
Centers for Medicare & Medicaid Services (CMS) Webinar: Promoting Healthy Weight Management in Medicaid and Children's Health Insurance Program (CHIP) Managed Care

September 17, 2026

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Agenda

Topic	Speaker
Welcome and Overview of Agenda	Carrie Hanlon, CMS
Promoting Healthy Weight Management in Medicaid and CHIP: The Making America Healthy Again (MAHA) Agenda	Vishal Arora, MD, CMS
State Highlight: Kentucky's Healthy Weight Management Strategies	Angela Parker and Troy Sutherland, Kentucky Department for Medicaid Services, DQPH
State Highlight: District of Columbia's Childhood Obesity Management and Prevention Performance Improvement Project (PIP)	Araceli Simbulan, MBA, and Oluwatobi [Tobi] Oni, RN, MHM-HA, DC DHCF Paul Manicone, MD, FAAP, Eric Levey, MD, Abel Tadesse, MSc CPHQ, PMP, HSCSN
Questions and Discussion	Stephanie Reyna, Mathematica
Closing Remarks	Kristen Zycherman, CMS

Promoting Healthy Weight Management in Medicaid and CHIP: The Making America Healthy Again (MAHA) Agenda

Vishal S. Arora, MD

Senior Advisor, Centers for Medicare and Medicaid Services



MAHA Priorities

The MAHA initiative emphasizes improving health outcomes in the areas of:



Disease Prevention
(primary, secondary, tertiary)



Chronic Disease Management



Physical Activity



Nutrition



**Wellness &
Behavioral Health**

Investing in Health Outcomes Pledge

We, the undersigned stakeholders in the Medicaid and CHIP ecosystem, commit to aligning our quality improvement efforts to deliver better health outcomes for the nearly 80 million individuals enrolled in Medicaid and CHIP. We recognize that the scale and mission of Medicaid and CHIP demand a quality system that is focused, evidence-based, and accountable. We agree to advance the following set of principles to improve quality in Medicaid and CHIP:

- **Prioritize outcomes over process today and in the future:** Emphasize health outcomes focused on primary prevention, chronic disease management, and behavioral health, starting with existing measures today and ensuring outcomes-oriented measures for future development.
- **Rationalize measure inventories:** Converge on a set of measures that reduces regulatory burden without sacrificing accountability.
- **Modernize the quality measurement enterprise towards digital:** Adopt digital quality measurement using near-real-time data as the default approach, replacing administrative claims and chart abstraction wherever feasible today, recognizing foundational tech investments will be required over time.
- **Align financial accountability to outcomes measures:** Ensure that payment meaningfully rewards performance on health outcomes-oriented measures.

Why Focus on Healthy Weight in Medicaid?

Obesity affects both children and adults enrolled in Medicaid at high rates

- **25%** of children with Medicaid-only coverage have obesity
- **40%** of adults with Medicaid coverage have obesity

High rates of obesity drive serious and costly health consequences, including



Diabetes



Heart disease



Asthma



Pregnancy complications

Notes: For children, obesity is defined as having a BMI equal to or greater than the 95th percentile. For adults, obesity is defined as having a BMI ≥ 30
Sources: Obesity Rates Among Children: A Closer Look at Implications for Children Covered by Medicaid, available at <https://www.kff.org/medicaid/obesity-rates-among-children-a-closer-look-at-implications-for-children-covered-by-Medicaid>; MACStats: Medicaid and CHIP Data Book, Exhibit 44, available at <https://www.macpac.gov/publication/exhibit-44-coverage-demographic-and-health-characteristics-of-non-institutionalized-individuals-age-19-64-by-primary-source-of-health-coverage/>

Why Focus on Managed Care?

- As the dominant delivery system for Medicaid and CHIP, managed care is a key lever for advancing healthy weight management.
- States can promote these efforts through managed care plan (MCP) contracts, oversight, and accountability mechanisms.

