

Join us in working together to address and improve high blood pressure outcomes for Keystone First's and Keystone First Community HealthChoices' Black American Members and Participants.



We know you are aware that health inequity exists, including in regard to controlling high blood pressure with our Black American communities. This is evidenced by sound national statistics, including the following examples:

- ✓ Nearly half of all adults — 119.9 million people — have high blood pressure.¹
- ✓ An estimated 55% of all adult Black Americans have hypertension.²
- ✓ Recent research indicates that “lack of access to affordable, healthy, and nutritious food is associated with a 14% to 77% increased risk of hypertension.”³
- ✓ Black households experience food insecurity at significantly higher rates (19.1%) than white households (7.9%).⁴

Let's join forces and take the following steps:

Providers and your clinical teams:

- 1. Make sure your Members and Participants have self-monitoring blood pressure cuffs.**
 - Easily available with a prescription to a participating Keystone First or Keystone First Community HealthChoices (CHC) pharmacy provider.
- 2. Prescribe 90-day-eligible blood pressure medications.**

Visit our Pharmacy webpages for complete details and lists:

 - www.keystonefirsttpa.com/pdf/pharmacy/90-day-supply-medication-list.pdf
 - www.keystonefirstchc.com/pdf/providers/pharmacy/90-day-supply-medication-list.pdf
- 3. Identify your Members and Participants with high blood pressure and/or medication non-adherence care gaps through NaviNet.** There are several reports to help you, such as individual care gap reports and Member/Participant clinical summary reports, both of which give you a snapshot of the Member's or Participant's care gaps, specialist visits, medications, and much more.

What we can do to support you:

- 1. Contact the Member's or Participant's support service.**

Keystone First: **1-800-573-4100**
Keystone First CHC: **1-855-332-0729**
- 2. Payment for CPT II codes.** We are committed to improving HEDIS measures, including Controlling High Blood Pressure (CBP), and have for many years reimbursed for specific CPT II codes when submitted with an appropriate diagnosis. We will continue this reimbursement, but to encourage and increase submission, a different and increased methodology has been implemented.
- 3. Quality Program Payment.** Controlling High Blood Pressure is one of several quality measures to receive additional performance-based revenue for participating providers.

1. "High Blood Pressure Facts," U.S. Centers for Disease Control and Prevention, May 15, 2024, <https://www.cdc.gov/high-blood-pressure/data-research/facts-stats/index.html>

2. "High Blood Pressure Among Black People," American Heart Association, March 4, 2022, <https://www.heart.org/en/health-topics/high-blood-pressure/why-high-blood-pressure-is-a-silent-killer/high-blood-pressure-and-african-americans>

3. Aleksandra A. Abrahamowicz et al., "Racial and Ethnic Disparities in Hypertension: Barriers and Opportunities to Improve Blood Pressure Control," *Curr Cardiol Rep*, January 9, 2023, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9838393>

4. Alisha Coleman-Jensen et al., "Household Food Security in the United States in 2019," U.S. Department of Agricultural Economic Research Service, <https://www.ers.usda.gov/webdocs/publications/99282/err-275.pdf>

