



# HEDIS<sup>®</sup> Lunch and Learn

Cardiovascular

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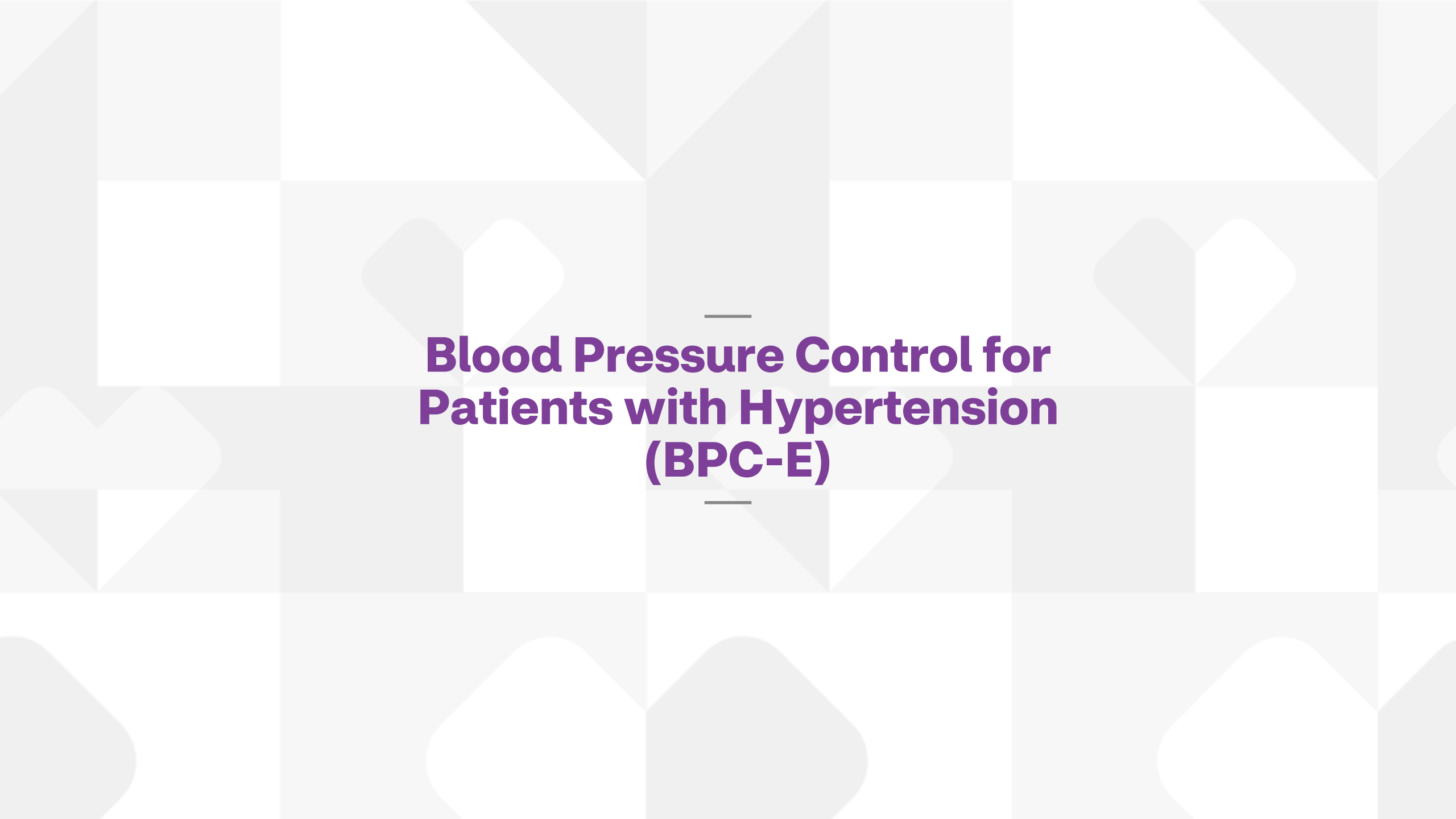
Quality Practice Adviser

