Heart/Stroke Recognition Program

Data Collection Tool

Instructions

(Updated February 2018)

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Introduction

Thank you for your interest in NCQA's Heart/Stroke Recognition Program (HSRP). This document provides instructions for gathering data, assessing your practice's performance on the program requirements, and applying to NCQA for recognition. The HSRP is NCQA's Recognition Program to identify physicians who provide excellent care to persons with cardiovascular disease or who have had a stroke.

HSRP measures were updated based on current guidance from the American Heart Association, the American Stroke Association, the American College of Cardiology and the U.S. Preventive Services Task Force to determine appropriate measures and treatment that demonstrate quality care for these patients.

To fully understand the program and to gather data accurately, you will need three things:

1. The HSRP Data Collection Tool (DCT), a user friendly, Web-based tool where you can access *HSRP Requirements* and *Instructions*, enter and submit data on clinical measures required for Recognition. Applicants are required to use and submit the Web-based DCT to apply for Recognition.

2. These *Instructions* provide guidance on how to collect data, how the measures correspond with the data and how to enter data into the DCT. **The *Instructions* should be used in conjunction with the *HSRP Requirements*.**

3. The *HSRP Requirements,* which include details and specifications not found in these instructions, are necessary to apply for Heart/Stroke Recognition. They contain the following information.
    - *HSRP Policies and Procedures.* How NCQA scores applications; what level of performance is required for Recognition; and other procedures, such as the NCQA evaluation process.
    - *Clinical Measures.* Detailed specifications for each measure and standard, including required level of performance.
    - *Patient Sample Size Requirements, Eligibility Criteria and Identification Methodology*. How to select a sample; how the program determines patient eligibility; and codes that indicate an appropriate diagnosis.
    - *Glossary.* Terms used in the *Instructions*, *HSRP Requirements* and DCT.

The *DCT Instructions* and *HSRP Requirements* are intended to make HSRP data submission more efficient. They each contain information about how to contact NCQA, take advantage of NCQA's free informational programs, get your questions answered, and resolve any difficulties you may have with the program materials. NCQA looks forward to working with you to create a productive and successful experience.

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About the Instructions

The DCT is a Web-based tool that HSRP applicants use to submit all data and materials necessary to seek NCQA Recognition in Heart/Stroke care. The *Heart/Stroke Recognition Program Data Collection Tool Instructions* guides applicants through the process of entering the following information directly into the DCT and interpreting the preliminary results.

- Account/User information – enter once per account-there may be multiple users per account
- Practice site information—enter once per practice site—there may be multiple practice sites per account
- Clinician information—enter once per clinician—there may be multiple clinicians per practice site
- Patient information—enter once per patient, up to the number required per clinician and based on the program

Applicants must identify and extract data from a set of medical records for a sample of patients treated for ischemic vascular disease (IVD). Some applicants transfer data directly from medical records to the Web-based DCT.

NCQA only accepts submissions that have been entered into the Web-based DCT.

Web-Based DCT

Instruction Conventions

NCQA uses the following conventions in these instructions.

- References to documents (e.g., *HSRP Requirements*) are in *italics*
- References to tabs of the Web-based DCT (e.g., ***Practice Sites***) are in ***bold italics***
- References to links (e.g., **Add Practice Site**) are in **bold underline**
- References to drop-down menu choices (e.g., “Yes” and “No”) are in “quotations”
- References to buttons (e.g., **Login are in a clear Box**
- **Important notes are in bold and are in shaded boxes**

Who Can Seek Recognition?

NCQA recognizes group practices and individual clinicians. Prior to entering patient specific information into the DCT, you will be asked your desired level of Recognition. Refer to the *HSRP Requirements* for more details.

- **Clinicians only:** Represents one clinician practicing in any setting who provides continuing care for patients with IVD.
- **Group Practice (Practice Site and its Clinicians):** Represents one or more clinicians who, by formal arrangement, share responsibility for a common panel of patients and practice at the same site, defined

as a physical location or street address. Clinicians are not individually recognized in a group level recognition.

- **Alternate methodology for practice site and its clinicians:** Represents practice sites with 9 or more clinicians who can achieve recognition for all of their individual clinicians with a reduced sampling method and chart abstraction burden.

Getting Started

This section provides instructions that pertain only to the Web-based DCT.

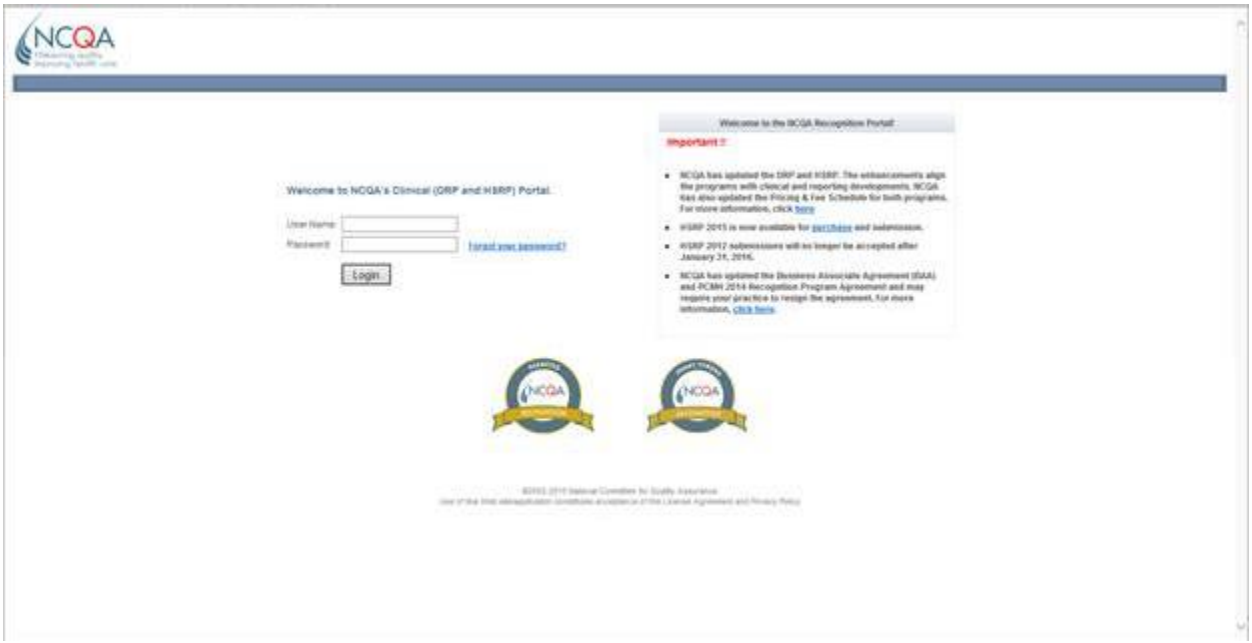
Log In

Follow these steps after you have received an e-mail from NCQA with your User Name and Password.

Step 1 Navigate to http://recognitionportal.ncqa.org.

Step 2 Enter your *User Name* and *Password* located in the e-mail you received from publications@ncqa.org when you purchased the HSRP Package.

Step 3 Click **Login**.



License Agreement

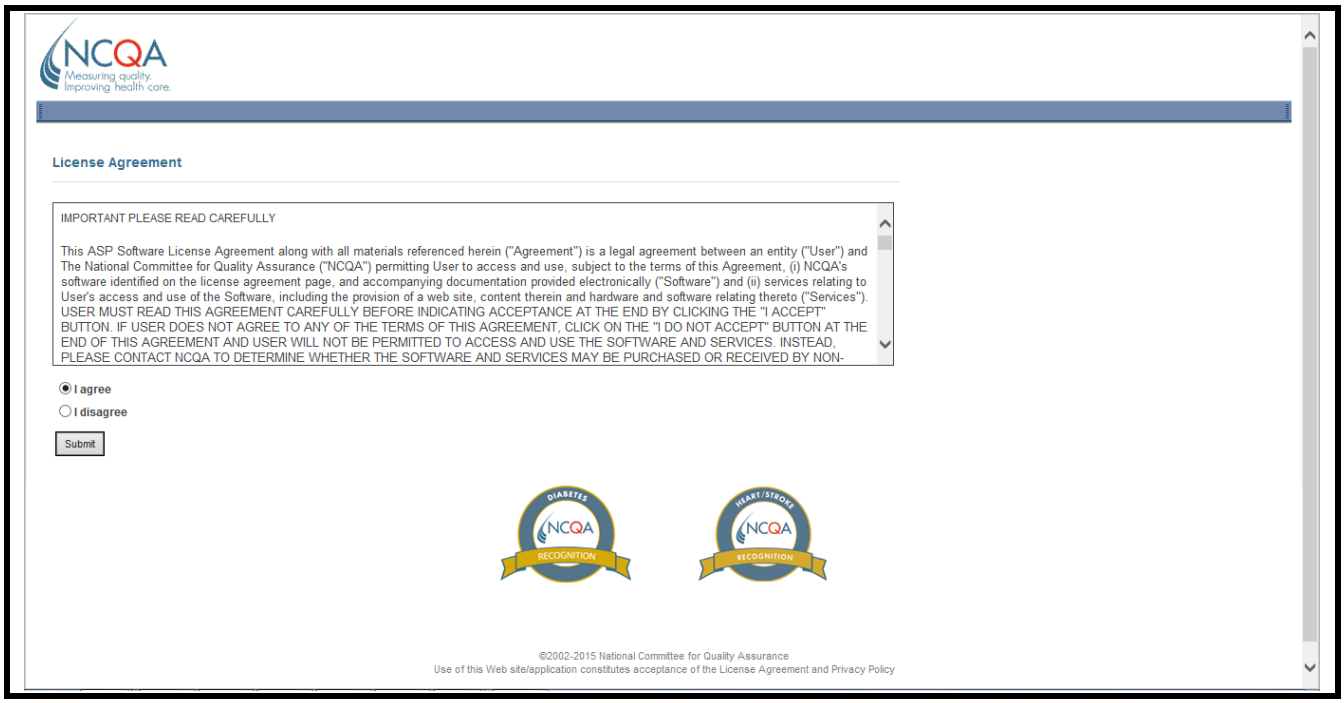
The Software License Agreement is a legal agreement between your organization and NCQA. It permits you to access and use the RP Portal.

You will be required to accept the License Agreement each time you log into the RP Portal.

Step 1 Read the entire license agreement.

Step 2 Click **I agree** to confirm acceptance of this agreement.

Note: *If you click* **I disagree**, *you will not have access to the RP Portal.*

