



Guidance on Calculating the Controlling High Blood Pressure (CBP) Measure in the Adult and Health Home Core Sets

Introduction

Improving outcomes for Medicaid beneficiaries with high blood pressure is a priority for the Center for Medicaid and CHIP Services (CMCS). High blood pressure, or hypertension, increases the risk of heart disease and stroke, which are the leading causes of death in the United States.¹ Controlling high blood pressure is an important step in preventing heart attacks, strokes, and kidney disease and in reducing the risk of developing other serious conditions.² The Controlling High Blood Pressure (CBP) measure, which is included in the Adult and Health Home Core Sets, assesses the percentage of Medicaid beneficiaries who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year.

The measure steward, the National Committee for Quality Assurance (NCQA), updated the measure specifications for Healthcare Effectiveness Data and Information Set (HEDIS) 2019 and the 2019 Core Sets. As a result of these updates, the CBP measure specifications include an option for calculating the CBP measure using administrative data. To support states with reporting the CBP measure in the Core Sets, this fact sheet provides an overview of this change, as well as other important changes to the CBP measure specifications.

Addition of Administrative Specifications

Previously, calculation of the CBP measure required a review of medical records or access to an electronic health record (EHR) to identify a beneficiary's blood pressure measurement. NCQA revised the CBP measure specifications to include the use of administrative data in

lieu of medical records or EHR data. States considering the use of administrative data to calculate the CBP measure should assess providers' use of the CPT II codes required to determine blood pressure control by sampling beneficiaries who qualify for the denominator. If documentation rates are low, states should continue using the hybrid method or EHR data to calculate the measure.

Overview of the CBP Measure for Adult and Health Home Core Set Reporting

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|-----------------|---|
| Description | Percentage of beneficiaries ages 18 to 85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/<90 mm HG) during the measurement year |
| Numerator | Beneficiaries (ages 18 to 85) with hypertension whose most recent blood pressure reading is < 140/90 mm HG |
| Denominator | Beneficiaries (ages 18 to 85) with hypertension |
| Data source | Administrative, Hybrid, or Electronic Health Record (EHR) |
| Measure steward | National Committee for Quality Assurance (NCQA) |

Changes to the Numerator

- Removed the requirement to identify and use different thresholds for beneficiaries ages 60 to 85 who do not have a diagnosis of diabetes. Previously, beneficiaries ages 60 to 85 who did not have a diagnosis of diabetes were considered numerator compliant if their blood pressure was lower than 150/90 mm HG. In the current

¹ Centers for Disease Control and Prevention. "About High Blood Pressure." 2018. Available at <http://www.cdc.gov/bloodpressure/about.htm>. Accessed September 25, 2019.

² James, P.A., S. Oparil, B.L. Carter, W.C.ushman, C. Dennison-Himmelfarb, J. Handler, et al. "2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report from the Panel Members Appointment to the Eighth Joint National Committee (JNC 8)." *JAMA*, vol. 311, no. 5, 2014, pp. 507–520.

measure specifications, all beneficiaries, regardless of age or diabetes status, are assessed against the 140/90 mm HG threshold for adequate control.

- Revised the definition of representative blood pressure to indicate that the blood pressure reading must occur on or after the second diagnosis of hypertension. Previously, the definition of representative blood pressure included readings taken at any time during the measurement year after hypertension diagnosis.
- Added blood pressure readings taken from remote patient-monitoring devices that are digitally stored and transmitted to the provider for numerator compliance.

Changes to the Denominator

- Revised the event/diagnosis criteria to include beneficiaries who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year. Previously, the measure specifications required a qualifying diagnosis in the first six months of the measurement year along with confirmation of the diagnosis through review of documentation in the medical record.
- Incorporated telehealth into the measure specifications. Previously, diagnosis of hypertension was required to occur in person, rather than by telephone or online consultation, for inclusion in the eligible population. Currently, one of the two visits may be a telephone visit, an online assessment, or an outpatient telehealth visit.
- Added exclusions for beneficiaries with advanced illness and frailty. This change is consistent with revisions made to other HEDIS measures in the Adult and Health Home Core Sets starting with FFY 2019.

Technical Assistance Resources for Calculating the CBP Measure

Several resources are available to help states calculate the CBP measure for Adult and Health Home Core Set reporting:

- The technical specifications for the CBP measure are in the Adult and Health Home Core Set Resource Manuals.
- The Core Set Measurement Period Tables include the date ranges that should be used for the denominators and numerators for the CBP measure.

- The Core Set Data Quality Checklists contain additional guidance to help states improve the completeness, accuracy, consistency, and documentation of the data reported.

Adult Core Set resources are available at:

<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set-reporting-resources/index.html>.

Health Home Core Set resources are available at:

<https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/quality-reporting/index.html>.

For More Information

For technical assistance related to calculating and reporting the CBP measure, or other Core Set measures, please contact the TA mailbox at MACqualityTA@cms.hhs.gov.