

HEDIS[®] Lunch and Learn

Cardiovascular Health

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Monthly Webinars: 30 minutes, 1 HEDIS topic



MY 2025 HEDIS Measure *NEW*

Blood Pressure Control for Patients with Hypertension (BPC-E)



Blood Pressure Control for Patients with Hypertension (BPC-E)

How does a member get into the measure (denominator)?

- Members 18-85 years of age as of 12/31 of the measurement year, who met *either* of the following:
 - At least two outpatient visits, telephone visits, e-visits or virtual checkins on different dates of service with a diagnosis of hypertension on or between January 1st of the year prior to the measurement period and June 30th of the measurement year
 - 2. At least one outpatient visit, telephone visit, e-visit or virtual check-in with a diagnosis of hypertension **AND** at least one dispensed antihypertensive mediation on or between January 1st of the year prior to the measurement year and June 30th of the measurement year*

What makes the member compliant (numerator)?

- Adequately controlled <140 systolic and <90 diastolic, in the measurement year.
- Systolic AND diastolic MUST be below the thresholds (less than 140 <u>and</u> less than 90) to be considered compliant.
- Must be most recent of measurement year.
- ED or inpatient BPs do not count towards compliance

How does the BPC-E measure differ from Controlling High Blood Pressure (CBP)?

- ECDS methodology NO hybrid/chart review
- Potential denominator criteria includes a medication component* aetna

Blood Pressure Control for Patients with Hypertension (BPC-E)

Coding – CRITICAL to compliance!

Bill with these CPT II codes as applicable: Systolic Blood Pressure

3074F – Most recent Systolic BP less than 130 **3075F** – Most recent Systolic BP 130-139 **3077F** – Most recent Systolic BP greater than or equal to 140

Diastolic Blood Pressure

3078F – Most recent Diastolic BP less than 80 **3079F** – Most recent Diastolic BP 80-89 **3080F** – Most recent Diastolic BP greater than or equal to 90



Controlling High Blood Pressure (CBP)



Controlling High Blood Pressure (CBP)

Who is in the measure (denominator)? 18 years & older

Members 18-85 years of age in the measurement year with a diagnosis of hypertension whose blood pressure is adequately controlled. The HEDIS® requirement is to review the last blood pressure reading in the measurement year.

What makes the member compliant (numerator)?

Members 18-85 years of age whose Blood Pressure is <140 systolic and <90 diastolic.

There are CPT II codes that are acceptable to meet measure compliance administratively.

Telehealth visits meet compliance. Ensure you document member-reported blood pressure readings as distinct systolic and diastolic values.

<u>Admin</u> Methodology

<u>NO</u> chart review



Controlling High Blood Pressure (CBP)

Coding – CRITICAL to compliance!

Bill with these CPT II codes as applicable:

Systolic Blood Pressure

3074F – Most recent Systolic BP less than 130 **3075F** – Most recent Systolic BP 130-139 **3077F** – Most recent Systolic BP greater than or equal to 140

Diastolic Blood Pressure

3078F – Most recent Diastolic BP less than 80 **3079F** – Most recent Diastolic BP 80-89 **3080F** – Most recent Diastolic BP greater than or equal to 90



Statin Therapy for Patients with Cardiovascular Disease (SPC)

Statin Therapy for Patients with Cardiovascular Disease (SPC)

Who is in the measure (denominator)?

- Males aged 21-75 as of 12/31; Females aged 40-75 as of 12/31
- Identified as having clinical atherosclerotic cardiovascular disease (ASCVD)
 - Event or diagnosis based using at least one of the following:
 - $\circ~$ MI, CABG, PCI or other revascularization in the prior year.
 - Diagnosed with Ischemic Vascular Disease during at least one outpatient/inpatient visit in MY **AND** also one outpatient/inpatient visit in PY (*outpatient can be telehealth*)

What makes the member compliant (numerator)?

- 1. **Received Statin Therapy:** Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.
- 2. Statin Adherence 80%: Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.