March 2026



# Monthly Webinars: 30 minutes, 1 HEDIS topic





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



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

## How does a member get into the measure (denominator)?

- Members 18-85 years of age as of 12/31 of the measurement year, who met **either** of the following:
  1. At least **two outpatient visits**, telephone visits, e-visits or virtual check-ins on different dates of service with a diagnosis of hypertension on or **between January 1<sup>st</sup> of the year prior to the measurement period and June 30<sup>th</sup> of the measurement year**
  2. At **least one outpatient visit**, telephone visit, e-visit or virtual check-in with a diagnosis of hypertension **AND** at least **one** dispensed antihypertensive medication on or **between January 1<sup>st</sup> of the year prior to the measurement year and June 30<sup>th</sup> of the measurement year**

## What makes the member compliant (numerator)?

- The member's most recent blood pressure during the measurement period, recorded **on or after the date of the second hypertension diagnosis**, is adequately controlled **<140 systolic and <90 diastolic**.
  - Systolic AND diastolic MUST be below the thresholds (less than 140 and less than 90) to be considered compliant
  - Must be **most recent** of measurement year
  - ED or inpatient BPs do not count towards compliance

## How does the BPC-E measure differ from Controlling High Blood Pressure (CBP)?

- ECDS methodology – NO hybrid/chart review
- *Potential denominator criteria includes a medication component\**

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

## Coding – CRITICAL to compliance!

Bill with 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





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# **Controlling High Blood Pressure (CBP)**

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# Controlling High Blood Pressure (CBP)

## *Who is in the measure (denominator)? 18 years & older*

Members 18-85 years of age in the measurement year with a **diagnosis of hypertension** and **whose blood pressure is adequately controlled**. The HEDIS® requirement is to review **the last blood pressure reading** in the measurement year.

## *What makes the member compliant (numerator)?*

Members 18-85 years of age whose Blood Pressure is **<140 systolic and <90 diastolic**.

There are CPT II codes that are acceptable to meet measure compliance administratively.

***Telehealth visits meet compliance. Ensure you document member-reported blood pressure readings as distinct systolic and diastolic values.***

