

Medical Services Administration
Bureau of Medicaid Care Management & Quality Assurance

***MEDICAID HEALTH EQUITY PROJECT
YEAR 4 REPORT (HEDIS 2014)***

All Plans



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Introduction

Racial and ethnic disparities in healthcare and health outcomes exist in both publicly and privately funded health programs. Racial and ethnic minority populations experience worse outcomes than the general population for almost every health condition. The combined costs of these racial and ethnic health disparities and premature death in the United States between 2003 and 2006 were estimated by the Joint Center for Political and Economic Studies to be \$1.24 trillion. It is projected that eliminating these health disparities would have reduced direct medical care expenditures in the US by \$229.4 billion for the same time period¹. Michigan Medicaid has both an ideological and financial interest in determining what, if any, racial/ethnic disparities exist in the health care services we provide and/or the outcomes to beneficiaries.

This commitment to reducing disparities is also codified in federal and state law. Michigan Medicaid is required to monitor the quality and appropriateness of the healthcare services delivered by the thirteen participating Medicaid Health Plans (MHPs) to the 1.2 million beneficiaries in their care². Federal regulations require that MHPs provide services “in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds.”³ Both federal and state laws address the need to reduce racial/ethnic disparities in healthcare and outcomes. The Affordable Care Act (ACA) includes language that prohibits discrimination under any health program or activity that is receiving federal financial assistance⁴. The ACA also includes improved federal data collection efforts by ensuring that federal health care programs collect and report data on race, ethnicity, sex, primary language, and disability status⁵. On a state level, Michigan Public Act 653 of 2006 directs the Michigan Department of Health and Human Services (MDHHS) to develop strategies to reduce racial and ethnic disparities, including the compilation of racial and ethnic specific data including, but not limited to, morbidity and mortality⁶.

Background on the Health Equity Project

Disparities identification and reduction have been priorities for Michigan Medicaid for several years. In 2005, Michigan Medicaid participated in the Center for Health Care Strategies’ Practice Size Exploratory Project (PSEP) where racial/ethnic disparities in a number of measures were identified by health plan, and by provider. Results were disseminated to health plans and to providers for their information. In 2008, Michigan Medicaid was awarded a grant by the Center for Health Care Strategies (funded by the Robert Wood Johnson Foundation) to participate in the three year, Reducing Disparities at the Practice Site Project. This project focused on six high volume Medicaid practices in Detroit/Wayne County and facilitated the introduction of the Patient Centered Medical Home (PCMH) into the practice. Diabetic-related HEDIS measures were tracked by race/ethnicity across time at the participating practices. Between 2008 and 2010, MHPs were required to conduct an annual Performance Improvement Project (PIP) specifically

¹ LaVeist RA, Gaskin DJ, Richard P. The Economic Burden of health Inequalities in the United States. Washington, DC: Joint Center for Political and Economic Studies; September 2009

² Michigan Medicaid Managed Care Enrollment Report, January 2012

³ Balanced Budget Act of 1997. 42 CFR 438.206(e)(2). Cultural Considerations.

⁴ Patient Protection and Affordable Care Act, PUBLIC LAW 111–148, Sec. 1557

⁵ Patient Protection and Affordable Care Act, PUBLIC LAW 111–148, Sec. 4302

⁶ Michigan Compiled Laws, 2006 PA 653. Signed by Gov. Jennifer M. Granholm on January 8, 2006

aimed at reducing an identified disparity in one of their quality measures. The Medicaid Health Equity Project is the next step in the state's strategy to identify and reduce health disparities in Medicaid. Data was first collected in 2011, and has been systemically collected each year since.

In an effort to comply with federal and state law, and toward the goal of ensuring high quality healthcare for all Medicaid Managed Care beneficiaries, the Quality Improvement and Program Development Section of the Medicaid Managed Care Plan Division developed the Medicaid Health Equity Project. In early 2010, all Medicaid health plans were asked to participate in a series of conference calls to frame the problem of disparities in care and to plan the project. During those calls, Michigan Medicaid solicited MHPs for input and advice in the development of the methodology. A set of initial measures was agreed upon and specifications were developed. All Michigan MHPs submitted data in Year 1 (2011). These data were analyzed, and reported in both plan-specific and statewide reports. In Year 2 (2012), six additional measures were added for a total of 14 measures and data were again submitted by all health plans. In Year 3 (2013), MHPs reported on the same 14 measures through the same submission process. A fifteenth measure, "Race/Ethnicity by Diversity of Membership" was also added. With the decision to collect and measure health disparity data came a commitment to address any gaps in care identified. A description of these efforts has also been included.

Methods

As a means of measuring quality consistently across plans, and to facilitate comparison across states, MHPs submit audited Health Effectiveness Data and Information Set (HEDIS) data to MDHHS for each measure that pertains to Medicaid covered benefits. Medicaid Managed Care Plans also submit HEDIS measures broken down by race/ethnicity to MDHHS. Medicaid Health Plans were provided a blank template to ensure consistency across all plan submissions (see Appendix C). Plans used their audited HEDIS data to draw the initial numbers (total numerators and denominators), but the final data broken down by race/ethnicity is not audited. All total numbers match totals reported in the HEDIS Interactive Data Submission System (IDSS). For 2014, MHPs submitted 13 rather than 15 measures because of revisions Breast Cancer Screening and Cervical Cancer Screening measure specifications by National Committee for Quality Assurance. See Table 1 for a list of the HEDIS measures included in 2014. All 15 measures will be collected again in 2015.

Race/ethnicity data are taken from Medicaid enrollment forms, which use self-identification to determine race and ethnicity. This information is shared with MHPs on the monthly eligibility file that transmits the new members assigned to their plan. Health Plans may also have supplementary systems in place to acquire and store this information (i.e. retrieving it from EMR systems in their provider network). However, the majority of these data are obtained during the Medicaid enrollment process and provided to the MHPs by MDHHS. The audited HEDIS rates for the measure "Race/Ethnicity Diversity of Membership" was used to determine the race/ethnicity of all members enrolled in Michigan Medicaid Managed Care Organizations.

Measures were stratified for five racial/ethnic populations (American Indian/Alaska Native, Asian American/Native Hawaiian/Other Pacific Islander, African American, Other/Multiracial and White) and one ethnicity (Hispanic). Any reference to Hispanic was categorized into the

Hispanic group and the numbers represented by the racial categories were assumed to be Non-Hispanic. Starting in 2014, Asian American and Native Hawaiian/Other Pacific Islander were grouped into one population for all analyses. Also starting in 2014, the Unknown/Declined population was treated as missing data.

Table 1. List of HEDIS measures used

Measures	Abbreviation
Women – Adult Care and Pregnancy Care	
Chlamydia Screening Combined	CHL
Post-Partum Care	PPC
Child and Adolescent Care	
Childhood Immunizations Combo 3	CIS
Adolescent Immunizations Combo 1	IMA
Blood Lead Screening	LSC
Well Child Visits 3-6 years	W34
Access to Care	
Child Access to Care 25 months to 6 years	CAP
Adult Access to Care 20-44 years	AAP
Living with Illness	
Appropriate Asthma Medications Combined	ASM
HbA1c Testing	CDC1
Diabetic Eye Exam	CDC2
Diabetic Nephropathy	CDC3
Health Plan Diversity	
Race/Ethnicity Diversity of Membership	RDM

Data Analysis

All HEDIS measures were calculated in accordance with specifications provided by the National Committee for Quality Assurance (NCQA 2014). Data were considered insufficient and results were suppressed if those who received services was less than 10 (the numerator), those who did not receive services was less than 10 (the remainder) and/or the population under consideration was less than 50 (the denominator).

Pairwise Disparity

Pairwise disparities were measured between the non-white population of interest and the reference population were calculated for each racial/ethnic population for each HEDIS measure on the absolute and relative scales using the following formulas:

$$\begin{aligned} \text{Absolute Disparity} &= \text{Non-White Estimate} - \text{Reference Estimate} \\ \text{Relative Disparity} &= \text{Non-White Estimate} / \text{Reference Estimate} \end{aligned}$$

The White population served as the reference group for all pairwise comparisons because, in Michigan, it is the only population large enough to provide a stable comparison over time. Two rates were determined statistically different at alpha=0.05.

In Michigan, African American, Hispanic and White beneficiaries make up approximately 90% of the eligible population. 2014 rates were compared and graphed with 2013 rates for the African American, Hispanic and White populations for all fourteen measures. The measures for each year were declared statistically different at alpha=0.05.

Population Disparity

Population Disparity describes how much disparity exists in the entire population for one indicator by combining the disparity experienced by all subgroups into one measure. For each indicator, population disparity was estimated with an Index of Disparity⁷ (ID), which describes average subpopulation variation around the total population rate.

$$ID = (\sum |r_{(n)} - R| / n) / R * 100$$

r= Subpopulation rate, R=Total population rate, n=number of subpopulations

ID is expressed as a percentage, with 0% indicating no disparity and higher values indicating increasing levels of disparity. An Index of Disparity which is less than 5% is considered a low level of disparity.⁷

Limitations

The rates in this report may differ slightly from HEDIS rates published elsewhere in MDHHS documents. This report is based only on administrative data from Medicaid Health Plans, while other published HEDIS rates may be derived using hybrid methodology that allows for sampling and medical record abstraction.

Results

Demographic Characteristics

The demographic characteristics of the Managed Care population by race/ethnicity are displayed in Table 2. Data for this table is drawn from the Race/Ethnicity Diversity of Membership and Enrollment by Product Line (Total) HEDIS measures. All individuals included were Medicaid eligible and enrolled in Medicaid Managed Care Organizations for at least 11 out of 12 months in the year data was collected. Approximately 52.2% of the population identified as White, 29.2% as African American and 5.5% as Hispanic. All other racial/ethnic groups made up approximately 1% of the population and for 17.1% race/ethnicity was unknown.

⁷ Pearcy JN, Keppel KG. A summary measure of health disparity. Public Health Reports. 2002;117:273-280.

Table 2. Racial/Ethnic Characteristics of Michigan Medicaid Managed Care Population

Characteristics	Percent of Managed Care Population
Racial Groups	
American Indian/Alaska Native	0.2%
Asian American/Native Hawaiian & Other Pacific Islander	0.9%
African American	29.2%
Other/Multiracial	0.5%
White	52.2%
<i>Unknown/Declined</i>	<i>17.1%</i>
Ethnic Groups	
Hispanic	5.5%

Pairwise Disparity

Two types of comparisons were made in this analysis: one looking at the difference between each non-White racial/ethnic population and the White reference population (See Table 3) and one looking at the difference between each racial/ethnic population and the 2014 national Medicaid HEDIS 50th percentile for that measure (See Table 4). For all twelve measures, at least one non-White racial/ethnic population showed a statistically significant difference from the White reference population. These results are discussed in more detail below.

Women – Adult Care and Pregnancy Care

The Women-Adult Care and Pregnancy Care dimensions included the measures with the largest racial/ethnic disparities (See Tables 5-6 and Figures 1-2). The largest negative difference can be found in the Post-Partum Care (PPC) measure, where the gap between African American and White women was 12.4 percentage points. The largest absolute difference was between African American and White women for Chlamydia Screening (CHL), where the gap was 17.6 percentage points, with African American women being screened at significantly higher rates. All significant differences for these two measures are described below:

- Post-Partum Care (PPC) rates were lower for the African American population by 12.4 percentage points, but higher for the Asian American/Native Hawaiian & Other Pacific Islander population by 6.0 percentage points.
- Chlamydia Screening (CHL) rates were higher for the African American (17.6 percentage points) and Hispanic (6.9 percentage points) populations.

Child and Adolescent Care

Many Child and Adolescent Care measures had rates where some racial/ethnic populations are significantly higher than the White rate, while other racial/ethnic populations are lower (See Tables 7-10 and Figures 3-6). All significant differences for these two measures are described below:

- Childhood Immunizations Combo 3 (CIS) rates were lower for the African American population by 9.2 percentage points, but higher for the Hispanic (5.3 percentage points), American Indian/Alaska Native (8.2 percentage points), Asian American/Native Hawaiian & Other Pacific Islander (8.8 percentage points) and the Other/Multiracial (12.4 percentage points) populations.
- Adolescent Immunizations Combo 1 (IMA) rates were lower for the African American (3.2 percentage points) and Other/Multiracial (7.9 percentage points) populations, but higher for the Hispanic (3.9 percentage points) and Asian American/Native Hawaiian & Other Pacific Islander populations (5.4 percentage points).
- Blood Lead Screening (LSC) rates were higher for the Hispanic (5.3 percentage points), Asian American/Native Hawaiian & Other Pacific Islander (8.6 percentage points) and Other/Multiracial (6.3 percentage points) populations.
- Well Child Visits 3-6 years (W34) rates were lower for the African American by 3.7 percentage points, but higher for the Asian American/Native Hawaiian & Other Pacific Islander (4.9 percentage points), Hispanic (3.3 percentage points) and Other/Multiracial (4.9 percentage points) populations.

