

Medical Services Administration
Bureau of Medicaid Care Management & Quality Assurance

***MEDICAID HEALTH EQUITY PROJECT
YEAR 5 REPORT (HEDIS 2015)***

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,

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

MHPs were required to conduct an annual Performance Improvement Project (PIP) specifically 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. 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. All 15 measures were collected again in 2015. 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 template totals match totals reported in the HEDIS Interactive Data Submission System (IDSS). See Table 1 for a list of the HEDIS measures included 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	
Breast Cancer Screening	BCS
Cervical Cancer Screening	CCS
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 2015). 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:

$$\text{Absolute Disparity} = \text{Non-White Estimate} - \text{Reference Estimate}$$

Relative Disparity = Non-White Estimate / Reference Estimate

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 $\alpha=0.05$. Confidence Intervals can be found in Table 22.

In Michigan, African American, Hispanic and White beneficiaries make up approximately 90% of the eligible population. Rates for these three populations were trended for 2012 – 2015. The rates were compared and graphed 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 Michigan Medicaid 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 53.4% of the population identified as White, 29.4% as African American, and 5.4% as Hispanic.

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

All other racial/ethnic groups made up approximately 2.1% of the population, and race/ethnicity was unknown or 15.1%.

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

Characteristics	Percentage of Managed Care Population
Racial Groups	
American Indian/Alaska Native	0.3%
Asian American/Native Hawaiian & Other Pacific Islander	1.3%
African American	29.4%
Other/Multiracial	0.5%
White	53.4%
<i>Unknown/Declined</i>	<i>15.1%</i>
Ethnic Groups	
Hispanic	5.4%

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 2015 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 5-8 and Figures 1-4). The largest negative difference can be found in the Post-Partum Care (PPC) measure, where the gap between African American and White women was 13.4 percentage points. The largest absolute difference was between African American and White women for the Chlamydia Screening (CHL) measure, where the gap was 18.9 percentage points, with African American women being screened at significantly higher rates. All significant differences for these four measures are described below:

- Breast Cancer Screening (BCS) rates were lower for the African American population by 2.7 percentage points.
- Cervical Cancer Screening (CCS) rates were higher for the African American (3.6 percentage points), Asian American/Native Hawaiian & Other Pacific Islander (2.9 percentage points) and Hispanic (2.9 percentage points) populations, but lower for the American Indian/Alaska Native (9.8 percentage points) and Other/Multiracial (10.5 percentage points) populations.
- Post-Partum Care (PPC) rates were lower for the African American population by 13.4 percentage points.

- Chlamydia Screening (CHL) rates were higher for the African American (18.9 percentage points) and Hispanic (4.8 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 9-12 and Figures 5-8). All significant differences for these two measures are described below:

- Childhood Immunizations Combo 3 (CIS) rates were lower for the African American population by 8.8 percentage points, but higher for the Hispanic population by 5.6 percentage points.
- Adolescent Immunizations Combo 1 (IMA) rates were lower for the African American (1.6 percentage points) and Other/Multiracial (13.7 percentage points) populations, but higher for the Hispanic population by 2.8 percentage points).
- Blood Lead Screening (LSC) rates were higher for the Hispanic (5.6 percentage points) and Asian American/Native Hawaiian & Other Pacific Islander (9.3 percentage points) populations.
- Well Child Visits 3-6 years (W34) rates were lower for the African American by 4.1 percentage points, but higher for the Asian American/Native Hawaiian & Other Pacific Islander (4.8 percentage points) and Hispanic (3.2 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 13-14 and Figures 9-10), 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 8.0 percentage points, but higher for the Asian American/Native Hawaiian & Other Pacific Islander population by 2.6 percentage points.
- Access to Care 20-44 years (AAP) rates were lower for the African American (7.7 percentage points), Asian American/Native Hawaiian & Other Pacific Islander (3.8 percentage points), Other/Multiracial (8.6 percentage points) and Hispanic (4.3 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. All significant differences for these two measures are described below (See Tables 15-18 and Figures 11-14):

- Appropriate Asthma Medications Combined (ASM) rates were lower for the African American population by 5.7 percentage points, but higher for the Hispanic population by 4.5 percentage points.
- HbA1c Testing (CDC1) rates were lower for the African American population by 3.6 percentage points, but higher for the Asian American/Native Hawaiian & Other Pacific Islander (5.5 percentage points) and Hispanic (3.1 percentage points) populations.
- Diabetic Eye Exam (CDC2) rates were lower for the African American population by 4.1 percentage points.
- Diabetic Nephropathy (CDC3) rates were higher for the African American population by 3.7 percentage points.

Measuring Inequity

In Michigan, African American, Hispanic and White beneficiaries make up approximately 90% of the eligible population. Table 19 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 ten of the fourteen measures, with gaps in care ranging from 1.6 to 18.9 percentage points. Cervical Cancer Screening, Chlamydia Screening and Diabetic Nephropathy rates were higher compared to the White population. Eight of the fourteen measures were higher for the Hispanic population compared to the White population, including all four of the Child and Adolescent Care measures, Cervical Cancer Screening, Chlamydia Screening, Appropriate Asthma Medications Combined and HbA1C Testing for Diabetes. The only measure which was lower for the Hispanic population compared to the White population was Access to Care 20-44 years measure.

Trends in Health Equity

The 2015 rates for the African American, Hispanic and White populations for the fourteen measures are compared with earlier year rates in Table 20. This table also indicates whether there was a statistically significant increase or decrease from 2014 to 2015. The 2012 and 2013 rates are also included for trending over the four year period. Figures 15-28 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.

For all years data has been collected 2012-2015, the African American population was below the White reference population for ten measures: BSC, PPC, CIS, IMA, W34, CAP, AAP, ASM, CDC1 and CDC2. Five of these measures had a statistically significant increase in the rate for the African American population from 2012 to 2013. However, only two had a

statistically significant increase between 2013 and 2014 and only one between 2014 and 2015. This measure is IMA, which showed significant improvement for the White population as well. Four measures (PPC, CAP, AAP and CDC2) were significantly lower in 2015 compared to 2014 for the African American population. All four of these measures were also significantly lower for the White population.

Between 2014 and 2015, 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 and 2015. The Hispanic population has also had multiple measures with rates higher than the White population in all four 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. An Index of Disparity which is less than 5% is considered a low level of disparity.

The Index of Disparity indicates greatest disparity in the Chlamydia Screening (CHL) and Postpartum Care (PPC) measures, which mirrors the findings from the pairwise analysis (See Table 21 and Figure 29). Cervical Cancer Screening (CCS), Childhood Immunizations Combo 3 (CIS), Blood Lead Screening (LSC), Appropriate Asthma Medications Combined (ASM) and Diabetic Eye Exam (CDC2) all had an Index of Disparity greater than 5.0% as well.

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 fourteen of the 2015 measures collected exhibited racial/ethnic differences to varying degrees. Rates for African American Medicaid beneficiaries fell below that of White beneficiaries for ten (10) measures. This pattern has remained every year that data has been collected since 2012, and there were no signs of improvement in 2015. 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 largest health disparity was in Chlamydia Screening (CHL), where the gap between African American and White women is 18.9 percentage points. This large absolute difference has held steady all four years. The higher chlamydia screening rate mirrors higher incidence⁸ of chlamydia in the African American population. Efforts to improve equity for this measure will

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

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}

The annual trending of rates from 2014 to 2015 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 in 2014 and 2015. Reinvigorating this trajectory is essential to promoting health equity in Michigan.

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 ten of the fourteen 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 scope of this report, an analysis of race/ethnicity and concentrated poverty in Michigan would be beneficial to understanding best strategies for improving health equity.

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.

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.

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 13.4 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 this measure for many years by incorporating it into multiple performance monitoring and incentive tools. Beginning in 2014 and continuing in 2015, the MDHHS 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.