# Controlling High Blood Pressure (CBP) Coding Information

## Coding – CRITICAL to compliance!

Bill with 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

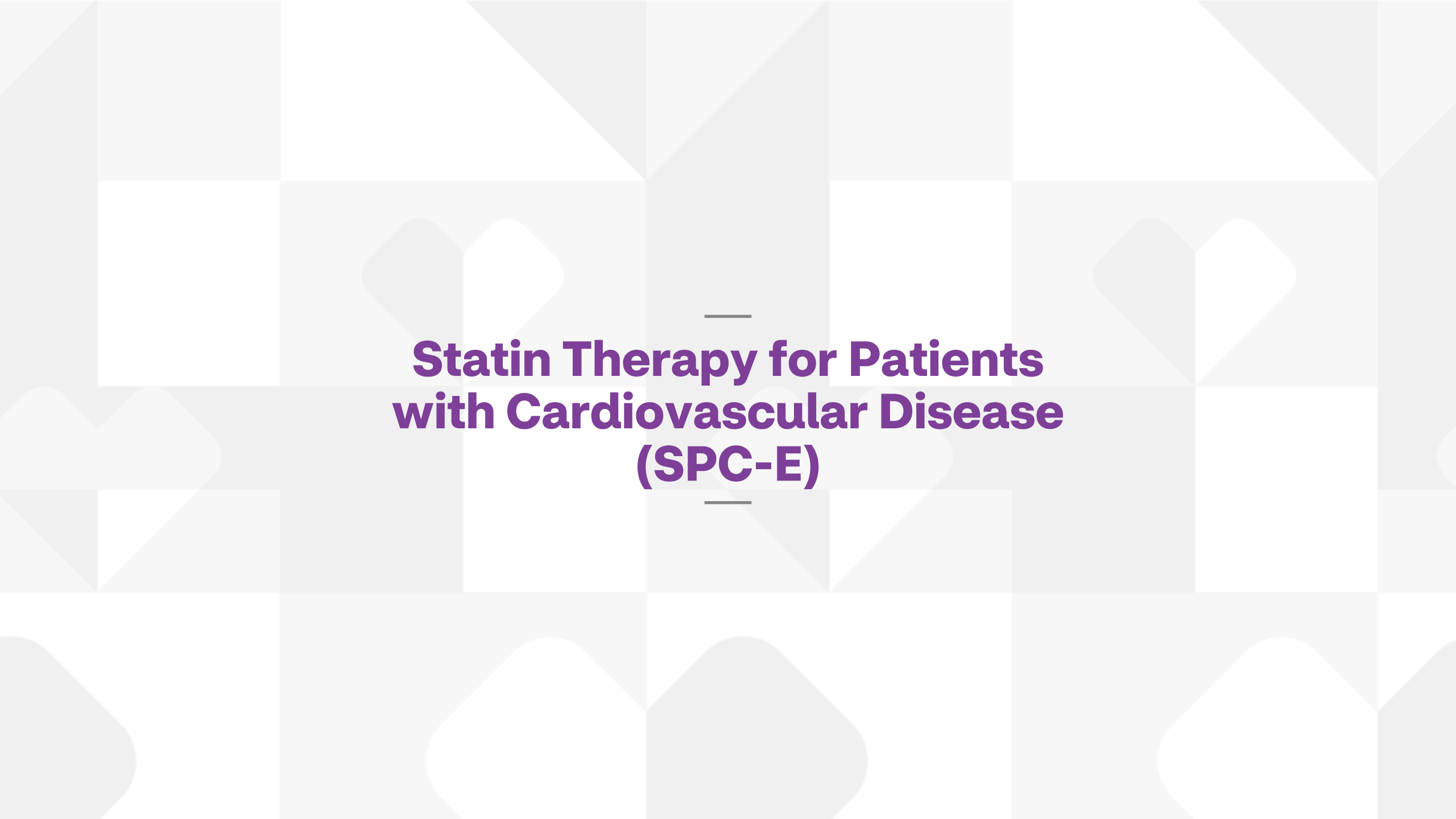
### Diastolic Blood Pressure

**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





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**Statin Therapy for Patients  
with Cardiovascular Disease  
(SPC-E)**

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# Statin Therapy for Patients with Cardiovascular Disease (SPC-E)

## Who is in the measure (denominator)?

Members 21-75 years of age who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD)

- **Event or diagnosis based using at least one of the following:**
  - o MI, CABG, PCI or other revascularization in the prior year.
  - o Diagnosed with Ischemic Vascular Disease during at least one outpatient/inpatient visit in MY **AND** one outpatient/inpatient visit in PY (*outpatient can be telehealth*)

## What makes the member compliant (numerator)?

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



Received Statin Therapy



Remained on Statin at least 80%



Compliance



ECDS  
Methodology

NO chart  
review

# Medication Criteria

**High-intensity statin therapy:** Atorvastatin 40- 80mg, Amlodipine-atorvastatin 40-80mg, Rosuvastatin 20-40mg, Simvastatin 80mg, Ezetimibe-simvastatin 80mg

**Moderate-intensity statin therapy:** Atorvastatin 10 -20mg, Amlodipine-atorvastatin 10-20mg, Rosuvastatin 5-10mg, Simvastatin 20-40mg, Ezetimibe-Simvastatin 20-40mg, Pravastatin 40- 80mg, Lovastatin 40mg, Fluvastatin 40-80mg, Pitavastatin 2-4mg

## Exclusions

- **Any of the following in the measurement year or year prior to the measurement year:**
  - Pregnancy
  - In Vitro Fertilization
  - Rx for estrogen agonists
  - Diagnosis of ESRD and/or dialysis
  - Diagnosis of Cirrhosis
- **Diagnosis of any of the following in the measurement year:**
  - Myalgia, Myositis, Myopathy, or Rhabdomyolysis
  - Hospice, utilizing hospice services, receiving palliative care
  - Myalgia, or rhabdomyolysis caused by a statin anytime during the person's history through the last day of the measurement period.
- **Member passed away in measurement year**



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# Gaps in Care

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# Challenges

## Why Gaps in Care?



### CBP/BPC-E

- **BP CPT II codes are still underutilized** (though usage is improving significantly).
- **Elevated blood pressures ( $\geq 140/90$ ) are not consistently rechecked** during the same visit.
- **Chart documentation often includes ranges instead of exact values** (e.g., “BP in the 130s/80s” rather than a specific reading).
- **Member factors may impact readings:** BP may be taken immediately after walking to the exam room or after being weighed; anxiety related to the visit or waiting can also elevate readings.
- **The measure uses the *most recent* BP of the measurement year**, and end-of-year visits—often during the holidays—can be particularly stressful for members.
- **Limited lifestyle modifications**, such as insufficient focus on diet, exercise, and stress reduction, may hinder successful BP management.



