

## Controlling High Blood Pressure (CBP)

Measure title	Controlling High Blood Pressure	Measure ID	CBP
Description	The percentage of persons 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement period.		
Measurement period	January 1–December 31.		
Copyright and disclaimer notice	Refer to the complete copyright and disclaimer information at the front of this publication.  NCQA website: <a href="http://www.ncqa.org">www.ncqa.org</a> .  Submit policy clarification support questions via My NCQA ( <a href="https://my.ncqa.org">https://my.ncqa.org</a> ).		
Clinical recommendation statement/ rationale	The American Academy of Family Physicians (AAFP) strongly recommends clinicians treat adults who have hypertension to a standard blood pressure target (<140/90 mm Hg) to reduce the risk of all-cause and cardiovascular mortality.  The Joint National Committee recommends that pharmacologic treatment be initiated in the general population <60 years, to lower systolic BP ≥140 mm Hg (and treat to a goal of systolic BP <140 mm Hg) and to lower diastolic BP ≥90 mm Hg (and treat to a goal of diastolic BP <90 mm Hg).		
Citations	Coles, S., L. Fisher, K. Lin, C. Lyon, A. Vosooney, and M. Bird. “Blood Pressure Targets in Adults With Hypertension: A Clinical Practice Guideline From the AAFP.” November 14, 2022.  James, P.A., S. Oparil, B.L. Carter, W.C. Cushman, C. Dennison-Himmelfarb, J. Handler, D.T. Lackland, et al. “2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8).” <i>JAMA</i> 311, no. 5 (February 5, 2014): 507–20. <a href="https://doi.org/10.1001/jama.2013.284427">https://doi.org/10.1001/jama.2013.284427</a>		
Characteristics			
Scoring	Proportion.		
Type	Outcome.		
Product lines	<ul style="list-style-type: none"><li>• Commercial.</li><li>• Medicaid.</li><li>• Medicare.</li></ul>		

<b>Stratifications</b>	<p>Race. (Refer to <i>General Guideline: Race and Ethnicity Stratification</i>.)</p> <ul style="list-style-type: none"> <li>• American Indian or Alaska Native.</li> <li>• Asian.</li> <li>• Black or African American.</li> <li>• Middle Eastern or North African.</li> <li>• Native Hawaiian or Pacific Islander.</li> <li>• White.</li> <li>• Some Other Race.</li> <li>• Two or More Races.</li> <li>• Asked But No Answer.</li> <li>• Unknown.</li> </ul> <p>Ethnicity. (Refer to <i>General Guideline: Race and Ethnicity Stratification</i>.)</p> <ul style="list-style-type: none"> <li>• Hispanic or Latino.</li> <li>• Not Hispanic or Latino.</li> <li>• Asked But No Answer.</li> <li>• Unknown.</li> </ul>
<b>Risk adjustment</b>	None.
<b>Improvement notation</b>	Increased score indicates improvement.
<b>Guidance</b>	<p><b>Data collection methodology:</b> Administrative and hybrid. Refer to <i>General Guideline: Data Collection Methods</i> for additional information.</p> <p><b>Date specificity:</b> Dates must be specific enough to determine the event occurred in the period being measured.</p> <p><b>Which services count?</b> When using claims, include all paid, suspended, pending and denied claims.</p>
<b>Definitions</b>	
<b>Adequate control</b>	Both a representative systolic BP <140 mm Hg and a representative diastolic BP of <90 mm Hg.
<b>Representative BP</b>	The most recent BP reading during the measurement period on or after the second diagnosis of hypertension. If multiple BP measurements occur on the same date, or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. If no BP is recorded during the measurement period, assume the BP is “not controlled.”
<b>Initial population</b>	<p><i>Measure item count:</i> Person.</p> <p><i>Attribution basis:</i> Enrollment.</p> <ul style="list-style-type: none"> <li>• <i>Benefits:</i> Medical.</li> <li>• <i>Continuous enrollment:</i> The measurement period.</li> </ul>