Key Strategies Available Through Managed Care



Applying Managed Care Strategies to Advance Healthy Weight

Examples of How Managed Care Strategies Can Drive Healthy Weight Management Care and Beneficiary Outcomes



Expand access to nutrition, physical activity, and behavioral interventions.

Use **Targeted Contracting** to require MCPs to provide multiple obesity treatment services, including nutrition counseling, intensive behavioral health therapy, obesity medications, and metabolic/bariatric surgery



Strengthen care delivery through screening, counseling, referral, and follow-up

Use **QAPI PIPs** to improve BMI assessment and nutrition/physical activity counseling by testing new strategies for enrollee outreach, provider training, and enhanced care management

Measurement is Critical to Advancing Healthy Weight Management

- Measurement is a core driver of quality improvement in Medicaid and CHIP managed care, embedded across program design, operation, and oversight.
- Measures:
 - Translate priorities into specific expectations that can be incorporated into contracts and tied to incentives
 - Enable states and MCPs to identify gaps, target improvement, and track progress over time
 - Can be stratified by factors such as age or geography to uncover variation and target interventions where gaps are greatest

Key Measure

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Included in the Child Core Set and among the most commonly reported quality measures in Medicaid and CHIP managed care

Includes:

Children and adolescents ages 3-17

Assesses:

- BMI documentation
- Nutrition counseling
- Physical activity counseling



Kentucky Department for Medicaid Services Promoting Healthy Weight Management

Angela W. Parker, Director

Troy Sutherland, Quality Branch Manager

Division of Quality and Population Health (DQPH)



Kentucky Medicaid at a Glance



1.4 Million Enrolled



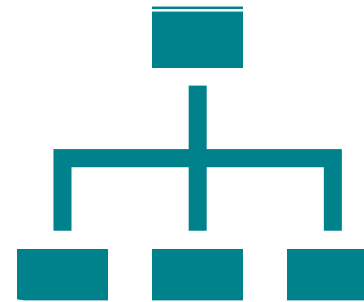
660,000 Children
Covered



440,000 Medicaid
Expansion Members



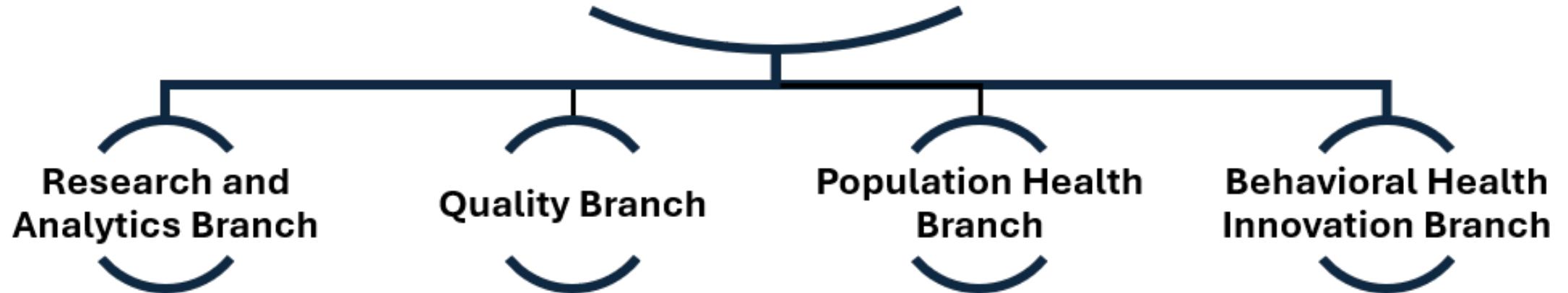
65,000+ Providers



5 Managed Care
Organizations
(MCOs) Covering
90% of Medicaid
Members

Division of Quality and Population Health

Division of Quality and Population Health



Kentucky Health Statistics

**Kentucky ranked
41st for overall
health.***

**The 2024 Kentucky
Behavioral Risk
Factor Surveillance
Survey reports among
adults...**

*United Health Foundation, America's Health
Rankings 2023

33%

- Had obesity

29%

- Reported having depression

21%

- Did not engage in physical activity outside of work

18%

- Reported having heart disease

17%

- Smoked cigarettes

16%

- Reported having diabetes

Quality Strategy Goals and Objectives

Population Health Focus

Improved screening and treatment retention for individuals with behavioral health conditions