In 2016, additional health equity projects will be initiated. 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 Post-Partum Care (PPC) and Childhood Immunizations Combination 3, two measures which have consistently had 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, all Medicaid Managed Care Plans will implement a Performance Improvement Project to focus on narrowing the disparity in Chlamydia screening and improving access to treatment for sexually transmitted infections for both men (ages 16-18) and women (ages 16-24).

Medicaid Health Plans will also 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. Difference from Reference (White)

Race/Ethnicity	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening	Post-Partum Care	Childhood Immunizations Combo 3	Adolescent Immunizations	Blood Lead Screening	Well Child Visits 3-6 Years	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	Below	NS	NS	NS	NS	NS	NS	NS	NS	---	NS	NS	NS
Asian American	NS	Above	NS	NS	NS	NS	Above	Above	Above	Below	NS	Above	NS	NS
African American	Below	Above	Above	Below	Below	Below	NS	Below	Below	Below	Below	Below	Below	Above
Hispanic	NS	Above	Above	NS	Above	Above	Above	Above	NS	Below	Above	Above	NS	NS
Other/Multiracial	---	Below	---	NS	NS	Below	NS	NS	---	Below	---	---	---	---
White	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference
All Plan	NS	Above	Above	Below	Below	NS	NS	NS	Above	NS	Below	NS	NS	Above

Table 4. Difference from 2015 HEDIS National Medicaid 50th Percentile

Race/Ethnicity	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening	Post-Partum Care	Childhood Immunizations Combo 3	Adolescent Immunizations	Blood Lead Screening	Well Child Visits 3-6 Years	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	Below	NS	Below	NS	Above	Above	NS	NS	NS	0.0%	NS	Below	NS
Asian American	NS	Above	NS	NS	NS	Above	Above	NS	Above	NS	NS	NS	Below	Below
African American	Above	Above	Above	Below	Below	Above	Above	Below	Below	Below	Below	Below	Below	Below
Hispanic	NS	Above	Above	NS	Above	Above	Above	Above	Above	NS	NS	NS	Below	Below
Other/Multiracial	---	NS	---	NS	NS	Below	Above	NS	---	NS	---	---	---	---
White	Above	Above	NS	Below	Above	Above	Above	Above	NS	Above	Below	Below	Below	Below
All Plan	Above	Above	Above	Below	NS	Above	Above	Above	NS	Above	Below	Below	NS	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 10 who received services (Numerator) or Fewer than 10 who did not receive services (Remainder) or Fewer than 50 in total population (Denominator))

**Breast Cancer Screening
Michigan Medicaid All Managed Care Plans**

Table 5. Breast Cancer Screening 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	42	78	53.8%	-10.1%	0.84	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	247	392	63.0%	-1.0%	0.98	NS	NS
African American	5486	8957	61.2%	-2.7%	0.96	Below	Above
Hispanic	265	432	61.3%	-2.6%	0.96	NS	NS
Other/Multiracial	Insufficient Data						
White	7536	11778	64.0%	Reference	Reference	Reference	Above
All Plan	15939	25314	63.0%	-1.0%	0.98	NS	Above

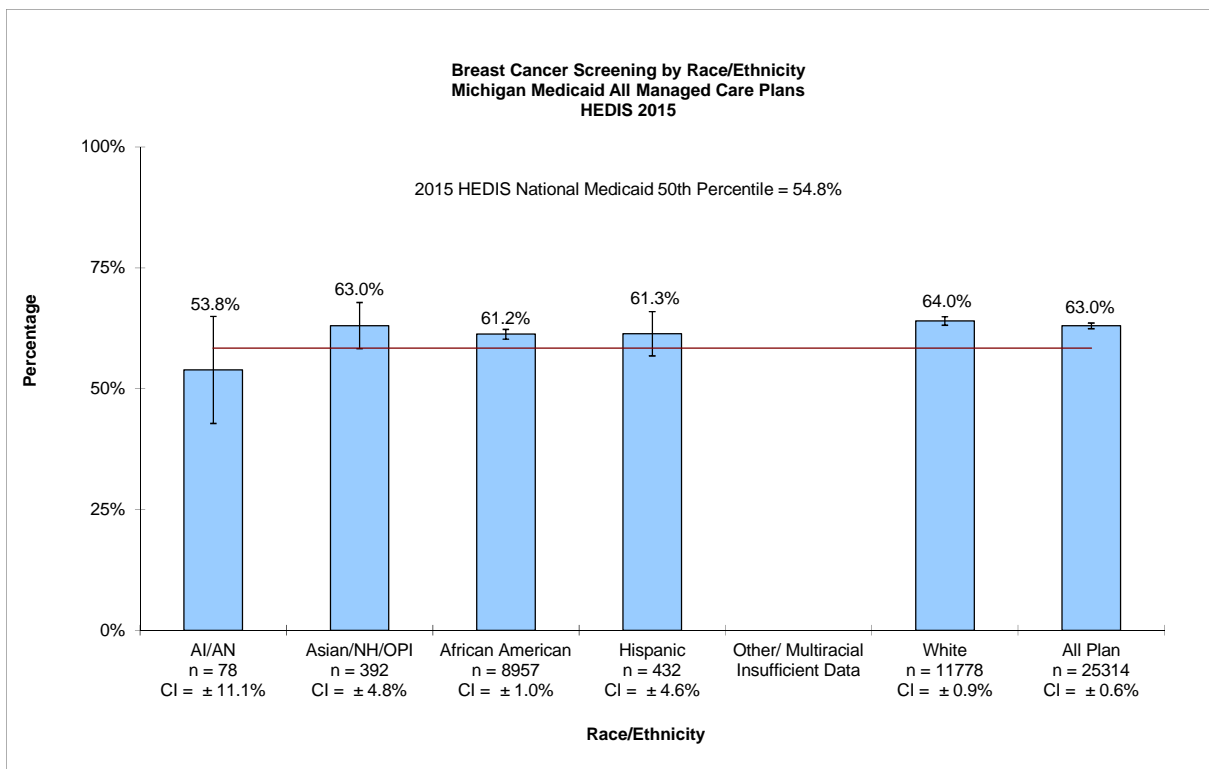


Figure 1. Breast Cancer Screening by Race/Ethnicity

Cervical Cancer Screening
Michigan Medicaid All Managed Care Plans

Table 6. Cervical Cancer Screening 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	165	316	52.2%	-9.8%	0.84	Below	Below
Asian American/Native Hawaiian/ Other Pacific Islander	1075	1657	64.9%	2.9%	1.05	Above	Above
African American	34230	52169	65.6%	3.6%	1.06	Above	Above
Hispanic	2500	3850	64.9%	2.9%	1.05	Above	Above
Other/Multiracial	52	101	51.5%	-10.5%	0.83	Below	NS
White	48981	79016	62.0%	Reference	Reference	Reference	Above
All Plan	92069	146360	62.9%	0.9%	1.01	Above	Above

