

Quality ID #236: Controlling High Blood Pressure

2023 COLLECTION TYPE: MEDICARE PART B CLAIMS

MEASURE TYPE:

Intermediate Outcome – High Priority

DESCRIPTION:

Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period

INSTRUCTIONS:

This measure is to be submitted a minimum of **once per performance period** for patients with hypertension seen during the performance period. The performance period for this measure is 12 months. The most recent quality code submitted will be used for performance calculation. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

NOTE: *In reference to the numerator element, only blood pressure readings performed by a clinician or a remote monitoring device are acceptable for numerator compliance with this measure. This includes blood pressures taken in person by a clinician and blood pressures measured remotely by electronic monitoring devices capable of transmitting the blood pressure data to the clinician. Blood pressure readings taken by a remote monitoring device and conveyed by the patient to the clinician are also acceptable. It is the clinician's responsibility and discretion to confirm the remote monitoring device used to obtain the blood pressure is considered acceptable and reliable and whether the blood pressure reading is considered accurate before documenting it in the patient's medical record.*

Do not include BP readings:

1) *Taken during an acute inpatient stay or an ED visit*
2) *Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests. BP readings taken on the same day that the member receives a common low-intensity or preventive procedure **are** eligible for use. For example, the following procedures are considered common low intensity or preventive (this list is just for reference, and is not exhaustive):*

- *Vaccinations.*
- *Injections (e.g., allergy, vitamin B-12, insulin, steroid, toradol, Depo-Provera, testosterone, lidocaine).*
- *TB test.*
- *IUD insertion.*
- *Eye exam with dilating agents.*
- *Wart or mole removal.*

3) *Taken by the patient using a non-digital device such as with a manual blood pressure cuff and a stethoscope.*

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

If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the most recent blood pressure reading. Ranges and thresholds do not meet criteria for this measure. A distinct numeric result for both the systolic and diastolic BP reading is required for numerator compliance.

NOTE: Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.

Measure Submission Type:

Measure data may be submitted by individual MIPS eligible clinicians using Medicare Part B claims. The listed denominator criteria are used to identify the intended patient population. The numerator quality data codes included in this specification are used to submit the quality actions allowed by the measure on the claim form(s). All measure-specific coding should be submitted on the claim(s) representing the denominator eligible encounter and selected numerator option.

The intent of the exclusion for individuals age 65 and older residing in long-term care facilities, including nursing homes, is to exclude individuals who may have limited life expectancy and increased frailty where the benefit of the process may not exceed the risks. This exclusion is not intended as a clinical recommendation regarding whether the measures process is inappropriate for specific populations, instead the exclusions allows clinicians to engage in shared decision making with patients about the benefits and risks of screening when an individual has limited life expectancy.

DENOMINATOR:

Patients 18-85 years of age who had a visit and diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period

DENOMINATOR NOTE: The diagnosis of essential hypertension must be present some time between 1 year prior to the measurement period and the first six months of the measurement period (January 1, 2022 - June 30, 2023).

**Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services will not be counted in the denominator population for Medicare Part B claims measures.*

Denominator Criteria (Eligible Cases):

Patients 18 to 85 years of age on date of encounter

AND

Diagnosis for hypertension (ICD-10-CM): I10

AND

Patient encounter during performance period (CPT or HCPCS): 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, G0438, G0439

NUMERATOR:

Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period

Numerator Instructions:

To describe both systolic and diastolic blood pressure values, **each must be submitted separately.** If there are multiple blood pressures on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure.

NUMERATOR NOTE: In reference to the numerator element, only blood pressure readings performed by a clinician or a remote monitoring device are acceptable for numerator compliance with this measure. This includes blood pressures taken in person by a clinician and blood pressures measured remotely by electronic monitoring devices capable of transmitting the blood pressure data to the clinician. Blood pressure readings taken by a remote monitoring device and conveyed by the patient to the clinician are also acceptable. It is the clinician's responsibility and discretion to confirm the remote monitoring device used to obtain the blood pressure is considered acceptable and reliable and whether the blood pressure reading is considered accurate

before documenting it in the patient's medical record.

Do not include BP readings:

1) Taken during an acute inpatient stay or an ED visit
2) Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests. BP readings taken on the same day that the member receives a common low-intensity or preventive procedure **are** eligible for use. For example, the following procedures are considered common low intensity or preventive (this list is just for reference, and is not exhaustive):

- Vaccinations.
- Injections (e.g., allergy, vitamin B-12, insulin, steroid, toradol, Depo-Provera, testosterone, lidocaine).
- TB test.
- IUD insertion.
- Eye exam with dilating agents.
- Wart or mole removal.