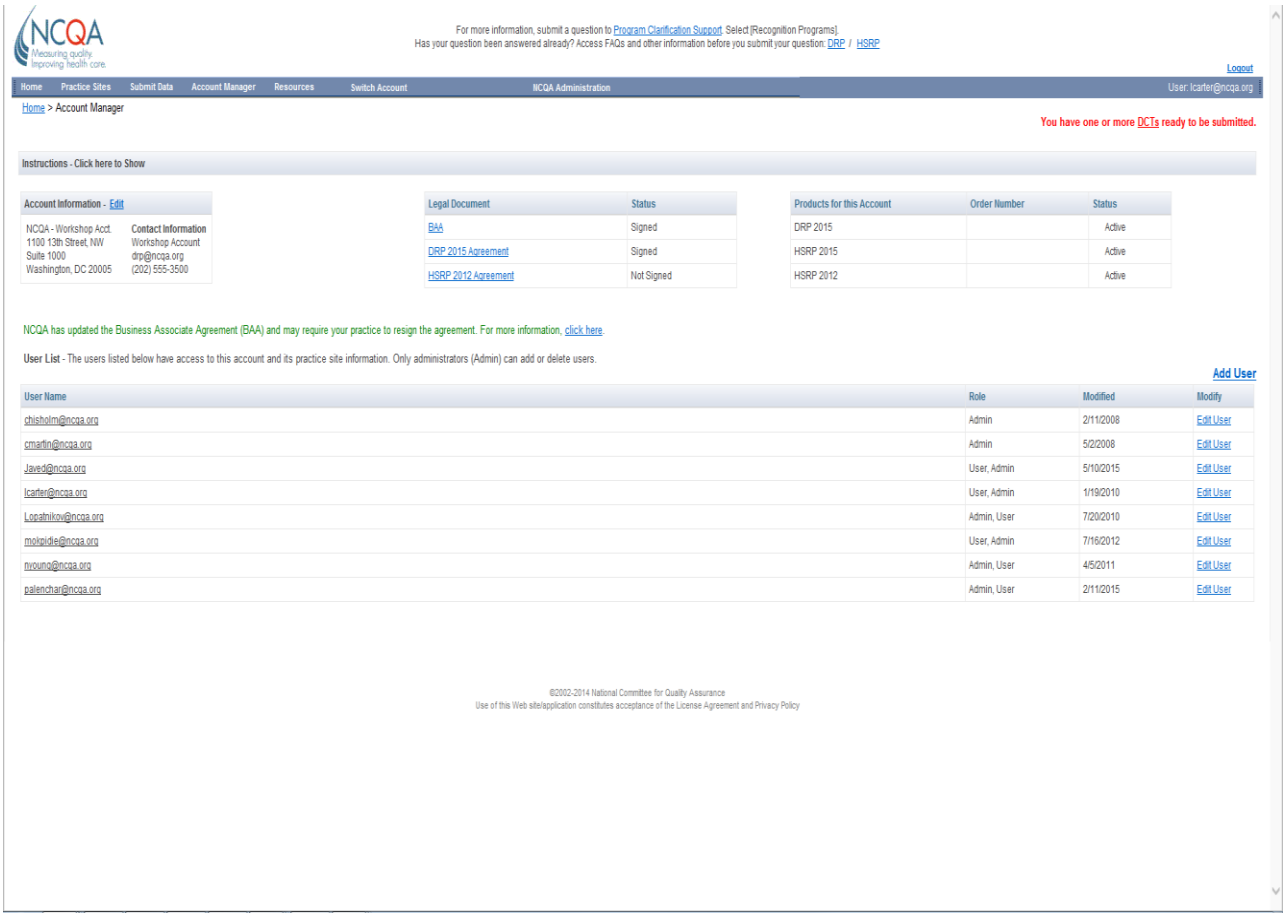


Account Manager and User Information

Edit Account Information

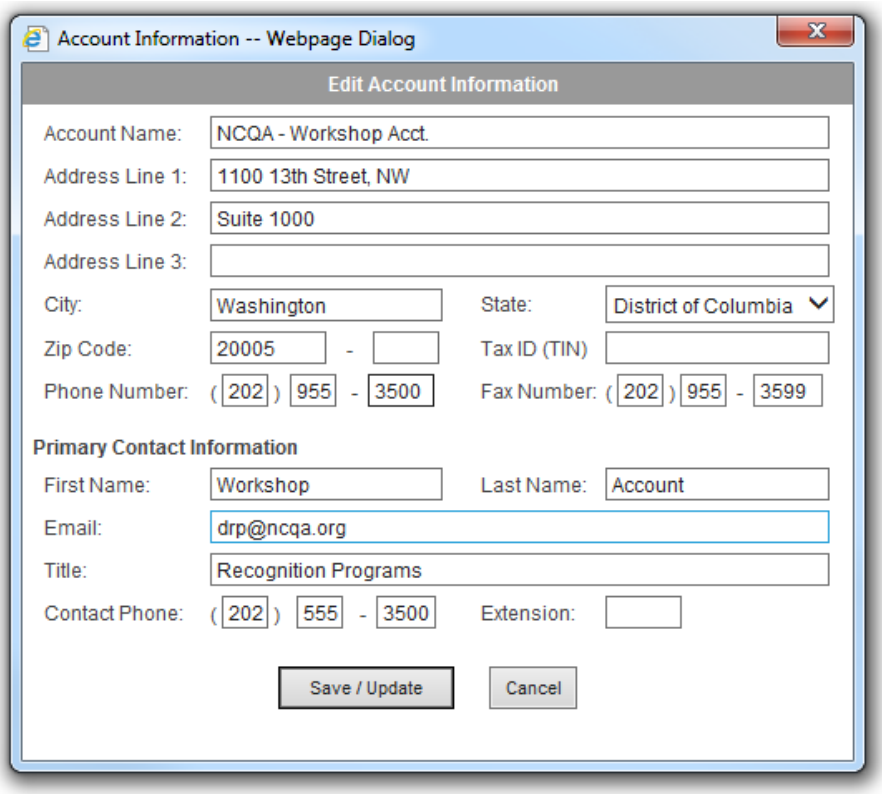
Step 1 Click ***Account Manager*** on tool bar.

Step 2 Click **Edit** in **Account Information** box.



Step 3 Enter information into the fields.

Step 4 Click **Save/Close** to save account information.



Add/Edit/Delete Users & Administrator

Multiple users are able enter information into the Web-based DCT. You are able to set-up multiple users with their own unique username and password to access the account.

Step 1 On the ***Account Manager*** page, Click **Add Users.**

Field Name	Data Format	Instructions
User Name	Text Field; must include @	Enter a user's e-mail address for User Name
Password	Text Field	Enter a password that meets the following requirements: • 8-20 characters in length • Contain at least one digit, at least one upper-case letter, at least one lower-case letter, and at least one symbol such as $
Password (confirm)	Text Field	Re-enter password.
E-mail	Text Field; must include @	Enter e-mail address of user.

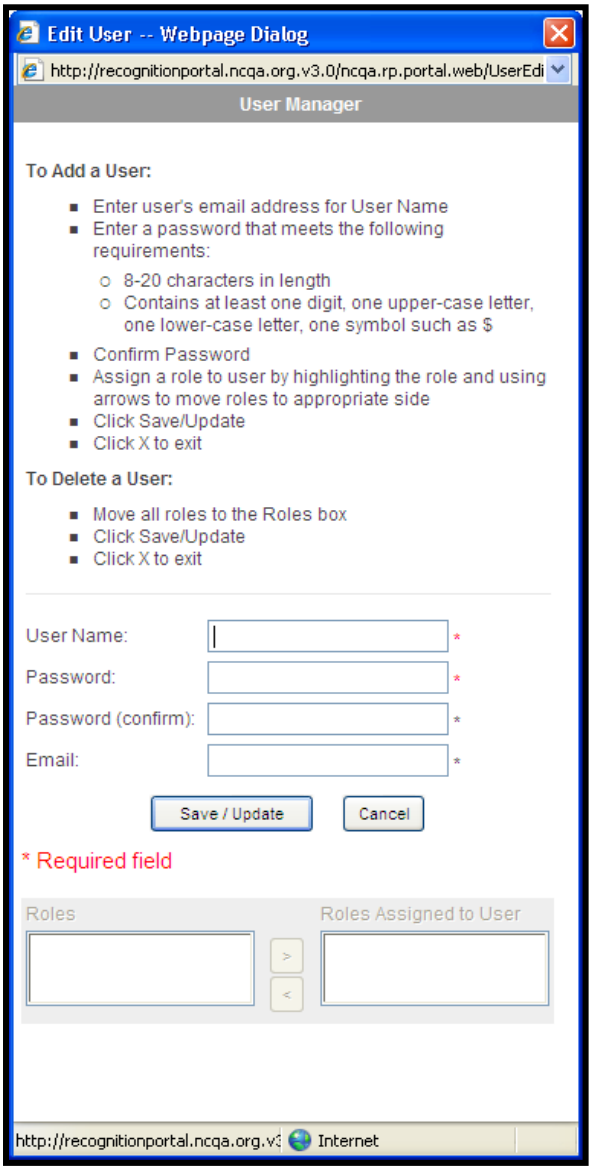
Step 2 Click **Save/Update**

Step 3 Check proper roles are assigned to user:

RpPortalUser - a user able to view/edit DCT
RpPortalAmin - administrator of account

If you need to change the role of user select role and click **>,<** buttons to change role status.

Step 4 To save and close a user, click the **X** button at the top right hand of box.



Step 5 To edit a user click **Edit** next to username under **Modify.**

Complete the Legal Documents

Before you can enter Patient Abstraction Data for the first time in a DCT, you must sign a Business Associate Agreement (BAA) electronically or on a printed copy sent to NCQA. In order to submit any DCTs you must sign the HSRP Agreement electronically or on a printed copy sent to NCQA.

The BAA will pop up before you can continue to set up your DCT.

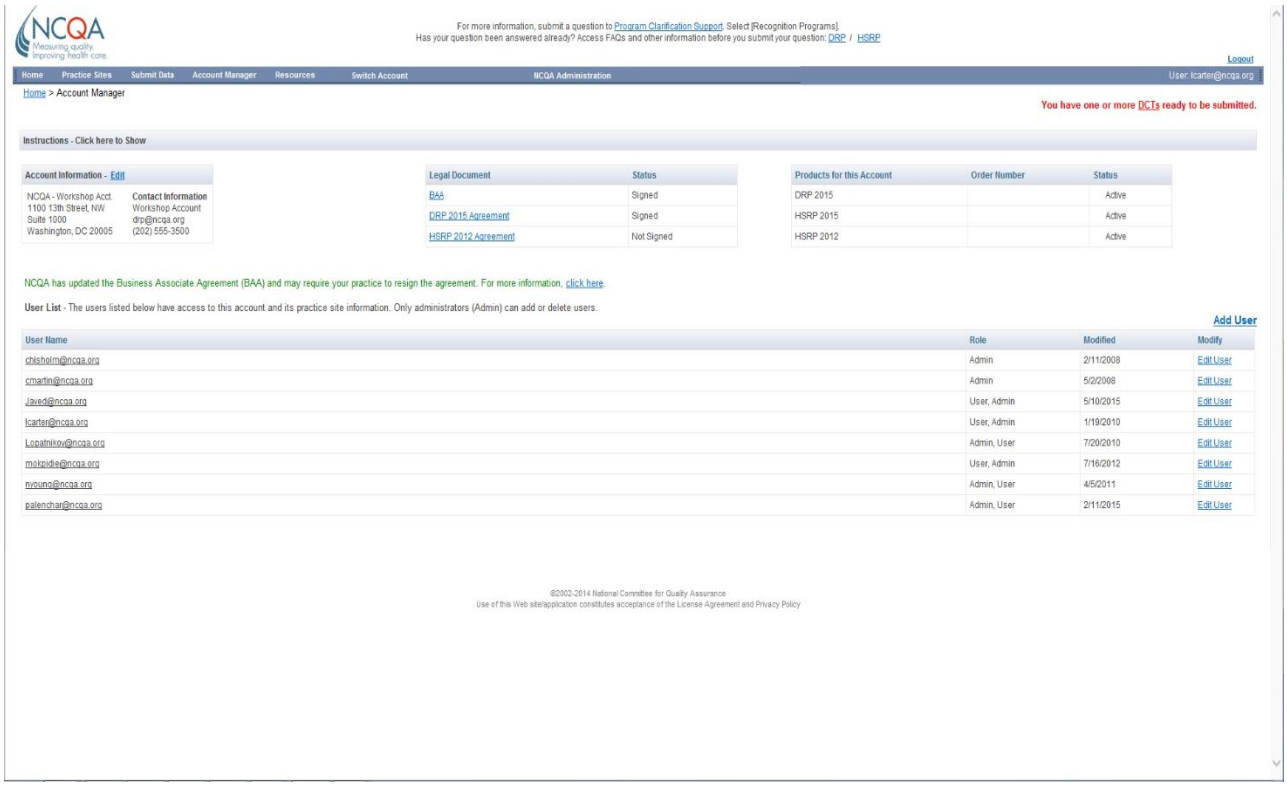
If you choose not to sign the BAA electronically, you will not have access to enter Patient Abstraction Data until a signed hard copy of the agreement is received by NCQA. If you choose not to sign the HSRP Agreement electronically, you will not be able to submit any DCTs until a signed hard copy of the HSRP Agreement is received by NCQA. To obtain an appropriate hard copy of the agreement, submit your request through the Policy/Program Clarification System (PCS) – http://ncqa.force.com/pcs/login.

Mail the signed copy to NCQA at the following address. You will be notified by email when access is released and a counter signed copy will be returned to you.

NCQA Corporate Office
Heart/Stroke Recognition Program
1100 13th St., NW, Third Floor
Washington, D.C. 20005

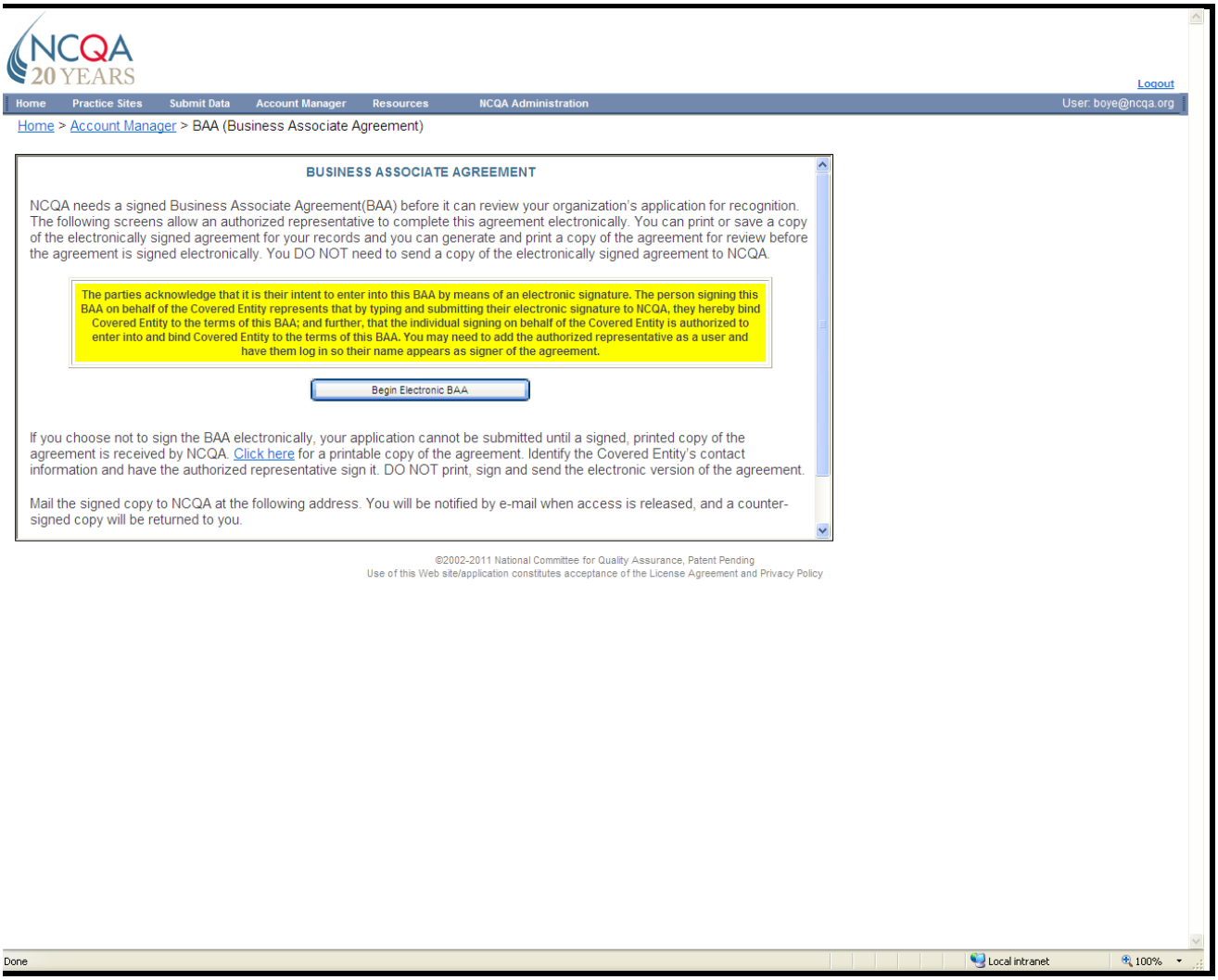
Follow these steps to complete your legal documents electronically. Below are the screen shots and steps for the BAA. The screens and steps are similar for the HSRP Agreement.