Access to Care

Access to Care rates were lower for multiple racial/ethnic populations for the Adult Access to Care 20-44 years (AAP) measure compared to the White population. However, the Childhood Access to Care 25 months to 6 years (CAP) measure had mixed results (See Tables 11-12 and Figures 7-8), similar to the measures in the Child and Adolescent Care Domain. All significant differences for these two measures are described below:

- Childhood Access to Care 25 months to 6 years (CAP) rates were lower for the African American by 6.7 percentage points, but higher for the Other/Multiracial population by 1.9 percentage points.
- Access to Care 20-44 years (AAP) rates were lower for the African American (6.2 percentage points), Asian American/Native Hawaiian & Other Pacific Islander (6.9 percentage points) and Hispanic (4.0 percentage points) populations.

Living with Illness

Three of the four Living with Illness measures had rates which were lower for the African American population compared to the White population. The Hispanic population did not have any significant disparities in this domain. All significant differences for these two measures are described below (See Tables 13-16 and Figures 9-12):

- Appropriate Asthma Medications Combined (ASM) rates were lower for the African American population by 4.1 percentage points.
- HbA1c Testing (CDC1) rates were lower for the African American population by 4.3 percentage points.

- Diabetic Eye Exam (CDC2) rates were lower for the African American population by 4.2 percentage points.
- Diabetic Nephropathy (CDC3) rates were higher for the African American (2.6 percentage points) and Other/Multiracial (8.7 percentage points) populations.

Measuring Inequity

In Michigan, African American, Hispanic and White beneficiaries make up approximately 90% of the eligible population. Table 17 provides an absolute measure of inequity between the African American, White and Hispanic rates for each measure. The African American population was significantly below the White reference population for nine of the twelve measures, with gaps in care ranging from 3.2 to 12.4 percentage points. Chlamydia Screening (CHL) and Diabetic Nephropathy (CDC3) rates were higher compared to the white population. All four of the Child and Adolescent Care measures were higher for the Hispanic population compared to the White population. The Chlamydia screening measure was also higher, while the only measure which was lower for the Hispanic population compared to the White population was Access to Care 20-44 years (AAP) measure.

Trends in Health Equity

The 2014 rates for the African American, Hispanic and White populations for the twelve measures are compared with 2013 rates in Table 18. This table also indicates whether there was a statistically significant increase or decrease from 2013 to 2014. 2012 rates are also included for trending over the three year period. Figures 13-24 graph the rate changes over time. Most measures show a similar trend across all racial/ethnic groups, with few measures showing a narrowing of the gaps in care.

In 2012, 2013 and 2014, the African American population was below the White reference population for the same nine measures: PPC, CIS, IMA, W34, CAP, AAP, ASM, CDC1 and CDC2. While five of these measures had a statistically significant increase in the rate for the African American population from 2012 to 2013, only two had a statistically significant increase between 2013 and 2014: PPC and AAP, which both showed significant improvement for the White population as well. Three measures (CHL, IMA and W34) were significantly lower in 2014 compared to 2013 for the African American population. CHL and IMA were also significantly lower for the White population.

Between 2013 and 2014, there were no statistically significant rate changes for the Hispanic population. However, in 2012 and 2013 the Hispanic population had shown a statistically significantly lower rate for four measures compared to the White population, but only one measure (AAP) was statistically lower in 2014. The Hispanic population has also had multiple measures with rates higher than the White population in all three years.

Population Disparity

Population Disparity describes how much disparity exists in the entire population for one indicator by combining the disparity experienced by all subgroups into one measure. It is

important to remember that the Index of Disparity (ID) is expressed as a percentage, with 0% indicating no disparity and higher values indicating increasing levels of disparity.

The Index of Disparity indicates greatest disparity (ID>5%) in the Chlamydia Screening (CHL), Postpartum Care (PPC) and Childhood Immunization Combo 3 (CIS) measures, which mirrors the findings from the pairwise analysis (See Table 19 and Figure 25).

Due to refinements in the categorization of Asian American, Native Hawaiian/Other Pacific Islander and Unknown/Declined racial/ethnic populations in 2014, it is not possible to compare Index results for 2014 with earlier years.

Discussion

All twelve of the 2014 measures collected exhibited racial/ethnic differences to varying degrees. Rates for African American Medicaid beneficiaries fell below that of White beneficiaries for nine (9) measures. This pattern was identified in both 2012 and 2013, as well. A consistent pattern of disparity was not identified with the other racial/ethnic populations. This may be due to their small population size which creates greater rate variability from year to year.

The annual trending of rates from 2013 to 2014 allows us to monitor for increases and decreases for specific racial/ethnic populations. From this analysis we can see that the trajectory of improvement for the African American population from 2012 to 2013 was not maintained through 2014. Reinvigorating this trajectory is essential to promoting health equity in Michigan.

The largest health disparity was in Chlamydia Screening (CHL), where the gap between African American and White women is 17.6 percentage points. This large absolute difference has held steady all three years, despite rate changes in other racial/ethnic population disparities. The higher chlamydia screening rate mirrors higher incidence⁸ of chlamydia in the African American population. Efforts to improve equity for this measure will need to focus on improving screening rates in other racial/ethnic groups without a decline in the African American rate.

Three of the four Living with Illness measures had rates which were lower for the African American population compared to the White population. This is particularly noteworthy given known higher rates of asthma and diabetes among African Americans.^{9,10}

Most of the movement towards equity which has been identified so far has been in measures where the African American and Hispanic populations had a higher rate than the White population. Both Cervical Cancer Screening (CCS) and Blood Lead Screening (LSC) went from

⁸ Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2012*. Atlanta: U.S. Department of Health and Human Services; 2013.

⁹ Centers for Disease Control and Prevention. *Asthma Facts—CDC's National Asthma Control Program Grantees*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2013.

¹⁰ American Diabetes Association. Standards of Medical Care Diabetes-2014. *Diabetes Care* 37(1), January 2014: pp. S14-S80.

being significantly higher in the African American population in 2012 to indicating no pairwise disparity in 2013. In 2014, the only measure where movement towards equity can be seen for either the Hispanic or African American populations for a measure where the rate was lower than the White population is the Post-partum Care (PPC) measure. However, the inequity of care across all racial/ethnic populations for this measure remains high.

Limitations

There are two important limitations to this analysis. First, changes in the equity status of a measure do not always indicate an improvement in overall quality for a particular racial/ethnic category; it only means that the gap between the minority population and the White reference population is getting smaller. Another consideration is that the rates in this report may differ slightly from HEDIS rates published elsewhere in MDHHS documents. This report is based only on administrative data from Medicaid Health Plans. Other HEDIS rates published by MDHHS include rates derived using hybrid methodology that allows for sampling and medical record abstraction.

Future Directions

The health disparity between White and African American Medicaid beneficiaries for nine of the 12 measures across all four health dimensions corresponds to disparities found nationally in other domains such as education, employment and housing, as well as broader health measures such as infant mortality and life expectancy. Recent analyses in Minnesota¹¹ found that African American Medicaid beneficiaries disproportionately resided in high poverty concentrated communities compared to Medicaid beneficiaries of other racial/ethnic groups. This impacted African American families' access to a wide range of community services necessary for successful health outcomes. While outside the range of this report, an analysis of race/ethnicity and concentrated poverty in Michigan would be a valuable contribution to understanding best strategies for improving health equity.

Response to Documented Health Disparities in Michigan Medicaid Managed Care

One of the largest health disparities can be found in the Postpartum Care (PPC) measure, where the gap between African American and White women is 12.4 percentage points. The Postpartum Care (PPC) measure has been the center of many efforts to improve perinatal care quality in Medicaid, and a possible intervention point to address the racial/ethnic disparity in infant mortality. A postpartum care visit is an important check on the mother's recovery after childbirth. This appointment is also crucial for supporting breastfeeding, infant safety, childhood immunizations, reproductive life planning and pregnancy spacing, and transitioning to primary care for any pre-existing chronic conditions of the mother. The Managed Care Plan Division of the Michigan Department of Health and Human Services (MDHHS) has placed emphasis on the value of this measure for many years by incorporating this measure into multiple performance monitoring and incentive tools. Beginning in 2014 and continuing in 2015, the MDHHS

¹¹ Nelson, J. and J. Schiff. 2015. How prevalent are family risk factors among Minnesota children who receive Medical Assistance (MA) or MinnesotaCare? Office of the Medical Director, Minnesota Department of Health and Human Services.

initiated a Postpartum Care quality improvement pilot project with a focus on addressing health disparities in postpartum care through the social determinants of health. This approach included an enhanced transportation benefit, comprehensive perinatal care coordinator, and outreach regarding home visitation services.

There are several additional health equity projects which will begin in 2016. First, all Medicaid Health Plans will be contractually required to develop a Health Equity Program with an annual work plan to narrow disparities. MDHHS will also begin the application of health equity standards for measures with an index of disparity >5%. These standards are intended to promote and reward sustained efforts to narrow the gaps in care between racial/ethnic populations, with particular attention to addressing the disparate rates of care for the African American population. Medicaid Health Plans which achieve this health equity standard will be eligible for a performance bonus. Second, a performance improvement project for all Medicaid Managed Care Plans to narrow the disparity in Chlamydia screening and improve access to sexually transmitted infections treatment for both men (ages 16-18) and women (ages 16-24) will also start in 2016. Finally, Medicaid Health Plans will be contractually required to implement a Community Health Worker program in collaboration with community-based organizations to reduce barriers to care and address member's needs. These initiatives are intended to direct efforts towards narrowing the health disparities identified in this report and improve the health of all Medicaid beneficiaries in Michigan.

Health Equity Summary
Michigan Medicaid All Managed Care Plans

Table 3. Summary Table - Difference from Reference (White)

Race/Ethnicity	Chlamydia Screening	Post-Partum Care	Childhood Immunizations Combo 3	Well Child Visits 3-6 Years	Adolescent Immunizations	Blood Lead Screening	Child Access to Care (25 Months to 6 Years)	Adult Access to Care (20-44 Years)	Appropriate Asthma Medication (Combined)	HbA1C Testing	Diabetic Eye Exam	Diabetic Nephropathy
American Indian/ Alaska Native	NS	---	Above	NS	---	NS	NS	NS	---	NS	NS	NS
Asian American/Native Hawaiian/Other Pacific Islander	NS	Above	Above	Above	Above	Above	NS	Below	NS	NS	NS	NS
African American	Above	Below	Below	Below	Below	NS	Below	Below	Below	Below	Below	Above
Hispanic	Above	NS	Above	Above	Above	Above	NS	Below	NS	NS	NS	NS
Other/Multiracial	NS	NS	Above	Above	Below	Above	Above	NS	NS	NS	NS	Above
White	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference
All Plan	Above	Below	Below	Below	Below	NS	Below	Below	Below	Below	Below	Above

Table 4. Summary Table - Difference from 2014 HEDIS National Medicaid 50th Percentile

Race/Ethnicity	Chlamydia Screening	Post-Partum Care	Childhood Immunizations Combo 3	Well Child Visits 3-6 Years	Adolescent Immunizations	Blood Lead Screening	Child Access to Care (25 Months to 6 Years)	Adult Access to Care (20-44 Years)	Appropriate Asthma Medication (Combined)	HbA1C Testing	Diabetic Eye Exam	Diabetic Nephropathy
American Indian/ Alaska Native	NS	---	Above	NS	---	NS	NS	Above	---	NS	NS	NS
Asian American/Native Hawaiian/Other Pacific Islander	NS	Above	Above	Above	Above	Above	Above	NS	NS	NS	NS	Below
African American	Above	Below	Below	Below	Above	Above	Below	Below	Below	Below	Below	Below
Hispanic	Above	NS	Above	Above	Above	Above	Above	Above	NS	Below	Below	Below
Other/Multiracial	NS	NS	Above	Above	Above	Above	Above	Above	NS	NS	NS	Above
White	Below	Above	NS	Above	Above	Above	Above	Above	Below	Below	Below	Below
All Plan	Above	Below	Below	Above	Above	Above	Above	Above	Below	Below	Below	Below

KEY

Above: Percent is higher than comparison group

Below: Percent is lower than comparison group

NS: There is no statistical difference from the comparison group (p<0.05)

--- Insufficient Data (Fewer than 5 who received services (Numerator) or Fewer than 5 who did not receive services (Remainder) or Fewer than 50 in total population (Denominator))