### CBP/BPC-E

- **Blood pressure measured too quickly** – Patients should rest quietly for at least 5 minutes before BP is taken to ensure an accurate reading.
- **Limited patient understanding of blood pressure management** – Some patients may not know how to control their BP or may be unaware of their current levels.
- **Improper measurement technique** – Ensure the patient is seated with feet flat on the floor, back supported, and arm supported at heart level during the reading.
- **Insufficient follow-up visits** – Patients may not be seen frequently enough to monitor and manage blood pressure until it is adequately controlled.
- **Medication nonadherence** – Some patients may not take prescribed BP medications consistently, reducing effectiveness.



### SPC-E

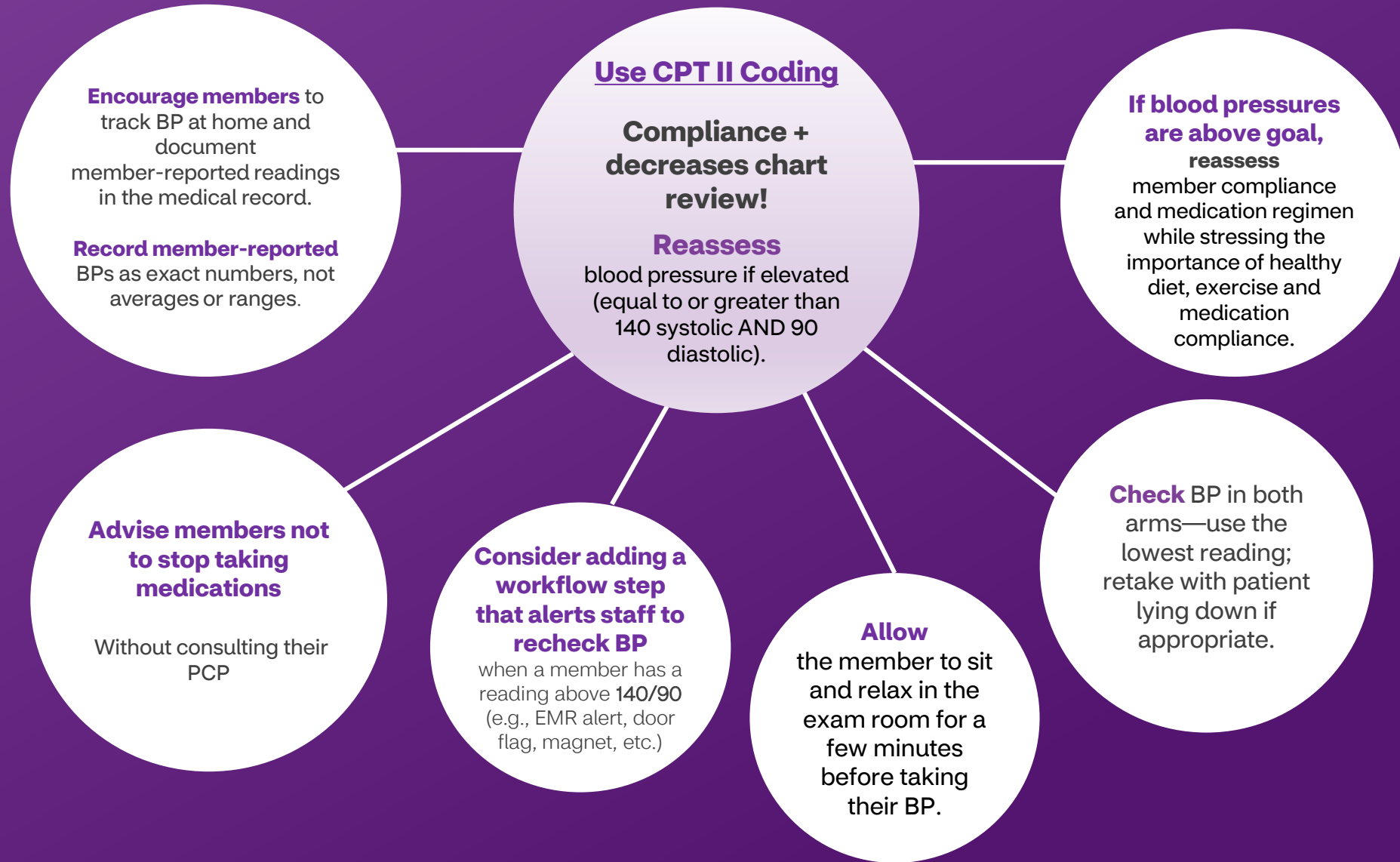
- **Members may experience side effects and discontinue medication** without consulting their provider.
- **Limited understanding of the purpose, benefits, or proper use of medications** can impact adherence.
- Difficulty obtaining medications due to barriers such as transportation, distance to pharmacy, limited time off work, or co-occurring mental health conditions.
- **Inconsistent medication reviews and adherence assessments** during clinical encounters.
- Missing exclusion diagnoses in the member’s claims history, which may incorrectly include the member in the measure.
- **Member nonadherence with scheduled follow-up visits**, limiting opportunities to adjust therapy and reinforce adherence.
- **ECDS methodology (no chart review)** may restrict the ability to capture clinical details or correct documentation gaps.