<b>Denominator exclusions</b>	<ul style="list-style-type: none"> <li>• <b>Allowable gap:</b> No more than one gap of <math>\leq 45</math> days during the measurement period. No gaps on the last day of the measurement period.</li> </ul> <p><b>Ages:</b> 18–85 years of age as of the last day of the measurement period.</p> <p><b>Event: Persons with a diagnosis of hypertension.</b></p> <p><b>Step 1.</b> Identify persons who had at least two outpatient visits, telephone visits, e-visits or virtual check-ins (<u>Outpatient and Telehealth Without UBREV Value Set</u>) on different dates of service with a diagnosis of hypertension (<u>Essential Hypertension Value Set</u>) on or between January 1 of the year prior to the measurement period and June 30 of the measurement period.</p> <p><b>Step 2.</b> Remove persons who had a nonacute inpatient admission during the measurement period. To identify nonacute inpatient admissions:</p> <ol style="list-style-type: none"> <li>1. Identify all acute and nonacute inpatient stays (<u>Inpatient Stay Value Set</u>).</li> <li>2. Confirm the stay was for nonacute care based on the presence of a nonacute code (<u>Nonacute Inpatient Stay Value Set</u>) on the claim.</li> <li>3. Identify the admission date for the stay.</li> </ol>
	<p><b>Persons with a date of death.</b> Death in the measurement period, identified using data sources determined by the organization. Method and data sources are subject to review during the HEDIS audit.</p> <p><b>Persons in hospice or using hospice services.</b> Persons who use hospice services (<u>Hospice Encounter Value Set</u>; <u>Hospice Intervention Value Set</u>) or elect to use a hospice benefit any time during the measurement period. Organizations that use the Monthly Membership Detail Data File to identify these persons must use only the run date of the file.</p> <p><b>Persons receiving palliative care.</b> Persons receiving palliative care (<u>Palliative Care Assessment Value Set</u>, <u>Palliative Care Encounter Value Set</u>, <u>Palliative Care Intervention Value Set</u>) or who had an encounter for palliative care (ICD-10-CM code Z51.5*) any time during the measurement period.</p> <p><b>Medicare enrollees, 66 years of age and older by the last day of the measurement period, in an institutional SNP (I-SNP) or living long-term in an institution (LTI).</b></p> <ul style="list-style-type: none"> <li>• Enrolled in an Institutional SNP (I-SNP) any time during the measurement period.</li> <li>• Living long-term in an institution any time during the measurement period as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement period.</li> </ul> <p><b>Persons 66–80 years of age by the last day of the measurement period, with both frailty and advanced illness.</b></p> <ol style="list-style-type: none"> <li>1. <b>Frailty.</b> At least two indications of frailty (<u>Frailty Device Value Set</u>; <u>Frailty Diagnosis Value Set*</u>; <u>Frailty Encounter Value Set</u>; <u>Frailty Symptom Value Set*</u>) with different dates of service during the measurement period.</li> </ol>

	<p>2. <b>Advanced Illness.</b> Either of the following during the measurement period or the year prior to the measurement period:</p> <ul style="list-style-type: none"> <li>– Advanced illness (<u>Advanced Illness Value Set*</u>) on at least two different dates of service.</li> <li>– Dispensed dementia medication (<u>Dementia Medications List</u>).</li> </ul> <p><b>Persons 81 years of age and older as of the last day of the measurement period, with frailty.</b> Persons with at least two indications of frailty (<u>Frailty Device Value Set</u>; <u>Frailty Diagnosis Value Set*</u>; <u>Frailty Encounter Value Set</u>; <u>Frailty Symptom Value Set*</u>) with different dates of service during the measurement period.</p> <p><b>End-stage renal disease (ESRD).</b> Persons with any of the following during their history on or prior to the last day of the measurement period:</p> <ul style="list-style-type: none"> <li>• Diagnosis that indicates end-stage renal disease (ESRD) (<u>ESRD Diagnosis Value Set*</u>; <u>History of Nephrectomy or Kidney Transplant Value Set*</u>).</li> <li>• Procedure that indicates ESRD: dialysis (<u>Dialysis Procedure Value Set</u>), nephrectomy (<u>Total Nephrectomy Value Set</u>; <u>Partial Nephrectomy Value Set</u>) or kidney transplant (<u>Kidney Transplant Value Set</u>).</li> </ul> <p><b>Diagnosis of pregnancy.</b> Persons with a diagnosis of pregnancy (<u>Pregnancy Value Set*</u>) any time during the measurement period.</p> <p><b>Coding Guidance</b> *Do not include laboratory claims (claims with POS code 81).</p>
<b>Denominator</b>	<p><b>ADMINISTRATIVE</b></p> <p>The initial population minus denominator exclusions.</p> <p><b>HYBRID</b></p> <p>A systematic sample drawn from the administrative denominator.</p> <p>The organization may reduce the sample size using the current year's administrative rate or the prior year's audited, product line-specific rate. Refer to the <i>Guidelines for Calculations and Sampling</i> for information on reducing the sample size.</p>
<b>Numerator</b>	<p><b>ADMINISTRATIVE</b></p> <p><b>Both a systolic and diastolic reading &lt;140/90 mm Hg.</b> Identify the most recent BP reading (<u>Systolic Blood Pressure Value Set</u>; <u>Diastolic Blood Pressure Value Set</u>) taken during the measurement period. Do not include CPT Category II codes (<u>Systolic and Diastolic Result Value Set</u>) with a modifier (<u>CPT CAT II Modifier Value Set</u>). Do not include BPs taken in an acute inpatient setting (<u>Acute Inpatient Value Set</u>; <u>Acute Inpatient POS Value Set</u>) or during an ED visit (<u>ED Value Set</u>; POS code 23).</p> <p>The BP reading must occur <i>on or after</i> the date of the second diagnosis of hypertension (identified using the initial population criteria).</p> <p>If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.</p>

