American Heart Association®
Target: Type 2 Diabetes℠

2026 DATA COLLECTION WORKSHEET

FOR TARGET: TYPE 2 DIABETES AWARD ACHIEVEMENT

INSTRUCTIONS

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

The deadline to submit 2025 data for 2026 recognition is May 15, 2026, 11:59 p.m. ET. Data submission deadlines are firm to safeguard fair opportunities for all submitters. Early submission is highly encouraged to allow time for resolving any issues and to ensure the deadline is met.

All data must be submitted using our data submission platform (**aha.infosarioregistry.com**) by the deadline to be eligible for recognition. Completing this worksheet does not constitute data submission. For any questions, contact your local AHA staff member or reach out at **bit.ly/AQContactUs**.

NOTE: *These data are based on NQF 0059, eCQM CMS#122v13 or MIPS #001, Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) patient population. You must complete Q1-Q33 and either option 1 or option 2 (Q34-35 or Q36-37) in the online data submission platform.*

ALL FIELDS ARE REQUIRED

The 2026 recognition cycle is based on the performance period of the 2025 calendar year (1/1/2025-12/31/2025).

1. **Does your organization diagnose and manage adult patients with diabetes, including prescribing and managing medications?**
   Only organizations directly diagnosing and managing diabetes are eligible for awards as of 2021. A "yes" response is required for award eligibility.
   ☐ Yes ☐ No

2. **I am a designated representative of my organization and certify that the following attestations are accurate to the best of my knowledge.**
   A "yes" response is required for award eligibility.
   ☐ Yes ☐ No

3. **What is the total number of adult patients (≥18 years of age) for the health care organization, regardless of diagnosis? Patients must have had at least one 2025 visit (in-office or telehealth encounter). *Exclude acute care visits.***
   This answer should represent all adult patients that could be considered for management of diabetes during their visit. You will be asked to break down this total by primary payor and race/ethnicity in subsequent questions. These questions are the same in Target: BP and Check. Change. Control. Cholesterol.
   _____

4. **How many clinicians are in the health care organization?**
   Include all physicians, nurse practitioners and physician assistants.
   _____

5. **How many people of your total adult patient population (≥18 years of age) self-identify as the following race and ethnicity (based on Table3B of the HRSA Uniform Data System Reporting Requirements for 2025 Health Center Data)?**
   Sum must equal total patient count in question 3. See table breakdown on the following page.

Questions continue on the next page.

RACE	NON-HISPANIC, LATINO/A, OR SPANISH ORIGIN *(Total Patients – Ages 18+)*	HISPANIC, LATINO/A, OR SPANISH ORIGIN *(Total Patients – Ages 18+)*
Asian		
Native Hawaiian		
Other Pacific Islander		
Black/African American		
American Indian or Alaska Native		
White		
More than one race		
Unreported/Unknown Race — *(Ethnicity is known to be Hispanic, Latino/a, or Spanish Origin but Race is unknown)*		
Race Known, Unreported/ Unknown Ethnicity — *(Race Known [Any], but unknown if Hispanic, Latino/a, or Spanish Origin)*		
Race Unknown, Ethnicity either Unknown, Undisclosed, or not Hispanic, Latino/a, or Spanish Origin — *Race is unknown and ethnicity is unknown or not Hispanic, Latino/a, or Spanish Origin)*		
Subtotals*		
Total Patients* (Must equal Question 3 response)		

**NOTE: The totals for your patient population will auto-populate in the data submission platform.*

6. How many of your total adult patients (≥18 years of age) are primarily attributed to the following payor groups? *Sum must equal total patient count in question 3*

See additional guidance in the Payor Group Guidance section.

_____ Medicare _____ Medicaid _____ Private Health Insurance

_____ Other Public _____ Uninsured/Self-Pay _____ Other/Unknown

CLINICAL PRACTICES: EVIDENCE-BASED ACTIVITIES

Target: Type 2 Diabetes aims to support meaningful, evidence-based efforts to reduce cardiovascular disease risk in patients with, or at risk for, type 2 diabetes. ALL of the new pillar attestation questions below must be answered to complete your data submission and to be eligible for any Target: Type 2 Diabetes achievement award. However, the answers provided will not factor into your award determination this year. Your answers will help establish a baseline for future reference, improvement, and recognition opportunities

To learn more about the new pillars, watch the **Evolving Outpace CVD's Target: Type 2 Diabetes webinar** and read the **Resources & Examples Toolkit**. For FAQs and additional resources, please visit the **Resources Page online here**.