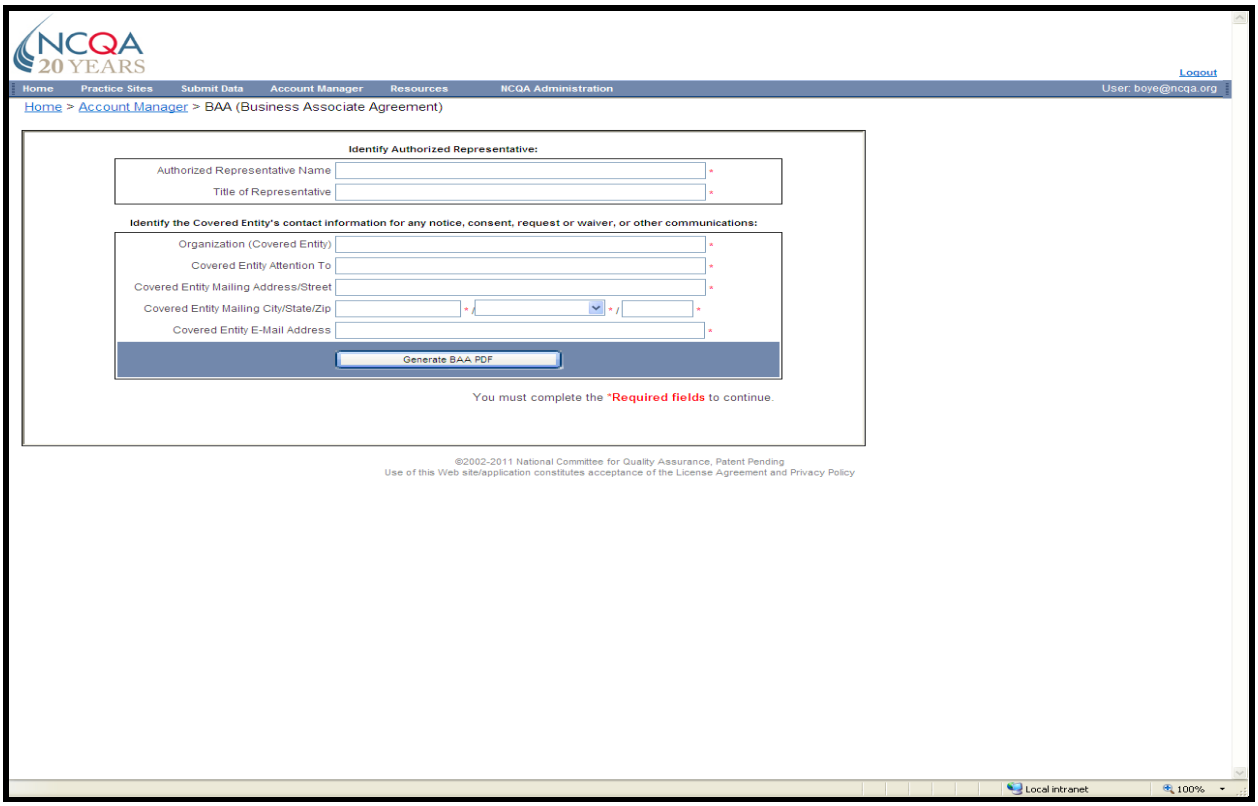
Step 1 Click **BAA** in the Legal Document box on the Account Manager page.



Step 2 Read through *Business Associate Agreement* starting screen.

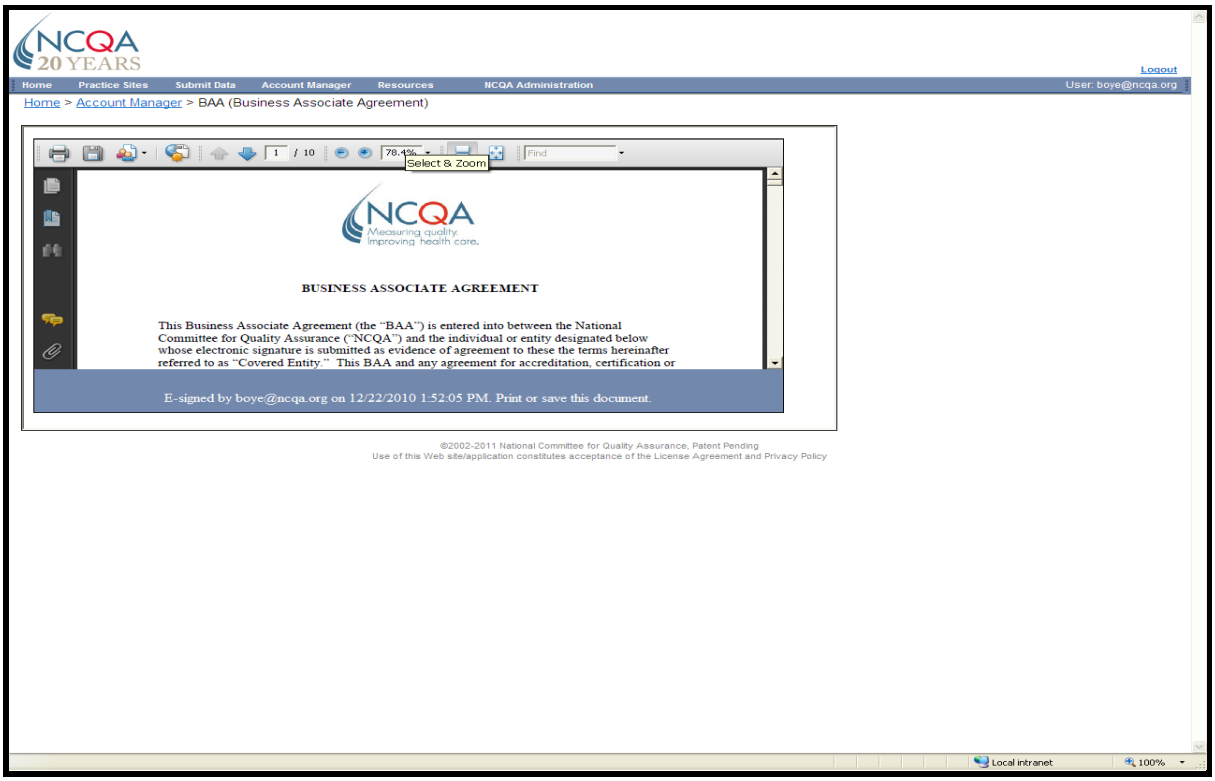
Step 3 Click **Begin Electronic BAA**.





Step 4 Enter information into the fields. (Required fields are denoted by *.)

Step 5 Click **Generate Agreement PDF**.



Step 6 Read through the Business Associate Agreement.

Step 7 Select **Click to E-Sign the Document**.

Step 8 You can *Print* or *Save* the document by selecting the print or save icons at the top of the agreement.

Step 9 You can access your BAA at anytime by clicking ***Account Manager*** on the toolbar.

Multiple users for data entry: You may set up multiple users to access and to enter data into the DCT.

Logout: When you are finished with a session, click **Logout** to close the DCT.

Administrative Steps and Document Submission

You may enter data into the DCT to assess your performance against the *HSRP Requirements* at any time, but in order for your data to be reviewed by NCQA, your payment must be submitted and received by NCQA.

The mailing address is listed below.

NCQA Corporate Office
Heart/Stroke Recognition Program
1100 13th St., NW, Third Floor
Washington, D.C. 20005

Data Entry Sessions

Separate data entry sessions: You may work on the Web-based DCT in as many time periods as you like; the tool saves your data from one work session to the next.

Completing Practice Site Information

You must complete the ***Practice Site Information*** first for each application, whether you are entering data for an individual clinician or group recognition. You only need to enter information for each practice site once.

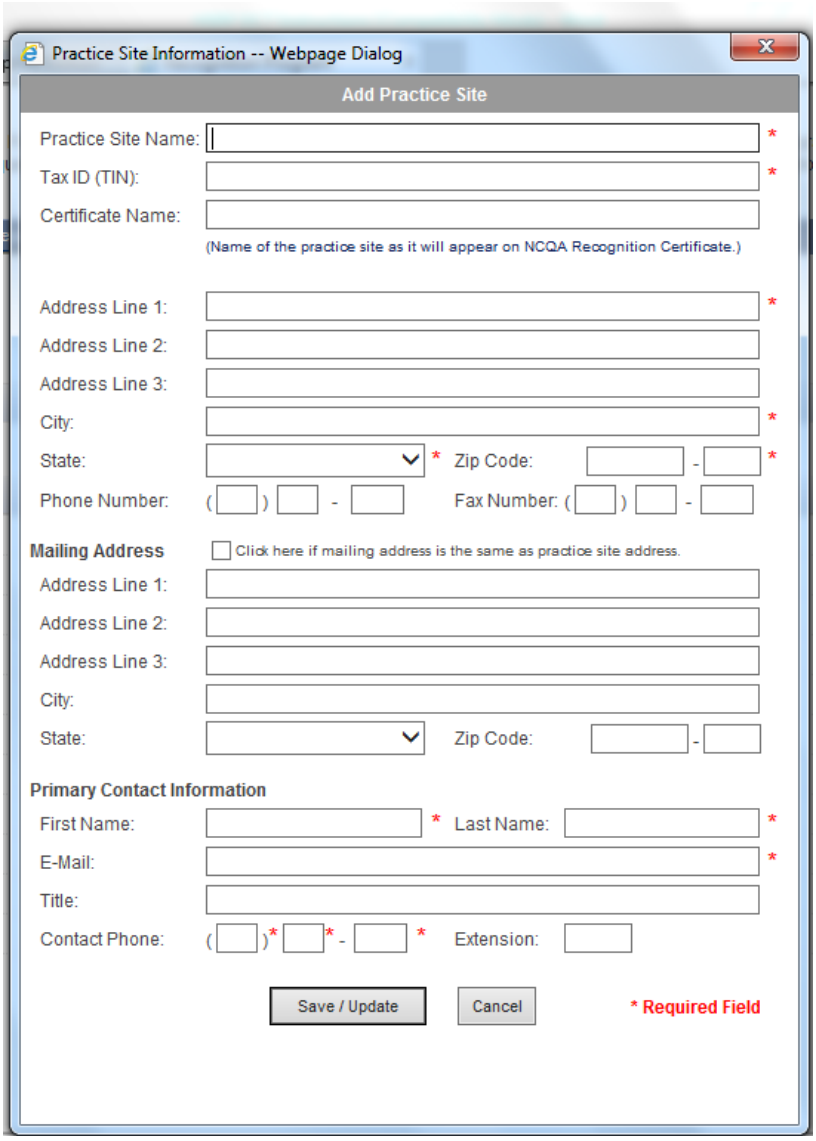
If your practice site is part of a larger parent organization, *Practice Site Name* should include the name of the parent organization. For example, if Johnson Clinic is your parent organization, *Practice Site Names* could be Johnson Clinic—West; Johnson Clinic—North, and so on. Your Account name should reflect the parent organization name.

Step 1 Click **Add Practice Site**.

Step 2 Enter information into the fields (required fields are denoted by *).

Field Name	Data Format	Instructions
Your Practice Site Name *	Text Field	Enter the legal name of the practice. If the applicant is a solo practice or an individual clinician applicant, enter the clinician's name.
Tax ID *	Text Field	Enter the Tax Identification number of the practice
Certificate Name	Text Field	Enter the name of the practice as it will appear on the certificates
Address 1, 2, 3 *	Text Field	Enter the number and street mailing address of the practice.
City *	Text Field	Enter the city name.
State *	Drop-Down	Select the state from the list in the drop-down menu.
Zip *	Number	Enter the zip code.
Practice Telephone Number	Number (XXX) XXX-XXXX	Enter the telephone number of the practice.
FAX	Number (XXX) XXX-XXXX	Enter the fax number of the practice.
Mailing Address	Check Box	Select box if the mailing address is the same as the practice site address.
Address 1, 2, 3	Text Field	Enter the number and street mailing address of the practice.
City	Text Field	Enter the city name.
State	Drop-Down	Select the state from the list in the drop-down menu.
Zip	Number	Enter the zip code.
Primary Contact Information		
Contact Person *	Text Field (First, Last)	Enter first and last name for the person whom NCQA can contact regarding the application.
E-mail *	Text Field; must include @	Enter the e-mail of the contact person.
Contact Title	Text Field	Enter the title of the contact person.
Contact Phone Number *	Number (XXX) XXX-XXXX	Enter the telephone number of the contact person.

Step 3 Click **Save/Update**.



