Proposed Retirement for HEDIS®[1] MY 2020
Adult BMI Assessment (ABA)

NCQA seeks comments on the proposed retirement of the HEDIS *Adult BMI Assessment* measure. Introduced to HEDIS in 2009, the measure assesses members 18–74 years of age who had their body mass index (BMI) documented during an outpatient visit in the current or previous year. It can be reported using the Administrative Method or the Hybrid Method by Medicare, Medicaid and commercial product lines.

NCQA is considering retirement of this measure for several reasons:

- The measure is less relevant, given that automatic calculation of BMI in EHRs is now a common standard of practice and occurs at most outpatient visits. It does not assess counseling or follow-up for patients either "at risk" or diagnosed as overweight or obese, and documentation of BMI assessment alone sets a relatively low threshold for quality care to address the nation's ongoing obesity epidemic.

- A recent change to ICD-10 coding guidelines (effective October 2018) allows clinicians to use BMI codes only if BMI falls outside the normal range; for example, if the patient has a clinically relevant condition such as overweight or obesity. Therefore, going forward, plans would likely shift to the Hybrid Method of reporting (medical record review) in order to fully capture performance; this method is more burdensome for plans than the Administrative Method (claims).

- Performance on ABA has been trending upward over the past three years across all product lines. Average performance for Medicare has nearly topped out, with a national reporting average of 96.2% in 2018.

In addition, the Centers for Medicare & Medicaid Services is removing this measure from the Star Ratings program beginning with the 2020 measurement year and 2022 Star Ratings.

Stakeholders expressed concern for removing this measure from HEDIS without a replacement measure that addresses adult obesity/weight management. NCQA is working to identify opportunities to develop or adapt a more suitable measure.

Supporting documents for this measure include the current measure specification and performance data.

NCQA acknowledges the contributions of the Technical Measurement Advisory Panel and other stakeholders.

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[1]HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Adult BMI Assessment (ABA)

SUMMARY OF CHANGES TO HEDIS MEASUREMENT YEAR 2020

- Retire measure.

Description

The percentage of members 18–74 years of age 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.

Definitions

BMI	Body mass index. A statistical measure of the weight of a person scaled according to height.
BMI percentile	The percentile ranking based on the Centers for Disease Control and Prevention's (CDC) BMI-for-age growth charts, which indicate the relative position of a patient's BMI number among those of the same sex and age.

Eligible Population

Note: Members in hospice are excluded from the eligible population. If an organization reports this measure using the Hybrid method, and a member is found to be in hospice or using hospice services during medical record review, the member is removed from the sample and replaced by a member from the oversample. Refer to General Guideline 17: Members in Hospice.

Product lines	Commercial, Medicaid, Medicare (report each product line separately).
Ages	18 years as of January 1 of the year prior to the measurement year to 74 years as of December 31 of the measurement year.
Continuous enrollment	The measurement year and the year prior to the measurement year.
Allowable gap	No more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
Anchor date	December 31 of the measurement year.
Benefit	Medical.
Event/diagnosis	Members who had an outpatient visit (Outpatient Value Set) during the measurement year or the year prior to the measurement year.

Administrative Specification

Denominator	The eligible population.
Numerator	For members 20 years of age or older on the date of service, BMI (<u>BMI Value Set</u>) during the measurement year or the year prior to the measurement year.
	For members younger than 20 years of age on the date of service, BMI percentile (<u>BMI Percentile Value Set</u>) during the measurement year or the year prior to the measurement year.

Exclusions *(optional)*

Female members who have a diagnosis of pregnancy (<u>Pregnancy Value Set</u>) during the measurement year or the year prior to the measurement year.

Hybrid Specification

Denominator	A systematic sample drawn from the eligible population. The organization may reduce the sample size using the current year's administrative rate or the prior year's audited, product line-specific rate. Refer to the *Guidelines for Calculations and Sampling* for information on reducing the sample size.
Numerator	BMI during the measurement year or the year prior to the measurement year as documented through either administrative data or medical record review.
Administrative	Refer to *Administrative Specification* to identify positive numerator hits from the administrative data.
Medical record	For members 20 years and older on the date of service, documentation in the medical record must indicate the weight and BMI value, dated during the measurement year or year prior to the measurement year. The weight and BMI value must be from the same data source.

