

Draft Controlling High Blood Pressure (CMS 165v14)

Measure Basic Information

Name and date of specifications used: Eligible Professional / Eligible Clinician electronic Clinical Quality Measure (eCQM) Specifications for Performance / Reporting Year 2026.

URL of Specifications: <https://ecqi.healthit.gov/ecqm/ec/2026/cms0165v14>

Measure Type:

☐ HEDIS ☐ PQI ☐ Survey ☒ Other. Specify: eCQM

Measure Utility:

☐ CCO Incentive ☒ State Quality ☒ CMS Adult Core Set ☐ CMS Child Core Set
☐ Other. Specify:

Data Source: Electronic Health Records

Measurement Period: January 1, 2026 – December 31, 2026

Benchmark: This measure is not currently incentivized.

	2020 and on
Benchmark for OHA measurement year	n/a*
Source	

Note on telehealth: CMS 2026 [telehealth guidance](#) states that this electronic clinical quality measure is telehealth eligible. The [measure guidance](#) explains:

“In reference to the numerator element, only blood pressure readings performed by a clinician or an automated blood pressure monitor or 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 an automated blood pressure monitor or device and conveyed by the patient to the clinician are also acceptable. It is the clinician’s responsibility and discretion to confirm the automated blood pressure monitor or 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 taken during an acute inpatient stay or an Emergency Department (ED) visit.”

For further information specific to Oregon, the Health Evidence Review Commission (HERC) has provided this [guideline](#) on telehealth services.

Changes in Specifications from 2025 to 2026: For a complete list, see the Technical Release Notes <https://ecqi.healthit.gov/ecqm/ec/2026/cms0165v14>

Value Set Name and OID	Status
Value Set Advanced Illness (2.16.840.1.113883.3.464.1003.110.12.1082)	Deleted 1 ICD10CM code (G20) based on review by technical experts, SMEs and/or public feedback. Added 356 SNOMEDCT codes based on review by technical experts, SMEs and/or public feedback. Deleted 160 SNOMEDCT codes based on review by technical experts, SMEs and/or public feedback.
Value Set Frailty Diagnosis (2.16.840.1.113883.3.464.1003.113.12.1074)	Deleted 1 SNOMEDCT code (52702003) based on review by technical experts, SMEs and/or public feedback.
Value Set Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)	Added 1 SNOMEDCT code (185349003) based on review by technical experts, SMEs and/or public feedback.
Value Set Palliative Care Encounter (2.16.840.1.113883.3.464.1003.101.12.1090)	Deleted 1 HCPCS code (M1017) based on review by technical experts, SMEs and/or public feedback.
Value Set Pregnancy (2.16.840.1.113883.3.526.3.378)	Added 1 SNOMEDCT code (1290152008) based on code system/terminology updates. Deleted 1 SNOMEDCT code (237244005) based on code system/terminology updates.
Value Set Telephone Visits (2.16.840.1.113883.3.464.1003.101.12.1080)	Added 8 CPT codes (98009, 98013, 98010, 98011, 98014, 98008, 98015, 98012) based on review by technical experts, SMEs and/or public feedback.

Denied claims: n/a

Measure Details

The detailed measure specifications are available in the eCQI Resource Center:

<https://ecqi.healthit.gov/ecqm/ec/2026/cms0165v14>

Detailed value set contents are available in the [Value Set Authority Center](#). The following abbreviated information from the specifications is provided for convenience.

Data elements required denominator: Patients 18-85 years of age by the end of the measurement period who had a visit during the measurement period and diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period.

Required exclusions for denominator:

- Exclude patients who are in hospice care for any part of the measurement period.
- Patients with evidence of end stage renal disease (ESRD), dialysis or renal transplant before or during the measurement period. Also exclude patients with a diagnosis of pregnancy during the measurement period.
- Exclude patients 66-80 by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria:
 - Advanced illness diagnosis during the measurement period or the year prior
 - OR taking dementia medications during the measurement period or the year prior

- Exclude patients 81 and older by the end of the measurement period with an indication of frailty for any part of the measurement period.
- Exclude patients 66 and older by the end of the measurement period who are living long term in a nursing home any time on or before the end of the measurement period.
- Exclude patients receiving palliative care for any part of the measurement period.

Deviations from cited specifications for denominator: None.

Data elements required 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

Note: See specifications guidance statement for additional information on blood pressure readings that can be counted for numerator compliance.

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: None.

What are the continuous enrollment criteria: For now, OHA does not use continuous enrollment criteria for EHR-based measures; the “eligible as of the last date of the reporting period” rule may be used to identify beneficiaries.

Reporting Healthier Oregon Population is optional. Providers may not have ability to exclude. OHA will continue to accept results with the Health Oregon Population included.

What are allowable gaps in enrollment: n/a

Define Anchor Date (if applicable): n/a

For more information:

- For technical assistance, the electronic clinical quality measure (eCQM) Issue Tracker from CMS: <https://oncprojecttracking.healthit.gov/support/projects/CQM/summary>
- Measure specifications, guidance on how to read eCQMs, and other resources can be accessed through the CMS/ ONC eCQI Resource Center: <https://ecqi.healthit.gov/ep-ec-ecqms>
- Value set content can be accessed through the Value Set Authority Center (VSAC) at the National Library of Medicine: <https://vsac.nlm.nih.gov/>
 - For more information about value sets and the code systems used, a guide can be found in the CMS Measure Management Blueprint: <https://www.cms.gov/files/document/blueprint-codes-code-systems-value-sets.pdf>
- Additional information on OHA reporting requirements will be available in the Year Thirteen (2026) Guidance Documentation, which will be posted at <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>