3) Taken by the patient using a non-digital device such as with a manual blood pressure cuff and a stethoscope

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

If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the most recent blood pressure reading. Ranges and thresholds do not meet criteria for this measure. A distinct numeric result for both the systolic and diastolic BP reading is required for numerator compliance.

To assess the age for exclusions, the patient's age on the date of the encounter should be used.

Numerator Quality Data Coding Options:

Patient receiving Hospice Services, Patient Not Eligible

Denominator Exclusion: G9740: Hospice services given to patient any time during the measurement period

OR

Patient receiving Palliative Care Services, Patient Not Eligible

Denominator Exclusion: G0031: Palliative care services given to patient any time during the measurement period

OR

Patient not Eligible for Recommended Blood Pressure Parameters for Documented Reasons

Denominator Exclusion: G9231: Documentation of end stage renal disease (ESRD), dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period

OR

Patient age 66 or older in Institutional Special Needs Plans (SNP) or residing in long-term care facility, Patient Not Eligible

Denominator Exclusion: G9910: Patients age 66 or older in Institutional Special Needs Plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period

OR

Patient with Frailty AND Medication for Dementia, Patient Not Eligible

Denominator Exclusion: G2115: Patients 66- 80 years of age with at least one claim/encounter for frailty during the measurement period AND a dispensed

medication for dementia during the measurement period or the year prior to the measurement period

OR

Patient with Frailty AND Advanced Illness, Patient Not Eligible

Denominator Exclusion: G2116:

Patients 66 - 80 years of age with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period

OR

Patient 81 Years of Age or Older with Frailty, Patient not Eligible

Denominator Exclusion: G2118:

Patients 81 years of age and older with at least one claim/encounter for frailty during the measurement period.

Table: Dementia Exclusion Medications

Description		Prescription
Cholinesterase inhibitors	Donepezil	Rivastigmine
	Galantamine	
Miscellaneous central nervous system agents	Memantine	

- **Codes to identify Frailty:** 99504, 99509, E0100, E0105, E0130, E0135, E0140, E0141, E0143, E0144, E0147, E0148, E0149, E0163, E0165, E0167, E0168, E0170, E0171, E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0270, E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297, E0301, E0302, E0303, E0304, E0424, E0425, E0430, E0431, E0433, E0434, E0435, E0439, E0440, E0441, E0442, E0443, E0444, E0462, E0465, E0466, E0470, E0471, E0472, E0561, E0562, E1130, E1140, E1150, E1160, E1161, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295, E1296, E1297, E1298, G0162, G0299, G0300, G0493, G0494, S0271, S0311, S9123, S9124, T1000, T1001, T1002, T1003, T1004, T1005, T1019, T1020, T1021, T1022, T1030, T1031, L89.000, L89.001, L89.002, L89.003, L89.004, L89.006, L89.009, L89.010, L89.011, L89.012, L89.013, L89.014, L89.016, L89.019, L89.020, L89.021, L89.022, L89.023, L89.024, L89.026, L89.029, L89.100, L89.101, L89.102, L89.103, L89.104, L89.106, L89.109, L89.110, L89.111, L89.112, L89.113, L89.114, L89.116, L89.119, L89.120, L89.121, L89.122, L89.123, L89.124, L89.126, L89.129, L89.130, L89.131, L89.132, L89.133, L89.134, L89.136, L89.139, L89.140, L89.141, L89.142, L89.143, L89.144, L89.146, L89.149, L89.150, L89.151, L89.152, L89.153, L89.154, L89.156, L89.159, L89.200, L89.201, L89.202, L89.203, L89.204, L89.206, L89.209, L89.210, L89.211, L89.212, L89.213, L89.214, L89.216, L89.219, L89.220, L89.221, L89.222, L89.223, L89.224, L89.226, L89.229, L89.300, L89.301, L89.302, L89.303, L89.304, L89.306, L89.309, L89.310, L89.311, L89.312, L89.313, L89.314, L89.316, L89.319, L89.320, L89.321, L89.322, L89.323, L89.324, L89.326, L89.329, L89.40, L89.41, L89.42, L89.43, L89.44, L89.45, L89.46, L89.500, L89.501, L89.502, L89.503, L89.504, L89.506, L89.509, L89.510, L89.511, L89.512, L89.513, L89.514, L89.516, L89.519, L89.520, L89.521, L89.522, L89.523, L89.524, L89.526, L89.529, L89.600, L89.601, L89.602, L89.603, L89.604, L89.606, L89.609, L89.610, L89.611, L89.612, L89.613, L89.614, L89.616, L89.619, L89.620, L89.621, L89.622, L89.623, L89.624, L89.626, L89.629, L89.810, L89.811, L89.812, L89.813, L89.814, L89.816, L89.819, L89.890, L89.891, L89.892, L89.893, L89.894, L89.896, L89.899, L89.90, L89.91, L89.92, L89.93, L89.94, L89.95, L89.96, M62.50, M62.81, M62.84, R26.0, R26.1, R26.2, R26.89, R26.9, R41.81, R53.1, R53.81, R53.83, R54, R62.7, R63.4, R63.6, R64, W01.0XXA, W01.0XXD, W01.0XXS, W01.10XA, W01.10XD, W01.10XS, W01.110A, W01.110D, W01.110S, W01.111A, W01.111D, W01.111S, W01.118A, W01.118D, W01.118S, W01.119A, W01.119D, W01.119S, W01.190A, W01.190D, W01.190S, W01.198A, W01.198D, W01.198S, W06.XXXA, W06.XXXD,