Edit a Practice Site

Step 1 Click on the **[Site Name]** under the **Name** column.

Step 2 Click **Edit** in **Practice Site Information** box.

Step 3 Edit information.

Step 4 Click **Save/Update**.

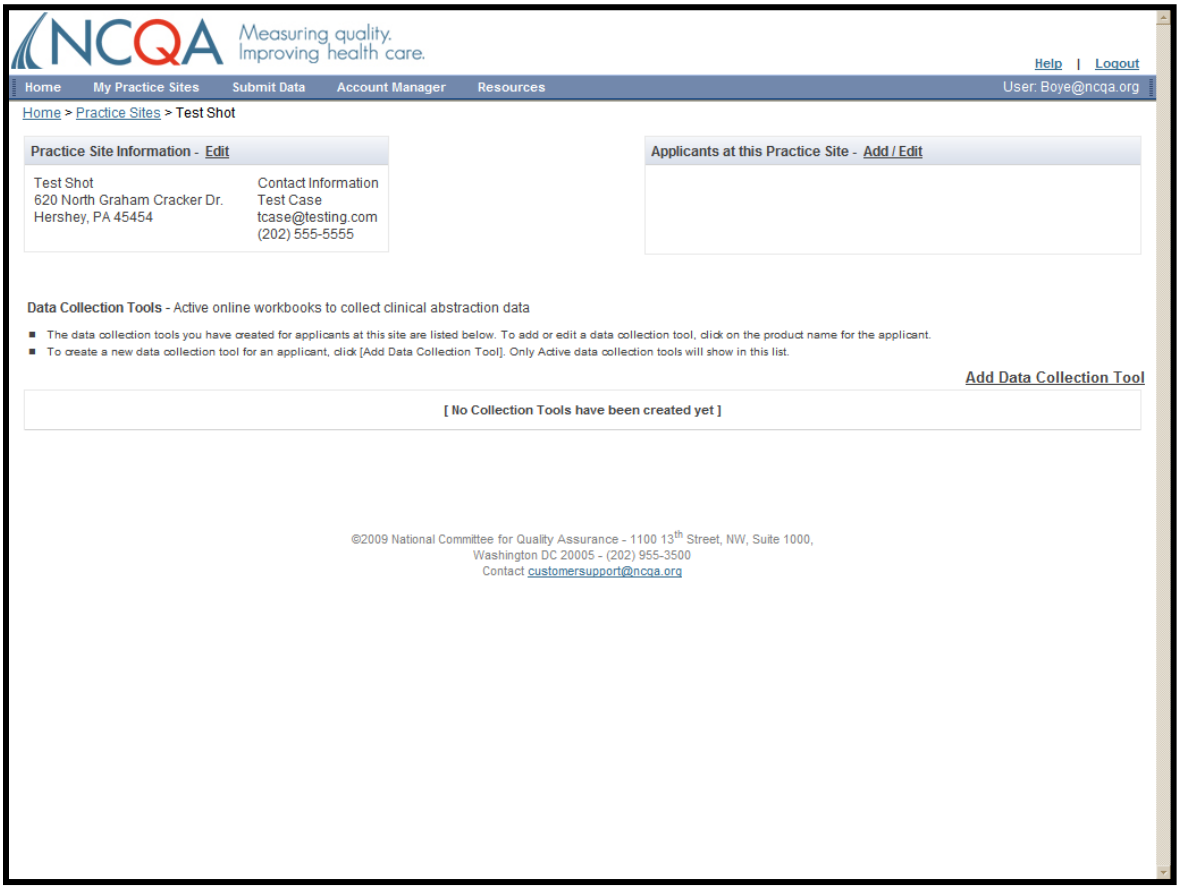
Setting Up Data Collection Tool, Completing Legal Documents, and Entering Clinician Information

You must complete the ***Clinician Information*** for each clinician applying for HSRP Recognition. Individual clinician applicants only need to complete the information once. Practice sites with multiple clinicians must complete information for each clinician.

The Practice Site clinicians work a majority of their clinical time at the practice site.

Step 1 Click the **[Site Name]** under the **Name** column to add a DCT.

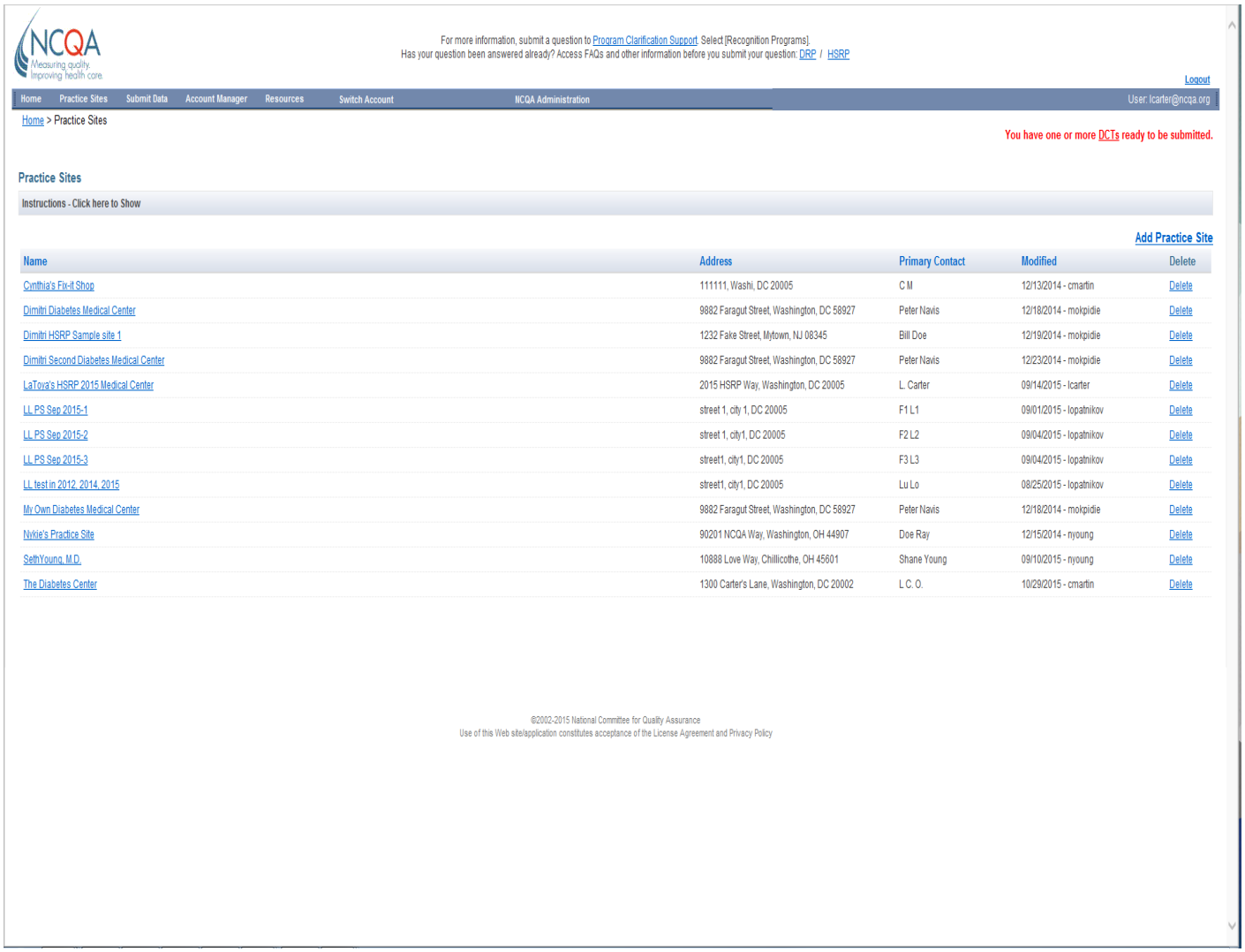
Step 2 Click **Add Data Collection Tool**.



Setting Up a Data Collection Tool

Step 1 Click ***Practices Sites*** on toolbar.

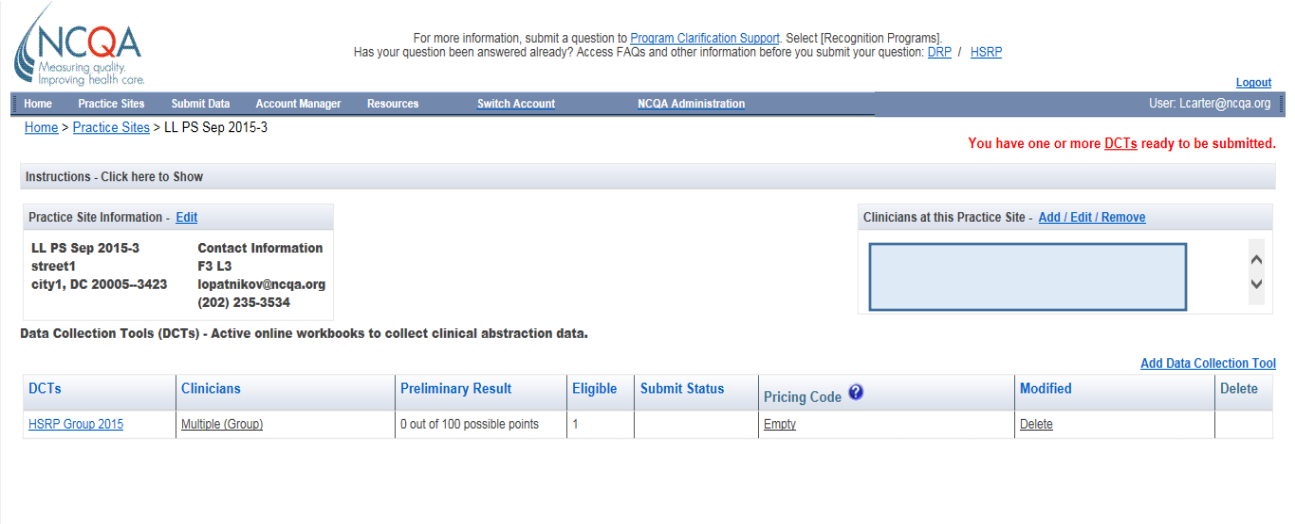
Step 2 To add a Data Collection Tool, click the **[Site Name]** under the **Name** column.



Step 3 Click **Add Data Collection Tool**.

Note: *Once you have started/completed a data collection tool, enter your prepaid code or discount code in the 'Pricing Code' field pictured below, if you have been provided such code by your sponsoring organization.*

If you are directed to a screen for the Business Associate Agreement you must sign the BAA before you can start entering Patient Abstraction Data into your DCT. Refer to page #8 for instructions.



Step 4 Select which program applies to the DCT ("HSRP" or "DRP").

Step 5 Select Individual or Group Recognition.

Select ***Provider*** for single clinician Recognition. Select ***Group*** for multiple clinicians located at a single site.

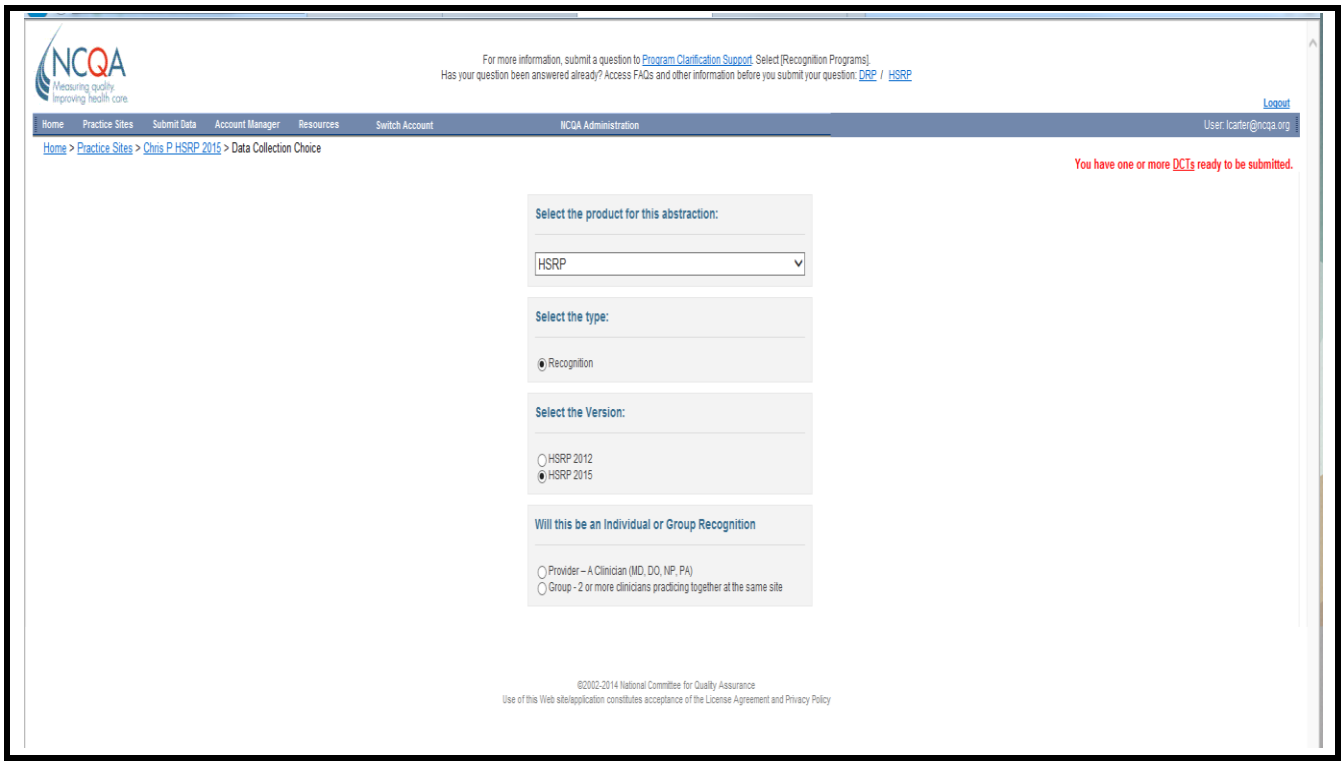
- If you select ***Provider*** NCQA awards Recognition to and lists on its Website only the names of the individual clinicians who achieve Recognition.
- If you select ***Group*** NCQA awards Recognition both the practice site and the names of the individual clinicians who achieve Recognition are not listed.
- If the practice site has 9 or more clinicians and would like to consider an alternate scoring methodology, please contact the HSRP staff before entering data.

