Priority Health

Hypertension (HTN) provider toolkit

A comprehensive toolkit designed to help you manage care for your patients with hypertension (HTN). The toolkit includes clinical support tools, operational and patient education resources.

Hypertension (HTN) overview

For years, hypertension (HTN) was classified as a blood pressure (BP) reading of 140/90 mm Hg or higher, but **the updated guideline classifies hypertension as a BP reading of 130/80 mm Hg or higher.** The guideline also provides treatment recommendations, including lifestyle changes and BP-lowering medications.

Normal: <120 mm Hg and <80 mm Hg

- ✓ Evaluate yearly
- ✓ Encourage healthy lifestyle changes to maintain normal BP

Elevated: 120 -129 mm Hg and <80 mm Hg

- ✓ Evaluate yearly
- ✓ Recommend healthy lifestyle changes and reassess in 3-6 months

Hypertension stage 1: 130 -139 mm Hg or 80-89 mm Hg

✓ Assess the 10-year risk for heart disease and stroke using the atherosclerotic cardiovascular disease (ASCVD) risk calculator.

If risk is < 10	✓ Start with healthy lifestyle recommendations ✓ Reassess in 3-6 months
If risk is > 10 or the patient has known clinical cardiovascular disease (CVD), diabetes mellitus or chronic kidney disease	✓ Recommend lifestyle changes and BP-lowering medication ✓ If the patient is prescribed one medication, reassess in 1 month for effectiveness ✓ If goal is met after 1 month, reassess in 3-6 months ✓ If goal is not met after 1 month, consider a different medication or titration ✓ Continue monthly follow ups until control is achieved

Hypertension stage 2: ≥ 140 mm Hg or ≥ 90 mm Hg

✓ Recommend healthy lifestyle changes and BP-lowering medication (2 medications of different classes); reassess in 1 month for effectiveness

- ✓ If goal is met after 1 month, reassess in 3-6 months
- ✓ If goal is not met after 1 month, consider different medications or titration
- ✓ Continue monthly follow ups until control is achieved

Hypertensive crises

Urgencies and emergencies

Hypertensive crises	Systolic BP	Diastolic BP	Treatment or follow up
Hypertensive urgency	>180 mm Hg **and/or**	>120 mm Hg	Many of these patients are noncompliant with antihypertensive therapy and don't have clinical or laboratory evidence of new or worsening organ damage. Reinstitute or intensify antihypertensive drug therapy and treat anxiety, as applicable.
Hypertensive emergency	>180 mm HG and target organ damage **and/or**	>120 mm Hg and target organ damage	Admit patient to an intensive care unit for continuous monitoring of BP and parenteral administration of an appropriate agent in those with new/progressive or worsening target organ damage.

Controlling high blood pressure

Tips to help care for your hypertensive patients

Known as the "silent killer," hypertension, increases the risk of heart disease and stroke, which are the leading causes of death in the United States. Controlling high blood pressure is an important step in preventing heart attacks, stroke and kidney disease. [1]

You can help your patients manage their high blood pressure by encouraging low-sodium diets, increased physical activity, smoking cessation and prescribing medications.[1]

Controlling Blood Pressure (CBP) measure

The Controlling Blood Pressure measure evaluates patients 18-85 years of age who had a diagnosis of HTN and whose most recent blood pressure reading is adequately controlled (<140/90 mm Hg) during the measurement year (Jan. 1 – Dec. 31).

Tips to improve control of hypertension

- **Review and monitor** medication history and compliance.
- **Consider modifying treatment plans** for uncontrolled blood pressure and have the patient return in three months.
- **Offer a clinic resource visit (nurse BP recheck)** if a provider visit isn't necessary.
- **Coordinate care with specialists** such as endocrinologists, nephrologists and cardiologists.
- **Create a clear plan** with timelines for evaluating improvement, creating goals, etc.
- **Provide information** related to healthy lifestyle changes *(ex: diet, exercise and stress reduction).*
- **Consider writing prescriptions** as a 90-day fill to increase adherence.

Required medical record documentation

- **Document all BP readings taken during every visit.** If there's more than one reading at a single visit, the lowest systolic and diastolic readings are used.
- **A BP rate documented during an office visit, telehealth, telephone, e-visit or virtual check-in** can count toward the rate compliance.
- **A BP taken by the patient with a digital device during a telephone visit, e-visit, or virtual check-in** is acceptable.
- **If there's no recorded BP during the measurement year, the BP will be identified as** "not controlled."