W06.XXXS, W07.XXXA, W07.XXXD, W07.XXXS, W08.XXXA, W08.XXXD, W08.XXXS, W10.OXXA, W10.OXXD, W10.OXXS, W10.1XXA, W10.1XXD, W10.1XXS, W10.2XXA, W10.2XXD, W10.2XXS, W10.8XXA, W10.8XXD, W10.8XXS, W10.9XXA, W10.9XXD, W10.9XXS, W18.00XA, W18.00XD, W18.00XS, W18.02XA, W18.02XD, W18.02XS, W18.09XA, W18.09XD, W18.09XS, W18.11XA, W18.11XD, W18.11XS, W18.12XA, W18.12XD, W18.12XS, W18.2XXA, W18.2XXD, W18.2XXS, W18.30XA, W18.30XD, W18.30XS, W18.31XA, W18.31XD, W18.31XS, W18.39XA, W18.39XD, W18.39XS, W19.XXXA, W19.XXXD, W19.XXXS, Y92.199, Z59.3, Z73.6, Z74.01, Z74.09, Z74.1, Z74.2, Z74.3, Z74.8, Z74.9, Z91.81, Z99.11, Z99.3, Z99.81, Z99.89

- **Codes to identify Advanced Illness:** A81.00, A81.01, A81.09, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C71.0, C71.1, C71.2, C71.3, C71.4, C71.5, C71.6, C71.7, C71.8, C71.9, C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9, C91.00, C91.02, C92.00, C92.02, C93.00, C93.02, C93.90, C93.92, C93.Z0, C93.Z2, C94.30, C94.32, F01.50, F01.51, F01.511, F01.518, F01.52, F01.53, F01.54, F01.A0, F01.A11, F01.A18, F01.A2, F01.A3, F01.A4, F01.B0, F01.B11, F01.B18, F01.B2, F01.B3, F01.B4, F01.C0, F01.C11, F01.C18, F01.C2, F01.C3, F01.C4, F02.80, F02.81, F02.811, F02.818, F02.82, F02.83, F02.84, F02.A0, F02.A11, F02.A18, F02.A2, F02.A3, F02.A4, F02.B0, F02.B11, F02.B18, F02.B2, F02.B3, F02.B4, F02.C0, F02.C11, F02.C18, F02.C2, F02.C3, F02.C4, F03.90, F03.91, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, F04, F10.27, F10.96, F10.97, G10, G12.21, G20, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, I09.81, I11.0, I12.0, I13.0, I13.11, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9, J43.0, J43.1, J43.2, J43.8, J43.9, J68.4, J84.10, J84.112, J84.170, J84.178, J96.10, J96.11, J96.12, J96.20, J96.21, J96.22, J96.90, J96.91, J96.92, J98.2, J98.3, K70.10, K70.11, K70.2, K70.30, K70.31, K70.40, K70.41, K70.9, K74.00, K74.01, K74.02, K74.1, K74.2, K74.4, K74.5, K74.60, K74.69, N18.5, N18.6

OR

Most Recent Blood Pressure Measurement Performed

Systolic pressure (Select one (1) code from this section):

Performance Met: G8752: Most recent systolic blood pressure < 140 mmHg

OR

Performance Not Met: G8753: Most recent systolic blood pressure ≥ 140 mmHg

AND

Diastolic pressure (Select one (1) code from this section):

Performance Met: G8754: Most recent diastolic blood pressure < 90 mmHg

OR

Performance Not Met: G8755: Most recent diastolic blood pressure ≥ 90 mmHg

OR

Blood Pressure Measurement not Documented, Reason not Given

Performance Not Met: G8756: No documentation of blood pressure measurement, reason not given

RATIONALE:

High blood pressure (HBP), also known as hypertension, is when the pressure in blood vessels is higher than normal (Centers for Disease Control and Prevention [CDC], 2021). The causes of hypertension are multiple and multifaceted and can be based on genetic predisposition, environmental risk factors, being overweight and obese, sodium intake, potassium intake, physical activity, and alcohol use. High blood pressure is common; according to the American Heart Association, between 2013-2016, approximately 121.5 million US adults ≥20 years of age had HBP and the prevalence of hypertension among US adults 65 and older was 77.0 percent (Virani et al, 2021).

HBP, known as the “silent killer,” increases risks of heart disease and stroke which are two of the leading causes of

death in the U.S. ; a person who has HBP is four times more likely to die from a stroke and three times more likely to die from heart disease (CDC, 2012). The National Vital Statistics Systems reported that in 2014 there were approximately 73,300 deaths directly due to HBP and 410,624 deaths with any mention of HBP (CDC, 2014). Between 2008 and 2018 the number of deaths due to HBP rose by 57.2 percent (Virani et al, 2021). . Managing and treating HBP would reduce cardiovascular disease mortality for males and females by 30.4 percent and 38.0 percent, respectively (Patel et al., 2015).

The estimated annual average direct and indirect cost of HBP from 2016 to 2017 was \$52.4 billion (Virani et al, 2021). A study on cost-effectiveness on treating hypertension found that controlling HBP in patients with cardiovascular disease and systolic blood pressures of ≥ 160 mm Hg could be effective and cost-saving (Moran, 2015).

Many studies have shown that controlling high blood pressure reduces cardiovascular events and mortality. The Systolic Blood Pressure Intervention Trial (SPRINT) investigated the impact of obtaining a SBP goal of <120 mm Hg compared to a SBP goal of <140 mm Hg among patients 50 and older with established cardiovascular disease and found that the patients with the former goal had reduced cardiovascular events and mortality (SPRINT Research Group et al., 2015).

Controlling HBP will significantly reduce the risks of cardiovascular disease mortality and lead to better health outcomes like reduction of heart attacks, stroke, and kidney disease (James et al., 2014). Thus, the relationship between the measure (control of hypertension) and the long-term clinical outcomes listed is well established.

CLINICAL RECOMMENDATION STATEMENTS:

The U.S. Preventive Services Task Force (2015) recommends screening for high blood pressure in adults age 18 years and older. This is a grade A recommendation.

American College of Cardiology/American Heart Association (2017)

-For adults with confirmed hypertension and known CVD or 10-year ASCVD event risk of 10% or higher, a blood pressure target of less than 130/80 mmHg is recommended (Level of evidence: B-R (for systolic blood pressures), Level of evidence: C-EO (for diastolic blood pressure))

-For adults with confirmed hypertension, without additional markers of increased CVD risk, a blood pressure target of less than 130/80 mmHg may be reasonable (Note: clinical trial evidence is strongest for a target blood pressure of 140/90 mmHg in this population. However observational studies suggest that these individuals often have a high lifetime risk and would benefit from blood pressure control earlier in life) (Level of evidence: B-NR (for systolic blood pressure), Level of evidence: C-EO (for diastolic blood pressure))

American College of Physicians and the American Academy of Family Physicians (2017):

-Initiate or intensify pharmacologic treatment in some adults aged 60 years or older at high cardiovascular risk, based on individualized assessment, to achieve a target systolic blood pressure of less than 140 mmHg (Grade: weak recommendation, Quality of evidence: low)

-Initiate or intensify pharmacologic treatment in adults aged 60 years or older with a history of stroke or transient ischemic attack to achieve a target systolic blood pressure of less than 140 mmHg to reduce the risk of recurrent stroke (Grade: weak recommendation, Quality of evidence: moderate)

American Diabetes Association (2021):

-For individuals with diabetes and hypertension at higher cardiovascular risk (existing atherosclerotic cardiovascular disease or 10-year atherosclerotic cardiovascular disease risk $\geq 15\%$), a blood pressure target of $<130/80$ mmHg may be appropriate, if it can be safely attained (Level of evidence: C).