Step 6 If you selected ***Provider***, select from the drop down menu the "Type of Recognition for Abstraction."

- "HSRP Individual with Single Submission"
- "HSRP Individual with Multiple Submission"

Note: *If applying for group recognition, this step does not apply.*

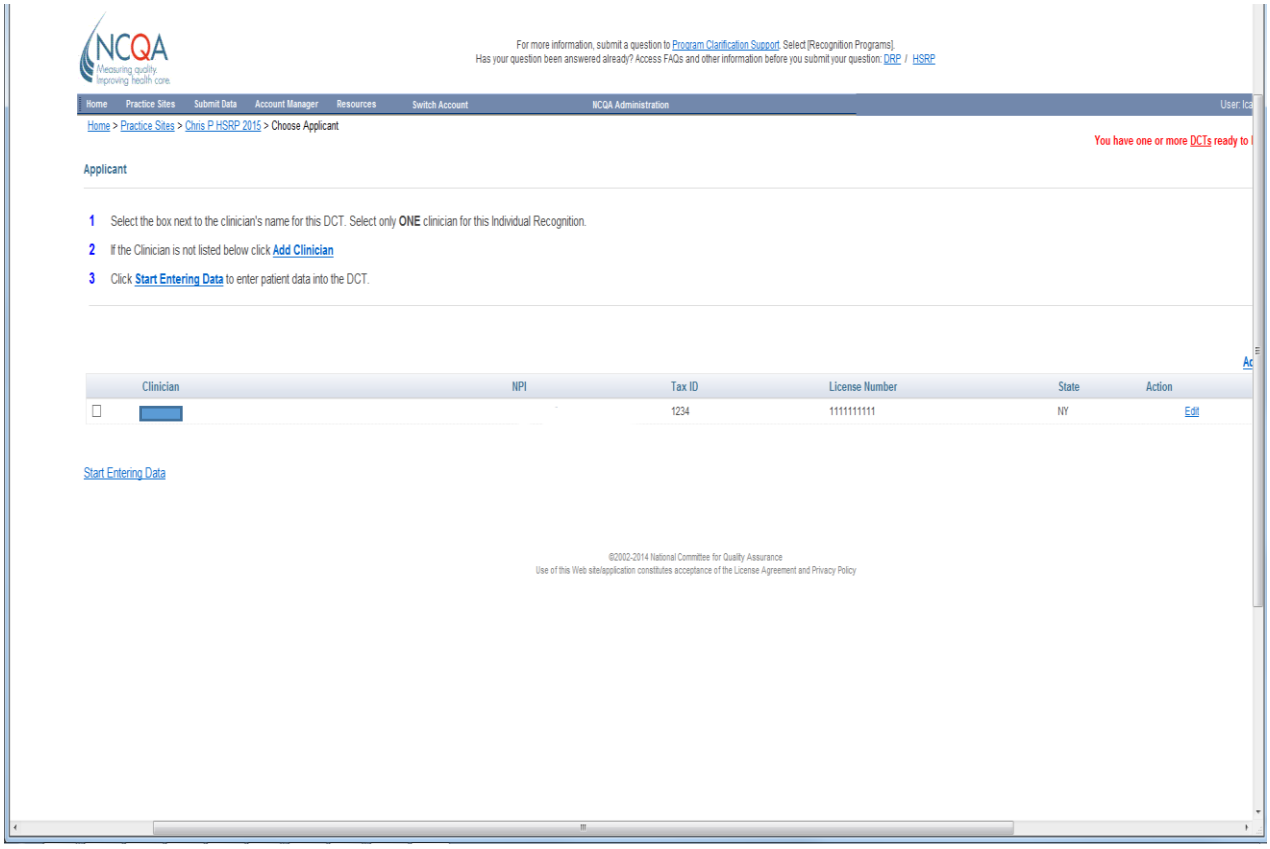
Step 7 Click **Next-Select Applicants.**



Step 8 Select check box for one or more Applicants for recognition.

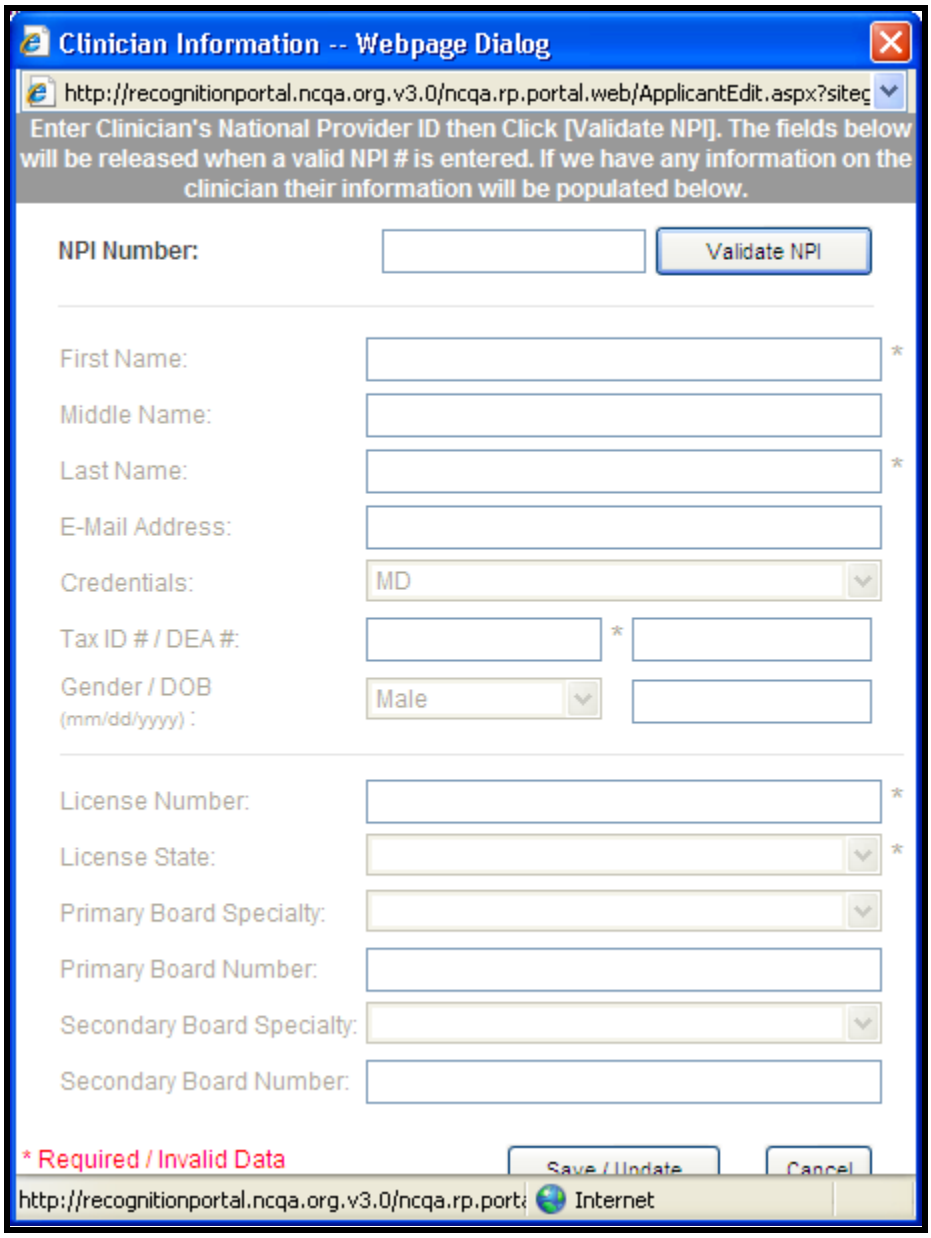
- If applicants are already listed, select check box for ONE clinician if applying for Individual Recognition.
- If a group is applying, select check boxes for all clinicians in the group.

Step 9 If the applicant is not on the list, click **Add Clinician**.



Step 10 Enter information into the fields (required fields are denoted by *).

Step 11 Click **Save/Update**.



Step 12 Click **Edit** to edit clinician information. Click **Save/Update** after changes are made.

Step 13 Click **Add Clinician** to enter more clinician applicants.

Step 14 Select box for clinician(s) applying for recognition.

Start 15 Click **Start Entering Data.**

Adding Clinicians to a Practice Site without Adding a Data Collection Tool

You can add or edit one or all your applicants tied with a particular practice site before and after adding your DCT by following these steps.

Step 1 Navigate to the ***Data Collection Tool*** page.

You can do this by selecting the practice site that you would like to add or edit applicants to on the ***Practice Sites* screen.

Step 2 Click **Add/Edit/Remove** in the **Clinicians at this Practice Site** box.

Step 3 Click **Add Clinician**, if you would like to add an applicant.

Step 4 Enter information into the fields.

Step 5 Click **Save/Update** to save data.

Step 6 Click **Add Clinician** to enter more applicants.

Step 7 Click **Edit** under the **Action** column to edit clinician information. Click **Save/Update** after changes are made.

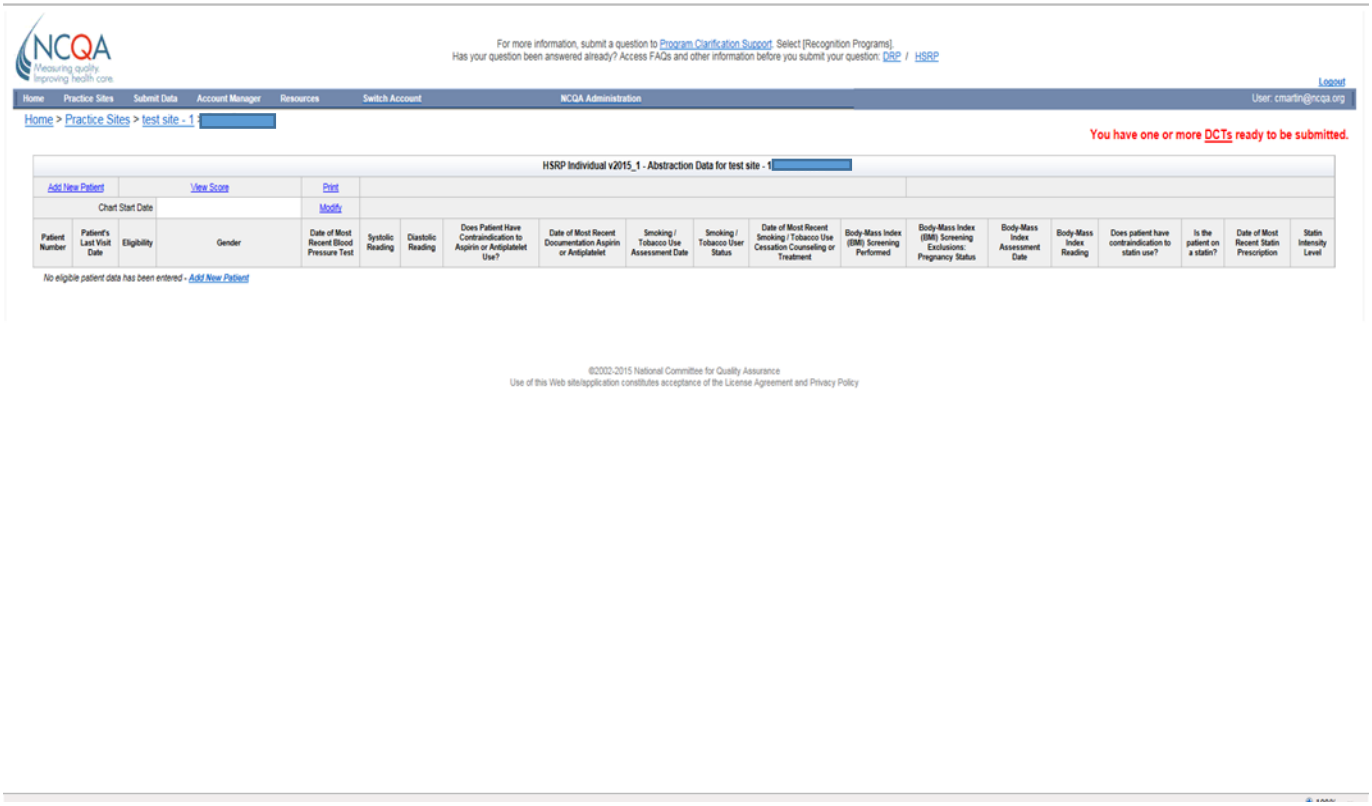
Step 8 Click **Delete** under the **Action** column to delete a clinician and then confirm your choice by clicking **Yes** or **No.**

********Deleting a clinician will delete all completed or started DCTs that are tied to the clinician.*

Clinical Measures:
Patient-Specific Information

Enter data for individual patients in *Clinical Measures: Patient Group Information*—35 eligible patients for an individual clinician applicant, 25 eligible patients per clinician for individual multiple applicants, and 25 eligible patients per site for group applicants with 2–8 clinicians, with a maximum of 200 patients. Applicants with 9 or more clinicians at a practice site, who are seeking individual recognition, should refer to the *HSRP Requirements, Appendix 3*.