Tips for meeting HEDIS® standards

1. **If the BP reading is 140/90 or higher at the start of the office visit,** recheck it later during the visit
   - ✓ Record all meetings during the appointment.
   - ✓ HEDIS allows the use of the lowest systolic and diastolic reading from the same day.
   - ✓ The last BP of the year will determine if your patient is compliant for this measure.
2. **Use BP CPT® II codes in the table below to actively reflect care rendered** when billing office, telephone and telehealth visits.
3. **Reach out to members** to schedule follow up appointments.

CPT® II codes for patient claims

CPT II code	Most recent systolic blood pressure
3074F	Most recent systolic blood pressure **< 130 mm Hg**
3075F	Most recent systolic blood pressure **130-139 mm Hg**
3077F	Most recent systolic blood pressure **>/= to 140 mm Hg**
CPT II code	**Most recent diastolic blood pressure**
3078F	Most recent diastolic blood pressure **< 80 mm Hg**
3079F	Most recent diastolic blood pressure **80 – 89 mm Hg**
3080F	Most recent diastolic blood pressure **> 90 mm Hg**

This table includes approved NCQA codes used to identify the services included in the CBP measure.

Use the BP CPT® II codes on each office visit claim.

Tips for educating your patients

Educate your patients about the **importance of blood pressure control** and the **risks of uncontrolled blood pressure.**

If patients have an abnormal reading, schedule follow-up appointments for blood pressure readings until their blood pressure is controlled.

Reinforce the importance of medication adherence and encourage patients to report side effects at every visit.

Encourage patients to enroll in a pharmacy automatic refill or mail-order program.

Educate patients on how to properly measure blood pressure at home.

Ask patients to bring a log of their readings to all office visits and include it in their medical record.

Reports

Identifying your hypertensive patients

Get access to reports and other resources

- ✓ Register or login to **prism** (login required) to obtain access to reports.
- ✓ Visit our **Provider Manual** to access tutorials, quick reference guides and FAQ documents.
- ✓ For technical support or registration questions, call our Provider Helpline at 800.942.4765 or reach out to your assigned Provider Strategy & Solutions Consultant.

PCP Incentive Program (PIP) reports

You can identify your hypertensive patients using our PIP reports which can be accessed through Filemart.

The PIP_11H hypertension worksheet report is available in Excel:

- Patient's name and date of birth
- Contract ID
- Assigned or attributed Primary Care Physician (PCP)
- Date of last visit in which a blood pressure was taken
- The most recent blood pressure reading identified as "blood pressure date"

PIP_011C HEDIS Gaps in Care (TAB) is available in Excel:

- Encompasses all gaps in care including CBP

For quick identification of compliant and non-compliant members:

- Search for **Controlling High Blood Pressure** (CBP)
- This search includes the patient's name, DOB, contract ID, assigned PCP and their compliance status under the **Gaps Closed** column

Medication adherence reports

We deliver enhanced Medication adherence reports monthly to each Accountable Care Network (ACN) via email.

Medication adherence reports include:

- Patient and PCP information
- Name of the statin the member was prescribed
- Number of days to being non-compliant and percent of adherence
- Last fill date

*Only Medicare members are prioritized and color coded.
Red columns are the highest priority, followed by yellow and then white.

PCP Incentive Program (PIP)

Chronic Disease Management measure and payment

We'll provide an estimated pre-payment for the Hypertension: Controlled Blood Pressure measure in 2023. The prepayment will be made based on a snapshot of your ACN's population in these measures (denominator) in the first quarter of 2023 (ASO/PPO) population will be excluded from denominator), as reported through Provider Roster Attestation (PRA) attestation.

You'll receive quarterly pre-payments based on this estimate using the 75th percentile rate noted below.

Measure	2023 75th percentile award	2023 90th percentile award	2022 90th percentile award
Hypertension	$75	$130	$60

At year-end settlement, we'll review actual population and performance for this measure and will either process additional payment or deduct overpayment from total ACN settlement reward. If your ACN doesn't achieve the 90th percentile for the performance year, we'll settle the difference from your year-end reward at the 75th percentile rate.

To learn more about this measure and payment, visit page 13 in our 2023 PIP Manual.

Helpful resources

- ✓ 7 Simple Tips to get an accurate CBP Measurement
- ✓ AHA health care professional and patient resources
- ✓ Target BP
- ✓ Blood pressure fact sheet

[1] HEDIS Measures and Technical Resources
[2] American Heart Association