

**Table WCC-CH. Percentage of Children Ages 3 to 17 who had an Outpatient Visit and whose Body Mass Index Percentile is Documented in the Medical Record, as Submitted by States for the FFY 2018 Child Core Set Report (n = 37 states)**

State	Population	Methodology	Denominator	Rate
State Mean				57.3
State Median				69.7
Alabama	Medicaid only	Administrative	289,338	17.1
Alabama	CHIP only	Administrative	38,931	24.8
Alaska	Medicaid & CHIP	Administrative	22,233	18.9
Connecticut	Medicaid & CHIP	Hybrid	392	71.9
Delaware	Medicaid & CHIP	Hybrid	411	59.1
Dist. of Col.	Medicaid & CHIP	Hybrid	1,167	76.8
Florida	Medicaid & CHIP	Hybrid	275,058	82.0
Georgia	Medicaid & CHIP	Administrative	665,065	57.2
Hawaii	Medicaid & CHIP	Hybrid	79,263	84.7
Illinois	Medicaid & CHIP	Administrative	809,099	19.2
Indiana	Medicaid & CHIP	Hybrid	1,644	71.6
Iowa	Medicaid only	Administrative	47,385	14.4
Iowa	CHIP only	Administrative	7,944	15.5
Kansas	Medicaid & CHIP	Hybrid	1,233	64.7
Kentucky	Medicaid & CHIP	Hybrid	2,032	72.0
Louisiana	Medicaid & CHIP	Hybrid	2,055	62.4
Maryland	Medicaid & CHIP	Hybrid	2,556	72.7
Massachusetts	Medicaid & CHIP	Hybrid	1,710	82.1
Michigan	Medicaid only	Hybrid	4,180	84.4
Mississippi	Medicaid only	Hybrid	822	56.3
Mississippi	CHIP only	Hybrid	822	55.8
Nebraska	Medicaid & CHIP	Administrative	83,078	4.7
Nevada	Medicaid only	Hybrid	1,644	40.1
Nevada	CHIP only	Hybrid	1,644	42.0
New Hampshire	Medicaid & CHIP	Hybrid	759	76.9
New Jersey	Medicaid & CHIP	Hybrid	2,028	77.8
New Mexico	Medicaid & CHIP	Hybrid	1,644	61.0
New York	Medicaid & CHIP	Hybrid	6,212	83.8
North Carolina	Medicaid only	Administrative	649,523	34.1
North Carolina	CHIP only	Administrative	71,712	33.6
Ohio	Medicaid & CHIP	Hybrid	2,055	62.5
Oklahoma	Medicaid & CHIP	Administrative	248,239	4.6
Pennsylvania	Medicaid & CHIP	Hybrid	7,382	78.1
Rhode Island	Medicaid & CHIP	Hybrid	707	90.2
South Carolina	Medicaid & CHIP	Administrative	326,984	39.7
Tennessee	Medicaid only	Hybrid	4,062	77.2
Tennessee	CHIP only	Hybrid	411	71.8
Texas	Medicaid only	Hybrid	11,351	69.7
Texas	CHIP only	Hybrid	6,681	69.6
Utah	Medicaid only	Hybrid	1,644	81.4
Utah	CHIP only	Hybrid	821	82.3
Virginia	Medicaid & CHIP	Hybrid	NR	70.3
Washington	Medicaid & CHIP	Hybrid	2,028	70.8
West Virginia	Medicaid only	Administrative	84,467	29.4
West Virginia	CHIP only	Administrative	9,785	0.4
Wyoming	Medicaid only	Administrative	16,345	1.8

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

Table WCC-CH (continued)

Notes: This measure identifies the percentage of children ages 3 to 17 who had an outpatient visit with a primary care practitioner or obstetrical/gynecological practitioner and who had evidence of body mass index percentile documented in the medical record during 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. When a state reported separate rates for its Medicaid and CHIP populations, the mean and median rates were calculated using the rate for the larger measure-eligible population.

Unless otherwise specified, states used Child Core Set specifications, based on National Committee for Quality Assurance 2018 specifications. The following state used National Committee for Quality Assurance 2017 specifications: NV. This table excludes AR, which reported the measure but did not use Child Core Set specifications to calculate the measure.

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

The Child 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.

