

Table ABA-AD. Percentage of Adults Ages 18 to 74 who had an Outpatient Visit with a Body Mass Index Value Documented in the Medical Record, as Submitted by States for the FFY 2018 Adult Core Set Report (n = 35 states)

State	Population	Methodology	Denominator	Rate
State Mean				67.3
State Median				82.0
States Reporting Ages 18 to 64 (n=21)				
Alabama	Medicaid	Administrative	78,018	46.6
Connecticut	Medicaid; CHIP	Hybrid	692	87.5
Delaware	Medicaid; Dual Eligibles	Administrative	19,816	40.4
Georgia	Medicaid	Administrative	192,204	43.3
Illinois	Medicaid; CHIP	Administrative	3,350,645	13.3
Iowa	Medicaid	Administrative	90,974	19.9
Maryland	Medicaid	Hybrid	2,227	92.5
Massachusetts	Medicaid; Dual Eligibles	Hybrid	1,208	89.3
Michigan	Medicaid	Administrative	489,614	58.1
Mississippi	Medicaid	Hybrid	640	83.0
Nebraska	Medicaid; CHIP; Dual Eligibles	Administrative	30,712	18.4
New Hampshire	Medicaid	Hybrid	333	90.7
New York	Medicaid; CHIP	Hybrid	10,534	86.0
North Carolina	Medicaid	Administrative	370,715	28.3
Oklahoma	Medicaid; Dual Eligibles	Administrative	60,282	10.5
South Carolina	Medicaid; CHIP	Administrative	108,841	38.3
Virginia	Medicaid; CHIP	Administrative	NR	89.8
Washington	Medicaid	Hybrid	1,467	89.0
West Virginia	Medicaid	Hybrid	1,644	88.5
Wisconsin	Medicaid	Administrative & Hybrid	NR	49.6
Wyoming	Medicaid; Dual Eligibles	Administrative	3,799	15.3
States Reporting Ages 18 to 74 (n=14)				
Dist. of Col.	Medicaid; CHIP; Dual Eligibles	Hybrid	1,174	73.7
Florida	Medicaid	Administrative & Hybrid	249,758	89.7
Kansas	Medicaid; Dual Eligibles	Hybrid	1,062	86.5
Kentucky	Medicaid; Dual Eligibles	Hybrid	1,863	86.6
Louisiana	Medicaid	Hybrid	1,731	82.0
New Jersey	Medicaid; CHIP	Hybrid	1,740	84.5
New Mexico	Medicaid	Hybrid	1,341	79.9
Ohio	Medicaid; CHIP	Hybrid	1,702	79.6
Pennsylvania	Medicaid	Hybrid	2,839	91.9
Rhode Island	Medicaid; CHIP	Hybrid	822	93.6
Tennessee	Medicaid	Hybrid	2,778	90.9
Texas	Medicaid	Administrative & Hybrid	177,762	70.4
Utah	Medicaid; Dual Eligibles	Administrative & Hybrid	20,671	92.3
Vermont	Medicaid	Hybrid	411	74.0

Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle. More information on the Adult Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set/index.html>.

Notes: This measure identifies the percentage of adults ages 18 to 74 who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

The term “states” includes the 50 states and the District of Columbia.

Means are calculated as the unweighted average of all state rates.

Unless otherwise specified, states used Adult Core Set specifications, based on National Committee for Quality Assurance 2018 specifications.

Unless otherwise specified, the measurement period for this measure was January 1, 2016 to December 31, 2017.

Table ABA-AD (continued)

Unless otherwise specified, rates displayed in this table reflect state reporting for Medicaid beneficiaries ages 18 to 64 or ages 18 to 74.

The Adult Core Set specifications include guidance for calculating this measure using the administrative method or the hybrid method. The hybrid method uses a combination of administrative and medical records data to identify services included in the numerator or to determine exclusions from the denominator based on diagnoses or other criteria. Unless otherwise specified, administrative data sources are the state's MMIS and/or data submitted by managed care plans; medical record data sources are paper and/or electronic health records.

