from the drop-down menu. If you do not know the percentage, select “Not sure.”



Continue through answering the “Act Rapidly” pillar questions (Q16-Q21) and “Partner with Patient” pillar questions (Q22-Q27). Each of these questions has an option for “Yes,” “No,” or “Not sure.”

STEP 6

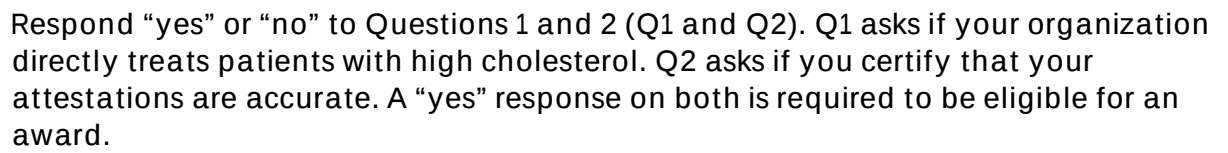
Under Tabs on the righthand side, or using the Next button at the bottom of the screen, navigate to the 3rd tab, “SMBP, EHO Activities”. Select responses for the “Self-Measured Blood Pressure” pillar questions (Q28-Q33) and “Partner with Patient” pillar questions (Q34-Q39). Each of these questions has an option for “Yes,” “No,” or “Not sure.”

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.

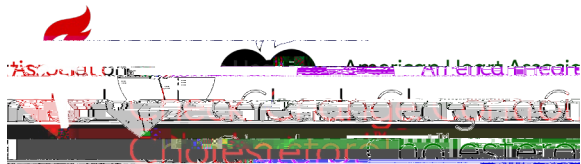
Data may be edited at any time. All recognition awards will be based on a “snapshot” of data available in the platform on May 17, 2024, at 11:59 PM ET.

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, 2023. The deadline to submit data is Friday, May 17, 2023, at 11:59 PM ET. When finished with all entry, check the “Data Entry Complete



10



STEP 4

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.

Arkansas Department of Health
Arkansas Health Center

2023 Health Center Data: Question 3

Medicare: Total Patient Count

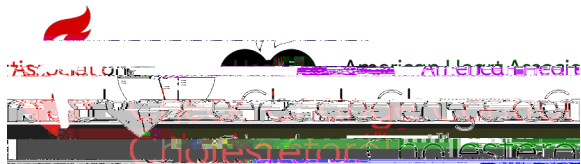
Medicaid: Total Patient Count

Uninsured / Self-Pay: Total Patient Count

Other / Unknown: Total Patient Count

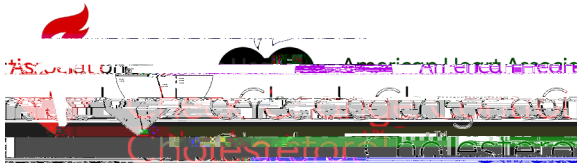
Payor Group Summary: Medicare, Medicaid, Uninsured / Self-Pay, Other / Unknown

QUESTION 3



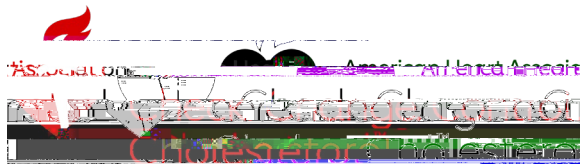
For Q7 and Q8, enter your HCO's data regarding its calculation and documentation of ASCVD Risk. Selecting "Yes" on either question will prompt additional required questions.

For Q9, indicate if your HCO organization operationalizes a specific treatment plan for managing patients considered very high-



For Q10, 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.

Under Tabs on the righthand side, or using the Next button at the bottom of the screen, navigate to the “Measure Submission” tab. For Q10 and Q11, enter Denominator and



Denominator:

If Q13 appears, and you select “Yes”: You will be prompted to briefly describe your sampling method and reason for sampling. This description is required to be eligible for an award.

Q13. Was the denominator (Q11 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 of patients in your organization? ☐ No. The denominator entered in Q11 may be considered small.

If Q13 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 required to be eligible for an award.