This data demonstrates how each clinician meets the clinical measures.



Patient-Specific Information

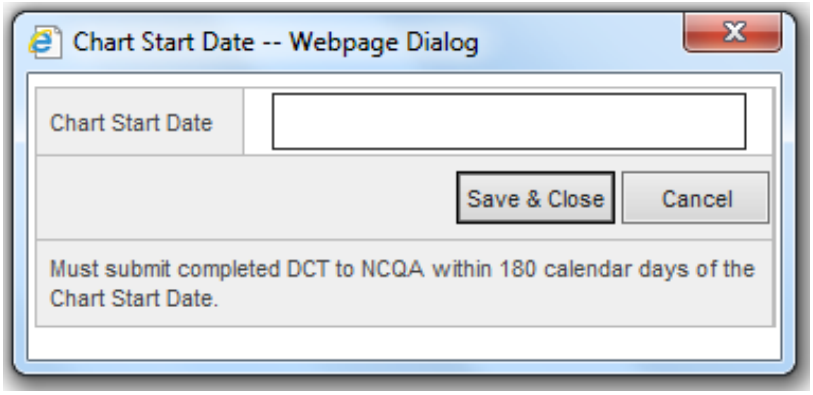
Chart Start Date

Follow the steps below in the Web-based DCT.

Start 1 Click **Modify** next to **Chart Start Date.**

Step 2 Enter the date that will be used to start to identify eligible patients.

Step 3 Click **Save& Close.**



Go backward from the Starting Date using appointment logs, billing data or any data source or list that includes all patients seen in the practice site for ischemic vascular disease (IVD).

Begin entering consecutive patients who saw the physician prior to the start date during which at least one diagnosis or presenting complaint was IVD. For example, if the Starting Date is April 1, 2015, enter all eligible patients seen on March 31, moving backward to patients seen on March 30, March 29, and so on. The date of this encountered visit for each patient is the Last Visit Date.

The date used to identify the patients—which may be different for each patient—is the Last Visit Date (refer to Appendix 2 of the *HSRP Requirements* for more details). Use the data sources or medical records to find the information for the following table, Columns C–I.

Note: One screen for every potential eligible patient.

Entering Patient Information

Step 3 Click **Add New Patient**.

Step 4 Follow the format and instructions below to enter information.

The table below describes requirements for each potential patient for each field in the Web-based DCT.

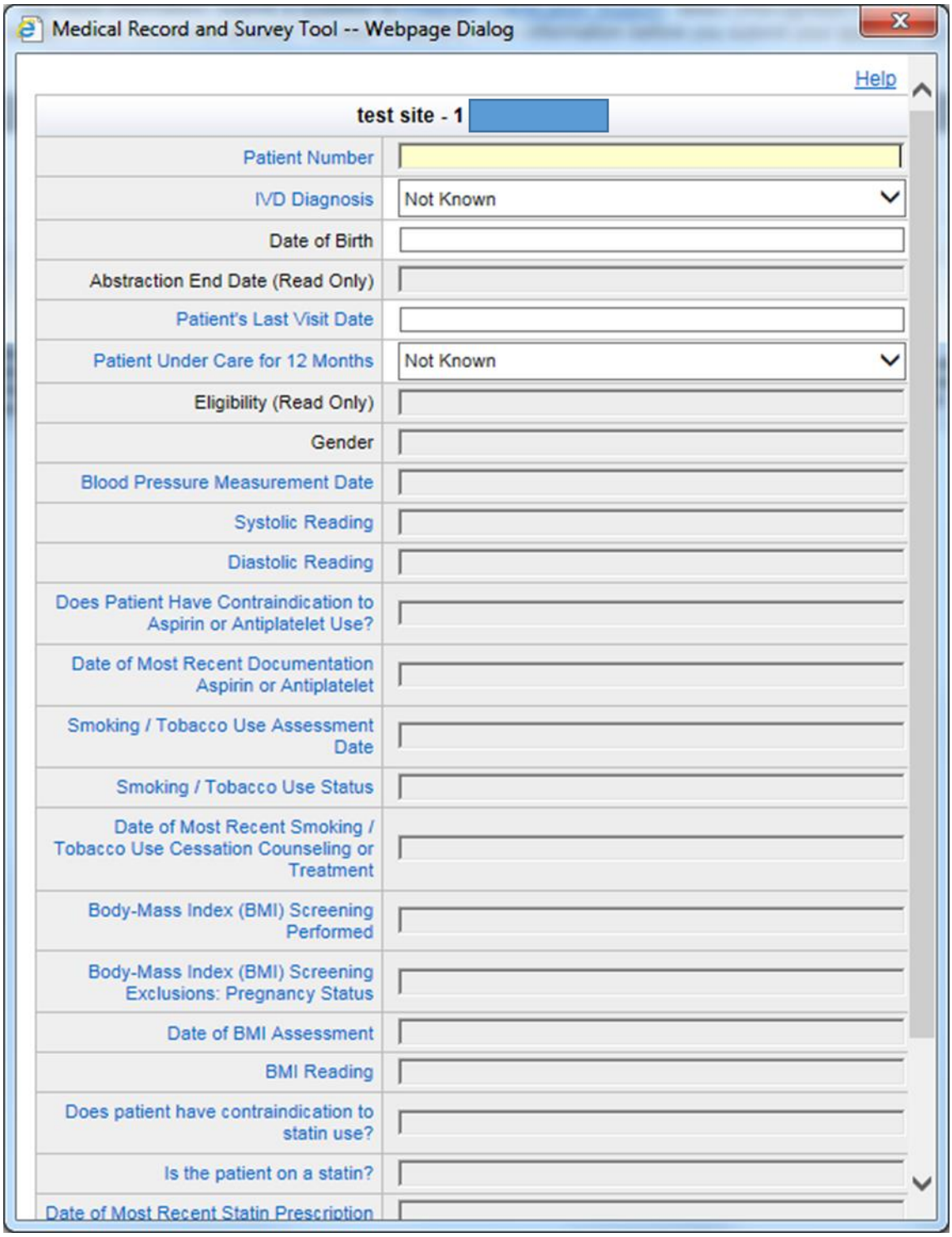
- Type of data required (e.g., number, date, selection from a drop-down box)—Data Format Column
- Patients for whom you should complete the field--#1 in the Instructions column
- How to complete each column including when to select "Yes," and when to select "No" from a drop-down box
- Where to find more information in the *HSRP Requirements*—the Reference column

Continue to enter and save patient information in the Web-based DCT until you have enough eligible patients for your sample.

If you do not collect the data that is required for any of the patient specific data fields then leave that field blank. Patient specific data fields are not required fields, except the ones required for eligibility that are marked with a * in the table below. While patient specific data fields are not required fields, lack of data will affect your score.

Note, the required fields are denoted by * in the table below. The rest of fields will remained locked until the required fields are completed. If the patient is determined ineligible after completing the required fields, the rest of the fields will remained locked. Click Save/Close and continue to enter other patients.

Step 5 Click on the label, such as **Patient Number,** in the ***HSRP Data Record Screen*** or **Help** to view more information on what data to enter into each field for a patient.


Medical Record and Survey Tool -- Webpage Dialog
Help
test site - 1
Patient Number
IVD Diagnosis
Not Known
Date of Birth
Abstraction End Date (Read Only)
Patient's Last Visit Date
Patient Under Care for 12 Months
Not Known
Eligibility (Read Only)
Gender
Blood Pressure Measurement Date
Systolic Reading
Diastolic Reading
Does Patient Have Contraindication to Aspirin or Antiplatelet Use?
Date of Most Recent Documentation Aspirin or Antiplatelet
Smoking / Tobacco Use Assessment Date
Smoking / Tobacco Use Status
Date of Most Recent Smoking / Tobacco Use Cessation Counseling or Treatment
Body-Mass Index (BMI) Screening Performed
Body-Mass Index (BMI) Screening Exclusions: Pregnancy Status
Date of BMI Assessment
BMI Reading
Does patient have contraindication to statin use?
Is the patient on a statin?
Date of Most Recent Statin Prescription

Field Name	Data Format	Instructions	Reference
Patient Number *	Number, Letter or Combination	1. All patients. 2. Enter ID information of your choice. Use a system that will allow you to refer back to a patient's medical record for auditing or if NCQA has a question about the patient's data. Some practice sites use an internally assigned medical record number. The ID should not include any identifiable patient information and should be different for each patient.	
Ischemic Vascular Disease (IVD) Diagnosis*	Drop-down list ("Not Known," "Yes," "No")	1. For each patient entered, indicate if they have a diagnosis of IVD using the following options on the drop down list: • **Not Known** • **Yes** • **No** 2. Refer to the IVD Value Set which is available in the Resources section of the HSRP Recognition data collection tool for applicable IVD diagnosis codes. For additional information refer to the *HSRP 2015 Requirements, Appendix 2: Patient Eligibility Criteria, Patient Identification and Sample Size Requirements*	*HSRP 2015 Requirements, Appendix 2*
Date of Birth *	Date (MM/DD/YYYY)	1. All patients. 2. Enter date of birth as of the Index Visit Date.	
Abstraction End Date (Read Only)	Date (MM/DD/YYYY)	1. All Patients 2. This will be calculated for you based on what is entered for Patient's Last Visit Date	
Patient's Last Visit Date *	Date (MM/DD/YYYY)	1. All patients 2. Enter patient's most recent visit prior to the start date. For additional information refer to the *HSRP 2015 Requirements, Appendix 2: Patient Eligibility Criteria, Patient Identification and Sample Size Requirements*	*HSRP 2015 Requirements, Appendix 2.*
Under Care for 12 Months *	Drop-down ("Not Known," "Yes," "No")	1. All patients 2. Has the patient been under the care of the applicant for at least 12 months? ▪ **Not Known** ▪ **Yes** ▪ **No**	
Eligibility (Read Only		1. All patients. 2. Once all the above fields are entered, the Web-based DCT then determines if the patient is eligible and displays "Eligible" or "Ineligible" in this column.	

Field Name	Data Format	Instructions	Reference
		3. If the Web-based DCT answered "Eligible" for Eligibility, the rest of the fields will be unlocked and you can continue entering information for the patient. 4. If the Web-based DCT answered "Ineligible" for Eligibility, the rest of the fields will remained locked. You do not need to enter any more information for this patient. Select Save/Close button to continue to enter other patients.	
Gender	Drop-down ("Female," "Male")	1. All patients.	
Blood Pressure Measurement Date	Date (MM/DD/YYYY)	1. All patients 2. Enter the date of the patient's most recent blood pressure measurement done within the 12-month abstraction period. If a blood pressure measurement was not completed during the 12-month abstraction period, leave the field blank. For additional information refer to the *HSRP 2015 Requirements, CM 1: Blood Pressure Control.*	*HSRP 2015 Requirements, CM 1: Blood Pressure Control.*
Systolic Reading	Number	1. All patients 2. Enter the systolic value of the patient's most recent blood pressure measurement done within the 12-month abstraction period. If a blood pressure measurement was not completed during the 12-month abstraction period, leave the field blank. 3. If there are multiple blood pressure readings recorded for a single date, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure	
Diastolic Reading	Number	1. All patients 2. Enter the diastolic value of the patient's most recent blood pressure measurement done within the 12-month abstraction period. If a blood pressure measurement was not completed during the 12-month abstraction period, leave the field blank. 3. If there are multiple blood pressure readings recorded for a single date, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure.	

