




HEDIS[®] Lunch & Learn – Cardiovascular Health

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**Controlling High Blood
Pressure
(CBP)**
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Controlling High Blood Pressure (CBP)

Who is in the measure (denominator)?

- Members 18-85 years of age as of 12/31 of the measurement year with a diagnosis of hypertension

What makes the member compliant?

- **Adequately Controlled Blood Pressure <140/<90**
 - MUST be the last blood pressure of the measurement year
 - **BOTH** systolic **and** diastolic MUST be lower than these thresholds (not equal to!)
 - For example, a BP of 138/92 or 145/88 are NOT compliant, because BOTH systolic and diastolic must be below thresholds.
 - **Member-reported blood pressures can meet compliance.**
 - This can be recorded as part of a telehealth visit, or member-reported during an in-person office visit.
 - The member-reported blood pressure must be documented as part of the member's medical record!
 - The member-reported blood pressure must also be recorded as exact readings (NOT as averages or ranges such as 130s/80s or 120-30/70-80)

**Chart
Review
measure
(for now!)**

Controlling High Blood Pressure (CBP)

Coding – CRITICAL to compliance!

There are CPT II codes that are acceptable to meet measure compliance administratively. Utilization of these codes in practice has significantly increased over the past year, but lots of room for further improvement!

Please bill these CPT II codes as applicable:

Systolic Blood Pressure

- **3074F** – Most recent Systolic BP less than 130 mm Hg
- **3075F** – Most recent Systolic BP 130-139 mm Hg
- **3077F** – Most recent Systolic BP greater than or equal to 140 mm Hg

Diastolic Blood Pressure

- **3078F** – Most recent Diastolic BP less than 80 mm Hg
- **3079F** – Most recent Diastolic BP 80-89 mm Hg
- **3080F** – Most recent Diastolic BP greater than or equal to 90 mm Hg

When utilized, this step can potentially reduce the volume of medical record requests during HEDIS medical record review season!





**Statin Therapy for Patients
with Cardiovascular Disease
(SPC)**



Statin Therapy for Patients with Cardiovascular Disease (SPC)

Who is in the measure (denominator)?

- Males aged 21-75 as of 12/31; Females aged 40-75 as of 12/31
- Identified as having clinical atherosclerotic cardiovascular disease (ASCVD)
 - Event or diagnosis based using at least one of the following:
 - MI, CABG, PCI or other revascularization in the prior year.
 - Diagnosed with Ischemic Vascular Disease during at least one outpatient/inpatient visit in MY AND also one outpatient/inpatient visit in PY (*outpatient can be telehealth*)

Admin
Methodology


NO chart
review

What makes the member compliant (numerator)?

1. **Received Statin Therapy:** Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.
2. **Statin Adherence 80%:** Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.


Received Statin
Therapy

+


Remained on Statin at
least 80%

=


Compliance



Medication Criteria

High-intensity statin therapy: Atorvastatin 40- 80mg, Amlodipine-atorvastatin 40-80mg, Rosuvastatin 20-40mg, Simvastatin 80mg, Ezetimibe-simvastatin 80mg

Moderate-intensity statin therapy: Atorvastatin 10 -20mg, Amlodipine-atorvastatin 10-20mg, Rosuvastatin 5-10mg, Simvastatin 20-40mg, Ezetimibe-Simvastatin 20-40mg, Pravastatin 40- 80mg, Lovastatin 40mg, Fluvastatin 40-80mg, Pitavastatin 2-4mg

Exclusions

- **Any of the following in the measurement year or year prior to the measurement year:**
 - Pregnancy
 - In Vitro Fertilization
 - Rx for estrogen agonists
 - Diagnosis of ESRD and/or dialysis
 - Diagnosis of Cirrhosis
- **Diagnosis of any of the following in the measurement year:**
 - Myalgia, Myositis, Myopathy, or Rhabdomyolysis
 - Hospice, utilizing hospice services, receiving palliative care
- **Member passed away in measurement year**





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Cardiac Rehabilitation (CRE)

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Cardiac Rehabilitation (CRE)

Who is in the measure (denominator)? 18 years & older

Event based: Qualifying Cardiac Event – any of the following between July 1 of the year prior to the measurement year and June 30 of the measurement year:

- Myocardial infarction
 - Percutaneous coronary intervention
 - Coronary artery bypass grafting
 - Heart and heart/lung transplantation
 - Heart valve repair/replacement
- Ages 18 and older as of the Episode Date

What makes the member compliant (numerator)?

