

HEDIS® News You Can Use

Aetna Better Health® of West Virginia

March 2026



Let's Improve Heart Health Together!

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

i Measure Requirements:

The percentage of members 18–85 years of age with a diagnosis of hypertension (HTN) during the measurement period who meet either of the following criteria:

1. **Two or more** outpatient visits, telephone visits, e-visits, or virtual check-ins on **different dates of service**, each with a hypertension diagnosis, occurring **between January 1 of the year prior to the measurement period and June 30 of the measurement year; OR**
2. **One** outpatient visit, telephone visit, e-visit, or virtual check-in with a hypertension diagnosis **AND** at least **one** dispensed antihypertensive medication, occurring **between January 1 of the year prior to the measurement period and June 30 of the measurement year.**

AND

The member's most recent blood pressure during the measurement period, recorded **on or after the date of the second hypertension diagnosis**, is **<140 systolic and <90 diastolic.**

i Coding Information:

Please bill 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-E)

i Measure Requirements:

This measure reports the percentage of members 21-75 years of age who were identified with **clinical atherosclerotic cardiovascular disease (ASCVD)** during the measurement year and met the criteria below:

Reported Rates:

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

Exclusion Note:

- Persons with a diagnosis of myalgia, or rhabdomyolysis caused by a statin anytime during the person's history through the last day of the measurement period.



Medication Criteria:

High-Intensity Statin Therapy Includes:

- Atorvastatin 40–80 mg, Amlodipine-atorvastatin 40–80 mg, Rosuvastatin 20–40 mg, Simvastatin 80 mg, Ezetimibe-simvastatin 80 mg

Moderate-Intensity Statin Therapy Includes:

- Atorvastatin 10–20 mg, Amlodipine-atorvastatin 10–20 mg, Rosuvastatin 5–10 mg, Simvastatin 20–40 mg, Ezetimibe-simvastatin 20–40 mg, Pravastatin 40–80 mg, Lovastatin 40 mg, Fluvastatin 40–80 mg, Pitavastatin 1–4 mg

Controlling High Blood Pressure (CBP)

Measure Requirements:

Members ages **18–85** in the measurement year who have a **diagnosis of hypertension** and **blood pressure is adequately controlled**. Per **HEDIS®** guidelines, compliance is determined using the **last blood pressure reading** documented during the measurement year.

To meet the measure, members ages 18–85 must have a blood pressure reading of: **<140 systolic AND <90 diastolic**.

Coding Opportunity: Certain **CPT II codes** can be used to meet this measure administratively. When providers use these codes, it can significantly reduce the number of medical record requests and on-site chart reviews during HEDIS® season.

Important Reminder: Blood pressure readings **reported by the member during a telehealth visit** are acceptable for compliance. Be sure to document these member-reported readings clearly as **separate systolic and diastolic values**.

Coding Information:

Please bill 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

Common Reasons for Gaps in Care:

Controlling High Blood Pressure

- Lifestyle factors such as smoking, diet and exercise habits can contribute to elevated blood pressure
- Elevated blood pressures not reassessed at the same visit
- Chart notes list *ranges* instead of exact BP values (e.g., “130s/80s”)
- BP taken right after walking in the exam room or post weigh in, when the patient may be stressed

Statin Therapy

- Medication side effects lead to skipped doses or not taking at all
- Stopping medication without consulting a provider
- Limited understanding of the medication regimen
- Difficulty obtaining medications (transportation, mental health barriers, etc.)
- Inconsistent medication review or assessment of adherence

Blood Pressure Monitoring Initiative:

Aetna Better Health of West Virginia offers a Blood Pressure Monitoring Initiative. Members diagnosed with hypertension and/or preeclampsia are eligible to receive a digital blood pressure monitor to help track their condition between office visits. For additional details or inquires, please contact Practice Transformation Advisors at WVMedicaidQuality@AETNA.com



Best Practices

- Incorporate a workflow prompt—such as an EMR alert or door magnet—to ensure timely BP reassessment
- Recheck high blood pressure (140/90) during the same visit and document the new readings.
- Encourage members to track blood pressure at home and document member reported blood pressure in the chart
- Ensure the BP cuff is the correct size for the patient’s arm
- Allow the patient time to relax before taking their blood pressure
- Check BP in both arms, use the lower reading, and consider retaking with the patient lying down
- If BP is above goal, review medication use, assess the plan, and reinforce healthy habits
- Set up earlier follow-ups for members with higher readings.
- For members with persistently elevated blood pressures, consider referring them to Aetna Case Management: **1-888-348-2922**
- Reconcile medications at every visit
- Educate members on the importance of statin therapy with cardiovascular disease and proper medication use (timing, dosage, etc.)
- Discuss potential side effects and encourage members to report concerns to their PCP for possible adjustments
- Advise members not to stop taking medications without consulting their PCP