- *Compliant*: BP is <140/90 mm Hg.
- *Non-compliant*: BP is ≥140/90 mm Hg; no BP reading during the measurement period; or if the reading is incomplete (e.g., the systolic or diastolic level is missing).

If the most recent blood pressure was identified based on a CPT Category II code (Systolic and Diastolic Result Value Set) use the following to determine compliance:

- *Systolic Compliant*: Systolic Less Than 140 Value Set.
- *Systolic Not Compliant*: CPT-CAT-II code 3077F.
- *Diastolic Compliant*: Diastolic Less Than 90 Value Set.
- *Diastolic Not Compliant*: CPT-CAT-II code 3080F.

### **HYBRID**

*Administrative*: Refer to the administrative specifications to identify positive numerator hits from administrative data.

### **Identifying the medical record.**

All eligible BP measurements recorded in the record must be considered. If the medical record cannot be found, the person remains in the measure denominator and is considered noncompliant for the numerator.

Use the following guidance to find the appropriate medical record to review:

- Identify the person's PCP.
  - If the person had more than one PCP for the time period, identify the PCP who most recently provided care.
  - If the person did not visit a PCP in the time period or does not have a PCP, identify the practitioner who most recently provided care.
  - If a practitioner other than the PCP manages the hypertension, use the medical record of that practitioner.

### **Persons with both a systolic and diastolic reading <140/90 mm Hg.**

The number of persons in the denominator whose most recent BP (both systolic and diastolic) is adequately controlled during the measurement period. For a person's BP to be controlled, the systolic and diastolic BP must be <140/90 mm hg (adequate control). To determine if a person's BP is adequately controlled, the representative BP must be identified.

*Medical record*: Identify the most recent BP reading noted during the measurement period. The BP reading must occur on or after the date when the second diagnosis of hypertension (identified using the event criteria) occurred.

Do not include BP readings:

- Taken during an acute inpatient stay or an ED visit.
- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or 1 day before the day of the test or procedure, with the exception of fasting blood tests.
- Taken using a non-digital device such as with a manual blood pressure cuff and a stethoscope.

Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. If multiple readings were recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading.

BP readings taken by the person and documented in the medical record are eligible for use in reporting (provided the BP does not meet any exclusion criteria). There is no requirement that there be evidence the BP was collected by a PCP or specialist.

The person is not compliant if the BP reading is  $\geq 140/90$  mm Hg or is missing, or if there is no BP reading during the measurement period or if the reading is incomplete (e.g., the systolic or diastolic level is missing).

Ranges and thresholds do not meet criteria for this measure. A distinct numeric result for both the systolic and diastolic BP reading is required for numerator compliance. A BP documented as an "average BP" (e.g., "average BP: 139/70") is eligible for use.

