



Controlling High Blood Pressure (NQF 0018)

Measure Basic Information

Name and date of specifications used: Meaningful Use 2015 electronic Clinical Quality Measure (eCQM) Specifications for Eligible Professionals, July 2014 Release.

URL of Specifications:

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRI incentivePrograms/eCQM_Library.html
(click on “2014 eCQM Specifications for EP Update July 2014” for the specification files, including quality data model (QDM) data elements).

Note: eCQM specifications have the potential to update every six months. Once certified, electronic health records (EHRs) are not required to be recertified with the updated specifications. OHA will accept year three data submissions from previous releases of the eCQM specifications, but CCOs will need to document the date of the specifications they are using.

Measure Type:

HEDIS PQI Survey Other Specify: Meaningful Use

Measure Utility:

CCO Incentive Core Performance CMS Adult Set CHIPRA Set State Performance
Other Specify:

Data Source: Electronic Health Records

Measurement Period: 2015

OHA’s preferred measurement period for Year Three data submission is calendar year 2015. OHA will provide clarification on which measurement periods will be accepted in January 2015. OHA will also publish the Year Three guidance document by June 2015.

2013 Benchmark: n/a

2014 Benchmark: n/a

2015 Benchmark: 64%, from the 2014 national Medicaid 75th percentile.

Note 2015 is the first year of pay for performance on this measure, there is not an improvement target. CCOs must submit their data according to the year three guidance, as well as meet the benchmark to earn quality pool funds in 2015 for this measure.

Changes in Specifications for 2015:

Changes are documented in the 2014 eCQM Measure Logic Guidance & Release Notes v1.9 Update July 2014, available online at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRI incentivePrograms/Downloads/eCQM_LogicGuidance_v19_July2014.pdf



Changes since the previous release of the eCQM specifications include:

Logic changes:

- Initial patient population: reordered the instance where 'AND' and 'AND NOT' operators are nested together so that the 'AND' statement precedes the 'AND NOT' statement.
- Denominator exclusions: reordered the instance where 'AND' and 'AND NOT' operators are nested together so that the 'AND' statement precedes the 'AND NOT' statement.

Value set changes:

Value Set Name	Value Set OID	Status
Essential hypertension	2.16.840.1.113883.3.464.1003.104.12.1011 2.16.840.1.113883.3.464.1003.104.11.1029	Removed codes
Dialysis education	2.16.840.1.113883.3.464.1003.109.12.1016 2.16.840.1.113883.3.464.1003.109.11.1031	Added code
Kidney transplant	2.16.840.1.113883.3.464.1003.109.12.1012 2.16.840.1.113883.3.464.1003.109.11.1024 2.16.840.1.113883.3.464.1003.109.11.1025	Removed codes
Vascular access for dialysis	2.16.840.1.113883.3.464.1003.109.12.1011 2.16.840.1.113883.3.464.1003.109.11.1022 2.16.840.1.113883.3.464.1003.109.11.1023	Updated codes
Face-to-face interaction	2.16.840.1.113883.3.464.1003.101.12.1048 2.16.840.1.113883.3.464.1003.101.11.1216	Removed codes

Denied claims: n/a

Measure Details

Data elements required denominator: Patients 18-85 years of age who had a diagnosis of essential hypertension¹ within the first six months of the measurement period or any time prior to the measurement period and who received a qualifying outpatient service during the measurement period:

Qualifying Outpatient Service	Grouping Value Set ²
Office Visit	Office Visit Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1001)
Face-to-Face Interaction	Face-to-Face Interaction Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1048)
Preventive Care Services – Established Office Visit, 18 and Up	Preventive Care Services - Established Office Visit, 18 and Up Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1025)
Preventive Care Services – Initial Office Visit, 18 and Up	Preventive Care Services-Initial Office Visit, 18 and Up Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1023)
Home Healthcare Services	Home Healthcare Services Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1016)
Annual Wellness Visit	Annual Wellness Visit Grouping Value Set (2.16.840.1.113883.3.526.3.1240)

Required exclusions for denominator: Patients with:

Exclusions	Grouping Value Set
Evidence of end stage renal disease (ESRD)	End Stage Renal Disease Grouping Value Set (2.16.840.1.113883.3.526.3.353) ESRD Monthly Outpatient Services Grouping Value Set

¹ Essential hypertension is identified using the Essential Hypertension Grouping Value Set (2.16.840.1.113883.3.464.1003.104.12.1011).

² Grouping Value Sets are lists of specific values (terms and their codes) derived from single or multiple standard vocabularies used to define clinical concepts (e.g. patients with diabetes, clinical visit, reportable diseases) used in clinical quality measures and to support effective health information exchange. Value Sets can be accessed through the Value Set Authority Center (VSAC) at the National Library of Medicine. <https://vsac.nlm.nih.gov/>

Exclusions	Grouping Value Set
	(2.16.840.1.113883.3.464.1003.109.12.1014)
Chronic Kidney Disease, Stage 5	Chronic Kidney Disease, Stage 5 Grouping Value Set (2.16.840.1.113883.3.526.3.1002)
Dialysis or renal transplant before or during the measurement period	Vascular Access for Dialysis Grouping Value Set (2.16.840.1.113883.3.464.1003.109.12.1011) Kidney Transplant Grouping Value Set (2.16.840.1.113883.3.464.1003.109.12.1012) Dialysis Services Grouping Value Set (2.16.840.1.113883.3.464.1003.109.12.1013) Other Services Related to Dialysis Grouping Value Set (2.16.840.1.113883.3.464.1003.109.12.1015) Dialysis Education Grouping Value Set (2.16.840.1.113883.3.464.1003.109.12.1016)
A diagnosis of pregnancy during the measurement period.	Pregnancy Grouping Value Set (2.16.840.1.113883.3.526.3.378)

Deviations from cited specifications for denominator: None.

Data elements required numerator: Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure <140 mmHg and diastolic blood pressure <90 mmHg) during the measurement period.

Note only blood pressure readings performed by a clinician in the provider office are acceptable for numerator compliance with this measure. Blood pressure readings from the patient's home (including readings directly from monitoring devices) are not acceptable.

If no blood pressure is recorded during the measurement period, the patient's blood pressure is assumed "not controlled."

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: None.

What are the continuous enrollment criteria:

There are no continuous enrollment criteria required for this measure. Where possible, CCOs should apply the eligibility rule of 'eligible as of the last date of the reporting period' to identify beneficiaries. OHA's preference is to receive data for Medicaid beneficiaries only, but data for the entire population may be submitted if the data is in aggregate.



What are allowable gaps in enrollment: n/a

Define Anchor Date (if applicable): n/a

For more information:

- Value Sets can be accessed through the Value Set Authority Center (VSAC) at the National Library of Medicine . <https://vsac.nlm.nih.gov/>
- How to read eCQMs: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Guide_Reading_EP_Hospital_eCQMs.pdf
- CMS's eCQMs: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>
- Year Three guidance will be available online at: <http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx>