

Data Analysis & Research Toolkit (DART)

This is the secure information upload application for ALZ-NET

What is DART?

ACRdart is a Data Analysis & Research Toolkit is an application that allows for the secure upload and storage of sensitive information, including PII. Only permitted users can access this information.

For ALZ-NET, insurance and demographic information will be collected and uploaded into DART.

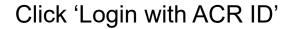


Logging into DART

This weblink will be used every time an individual logs into DART. **Please bookmark this page.**

• Navigate to https://dart.acr.org/

◎ACRdart ™ Da	ta analysis & research toolkit
	DATA CATALOG ABOUT SUPPORT HELP
	Welcome to ACR dart
	The ACR data analysis & research toolkit (DART) portal provides the gateway to browse and query data for research, quality improvement and clinical study operational purposes, as permitted by the access levels.
	About ACR Supported Clinical Research
	The American College of Radiology supports research groups designing and conducting clinical research studies and registry quality improvement programs. This ACR data archive is one example of providing external and internal researchers access to clinical and registry data.
	Read More
	Login with ACR ID Login with CTEP-IAM ID If you do not have an account with those ID Providers listed, then please create an ACR account.





Logging into DART

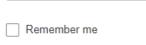
Login using the same email address used for CTMS access. If you have issues accessing your account, please reach out to <u>alz-net@acr.org</u>



Already have an account?

Please enter your ACR Login.

Email Address	





Forgot your password? Unlock your account

Help center

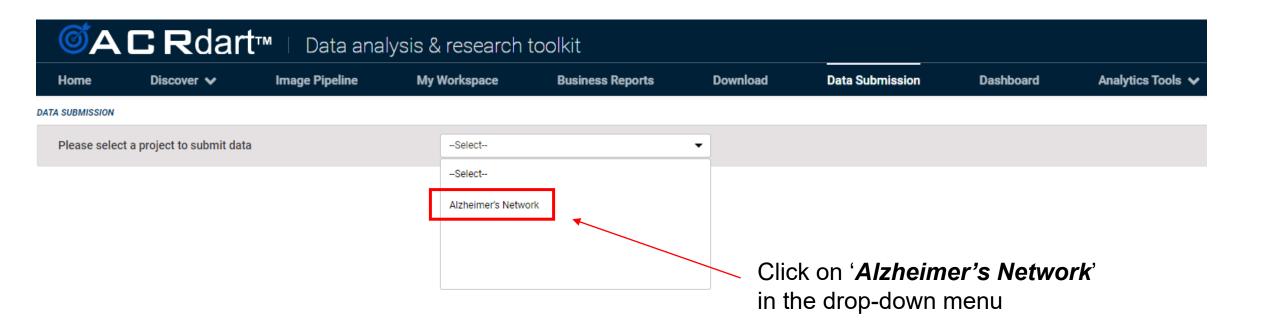
Don't have an account?

Welcome! We're glad you're here. Register below to access more from ACR.

Create an account

The ACR Operations Team will accept or reject your user access.

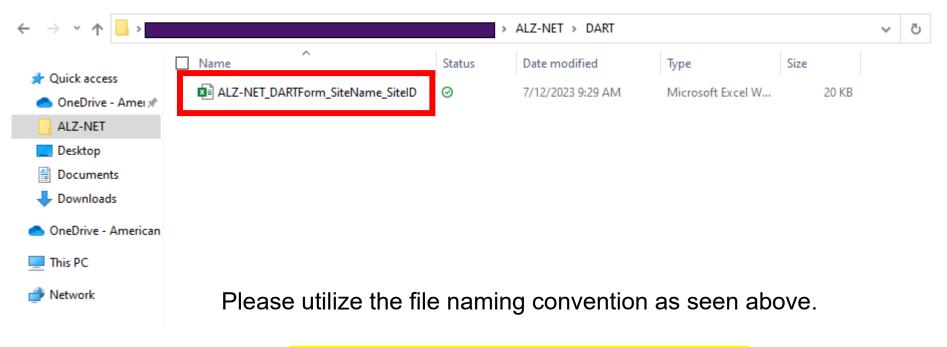






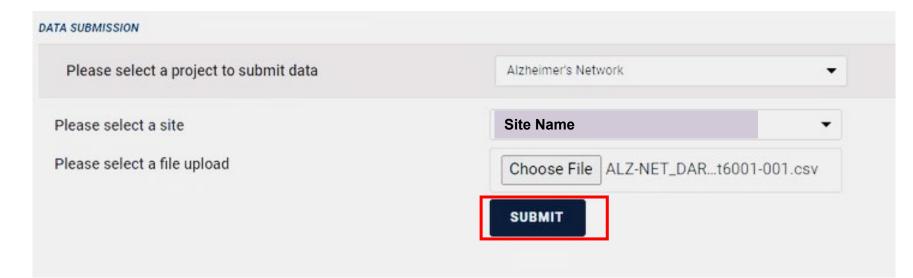
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Home	Discover 🗸	Image Pipeline	My Workspace	Business Reports	Download	Data Submission
DATA SUBMISSION						
Please selec	ct a project to submit data		Alzheimer's Network	•		
Please select Please select			- Select Choose File No file ch	•		
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Please	and upload th e refer to slide ting requireme	10 for				





'ALZ-NET_DARTForm_SiteName_SiteID'





Once the Site Name is selected and the file is uploaded, click 'Submit'.