For individuals with diabetes and hypertension at lower risk for cardiovascular disease (10-year atherosclerotic cardiovascular disease risk $<15\%$), treat to a blood pressure target of $<140/90$ mmHg (Level of evidence: A)

COPYRIGHT:

Physician Performance Measure (Measures) and related data specifications were developed by the National Committee for Quality Assurance (NCQA). These performance Measures are not clinical guidelines and do not

establish a standard of medical care, and have not been tested for all potential applications. NCQA makes no representations, warranties or endorsements about the quality of any organization or clinician who uses or reports performance measures. NCQA has no liability to anyone who relies on measures and specifications or data reflective of performance under such measures and specifications.

The Measures are copyrighted but can be reproduced and distributed, without modification, for noncommercial purposes (e.g., use by healthcare providers in connection with their practices). Commercial use is defined as the sale, licensing, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain. All commercial uses or requests for alteration of the measures and specifications must be approved by NCQA and are subject to a license at the discretion of NCQA. NCQA is not responsible for any use of the Measures. © 2022 NCQA. All Rights Reserved.

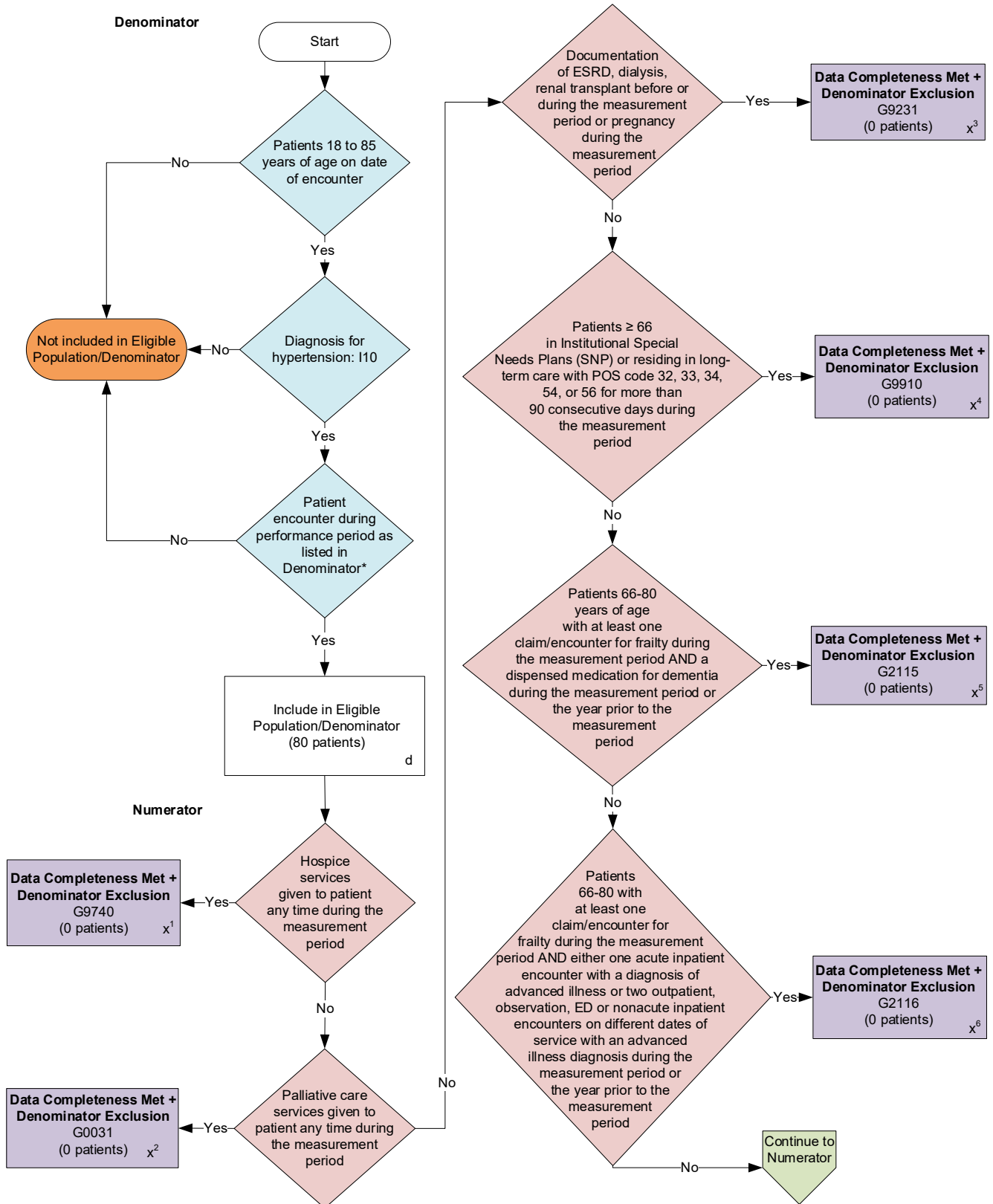
THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

