### Metric Information

**Metric description:** The percentage of Medicaid beneficiaries, ages 18–85, who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled based on the following criteria:
- Medicaid beneficiaries 18-59 years of age whose BP was <140/90 mm Hg.
- Medicaid beneficiaries 60-85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg.
- Medicaid beneficiaries 60-85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.

**Definition of terms used in this metric:**
- *Representative Blood Pressure:* The most recent blood pressure reading during the measurement year (as long as it occurred after the diagnosis of hypertension).

**Note:** This is a statewide only metric. No information is available at the ACH level.

**Metric specification version:** HEDIS® 2018 Technical Specifications for Health Plans, NCQA.

**Data collection method:** Random sample of 411 charts from clients who meet the criteria for inclusion in the denominator from each managed care organization across the state.

**Data source:** QUALIS Health

**Claim status:** No claims used.

**Identification window:** Measurement year.

**Direction of quality improvement:** Higher is better.

**URL of specifications:** [www.ncqa.org/hedis/measures](http://www.ncqa.org/hedis/measures)

### DSRIP Program Summary

**Metric utility:** ACH Project P4P □  ACH High Performance □  DSRIP statewide accountability ■

**DSRIP statewide accountability – methodology:** HCA will use a Quality Improvement (QI) Model to determine statewide performance across the quality metric set. For more information, see Chapter 2: Statewide accountability.

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1 Qualis Health is Washington’s Medicaid external quality review organization (EQRO). In their role as the EQRO, Qualis Health provides external quality review and supports quality improvement for enrollees of Washington Apple Health managed care programs and the State’s managed mental health and substance use disorder treatment services. One of their annual activities is to validate MCO performance measures on various dimensions of care and service through audits of the MCO’s Healthcare Effectiveness Data and Information Set (HEDIS™) measures.
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**Statewide attribution:** Residence in the state of Washington for 11 out of 12 months in the measurement year.

## DSRIP Metric Details

<table>
<thead>
<tr>
<th>Eligible Population</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>18-85 years. Age is as of the last day of the measurement year.</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Minimum Medicaid enrollment</strong></td>
<td>Measurement year. Enrollment must be continuous.</td>
</tr>
<tr>
<td><strong>Allowable gap in Medicaid enrollment</strong></td>
<td>No more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment.</td>
</tr>
<tr>
<td><strong>Medicaid enrollment anchor date</strong></td>
<td>Last day of the measurement year.</td>
</tr>
<tr>
<td><strong>Medicaid benefit and eligibility</strong></td>
<td>Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries that are eligible for both Medicare and Medicaid and beneficiaries with primary insurance other than Medicaid.</td>
</tr>
</tbody>
</table>

## Denominator:

**Data elements required for denominator:** Medicaid beneficiaries age 18-85 as of the last day of the measurement year with hypertension, who are either diabetic or not diabetic.

1. Hypertension diagnosis – See HEDIS® for specific instructions. Relevant value sets include:
   - Outpatient without UBREV Value Set
   - Essential Hypertension Value Set
2. Identify whether Medicaid beneficiaries are diabetic or not diabetic using only administrative data. See HEDIS® for specific instructions. Relevant value sets include:
   - Outpatient Value Set
   - Observation Value Set
   - ED Value Set
   - Non-Acute Inpatient Value Set
   - Diabetes Value Set
   - Acute Inpatient Value Set
   - Diabetes Medications List
   - Diabetes Exclusions Value Set
3. Confirm hypertension diagnosis and representative blood pressure using medical records. If multiple BP measurements occur on the same date, or are noted in the chart on the same date, the lowest systolic and lowest diastolic BP reading are used. See HEDIS® for specific instructions.
**Controlling High Blood Pressure**

*Value sets required for the denominator.*

<table>
<thead>
<tr>
<th>Name</th>
<th>Value Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Value Set</td>
<td>See HEDIS®</td>
</tr>
<tr>
<td>Observation Value Set</td>
<td>See HEDIS®</td>
</tr>
<tr>
<td>ED Value Set</td>
<td>See HEDIS®</td>
</tr>
<tr>
<td>Non-acute Inpatient Value Set</td>
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</tr>
<tr>
<td>Outpatient Without UBREV Value Set</td>
<td>See HEDIS®</td>
</tr>
<tr>
<td>Essential Hypertension Value Set</td>
<td>See HEDIS®</td>
</tr>
</tbody>
</table>

*Required exclusions for denominator.*

- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions:
  - Beneficiaries in hospice care.

*Deviations from cited specifications for denominator.*

- None.

**Numerator:**

Beneficiaries must qualify for inclusion in the denominator to be eligible for inclusion in the numerator.

*Data elements required for numerator:* Determine if the Medicaid beneficiary’s BP is adequately controlled.

1. Identify the most recent BP reading noted during the measurement year. The reading must occur after the date when the diagnosis of hypertension was confirmed. See HEDIS™ for additional specifications.
2. Use the following to determine who is in the numerator based on the following criteria:
   - Medicaid beneficiaries 18–59 years of age as of the last day of the measurement year whose BP was <140/90 mm Hg
   - Medicaid beneficiaries 60–85 years of age as of the last day of the measurement year who were flagged with a diagnosis of diabetes and whose BP was <140/90 mm Hg
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- Medicaid beneficiaries 60–85 years of age as of the last day of the measurement year who were flagged as not having a diagnosis of diabetes and whose BP was <150/90 mm Hg

(3) If no BP is recorded during the measurement year, assume that the Medicaid beneficiary is “not controlled” (and thus not in the numerator).

Report a single rate for all three groups by summing the numerator events from step 2 to obtain the rate.

**Required exclusions for numerator.**
- None

**Deviations from cited specifications for numerator.**
- None

### Version Control

**July 2018 release:** The specification was updated to HEDIS® 2018 specifications and to include additional information about measurement procedures and sample construction.

**January 2019 update:** Minor formatting updates were made to the metric specification sheet. This includes updating the URL of the source specification and changing HEDIS™ to HEDIS®. No substantive changes were made to the specification.