Field Name	Data Format	Instructions	Reference
Does Patient Have a Contraindication to Aspirin or Another Antiplatelet?	Drop-down ("Not Known," "Yes," "No")	1. All patients **2. Is the patient allergic to aspirin or have a contraindication to another antiplatelet?** Choose from the following on the drop down list: ▪ **Not Known** ▪ **Yes** ▪ **No** For additional information refer to the *HSRP 2015 Requirements, CM 2: Use of Aspirin or Another Antiplatelet*	*HSRP 2015 Requirements, CM 2: Use of Aspirin or Another Antiplatelet*
Date of Most Recent Documentation of Aspirin or Another Antiplatelet	Date (MM/DD/YYYY)	1. All patients **2. Aspirin allergy or contraindication to an antiplatelet – Yes:** If the patient is allergic to aspirin or has a contraindication to an antiplatelet no date is required. Leave the field blank. **3. Aspirin allergy or contraindication to an antiplatelet – No or Not Known:** Enter the date of the patient's most recent documentation of use of aspirin or an antiplatelet during the 12-month abstraction period. If documentation of use of aspirin or an antiplatelet was not present during the 12-month abstraction period, leave the field blank. For a list of acceptable aspirin/antiplatelet therapies and exclusions refer to the *HSRP 2015 Requirements, CM 2: Use of Aspirin or Another Antiplatelet.*	*HSRP 2015 Requirements, CM 2: Use of Aspirin or Another Antiplatelet.*
Smoking/Tobacco Use Assessment Date	Date (MM/DD/YYYY)	1. All patients 2. Enter the most recent date the patient's smoking status was assessed. Note: The notation of smoker/tobacco user or non-smoker/non-tobacco user status may be prior to 12-month abstraction period	*HSRP 2015 Requirements CM 3: Smoking and Tobacco Use Cessation Assistance*
Smoking/Tobacco Use Status	Drop-down ("Not Know," "Smoker," "Non-Smoker)	1. All patients 2. Enter the patient's smoking/tobacco use status by choosing from the following on the drop down list: Choose from the following on the drop down list: • **Not Known** • **Smoker/Tobacco User** • **Non-Smoker/Non-Tobacco User**	*HSRP 2015 Requirements CM 3: Smoking and Tobacco Use Cessation Assistance*

Field Name	Data Format	Instructions	Reference
Date of Smoking/Tobacco User Cessation Counseling or Treatment	Date (MM/DD/YYYY)	1. All patients **2. Smoking/Tobacco Use status - Non-smoker / Non-tobacco User:** If the patient is a non-smoker/non-tobacco user no date is required. Leave the field blank. **3. Smoking/Tobacco Use status – Smoker/Tobacco User or Unknown:** Enter the date within the 12-month abstraction period that documents counseling or treatment for smoking/tobacco use cessation. If no date for counseling or treatment is found, leave the field blank. For additional information refer to the *HSRP 2015 Requirements, CM 3: Smoking and Tobacco Use and Cessation and Treatment Assistance.*	*HSRP 2015 Requirements CM 3: Smoking and Tobacco Use Cessation Assistance*
Body-Mass Index (BMI) Screening Performed	Drop-down ("Yes," "No")	1. All patients 2. Was a BMI screening performed within the12-month abstraction period? Choose from the following on the drop down list: • **Yes** • **No**	*HSRP 2015 Requirements CM 4: Body-Mass Index Screening (Reporting Only)*
Body-Mass Index Screening Exclusion	Drop-down ("Yes," "No")	1. All patients 2. Was the patient pregnant within the 12 month abstraction period or the year prior to the abstraction period? Choose from the following on the drop down list: • **Yes** • **No** For additional information and exclusions refer to the *HSRP 2015 Requirements, CM 4: Body-Mass Index (BMI) Screening*	*HSRP 2015 Requirements CM 4: Body-Mass Index Screening (Reporting Only)*
Date of BMI Assessment	Date (MM/DD/YYYY)	1. All patients 2. Enter the date of the patient's most recent BMI assessment done within the 12-month abstraction period.	
BMI Reading	Number	1. All patients 2. Enter the BMI reading. The BMI may be recorded as a BMI value for patients 20-75 years of age or a BMI percentile for patients 18-19 years of age. For additional information and exclusions refer to the *HSRP 2015 Requirements, CM 4: Body-Mass Index (BMI) Screening*	*HSRP 2015 Requirements, CM 4: Body-Mass Index (BMI) Screening*

Field Name	Data Format	Instructions	Reference
		Note: Patient collected/patient self-reported biometric values (i.e., BMI, height, weight) are not acceptable forms of documentation for chart abstraction	
Does the patient have a contraindication to statin use?	Drop-down list ("Not Known," "Yes," "No")	1. All patients 2. Is the patient allergic or have another contraindication for statin use? Choose from the following on the drop down list: • **Yes** • **No** • **Unknown** For additional information and list of exclusions, refer to the *HSRP 2015 Requirements, CM 5: Statin Therapy for Patients with Cardiovascular Diseases*	*HSRP 2015 Requirements, CM 5: Statin Therapy for Patients with Cardiovascular Diseases*
Is the patient on a statin?	Drop-down list ("Not Known," "Yes," "No")	Has the patient been prescribed a statin within the 12-month abstraction period? Choose from the following on the drop down list: ▪ **Not Known** ▪ **Yes** ▪ **No**	
Date of Most Recent Stain Prescription	Date (MM/DD/YYYY)	1. All patients 2. Enter the most recent date the patient was prescribed a statin or documentation of statin use recorded within the 12-month abstraction period	
Statin Intensity Level	Drop-down list ("Low", "Moderate", "High")	1. All patients 2. If the patient is using a statin, record the statin intensity level. Choose from the following on the dropdown list below: • Low • Moderate • High Note: Only statins of moderate or high intensity are acceptable for the measures. Data is collected for the use of low intensity statins but they will not count toward the measure.	

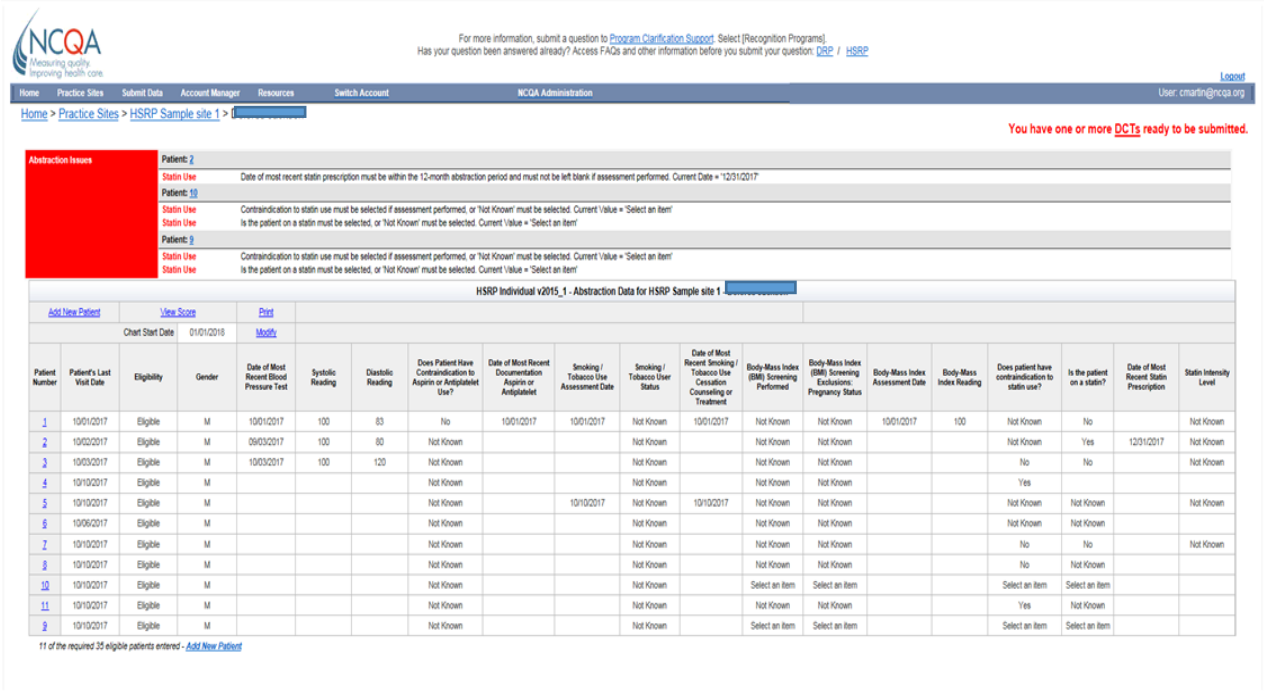
Step 6 Click **Save/Close**.

Step 7 Click **Add New Patient** to enter the next patient's information.

Abstraction Messages

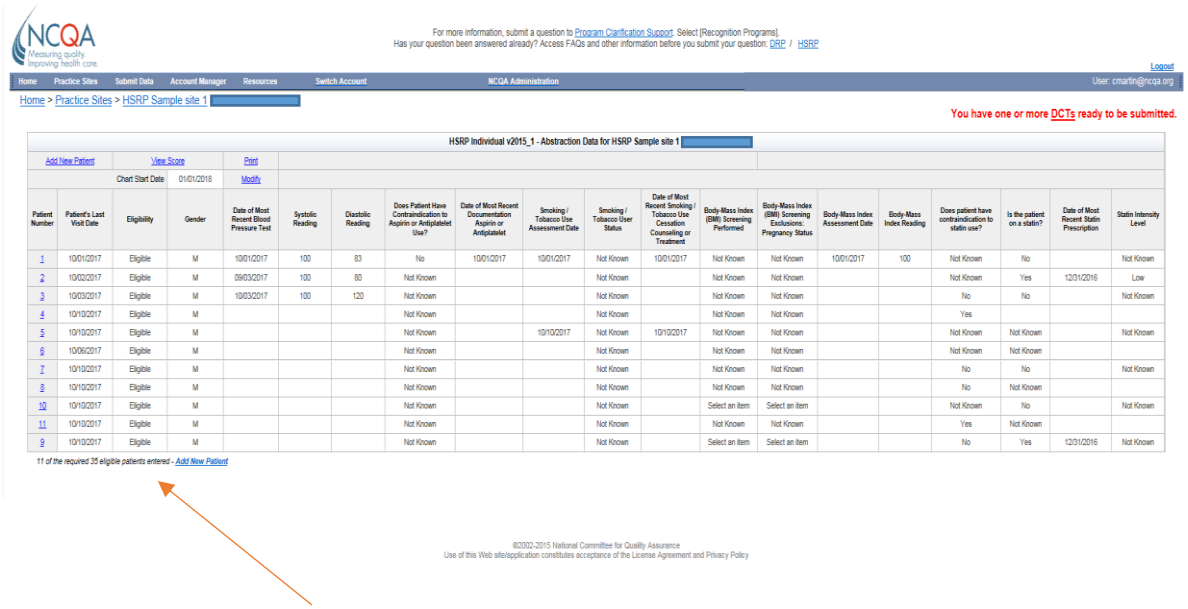
Red ***Abstraction Messages*** may appear at the top of the page if certain conditions that are required for recognition are not met. These abstraction messages are based on required information for a particular patient entered. **You must correct ALL of abstraction messages in order to submit for recognition.**

Step 8 View ***Abstraction Messages*** at the top of the screen. Click on Patient Number link to correct/edit error.



Step 9 Continue to add patients to your DCT.

Step 10 Check the number of eligible patients at the bottom of the screen for the number of eligible patients you have entered out of the total number required.



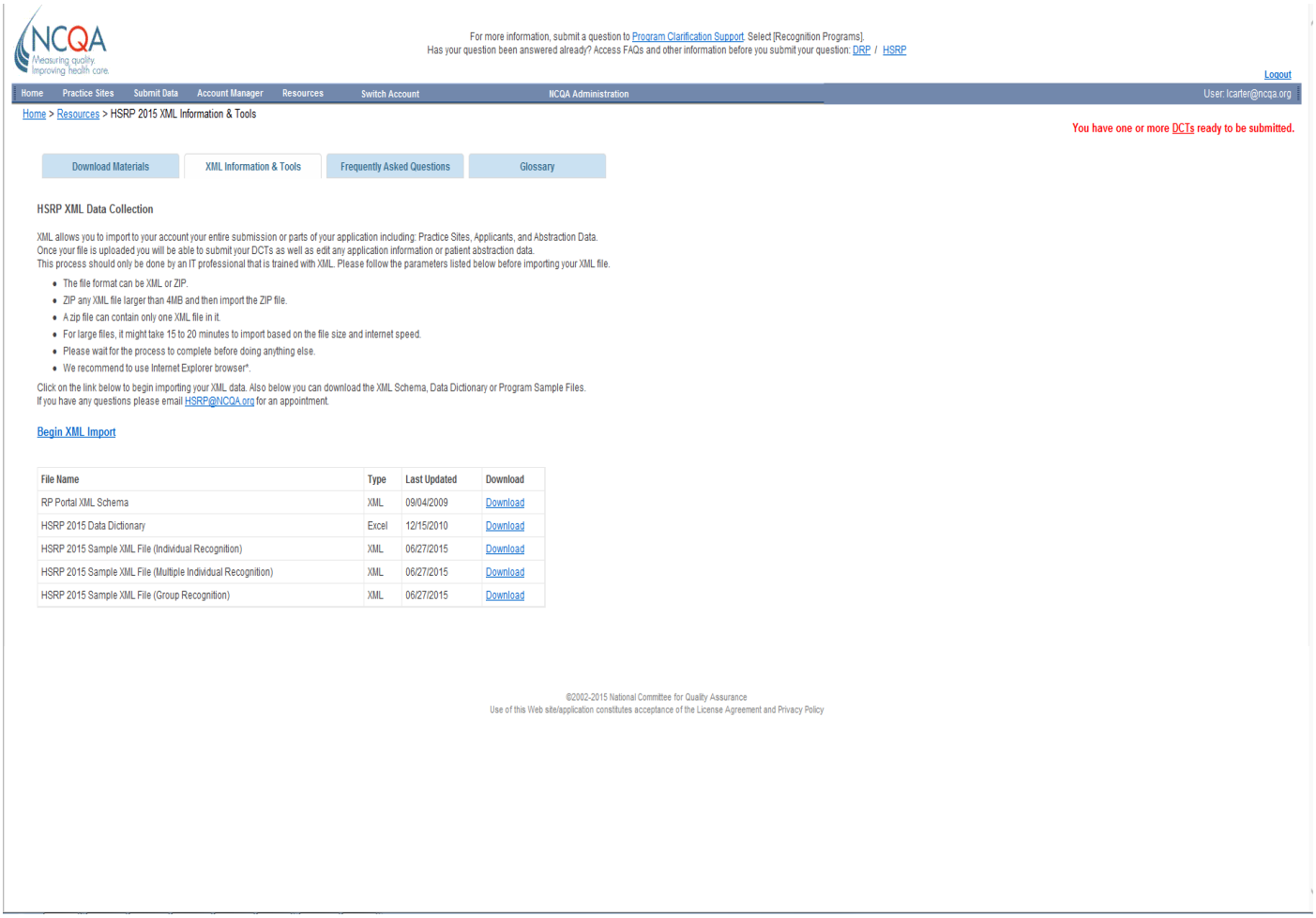
Uploading Data Collection Tool through XML

You can add a Data Collection Tool through XML schema for individuals and group recognitions. By following the steps below you can upload practice sites and workbooks for applicants through XML to your account.