The percentage of members 18 years and older who attended cardiac rehabilitation following a cardiac event. Four rates are reported:

- 1. Initiation** – members attended 2 or more sessions within 30 days after event
- 2. Engagement 1** - members attended 12 or more sessions within 90 days after event
- 3. Engagement 2** – members attended 24 or more sessions within 180 days after event
- 4. Achievement** - members attended 36 or more sessions within 180 days after event

Admin
Methodology

NO chart
review

Cardiac Rehabilitation (CRE)

Coding – CRITICAL to compliance!

CPT: 93797, 93798

HCPCS: G0422, G0423, S9472



Gaps in Care

Challenges

Why Gaps in Care?



CBP

- **BP CPT II codes are still not widely utilized (but getting MUCH better!)**
- **Elevated blood pressures (above 140/90) not always reassessed.**
- **Documentation in chart includes ranges and not the exact blood pressure (i.e., running in the 130s/80s).**
- **Member stress – sometimes the BP is assessed immediately after walking to the exam room, just after being weighed; white coat HTN/anxiety about visit, discomfort due to waiting.**
- **CBP measure requires MOST RECENT BP of MY – end of year and holidays can be stressful.**
- **Lack of lifestyle changes such as diet, exercise & stress reduction to control BP.**



SPC

- **Member experiences side effects from medication and stops taking without consulting a physician.**
- **Member lack of understanding regarding medication**
- **Difficulty getting medication due to barriers with distance, transportation, time off work, potential mental health comorbidities, etc.**
- **Inconsistent medication review and assessment of adherence.**
- **Exclusion dx not in member's claims history**
- **Member non-compliance with follow-up visits**
- **Administrative methodology (no chart review)**

