



Controlling Blood Pressure Tip Sheet

What is the CMS Star Rating Program?

CMS uses a five-star quality rating system to measure the experiences Medicare beneficiaries have with their health plan and health care system – the Star Rating Program. Health plans are rated on a scale of 1 to 5 stars, with 5 being the highest. These ratings are then published on the Medicare Plan Finder at www.medicare.gov to raise the quality of care for Medicare beneficiaries, strengthen beneficiary protections and help consumers compare health plans more easily.

Measure Description

Weight: 3

The percentage of plan members aged 18-85 who had a diagnosis of hypertension and whose BP was adequately controlled (<140/90 mm Hg).

Measure Source

- Chart Review & Claims
- 1/1 – 12/31

Stars/Quality Specifications

Eligible patient has had:

- Both a systolic BP <140 mm Hg and diastolic BP of <90 mm Hg on the most recent reading during the measurement year on or after the second diagnosis of hypertension.

Strategies for Success

- If a patient's systolic **or** diastolic blood pressure is 140/90 or higher, the patient's blood pressure should be rechecked during the same visit and documented in the patient's EMR.
- If patient self-reports digital blood pressure reading communicated by EMR messaging or phone conversation, add recent reading as an addendum to patient's last visit in their EMR.
- Encourage patients to check their blood pressure regularly and record their readings.
- Encourage patients to utilize Hally videos/articles that outline how to manage their blood pressure as well as give access to heart-healthy recipes, fitness videos and more: [Hally Health Website](#) .
- Encourage patients to implement heart-healthy lifestyle and dietary choices into their everyday life.
- Document patient-reported blood pressure readings in electronic medical record.
- Advise patients to take blood pressure medications as prescribed.

Exclusions

A member may be eligible to be excluded if they:

- Are 81 years or older with at least 2 indications of frailty with different dates of service during the measurement year.
- Are 66-80 years of age and older with frailty and advanced illness. Members must meet both of the following frailty and advanced illness criteria to be excluded:
 - At least two indications of frailty with different dates of service during the measurement year.
 - Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):
 - At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits or virtual check-ins, nonacute inpatient encounters, or nonacute inpatient discharges on different dates of service.



- At least one acute inpatient encounter with an advanced illness diagnosis.
- At least one acute inpatient discharge with an advanced illness diagnosis on the discharge claim. A dispensed dementia medication.

Must Exclude:

- ESRD, Kidney transplant or Pregnancy.
- Members receiving palliative care, in hospice or using hospice services, or died during the measurement year.

Member may be excluded from this measure due to frailty and/or advanced illness codes. Click the following link to review the master code list for exclusions: [Exclusion Codes](#).

If you have questions, please contact your provider relations specialist.