ADHD = Attention-Deficit/Hyperactivity Disorder; CCO = Coordinated Care Organization; CHIP = Children’s Health Insurance Program; CMS = Centers for Medicare & Medicaid Services; CPT = Current Procedural Terminology; CY = Calendar Year; ED = Emergency Department; EPSDT = Early and Periodic Screening, Diagnostic, and Treatment; 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: Medicaid rate includes FFS and PCCM populations.

AL: CHIP rate includes separate CHIP population. Rate excludes children enrolled in Medicaid-expansion CHIP; these children are included in the state’s Medicaid rate. State attributes rate increase from FFY 2017 to the state’s primary care value-based payment initiative, which incentivizes preventive encounters, such as BMI assessments.

AK: Rate includes FFS population.

CT: Rate includes FFS population. Denominator is the sample size; measure-eligible population is 193,540. Rate was audited by a certified HEDIS auditor.

DE: Rate includes managed care population (1 MCO), representing 86 percent of the population. Rate excludes FFS population and enrollees in one MCO, representing 14 percent of the population. Denominator is the sample size; measure-eligible population is 37,907.

DC: Rate includes managed care population (3 MCOs), representing 66 percent of the population. Rate excludes FFS population and one MCO, representing 34 percent of the population. Denominator is the sample size; measure-eligible population is 32,039. MCO rates were audited by certified HEDIS auditors.

FL: Rate includes FFS, PCCM, and managed care populations (21 MCOs). Denominator is the sample size; measure-eligible population is 1,154,304. MCO rates were audited by a certified HEDIS auditor.

GA: Rate includes FFS and managed care populations (4 MCOs). Rate was validated by the state’s EQRO.

HI: Rate includes managed care population (5 MCOs). Denominator is the measure-eligible population; sample size is not available. Rate was validated by the state’s EQRO.

IL: Rate includes FFS, PCCM, and managed care populations (13 MCOs). Rate was validated by the state’s EQRO.

Table WCC-CH (continued)

IN:	Rate includes managed care population (4 MCOs), representing more than 90 percent of the population. Rate excludes FFS population, representing less than 10 percent of the population. Denominator is the sample size; measure-eligible population is 286,551. MCO rates were audited by certified HEDIS auditors.
IA:	Medicaid rate includes FFS and managed care populations (3 MCOs). State applied optional exclusions. State attributes performance decline from FFY 2017 to network changes during the year that may have disrupted services.
IA:	CHIP rate includes managed care population (3 MCOs). State applied optional exclusions.
KS:	Rate includes managed care population (3 MCOs). Denominator is the sample size; measure-eligible population is 141,707.
KY:	Rate includes managed care population (5 MCOs), representing 95 percent of the population. Rate excludes FFS population, representing 5 percent of the population. Denominator is the sample size; measure-eligible population is 318,164. Rate was validated by certified HEDIS auditors.
LA:	Rate includes managed care population (5 MCOs), representing 95 percent of the population. Rate excludes FFS population, representing 5 percent of the population. Denominator is the sample size; measure-eligible population is 431,164. 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 95 percent of the population. Rate excludes FFS population, representing 5 percent of the population. Denominator is the sample size; measure-eligible population is 308,544. Rate was audited by certified HEDIS auditors.
MA:	Rate includes PCCM and managed care populations (5 MCOs), representing 74 percent of the population. Rate excludes FFS population, representing 26 percent of the Medicaid population and 18 percent of the CHIP population, but the majority of these children would not have been measure-eligible, including children who have other primary insurance, children with limited Medicaid benefits, children in premium assistance programs, new enrollees who have not yet enrolled in an MCO, and children in state custody. Denominator is the sample size; measure-eligible population is 292,207.
MI:	Rate includes managed care population (11 MCOs), representing 80 percent of the population. Rate excludes FFS population, representing 20 percent of the population. Denominator is the sample size; measure-eligible population is 390,815. MCO rates were validated by the state's EQRO.
MS:	Medicaid rate includes managed care population (2 MCOs), representing 64 percent of the population. Rate excludes FFS population, representing 36 percent of the population. Denominator is the sample size; measure-eligible population is 191,858.
MS:	CHIP rate includes managed care population (2 MCOs). Denominator is the sample size; measure-eligible population is 26,925.
NE:	Rate includes FFS and managed care populations (3 MCOs).
NV:	Medicaid rate includes managed care population (3 MCOs). Rate excludes FFS population. Denominator is the sample size; measure-eligible population is 97,841.
NV:	CHIP rate includes managed care population (3 MCOs). Rate excludes FFS population. Denominator is the sample size; measure-eligible population is 12,585.
NH:	Rate includes managed care population (2 MCOs), representing 88 percent of the population. Rate excludes FFS population, representing 12 percent of the population. Denominator is the sample size; measure-eligible population is 48,381. MCO rates were audited by certified HEDIS auditors.
NJ:	Rate includes managed care population (5 MCOs), representing 93 percent of the population. Rate excludes FFS population, representing 7 percent of the population. Denominator is the sample size; measure-eligible population is 428,444.
NM:	Rate includes managed care population (4 MCOs). Denominator is the sample size; measure-eligible population is 159,162. MCO rates were audited by certified HEDIS auditors.
NY:	Rate includes managed care population (19 MCOs), representing more than 90 percent of the population. Rate excludes FFS population, representing less than 10 percent of the population. Denominator is the sample size; measure-eligible population is 1,201,848. State attributes rate increase from FFY 2017 to MCO incentives. State conducted an internal validation of the data.
NC:	Medicaid rate includes FFS and PCCM populations. Rate was validated by an NCQA-certified vendor.
NC:	CHIP rate includes FFS and PCCM populations. Rate was validated by an NCQA-certified vendor.
OH:	Rate includes managed care population (5 MCOs), representing 93 percent of the population. Rate excludes FFS population, representing 7 percent of the population. Denominator is the sample size; measure-eligible population is 577,260.

