TARGET: BP™ DATA SUBMISSION & AWARD ACHIEVEMENT
Frequently Asked Questions

Contents

ABOUT US

Target: BP is a national initiative created in response to the high prevalence of uncontrolled blood pressure (BP). Committed to advancing equitable health outcomes, we support health care organizations and communities improving blood pressure control for the patients they serve with the latest scientific evidence. Learn more about our quality improvement support options online here.

Do you have additional questions not covered in this guide? Contact us.

ELIGIBILITY REQUIREMENTS

What are the eligibility requirements to register for Target: BP and achieve awards?

Any health care organization can register for Target: BP and utilize the resources available, even those who do not treat high blood pressure. However, only certain health care organizations (HCOs) can receive achievement awards. An "HCO" can be anything from a single clinic or health center to a national health system.

To receive awards, you must submit data and answer the attestation questions specific to that HCO. One submission garners one award only. Health systems with multiple clinics/sites have the option of submitting individually for all or some of their clinic sites - or - submitting as one single entity. Data/attestations must be submitted for each individual site in order to receive an award.

Only HCOs performing clinical services and that are directly responsible for the diagnosis and treatment of hypertension, including pharmacotherapy, are eligible for awards. Organizations, such as community organizations, that only screen and refer for blood pressure, rather than diagnose and treat patients, are not eligible.

My HCO isn't eligible for an award per the criteria, but we do extensive work to train and support clinicians in blood pressure management. Are there other avenues for award achievement?

The Target: BP Achievement Awards have always been intended for organizations who diagnose and manage patients with hypertension using medication and other means.

We have additional opportunities to "spotlight" organizations who play an important role in the broader hypertension ecosystem but are not diagnosing and managing patients. Examples of these organizations include payors, dentists, primary care associations, and educational/wellness programs.

My organization screens patients but doesn't treat/manage patients. Am I eligible for an award?

No, a key part of the eligibility criteria is diagnosing, treating, and managing hypertension.

My organization only sees patients in a one-time-only fashion (e.g., urgent care, standalone ER, etc.). Am I eligible for an award?

No, a key part of the eligibility criteria is treating and managing hypertension. Conducting follow-up visits and managing medications is an important part of managing hypertension. Your organization must do both to meet the criteria. If part of your patient population is seen in single visits, such as an urgent care clinic, but another portion is seen in follow-ups or a primary care-type setting, your organization is eligible to participate but should only submit data reflective of the patients who are seen in repeat visits. We encourage you to focus on accurate BP measurement for all patients that you serve.

How do you define "managing patients"?

Managing the chronic condition of hypertension includes at a minimum diagnosing, recommending lifestyle changes, prescribing and managing medications, conducting follow-up visits, and monitoring for medication side-effects as needed to achieve and maintain control.

REGISTRATION AND ACCOUNT RESOURCES

How do we join Target: BP™?

Go to targetbp.org to register for Target: BP. (For the best user experience, use Chrome, Safari or Firefox as your browser. If you use Internet Explorer, be sure to use version 10 or higher.) Sign up for the Target: BP newsletter to stay up-to-date on the latest news and resources.

Who can register for Target: BP?

Any health care organization can register for Target: BP, however there are additional eligibility requirements for award achievement. Read more here.

What information do we need to register?
- Organization's contact information
- Organization's total adult patient population count
- Organization's characteristics, such as multi-specialty, Federally Qualified Health Center, etc.
- Organization's estimated number of patients whose race is something other than white and/or who identify as Hispanic, Latino/a, or of Spanish Origin
- The total number of clinic locations in your health system
- The number of providers in your health care organization, including physician and mid-level providers

Does it cost anything to participate in Target: BP?

No. The American Heart Association offers the Target: BP initiative as a free resource.

Are we required to implement certain elements of Target: BP to achieve awards?

No. We encourage the use of the Target: BP pillar framework to organize your efforts and the educational tools and practice materials to support your quality improvement journey. Awards are based on data submission, attestation, and your organization's blood pressure control rate.

After I register my health care organization, how do I activate my Target: BP account?

You will receive an email with an activation link and temporary password within 3 business days of registering, from the AHA Support email address (InfosarioOutcomeSupport@quintiles.com). Note that the temporary password expires 90 days after receipt, so you must change it within 90 days or the account becomes inactive.