Increase treatment retention

Minimize risk and adverse impacts of medication treatment

Decrease number of emergency department visits

Increase utilization of psychological care

Evidence-Based Care

Improved outcomes for individuals with chronic diseases

Promote evidence-based treatment for individuals with hypertension, diabetes, chronic obstructive pulmonary disease, and asthma

Access

Increased use of preventive services

Increase preventive cancer screenings

Increase childhood physical activity

Improve childhood wellness visit

Support tobacco and smoking cessation

Quality Strategy Goals and Objectives (continued)

Value and Quality

Access to high-quality care promoted and unnecessary spending reduced

Improve relationships between providers and MCOs

Focus on value-based care

Improve access to care

Address Disparities

Improved outcomes for identified special populations

Improve pregnancy and newborn outcomes

Improve care coordination for youth transitioning out of foster care

A Healthier Kentucky

Improved assessment, referral, and follow-up for social determinants of health (SDoH)

Improve the quality of SDoH assessment

Increase the number of enrollees who receive an SDoH assessment

Kentucky's Healthy Weight Management Strategies

- Kentucky uses multiple, complementary levers to promote healthy weight and improve related preventive care

Value-Based Payment (VBP)

Uses MCO financial incentives tied to well-care visits and healthy weight counseling

State Directed Payments (SDPs)

Aligns provider payment incentives with well-child visits and BMI screenings

Value-Added Benefits

MCOs offer benefits such as gym memberships, WeightWatchers

Weight Management PIP

Targets BMI documentation, nutrition and physical activity counseling, and obesity management

Rural Health Transformation Plan

Supports rural hub-and-spoke models for obesity and diabetes prevention

Our Healthy Kentucky Home

Promotes achievable healthy lifestyle changes

MCO Value Based Payment Program (VBP)

- Started **January 1, 2024**; Baseline Measurement Year (MY) 2022
- **2%** withhold from total contract value
- **6** core Healthcare Effectiveness Data and Information Set (HEDIS) measures, plus a **5** HEDIS measures bonus pool
- Achieve **3% or 4%** point improvement to earn withhold, dependent on current performance
- Must earn withhold on **4 core measures** and maintain performance on all core measures to be eligible for the bonus pool
- Pass/Fail
- Unearned dollars from the Core Measures are allocated to the bonus pool

VBP Child Weight Management Measures

Core Measure

Child and Adolescent Well Care Visits 3-21
years of age (WCV) Total

The percentage of members aged 3-21
who had one or more well-child visits with a
PCP or an OB/GYN practitioner during the
measurement year

Bonus Measure

Weight Assessment and Counseling for
Nutrition and Physical Activity for Children
and Adolescents (WCC) Counseling for
Nutrition Total

Percentage of children and adolescents
aged 3-17 who had an outpatient visit with
a primary care practitioner or OB/GYN
during the measurement year and had
evidence of BMI percentile documentation,
and counseling for nutrition and physical
activity

First Year VBP Results

All Core and Bonus Measures had at least one MCO increase performance by 3% or more.

- **All plans** met 4 of 5 Core Measures.
- **One MCO** met all 5 Core Measures.
- **All plans** met improvement targets for GSD, PPC, WCV, and IMA Combo 1
- **One plan** met the improvement target for CIS Combo 10.

Four plans were eligible to participate in the Bonus Pool.

- **One MCO** met all 4 Bonus Measures.
- **All 4 plans** met the **3%** improvement target for WCC.
 - Average improvement: **5.47%**

Kentucky Medicaid's Directed Payment Program



State directed payments (SDPs)

Arrangements where state Medicaid agencies require managed care plans to pay specific healthcare providers using designated rates or methodologies.