**Chlamydia Screening
Michigan Medicaid All Managed Care Plans**

Table 5. Chlamydia Screening (CHL) by Race/Ethnicity

Race	Michigan Medicaid All Managed Care Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	50	85	58.8%	3.2%	1.06	NS	NS
Asian American/ Native Hawaiian/OPI	91	176	51.7%	-3.9%	0.93	NS	NS
African American	13683	18677	73.3%	17.6%	1.32	Above	Above
Hispanic	1173	1875	62.6%	6.9%	1.12	Above	Above
Other/Multiracial	63	98	64.3%	8.6%	1.16	NS	NS
White	12097	21743	55.6%	Reference	Reference	Reference	Below
All Plan	27922	44039	63.4%	7.8%	1.14	Above	Above

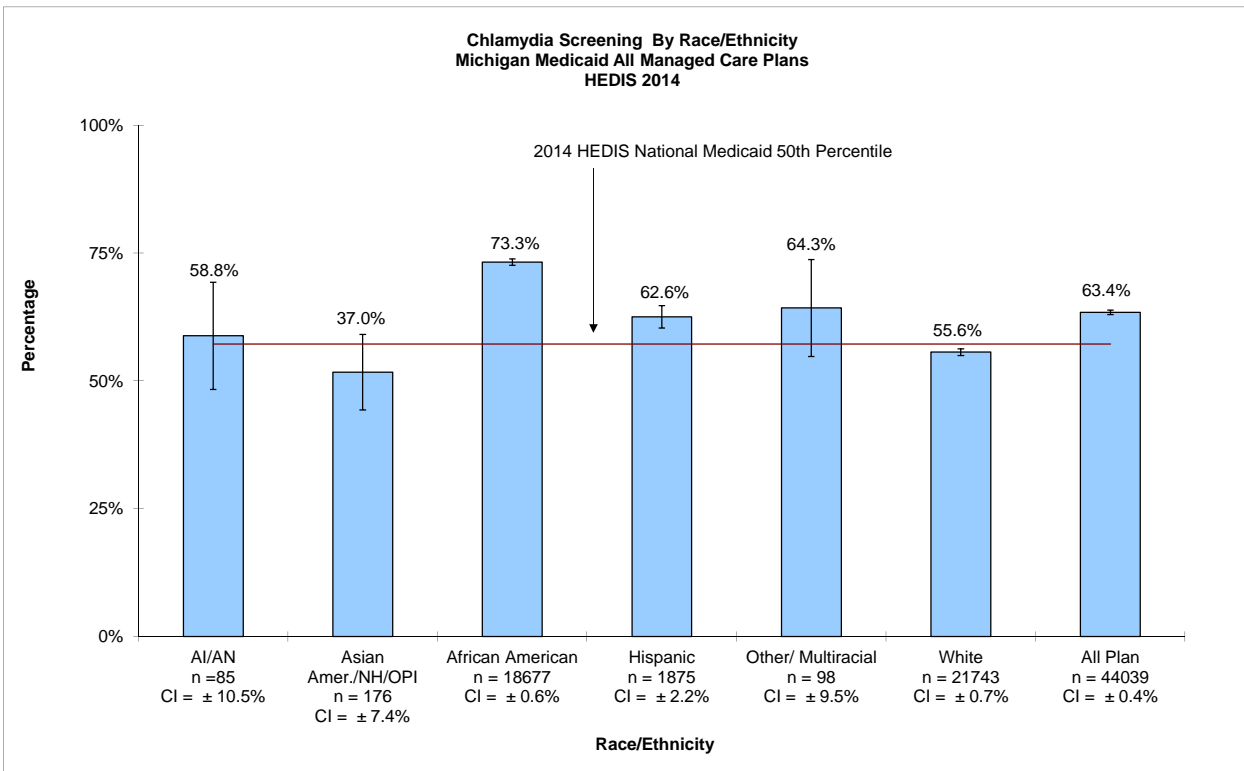


Figure 1. Chlamydia Screening (CHL) by Race/Ethnicity

Post-Partum Care
Michigan Medicaid All Managed Care Plans

Table 6. Post-Partum Care (PPC) by Race/Ethnicity

Race	Michigan Medicaid All Managed Care Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	Insufficient Data						
Asian American/ Native Hawaiian/OPI	245	346	70.8%	6.0%	1.09	Above	Above
African American	5855	11167	52.4%	-12.4%	0.81	Below	Below
Hispanic	992	1562	63.5%	-1.3%	0.98	NS	NS
Other/Multiracial	33	59	55.9%	-8.9%	0.86	NS	NS
White	12363	19073	64.8%	Reference	Reference	Reference	Above
All Plan	22399	37131	60.3%	-4.5%	0.93	Below	Below

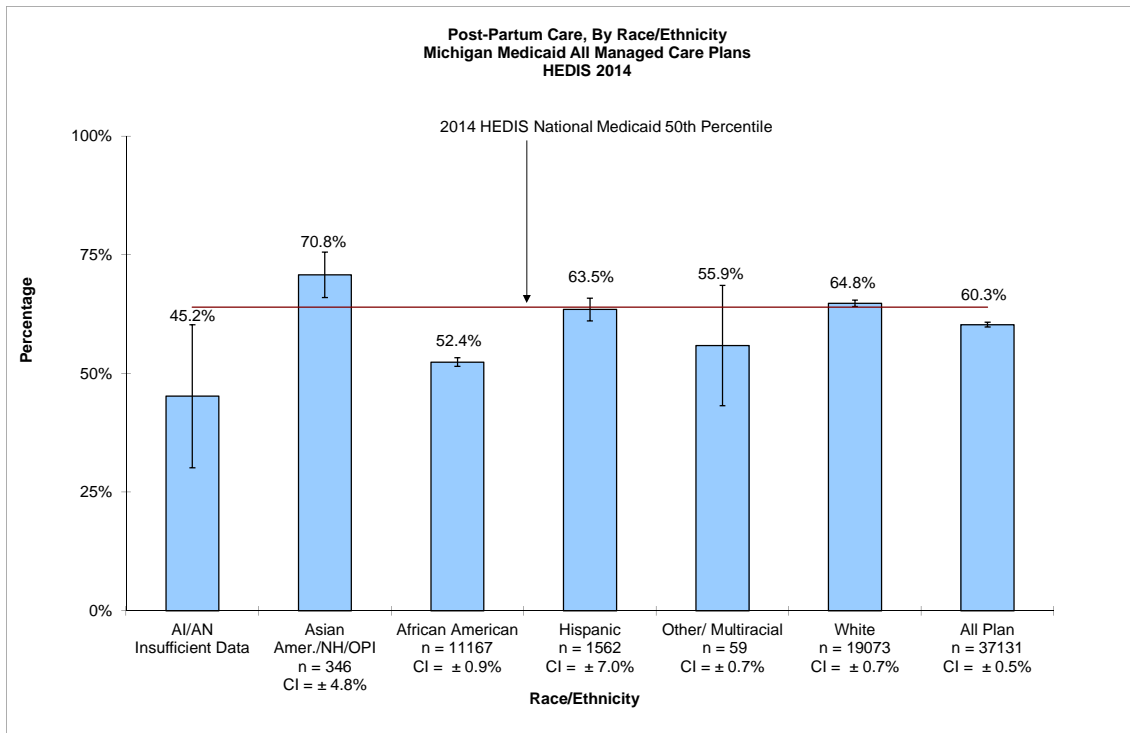


Figure 2. Post-Partum Care (PPC) by Race/Ethnicity

**Childhood Immunizations Combo 3
Michigan Medicaid All Managed Care Plans**

Table 7. Childhood Immunizations Combo 3 (CIS) by Race/Ethnicity

Race	Michigan Medicaid All Managed Care Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	90	112	80.4%	8.2%	1.11	Above	Above
Asian American/ Nat. Hawaiian/OPI	212	262	80.9%	8.8%	1.12	Above	Above
African American	5661	8996	62.9%	-9.2%	0.87	Below	Below
Hispanic	1759	2272	77.4%	5.3%	1.07	Above	Above
Other/Multiracial	60	71	84.5%	12.4%	1.17	Above	Above
White	9908	13733	72.1%	Reference	Reference	Reference	NS
All Plan	23169	32774	70.7%	-1.5%	0.98	Below	Below

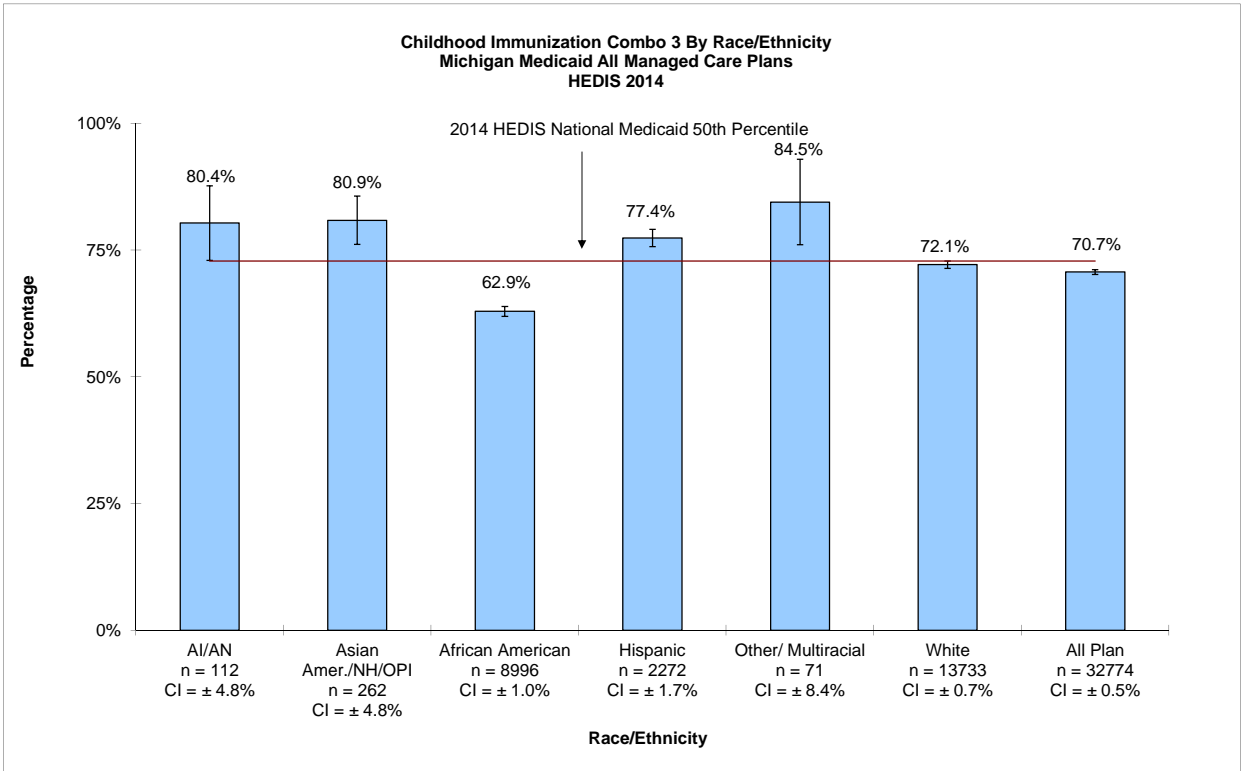


Figure 3. Childhood Immunizations Combo 3 (CIS) by Race/Ethnicity

**Adolescent Immunizations
Michigan Medicaid All Managed Care Plans**

Table 8. Adolescent Immunizations (IMA) by Race/Ethnicity

Race	Michigan Medicaid All Managed Care Plan			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	Insufficient Data						
Asian American/ Nat. Hawaiian/Oth. Pacific Islander	297	330	90.0%	5.4%	1.06	Above	Above
African American	8157	10025	81.4%	-3.2%	0.96	Below	Above
Hispanic	1969	2225	88.5%	3.9%	1.05	Above	Above
Other/Multiracial	122	159	76.7%	-7.9%	0.91	Below	Above
White	13024	15398	84.6%	Reference	Reference	Reference	Above
All Plan	25416	30483	83.4%	-1.2%	0.99	Below	Above

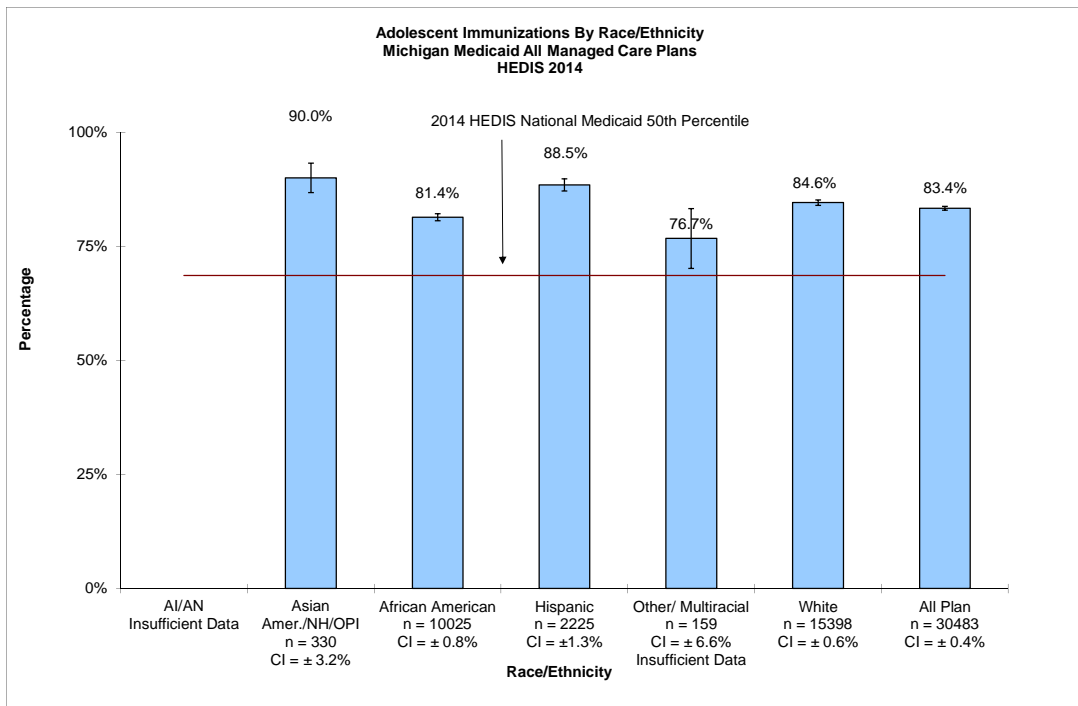


Figure 4. Adolescent Immunizations (IMA) by Race/Ethnicity

**Blood Lead Screening
Michigan Medicaid All Managed Care Plans**

Table 9. Blood Lead Screening (LSC) by Race/Ethnicity

Race	Michigan Medicaid All Managed Care Plan			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	58	75	77.3%	-0.5%	0.99	NS	NS
Asian American/ Nat. Hawaiian/OPI	222	257	86.4%	8.6%	1.11	Above	Above
African American	6979	9033	77.3%	-0.5%	0.99	NS	Above
Hispanic	1888	2272	83.1%	5.3%	1.07	Above	Above
Other/Multiracial	180	214	84.1%	6.3%	1.08	Above	Above
White	10188	13094	77.8%	Reference	Reference	Reference	Above
All Plan	25877	32999	78.4%	0.6%	1.01	NS	Above

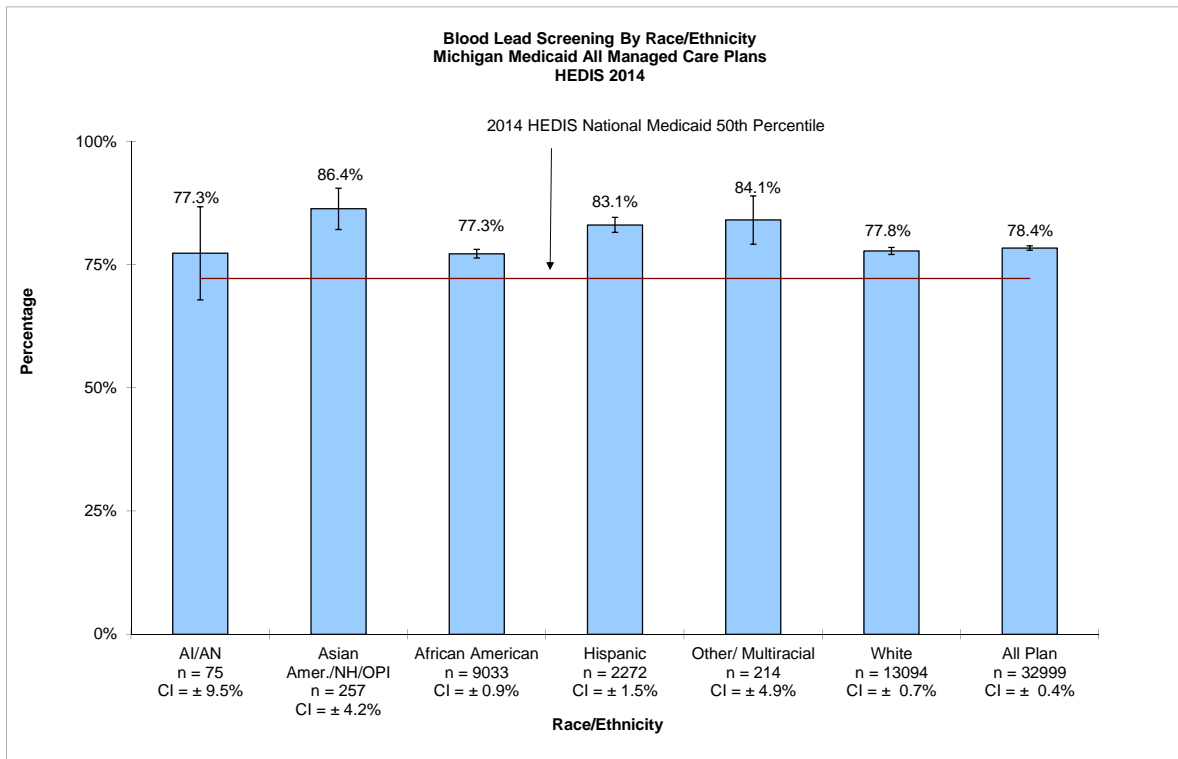


Figure 5. Blood Lead Screening (LSC) by Race/Ethnicity

Well Child Visits (3-6 Years)
Michigan Medicaid All Managed Care Plans

Table 10. Well Child Visits (3-6 Years) (W34) by Race/Ethnicity

Race	Michigan Medicaid All Managed Care Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	122	160	76.3%	2.6%	1.04	NS	NS
Asian American/ Nat. Hawaiian/OPI	1032	1352	76.3%	2.7%	1.04	Above	Above
African American	29890	42739	69.9%	-3.7%	0.95	Below	Below
Hispanic	8051	10461	77.0%	3.3%	1.04	Above	Above
Other/Multiracial	672	856	78.5%	4.9%	1.07	Above	Above
White	54076	73425	73.6%	Reference	Reference	Reference	Above
All Plan	102738	141237	72.7%	-0.9%	0.99	Below	Above

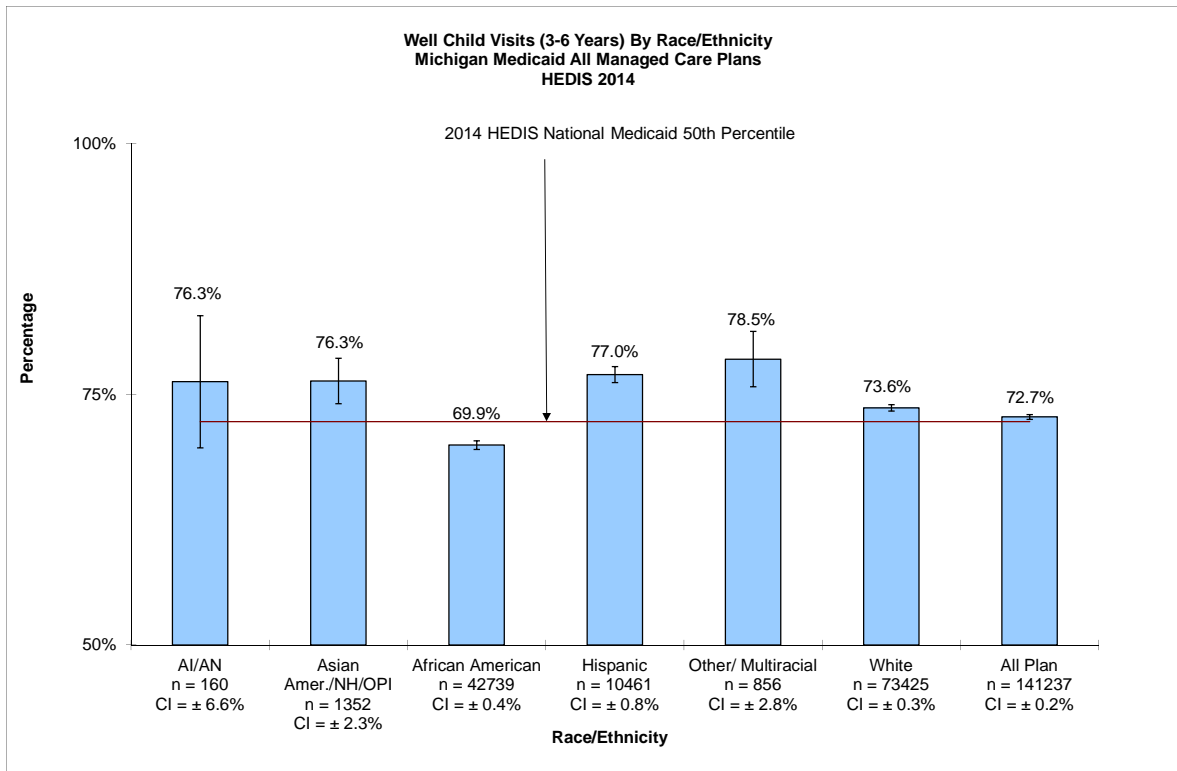


Figure 6. Well Child Visits (3-6 Years) (W34) by Race/Ethnicity

**Child Access to Care (25 Months to 6 Years)
Michigan Medicaid All Managed Care Plans**

Table 11. Child Access to Care (25 Months to 6 Years) (CAP) by Race/Ethnicity

Race	Michigan Medicaid All Managed Care Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	274	298	91.9%	-0.2%	1.00	NS	NS
Asian American/ Nat. Hawaiian/OPI	1471	1605	91.7%	-0.4%	1.00	NS	Above
African American	62794	73566	85.4%	-6.7%	0.93	Below	Below
Hispanic	15559	16900	92.1%	0.0%	1.00	NS	Above
Other/Multiracial	2317	2464	94.0%	1.9%	1.02	Above	Above
White	107741	116985	92.1%	Reference	Reference	Reference	Above
All Plan	209864	233195	90.0%	-2.1%	0.98	Below	Above

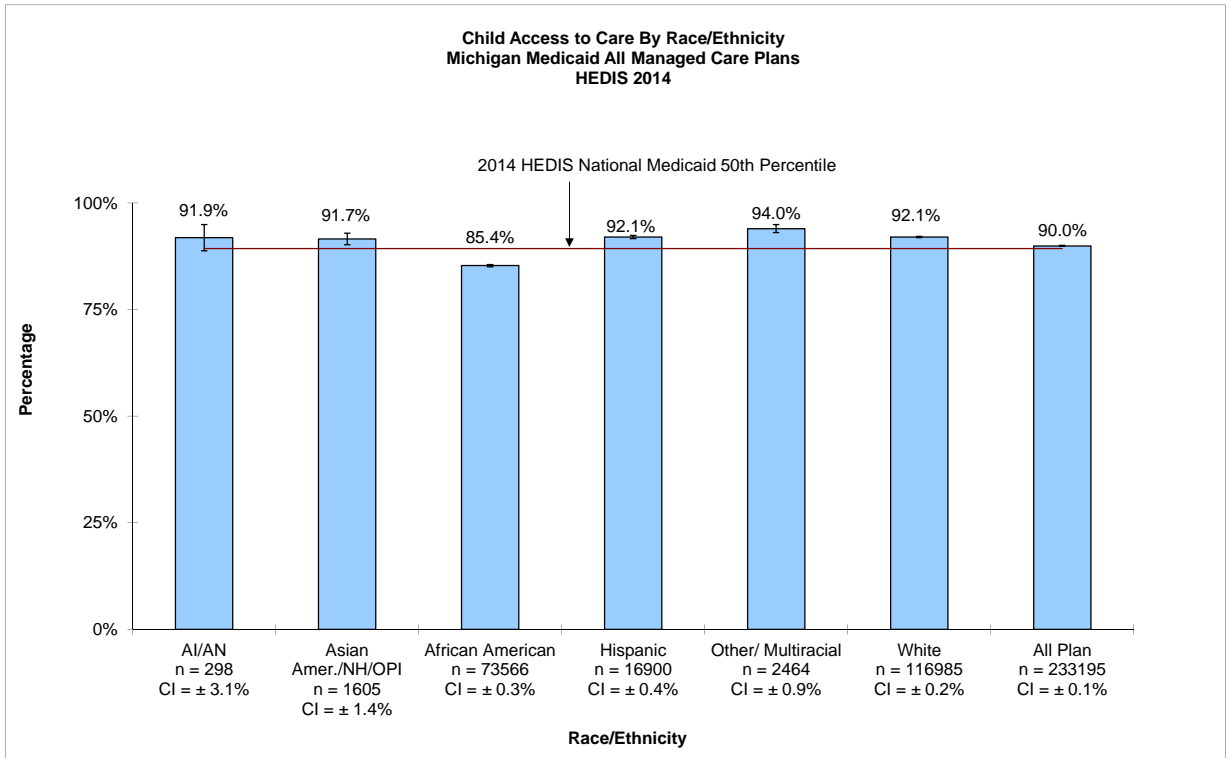


Figure 7. Child Access to Care (25 Months to 6 Years) (CAP) by Race/Ethnicity

Adult Access to Care (20-44 Years)
Michigan Medicaid All Managed Care Plans

Table 12. Adult Access to Care (20-44 Years) (AAP) by Race/Ethnicity

Race	Michigan Medicaid All Managed Care Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	253	286	88.5%	0.7%	1.01	NS	Above
Asian American/ Nat. Hawaiian/OPI	1014	1254	80.9%	-6.9%	0.92	Below	NS
African American	59062	72340	81.6%	-6.2%	0.93	Below	Below
Hispanic	4670	5571	83.8%	-4.0%	0.95	Below	Above
Other/Multiracial	880	991	88.8%	1.0%	1.01	NS	Above
White	88414	100692	87.8%	Reference	Reference	Reference	Above
All Plan	164989	193456	85.3%	-2.5%	0.97	Below	Above