Denominators are assumed to be the measure-eligible population for states using the administrative method; states using the hybrid method often reported the sample size for the medical chart review rather than the measure-eligible population. Some states reported exclusions from the denominator, as noted in the state-specific comments below.

AHRQ = Agency for Healthcare Research and Quality; CCO = Coordinated Care Organization; CHIP = Children's Health Insurance Program; CMS = Centers for Medicare & Medicaid Services; CMO = Care Management Organization; CY = Calendar Year; ED = Emergency Department; EHR = Electronic Health Record; EQRO = External Quality Review Organization; FFS = Fee for Service; FFY = Federal Fiscal Year; HEDIS = Healthcare Effectiveness Data and Information Set; HMO = Health Maintenance Organization; ICD = International Classification of Diseases; LOINC = Logical Observation Identifiers Names and Codes; MACPro = Medicaid and CHIP Program System; MCO = Managed Care Organization; MMIS = Medicaid Management Information System; NCQA = National Committee for Quality Assurance; NR = Not Reported; PCCM = Primary Care Case Management; PCP = Primary Care Practitioner.

State-Specific Comments:

AL:	Rate includes FFS and PCCM populations. Rate excludes Medicare-Medicaid Dual Eligibles.
CT:	Rate includes FFS population. Rate excludes Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 205,071. Rate was audited by a certified HEDIS auditor.
DE:	Rate includes managed care population (1 MCO), representing 72 percent of the population. Rate excludes FFS population and enrollees in one MCO, representing 28 percent of the population.
DC:	Rate includes managed care population (3 MCOs) ages 18 to 74, representing 50 percent of the population. Rate excludes FFS population and enrollees in one MCO, representing 50 percent of the population. Denominator is the sample size; measure-eligible population is 38,701. MCO rates were audited by certified HEDIS auditors.
FL:	Rate includes managed care population (17 MCOs) ages 18 to 74, representing 67 percent of the population. Rate excludes FFS population, representing 33 percent of the population, and Medicare-Medicaid Dual Eligibles. Rate was derived using both administrative and hybrid method data. Two MCOs used the administrative method and 15 MCOs used the hybrid method. Denominator is the measure-eligible population. MCO rates were audited by a certified HEDIS auditor.
GA:	Rate includes FFS and managed care populations (4 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles and Planning for Healthy Babies (P4HB) demonstration members per CMS Special Terms and Conditions. Rate was validated by the state's EQRO.
IL:	Rate includes FFS, PCCM, and managed care populations (13 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. Rate was validated by the state's EQRO.
IA:	Rate includes FFS and managed care populations (3 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. State is unable to determine whether height, weight, and BMI data are from the same source. State applied optional exclusions.
KS:	Rate includes managed care population (3 MCOs) ages 18 to 74. Denominator is the sample size; measure-eligible population is 51,947.
KY:	Rate includes managed care population (5 MCOs) ages 18 to 74, representing 90 percent of the population. Rate excludes FFS population, representing 10 percent of the population. Denominator is the sample size; measure-eligible population is 343,656. Rate was validated by the state's EQRO.
LA:	Rate includes managed care population (5 MCOs) ages 18 to 74, representing 95 percent of the population. Rate excludes FFS population, representing 5 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 135,446. Rate was calculated using HEDIS-certified code and the state conducted an internal validation of the data.
MD:	Rate includes managed care population (8 MCOs), representing 83 percent of the population. Rate excludes FFS population, representing 17 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 2,566,257. Rate was audited by certified HEDIS auditors.