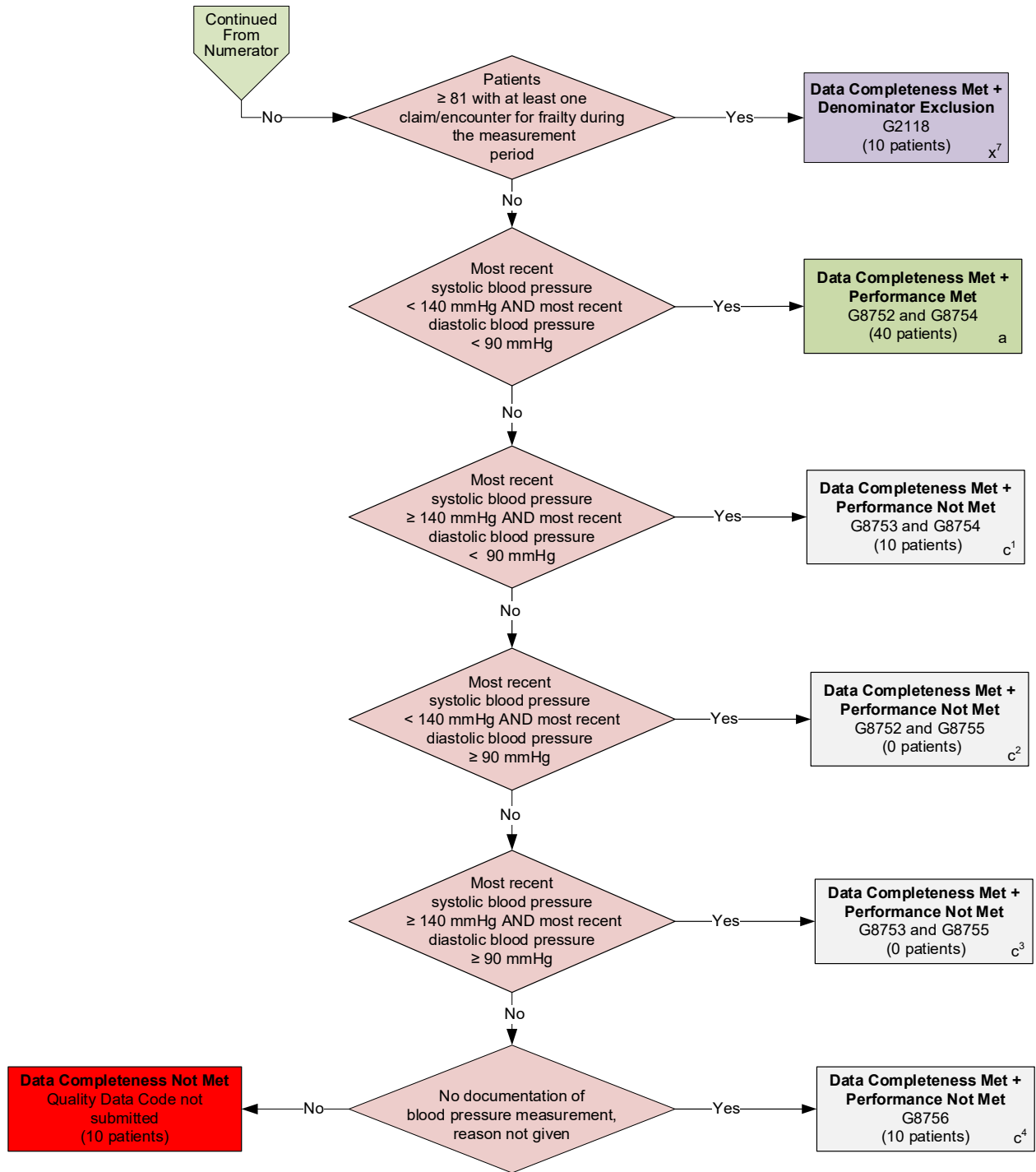
Limited proprietary coding is contained in the Measure specifications for user convenience. Users of proprietary code sets should obtain all necessary licenses from the owners of the code sets. NCQA disclaims all liability for use or accuracy of any CPT or other codes contained in the specifications.