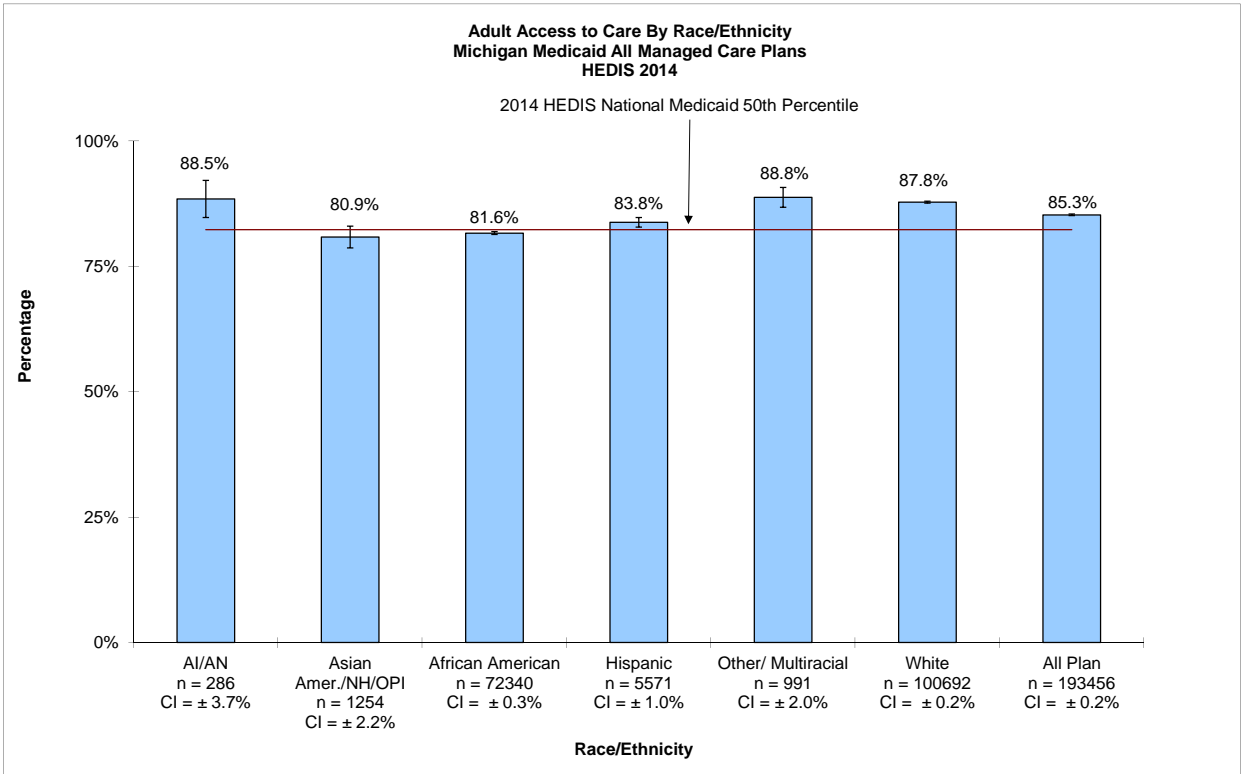


Figure 8. Adult Access to Care (20-44 Years) (AAP) by Race/Ethnicity

Appropriate Asthma Medications (Combined)
Michigan Medicaid All Managed Care Plans

Table 13. Appropriate Asthma Medications (Combined) (ASM) by Race/Ethnicity

Race	Michigan Medicaid All Managed Care Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	Insufficient Data						
Asian American/ Nat. Hawaiian/OPI	102	128	79.7%	-3.0%	0.96	NS	NS
African American	4975	6328	78.6%	-4.1%	0.95	Below	Below
Hispanic	514	598	86.0%	3.3%	1.04	NS	NS
Other/Multiracial	64	75	85.3%	2.6%	1.03	NS	NS
White	6644	8035	82.7%	Reference	Reference	Reference	Below
All Plan	12981	15989	81.2%	-1.5%	0.98	Below	Below

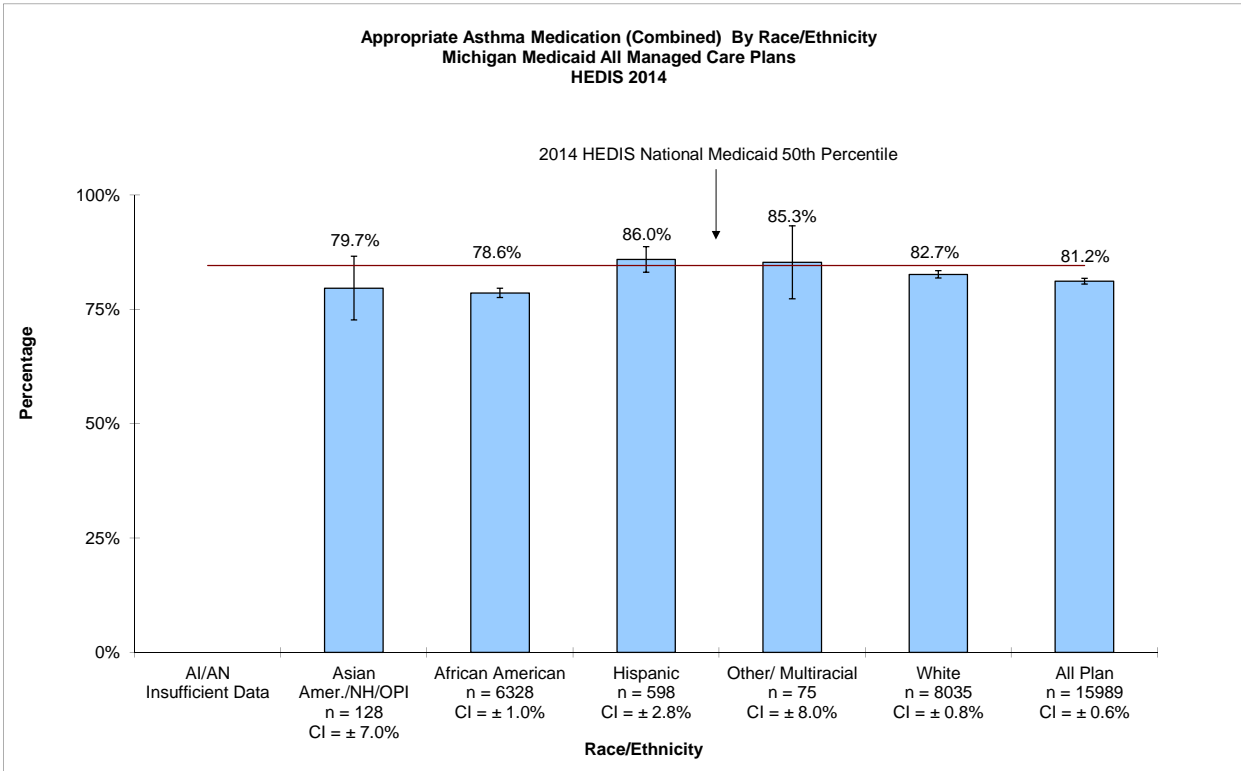


Figure 9. Appropriate Asthma Medications (Combined) (ASM) by Race/Ethnicity

HbA1C Testing
Michigan Medicaid All Managed Care Plans

Table 14. HbA1C Testing (CDC1) by Race/Ethnicity

Race	Michigan Medicaid All Managed Care Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	89	117	76.1%	-4.8%	0.94	NS	NS
Asian American/ Nat. Hawaiian/OPI	333	415	80.2%	-0.7%	0.99	NS	NS
African American	11538	15073	76.5%	-4.3%	0.95	Below	Below
Hispanic	952	1187	80.2%	-0.7%	0.99	NS	Below
Other/Multiracial	211	248	85.1%	4.2%	1.05	NS	NS
White	15620	19309	80.9%	Reference	Reference	Reference	Below
All Plan	32201	40587	79.3%	-1.6%	0.98	Below	Below

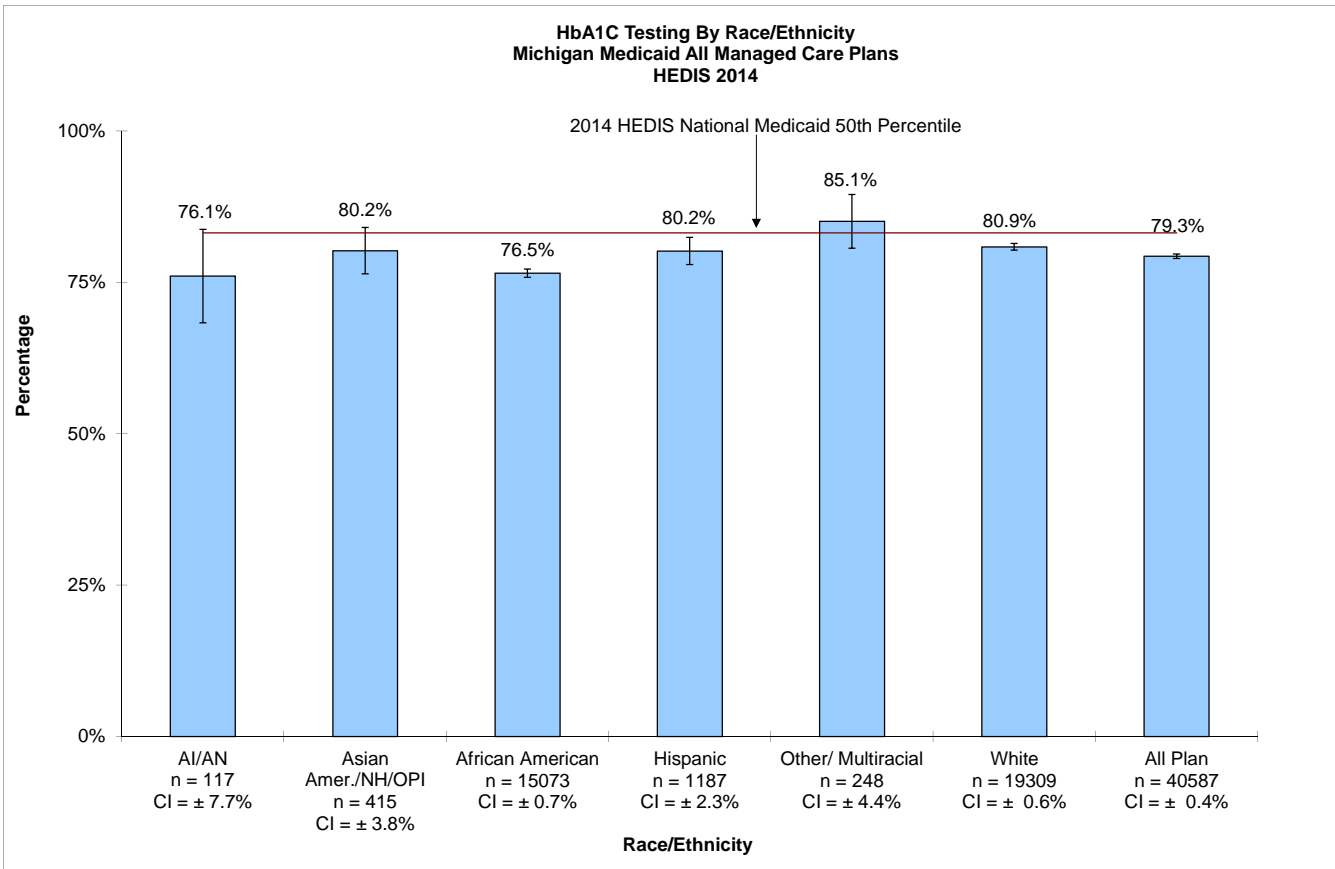


Figure 10. HbA1C Testing (CDC1) by Race/Ethnicity

Diabetic Eye Exam
Michigan Medicaid All Managed Care Plans

Table 15. Diabetic Eye Exam (CDC2) by Race/Ethnicity

Race	Michigan Medicaid All Managed Care Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	43	98	43.9%	-7.6%	0.85	NS	NS
Asian American/ Nat. Hawaiian/OPI	208	413	50.4%	-1.1%	0.98	NS	NS
African American	7136	15086	47.3%	-4.2%	0.92	Below	Below
Hispanic	597	1187	50.3%	-1.2%	0.98	NS	Below
Other/Multiracial	150	283	53.0%	1.5%	1.03	NS	NS
White	9574	18594	51.5%	Reference	Reference	Reference	Below
All Plan	20306	40656	49.9%	-1.5%	0.97	Below	Below