Can more than one person in my health care organization have access to the account?

Yes, there can be multiple users for each organization. Users can either be listed as data submitters/editors or "read only" if there is no need to modify data. Additional users can be requested via program staff.

Can we have a third-party user submit data on our behalf?

Yes, third-party users can be added to submit data on behalf of an HCO if the HCO grants access. This can be granted either during the registration process by selecting "A third-party contractor to whom the health care organization has granted authority and approval to submit data" when prompted for who the Data Submitter will be *OR* by completing the Outpatient Programs – Third Party Data Submitter Authorization form.

Can more than one person from our organization receive the newsletter?

Yes, anyone can register for the newsletter on the Target: BP website, regardless of your registration status. The newsletter features educational opportunities, including webinars with free CME/CE credit, resources for improvement, guidance on data submission and success stories from other participants. We encourage additional staff within your health care organization to register for the https://targetbp.org/home/receive-newsletter/.

How can we modify the Program Agreement?

Redlines are not allowed. These are standard agreements that were created in order to manage our legal costs and provide this free resource; we are unable to negotiate edits.

DATA SUBMISSION

What is the data collection timeframe?

Data from the previous calendar year are collected once a year in accordance with the current year's award cycle. The 2026 data submission cycle is from January 1 – May 15, 2026 at 11:59 pm EST.

Can we register and submit data without having our organization's name made public?

Yes, some organizations like to publicly demonstrate their commitment to blood pressure control, regardless of their current control rates, while others prefer to participate privately until they achieve control rates at 70 percent or greater. To update your preference, please contact us.

How can we get the data needed for submission from a health information system or EHR? Do you have a guide to pull the information?

Health information systems and EHR versions or applications are slightly different even when using the same vendor product. This makes it difficult to have a single guide. We recommend working with your information technology or quality improvement staff to determine how to extract the information by providing the data collection requirements and the blood pressure control rate documentation. Some systems have modules already available to pull the data and calculate the control rate. If issues arise, working with your vendor contact on a solution is usually most effective.

Can we use a sampling method in our data submission?

No. Awards are based on your total population of patients with hypertension. You may choose to only submit for discrete locations or practices, such as some, but not all of your clinic sites, but each sub-entity must be reported distinctly.

What control rate data do we submit?

Our achievement awards related to BP control are based on the MIPS Clinical Quality Measure #236, "Controlling High Blood Pressure," as many organizations already collect and submit this quality measure. For details on the measure specifications see this document. The equivalent eCQM measure is also acceptable (eCQM CM#165v13).

Which patient populations are included in the data?

Target: BP collects total adult patient population (ages ≥) data by race, ethnicity, and with a hypertension diagnosis as well as the subset of these patients who have controlled blood pressure. Use the Data Collection Worksheet to help prepare the data specifications. Note, several conditions exclude patients from the measure such as pregnancy, frailty, or others. See below for more specifications details.

When calculating the total number of adult patients (Question 3) for my organization with a visit during the measure year, which patients should I include? Why does it state to "exclude acute care visits?"

You should include all patients with a regular office or telehealth encounter, excluding patients seen only in an emergency context such as in an urgent care setting (inpatient or outpatient) or in a setting where they would not be managed for hypertension (such as behavioral health). The intention is to capture patients in visits where hypertension could be diagnosed or managed.

What are the numerator (Q5) /denominator (Q4) requirements for data submission in 2026?

For 2026 data submission, we will continue to use the "controlling high blood pressure" measure, which requires 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. The measurement period is January 1 - December 31, 2025. Please refer to the Data Collection Worksheet and related resources for additional data requirements and guidance.

Can the denominator for 2025 data submission include patients with telehealth codes who are using SMBP?

The denominator may include patients who had an encounter with eligible telehealth codes. Patients must have had a diagnosis of essential hypertension starting before and continuing into, or starting during, the first six months of the measurement period (1/1/25 - 12/31/25) with at least one visit in 2025. The numerator may include BP readings from a remote BP monitoring device.

Which patients with hypertension are excluded from the data?

Please refer to *MIPS #236: Controlling High Blood Pressure* for full exclusion criteria.

What is the difference between the diagnosis threshold, treatment goal, and performance measure for hypertension?

