Calculating the Controlling High Blood Pressure (CBP) Measure in the 2021 Adult and Health Home Core Sets

Introduction

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 assesses the percentage of Medicaid beneficiaries who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year, is included in both the Adult and Health Home Core Sets (Table 1). It is also included on the Medicaid and CHIP Scorecard, reflecting Centers for Medicare & Medicaid Services (CMS) priorities around blood pressure control and quality measure alignment across the agency.\(^3\)

Each year, the measure steward, National Committee for Quality Assurance (NCQA), updates the Core Set measure specifications to align with updates to the Healthcare Effectiveness Data and Information Set (HEDIS) measure. For FFY 2021 Core Set reporting, NCQA updated the measure to align with HEDIS measurement year (MY) 2020 specifications, including changes to the denominator timeframe and modifications to reflect care delivery changes resulting from the COVID-19 pandemic. This technical assistance resource provides an overview of changes to the CBP measure specifications for FFY 2021 Adult and Health Home Core Set reporting. It also provides considerations for using administrative data only to calculate the measure.

Table 1. Overview of the CBP Measure for Adult and Health Home Core Set Reporting

<table>
<thead>
<tr>
<th>Measure steward</th>
<th>National Committee for Quality Assurance (NCQA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Percentage of beneficiaries ages 18 to 85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled (&lt;140/&lt;90 mm HG) during the measurement year</td>
</tr>
<tr>
<td>Numerator</td>
<td>Beneficiaries (ages 18 to 85) with hypertension whose most recent blood pressure reading is &lt; 140/90 mm HG</td>
</tr>
<tr>
<td>Denominator</td>
<td>Beneficiaries (ages 18 to 85) with hypertension</td>
</tr>
</tbody>
</table>
| Exclusions      | Required  
|                 | • Beneficiaries receiving hospice services or palliative care  
|                 | Optional   
|                 | • Beneficiaries ages 66 to 80 with frailty and advanced illness  
|                 | • Beneficiaries age 81 and older with frailty  
|                 | • Beneficiaries with a diagnosis of pregnancy during the measurement year, evidence of a nonacute inpatient admission during the measurement year, or evidence of end-stage renal disease (ESRD), dialysis, nephrectomy, or kidney transplant during the beneficiary’s history |
| Data source     | Administrative, Hybrid, or Electronic Health Record (EHR) |

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3 Additional information on the Medicaid and CHIP Scorecard is available at https://www.medicaid.gov/state-overviews/scorecard/controlling-high-blood-pressure/index.html.
Changes to the Numerator

- In the Administrative Specification, added telephone visits, e-visits, and virtual check-ins as appropriate settings for blood pressure readings. Previously, only blood pressure readings taken during an outpatient visit, nonacute inpatient encounter, or remote monitoring event were numerator compliant.

- Updated the Hybrid Specification to indicate that sample size reduction is not allowed for FFY 2021 due to significant revisions to the specifications. Previously, states could reduce the sample size using the current year’s administrative rate or the prior year’s hybrid rate.

- Starting with FFY 2021 reporting, the specifications allow for blood pressure readings taken and reported by the beneficiary using any digital device. The specifications still exclude readings taken by the beneficiary using a non-digital device. Previously, all readings reported by the beneficiary were excluded.

Changes to the Denominator

- Reduced the time frame in the event/diagnosis criteria to look for two outpatient visits with a diagnosis of hypertension in the first six months of the measurement year and the year prior to the measurement year (a 1.5-year period). Previously, the event/diagnosis criteria looked for two outpatient visits with a diagnosis of hypertension during the measurement year or the year prior to the measurement year (a 2-year period).

- Removed the restriction that only one of the two visits with a hypertension diagnosis could be an outpatient telehealth visit, telephone visit, e-visit, or virtual check-in when identifying the event/diagnosis. Now, both visits can be an outpatient telehealth visit, telephone visit, e-visit, or virtual check-in.

- Added palliative care as a required exclusion. This change is consistent with revisions made to other HEDIS measures in the Adult and Health Home Core Sets starting with FFY 2021.

- Added telephone visits, e-visits, and virtual check-ins to the advanced illness exclusion. Previously, visits and encounters with an advanced illness diagnosis were required to occur in person.

Use of Administrative Data to Calculate the CBP Measure

Previously, NCQA revised the specifications for FFY 2020 Core Set reporting to include the use of administrative data in lieu of medical records or EHR data. Some states have reported challenges using administrative data only due to limited use of the CPT II codes required to determine blood pressure control through claims and encounter data. States considering the use of administrative data to calculate the measure should assess the completeness of providers’ use of the CPT II codes required to determine blood pressure control in claims and encounter data. States should validate use of the CPT II codes by sampling beneficiaries who qualify for the denominator and reviewing medical charts to assess the completeness of CPT II codes in claims and encounter data. If documentation rates are low, states should continue using the hybrid method or EHR data to calculate the measure.

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 FFY 2021 technical specifications for the CBP measure are in the Adult and Health Home Core Set Resource Manuals.

- The FFY 2021 Core Set Measurement Period Tables include the date ranges that should be used for the denominators and numerators for the CBP measure.

- The FFY 2021 Child, Adult, and Health Home Core Set Reporting: Data Quality Checklist for States contains additional guidance to help states improve the completeness, accuracy, consistency, and documentation of the data reported.

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For More Information

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