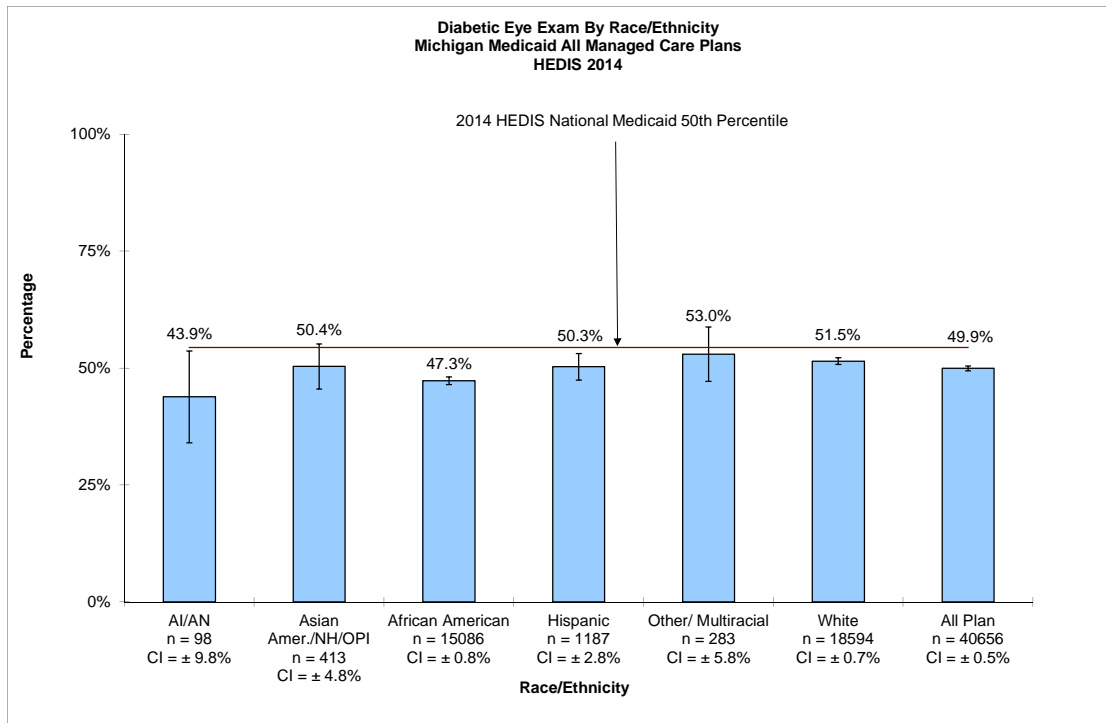


Figure 11. Diabetic Eye Exam (CDC2) by Race/Ethnicity

**Diabetic Nephropathy
Michigan Medicaid All Managed Care Plans**

Table 16. Diabetic Nephropathy (CDC3) by Race/Ethnicity

Race	Michigan Medicaid All Managed Care Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	75	98	76.5%	1.1%	1.01	NS	NS
Asian American/ Nat. Hawaiian/OPI	301	413	72.9%	-2.6%	0.97	NS	Below
African American	11776	15086	78.1%	2.6%	1.03	Above	Below
Hispanic	871	1187	73.4%	-2.1%	0.97	NS	Below
Other/Multiracial	238	283	84.1%	8.7%	1.11	Above	Above
White	14028	18594	75.4%	Reference	Reference	Reference	Below
All Plan	31323	40656	77.0%	1.6%	1.02	Above	Below

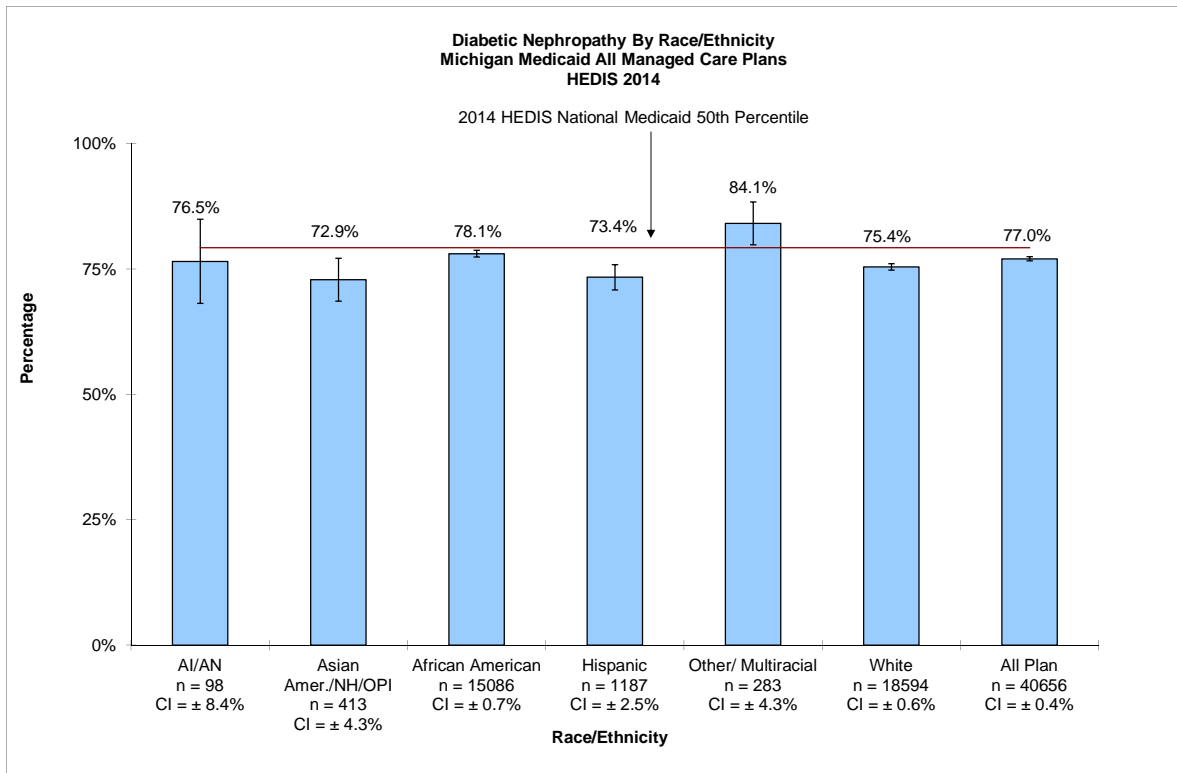


Figure 12. Diabetic Nephropathy (CDC3) by Race/Ethnicity

Table 17. Rate Differences between White, African American, and Hispanic Populations.

Measure	2014 White Rate	2014 African American Rate	Rate Difference	2014 Hispanic Rate	Rate Difference
Chlamydia Screening	55.6%	73.3%	17.6%	62.6%	6.9%
Post-Partum Care	64.8%	53.4%	-12.4%	63.5%	-1.3%
Childhood Immns Combo 3	72.1%	62.9%	-9.2%	77.4%	5.3%
Adolescent Immunizations	84.6%	81.4%	-3.2%	88.5%	3.9%
Lead Screening	77.8%	77.3%	-0.5%	83.1%	5.3%
Well Child Visits 3-6 yrs	73.6%	69.9%	-3.7%	77.0%	3.3%
Access to Care 25 months-6 yrs	92.1%	85.4%	-6.7%	92.1%	0.0%
Access to Care 20-44 yrs	87.8%	81.6%	-6.2%	83.8%	-4.0%
Appropriate Asthma Meds	82.7%	78.6%	-4.1%	86.0%	3.3%
HbA1C Testing for Diabetes	80.9%	76.5%	-4.3%	80.2%	-0.7%
Diabetic Eye Exam	51.5%	47.3%	-4.2%	50.3%	-1.2%
Diabetic Nephropathy	75.4%	78.1%	2.6%	73.4%	-2.1%

Yellow = Rate is significantly below White population
 Orange = Rate is significantly above White population

Table 18. Change in Rate between 2013-2014 for the White, African American, Hispanic and All-Plan Populations.

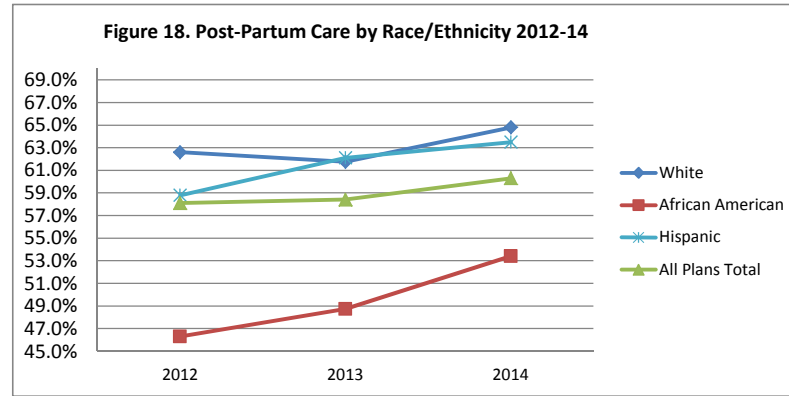
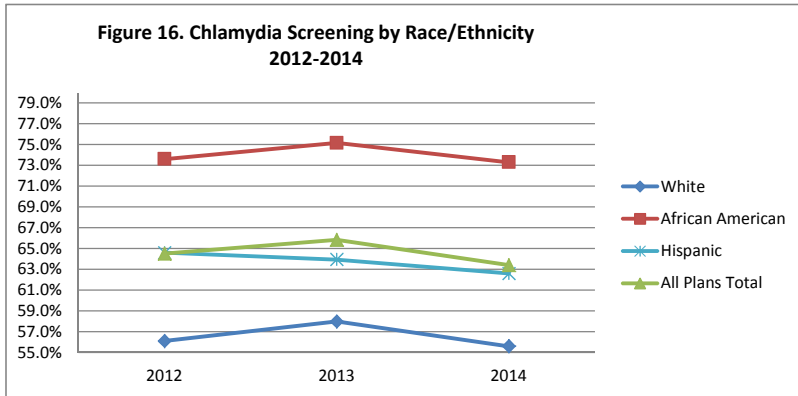
Measure	White				African American				Hispanic				All Plans Total			
	2012	2013	2014	Change	2012	2013	2014	Change	2012	2013	2014	Change	2012	2013	2014	Change
Chlamydia Screening	56.1%	58.0%	55.6%	↓	73.6%	75.2%	73.3%	↓	64.6%	63.9%	62.6%	NS	64.5%	65.8%	63.4%	↓
Post-Partum Care	62.6%	61.8%	64.8%	↑	46.3%	48.7%	53.4%	↑	58.8%	62.1%	63.5%	NS	58.1%	58.4%	60.3%	↑
Childhood Immns Combo 3	74.0%	74.9%	72.1%	↓	63.0%	64.7%	62.9%	NS	78.4%	75.1%	77.4%	NS	70.7%	72.2%	70.7%	↓
Adolescent Immns Combo 1	74.6%	86.8%	84.6%	↓	72.4%	83.8%	81.4%	↓	80.7%	89.3%	88.5%	NS	74.1%	85.9%	83.4%	↓
Blood Lead Screening	73.1%	78.5%	77.8%	↑	75.2%	77.8%	77.3%	NS	81.8%	82.5%	83.1%	NS	74.6%	78.9%	78.4%	NS
Well Child Visits 3-6 Years	73.8%	73.5%	73.6%	NS	72.2%	72.1%	69.9%	↓	76.3%	76.1%	77.0%	NS	73.6%	73.5%	72.7%	↓
Access to Care 25 months-6 yrs	92.7%	92.4%	92.1%	NS	85.9%	85.0%	85.4%	NS	92.2%	91.6%	92.1%	NS	90.4%	90.1%	90.0%	NS
Access to Care 20-44 yrs	86.2%	87.0%	87.8%	↑	80.2%	81.0%	81.6%	↑	82.2%	82.0%	83.8%	NS	83.6%	84.5%	85.3%	↑
Appropriate Asthma Meds	85.7%	83.8%	82.7%	NS	80.5%	78.9%	78.6%	NS	87.0%	86.0%	86.0%	NS	83.8%	82.1%	81.2%	NS
HbA1C Testing for Diabetes	80.2%	81.1%	80.9%	NS	73.5%	75.7%	76.5%	NS	74.7%	76.0%	80.2%	NS	77.2%	79.0%	79.3%	NS
Diabetic Eye Exam	47.2%	50.4%	51.5%	NS	41.0%	45.9%	47.3%	NS	42.0%	45.5%	50.3%	NS	44.6%	49.0%	49.9%	NS
Diabetic Nephropathy	74.5%	75.7%	75.4%	NS	75.8%	78.2%	78.1%	NS	71.3%	73.1%	73.4%	NS	75.1%	77.4%	77.0%	NS