Kentucky's Approach

State University Teaching Hospitals and Provider KMDPP align payment with the VBP performance measures, including well-child visits and BMI screening and follow-up.



BMI Screening and Follow-Up

- Percentage of patients 18+ with a BMI documented during the current encounter or during the previous twelve months, and
- A BMI outside of normal parameters with a follow-up plan documented during the encounter or the previous twelve months of the current encounter.

DATA RECEIVED

CY 2024 PERFORMANCE

95.3%

**Adult BMI Screening and
Follow-Up**

Target: $\geq 71.4\%$

DATA FORTHCOMING

COMING SOON FOR CY 2025

Ages 12-17

**Kentucky will receive
performance data for the
pediatric BMI screening
and follow-up measure.**

Value-Added Benefits

Medicaid value-added benefits are extra services, items, or rewards provided by MCOs above standard state-required Medicaid coverage.



Home delivered meals and nutrition counseling for eligible members following a stay in an inpatient hospital, behavioral health, rehabilitation, or skilled nursing facility



Home delivered meals for members with specific conditions identified by the MCO (e.g., diabetes, high risk pregnancy)



Gym memberships



Weight Watchers memberships

Weight Management PIP

Baseline to final period: Jan. 1, 2020, to Dec. 31, 2022

Goal

Improving Weight Assessment, Counseling for Nutrition and Physical Activity, and Referrals for Overweight and Obesity Management in Children and Adolescents in the Supporting Kentucky Youth (SKY) Program

***High-risk enrollees were identified using ICD-10 codes for the following conditions:**

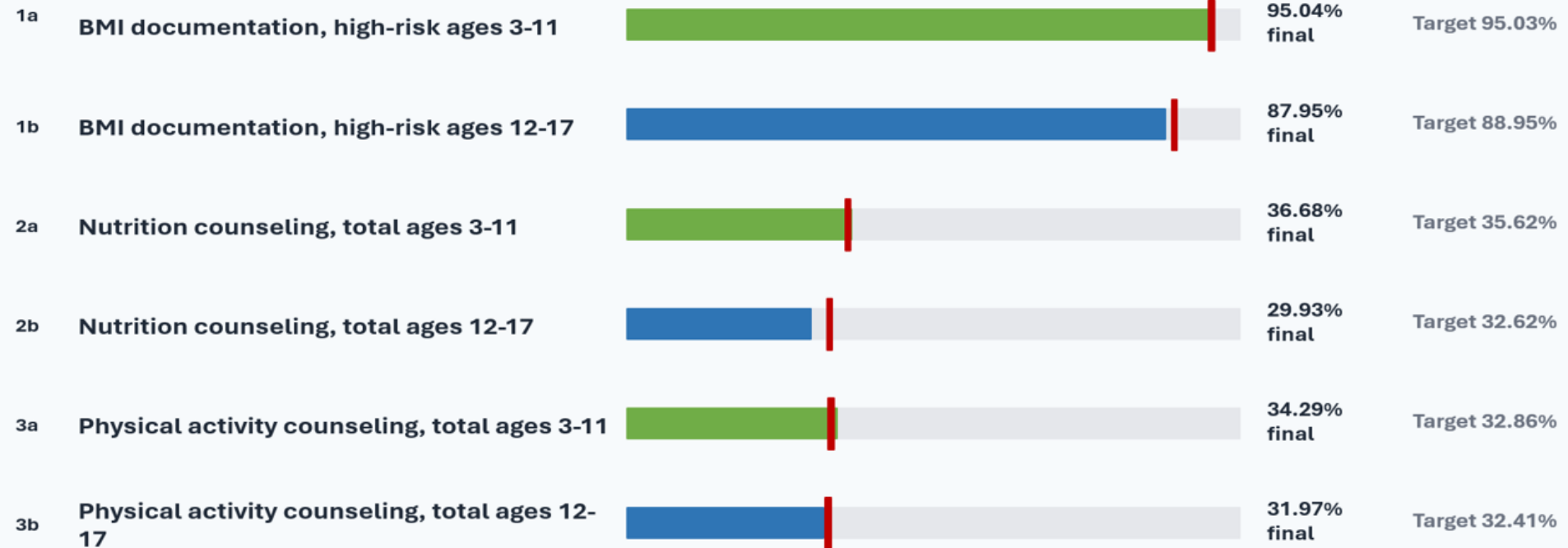
Overweight, obesity, abnormal weight gain, pre-diabetes, Type 2 diabetes mellitus, elevated blood pressure, hypertension, dyslipidemia, inappropriate eating habits, lack of physical activity.