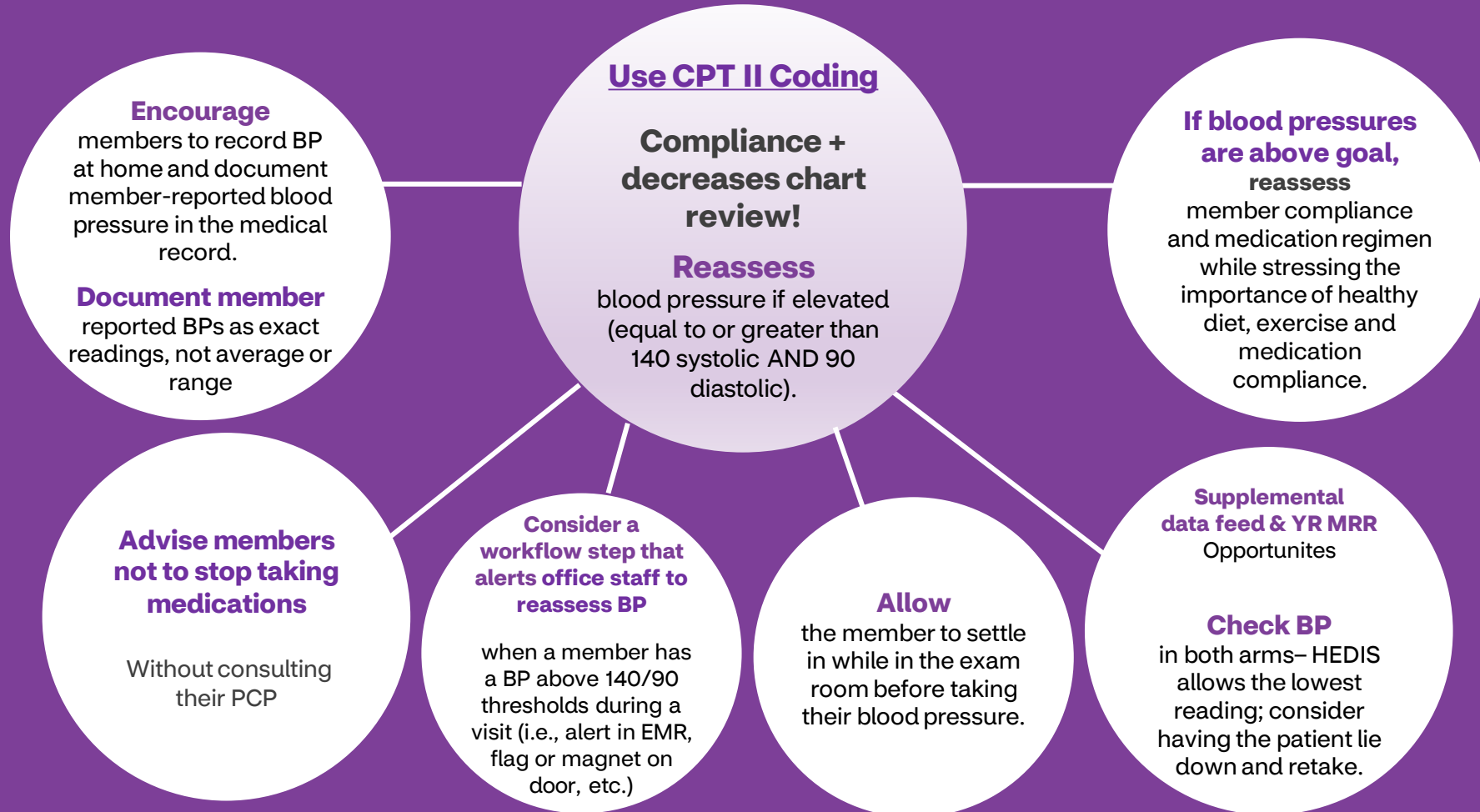


CRE

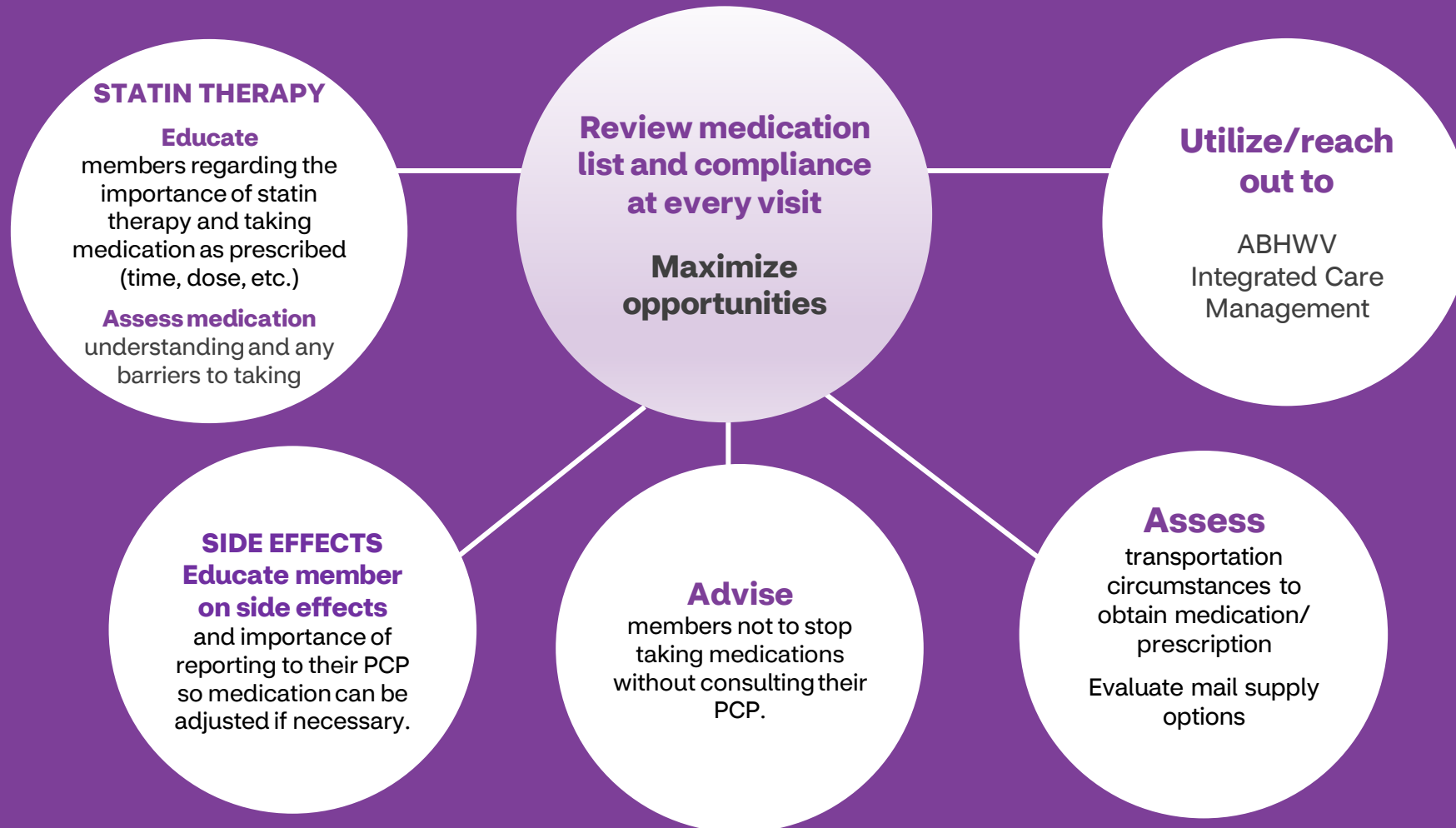
- **Required frequency/duration of cardiac rehab programs.**
- **Delay in referrals from the provider into cardiac rehab.**
- **Member lack of understanding of the importance/intent of cardiac rehab, resulting in noncompliance.**
- **Barriers due to distance, transportation, time off work**
- **Potential mental health comorbidities, lack of family support**
- **No change in lifestyle such as smoking, diet, etc.**
- **Administrative methodology (no chart review)**

