2021 MCAS MEASURE: CONTROLLING HIGH BLOOD PRESSURE (CBP)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, *"Controlling High Blood Pressure (CBP)."*

Measure Description: Measures the percentage of members ages 18 to 85 who had a diagnosis of Hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

This measure requires the following:

► Two separate outpatient visits with a diagnosis of hypertension, including telephone, e-visits or virtual check-ins, on or between Jan. 1, 2019 and June 30, 2020. Visit types do not need to be the same.

► The most recent BP assessment in the measurement year that was on or after the second HTN diagnosis date.

► Blood pressure readings reported or taken by the member, as well as blood pressure readings obtained from any remote digital device, count toward the measure.

Data Collection Method: Hybrid[1]

CBP Clinical Code Sets

► For billing, reimbursement, and reporting of services completed, submit claims timely with the appropriate medical codes for all clinical conditions evaluated and services completed.

► Use CPT-II codes to report BP results on claims.

Codes used to identify members diagnosed with essential hypertension.

Description	ICD-10-CM	SNOMED
Essential Hypertension	I10	1201005, 10725009, 46481004, 48146000, 56218007, 59621000, 59720008, 65518004, 78975002, 371125006, 429457004, 762463000, 461301000124109, 1078301000112100

Codes used to identify most recent BP using claims / encounter data.

Description	CPT II	LOINC	SNOMED
Systolic	3074F, 3075F, 3077F	8480-6	271649006
Diastolic	3078F, 3079F, 3080F	8462-4	271650006

Codes used to identify clinic setting of most recent BP reading.

Description	CPT	HCPCS	SNOMED
Outpatient	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483	G0402, G0438, G0439, G0463, T1015	
Telephone	98966-98968, 99441-99443		185317003, 314849005, 386472008, 386473003, 401267002
Online Assessment	98969-98972, 99421-99423, 99444, 99457	G0071, G2010, G2012, G2061, G2062, G2063	
Remote BP Monitoring	93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474		448678005, 725956001

Description	CPT	HCPCS	SNOMED
Non-Acute Inpatient Visit	99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337		36723004, 112690009, 183430001, 183921001, 304567001, 304568006, 305336008, 305340004, 305381007, 306804001, 449411000124106, 449421000124103, 449431000124100

Exclusion Criteria – Members with any of the following conditions are excluded from the CBP measure:

▶ Members receiving hospice care during the measurement year.
▶ Members receiving palliative care during the measurement year.
▶ Members 66 to 80 years of age as of Dec. 31, 2020 who were diagnosed with frailty and advanced illness during the measurement year or year prior.
▶ Members 81 years of age and older as of Dec. 31, 2020 who were diagnosed with frailty.
▶ Members with evidence of end-stage renal disease (ESRD), dialysis, nephrectomy or kidney transplant.
▶ Females with a pregnancy diagnosis during the measurement year.
▶ Members with non-acute inpatient stays during the measurement year.

Best Practices:

▶ Monitor patient's BP through telehealth visits and clearly document readings reported or taken by the patient or obtained by any remote digital device.
▶ Instruct staff to always take a repeat reading if an abnormal BP value is obtained.
▶ Encourage the use of proper technique when obtaining BP readings:
  • Ensure the patient's bladder is empty.
  • Do not have a conversation.
  • Support the patient's back and feet.
  • Use the correct cuff size.
  • Place the cuff on the bare arm.
  • Support the arm at heart level.
  • Keep the patient's legs uncrossed.
▶ Treat associated cardiovascular risk factors as part of managing hypertension to lower overall cardiovascular risk.
▶ Encourage lifestyle changes (improved diet, exercise, smoking cessation, stress reduction).
▶ Initiate appropriate pharmacologic treatment to lower blood pressure.
▶ Make sure patients receive at least one blood pressure check per year.
▶ GCHP's team of nurses, social workers and care management coordinators work together to empower members to exercise their options and access the services appropriate to meet their individual health needs to promote quality outcomes. GCHP Care Management includes complex and non-complex care management that offers transition to adult services, disease specific education, identification of social determinants of health and linkage to appropriate resources in the community.
  • To learn more, please call GCHP's Care Management Team at:
    » Providers, call: 1-805-437-5777
    » Members, call: 1-805-437-5656
    » GCHP website, Care Management: Click Here
▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
  • Providers, call: 1-805-437-5718
  • Members, call: 1-888-301-1228 / TTY 1-888-310-7347
  • GCHP Website, Community Resources (provided in English and Spanish): Click Here

[1] Measures reported using the *hybrid* data collection method report on a sample of the eligible population (usually 411) and use both administrative and medical record data sources to evaluate if services were performed.