#### **Note**

- *When identifying the most recent BP reading, all eligible BP readings in the appropriate medical record should be considered, regardless of practitioner type and setting (excluding acute inpatient and ED visit settings).*
- *An EMR can be used to identify the most recent BP reading if it meets the criteria for appropriate medical record.*
- *When excluding BP readings from the numerator, identify diagnostic or therapeutic procedures that require a medication regimen, a change in diet or a change in medication; for example (this list is for reference only and is not exhaustive):*
  - *A colonoscopy requires a change in diet (NPO on the day of the procedure) and a medication change (a medication is taken to prep the colon).*
  - *Dialysis, infusions and chemotherapy (including oral chemotherapy) are all therapeutic procedures that require a medication regimen.*
  - *A nebulizer treatment with albuterol is considered a therapeutic procedure that requires a medication regimen (the albuterol).*
  - *A person forgetting to take regular medications on the day of the procedure is not considered a required change in medication; the BP reading is eligible.*
- *BP readings taken on the same day the person receives a common low-intensity or preventive procedure are eligible for use; for example, the following procedures are considered common low-intensity or preventive (this list is for reference only and is not exhaustive):*
  - *Vaccinations.*
  - *Injections (e.g., allergy, vitamin B-12, insulin, steroid, Toradol, Depo-Provera, testosterone, lidocaine).*
  - *TB test.*
  - *IUD insertion.*
  - *Eye exam with dilating agents.*
  - *Wart or mole removal.*