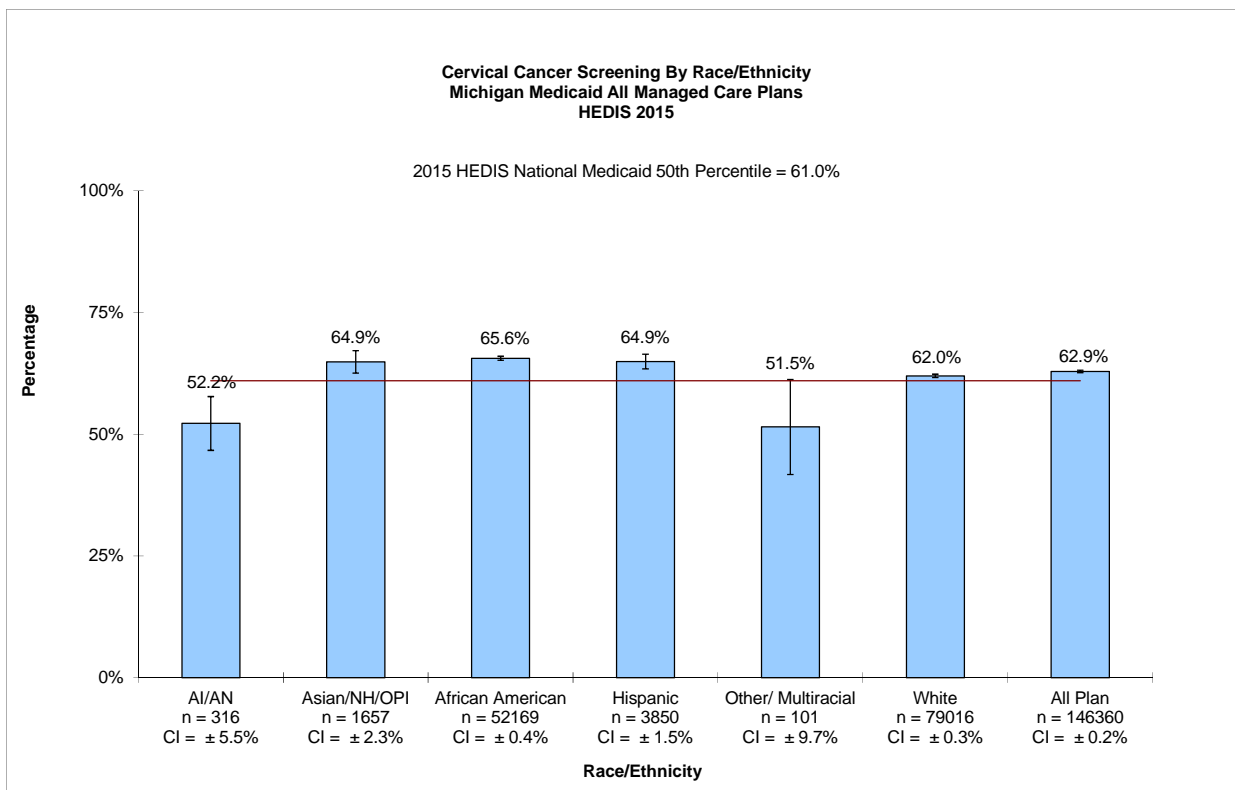


Figure 2. Cervical Cancer Screening by Race/Ethnicity

Chlamydia Screening
Michigan Medicaid All Managed Care Plans

Table 7. Chlamydia Screening 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	53	101	52.5%	-1.7%	0.97	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	140	288	48.6%	-5.6%	0.90	NS	NS
African American	11909	16296	73.1%	18.9%	1.35	Above	Above
Hispanic	974	1652	59.0%	4.8%	1.09	Above	Above
Other/Multiracial	Insufficient Data						
White	10539	19447	54.2%	Reference	Reference	Reference	NS
All Plan	24663	39532	62.4%	8.2%	1.15	Above	Above

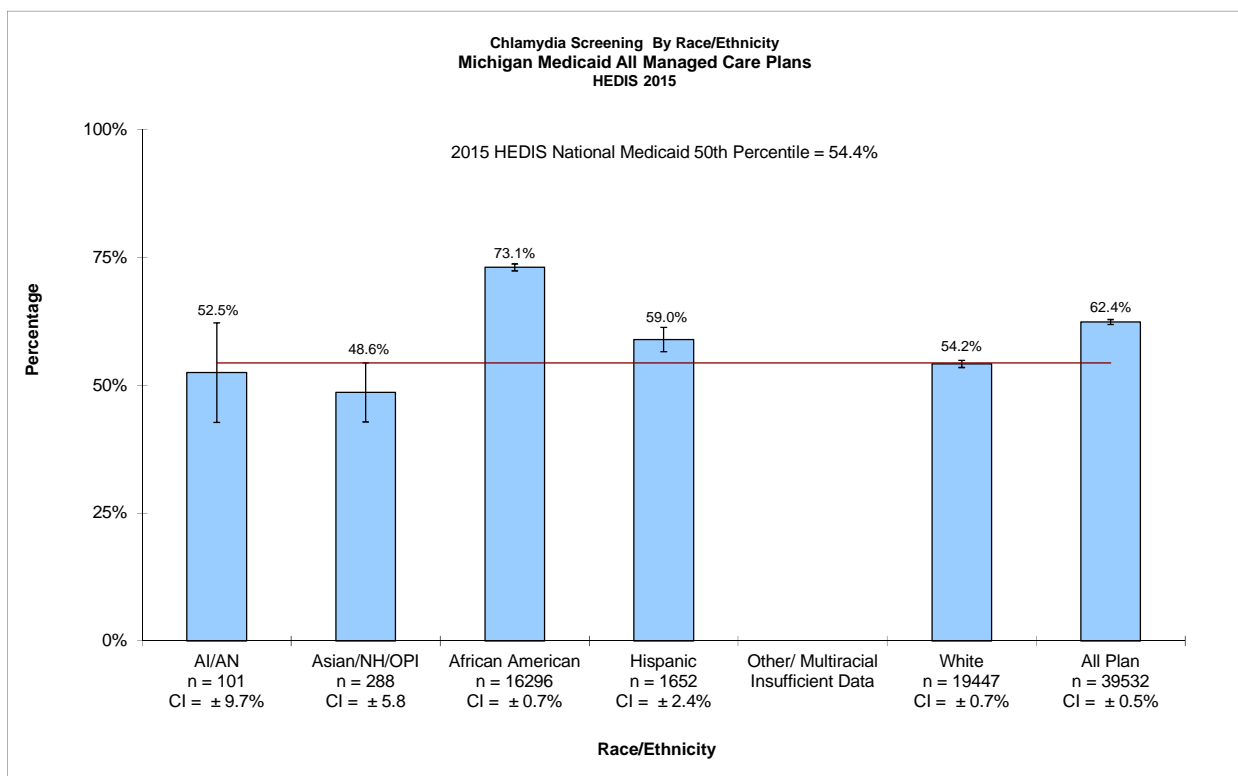


Figure 3. Chlamydia Screening by Race/Ethnicity

Post-Partum Care
Michigan Medicaid All Managed Care Plans

Table 8. Post-Partum Care 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	47	91	51.6%	-9.9%	0.84	NS	Below
Asian American/Native Hawaiian/ Other Pacific Islander	247	384	64.3%	2.8%	1.04	NS	NS
African American	5039	10460	48.2%	-13.4%	0.78	Below	Below
Hispanic	999	1580	63.2%	1.7%	1.03	NS	NS
Other/Multiracial	28	51	54.9%	-6.7%	0.89	NS	NS
White	11985	19465	61.6%	Reference	Reference	Reference	Below
All Plan	19133	33342	57.4%	-4.2%	0.93	Below	Below

