

# HEDIS® News You Can Use

Aetna Better Health® of West Virginia

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**Let's Improve Cardiovascular Health Together!**

## Controlling High Blood Pressure (CBP)

### **i 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 now meet compliance.

**\*\*Documented blood pressures must be an exact reading, NOT ranges (i.e., 130s over 80s or 130-150/80-90)**



### **Coding Information:**

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

## 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, Pitavastatin 2-4mg

## Cardiac Rehabilitation (CRE)

### Measure Requirements:

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



### Coding Information:

**CPT:** 93797, 93798

**HCPCS:** G0422, G0423, S9472



### Common Reasons for Gaps in Care:

#### Controlling High Blood pressure

- Elevated blood pressures not reassessed and documented.
- 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 immediately after walking to the exam room or just after being weighed, and member is stressed.

#### Statin Therapy

- Member experiences side effects from medication and stops taking without consulting a physician.
- Patient has lack of understanding of their medication regimen.
- Difficulty getting their medications due to barriers with distance, transportation, time off work, potential mental health comorbidities, etc.
- Inconsistent medication review and assessment of adherence.

#### Cardiac Rehabilitation

- Required frequency and duration of cardiac rehab programs.
- Lack of understanding of the importance/intent of cardiac rehab.
- Logistic barriers due to distance, transportation, time off work, potential mental health comorbidities, lack of family support, no change in lifestyle such as smoking, change in diet, etc.
- Delay in referrals from the provider into cardiac rehab.



### Patients trust you:

Patients consider you their most trusted source of information when it comes to their health. When talking to patients, encourage and allow time for questions.



### Here for you!

**Thank you for the care you provide to our members!**

For questions or for more information, please contact **Sherry Griffith** at [ABHWVHEDIS@aetna.com](mailto:ABHWVHEDIS@aetna.com).



## Best Practices

- Recheck blood pressure if elevated (equal to or greater than 140/90).
- 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 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.
- Ensure timely referral for cardiac rehabilitation.
- Assess member's family support system, transportation circumstances, distance to cardiac rehabilitation and time off work that may be required to attend.