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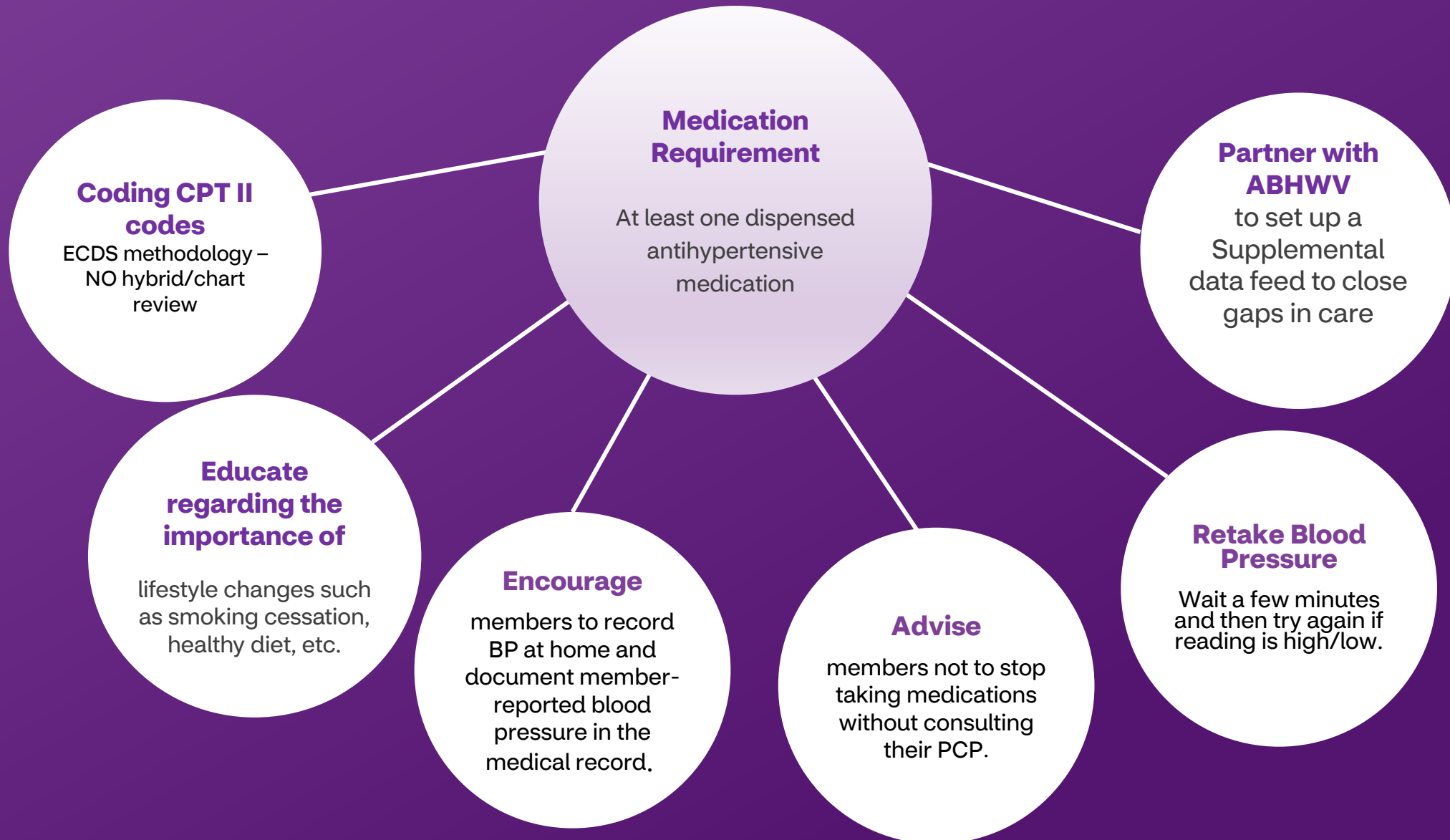
# Take-aways