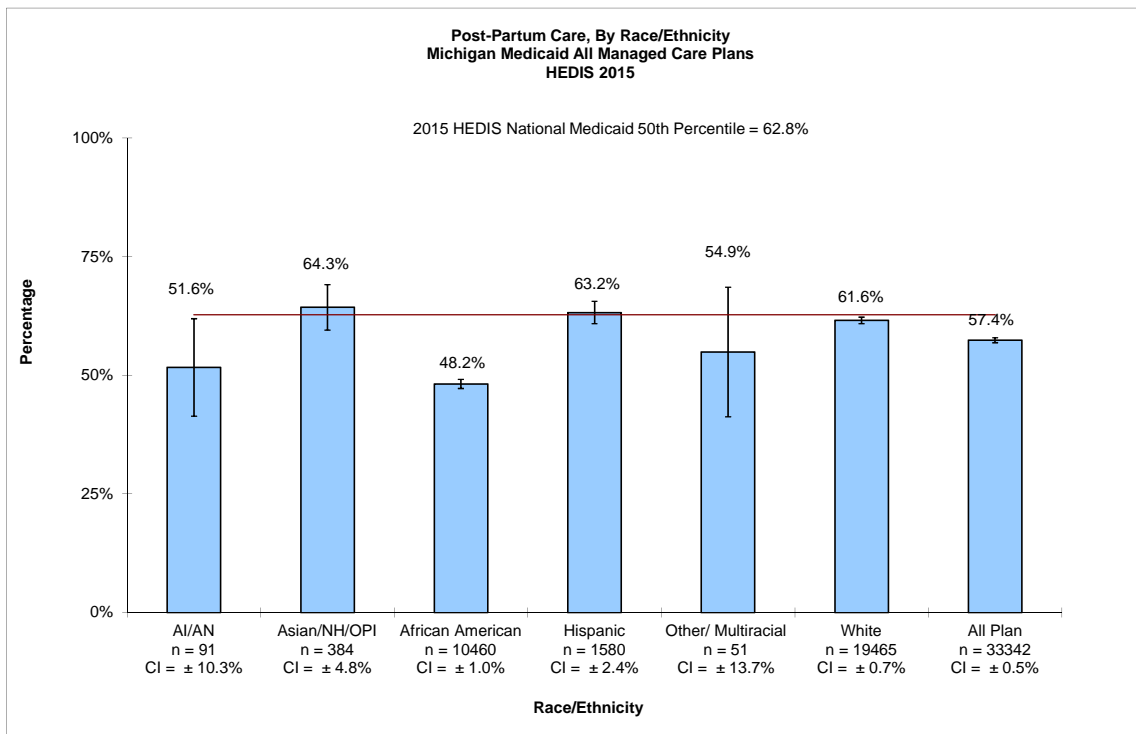


Figure 4. Post-Partum Care by Race/Ethnicity

Childhood Immunizations Combo 3
Michigan Medicaid All Managed Care Plans

Table 9. Childhood Immunizations Combo 3 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	84	112	75.0%	2.0%	1.03	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	297	400	74.3%	1.3%	1.02	NS	NS
African American	5691	8859	64.2%	-8.8%	0.88	Below	Below
Hispanic	1816	2311	78.6%	5.6%	1.08	Above	Above
Other/Multiracial	41	59	69.5%	-3.5%	0.95	NS	NS
White	10239	14027	73.0%	Reference	Reference	Reference	Above
All Plan	22229	31295	71.0%	-2.0%	0.97	Below	NS

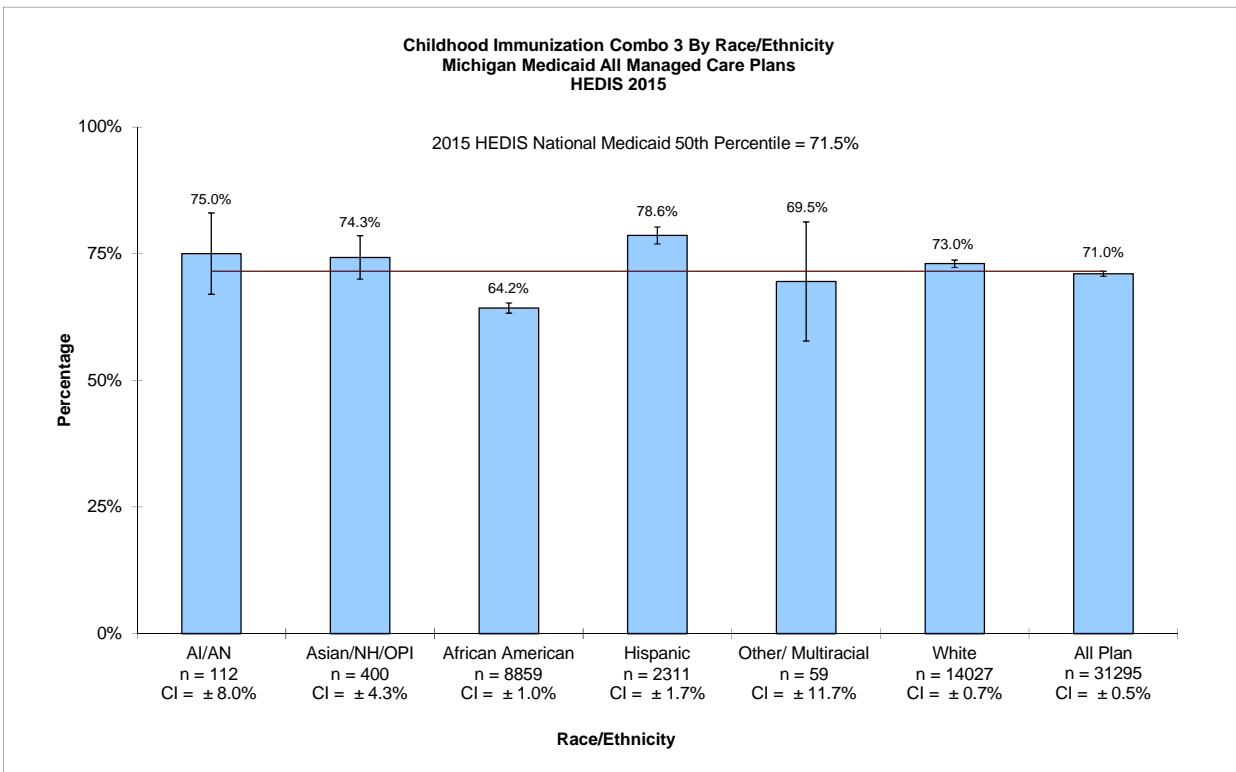


Figure 5. Childhood Immunizations Combo 3 by Race/Ethnicity

Adolescent Immunizations
Michigan Medicaid All Managed Care Plans

Table 10. Adolescent Immunizations 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	47	51	92.2%	4.5%	1.05	NS	Above
Asian American/Native Hawaiian/ Other Pacific Islander	397	442	89.8%	2.2%	1.02	NS	Above
African American	7313	8502	86.0%	-1.6%	0.98	Below	Above
Hispanic	1751	1935	90.5%	2.8%	1.03	Above	Above
Other/Multiracial	37	50	74.0%	-13.7%	0.84	Below	Below
White	12137	13847	87.7%	Reference	Reference	Reference	Above
All Plan	22724	26027	87.3%	-0.3%	1.00	NS	Above

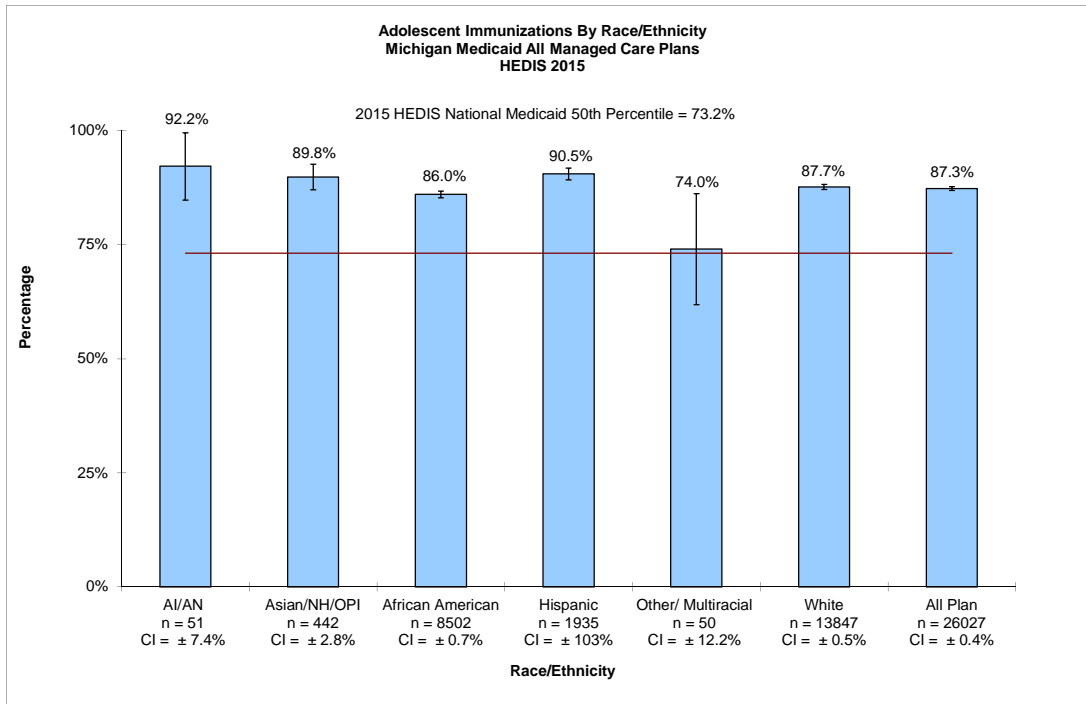


Figure 6. Adolescent Immunizations by Race/Ethnicity

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

Table 11. Blood Lead Screening 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	95	112	84.8%	6.1%	1.08	NS	Above
Asian American/Native Hawaiian/ Other Pacific Islander	353	401	88.0%	9.3%	1.12	Above	Above
African American	6865	8859	77.5%	-1.2%	0.98	NS	Above
Hispanic	1955	2311	84.6%	5.9%	1.07	Above	Above
Other/Multiracial	49	59	83.1%	4.3%	1.06	NS	Above
White	11040	14027	78.7%	Reference	Reference	Reference	Above
All Plan	24700	31295	78.9%	0.2%	1.00	NS	Above