Four aims guided the program:

1. Improve BMI percentile documentation among high-risk* SKY members ages 3-17
2. Improve nutrition counseling documentation among SKY members ages 3-17
3. Improve physical activity counseling documentation among SKY members ages 3-17
4. Improve evidence-based management and treatment of overweight and obesity among SKY members ages 3-17 years

Weight Management PIP Results

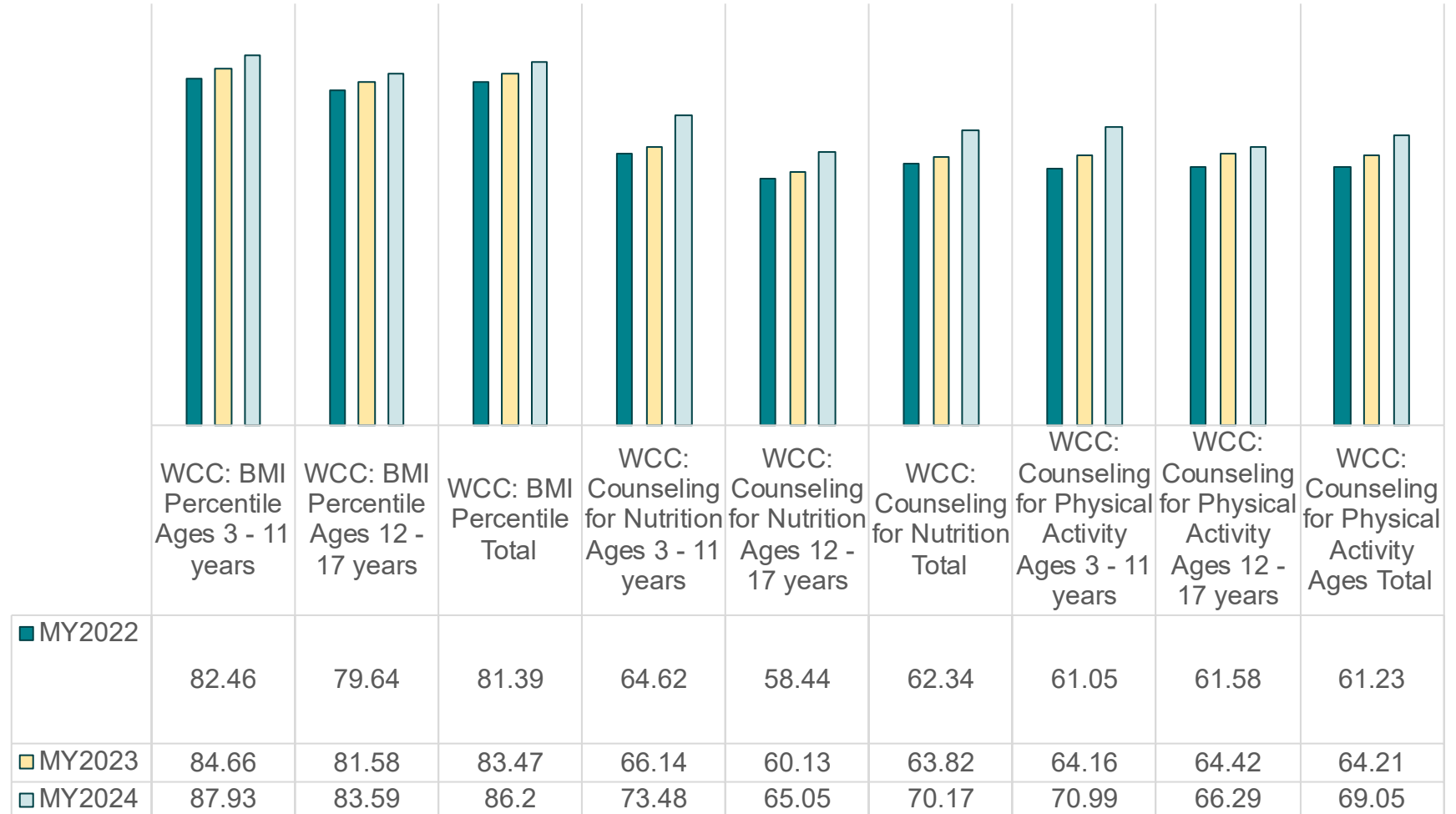
Final rates compared with target rates



Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) Results Post-PIP

- PIP ended in 2022; however, growth continued in subsequent years.
- Data show physicians continued to document or address BMI, nutrition counseling, and physical activity counseling.
- Overall, PIP helped identify the issue and improve the HEDIS measure*.

*Improving Weight Assessment, Counseling for Nutrition and Physical Activity, and Referrals for Overweight and Obesity Management in Children and Adolescents in the Supporting Kentucky Youth (SKY) Program



Kentucky's Rural Health Transformation Plan (RHTP)

Kentucky
awarded
**\$212.9
million** in
budget
Year 1, with
100% from
CMS / U.S.
Health and
Human
Services.

The RHTP grant spans five federal fiscal years (FY2026-FY2030).

CMS disburses funds annually based on achievement of performance metrics.

Kentucky's RHTP launches five interrelated initiatives designed to build rural health infrastructure and provide sustainable, long-term improvements.

This plan directly supports Kentucky's rural counties while advancing statewide impact through innovation, technology-enabled care and strengthened workforce recruitment pipelines for both clinical and non-clinical staff.

Online: [Kentucky's Rural Health Transformation Plan](#)

RHTP Initiatives

