

Select Health Quality Provider Program

HYPERTENSION: CONTROLLING HIGH BLOOD PRESSURE

2026 Quality Measure Reference Guide



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Related Quick Links

- [Primary Care Measures Quick Guide](#)
- [Report Hub Instructions: Basic User](#)
- [Formatting a Gaps List in Excel](#)
- [Demographic Allowable Corrections](#)



This measure is included in the Primary Care Quality Provider Program.

Measure Description

Description	The percentage of members ages 18 to 85 with hypertension (HTN) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg)														
Denominator	Members ages 18 to 85 who had at least 2 outpatient, telephone, or virtual check-in visits on different dates of service with a diagnosis of hypertension through the use of claim/encounter data														
Numerator	Members in the denominator whose most recent BP level reading is in control (BP is <140/90 mm Hg)*														
Intake/ Measurement Periods	January 1 through December 31 of the measurement year														
Corrections	<ul style="list-style-type: none"> No blood pressure corrections are allowed for this measure. Blood pressure results must be billed using the CPT Category II codes as indicated below: <table border="1"> <tr> <td rowspan="3">Diastolic Blood Pressure</td> <td>3078F</td> <td>Most recent diastolic blood pressure < 80 mm Hg</td> </tr> <tr> <td>3079F</td> <td>Most recent diastolic blood pressure 88–89 mm Hg</td> </tr> <tr> <td>3080F</td> <td>Most recent diastolic blood pressure ≥ 90 mm Hg</td> </tr> <tr> <td rowspan="3">Systolic Blood Pressure</td> <td>3074F</td> <td>Most recent systolic blood pressure < 130 mm Hg</td> </tr> <tr> <td>3075F</td> <td>Most recent systolic blood pressure 130–139 mm Hg</td> </tr> <tr> <td>3077F</td> <td>Most recent systolic blood pressure ≥ 140 mm Hg</td> </tr> </table>	Diastolic Blood Pressure	3078F	Most recent diastolic blood pressure < 80 mm Hg	3079F	Most recent diastolic blood pressure 88–89 mm Hg	3080F	Most recent diastolic blood pressure ≥ 90 mm Hg	Systolic Blood Pressure	3074F	Most recent systolic blood pressure < 130 mm Hg	3075F	Most recent systolic blood pressure 130–139 mm Hg	3077F	Most recent systolic blood pressure ≥ 140 mm Hg
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* Self-reported blood pressure readings can be taken by the member using a digital device.

Allowable Corrections

General Guidance

There are no allowable corrections for this measure. However, there is a process for using a no-cost (penny) claim — the only way to correct this measure. This process can be used to capture any blood pressure (BP) reading, including member-reported BP readings that are done through a follow-up call for a most recent BP >140/90.

To submit a no-cost claim, include a \$0.01 charge with associated ICD10 code (usually **I10 – essential HTN**) and the appropriate CPT II codes for the most recent blood pressure reading.

[Access guidance for general corrections to demographics.](#)

Frequently Asked Questions

Q: Why does this measure matter?

A: Hypertension, or high blood pressure, is also known as the “silent killer.” High blood pressure increases the risk of heart disease and stroke, the leading causes of death in the United States. Controlling high blood pressure will help prevent heart attacks, stroke, and kidney disease and is an important step for decreasing other serious conditions.

Insurance companies and healthcare providers can help individuals manage their high blood pressure by:

- Prescribing medications and encouraging low-sodium diets.
- Encouraging increased physical activity and smoking cessation.
- Providing discounted or free blood pressure cuffs for those with a hypertension diagnosis.

Q: What is Select Health doing to help?

A: Outreach to Select Health members:

- Mailing members information about coverage for blood pressure cuff costs, with links to a Select Health hypertension blog and a downloadable, printable blood pressure tracker.
- Reaching members through automated calls with hypertension care reminders and guidance on monitoring blood pressure at home and sharing readings with their providers. Additionally, Medicare members receive live calls reminding them of hypertension appointments.
- Pilot programs for increasing hypertension education and treatment in rural areas.