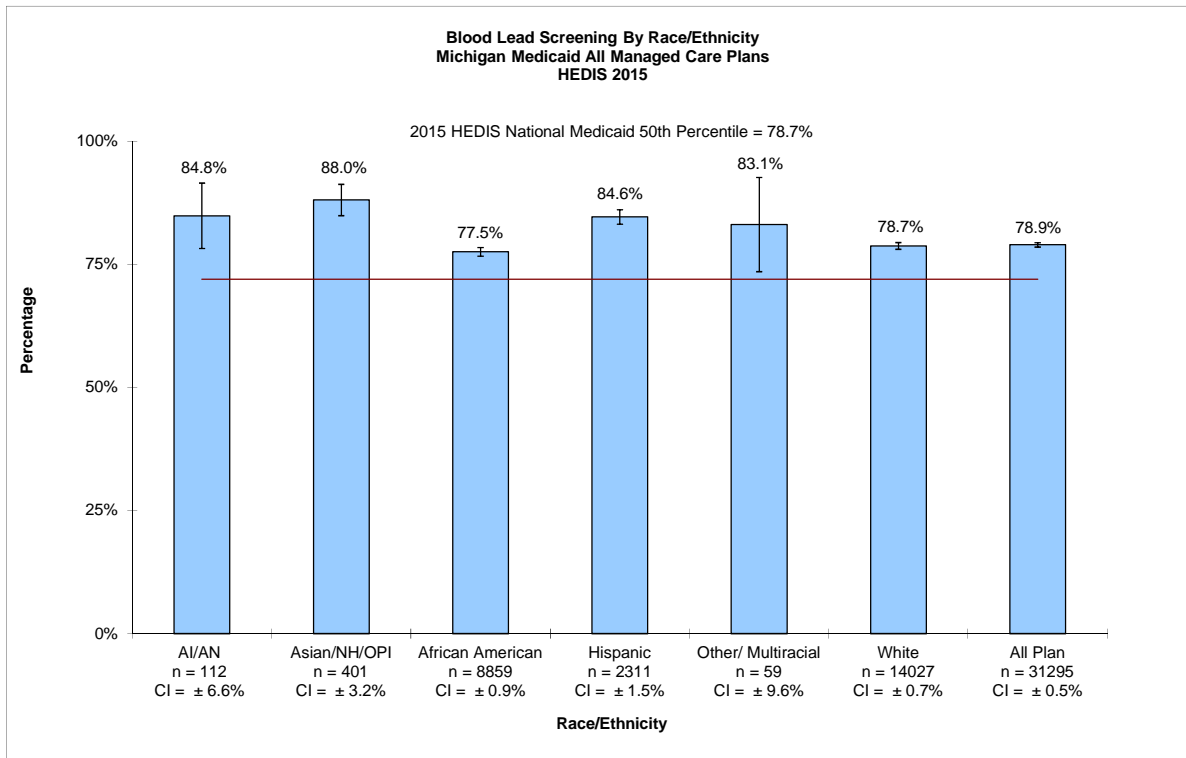


Figure 7. Blood Lead Screening by Race/Ethnicity

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

Table 12. Well Child Visits (3-6 Years) 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	223	302	73.8%	0.0%	1.00	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	1371	1745	78.6%	4.8%	1.06	Above	NS
African American	24802	35603	69.7%	-4.1%	0.94	Below	Below
Hispanic	7113	9235	77.0%	3.2%	1.04	Above	Above
Other/Multiracial	164	215	76.3%	2.5%	1.03	NS	NS
White	43720	59236	73.8%	Reference	Reference	Reference	Above
All Plan	85272	116939	72.9%	-0.9%	0.99	NS	Above

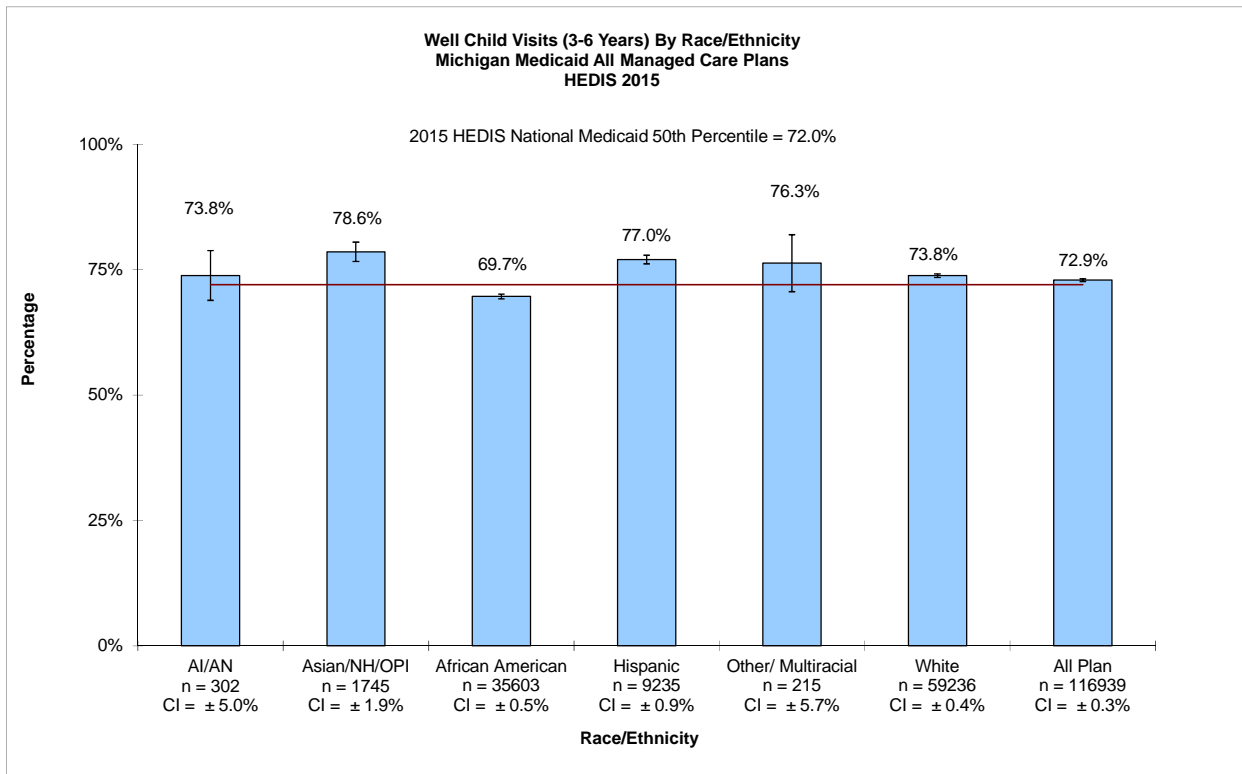


Figure 8. Well Child Visits (3-6 Years) by Race/Ethnicity

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

Table 13. Child Access to Care (25 Months to 6 Years) 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	336	371	90.6%	-0.5%	0.99	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	1902	2031	93.6%	2.6%	1.03	Above	Above
African American	34464	41506	83.0%	-8.0%	0.91	Below	Below
Hispanic	10168	11142	91.3%	0.2%	1.00	NS	Above
Other/Multiracial	Insufficient Data						
White	63141	69345	91.1%	Reference	Reference	Reference	NS
All Plan	123227	138931	88.7%	-2.4%	0.97	Above	NS