Take-aways

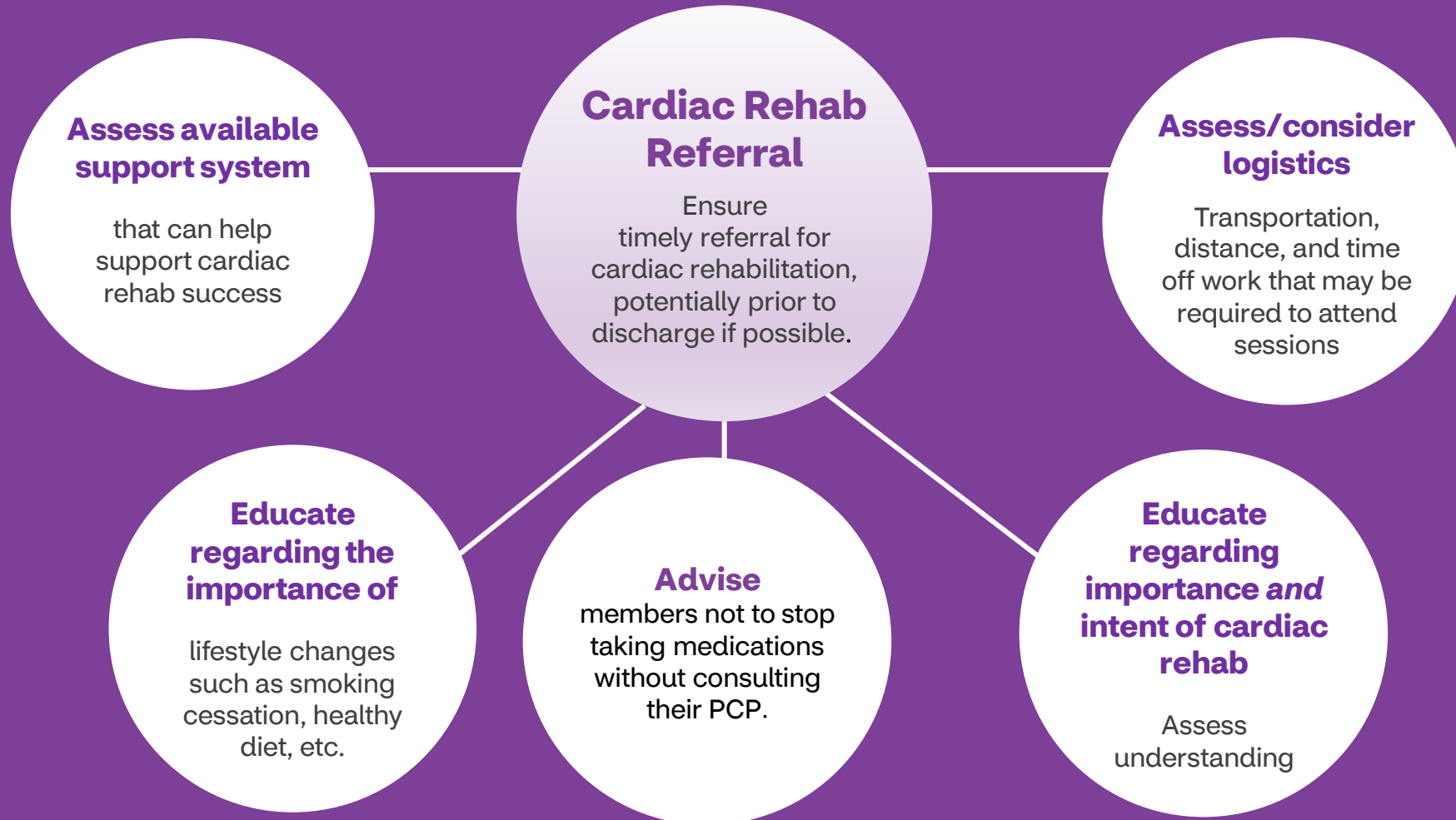
Take-Away Actions - CBP



Take-Away Actions – SPC



Take-Away Actions – CRE



ABHWV website - Provider HEDIS Section

There is a HEDIS tab within the Provider Tab on the ABHWV website. The following are now available:

1. **What is HEDIS?** – a short description of HEDIS
2. **HEDIS News You Can Use** –emailed to providers each month and will be available on the website, including current and prior months
3. **HEDIS Toolkit For Provider Offices** – comprehensive document of all HEDIS measures, including a coding/billing section. This is updated annually or sooner as needed.
4. **HEDIS Lunch and Learn Webinars For Providers** – monthly webinars such as the one today. Links for past webinars and invite information for the next upcoming Lunch and Learn will be here.

<https://www.aetnabetterhealth.com/westvirginia/providers/hedis.html>

Closing Thoughts and Resources

Members trust you!

Patients consider you their most trusted source of medical information.

Your guidance and encouragement is critical in their cardiovascular care.

Allow time for discussion and questions. Hearing your answers can help patients feel more confident and comfortable.

ABHWP Quality Partnerships

**Melani McNinch, Senior Mgr,
ABHWP Quality HEDIS Manager**

- ABHWP@etna.com

**Sherry Griffith, ABHWP Quality
HEDIS Project Manager**

ABHWP@etna.com

**EMR data file transfer and YR
MRR options**

Tosha Morris

ABHWP@etna.com

304-348-2003

Wellness Event Partnering

David Roberts

ABHWP@etna.com

304-539-9046

Other Resources

**ABHWP Integrated Care
Management Referral**

- Fax 844-330-1001
- Call 1-888-348-2922

CDC

https://www.cdc.gov/heartdisease/cardiac_rehabilitation.htm

American Heart Association

<https://www.heart.org/en/health-topics/cardiac-rehab>

Questions?

**Thank you
for making a
difference!**