Outreach to providers: The Quality Provider Program maintains an up-to-date registry of patients who have hypertension and are included in the controlling high blood pressure measure, including compliance status.

Q: What are best practices for this measure?

A: Best practices include:

- Using collaborative, team-based care focused on evidence-based guidelines to create workflow processes (e.g., blood pressure checks for home readings, follow-up appointments, etc.).
- Partnering with patients on an individualized plan based on medical history, preferences, comorbidities, and individual prognosis and risk.
- Supporting positive lifestyle changes, including using available education for weight loss and nutrition, medication management, or medical visit follow up.
- Evaluating social determinants of health (SDoH) and community resources that support diabetes management (e.g., access to food, medications, transportation).
- Using payor or electronic medical record patient registries or reports, decision-support tools, or clinic huddles to identify patients missing screenings or services.¹
- Measuring progress toward patient goals and adjusting process as needed by:
 - Establishing a baseline screening rate and setting an ambitious goal
 - Discussing how the screening system is working during staff meetings
 - Making process adjustments as needed to ensure success

Q: Can we use a patient’s self-report BP measurement?

A: Yes, if taken by the member using a digital device such as with a digital blood pressure cuff.

Q: If a member forgets to take prescribed BP medication on the day of the eligible BP reading, is the reading eligible for the closing the measure gap?

A: Yes, a member forgetting to take regular medications on the day of the reading is not considered a required change in medication, and therefore the BP reading is eligible.

References:

¹ National Committee for Quality Assurance. *Blood Pressure Control for Patients with Diabetes (BPD)*. NCQA website. 2024. <https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/blood-pressure-control-for-patients-with-diabetes-bpd/>. Accessed February 13, 2026.

² American Diabetes Association. Standards of medical care in diabetes—2019 abridged for primary care providers. *Clinical Diabetes*. 2019;37(1):11-34.

Working Your Open Gaps List

STEP 1
<p>Create a current gaps-in-care list:</p> <ol style="list-style-type: none"> 1. Open your Gaps-in-Care-for-Download report: QPP Report Hub 2. Apply these filters: <ul style="list-style-type: none"> — Super clinic: Choose your clinic. — Measure: Click on “Controlling High Blood Pressure (CBP).” — Status: Unclick the “Compliant” box. This will filter for only the achievable and/or non-compliant members. 3. In the drop-down menu on the top right side of the page, change the view from “Member” to “Download.” 4. Follow the instructions on the screen to export the data to Excel. <p>Refer to Report Hub Instructions: Basic User.</p>
STEP 2
<p>Format your Excel export. (Refer to Formatting a Gaps List in Excel.)</p>
STEP 3
<p>Review tips for working your Gaps-in-Care List (page 6).</p>

Measure Information

The lower your blood pressure (BP), the better your chances of delaying or preventing a heart attack or a stroke. When your blood moves through your vessels with too much force, you have high blood pressure or hypertension.

When your heart must work harder, your risk for heart disease and diabetes increases. High blood pressure raises your risk for heart attack, stroke, eye problems, and kidney disease.

For this measure:

- **The Qualified Date:** The second date where members ages 18 to 85 had at least 2 outpatient, telephone, or virtual check-in visits on different dates of service with a diagnosis of hypertension through the use of claim/ encounter data during the measurement year.
- **The Compliance Date:** The most recent BP <140/90 mm Hg reading during the measurement year on or after the second diagnosis of hypertension.
- **The End Date:** This measure must be completed by December 31 of the measurement year.