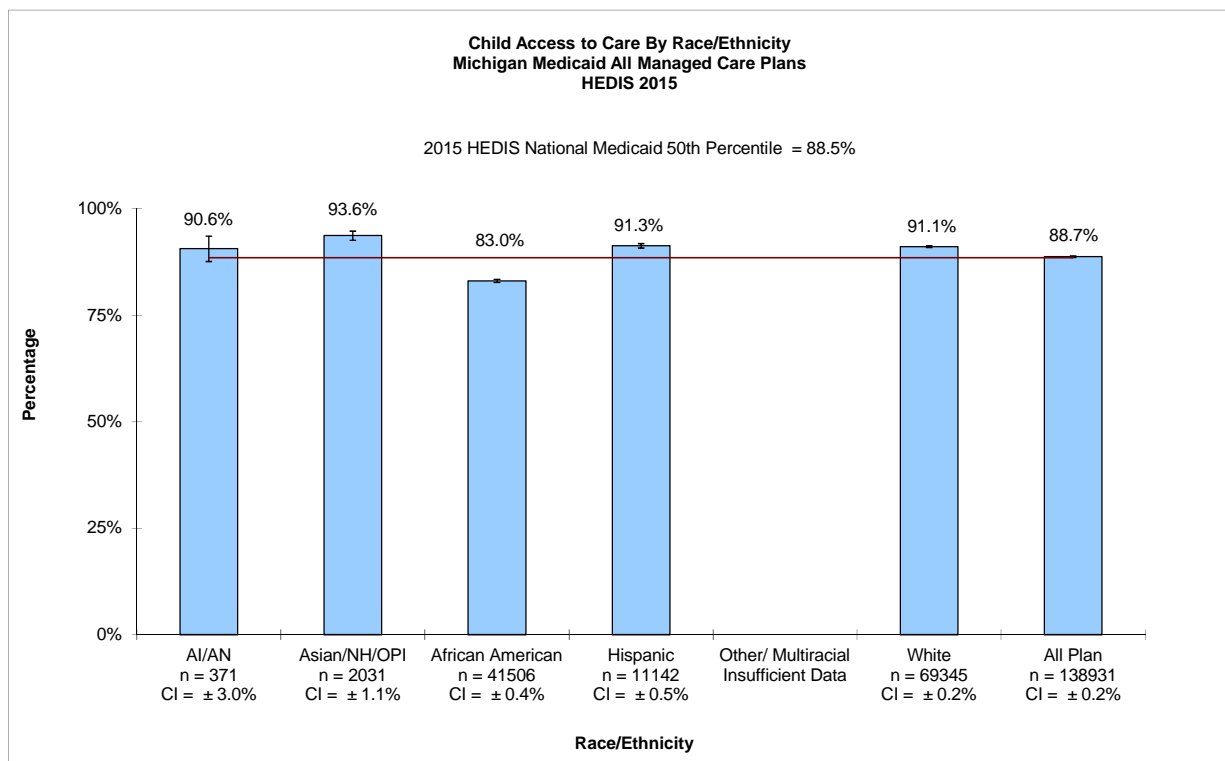


Figure 9. Child Access to Care (25 Months to 6 Years) by Race/Ethnicity

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

Table 14. Adult Access to Care (20-44 Years) 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	278	328	84.8%	-1.4%	0.98	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	1557	1890	82.4%	-3.8%	0.96	Below	NS
African American	46153	58800	78.5%	-7.7%	0.91	Below	Below
Hispanic	4011	4896	81.9%	-4.3%	0.95	Below	NS
Other/Multiracial	97	125	77.6%	-8.6%	0.90	Below	NS
White	77434	89837	86.2%	Reference	Reference	Reference	Above
All Plan	136740	164339	83.2%	-3.0%	0.97	NS	Above

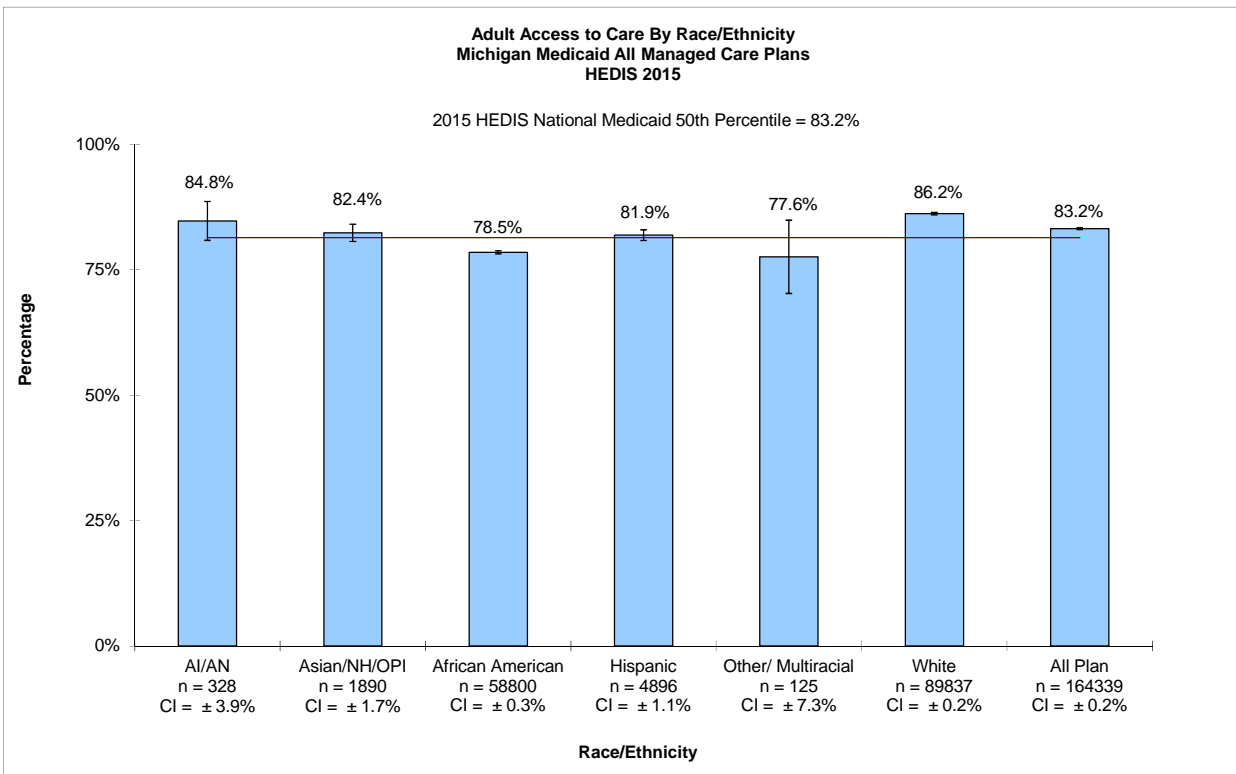


Figure 10. Adult Access to Care (20-44 Years) by Race/Ethnicity

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

Table 15. Appropriate Asthma Medications (Combined) 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/ Other Pacific Islander	160	188	85.1%	2.7%	1.03	NS	NS
African American	4330	5645	76.7%	-5.7%	0.93	Below	Below
Hispanic	491	565	86.9%	4.5%	1.05	Above	NS
Other/Multiracial	Insufficient Data						
White	6001	7280	82.4%	Reference	Reference	Reference	Below
All Plan	11826	14724	80.3%	-2.1%	0.97	Below	Below