CPT® contained in the Measure specifications is copyright 2004-2022 American Medical Association. LOINC® copyright 2004-2022 Regenstrief Institute, Inc. This material contains SNOMED Clinical Terms® (SNOMED CT®) copyright 2004-2022 International Health Terminology Standards Development Organisation. ICD-10 copyright 2022 World Health Organization. All Rights Reserved.

2023 Medicare Part B Claims Flow for Quality ID #236: Controlling High Blood Pressure

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.





SAMPLE CALCULATIONS

Data Completeness=
 Denominator Exclusion (x¹ thru x⁷=10) + Performance Met (a=40) + Performance Not Met (c¹+c²+c³+c⁴=20) = 70 patients = 87.50%
 Eligible Population / Denominator (d=80) = 80 patients

Performance Rate=
 Performance Met (a=40 patients) = 40 patients = 66.67%
 Data Completeness Numerator (70 patients) – Denominator Exclusion (x¹ thru x⁷=10 patients) = 60 patients

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Intermediate

CPT only copyright 2022 American Medical Association. All rights reserved.
 The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification. v7

**2023 Medicare Part B Claims Flow Narrative for Quality ID #236:
Controlling High Blood Pressure**

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator
2. Check *Patients 18 to 85 years of age on date of encounter*:
 - a. If *Patients 18 to 85 years of age on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients 18 to 85 years of age on date of encounter* equals Yes, proceed to check *Diagnosis for hypertension*.
3. Check *Diagnosis for hypertension*:
 - a. If *Diagnosis for hypertension* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis for hypertension* equals Yes, proceed to check *Patient encounter during performance period as listed in Denominator**.
4. Check *Patient encounter during performance period as listed in Denominator**:
 - a. If *Patient encounter during performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient encounter during performance period as listed in Denominator** equals Yes, include in *Eligible Population/Denominator*.
5. Denominator Population:
 - a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
6. Start Numerator
7. Check *Hospice services given to patient any time during the measurement period*:
 - a. If *Hospice services given to patient any time during the measurement period* equals Yes, include in *Data Completeness Met and Denominator Exclusion*.
 - *Data Completeness Met and Denominator Exclusion* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x¹ equals 0 patients in Sample Calculation.
 - b. If *Hospice services given to patient any time during the measurement period* equals No, proceed to check *Palliative care services given to patient any time during the measurement period*.
8. Check *Palliative care services given to patient any time during the measurement period*:
 - a. If *Palliative care services given to patient any time during the measurement period* equals Yes, include in *Data Completeness Met and Denominator Exclusion*.
 - *Data Completeness Met and Denominator Exclusion* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x²

equals 0 patients in Sample Calculation.

- b. If *Palliative care services given to patient any time during the measurement period* equals No, proceed to check *Documentation of ESRD, dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period*.
9. Check *Documentation of ESRD, dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period*:
 - a. If *Documentation of ESRD, dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period* equals Yes, include in *Data Completeness Met and Denominator Exclusion*.
 - *Data Completeness Met and Denominator Exclusion* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x³ equals 0 patients in Sample Calculation.
 - b. If *Documentation of ESRD, dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period* equals No, proceed to check *Patients greater than or equal to 66 in Institutional Special Needs Plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period*.
10. Check *Patients greater than or equal to 66 in Institutional Special Needs Plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period*:
 - a. If *Patients greater than or equal to 66 in Institutional Special Needs Plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period* equals Yes, include in *Data Completeness Met and Denominator Exclusion*.
 - *Data Completeness Met and Denominator Exclusion* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x⁴ equals 0 patients in Sample Calculation.
 - b. If *Patients greater than or equal to 66 in Institutional Special Needs Plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period* equals No, proceed to check *Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period*.
11. Check *Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period*:
 - a. If *Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period* equals Yes, include in *Data Completeness Met and Denominator Exclusion*.
 - *Data Completeness Met and Denominator Exclusion* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x⁵ equals 0 patients in Sample Calculation.
 - b. If *Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period* equals No proceed to check *Patients 66-80 with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period*.