CLINICAL PRACTICES: PREDIABETES

7. Which of the following guideline-directed treatment and prevention efforts does your organization deploy for patients with prediabetes: *Select all that apply.*

- ☐ Monitoring HbA1c and/or fasting blood sugar for the development of diabetes at least annually or more often if clinically indicated
- ☐ Prescription of Metformin
- ☐ Education of lifestyle modifications including healthy eating and physical activity
- ☐ Referral to diabetes prevention program (DPP)
- ☐ Promotion of weight loss through lifestyle modification or pharmacotherapy when indicated for those with obesity or overweight
- ☐ I don't know / I'm not sure

Questions continue on the next page.

ASSESSMENT PILLAR (A) (Q8-13)

I attest that my organization uses a medical standard of care* focused on diabetes management and CVD risk that includes (at a minimum):

8.	**An established diabetes standards of care policy that is documented and available across the continuum of care**	☐ Yes ☐ No ☐ Not Sure
9.	**Monitoring to assess the use of the standard of care in practice** *"Monitoring" can be achieved through means such as but not limited to manual chart review, peer review, sampling, or analysis of EMR or population health data, at least annually to assess If the policy/protocol is being followed. This requirement does not specify a level of adherence to the policy/protocol.*	☐ Yes ☐ No ☐ Not Sure
10.	**Assessment of glycemic control as measured by HbA1c at least 2 times/year or every 3 months for patients not at goal**	☐ Yes ☐ No ☐ Not Sure
11a.	**Assessment of eGFR annually**	☐ Yes ☐ No ☐ Not Sure
11b.	**Assessment of uACR annually**	☐ Yes ☐ No ☐ Not Sure
11c.	**Use of the KDIGO heat map for kidney health classification based on the results of both eGFR and uACR measurements**	☐ Yes ☐ No ☐ Not Sure
12.	**Assessment of and evaluation of comorbidities into the standard of care**	☐ Yes ☐ No ☐ Not Sure
12a.	**If "Yes" is selected in Q12, please select which of the following are included into the standard of care:** *(Select all that apply)* ☐ Chronic Kidney Disease ☐ Hypertension ☐ Dyslipidemia ☐ Atherosclerotic Cardiovascular Disease (ASCVD) ☐ Obesity	
13.	**Collaboration through a team-based care model that provides comprehensive continuity of care for patients with diabetes** *"Team-based care model" is inclusive but not limited to internal or external collaboration for the purposes of promoting continuity of care such as partnership with community pharmacies, diabetes educators, specialist referrals, community health workers, etc.*	☐ Yes ☐ No ☐ Not Sure

**"Standard of care" is inclusive of any policy, protocol, or formally adopted process that is routinely and systematically used across the entire organization as part of standard practice.*

Questions continue on the next page.

TREATMENT PILLAR (T) (Q14-19)

I attest that my organization uses a guideline-directed standard of care* to treat patients with diabetes that includes:

14.	**Standardized use of a treatment algorithm or protocol** *"Standardized use" refers to any protocol that is documented or organizationally accepted and is systematically available.*	☐ Yes ☐ No ☐ Not Sure
15.	**Monitoring to assess the use of the treatment algorithm or protocol in practice** *"Monitoring" can be achieved through means such as but not limited to manual chart review, peer review, sampling, or analysis of EMR or population health data, at least annually to assess If the policy/protocol is being followed. This requirement does not specify a level of adherence to the policy/protocol.*	☐ Yes ☐ No ☐ Not Sure
16.	**Setting a treatment goal of HbA1c < 7% when clinically indicated** *Less stringent glycemic goals may be appropriate for individuals with limited life expectancy or where the harms of treatment are greater than the benefits.*	☐ Yes ☐ No ☐ Not Sure
17.	**Prioritizing SGLT2i and GLP1RAs in the treatment algorithm or protocol when clinically indicated**	☐ Yes ☐ No ☐ Not Sure
18.	**Setting a cholesterol treatment goal of LDL-C < 70 mg/dL for patients with ASCVD risk factors**	☐ Yes ☐ No ☐ Not Sure
19.	**Setting a blood treatment goal of < 130/80 mmHg for patients with hypertension** *For all adults with additional considerations for those who are pregnant, require institutional/ hospital care, or have limited life expectancy.*	☐ Yes ☐ No ☐ Not Sure

PATIENT PARTNERSHIP & LIFESTYLE MODIFICATION PILLAR (P) (Q20-25)

I attest that my organization provides risk-factor assessment and non-pharmacological interventions for patients with diabetes to support positive lifestyle changes that include:

