HEDIS measure description

The percentage of members 18–85 years of age and older who had a diagnosis of hypertension (HTN) and who adequately controlled their blood pressure (BP) during the measurement year. Please see below for criteria to be met to be considered adequately controlled.

- HTN diagnosis must be captured twice during the measurement year 2019 or the prior year, 2018.
- Diagnosis is captured administratively and no longer requires chart confirmation.
- The controlled BP reading must occur on or after the date of the second diagnosis of HTN.

Definitions

**Adequate control:** Adequate control is defined as meeting any of the following criteria:

- 18–85 years of age whose BP was <140/90 mm Hg. *Both the systolic and diastolic must be below the above readings to be considered “controlled.”*
- Highest compliant blood pressure 139/89 mm Hg.

**Representative BP:** The most recent BP reading during the measurement year on or after the second diagnosis of hypertension. If multiple BP measurements occur on the same date or noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. If there’s no recorded BP during the measurement year, we’ll identify the member as “not controlled.”

*Please note:* The following BP readings cannot be used as the representative BP:

- Taken during an acute inpatient stay or ED visit.
- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure.
  - Examples: Colonoscopy, dialysis, nebulizer treatments
  - A patient forgetting to take regular medications on the day of the procedure is not considered a required change in medication
  - BPs taken on the same day as injections, vaccinations, TB test, IUD insertion, eye exam with dilating agents, wart or mole removals, or fasting blood tests are eligible BPs
- Reported by or taken by the member.

**Representative BPs should occur during outpatient visits with the regular treating physician.**

Eligible population

**Ages:** 18–85 years as of December 31 of the measurement year.
Provider incentive

Aetna Better Health® of Pennsylvania wishes to reward providers in our network for providing comprehensive quality care to our members with a diagnosis of hypertension in 2019 as evidenced by a controlled BP <140/90 mm Hg.

- **Panel Requirement:** Minimum of 50 members
- **Incentives:** Providers will receive a $25 payment once per year per member diagnosed with hypertension whose last recorded BP reading in 2019 is below 140/90 mm Hg. Care must be captured on claims.

*Note: Payments to be made after completion of calendar year 2019.

*Note:* Payments are based on funding from the state and may stop at any time.

Strategies for improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Outreach patients to schedule follow-up appointments and diagnostic tests.
- Coordinate care with specialists such as endocrinologists, nephrologists and cardiologists.
- Stress the importance of medication adherence and their effect on blood pressure readings.
- Counsel on healthy lifestyle changes such as improved diet and increased exercise and their effect on blood pressure control. Examples might include low sodium diet and decreased carbs, 150 minutes of physical activity a week.

Numerator codes

There is a large list of approved NCQA codes used to identify the services included in the CBP measure.

**The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [www.ncqa.org](http://www.ncqa.org).**

<table>
<thead>
<tr>
<th>Identifying Patients with Hypertension</th>
<th>ICD-10</th>
<th>Essential primary hypertension</th>
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<tbody>
<tr>
<td>Identifying Representative Blood Pressure</td>
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<tr>
<td></td>
<td>CPT</td>
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<td></td>
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<tr>
<td>Identifying Location of BP Reading</td>
<td>CPT</td>
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<tr>
<td></td>
<td>CPT 99201-99205; 99211-99215</td>
<td>Outpatient Visit</td>
</tr>
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