Please note: The file is required to be submitted as a CSV.

If it is *not* a CSV, click File > Save As > under file name, click Excel Workbook (*.xls) and change it to CSV (Comma delimited) (*.csv) > SAVE



DATA SUBMISSION

Please select a project to submit data	Alzheimer's Network -
Please select a site	- Select 💌
Please select a file upload	Choose File No file chosen
	SUBMIT

Uploaded Files

UserName ≑	File Name ≑	File Upload Date 🗢	Site Name ≑	Project Name ≑
	ALZ-NET_DARTForm_Upload.csv	4/13/2023 2:09:41 PM		Alzheimer's Network
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Once the file is successfully submitted, it will appear under 'Uploaded Files'.



Formatting Requirements



Site Number	ALZ-NET Case ID	First Name	Middle Name	Last Name	DOB	Address	Address Line 2	City	State	Zip Code	Phone Number

Email address	Social Security Number	Specify Insurance Status	If Medicare Advantage:	Medicare Advantage: If Commercial Plan: Primary Insurance ID Number Insurance Grou		Insurance Group ID Number

All fields are **required** to be filled out for each registered patient. Please note that using ALZ-NET's template is required. The template can be found on the <u>ALZ-NET website</u>.



Formatting Requirements

6	ALZHEIMER'S NETWORK		
	NETWORK		

INSTRUCTIONS

This information is to be provided after a patient is registered in CTMS. CTMS will provide the unique ALZ-NET ID for each patient. Please fill out all columns with the appropriate information for each registered patient.

If there is no information available for a certain column or if you have questions, please contact the ALZ-NET Operations Team at alz-net@acr.org

