

HEDIS® News You Can Use

Aetna Better Health® of West Virginia

April 2025



Let's Improve Heart Health Together!

New For 2025

Blood Pressure Control for Patients with Hypertension (BPC-E)

i Measure Requirements:

The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) during the measurement period who meet either of the following.

1. At least two outpatient visits, telephone visits, e-visits or virtual check-ins on different dates of service with a diagnosis of hypertension on or between January 1st of the year prior to the measurement period and June 30th of the measurement year.
2. At least one outpatient visit, telephone visit, e-visit or virtual check-in with a diagnosis of hypertension AND at least one dispensed antihypertensive medication on or between January 1st of the year prior to the measurement year and June 30th of the measurement year

AND

- Blood Pressure is **<140 systolic and <90 diastolic**.
- Must be the most recent BP during the measurement period, on or after the date of the second hypertension event.

Note: Electronic Clinical Data Systems (ECDS) methodology – NO hybrid/chart review

i Coding Information:

Please bill these CPT II codes as applicable:

Systolic Blood Pressure

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

Diastolic Blood Pressure

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

Statin Therapy for Patients with Cardiovascular Disease (SPC)

i Measure Requirements:

The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:

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.



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,



Controlling High Blood Pressure (CBP)

Measure Requirements:

Members 18-85 years of age in the measurement year with a diagnosis of hypertension whose blood pressure is adequately controlled. The HEDIS® requirement is to review the last blood pressure reading in the measurement year.

- Members 18-85 years of age whose Blood Pressure is **<140 systolic and <90 diastolic**.
- There are CPT II codes that are acceptable to meet measure compliance administratively. **When utilized, this step can potentially reduce the volume of medical record requests and on-site visits to the provider office during HEDIS season.**

Remember: Member reported blood pressures as part of a telehealth visit meet compliance. Ensure you document member-reported blood pressure readings as distinct systolic and diastolic values.

Coding Information:

Please bill these CPT II codes as applicable:

Systolic Blood Pressure

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

Diastolic Blood Pressure

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

Common Reasons for Gaps in Care:

Controlling High Blood Pressure

- Elevated blood pressures not reassessed and documented at the same visit.
- Documentation in chart includes ranges and not the exact blood pressure (i.e., running in the 130s/80s).
- Incorrect BP cuff size used for patient's arm size.
- Often times the BP is taken first thing after walking to the exam room or just after being weighed, and member is stressed.

Statin Therapy

- Side effects from medication.
- Stopping medications without consulting physician.
- Patient has lack of understanding of their medication regimen.
- Difficulty getting medications due to transportation barriers, time off work, potential mental health comorbidities, etc.
- Inconsistent medication review and assessment of adherence.

Blood Pressure Monitoring Initiative:

Aetna Better Health of West Virginia offers a Blood Pressure Monitoring Initiative. Members diagnosed with hypertension and/or preeclampsia are eligible to receive a digital blood pressure monitor to help track their condition between office visits. For additional details or inquiries, please contact Alana Hoover at ABHVVHEDIS@aetna.com.



Best Practices

- Recheck elevated blood pressures (equal to or greater than 140/90) during same office visit and document new readings.
- Encourage members to record blood pressure at home and document member reported blood pressure in the record.
- Ensure the BP cuff is the correct size for the patient's arm.
- Allow the patient to settle in while in the exam room before taking their blood pressure.
- Check BP in both arms– HEDIS allows the lowest reading; consider having the patient lie down and retake.
- If blood pressures are above goal, reassess member compliance and medication regimen while stressing the importance of healthy diet, exercise and medication compliance.
- Reconcile medications at every visit.
- Educate members regarding the importance of statin therapy for patients with cardiovascular disease and taking medication as prescribed (time, dose, etc.)
- Educate members on the potential side effects and importance of reporting of any side effects to their PCP so medication can be adjusted if necessary.
- Advise members not to stop taking medications without consulting their PCP.