20.	**A standard of care for the assessment of risk-factors and use of non-pharmacological interventions** *"Standard of care" is inclusive of any policy, protocol, or formally adopted process that is routinely and systematically used across the entire organization as part of standard practice.*	☐ Yes ☐ No ☐ Not Sure
21.	**Monitoring to assess the use of the standard of care in practice** *"Monitoring" can be achieved through means such as but not limited to manual chart review, peer review, sampling, or analysis of EMR or population health data, at least annually to assess If the policy/protocol is being followed. This requirement does not specify a level of adherence to the policy/protocol.*	☐ Yes ☐ No ☐ Not Sure
22.	**Provides access to Diabetes Self-Management Education and Support (DSMES) or equivalent services** *Minimum requirements of DSMES or equivalent services include delivery of content addressing 1. Pathophysiology of diabetes and treatment options, 2. Healthy coping, 3. Healthy eating, 4. Being active, 5. Taking medication, 6. Monitoring of blood sugars, 7. Reducing risk (treating acute and chronic complications), 8. Problem solving & behavior change strategies*	☐ Yes ☐ No ☐ Not Sure

**"Standard of care" is inclusive of any policy, protocol, or formally adopted process that is routinely and systematically used across the entire organization as part of standard practice.*

Questions continue on the next page.

23.	**Provides access to obesity counselling and weight management**	☐ Yes ☐ No ☐ Not Sure
24.	**A discussion of ASCVD Risk Estimation results derived from CVD risk assessment models including but not limited to the Pooled Cohort Equation (PCE) or Predicting Risk of cardiovascular disease EVENTs (PREVENT™)**	☐ Yes ☐ No ☐ Not Sure
25.	**Engaging patients in interventions to address tobacco/vaping cessation, alcohol moderation/cessation, and depression as indicated by validated screening tools**	☐ Yes ☐ No ☐ Not Sure

EQUITABLE HEALTH OUTCOMES PILLAR (EHO) (Q26-31)

I attest that my organization collects and uses patient population data to assess for equitable health care improvements and outcomes in diabetes control that includes:

26a.	**Adoption of a standard process to systematically gather race and ethnicity datas** *"Standard process" refers to any protocol or practice that is documented or organizationally accepted and is systematically available.*	☐ Yes ☐ No ☐ Not Sure
26b.	**Adoption of a standard process to assess patient level Social Drivers of Health (SDoH)** *"Standard process" refers to any protocol or practice that is documented or organizationally accepted and is systematically available.*	☐ Yes ☐ No ☐ Not Sure
27.	**Monitoring of care team adherence to the standard process(es)** *"Monitoring" can be achieved through means such as but not limited to manual chart review, peer review, sampling, or analysis of EMR or population health data, at least annually to assess If the policy/protocol is being followed. This requirement does not specify a level of adherence to the policy/protocol.*	☐ Yes ☐ No ☐ Not Sure
28.	**Training the care team on techniques to gather data per the standard process(es)**	☐ Yes ☐ No ☐ Not Sure
29.	**Training the care team on impacts of SDoH and the resources available to address identified SDoH when appropriate**	☐ Yes ☐ No ☐ Not Sure
30.	**Stratification of HbA1c performance rate by at least two subgroups at-risk for inequitable health outcomes such as patients from racial or ethnic groups, without insurance, by zip code and/or by other social drivers of health metrics annually**	☐ Yes ☐ No ☐ Not Sure
31.	**Examining stratified data and taking action to address gaps and outcomes across groups**	☐ Yes ☐ No ☐ Not Sure

Questions continue on the next page.

MEASURE SUBMISSION – NUMERATOR/DENOMINATOR DATA

You must complete questions 32 and 33 **and** either option 1 or option 2 in the online data submission platform.

MIPS #001 – Diabetes: Glycemic Status Assessment Greater Than 9%

NOTE: This is an inverse measure. A smaller numerator relative to your denominator indicates better patient outcomes.

32. **DENOMINATOR:** Using MIPS #001, what is the number of adult patients (18-75 years of age) with diabetes who had a visit (in-office or qualifying telehealth encounter) during the measurement period? _____

32a. **Please provide context on why your organization has ≤10 adult patients meeting the denominator criteria and, if applicable, why your overall patient population may be small. Examples may include unique characteristics of your patient demographics or location.** *(500-character limit). Note: Q32a is a conditional question based on your answer to Q32. You may not be prompted to answer in the data platform, but 32a is REQUIRED if your answer to Q32 is 10 or fewer.*

_____

_____

_____

_____

33. **NUMERATOR:** Using MIPS #001 criteria, of the patients with diabetes and a 2025 visit (from Q32), what is the number of patients whose most recent glycemic status assessment (HbA1c or GMI) level performed during 2025 is > 9.0% or who had no HbA1c level performed in 2025? _____

(See Option 1 and 2 on the following pages.)