12. Check *Patients 66-80 with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period.*
 - a. If *Patients 66-80 with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period* equals Yes, include in *Data Completeness Met and Denominator Exclusion.*
 - *Data Completeness Met and Denominator Exclusion* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x⁶ equals 0 patients in Sample Calculation.
 - b. If *Patients 66-80 with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period* equals No, proceed to check *Patients greater than or equal to 81 with at least one claim/encounter for frailty during the measurement period.*
13. Check *Patients greater than or equal to 81 with at least one claim/encounter for frailty during the measurement period:*
 - a. If *Patients greater than or equal to 81 with at least one claim/encounter for frailty during the measurement period* equals Yes, include in *Data Completeness Met and Denominator Exclusion.*
 - *Data Completeness Met and Denominator Exclusion* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x⁷ equals 10 patients in Sample Calculation.
 - b. If *Patients greater than or equal to 81 with at least one claim/encounter for frailty during the measurement period* equals No, proceed to check *Most recent systolic blood pressure less than 140 mmHg AND most recent diastolic blood pressure less than 90 mmHg.*
14. Check *Most recent systolic blood pressure less than 140 mmHg AND most recent diastolic blood pressure less than 90 mmHg:*
 - a. If *Most recent systolic blood pressure less than 140 mmHg AND most recent diastolic blood pressure less than 90 mmHg* equals Yes, include in *Data Completeness Met and Performance Met.*
 - *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in Sample Calculation.
 - b. If *Most recent systolic blood pressure less than 140 mmHg AND most recent diastolic blood pressure less than 90 mmHg* equals No, proceed to check *Most recent systolic blood pressure greater than or equal to 140 mmHg AND most recent diastolic blood pressure less than 90 mmHg.*
15. Check *Most recent systolic blood pressure greater than or equal to 140 mmHg AND most recent diastolic blood pressure less than 90 mmHg:*
 - a. If *Most recent systolic blood pressure greater than or equal to 140 mmHg AND most recent diastolic blood pressure less than 90 mmHg* equals Yes, include in *Data Completeness Met and Performance Not Met.*

- *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c¹ equals 10 patients in the Sample Calculation.
- b. If *Most recent systolic blood pressure greater than or equal to 140 mmHg AND most recent diastolic blood pressure less than 90 mmHg* equals No, proceed to check *Most recent systolic blood pressure less than 140 mmHg AND most recent diastolic blood pressure greater than or equal to 90 mmHg*.
16. Check *Most recent systolic blood pressure less than 140 mmHg AND most recent diastolic blood pressure greater than or equal to 90 mmHg*:
 - a. If *Most recent systolic blood pressure less than 140 mmHg AND most recent diastolic blood pressure greater than or equal to 90 mmHg* equals Yes, include in *Data Completeness Met and Performance Not Met*.
 - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c² equals 0 patients in the Sample Calculation.
 - b. If *Most recent systolic blood pressure less than 140 mmHg AND most recent diastolic blood pressure greater than or equal to 90 mmHg* equals No, proceed to check *Most recent systolic blood pressure greater than or equal to 140 mmHg AND most recent diastolic blood pressure greater than or equal to 90 mmHg*.
 17. Check *Most recent systolic blood pressure greater than or equal to 140 mmHg AND most recent diastolic blood pressure greater than or equal to 90 mmHg*:
 - a. If *Most recent systolic blood pressure greater than or equal to 140 mmHg AND most recent diastolic blood pressure greater than or equal to 90 mmHg* equals Yes, include in *Data Completeness Met and Performance Not Met*.
 - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c³ equals 0 patients in the Sample Calculation.
 - b. If *Most recent systolic blood pressure greater than or equal to 140 mmHg AND most recent diastolic blood pressure greater than or equal to 90 mmHg* equals No, proceed to check *No documentation of blood pressure measurement, reason not given*.
 18. Check *No documentation of blood pressure measurement, reason not given*:
 - a. If *No documentation of blood pressure measurement, reason not given* equals Yes, include in the *Data Completeness Met and Performance Not Met*.
 - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c⁴ equals 10 patients in the Sample Calculation.
 - b. If *No documentation of blood pressure measurement, reason not given* equals No, proceed to check *Data Completeness Not Met*.
 19. Check *Data Completeness Not Met*:
 - a. If *Data Completeness Not Met*, the Quality Data Code was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations:

Data Completeness equals Denominator Exclusion (x^1 thru x^7 equals 10 patients) plus Performance Met (a equals 40 patients) plus Performance Not Met (c^1 plus c^2 plus c^3 plus c^4 equals 20 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exclusion (x^1 thru x^7 equals 10 patients). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Intermediate

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.