

Measure definition

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (systolic/diastolic <140/90 mm Hg) during the measurement year

Plans(s)	Quality Program(s)	Collection and Reporting
Marketplace Medicaid Medicare	CMS Quality Rating System CMS Star Ratings NCQA Accreditation NCQA Health Plan Ratings	Administrative and Hybrid: Claim/Encounter Data and Medical Record Review

Best practices for quality care

- Document BP readings at every visit using an appropriately sized BP cuff.
- Ensure that the member’s feet are flat on the floor during the reading; crossing legs can raise the systolic pressure by 2–8 mm Hg.
- Ensure the elbow is at heart level. If the members arm is hanging below heart level and unsupported, it can elevate the measured blood pressure by 10–12 mm Hg.
- Encourage members to use a digital device to track their BP at home and report their readings during every visit. Provide resource such as AMA Self-measured blood pressure (SMBP) or tracking log.
- Educate members about the risks of uncontrolled blood pressure.
- Reinforce medication adherence and encourage 90 days fills when appropriate.

Quality score improvement tips

- Take it twice. If the member’s initial BP is elevated (140/90 mmHg or greater), retake and document the BP after they’ve had time to rest. If remains elevated, ensure member follows up for BP check.
- Since the last BP in the year is used for measure compliance, have member follow up for elevated BPs prior to the end of the year or follow the Guidelines for Member Reported BP readings if an outpatient visit is not possible.
- If office uses manual blood pressure cuffs, do not round up the BP reading.
- BP readings taken during an Urgent Care visit is acceptable.
- Include blood pressure CPT II codes to increase compliance administratively and potentially decrease chart review.
- Guidelines for Member Reported BP Readings documented in the medical record:
 - Must indicate date BP was taken
 - May obtain BP during telephone visits, e-visits or virtual check-ins. Have members take BP prior to visit to report during visit.
 - My Chart communications with BPs reported must indicate date taken
 - A distinct numeric result for both systolic and diastolic must be documented in medical record.

- Do not include BP’s taken on the same day as a diagnostic test or procedure that requires a medication or diet change (i.e. fasting). Some examples are colonoscopy, dialysis and chemotherapy infusions. Fasting blood tests are an exception.

Exclusions

- Members who used hospice services or elected to use a hospice benefit anytime during the measurement year.
- Members who died any time during the measurement year.
- Members who received palliative care or had an encounter for palliative care any time during the measurement year.
- Members with a diagnosis that indicates end-stage renal disease (ESRD) or a procedure that indicates ESRD (dialysis, nephrectomy or kidney transplant) anytime during the member’s history on or prior to December 31 of the measurement year.
- Members with a diagnosis of pregnancy anytime during the measurement year.
- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
 - Enrolled in an institutional SNP (I-SNP) any time during the measurement year.
 - Living long term in an institution any time during the measurement year.
- Members 66-80 years of age as of December 31 of the measurement year (all product lines), with frailty and advance illness. Members must meet both frailty and advance illness criteria to be excluded:
 - Frailty – At least two indications of frailty with different dates of service any time during the measurement year.
 - Advanced illness – Must have one of the following during the measurement year or the year prior:
 - Advanced illness on at least two different dates of service.
 - Dispensed dementia medication (Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine).
- Members 81 years of age and older as of December 31 of the measurement year (all product lines) with at least two indications of frailty with different dates of service during the measurement year.

Numerator codes

There is a large list of approved NCQA codes used to identify services included in this measure. The following are the approved codes. For more information, please refer to the American Academy of Professional Coders (AAPC). CPT II codes can be accepted as supplemental data, reducing the need for chart collection and review during the HEDIS hybrid season.

CODES		DESCRIPTIONS
CPT II	3074F	Systolic less than 130 mm Hg
CPT II	3075F	Systolic 130 - 139 mm Hg
CPT II	3077F	Systolic greater than or equal to 140 mm Hg
CPT II	3078F	Diastolic less than 80 mm Hg

CPT II	3079F	Diastolic 80-89 mm Hg
CPT II	3080F	Diastolic greater than or equal to 90 mm Hg
ICD 10	I10	Essential Primary Hypertension

How WellSense can help

HEDIS tip sheets are designed to help WellSense providers improve and report the quality of care delivered to WellSense members across key metrics.

If you have questions around HEDIS documentation and quality measures, please email the Quality Team at WS_Quality_Dept@wellsense.org.