Admin

Methodology

NO chart

review





Received Statin Therapy Remained on Statin at least 80%

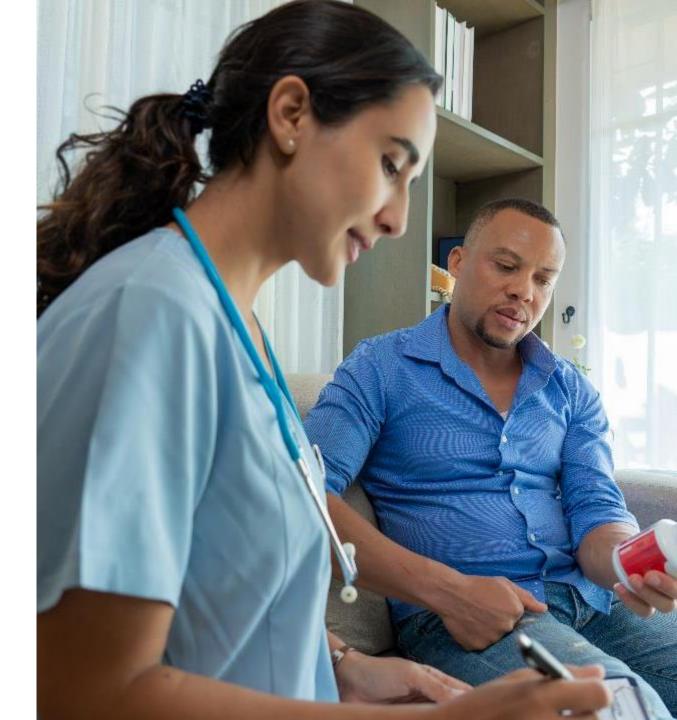
Medication Criteria

High-intensity statin therapy: Atorvastatin 40- 80mg, Amlodipineatorvastatin 40-80mg, Rosuvastatin 20-40mg, Simvastatin 80mg, Ezetimibe-simvastatin 80mg

Moderate-intensity statin therapy: Atorvastatin 10 -20mg, Amlodipine-atorvastatin 10-20mg, Rosuvastatin 5-10mg, Simvastatin 20-40mg, Ezetimibe-Simvastatin 20-40mg, Pravastatin 40- 80mg, Lovastatin 40mg, Fluvastatin 40-80mg, Pitavastatin 2-4mg

Exclusions

- Any of the following in the <u>measurement year or year prior</u> to the measurement year:
 - Pregnancy
 - In Vitro Fertilization
 - Rx for estrogen agonists
 - Diagnosis of ESRD and/or dialysis
 - Diagnosis of Cirrhosis
 - Diagnosis of any of the following in the measurement year:
 - Myalgia, Myositis, Myopathy, or Rhabdomyolysis
 - Hospice, utilizing hospice services, receiving palliative care
 - Member passed away in measurement year



Gaps in Care

Challenges

Why Gaps in Care?





CBP/BPC-E

- BP CPT II codes are still not widely utilized (but getting MUCH better!)
- Elevated blood pressures (above 140/90) not always reassessed.
- Documentation in chart includes ranges and not the exact blood pressure (i.e., running in the 130s/80s).
- Member stress sometimes the BP is assessed immediately after walking to the exam room, just after being weighed; white coat anxiety about visit, discomfort due to waiting.
- Requires MOST RECENT BP of MY end of year and holidays can be stressful.
- Lack of lifestyle changes such as diet, exercise & stress reduction to control BP.

CBP/BPC-E

Measurement of blood pressure done to quickly – allow patient to rest for at least 5 mins before taking BP.

Patients lack of knowledge on how to control blood pressure or not aware of their levels

Reading not taking correctly – ensure patient is seated with feet on floor, back supported and arm supported at heart level.

Not enough frequent follow-up visits until blood pressure is controlled

Blood pressure medication noncompliance

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<u>SPC</u>

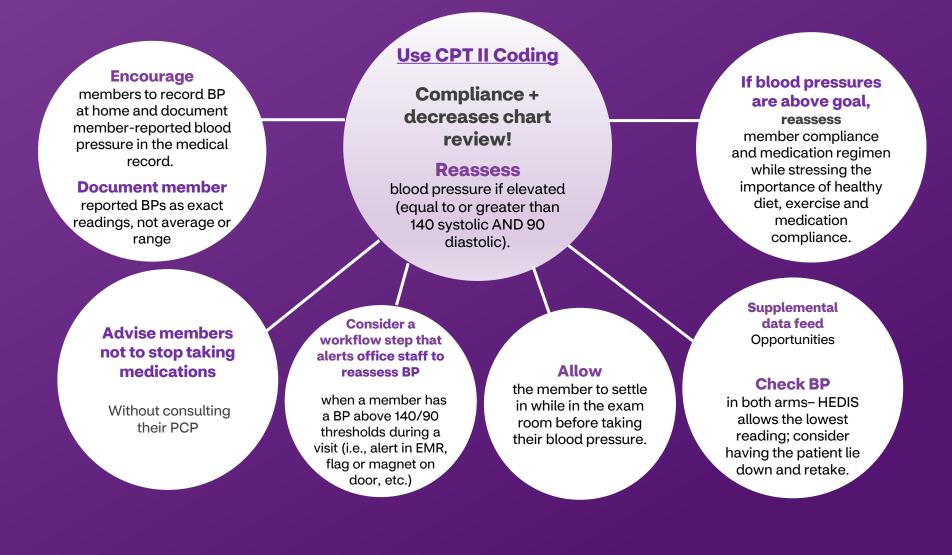
- Member experiences side effects from medication and stops taking without consulting a physician.
- Member lack of understanding regarding medication
- Difficulty getting medication due to barriers with distance, transportation, time off work, potential mental health comorbidities, etc.
- Inconsistent medication review and assessment of adherence.
- Exclusion dx not in member's claims history
- Member non-compliance with follow-up visits
- Administrative methodology (no chart review)