↑ - There was a statistically significant increase in the rate between 2013 - 2014

↓ - There was a statistically significant decrease in the rate between 2013 - 2014

NS - The change in the rate between 2013-2014 was not significant

Change in Rate 2012-2014 for Measures in Women - Adult Care and Pregnancy Care



Change in Rate 2012-2014 for Measures in Child and Adolescent Care

Figure 19. Childhood Immunizations Combo 3 by Race/Ethnicity 2012-2014

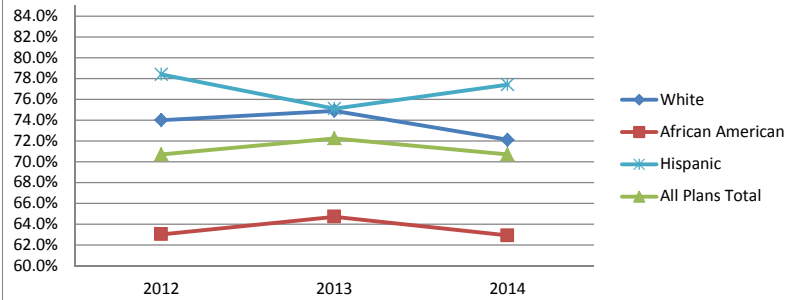


Figure 20. Blood Lead Screening by Race/Ethnicity 2012-2014

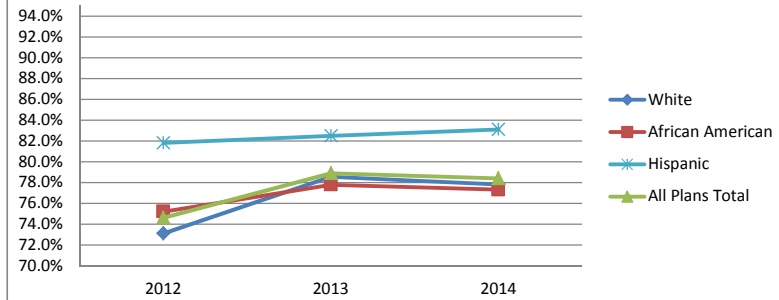


Figure 21. Adolescent Immunizations by Race/Ethnicity 2012-2014

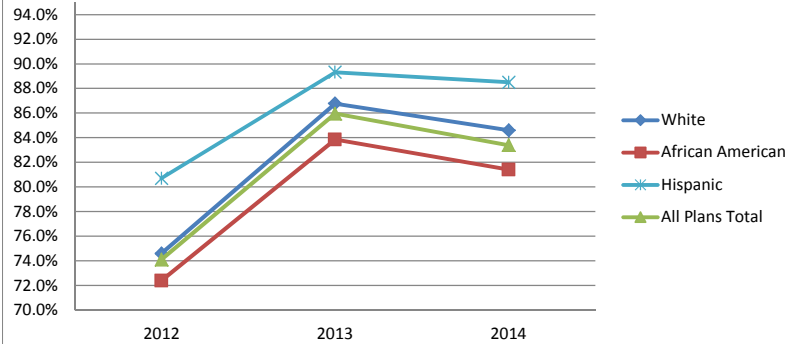
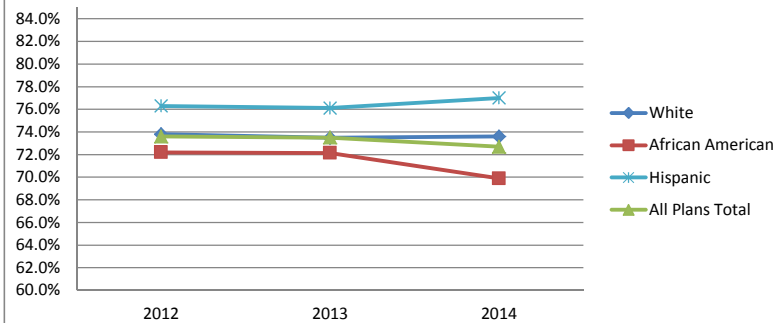
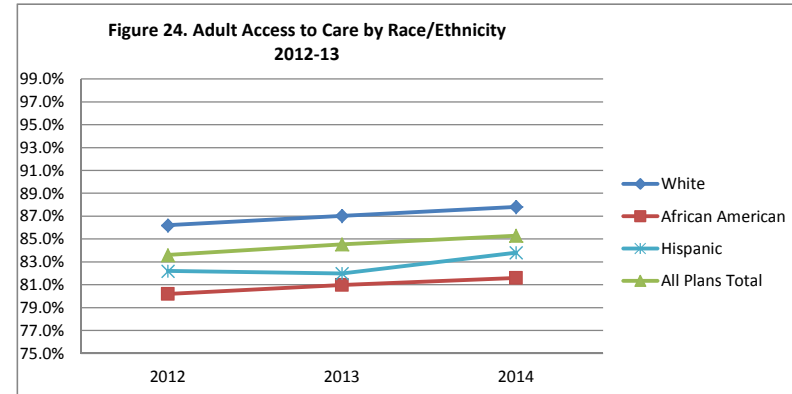
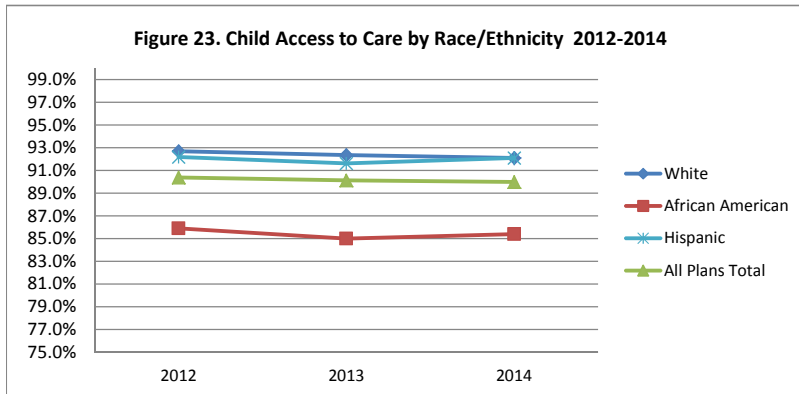


Figure 22. Well Child Visits 25 Months-6 Years by Race/Ethnicity 2012-2014



Change in Rate 2012-2014 for Measures in Access to Care



Change in Rate 2012-2014 for Measures in Living with Illness

Figure 25. Appropriate Asthma Medications by Race/Ethnicity 2012-14

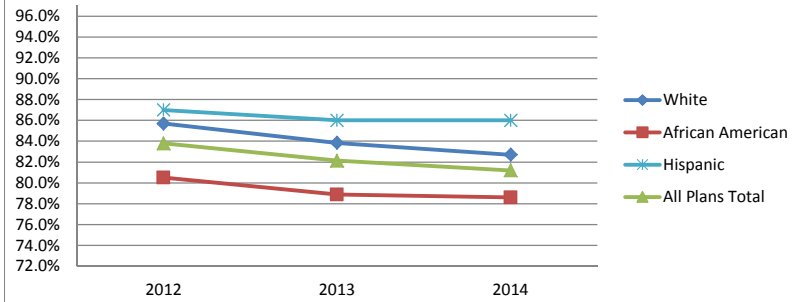


Figure 26. HbA1C Testing by Race/Ethnicity 2012-2014

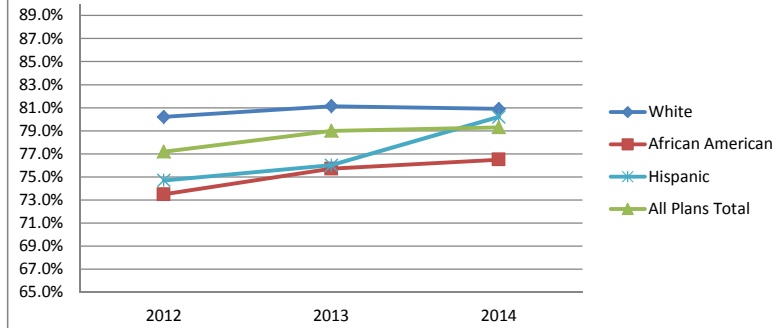


Figure 27. Diabetic Eye Exam by Race/Ethnicity 2012-2014

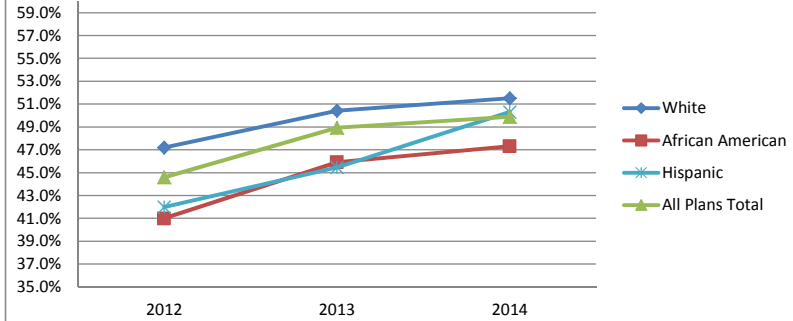
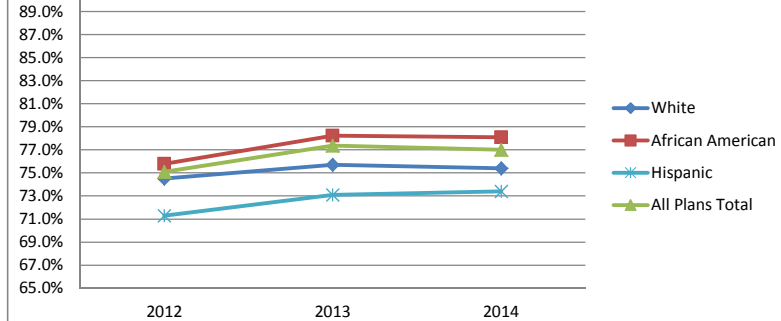