Rural Community Hubs for Chronic Care Innovation

- Establishes local “hub-and-spoke” collaboratives focused on **obesity and diabetes prevention and management**. These hubs will integrate nutrition, physical activity programs and digital self-management tools.

PoWERing Maternal and Infant Health

- Expands timely prenatal and postpartum care by deploying telehealth-enabled maternal care teams who will serve maternity-care deserts and high-risk regions to help mothers and infants receive seamless, high-quality support.

Rapid Response to Recovery (EmPATH Model)

- Deploys technology-enabled crisis stabilization and mobile behavioral health response teams to connect individuals with community-based treatment and recovery supports.

Rooted in Health: Rural Dental Access

- Increases access to preventive oral health services through expanded dental hygiene training programs, externships, and portable/tele-dental clinics.

Crisis to Care: Integrated Emergency Medical Services (EMS) Response and Coordination

- Enhances pre-hospital capacity and trauma coordination through treat-in-place protocols, improved data connectivity and workforce training for rural EMS providers.

Our Healthy Kentucky Home

Our Healthy Kentucky Home is an initiative to inspire Kentuckians to make achievable health and wellness improvements by promoting simple, healthy lifestyle changes.

- A different health initiative is promoted each month.
- Obesity is the September focus.
- Provides resources for healthy habits around food and physical activity.
- **Online:** [Our Healthy Kentucky Home](https://OurHealthyKYHome.ky.gov)



**PHYSICAL ACTIVITY
PHYSICAL RESULTS**

Regular physical activity is essential for maintaining a healthy weight and helps reduce the risk of obesity-related conditions.