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Take-aways

Take-Away Actions – CBP/BPC-E



Take-Away Actions – BPC-E Supplemental Coding CPT II data feed **Medication** codes **Opportunities** ECDS methodology -**Requirement** NO hybrid/chart review At least one dispensed antihypertensive medication **Educate** regarding the importance of lifestyle changes Encourage such as smoking cessation, healthy members to record diet, etc. **Advise** BP at home and document membermembers not to stop reported blood

pressure in the

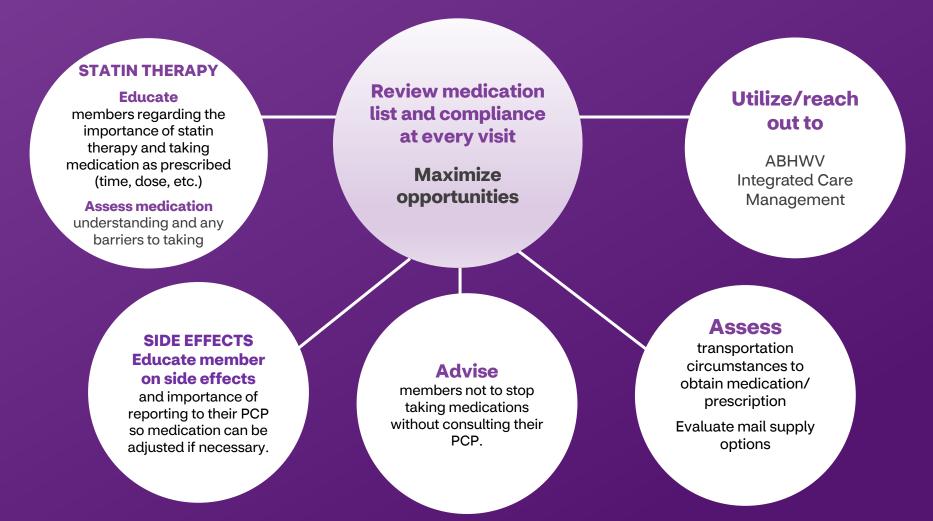
medical record.

taking medications without consulting their PCP.

Retake Blood Pressure

Wait a few minutes and then try again if reading is high/low.

Take-Away Actions – SPC



ABHWV website - Provider HEDIS Section

There is a HEDIS tab within the Provider Tab on the ABHWV website. The following are now available:

- 1. What is HEDIS? a short description of HEDIS
- 2. HEDIS News You Can Use –emailed to providers each month and will be available on the website, including current and prior months
- 3. HEDIS Lunch and Learn Webinars For Providers monthly webinars such as the one today. Links for past webinars and invite information for the next upcoming Lunch and Learn will be here.

https://www.aetnabetterhealth.com/westvirginia/providers/hedis.html



Closing Thoughts and Resources

Members trust vou!

Patients consider you their most trusted source of medical information.

Your guidance and encouragement is critical in their cardiovascular care.

Allow time for discussion and questions. Hearing your answers can help patients feel more confident and comfortable. ABHWV Quality Partnerships

Melani McNinch, Senior Director, ABHWV Healthcare Quality

<u>ABHWVHEDIS@aetna.com</u>

Supplement Data Feed options

 Tosha Morris, HEDIS Project Manager <u>ABHWVHEDIS@aetna.com</u> 304-348-2003

Wellness Event Partnering

David Roberts, Prevention & Wellness ABHWVHEDIS@aetna.com 304-539-9046

Quality Practice Liaison

Alana Hoover ABHWVHEDIS@aetna.com 860-900-6090

Other Resources

ABHWV Integrated Care Management Referral

- Fax 844-330-1001
- Call 1-888-348-2922

CDC

https://www.cdc.gov/heartdisease/cardia c_rehabilitation.htm

American Heart Association

https://www.heart.org/en/healthtopics/cardiac-rehab



Thank you