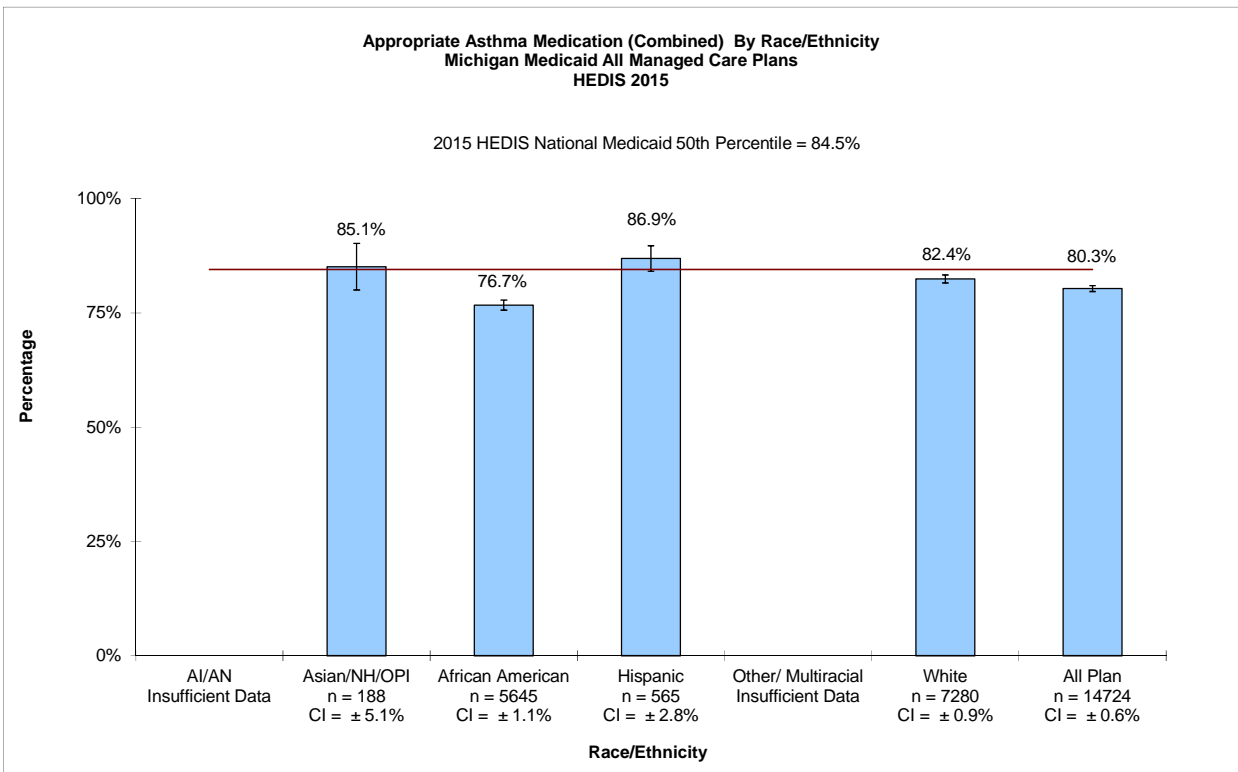


Figure 11. Appropriate Asthma Medications (Combined) by Race/Ethnicity

HbA1C Testing
Michigan Medicaid All Managed Care Plans

Table 16. HbA1C Testing 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	95	118	80.5%	-0.8%	0.99	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	634	730	86.8%	5.5%	1.07	Above	NS
African American	10157	13078	77.7%	-3.6%	0.96	Below	Below
Hispanic	876	1038	84.4%	3.1%	1.04	Above	NS
Other/Multiracial	Insufficient Data						
White	14387	17696	81.3%	Reference	Reference	Reference	Below
All Plan	30293	37618	80.5%	-0.8%	0.99	NS	Below

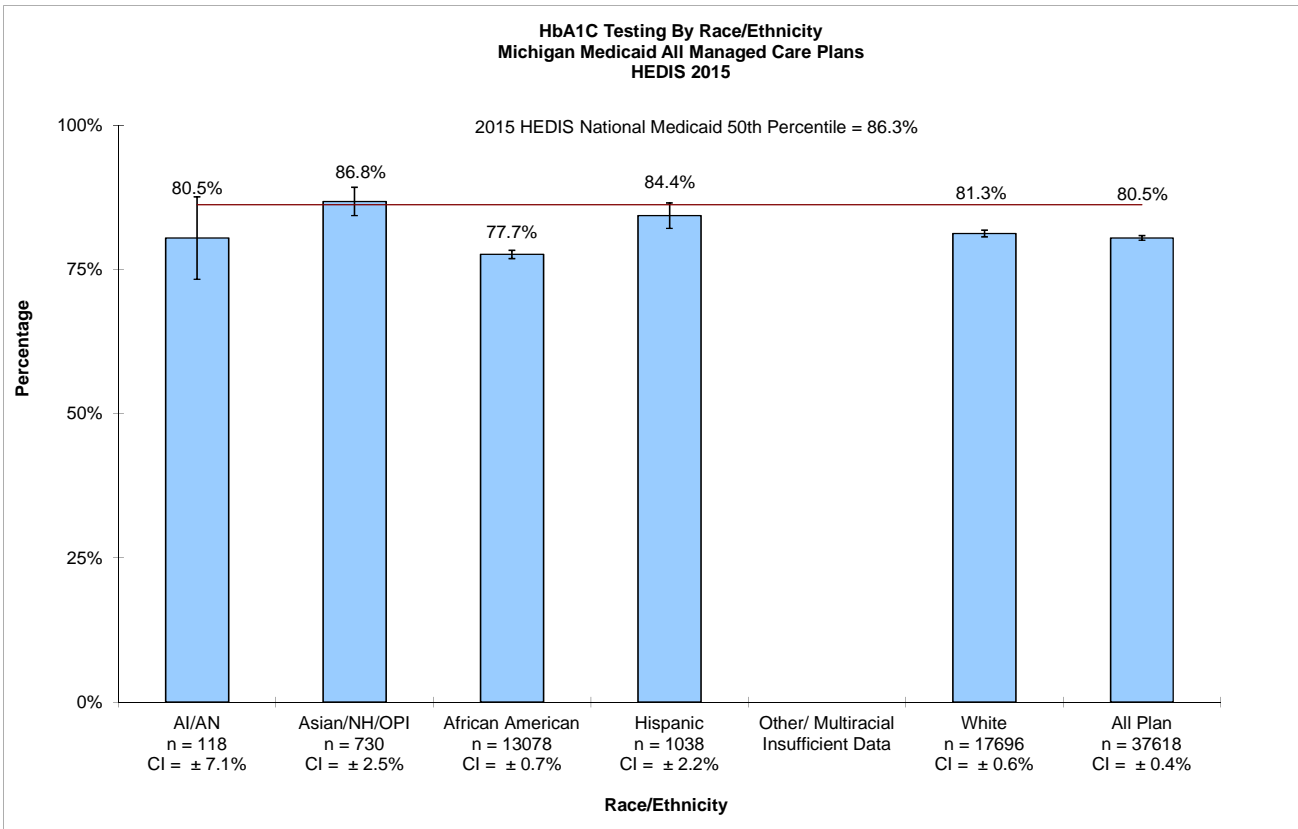


Figure 12. HbA1C Testing by Race/Ethnicity

Diabetic Eye Exam
Michigan Medicaid All Managed Care Plans

Table 17. Diabetic Eye Exam 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	51	118	43.2%	-2.5%	0.95	NS	Below
Asian American/Native Hawaiian/ Other Pacific Islander	366	730	50.1%	4.4%	1.10	NS	Below
African American	5440	13078	41.6%	-4.1%	0.91	Below	Below
Hispanic	472	1038	45.5%	-0.3%	0.99	NS	Below
Other/Multiracial	Insufficient Data						
White	8092	17696	45.7%	Reference	Reference	Reference	Below
All Plan	16884	37618	44.9%	-0.8%	0.98	NS	NS