Each number has a different systolic and diastolic blood pressure, purpose, and role:

- **Diagnosis threshold:** <120 / <80 mmHg is the threshold for determining normal blood pressure in clinical practice.

- **Treatment goal:** <130 / 80 mmHg is the recommended treatment goal for all adults with additional considerations for those who are pregnant, require institutional/hospital care, or have limited life expectancy. Treatment algorithms should include this stated goal in order to attest "yes" to the new evidence-based criteria.

- **Performance measure:** <140 / 90 mmHg is the threshold defined by the National Committee for Quality Assurance used in performance measures CMS 165 or MIPS 236 to determine blood pressure control rates for a patient population. This national standard will continue to be the metric used for reporting BP control rates for Target: BP awards.

Why did you replace the prevalence estimator with the race and ethnicity grouping (Q8) based on Table 3B the HRSA Uniform Data System? Why do we need to submit this data?

The race and ethnicity groupings in the 2025 program form are derived from the HRSA Uniform Data System Reporting Requirements for 2025 Health Center Data (pg.29). These are based on the Office of Management and Budget (OMB)'s minimum reporting standard for recipients of federal funds. We require organizations to complete this grouping based on their total patient population in order to appreciate the diversity of the

population being served by your HCO which further informs our efforts to improve health equity. While we have kept consistent categories, we do not require the full breakdown of the subcategories included on Table 3B.

While we required more detailed demographic data in the past to help validate data submission accuracy and help predict the prevalence of patients with hypertension that would be expected (compared to actual), the American Heart Association has chosen to reduce the time organizations spend pulling and inputting this data annually.

May I edit my data after it has been submitted?
Yes. You will be able to edit data at any time. However, once the submission window closes, a snapshot of your data will be taken and that will determine your award level. Any data edited after the submission window closes will not be considered for an award.

Why am I getting errors when I try to save or submit my data?
- Question 3 (Q3) errors: The number you enter into Q3 must also be the same as the Total Patient Count in Question 8 "Race/Ethnicity Summation" and in Question 9 "Payor Group Summation." You will need to adjust the number in Q3 OR the subfields of Question 8 and/or 9. Make sure Q3=Q8 Summation: Total Patient Count, and Q3=Q9 Total Patient Count.
- Question 4 (Q4) errors: Your population with hypertension must be lower than your total population in Q3. Make sure Q4<Q3.
- Question 5 (Q5) errors: The population with hypertension that is under control must be lower than your total population (Q3) and your population with hypertension (Q4). Make sure Q5<Q4<Q3.

What information or evidence will HCOs need to submit to satisfy the evidence-based activities criteria?
HCOs will simply answer attestation questions for each criterion (mostly yes, no, N/A, not sure). Additional evidence of adherence to the criterion, such as training logs, is not required. Data submitters will be asked to certify that they are a designated representative of their organization and responses are accurate to their knowledge. We trust that HCOs will submit accurate answers in the spirit of patient care and quality improvement as well as to preserve the honor and value of Target: BP Achievement Awards.

Can our organization submit partial data (only the measure criteria and not the evidence-based activities questions, or vice versa?
No. To be eligible for any award, all participants must submit data and respond to the attestation questions. However, "not sure" is a response option for all attestation criteria. If you answer "not sure" for all the BP measurement questions, you will be considered for Participant or Gold status, but not for a Silver, Silver+ or Gold+ award.

I did not select the "Data Entry Complete" checkbox when I finished my data entry, and now we are past the submission deadline. Will my organization still be eligible for achievement awards?
Yes. Organizations with complete, error-free data submissions as of the deadline will still be included in the snapshot for that year's awards, even if the "Data Entry Complete" checkbox is unchecked.

AWARD ACHIEVEMENT

Which data submission criteria are evaluated for Achievement Awards?

Target: BP Achievement Awards are based on both *Controlling High Blood Pressure* measure performance and the attestations entered in our [Target: BP Pillars of Evidence-Based Activities](#) (Measure Accurately, Act Rapidly, Partner with Patients, Self-Measured Blood Pressure, and Equitable Health Outcomes).

We understand that each health care organization (HCO) is unique, and the attestation criteria might not translate easily to all circumstances. Our goal is to support meaningful, evidence-based efforts through the expansion of our Target: BP Achievement Awards.

When are the awards announced?

