Table 1. Screening and Follow-up Care for Body Mass Index and Tobacco Use by Health Plan

	BMI screening and follow-up ^a								Tobacco use screening and follow-up ^b							
	All Health Plans ^c		Health Plan 1		Health Plan 2		Health Plan 3		All Health Plans		Health Plan 1		Health Plan 2		Health Plan 3	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Health plan members with serious mental illness ^d	855	100	331	100	213	100	311	100	756	100	237	100	214	100	305	100
Screened for condition	464	54.3	264	79.8	140	65.7	60	19.3	356	47.1	180	75.9	131	61.2	45	14.8
Screened Negative ^e	237	51.1	120	45.5	85	60.7	32	53.3	156	43.8	98	54.4	42	32.1	16	35.5
Screened Positive ^e	227	48.9	144	54.5	55	39.3	28	46.7	200	56.2	82	45.6	89	67.9	29	64.4
Received follow-up care among those who screened positive ^f	86	37.8	62	43.1	20	36.4	4	14.3	113	56.5	54	66.0	45	50.6	14	48.3
Overall Measure Rate: Screened AND received follow-up care (if positive) ^g	323	37.8	182	55.0	105	49.3	36	11.6	269	35.6	152	64.1	87	40.7	30	9.8

a. Measure assesses the proportion of health plan members with serious mental illness who received screening for BMI and received follow-up care if BMI >=30 during a one calendar year. Follow-up care included counseling, surgery, medications, and any other documented treatment related to BMI.

b. Measure assesses the proportion of health plan members with serious mental illness who received screening for all forms of tobacco use and follow-up care if identified as tobacco user during one calendar year. Follow-up care included counseling, medications, and any other documented treatment related to tobacco use.

c. Health plans included a Dual Special Needs Plan (D-SNP) in a mid-Atlantic state (health plan 1), a Medicaid managed care plan in a Midwestern state (health plan 2), and a Medicaid managed care plan in a Western state (health plan 3). For the D-SNP, a separate Medicaid managed behavioral health organization (MBHO) was responsible for administering some community mental health and substance use disorder services but the MBHO allowed the D-SNP full access to their data systems and patient records as part of their existing relationship and collaborated with the D-SNP for the piloting of these measures. The other two plans were fully responsible for medical, behavioral health, and pharmacy benefits, and therefore had access to the records for all selected patients.

d. The denominator of each measure included health plan members with serious mental illness. Following HEDIS sampling procedures, each health plan used claims/administrative data to identify a random sample of members with serious mental illness defined as (1) at least one inpatient or outpatient/ambulatory claim with a diagnosis of schizophrenia or bipolar I disorder or (2) one inpatient or two outpatient/ambulatory care claims with a diagnosis of major depression during calendar year 2012. This definition was based on existing HEDIS measures. Inclusion in the denominator did not require receiving care for a physical health condition. Following procedures used for HEDIS measures, health plan staff requested the medical records of the members with serious mental illness included in the denominator and/or directly accessed medical records or electronic health records for these members to look for evidence of BMI and tobacco use screening and follow-up care. All health plans had access to the medical records, pharmacy data, and claims for their members. Depending on where the member received care in the community, health plans requested/accessed records from

behavioral health and/or medical providers. Health plans also used claims/administrative data to identify tobacco cessation or weight management services and medications. A data use agreement with each health plan governed data security.

- e. Denominator for proportions in this row is the number of members who were screened.
- f. Denominator for proportions in this row is the number of members who screened positive.
- g. The overall measure rate is calculated as the number who screened negative plus the number who screened positive and received follow-up care divided by the total number of members with serious mental illness.