Q13. Was the denominator (Q11 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 of patients in your organization? ☒ No. The denominator entered in Q11 may be considered small.

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 17, 2023, at 11:59 p.m. ET.

Q3. What is the total number of patients 16 years of age and older who have and older in the Healthcare Organization regardless of whether the patient must have had at least one 2023 FICA (in-office or telehealth encounter)?

Q4. How many providers are in your Healthcare Organization? Include any full-time and part-time providers.

STEP 3

For Q5, enter your HCO's data regarding the race and ethnicity of your patient population. Each field must have a data value entered. Even if it is a zero, type "0." Blanks will generate an error. See Table 3B of the [HRSA Uniform Data System Reporting Requirements for 2023 Health Center Data](#) for more information.

2023 Health Center Data

All fields must contain a value. Please enter "0" where there are no action

Asian - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count

Asian - Hispanic, Latino/a, or Spanish Origin: Total Patient Count

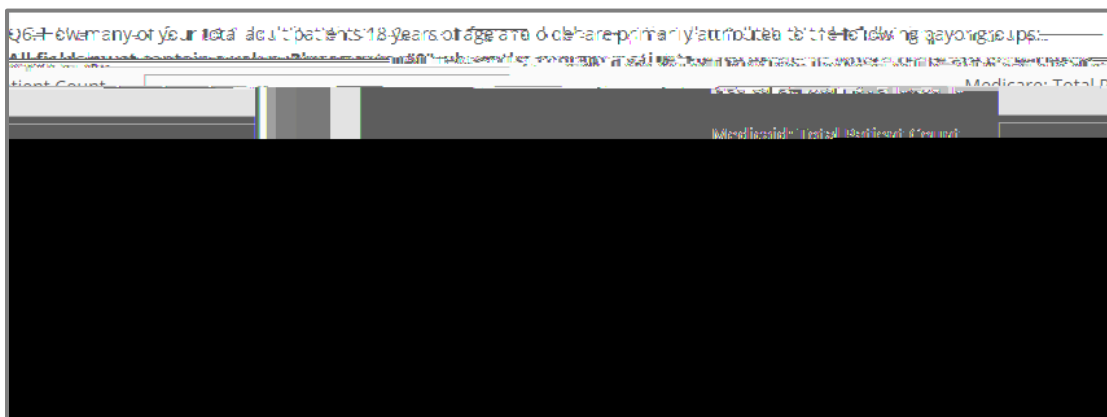
Native Hawaiian, Alaska Native, or Spanish Origin: Total Patient Count

Black or African American - Non-Hispanic, Latino/a, or Spanish Origin: Total Patient Count

Count

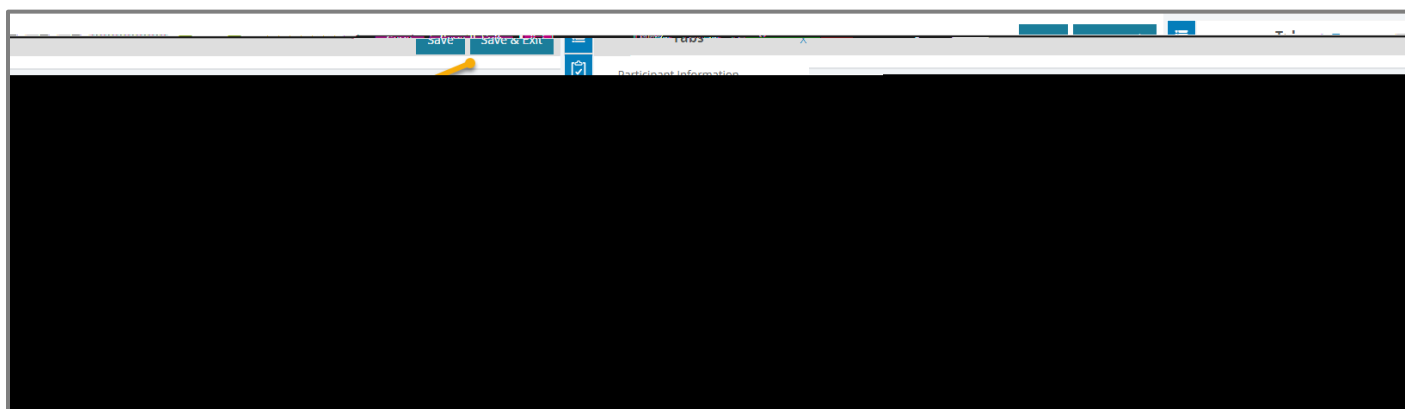
STEP 4

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.