Organizations will be notified of their award achievement status in the fall of the year data was submitted.

What are the Achievement Award levels in 2026?

Award Level	Measure Performance	Evidence-Based Activities
Gold Plus	≥70% BP control among patients served with hypertension	Attested to ≥4 of 6 evidence-based criteria in the Measure Accurately Pillar, the Act Rapidly Pillar, and one additional Pillar.
Gold	≥70% BP control among patients served with hypertension	Attested to <4 of 6 evidence-based criteria in the Measure Accurately Pillar.
Silver Plus	<70% BP control among patients served with hypertension	Attested to ≥4 of 6 evidence-based criteria in the Measure Accurately Pillar, the Act Rapidly Pillar, and one additional Pillar.
Silver	<70% BP control among patients served with hypertension	Attested to ≥4 of 6 evidence-based criteria in the Measure Accurately Pillar.
Participant *For first-time data submitters only.*	<70% BP control among patients served with hypertension	Attested to <4 of 6 evidence-based criteria in the Measure Accurately Pillar.

Can our HCO qualify for more than one award, such as a Silver and a Gold+ or Participant and Silver?

No. Each organization can only qualify for one award. However, if you submit data as separate clinics within a health system, each clinic is eligible for an award commensurate with its performance level.

What counts as a first-time data submitter?

A first-time data submitter includes a newly registered site OR a prior-registered site that has never submitted data OR a 'child' location of an existing 'parent' HCO that has only submitted total parent data as 1 entity previously.

Where can I learn more about the benefits of award achievement?
Please visit our [Award Achievement Overview page](#).

How do these award criteria impact bulk data submission for multi-site systems?
Bulk data uploads remain available. The data template includes attestation question responses, requiring response from each of the sites within the submission, including the new questions related to Act Rapidly, Partner with Patients, SMBP, and Equitable Health Outcomes. Please reach out to your local AHA representative for access to these templates. A minimum of 5 practice sites (with no maximum) is recommended to use the bulk data upload.

DATA RESULTS

How can I let other team members see how our organization's results compare?
You may request additional user logins either as a "submitter role" or as a "read only" role by contacting AHA staff.

Can a user view every organization's data?
No. Users can only view data for those organizations they have been given permission to access using the [contact form](#).

When can we see how our health care organization's results compare?
You will be able to see how your results compare to others in real time; however, benchmarking may fluctuate as users add and modify their data. Once all data are finalized at the end of the data submission period, you will be able to see final benchmarks. In order to maintain blinded results, only benchmarking groups with a minimum of three sites will be displayed.

For instructions on how to set up additional benchmarks, such as "Rural" or "FQHC," and utilize reports please refer to the [Navigating the Data Platform Guide](#).

How will this information be used?
Aggregate data will be used to report on blood pressure control rates. Organizational control rates will not be shared publicly. With a health care organization's permission, they will be recognized nationally on an annual basis, with "Participant," "Silver," "Silver+," "Gold," or "Gold+" status rather than the specific mention of your control rate.

TARGET: BP VS. MILLION HEARTS® HYPERTENSION CONTROL CHALLENGE

How are Target: BP Achievement Awards different than Million Hearts® Champions?
Annually, Target: BP recognizes HCOs that participate and submit data and those that achieve hypertension control rates of 70 percent or higher among their adult patient population. This award application process involves the submission of self-report aggregated data and practice attestations.

The Million Hearts® Hypertension Control Challenge recognize clinicians, practices and health systems that achieve hypertension control rates of 80 percent or greater among their adult patients each year as a one-time award. This award application process involves a detailed review of patient level data.

Are Target: BP and Million Hearts® competing programs?
No. The programs complement each other by reinforcing the importance of blood pressure control and providing additional tools and resources to help health care providers achieve their targets. Both programs aim to recognize clinicians and health systems that achieve exemplary hypertension control rates within the adult patient populations they serve.

My clinic already participates in Million Hearts®. Will it require extra resources or staff time to participate in Target: BP?
Target: BP data aligns with the work in Million Hearts®, so it shouldn't require a large amount of additional time and resources. The work your clinic is doing for Million Hearts® will help you achieve annual awards in Target: BP, which further underscores your commitment to improving health outcomes in your patient population.

If you have questions that were not addressed above, please submit them to **http://targetbp.org/contact-us/**.