Summary of changes	<ul style="list-style-type: none"><li>Updated the race and ethnicity stratification categories to align with OMB SPD 15 2024.</li><li>Added instructions on allowable adjustments to the race and ethnicity stratification.</li></ul>																																																																																																			
Data element tables	<p>Organizations that submit HEDIS data to NCQA must provide the following data elements.</p> <p><b>Table CBP-A-1/2/3: Data Elements for Controlling High Blood Pressure</b></p> <table><tr><th>Metric</th><th>Data Element</th><th>Reporting Instructions</th><th>A</th></tr><tr><td rowspan="16">ControlHighBP</td><td>CollectionMethod</td><td>Report once</td><td>✓</td></tr><tr><td>InitialPopulation</td><td>Report once</td><td>✓</td></tr><tr><td>Exclusions</td><td>Report once</td><td>✓</td></tr><tr><td>Denominator</td><td>Report once</td><td>✓</td></tr><tr><td>NumeratorByAdminDenom</td><td>Report once</td><td></td></tr><tr><td>CYAR</td><td>(Percent)</td><td></td></tr><tr><td>MinReqSampleSize</td><td>Report once</td><td></td></tr><tr><td>OversampleRate</td><td>Report once</td><td></td></tr><tr><td>OversampleRecordsNumber</td><td>(Count)</td><td></td></tr><tr><td>ExclusionValidDataErrors</td><td>Report once</td><td></td></tr><tr><td>ExclusionEmployeeOrDep</td><td>Report once</td><td></td></tr><tr><td>OversampleRecsAdded</td><td>Report once</td><td></td></tr><tr><td>NumeratorByAdmin</td><td>Report once</td><td>✓</td></tr><tr><td>NumeratorByMedicalRecords</td><td>Report once</td><td></td></tr><tr><td>NumeratorBySupplemental</td><td>Report once</td><td>✓</td></tr><tr><td>Rate</td><td>(Percent)</td><td>✓</td></tr></table> <p><b>Table CBP-B-1/2/3: Data Elements for Controlling High Blood Pressure: Stratifications by Race</b></p> <table><tr><th>Metric</th><th>Race</th><th>Data Element</th><th>Reporting Instructions</th><th>A</th></tr><tr><td rowspan="10">ControlHighBP</td><td>AmericanIndianOrAlaskaNative</td><td>CollectionMethod</td><td>Repeat per Stratification</td><td>✓</td></tr><tr><td>Asian</td><td>Denominator</td><td>For each Stratification</td><td>✓</td></tr><tr><td>BlackOrAfricanAmerican</td><td>Numerator</td><td>For each Stratification</td><td>✓</td></tr><tr><td>MiddleEasternOrNorthAfrican</td><td>Rate</td><td>(Percent)</td><td>✓</td></tr><tr><td>NativeHawaiianOrPacificIslander</td><td></td><td></td><td></td></tr><tr><td>White</td><td></td><td></td><td></td></tr><tr><td>SomeOtherRace</td><td></td><td></td><td></td></tr><tr><td>TwoOrMoreRaces</td><td></td><td></td><td></td></tr><tr><td>AskedButNoAnswer</td><td></td><td></td><td></td></tr><tr><td>Unknown</td><td></td><td></td><td></td></tr></table>	Metric	Data Element	Reporting Instructions	A	ControlHighBP	CollectionMethod	Report once	✓	InitialPopulation	Report once	✓	Exclusions	Report once	✓	Denominator	Report once	✓	NumeratorByAdminDenom	Report once		CYAR	(Percent)		MinReqSampleSize	Report once		OversampleRate	Report once		OversampleRecordsNumber	(Count)		ExclusionValidDataErrors	Report once		ExclusionEmployeeOrDep	Report once		OversampleRecsAdded	Report once		NumeratorByAdmin	Report once	✓	NumeratorByMedicalRecords	Report once		NumeratorBySupplemental	Report once	✓	Rate	(Percent)	✓	Metric	Race	Data Element	Reporting Instructions	A	ControlHighBP	AmericanIndianOrAlaskaNative	CollectionMethod	Repeat per Stratification	✓	Asian	Denominator	For each Stratification	✓	BlackOrAfricanAmerican	Numerator	For each Stratification	✓	MiddleEasternOrNorthAfrican	Rate	(Percent)	✓	NativeHawaiianOrPacificIslander				White				SomeOtherRace				TwoOrMoreRaces				AskedButNoAnswer				Unknown			
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<b>Rules for Allowable Adjustments</b>	<p><b>Copyright and use:</b> The “Rules for Allowable Adjustments of HEDIS” (the “Rules”) describe how NCQA’s HEDIS measure specifications can be adjusted for other populations, if applicable. The Rules, reviewed and approved by NCQA measure experts, provide for expanded use of HEDIS measures without changing their clinical intent.</p> <p><b>Adjusted HEDIS measures may not be used for HEDIS health plan reporting.</b></p> <p><b>The Rules do not apply to the hybrid portion of the measure; only the administrative sections may be changed.</b></p> <p><b>ADJUSTMENTS ALLOWED</b></p> <ul style="list-style-type: none"><li>• <i>Product lines.</i> Organizations are not required to use product line criteria; product lines may be combined, and all (or no) product line criteria may be used.</li><li>• <i>Attribution.</i> Organizations are not required to use enrollment criteria.</li><li>• <i>Benefits.</i> Organizations are not required to use a benefit.</li><li>• <i>Other.</i> Organizations may use additional initial population criteria to focus on an area of interest defined by gender, race, ethnicity, socioeconomic or sociodemographic characteristics, geographic region or another characteristic.</li><li>• <i>Measurement period adjustments.</i> Organizations may adjust the measurement period.</li><li>• <i>Stratifications:</i> Race and ethnicity stratification. The race and ethnicity stratification is not required. Organizations may adjust this stratification as needed.</li><li>• <i>Exclusions.</i> The hospice, deceased person, palliative care, I-SNP, LTI, frailty or advanced illness exclusions are not required.</li><li>• <i>Telehealth.</i> Services/events that allow the use of synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) may be stratified to identify services performed via telehealth. This adjustment is not allowed for events, numerators and exclusions that do not allow the use of telehealth.</li></ul>																										



- *Supplemental data.* Supplemental data may be used to identify initial population, denominator, exclusion and numerator events.

**ADJUSTMENTS ALLOWED WITH LIMITS**

- *Ages.* Age determination dates may be changed (e.g., select, “age as of June 30”). The denominator age range may be changed if the range is within the specified age range (18–85 years of age).

**ADJUSTMENTS NOT ALLOWED**

- *Initial population:* Event. Only events that contain (or map to) codes in the value sets may be used to identify visits. Value sets and logic may not be changed.
- *Exclusions.* The ESRD and pregnancy exclusions must be applied. The value sets and logic may not be changed.
- *Numerator.* Value sets and logic may not be changed.