Working Open Gaps List, Continued

Tips for Working your Gaps-in-Care List

- 1. After pulling an open gaps list**, designate staff member(s) to scrub charts to check if the latest blood pressure recorded is compliant as follows:

 - **Compliant:** If the BP is <140/90 mm Hg.
 - **Achievable or Non-Compliant:**
 - The BP is \geq 140/90 mm Hg.
 - There is no BP reading during the measurement year.
 - The reading is incomplete (e.g., the systolic or diastolic level is missing).
 - The BP is taken during an acute inpatient stay or an ED visit.
 - The BP is taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a diet or medication change either the day of or day before a test/procedure (except for fasting blood tests).
 - The BP is taken by the member using a non-digital device (e.g., manual blood pressure cuff and stethoscope).*
- 2. Call and schedule appointments** for members who are on the list. Sort “Qualified Date” by “Oldest to Newest” to prioritize those who fell in the measure sooner for an appointment. Select the column labeled “Member” and “EMPI,” and use conditional formatting to identify duplicate values.
- 3. There may be member(s) who are compliant; however, they are listed as “Achievable” or “Non-Compliant” on our list.** It can take 6 weeks from the date of service for the claims lag to catch up; therefore, check the patient chart before calling and scheduling an appointment.

Corrections Pro Tip

Please wait **6 weeks** from the date of service before determining if a correction is needed. This allows time for claims to be processed, ultimately ensuring that only needed corrections are submitted.

Measure Name	Status	Numerator Value	Status Detail	Date	Measure Instructions
Controlling High BP (CBP)	Achievable		detail: To Be Completed	MM/DD/YYYY	12/31/YYYY. Schedule BP check.
Controlling High BP (CBP)	Achievable	BP SYST/DIAS 140.9	detail: To Be Completed	MM/DD/YYYY	12/31/YYYY. Schedule BP recheck.

NOTE: Examples used in this document are for instructional purposes only; the dates that appear are only representative of what a user might see.

* BP readings taken by the member and documented in the member’s medical record are eligible for use in reporting (provided the BP does not meet any exclusion criteria). There is no requirement that there be evidence the BP was collected by a PCP or specialist.

Best Practices: Closing Gaps in Care

Select Health will pay for adequately controlled blood pressure (<140/90 mm Hg) for hypertension patients during the measurement year (not every 365 days). This applies to hypertension patients 18–75 years of age as of December 31 of the measurement year. Members may be identified as having hypertension during the measurement year or the year prior to the measurement year.

For readings to be compliant with this measure:

- **Use the most recent BP reading (Systolic Blood Pressure Value Set; Diastolic Blood Pressure Value Set) taken during the measurement year.** The member is NOT compliant if:

- The BP is $\geq 140/90$ mm Hg.
- There is no BP reading during the measurement year.
- The reading is incomplete (e.g., the systolic or diastolic level is missing).

If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.

- **Excluded BP readings:** Readings taken during an acute inpatient stay or an ED visit, 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 are excluded.

Ranges and thresholds do not meet criteria for this measure. A distinct numeric result for both systolic and diastolic BP reading is required for numerator compliance. A BP documented as an “average BP” (e.g., “average BP: 139/70”) is compliant.

- **Self-report readings:** Members can self-report blood pressures taken **using a digital device**. Self-reported blood pressures cannot be taken by the patient using a manual blood pressure cuff and a stethoscope. There is no requirement that there be evidence the BP was collected by a PCP or specialist.

To help close gaps in care:

- **Implement CPT category II.** Organizations that use CPT Category II codes to identify numerator compliance must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels. The following table details those codes.

Systolic	Diastolic
3074F Systolic <130	3078F Diastolic <80
3075F Systolic 130–139	3079F Diastolic 80–89
3077F Systolic ≥ 140	3080F Diastolic ≥ 90

- **Use the medical record of the provider who manages the member’s hypertension.** If that medical record does not contain a BP reading, the organization may use the medical record of another primary care physician or specialist from whom the member receives care.
- **Do not underestimate the power of education** because the complications from hypertension may be asymptomatic.
- **Hold a daily or weekly huddle** about members with upcoming gaps in care and outreach activities for members who have missed their appointments.

Questions about the Quality Provider Program?
Contact us at QualityProvider@selecthealth.org.