TO LEARN MORE VISIT:
OurHealthyKYHome.ky.gov

Our HEALTHY KENTUCKY Home **TEAM KENTUCKY**



Childhood Obesity Management and Prevention: Performance Improvement Project (PIP)

Araceli Simbulan, MBA, Program Manager, DC Department of Health Care Finance (DHCF)

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Eric Levey, MD, Chief Medical Officer, HSCSN

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DC Medicaid and CHIP Managed Care Program

- The District of Columbia (the District) Department of Health Care Finance (DHCF) aims to improve health outcomes by providing access to comprehensive, cost-effective, and quality health care services for District residents.
- DHCF administers multiple managed care programs, including the DC Healthy Families Program (DCHFP) and the Child and Adolescent Supplemental Security Income Program (CASSIP), via managed care organizations (MCOs).
- Approximately 205K Medicaid beneficiaries are enrolled in Managed Care, and ~5K are enrolled under the CASSIP plan.

Child and Adolescent Supplemental Security Income Program (CASSIP)

What is CASSIP?

A specialized, voluntary managed care program for D.C. Medicaid children and adolescents aged 20 years or younger who (1) receive Supplemental Security Income (SSI), or (2) have been determined to meet DHCF's disability criteria.

CASSIP Enrollees include those at high risk or increased risk for health care disparities.

Goals and Services

CASSIP promotes healthy outcomes for children and adolescents with Special Health Care Needs.

Enrollees receive Medically Necessary services for physical and behavioral health, nursing home care, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), and residential treatment for complex medical needs with consideration of how social factors impact their overall health.

Eligibility

CASSIP covers eligible children and adolescents who are receiving SSI from the Social Security Administration and/or have an SSI-like disability as determined by the District's Economic Security Agency (ESA).

CASSIP covers eligible children and adolescents ages 0 through 20, with coverage up to an enrollee's 26th birthday if enrolled before their 21st birthday.

The Case for a Weight Management PIP

The District's selection and prioritization of the weight management performance improvement project (PIP) was based on **Health Services for Children with Special Needs' (HSCSN)**- the plan that administers CASSIP- submission of a comprehensive snapshot of its special needs population and key performance metrics supporting the relevance of the PIP to its enrollees.

HSCSN reported that...

- **39.72%** of its enrollees have obesity.
- Its population is at risk for obesity related chronic illnesses due to a high rate of autism (**17.9%**), developmental disabilities (**15.42%**), and depression (**6.65%**).
- **18.45%** of enrollees have asthma, a chronic illness linked to obesity.

Childhood Obesity Management and Prevention PIP Strategy

- **PIP AIM**

- Increase well-care visits (WCV) and screening for obesity, physical activity, and nutrition
 - Age group: 3-21 years
 - HEDIS measures:
 - Weight Assessment and Counseling for Nutrition and Physical Activity (WCC)
 - Child and Adolescent Well-Care Visits (WCV)

- **Systemwide Interventions**

- EPSDT/Care Navigation Team Outreach
- Care Management
- Marketing/Outreach Education
- Provider Education/Engagement
- Primary Care Value-Based Contracts

Engaging Enrollees Through Care Management and Outreach Supports

- **EPSDT/Care Navigation Outreach:** Systematic, routine contact with enrollees prior to the due date for WCV and until WCV is completed. Assistance with scheduling WCV appointments and arranging transportation.
- **Care Management:** Every enrollee has a care manager (CM). CMs contact enrollees at least every 60 days. Face-to-face visits for periodic assessments. Care Plans include goals for WCV. CMs work directly with enrollees and PCPs to address barriers to being seen for a WCV.
- **Communications:** The importance of a WCV is reinforced through articles in the Enrollee newsletter and periodic text messages.
- **Community Outreach:** HSCSN holds multiple events over the course of the year to increase WCV participation, including Back to School, provider HSCSN days, and use of a Children's National Mobile Van.

