

Topic	Explanation
Measure Type	Dynamic Star Measure
Description of the Measure	Percentage of members 18–85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (<140/90 mm HG) during the measurement period.
Eligible Population	<p>Members who had at least two visits on different dates of service with a diagnosis of hypertension within the first six months of the measurement year (through June 30th) or the year prior to the measurement period (counting services that occur over both years), during an outpatient visit.</p> <ul style="list-style-type: none"> • Outpatient office visits are defined by HEDIS value set. Per the HEDIS value set, Transition of Care (TOC) visits are not able to be used in reporting values for blood pressure. • If multiple blood pressure 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 year, assume that the member is “not controlled.” • When identifying the most recent blood pressure reading, all eligible BP readings in the medical record should be considered, regardless of practitioner type and setting (exclude acute inpatients and ED visits). • In addition, do not include BP readings: <ul style="list-style-type: none"> - 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 one day before the day of the test or procedure, with the exception of fasting blood tests. Examples are a colonoscopy procedure (change in diet), a nebulizer treatment (requires a change in medication), and if a patient discloses they forgot to take medications. <p>Exclusions:</p> <ul style="list-style-type: none"> • Advanced Illness and Frailty Exclusion: Members 66 years of age and older as of December 31st of the measurement year with frailty AND advanced illness diagnoses (exclusions applied based on processed claims data only). • Frailty Exclusion: Members 81 years of age and older as of December 31 of the measurement year (all product lines) with frailty during the measurement year (exclusions applied based on processed claims data only). • Exclude female members with a diagnosis of pregnancy during the measurement year. • Members receiving palliative care (as defined by the HEDIS value sets) during the measurement year.

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Compliant Member	<p>The most recent BP reading during the measurement period (as long as it occurred on or after the second diagnosis of hypertension) during an outpatient office visit.</p> <p>A representative systolic BP <140 mm Hg and a representative diastolic BP of <90 mm Hg must be reported and in controlled range for numerator compliance.</p>
How to Submit to Highmark Inc.	<p>Submit CPT II code via claim to identify numerator compliance:</p> <ul style="list-style-type: none"> • Most recent Systolic: <ul style="list-style-type: none"> - 3074F: <130 mm Hg - 3075F: 130-139 mm Hg • Most recent Diastolic: <ul style="list-style-type: none"> - 3078F: <80 mm Hg - 3079F: 80-89 mm Hg <p>If CPTIIs are not submitted at the time of service on the original claim, and are then submitted via NaviNet 1500 claim form, the performing providers must have a 1:1 match with the original billed performing provider for that outpatient visit to be numerator compliant. This would mean that when submitting the NaviNet claim, select the provider from the dropdown menu that was billed on the claim (this may not necessarily be the person who saw the member if utilizing mid-level providers or submitting based on specialist office visits).</p>
Best Practices	<ul style="list-style-type: none"> • Review monthly Stars Gap reports for members identified via two separate claims as having hypertension. • Develop and implement evidenced based guidelines to treat members identified with high blood pressure. • Ensure that practice submits the appropriate CPTII code to Highmark for both systolic and diastolic values. Compliance for this measure requires both values to be within range. • Implement care coordination to manage patients with values greater than 140 mm Hg systolic (CPTII 3077F) or values greater than 90 mm Hg diastolic (CPTII 3080F). • Provide ongoing outreach to non-compliant members. • Be proactive. Evaluate practice processes for opportunities to close gaps every time the patient is seen rather than reacting to gap closure reports.
Other	<p>If most recent blood pressure value occurred during a nursing visit only or a specialist visit that is not a provider within your practice, and there was not a claim submitted to Highmark or the claim was not submitted by your office, the CQF has guidance on submitting nursing-only visits that were not billed via claims and specialist visits. Please see the 2021 CQF guide for specifics.</p>

Key Additional Resources

Additional information can be found on the Provider Resource Center under Value-Based Reimbursement Programs Overview, in the Medicare Advantage Stars section.