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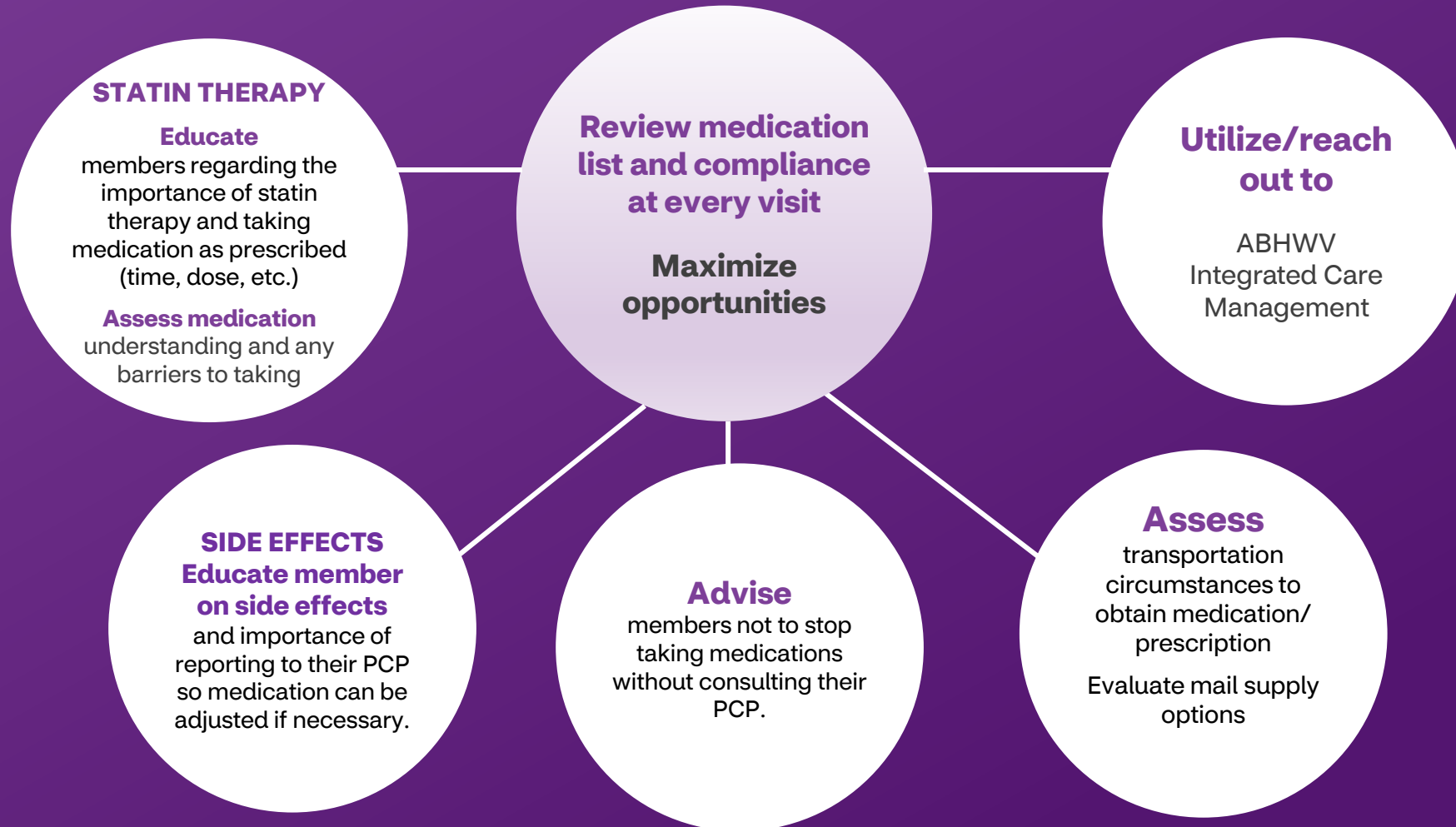
# Take-Away Actions – CBP/BPC-E