Step 1 Click on ***Resources*** on the toolbar.

Step 2 Select the **XML Information & Tools** blue tab.

Step 3 Download XML materials provided for reference and for definitions by clicking Download under **Download** column.



- **The file format can be XML or ZIP.**
- **ZIP any XML file larger than 4MB and then import the ZIP file.**
- **A zip file can contain only one XML file in it.**
- **For large files, it might take 15 to 20 minutes to import based on the file size and internet speed.**

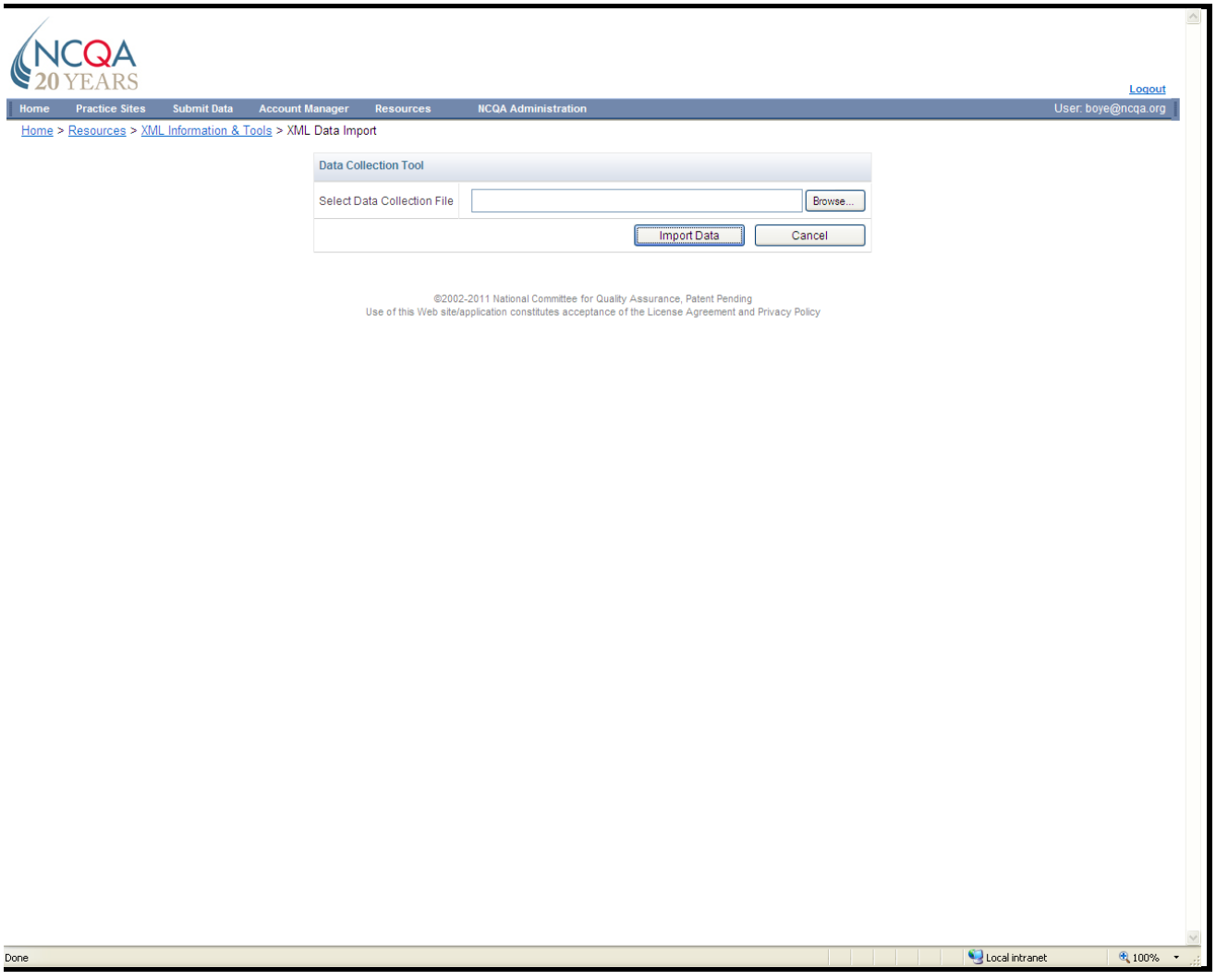
- **Please wait for the process to complete before doing anything else.**

Step 4 When ready click **Begin XML Import**.

Step 5 You will be navigated to ***Data Collection Import Page***. Click **Browse** to select your XML file on your computer.

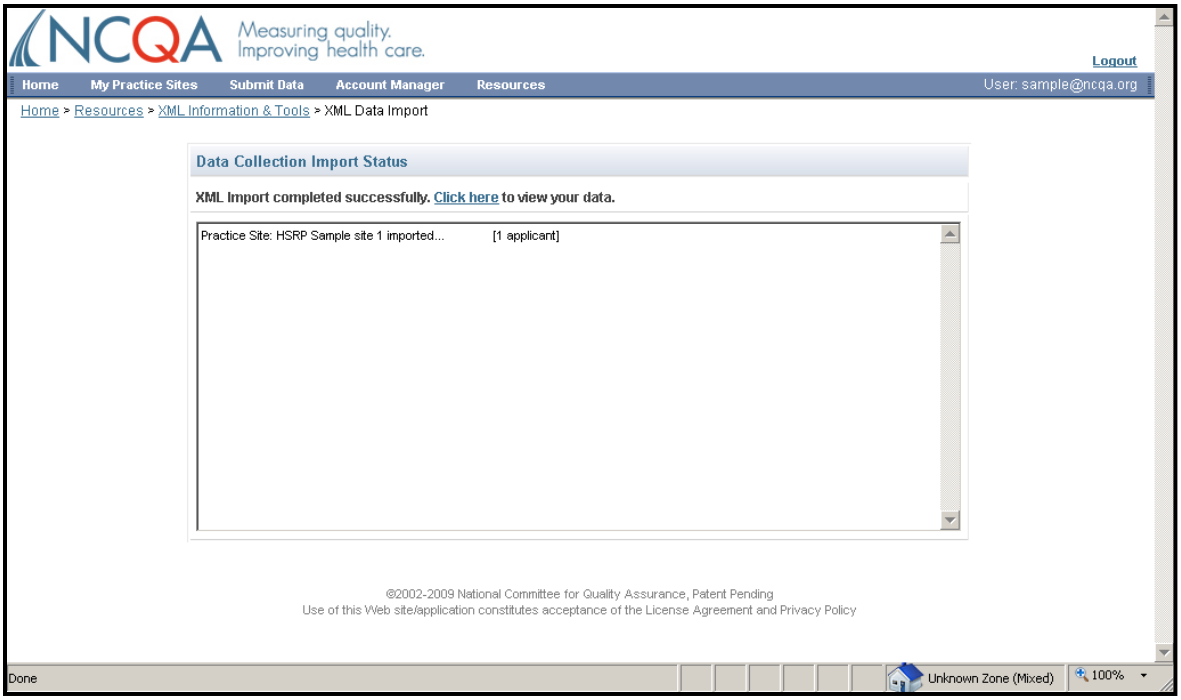
Step 6 Select XML file and click **Open** when *Choose File* popup appears.

Step 7 Click **Import Data Collection**.



Step 8 The ***Data Collection Import Status*** box will appear showing the practice site name(s) and the number applicants at each practice site(s) that were imported.

Step 9 Select **Click here** to view your own imported data.



Step 10 You will be navigated to the ***Submit*** page where you can submit DCTs and view DCTs to correct **Abstraction Messages** (see page # 31) and **View Scores (**see page # 36). To view DCT click on **HSRP** under **Program** column for practice appropriate practice.

Step 11 Continue to page # 36 for information and requirements to submit a workbook.

Preliminary Results

From the HSRP DCT screen, click on **View Score** to view the following information:

- Your rate and score for Clinical Measures
- Your total points

Step 1 Click **View Score** to see Preliminary Results.

Step 2 Click **Print** in the upper right hand corner of the **Preliminary Results** box.

Practice Site and Clinician Results

The ***Preliminary Results*** box allows you to view results by individual clinician or group.

To view results of another group or individual clinician, follow these steps.

Step 1 Click ***Practices Sites*** on toolbar.

Step 2 Select **[Practice Site Name]** for the preliminary results of the individual clinician or group recognition you would like to view.

Step 3 Select the **[Data Collection Tool]** under the **Program** column that you would like to view preliminary results for.

Step 4 Click **View Score** to see preliminary results.

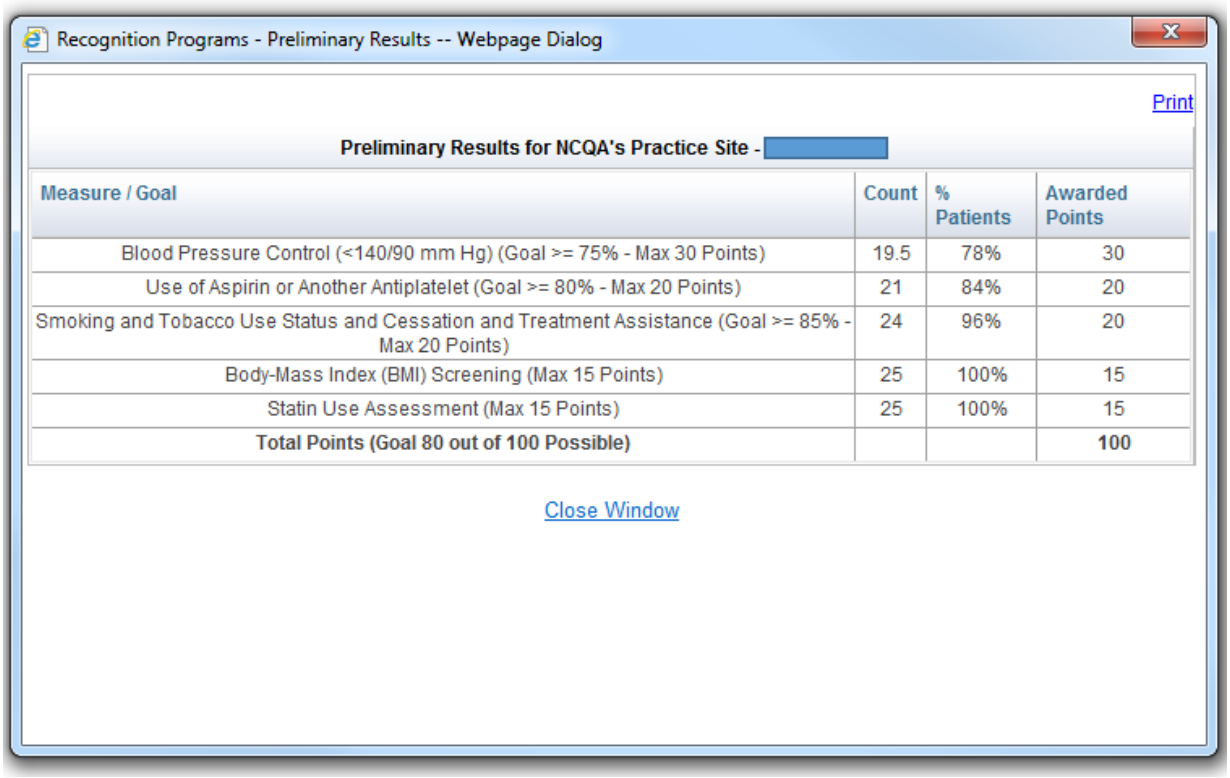
Step 5 Click **Print** in the upper right hand corner of the **Preliminary Results** box.

Preliminary Results Table

Table columns read, from left to right:

- *Clinical Measure/Goal/Performance Criteria/Assigned Point Value* -
    - *Note: The performance criteria are the percentage of patients that must satisfy the requirements of the measure.*
- *Patient Count* - The number of patients meeting the numerator requirements.
- *Percentage of Patients* – The percentage of patients meeting the numerator requirements.
- *Awarded Points* - Number of points received for the measure.
- *Total Points* – The total number of points received for all measures.

Refer to *HSRP Requirements* for more information.



Disclaimer

Results generated or otherwise received from use of the Web-based DCT are preliminary and do not constitute a final score or Recognition from NCQA. NCQA makes a decision about awarding Recognition based on an applicant's overall performance as measured against the HSRP criteria.

Submitting Data

To submit your complete data to NCQA, follow the instructions below.

The four requirements for NCQA to review your data are:

- Sign both BAA and HSRP Agreement
- Receipt of application fee
- Complete data including appropriate patient sample size. Please review the **Preliminary Results** before submission to verify that each clinician or group completes the criteria for the Recognition. See page # 36. For more information on the criteria, refer to the *HSRP Requirements*.
- You must correct all **Abstraction Messages** on the DCT before submitting. See page # 31 for instructions

How to submit your DCT:

- NCQA has integrated the HSRP data submission process with electronic payment. For instructions on submitting your DCT and the electronic payment system, refer to the *DRP/HSRP, Instructions for Electronic Payment and Submission of Data Collection Tools (DCTs)*.

- After receipt of your data, NCQA will review your application and notify you of your Recognition Status by e-mail within 30 - 60 days. Once a Recognition decision is completed, the DCT is no longer available to un-submit.

Feedback

NCQA welcomes any suggestions or comments you may have about the Heart/Stroke Recognition Program. Submit comments by e-mail to HSRP@ncqa.org.