Table ABA-AD (continued)

MA:	Rate includes PCCM and managed care populations (5 MCOs), representing 63 percent of the population. Rate excludes FFS population, representing 37 percent of the population, but most FFS beneficiaries would not be eligible for the measure, including beneficiaries who have other insurance, reside in a long-term care institution, or receive limited or temporary Medicaid benefits. Denominator is the sample size; measure-eligible population is 278,006.
MI:	Rate includes FFS and managed care populations (11 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles.
MS:	Rate includes managed care population (2 MCOs), representing 64 percent of the population. Rate excludes FFS population, representing 36 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 50,543.
NE:	Rate includes FFS and managed care populations (3 MCOs).
NH:	Rate includes managed care population (2 MCOs), representing 85 percent of the population. Rate excludes FFS population, representing 15 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 10,859. MCO rate was audited by certified HEDIS auditors.
NJ:	Rate includes managed care population (5 MCOs) ages 18 to 74, representing 91 percent of the population. Rate excludes FFS population, representing 9 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 282,458.
NM:	Rate includes managed care population (4 MCOs) ages 18 to 74. Rate excludes Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 172,609. MCO rates were audited by certified HEDIS auditors.
NY:	Rate includes managed care population (18 MCOs), representing 77 percent of the population. Rate excludes FFS population, representing 23 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 1,153,091. State conducted an internal validation of the data.
NC:	Rate includes FFS and PCCM populations. Rate excludes Medicare-Medicaid Dual Eligibles. Rate was validated by an NCQA-certified vendor.
OH:	Rate includes managed care population (5 MCOs) ages 18 to 74, representing 82 percent of the population. Rate excludes FFS population, representing 18 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 610,956. MCO rates were audited by a certified HEDIS auditor.
OK:	Rate includes FFS and PCCM populations. Rate excludes home- and community-based services waiver enrollees.
PA:	Rate includes managed care population (9 MCOs) ages 18 to 74. Rate excludes Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 538,869. Data were submitted by MCOs and compiled by the state's EQRO.
RI:	Rate includes managed care population (2 MCOs) ages 18 to 74, representing 91 percent of the population. Rate excludes FFS population, representing 9 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 74,380.
SC:	Rate includes managed care population (5 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles.
TN:	Rate includes managed care population (4 MCOs) ages 18 to 74. Rate excludes Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 321,199. Rate was validated by the state's EQRO.
TX:	Rate includes FFS and managed care populations (24 MCOs) ages 18 to 74. Rate excludes Medicare-Medicaid Dual Eligibles. Rate was derived using both administrative and hybrid method data. The rates for the state's FFS population and nineteen MCOs were calculated using the administrative method. Five MCOs used the hybrid method. Denominator is the measure-eligible population. Rate was validated by the state's EQRO.
UT:	Rate includes managed care population (4 MCOs) ages 18 to 74, representing 75 percent of the population. Rate excludes FFS population, representing 25 percent of the population. Rate was derived using both administrative and hybrid method data. Three MCOs used the administrative method and one MCO used the hybrid method. Denominator is the measure-eligible population. MCO rates were audited by certified HEDIS auditors.
VT:	Rate includes accountable care organization (ACO) population ages 18 to 74, representing 18 percent of the Medicaid population. Rate excludes Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 56,709. Rate was validated by the state's EQRO.

Table ABA-AD (continued)

VA:	Rate includes managed care population (6 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. State obtained rate from the NCQA Quality Compass and denominator is not available.
WA:	Rate includes managed care population (5 MCOs) ages 18 to 74, representing 87 percent of the population. Rate excludes FFS population, representing 13 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 329,795. Rate was audited by the state's EQRO.
WV:	Rate includes managed care population (4 MCOs), representing 80 percent of the population. Rate excludes FFS population, representing 20 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 86,202.
WI:	Rate includes managed care population (18 MCOs), representing 54 percent of the population. Rate excludes FFS population, representing 46 percent of the population, and Medicare-Medicaid Dual Eligibles. Rate was derived using both administrative and hybrid method data. Three MCOs used the administrative method and 15 MCOs used the hybrid method. Denominator is not available.
WY:	Rate includes FFS population.