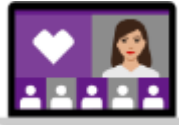


# Take-Away Actions – BPC-E



# Take-Away Actions – SPC





# HEDIS Resources for Providers

## HEDIS News You Can Use

- Monthly informational newsletter related to a change or actionable content to incorporate into clinic workflows to improve HEDIS outcomes

## HEDIS Lunch and Learn Webinars

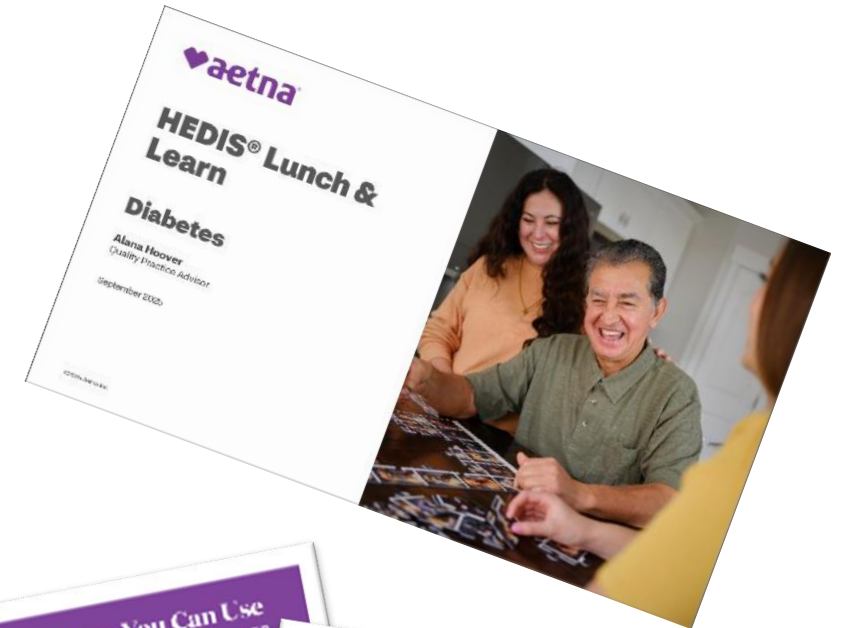
- Monthly 30-minute webinars for providers related to HEDIS News You Can Use topics to reinforce content and take deeper dives into best practices and recommendations

## Quality Reference Guide

- A guide to understand HEDIS requirements, find and use commonly referenced codes, support patient safety and promote preventive care through easy-to-follow steps.

## ABHWV Provider Website – HEDIS Center

- <https://www.aetnabetterhealth.com/westvirginia/providers/hedis.html>
- Comprehensive repository of all resource and webinar content



# Closing Thoughts and Resources

## Members trust you!

Patients often view you as their most trusted source of medical information.

Your guidance and encouragement play a vital role in supporting their health.

Be sure to allow time for discussion and questions—hearing your responses can help patients feel more confident and at ease.

## ABHWV Quality Partnerships

**Melani McNinch, Lead Director,  
ABHWV Quality HEDIS Manager**  
[ABHWWHEDIS@aetna.com](mailto:ABHWWHEDIS@aetna.com)

**EMR supplemental feed options**  
**Sherry Griffith**  
[WVMedicaidQuality@AETNA.com](mailto:WVMedicaidQuality@AETNA.com)  
**304-348-2009**

**Wellness Event Partnering**  
**ABHWV Practice Transformation Team**  
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## Other Resources

### ABHWV Integrated Care Management

Refer member to Aetna Better Health of West Virginia Case Management:

- Fax to 844-330-1001
- Call 1-888-348-2922.

### NCQA Links:

[HEDIS MY 2026: What's New, What's Changed, What's Retired – NCQA](#)

[HEDIS Electronic Clinical Data Systems \(ECDS\) Reporting – NCQA](#)

[HEDIS ECDS Frequently Asked Questions - NCQA](#)

**Thank you**