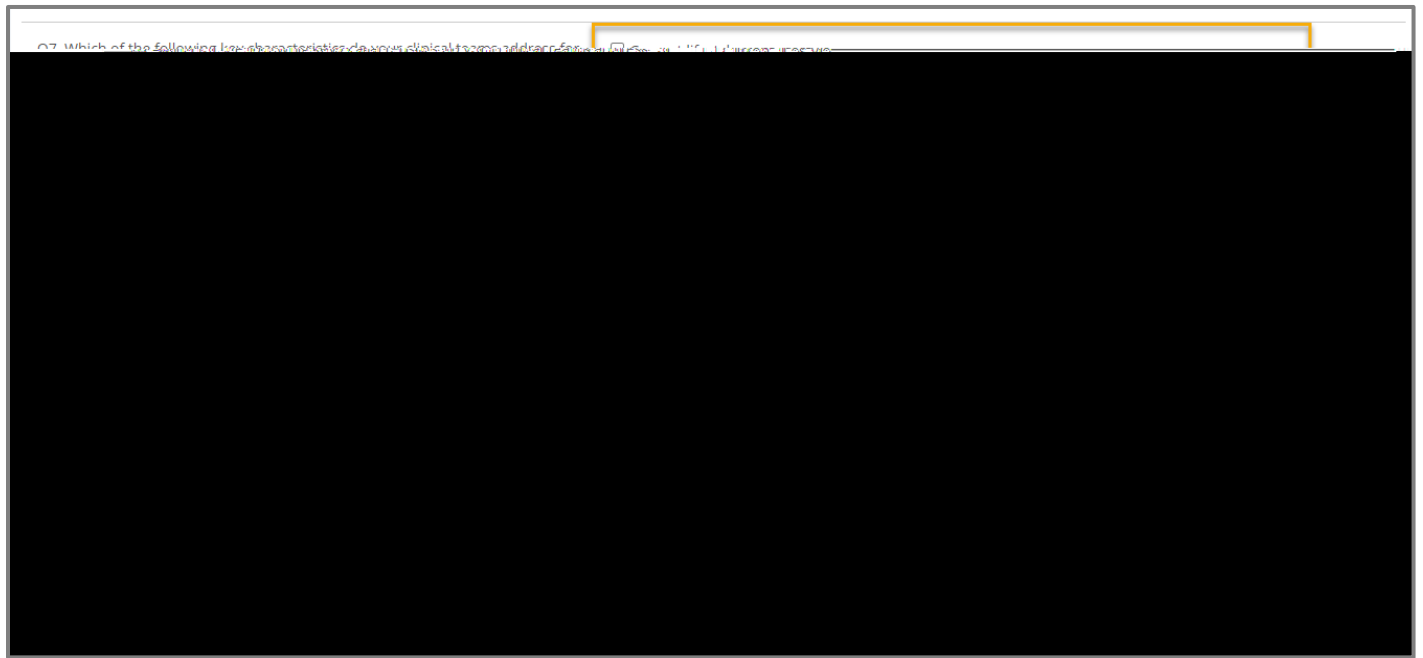
A screenshot of a web form for question Q6. The question text is partially visible at the top: "Q6: How many of your total adult patients 18 years of age and older are primarily attributed to the following payor groups:". Below the text is a table with multiple columns for different payor groups. The table has a header row and several data entry rows. The first few columns are labeled "Medicaid", "Medicaid Managed Care", "Medicaid Total", "Medicaid Total Managed Care", "Medicaid Total Managed Care", "Medicaid Total Managed Care", "Medicaid Total Managed Care", "Medicaid Total Managed Care", "Medicaid Total Managed Care", "Medicaid Total Managed Care". The rest of the form area is blacked out.