If the patient has a Commercial Plan, please specify which plan in Column Q Anthem, Inc. Blue Cross Blue Shield CIGNA Health Plans, Inc. CVS Health (Aetna) Department of Defense - TRICARE Health Care Service Corporation Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc.		
Uninsured Insured, Medicare Fee for Service Insured, Medicare Advantage Insured, Medicaid Insured, Commercial Plan Other, Specify: If the patient has Medicare Advantage, please specify in Column P Anthem, Inc. Blue Cross Blue Shield CIGNA Health Plans, Inc. CVS Health (Aetna) Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc. WellCare Corporation Other Medicare Advantage, specify: If the patient has a Commercial Plan, please specify which plan in Column Q Anthem, Inc. Blue Cross Blue Shield CIGNA Health Plans, Inc. CVS Health (Aetna) Department of Defense - TRICARE Health Care Service Corporation Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc.	Instructions on p	roviding insurance information
Insured, Medicare Fee for Service Insured, Medicare Advantage Insured, Medicaid Insured, Commercial Plan Other, Specify: If the patient has Medicare Advantage, please specify in Column P Anthem, Inc. Blue Cross Blue Shield CIGNA Health Plans, Inc. CVS Health (Aetna) Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc. WellCare Corporation Other Medicare Advantage, specify: If the patient has a Commercial Plan, please specify which plan in Column Q Anthem, Inc. Blue Cross Blue Shield CIGNA Health Plans, Inc. CVS Health (Aetna) Department of Defense - TRICARE Health Care Service Corporation Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc.	Please specify Insura	ance status in Column O from the following:
Insured, Medicare Advantage Insured, Medicaid Insured, Medicaid Insured, Commercial Plan Other, Specify: If the patient has Medicare Advantage, please specify in Column P Anthem, Inc. Blue Cross Blue Shield CIGNA Health Plans, Inc. CVS Health (Aetna) Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc. WellCare Corporation Other Medicare Advantage, specify: If the patient has a Commercial Plan, please specify which plan in Column Q Anthem, Inc. Blue Cross Blue Shield CIGNA Health Plans, Inc. UnitedHealth Plans, Inc. Kaiser Foundation Health Plans, Inc. Kaiser Foundation Health Plans, Inc. US Health (Aetna) Department of Defense - TRICARE Health Care Service Corporation Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc.		Uninsured
Insured, Medicaid Insured, Commercial Plan Other, Specify: If the patient has Medicare Advantage, please specify in Column P Anthem, Inc. Blue Cross Blue Shield CIGNA Health Plans, Inc. CVS Health (Aetna) Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc. WellCare Corporation Other Medicare Advantage, specify: If the patient has a Commercial Plan, please specify which plan in Column Q Anthem, Inc. Blue Cross Blue Shield CIGNA Health Plans, Inc. CVS Health (Aetna) Department of Defense - TRICARE Health Care Service Corporation Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc.		Insured, Medicare Fee for Service
Insured, Commercial Plan Other, Specify: If the patient has Medicare Advantage, please specify in Column P Anthem, Inc. Blue Cross Blue Shield CIGNA Health Plans, Inc. CVS Health (Aetna) Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc. WellCare Corporation Other Medicare Advantage, specify: If the patient has a Commercial Plan, please specify which plan in Column Q Anthem, Inc. Blue Cross Blue Shield CIGNA Health Plans, Inc. CVS Health (Aetna) Department of Defense - TRICARE Health Care Service Corporation Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc.		Insured, Medicare Advantage
Other, Specify: If the patient has Medicare Advantage, please specify in Column P Anthem, Inc. Blue Cross Blue Shield CIGNA Health Plans, Inc. CVS Health (Aetna) Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc. WellCare Corporation Other Medicare Advantage, specify: WellCare Advantage, specify: If the patient has a Commercial Plan, please specify which plan in Column Q Anthem, Inc. Blue Cross Blue Shield CIGNA Health Plans, Inc. CVS Health (Aetna) Department of Defense - TRICARE Health Care Service Corporation Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc.		Insured, Medicaid
If the patient has Medicare Advantage, please specify in Column P Anthem, Inc. Blue Cross Blue Shield CIGNA Health Plans, Inc. CVS Health (Aetna) Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc. WellCare Corporation Other Medicare Advantage, specify: If the patient has a Commercial Plan, please specify which plan in Column Q Anthem, Inc. Blue Cross Blue Shield CIGNA Health Plans, Inc. CVS Health (Aetna) Department of Defense - TRICARE Health Care Service Corporation Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc.		Insured, Commercial Plan
Anthem, Inc. Blue Cross Blue Shield CIGNA Health Plans, Inc. CVS Health (Aetna) Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc. WellCare Corporation Other Medicare Advantage, specify: If the patient has a Commercial Plan, please specify which plan in Column Q Anthem, Inc. Blue Cross Blue Shield CIGNA Health Plans, Inc. CVS Health (Aetna) Department of Defense - TRICARE Health Care Service Corporation Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc.		Other, Specify:
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Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc. WellCare Corporation Other Medicare Advantage, specify:		CIGNA Health Plans, Inc.
Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc. WellCare Corporation Other Medicare Advantage, specify: If the patient has a Commercial Plan, please specify which plan in Column Q Anthem, Inc. Blue Cross Blue Shield CIGNA Health Plans, Inc. CVS Health (Aetna) Department of Defense - TRICARE Health Care Service Corporation Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc.		CVS Health (Aetna)
UnitedHealth Group Inc. WellCare Corporation Other Medicare Advantage, specify: If the patient has a Commercial Plan, please specify which plan in Column Q Anthem, Inc. Blue Cross Blue Shield CIGNA Health Plans, Inc. CVS Health (Aetna) Department of Defense - TRICARE Health Care Service Corporation Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc.		Humana, Inc.
WellCare Corporation Other Medicare Advantage, specify: If the patient has a Commercial Plan, please specify which plan in Column Q Anthem, Inc. Blue Cross Blue Shield CIGNA Health Plans, Inc. CVS Health Plans, Inc. CVS Health (Aetna) Department of Defense - TRICARE Health Care Service Corporation Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc.		Kaiser Foundation Health Plans, Inc.
Other Medicare Advantage, specify: If the patient has a Commercial Plan, please specify which plan in Column Q Anthem, Inc. Blue Cross Blue Shield CIGNA Health Plans, Inc. CVS Health (Aetna) Department of Defense - TRICARE Health Care Service Corporation Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc.		UnitedHealth Group Inc.
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Blue Cross Blue Shield CIGNA Health Plans, Inc. CVS Health (Aetna) Department of Defense - TRICARE Health Care Service Corporation Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc.	If the patient has a (Commercial Plan, please specify which plan in Column Q
CIGNA Health Plans, Inc. CVS Health (Aetna) Department of Defense - TRICARE Health Care Service Corporation Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc.		Anthem, Inc.
CVS Health (Aetna) Department of Defense - TRICARE Health Care Service Corporation Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc.		Blue Cross Blue Shield
Department of Defense - TRICARE Health Care Service Corporation Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc.		CIGNA Health Plans, Inc.
Health Care Service Corporation Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc.		CVS Health (Aetna)
Humana, Inc. Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc.		Department of Defense - TRICARE
Kaiser Foundation Health Plans, Inc. UnitedHealth Group Inc.		Health Care Service Corporation
UnitedHealth Group Inc.		Humana, Inc.
UnitedHealth Group Inc.		Kaiser Foundation Health Plans, Inc.
Other Commercial Plan specify		
other commercial Flan, specify.		Other Commercial Plan, specify:

Instructions on how to fill out the DART form are on Sheet 1 of the provided Excel document





ALZ-NET Operations Team

alz-net@acr.org

(215) 574-3181