



IMPROVING HEALTH CARE QUALITY

## Controlling High Blood Pressure (CBP)

Blue Cross and Blue Shield of Texas (BCBSTX) collects data from our providers to measure and improve the quality of care our members receive. Controlling high blood pressure (CBP) is one aspect of care we measure in our quality programs.\*

### What We Measure

The CBP measure evaluates the most recent blood pressure reading during the year on or after of the second diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled.

CBP is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure. See the [National Committee for Quality Assurance \(NCQA\) website](#) for more details.

### Why It Matters

High blood pressure increases the risk of heart disease and stroke, the leading causes of death in the United States.<sup>1</sup> Controlling hypertension can reduce this risk as well as the risk of kidney disease, vision loss, peripheral artery disease and sexual dysfunction.<sup>2</sup>

### Eligible Population

Members ages 18 to 85 with a diagnosis of hypertension and whose blood pressure during the measurement year in the outpatient<sup>1</sup> setting is controlled as follows:

- Systolic blood pressure (SBP) < 140 mmHg
- Diastolic blood pressure (DBP) < 90 mmHg

Note: If no blood pressure is recorded or if the reading is incomplete (systolic or diastolic documentation is missing) during the measurement year the member is counted as not controlled.



## Ways to Improve

- Discuss with our members the importance of taking medications as prescribed, smoking cessation, increased physical activity and eating a low-sodium diet.
- Discuss with our members the importance of returning for follow-up visits.
- Reach out to members who cancel or miss appointments and assist them with rescheduling as soon as possible.

## How to Document

CBP data is collected through claims data and chart review. The BP reading must occur on or after the date of the second diagnosis of hypertension.

- Submit claims using correct CPT II codes.
- Document BP in the member's medical record (date and result).
- Do not round BP values up. If using an automated machine, record exact values.
- If multiple BP readings are taken during the visit, record one each in the medical record.
- Document BP readings taken or viewed during all outpatient visits, telephone visits, e-visits or virtual check-ins, non-acute inpatient encounters or remote monitoring events.

For more information, see [NCQA's HEDIS Measures and Technical Resources](#).



## Questions?

Contact your BCBSTX Network Representative.



\* Quality measures evaluate a prior calendar year performance. Measure specifications are from the National Quality Forum (NQF) and/or National Committee for Quality Assurance (NCQA).

\* Measurement Year (MY) 2020 and MY 2021

1 NCQA HEDIS MY 2020 & MY 2021, HEDIS measure for CBP, accessed 7/14/2020; <https://www.ncqa.org/hedis/measures/controlling-high-blood-pressure/>

2 American Heart Association, Health Threats From High Blood Pressure; accessed 7/14/2020; <https://www.heart.org/en/health-topics/high-blood-pressure/health-threats-from-high-blood-pressure>

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