



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 healthcare 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 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 percent of plan members aged 18-85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg).

Measure Source

- Claims & Chart Review.
- 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.

Coding and Documentation Tips

- If initial patient blood pressure is elevated, blood pressure should be rechecked during the same visit.
- 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](#)
- 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 frailty during the measurement year.
- Are 66-80 years old with frailty and advanced illness codes in the measurement year.
- Are dispensed a dementia medication.
- Optional: ESRD, Kidney transplant, Pregnancy and/or non-acute inpatient admission within the MY.

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 any questions, please contact your Provider Relations Specialist.