Figure 28. Diabetic Nephropathy by Race/Ethnicity 2012-2014

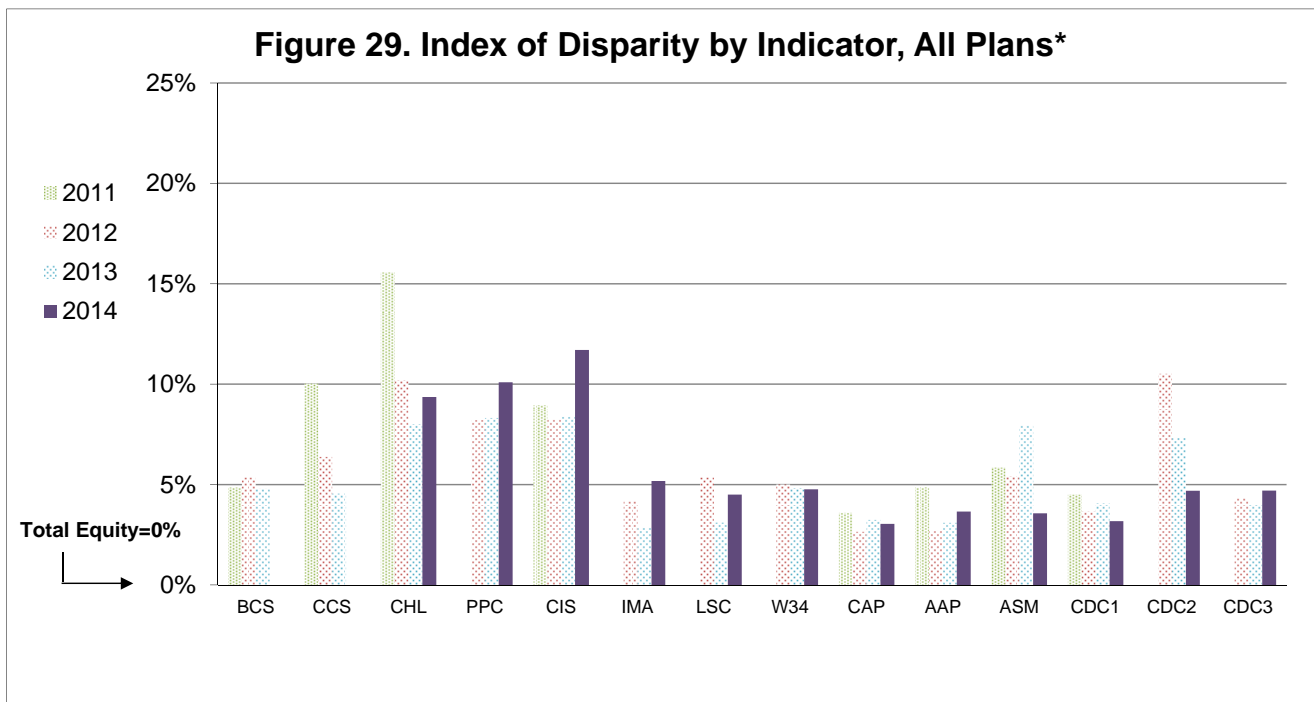


**Index of Disparity (ID) Summary
Michigan Medicaid Managed Care All Plans**

Table 19. Index of Disparity for All Medicaid Managed Care Plans 2011-2014

Indicator	Abbr.	2011	2012	2013	2014*
Breast Cancer Screening	BCS	4.85%	5.36%	4.79%	---
Cervical Cancer Screening	CCS	10.04%	6.38%	4.55%	---
Chlamydia Screening	CHL	15.57%	10.20%	8.00%	9.37%
Post-Partum Care	PPC	---	8.22%	8.32%	10.10%
Childhood Immunizations Combo 3	CIS	8.95%	8.24%	8.38%	11.70%
Adolescent Immunizations	IMA	---	4.17%	2.86%	5.18%
Blood Lead Screening	LSC	---	5.36%	3.11%	4.50%
Well Child Visits (3-6 Years)	W34	---	5.00%	4.83%	4.76%
Child Access to Care (25 Months to 6 Years)	CAP	3.59%	2.65%	3.25%	3.05%
Adult Access to Care (20-44 Years)	AAP	4.86%	2.73%	3.10%	3.66%
Appropriate Asthma Medications (Combined)	ASM	5.85%	5.41%	7.96%	3.57%
HbA1C Testing	CDC1	4.50%	3.65%	4.07%	3.18%
Diabetic Eye Exam	CDC2	---	10.52%	7.33%	4.70%
Diabetic Nephropathy	CDC3	---	4.33%	4.03%	4.70%

* Note for Table 19 and Figure 29: Due to methodology changes that took place in 2014, the Index of Disparity results from 2014 and moving forward cannot be compared to results from 2013 and earlier.



**Table 20. Confidence Intervals
Michigan Medicaid All Managed Care Plans**

Race/Ethnicity	%	Confidence Interval	
Chlamydia Screening		Lower Limit	Upper Limit
American Indian/ Alaska Native	58.8%	48.4%	69.3%
Asian American/Native Hawaiian/ O.P.I.	51.7%	44.3%	59.1%
African American	73.3%	72.6%	73.9%
Hispanic	62.6%	60.4%	64.8%
Other/Multiracial	64.3%	54.8%	73.8%
White	55.6%	55.0%	56.3%
All Plan	63.4%	63.0%	63.9%
2014 HEDIS National Medicaid 50th Percentile	57.3%	N/A	
Post-Partum Care		Lower Limit	Upper Limit
American Indian/ Alaska Native		<i>Insufficient Data</i>	
Asian American/Native Hawaiian/ O.P.I.	70.8%	66.0%	75.6%
African American	52.4%	51.5%	53.4%
Hispanic	63.5%	61.1%	65.9%
Other/Multiracial	55.9%	43.3%	68.6%
White	64.8%	64.1%	65.5%
All Plan	60.3%	59.8%	60.8%
2014 HEDIS National Medicaid 50th Percentile	64.0%	N/A	
Childhood Immunizations Combo 3		Lower Limit	Upper Limit
American Indian/ Alaska Native	80.4%	73.0%	87.7%
Asian American/Native Hawaiian/ O.P.I.	80.9%	76.2%	85.7%
African American	62.9%	61.9%	63.9%
Hispanic	77.4%	75.7%	79.1%
Other/Multiracial	84.5%	76.1%	92.9%
White	72.1%	71.4%	72.9%
All Plan	70.7%	70.2%	71.2%
2014 HEDIS National Medicaid 50th Percentile	72.9%	N/A	
Adolescent Immunizations Combo 1		Lower Limit	Upper Limit
American Indian/ Alaska Native		<i>Insufficient Data</i>	
Asian American/Native Hawaiian/ O.P.I.	90.0%	86.8%	93.2%
African American	81.4%	80.6%	82.1%
Hispanic	88.5%	87.2%	89.8%
Other/Multiracial	76.7%	70.2%	83.3%
White	84.6%	84.0%	85.2%
All Plan	83.4%	83.0%	83.8%
2014 HEDIS National Medicaid 50th Percentile	68.6%	N/A	

Blood Lead Screening		Lower Limit	Upper Limit
American Indian/ Alaska Native	77.3%	67.9%	86.8%
Asian American/Native Hawaiian/ O.P.I.	86.4%	82.2%	90.6%
African American	77.3%	76.4%	78.1%
Hispanic	83.1%	81.6%	84.6%
Other/Multiracial	84.1%	79.2%	89.0%
White	77.8%	77.1%	78.5%
All Plan	78.4%	78.0%	78.9%
2014 HEDIS National Medicaid 50th Percentile	72.3%	N/A	
Well Child Visits 3-6 years		Lower Limit	Upper Limit
American Indian/ Alaska Native	76.3%	69.7%	82.8%
Asian American/Native Hawaiian/ O.P.I.	76.3%	74.1%	78.6%
African American	69.9%	69.5%	70.4%
Hispanic	77.0%	76.2%	77.8%
Other/Multiracial	78.5%	75.8%	81.3%
White	73.6%	73.3%	74.0%
All Plan	72.7%	72.5%	73.0%
2014 HEDIS National Medicaid 50th Percentile	72.3%	N/A	
Child Access to Care (25mos - 6yrs)		Lower Limit	Upper Limit
American Indian/ Alaska Native	91.9%	88.9%	95.0%
Asian American/Native Hawaiian/ O.P.I.	91.7%	90.3%	93.0%
African American	85.4%	85.1%	85.6%
Hispanic	92.1%	91.7%	92.5%
Other/Multiracial	94.0%	93.1%	95.0%
White	92.1%	91.9%	92.3%
All Plan	90.0%	89.9%	90.1%
2014 HEDIS National Medicaid 50th Percentile	89.4%	N/A	
Adult Access to Care (20-44 years)		Lower Limit	Upper Limit
American Indian/ Alaska Native	88.5%	84.8%	92.2%
Asian American/Native Hawaiian/ O.P.I.	80.9%	78.7%	83.0%
African American	81.6%	81.4%	81.9%
Hispanic	83.8%	82.9%	84.8%
Other/Multiracial	88.8%	86.8%	90.8%
White	87.8%	87.6%	88.0%
All Plan	85.3%	85.1%	85.4%
2014 HEDIS National Medicaid 50th Percentile	82.3%	N/A	

Appropriate Asthma Medications		Lower Limit	Upper Limit
American Indian/ Alaska Native		<i>Insufficient Data</i>	
Asian American/Native Hawaiian/ O.P.I.	79.7%	72.7%	86.7%
African American	78.6%	77.6%	79.6%
Hispanic	86.0%	83.2%	88.7%
Other/Multiracial	85.3%	77.3%	93.3%
White	82.7%	81.9%	83.5%
All Plan	81.2%	80.6%	81.8%
2014 HEDIS National Medicaid 50th Percentile	84.6%	N/A	
HbA1C Testing		Lower Limit	Upper Limit
American Indian/ Alaska Native	76.1%	68.3%	83.8%
Asian American/Native Hawaiian/ O.P.I.	80.2%	76.4%	84.1%
African American	76.5%	75.9%	77.2%
Hispanic	80.2%	77.9%	82.5%
Other/Multiracial	85.1%	80.6%	89.5%
White	80.9%	80.3%	81.4%
All Plan	79.3%	78.9%	79.7%
2014 HEDIS National Medicaid 50th Percentile	83.2%	N/A	
Diabetic Eye Exam		Lower Limit	Upper Limit
American Indian/ Alaska Native	43.9%	34.1%	53.7%
Asian American/Native Hawaiian/ O.P.I.	50.4%	45.5%	55.2%
African American	47.3%	46.5%	48.1%
Hispanic	50.3%	47.5%	53.1%
Other/Multiracial	53.0%	47.2%	58.8%
White	51.5%	50.8%	52.2%
All Plan	49.9%	49.5%	50.4%
2014 HEDIS National Medicaid 50th Percentile	54.4%	N/A	
Diabetic Nephropathy		Lower Limit	Upper Limit
American Indian/ Alaska Native	76.5%	68.1%	84.9%
Asian American/Native Hawaiian/ O.P.I.	72.9%	68.6%	77.2%
African American	78.1%	77.4%	78.7%
Hispanic	73.4%	70.9%	75.9%
Other/Multiracial	84.1%	79.8%	88.4%
White	75.4%	74.8%	76.1%
All Plan	77.0%	76.6%	77.5%
2014 HEDIS National Medicaid 50th Percentile	79.3%	N/A	

Appendix A. 2014 Medicaid Health Equity Template

HEDIS 2014 Measures by Race/Ethnicity

Michigan Medicaid Managed Care Plans
 Submission to be received to MDCH by August 15, 2014

Numerators and Demoninators for Each Measure (Administrative Data Only)

Race	Ethnicity	Chlamydia Screening (CHL)		HbA1C Testing (CDC)		Imms Combo 3 (CIS)		Approp. Asthma Meds (Combined) (ASM)		Access to Care (25 months to 6 years) (CAP)		Access to Care (20-44 years) (AAP)		Adolescent Imms (IMA)		Blood Lead Screening (LSC)		Well Child Visits 3-6 (W34)		Post-Partum Care (PPC)		Diabetic Eye Exam (CDC)		Diabetic Nephropathy (CDC)	
		Num	*Den	Num	Den	Num	Den	Num	*Den	Num	*Den	Num	*Den	Num	*Den	Num	*Den	Num	*Den	Num	*Den	Num	*Den	Num	*Den
White	Non-Hispanic																								
White	Hispanic																								
White	Unknown																								
White	Declined																								
Black or African American	Non-Hispanic																								
Black or African American	Hispanic																								
Black or African American	Unknown																								
Black or African American	Declined																								
American Indian and Alaskan Native	Non-Hispanic																								
American Indian and Alaskan Native	Hispanic																								
American Indian and Alaskan Native	Unknown																								
American Indian and Alaskan Native	Declined																								
Asian	Non-Hispanic																								
Asian	Hispanic																								
Asian	Unknown																								
Asian	Declined																								
Native Hawaiian and Other Pacific Islander	Non-Hispanic																								
Native Hawaiian and Other Pacific Islander	Hispanic																								
Native Hawaiian and Other Pacific Islander	Unknown																								
Native Hawaiian and Other Pacific Islander	Declined																								
Some Other Race	Non-Hispanic																								
Some Other Race	Hispanic																								
Some Other Race	Unknown																								
Some Other Race	Declined																								
Two or More Races	Non-Hispanic																								
Two or More Races	Hispanic																								
Two or More Races	Unknown																								
Two or More Races	Declined																								
Unknown	Non-Hispanic																								
Unknown	Hispanic																								
Unknown	Unknown																								
Unknown	Declined																								
Declined	Non-Hispanic																								
Declined	Hispanic																								
Declined	Unknown																								
Declined	Declined																								
Total for Measure (All Races/Ethnicities)**																									

*Equals Eligible population from HEDIS IDSS

**Equals 'Numerator events by administrative data' from HEDIS IDSS

Data for measures in red are eligible for rotation per NCQA. Plans may rotate these measures for their IDSS submission, but will be asked to generate these data outside of the IDSS submission process using calendar year 2012 data. Then complete the IDSS process using rotated (calendar year 2011) data as allowed in the rotation process. The data for the Antidepressant Medication Management (AMM) and Mental Health Utilization (MPT) measures submitted by MHPs in 2012 was through the same mechanism. Tracking and trending these important quality data depends on our ability to collect actual data for each measure. Rotation will mask any improvements that have been made over the past year.

NOTE: Due to the significant specification changes made to the Breast Cancer Screening and Cervical Cancer Screening measures, these measures will not be included in the 2014 Medicaid Health Equity Project. They will be included again in 2015.