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Table WCC-CH (continued)

OK:	Rate includes FFS and PCCM populations. Rate excludes enrollees in home- and community-based services waivers.
PA:	Rate includes managed care population (19 MCOs). Denominator is the sample size; measure-eligible population is 622,284. Data were submitted by MCOs and compiled by the state's EQRO.
RI:	Rate includes managed care population (2 MCOs), representing 85 percent of the population. Rate excludes FFS population, representing 15 percent of the population. Denominator is the sample size; measure-eligible population is 62,706.
SC:	Rate includes managed care population (5 MCOs).
TN:	Medicaid rate includes managed care population (4 MCOs). Denominator is the sample size; measure-eligible population is 439,938. Rate was validated by the state's EQRO.
TN:	CHIP rate includes the CHIP Health Plan Administrators and Medical Benefits Managers population. Denominator is the sample size; measure-eligible population is 41,787. State attributes rate increase from FFY 2017 to using the measure as a quality incentive measure. Rate was validated by the state's EQRO.
TX:	Medicaid rate includes managed care population (28 MCOs), representing 94 percent of the population. Rate excludes FFS population, representing 6 percent of the population. Denominator is the sample size; measure-eligible population is 1,426,842. Rate was validated by the state's EQRO.
TX:	CHIP rate includes managed care population (17 MCOs). Denominator is the sample size; measure-eligible population is 185,512. Rate was validated by the state's EQRO.
UT:	Medicaid rate includes managed care population (4 MCOs), representing 85 percent of the population. Rate excludes FFS population, representing 15 percent of the population. Denominator is the sample size; measure-eligible population is 62,613. State attributes rate increase from FFY 2017 to quality improvement efforts. MCO rates were audited by certified HEDIS auditors.
UT:	CHIP rate includes managed care population (2 MCOs). Denominator is the sample size; measure-eligible population is 8,053. State attributes rate increase from FFY 2017 to increased awareness of the issue of childhood obesity and quality improvement efforts. MCO rate was audited by certified HEDIS auditors.
VA:	Rate includes managed care population (6 MCOs). State obtained rate from the NCQA Quality Compass and denominator is not available.
WA:	Rate includes managed care population (5 MCOs), representing 97 percent of the population. Rate excludes FFS and PCCM populations, representing 3 percent of the population. Rate also excludes managed care populations who met the continuous eligibility requirement for Medicaid or CHIP but who were not enrolled in a single plan during the continuous enrollment period. Denominator is the sample size; measure-eligible population is 404,384. Rate was audited by the state's EQRO.
WV:	Medicaid rate includes FFS and managed care populations (4 MCOs). Rate includes paid claims only.
WV:	CHIP rate includes FFS population.
WY:	Rate includes FFS population.