Results

Measure	MY 2023	MY 2024	MY 2025	NCQA Medicaid 75 th Percentile	Performance vs National Benchmark
BMI Percentile Total	73.72%	89.05%	88.08%	89.29%	
Counseling for Nutrition Total	78.10%	81.27%	89.54%	81.39%	
Counseling for Physical Activity Total	76.16%	78.59%	83.45%	78.80%	
Child and Adolescent Well Care Visits Total	61.38%	67.09%	69.98%	61.47%	

- Application of Continuous Quality Improvement (CQI) process
 - Root cause analysis & identification of barriers
 - Data trend monitoring
 - Discussion & evaluation of results in QI Workgroup
 - Proactive design & implementation of initiatives

Key:

Orange = below 75th percentile

Green = at or above the 75th percentile

Lessons Learned And Next Steps

- **PIP Lessons Learned:**

- Identify barriers impacting enrollees, practitioners, and managed care/health plan
- Engage with internal and external stakeholders for feedback
- Interventions should be multifaceted and targeted

- **Recommendations & Next Steps:**

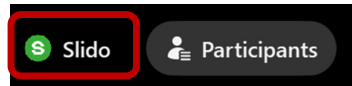
- Understand the population needs
 - Review surveys for feedback
 - Complete analysis of population health assessment and identify opportunities, then act on it
- Assess provider engagement and create a clear feedback loop
- Reassess intervention post-implementation using CQI (ex., PDSA)

Questions and Discussion

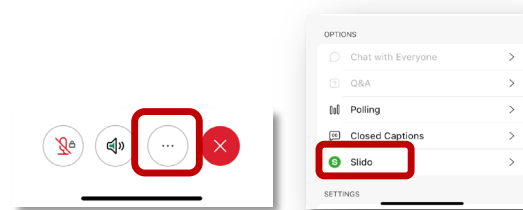
Stephanie Reyna, Mathematica

How to Submit a Question

- You may submit questions through the **Slido Q&A** function. To access the Q&A, click the **Slido** panel in the lower right corner of your screen.



On the mobile app:



- When the Slido panel is pulled up you will see a Q&A box, type your question in the text box and click “Send.”
- Please note:** Slido Q&A should be used to submit requests for technical support with the webinar platform, as well as questions for speakers.

Promoting Healthy Weight Management Resources

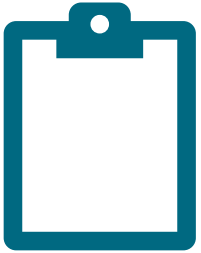
- CMS's resources include:
 - Webinar materials (coming soon!)
 - State strategies to improve nutrition, physical activity, and obesity prevention in Medicaid and CHIP
 - Example measures for tracking healthy weight management outcomes



<https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement/promoting-healthy-weight-management>

The screenshot shows the Medicaid.gov website. The header includes the Medicaid.gov logo with the tagline 'Keeping America Healthy', a search bar, and links to 'FAQs'. The navigation menu has tabs for 'Federal Policy Guidance', 'Resources for States', 'Medicaid', 'CHIP', 'Basic Health Program', 'State Overviews', and 'About Us'. The breadcrumb trail reads: Home > Medicaid > Quality of Care > Quality Improvement > Promoting Healthy Weight Management. The main heading is 'Promoting Healthy Weight Management'. The content area discusses obesity as a major driver of poor health outcomes and health care costs, and provides information on the USPSTF grade B recommendation for obesity-related prevention and treatment services. A 'Related Resources' sidebar on the right lists links to 'Make America Healthy Again Initiative', 'CDC: About Obesity', and 'CDC's Family Healthy Weight Programs'. Below the main text, there are sections for 'Promoting Healthy Weight Management in Medicaid and CHIP Managed Care' and 'Webinar: Promoting Healthy Weight Management in Medicaid and CHIP Managed Care'.

Thank you for participating!



- Please **complete the survey** as you exit the webinar.



- If you have any **questions**, email MedicaidCHIPQI@cms.hhs.gov.