For members younger than 20 years on the date of service, documentation in the medical record must indicate the height, weight and BMI percentile, dated during the measurement year or year prior to the measurement year. The height, weight and BMI percentile must be from the same data source.

For BMI percentile, either of the following meets criteria:

- BMI percentile documented as a value (e.g., 85th percentile).
- BMI percentile plotted on an age-growth chart.

Ranges and thresholds do not meet criteria for this indicator. A distinct BMI value or percentile, if applicable, is required for numerator compliance. Documentation of >99% or <1% meet criteria because a distinct BMI percentile is evident (i.e., 100% or 0%).

Exclusions *(optional)*

Refer to *Administrative Specification* for exclusion criteria. Exclusionary evidence in the medical record must include a note indicating a diagnosis of pregnancy. The diagnosis must have occurred during the measurement year or the year prior to the measurement year.

Note

- *The following notations or examples of documentation are considered "negative findings" and do not count as numerator compliant.*
  - *No BMI or BMI percentile documented in medical record or plotted on age-growth chart.*
  - *Notation of weight only.*

Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table ABA-1/2/3: Data Elements for Adult BMI Assessment

	Administrative	Hybrid
Measurement year	✓	✓
Data collection methodology (Administrative or Hybrid)	✓	✓
Eligible population	✓	✓
Number of numerator events by administrative data in eligible population (before exclusions)		✓
Current year's administrative rate (before exclusions)		✓
Minimum required sample size (MRSS)		✓
Oversampling rate		✓
Number of oversample records		✓
Number of numerator events by administrative data in MRSS		✓
Administrative rate on MRSS		✓
Number of medical records excluded because of valid data errors		✓
Number of administrative data records excluded		✓
Number of medical records excluded		✓
Number of employee/dependent medical records excluded		✓
Records added from the oversample list		✓
Denominator		✓
Numerator events by administrative data	✓	✓
Numerator events by medical records		✓
Numerator events by supplemental data	✓	✓
Reported rate	✓	✓

HEDIS Health Plan Performance Rates: Adult BMI Assessment

Table 1. HEDIS ABA Measure Performance—Commercial Plans

Measurement Year	Total Number of Plans (N)	Number of Plans Reporting (N (%))	Performance Rates (%)						
			Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2018*	405	387 (95.6)	76.7	20.4	42.7	72.9	83.8	90.0	94.2
2017	406	391 (96.3)	73.5	22.3	29.8	69.3	80.6	88.3	93.0
2016	420	408 (97.1)	69.6	24.2	19.2	65.1	77.0	85.8	91.7

*For 2018 the average denominator across plans was 16,189 individuals, with a standard deviation of 123,468.

Table 2. HEDIS ABA Measure Performance—Medicaid Plans

Measurement Year	Total Number of Plans (N)	Number of Plans Reporting (N (%))	Performance Rates (%)						
			Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2018*	256	220 (85.9)	86.6	12.6	75.7	84.4	90.1	93.6	95.9
2017	275	237 (86.2)	84.5	14.8	72.3	83.3	88.4	92.5	95.0
2016	282	244 (86.5)	80.7	17.7	62.3	79.0	86.2	90.4	93.7

*For 2018 the average denominator across plans was 1,490 individuals, with a standard deviation of 6,642.

Table 3. HEDIS ABA Measure Performance—Medicare Plans

Measurement Year	Total Number of Plans (N)	Number of Plans Reporting (N (%))	Performance Rates (%)						
			Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2018*	525	469 (89.3)	96.2	6.3	92.2	95.9	98.1	99.0	99.5
2017	505	464 (91.9)	94.9	8.8	87.8	94.8	97.9	98.8	99.8
2016	506	459 (90.7)	93.7	7.7	84.7	92.2	96.3	98.1	99.0

*For 2018 the average denominator across plans was 1,912 individuals, with a standard deviation of 20,693.