Questions continue on the next page.

CARDIOVASCULAR DISEASE-RELATED MEASURES

Organizations must complete at least 1 option to be eligible for an achievement award.

OPTION 1: MIPS Measure #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

NOTE: *The Statin Therapy Denominator / Numerator questions below are identical to Questions 11 & 12 on the Check. Change. Control. Cholesterol data collection worksheet.*

34. 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?)*.

Identify the number of patients in EACH of the below risk groups. What is the sum of patients in all four risk groups? *Avoid double-counting patients who fall into more than one risk group.*

NOTE:

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

_____

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

-OR-

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

-OR-

3. Patients aged 40 to 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes

-OR-

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

35. NUMERATOR: Using MIPS #438 criteria, of the patients given in Question 34, how many were prescribed or were actively using statins at any point during 2025?

_____

-OR-

OPTION 2: MIPS Measure #236: Controlling High Blood Pressure

NOTE: *The Statin Therapy Denominator / Numerator questions below are identical to Questions 4 & 5 on the Target: BP data collection worksheet. Do NOT narrow measure to only patients with diabetes.*

36. DENOMINATOR: Using **MIPS #236** criteria, what is the number of patients 18-85 years of age who had a 2025 visit (in-office or qualifying telehealth encounter) and a diagnosis of essential hypertension starting before and continuing into, or starting during, the first six months of the measurement period (measurement period = January 1 – December 31, 2025)?

_____

37. NUMERATOR: Using MIPS #236 criteria, of the patients qualifying for the denominator (from Q36), what is the number of patients 18-85 years of age whose BP from their most recent 2025 visit is adequately controlled (systolic BP >0 mmHg and <140 mmHg, and diastolic BP >0 mmHg and <90 mmHg)?

_____

PAYOR GROUP GUIDANCE

For question 6, all patients ≥18 years of age for the Total Population reported in question 3 should be grouped by their primary health care payor at the time of their last visit.

Medicaid – Report patients ages 18+ covered by state-run Medicaid programs, including those known by state names (e.g. MassHealth). Report patients covered by Medicaid and Medicare (dual eligible) with Medicare as a primary insurer.

Medicare – Report patients ages 18+ covered by federal Medicare programs. Report patients covered by Medicaid and Medicare (dual eligible) with Medicare as a primary insurer.

Private Insurance – Report patients ages 18+ covered by commercial or private insurers. This includes employer-based insurance and insurance purchased through federal and state exchanges unless part of state Medicare exchanges.

> ***NOTE:*** *For Federally Qualified Health Centers (FQHCs) reporting to the Uniform Data System (UDS): Insurance purchased for public employees or retirees, such as TRICARE or the Federal Employees Benefits Program, may be grouped with "Private Health Insurance" (as reported in UDS), or as "Other Public".*

Other Public – Report patients ages 18+ covered by programs such as state health plans, Department of Veterans Affairs, Department of Defense, Department of Corrections, Indian Health Services Plans, Title V, Ryan White Act, Migrant Health Program, other public insurance programs, and insurance purchased for public employees or retirees, such as TRICARE.

> ***NOTE:*** *For Federally Qualified Health Centers (FQHCs) reporting to the Uniform Data System (UDS): Insurance purchased for public employees or retirees, such as TRICARE or the Federal Employees Benefits Program, may be grouped with "Private Health Insurance" (as reported in UDS), or as "Other Public".*

Uninsured/Self-Pay - Report patients ages 18+ who did not have medical insurance at the time of their last visit. This may include patients whose visit was paid for by a third-party source that was not an insurance provider.

Other / Unknown - Report patients ages 18+ where the payment source is not documented or unable to be determined, or the payment source does not coincide with one of the above options.

UNIFORM DATA SYSTEM (UDS) ALIGNMENT

For Federally Qualified Health Centers (FQHCs) reporting to the Uniform Data System (UDS):
The table below outlines alignment with the "**Uniform Data System Reporting Instructions for 2025 Health Center Data**" manual for "Table 4: Selected Patient Characteristics."

PROGRAM PAYOR GROUP	UDS TABLE 4 ALIGNED ROWS
Medicare	**Row 9** *(ages 18+)*
Medicaid	**Row 8** *(8a and 8b - ages 18+ only)*
Private Health Insurance	**Row 11** *(ages 18+)*
Other Public	**Row 10** *(10a and 10b - ages 18+ only)*
Uninsured/Self-Pay	**Row 7** *(ages 18+)*
Other / Unknown	--

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