STEP 5

Under Tabs on the righthand side, or using the Next button at the bottom of the screen, navigate to the 2nd tab, "Clinical Practices." Select responses for questions 7 – 12. Completing all questions is required for award eligibility.

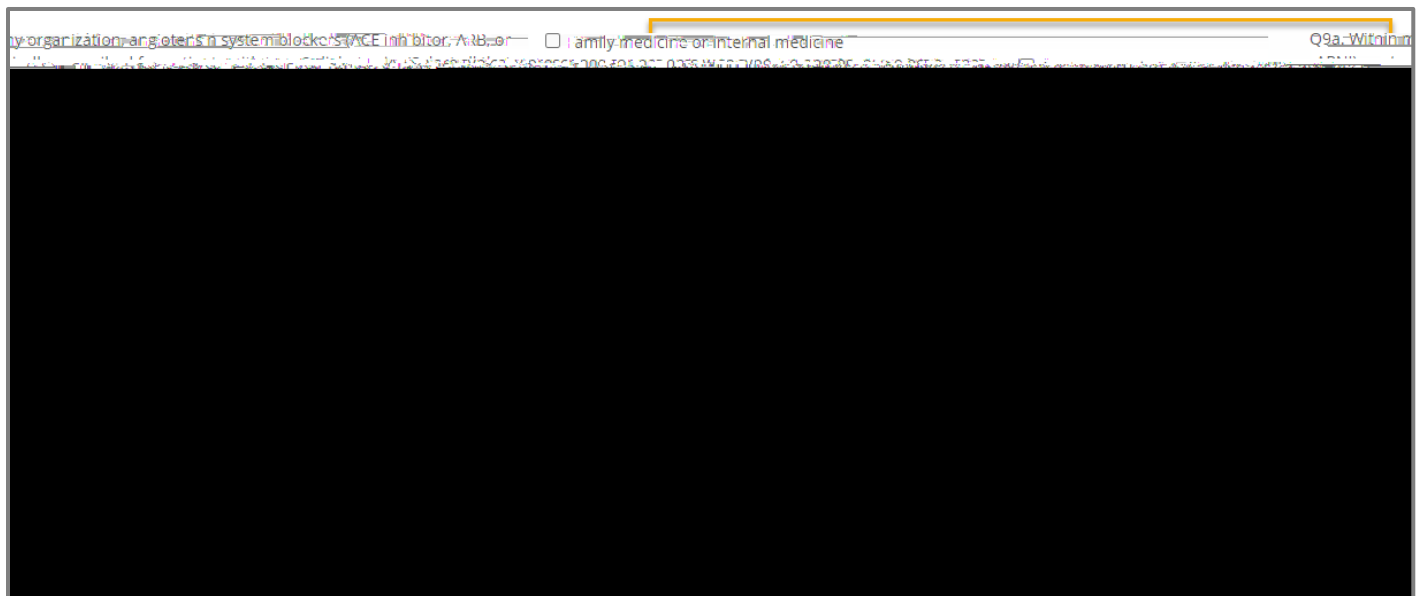
A screenshot of a web form for questions Q7 through Q12. The form is mostly blacked out. At the top, there is a navigation bar with tabs labeled "Save", "Save & Exit", and "Next". Below the navigation bar, there is a section titled "Participant Information" with a list of questions. The rest of the form area is blacked out.

For Q7 and Q8, you can select multiple options as they apply to your organization's protocols and treatment plans.



STEP 7

Q9 and Q10 center on guideline-based pharmacologic therapies. Q9A-Q9F ask about which therapies are typically being prescribed and where they are prescribed.



Q10 asks about the prescribing barriers your organization faces. Mc3.9 (4 777.6002]Subtype /Headei47714d
ref5742 BT 584 TD[Q)232.4 (10)1 g a

When all data are entered, check the “Data Entry Complete” checkbox and click the Save & Exit button at the top of the page.