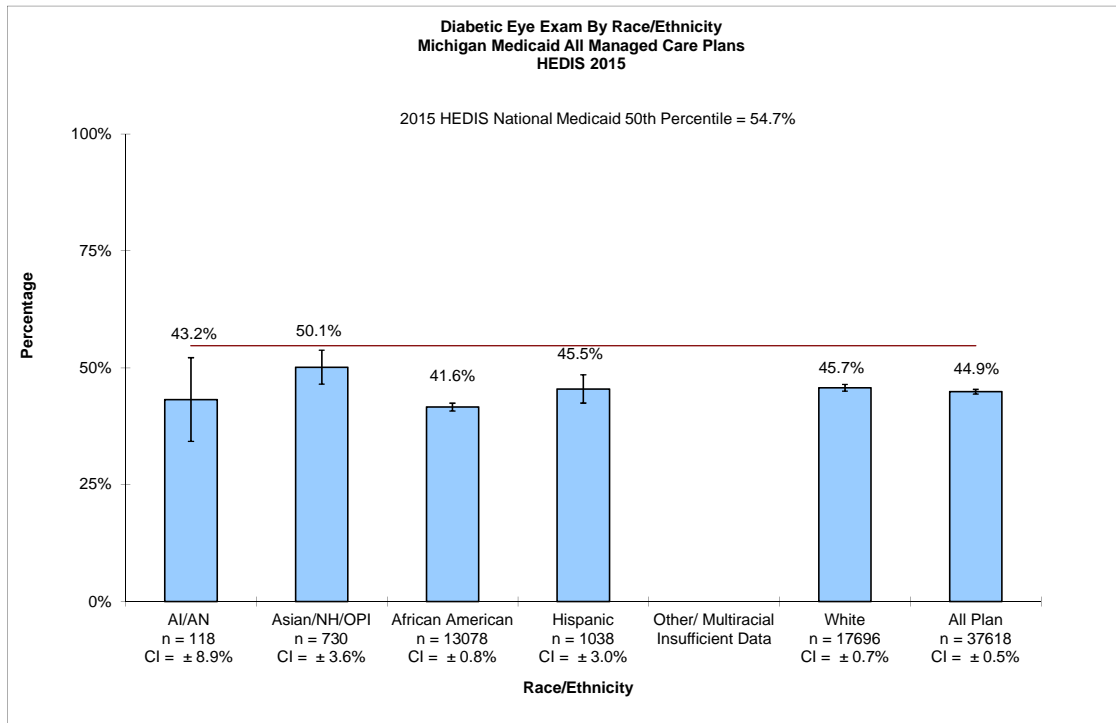


Figure 13. Diabetic Eye Exam by Race/Ethnicity

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

Table 18. Diabetic Nephropathy 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	95	118	80.5%	4.6%	1.06	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	564	730	77.3%	1.3%	1.02	NS	Below
African American	10420	13078	79.7%	3.7%	1.05	Above	Below
Hispanic	789	1038	76.0%	0.1%	1.00	NS	Below
Other/Multiracial	Insufficient Data						
White	13436	17696	75.9%	Reference	Reference	Reference	Below
All Plan	29389	37618	78.1%	2.2%	1.03	Above	Below

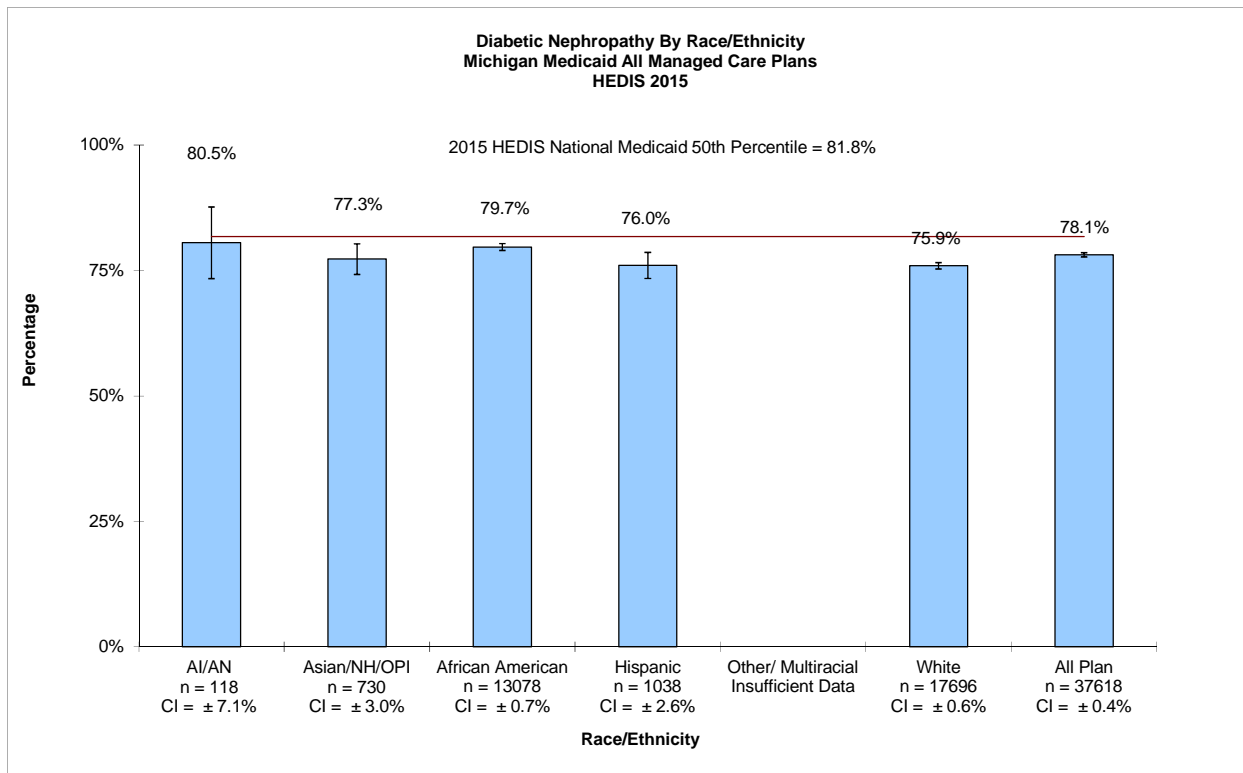


Figure 14. Diabetic Nephropathy by Race/Ethnicity

Table 19. Rate Differences. White, African American, and Hispanic.

Measure	2015 White Rate	2015 African American Rate	Rate Difference	2015 Hispanic Rate	Rate Difference
Breast Cancer Screening	64.0%	61.2%	-2.8%	61.3%	-2.7%
Cervical Cancer Screening	62.0%	65.6%	3.6%	64.9%	2.90%
Chlamydia Screening	54.2%	73.1%	18.9%	59.0%	4.8%
Post-Partum Care	61.6%	48.2%	-13.4%	63.2%	1.7%
Childhood Immns Combo 3	73.0%	64.2%	-8.8%	78.6%	5.6%
Adolescent Immunizations	87.7%	86.0%	-1.6%	90.5%	2.8%
Lead Screening	78.7%	77.5%	-1.2%	84.6%	5.9%
Well Child Visits 3-6 yrs	73.8%	69.7%	-4.1%	77.0%	3.2%
Access to Care 25 months-6 yrs	91.1%	83.0%	-8.0%	91.3%	0.2%
Access to Care 20-44 yrs	86.2%	78.5%	-7.7%	81.9%	-4.3%
Appropriate Asthma Meds	82.4%	76.7%	-5.7%	86.9%	4.5%
HbA1C Testing for Diabetes	81.3%	77.7%	-3.6%	84.4%	3.1%
Diabetic Eye Exam	45.7%	41.6%	-4.1%	45.5%	-0.3%
Diabetic Nephropathy	75.9%	79.7%	3.7%	76.0%	0.1%

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

Table 20. Change in Rate for Fourteen (14) Quality Measures between 2012-2015 for the White, African American, Hispanic and total Michigan Medicaid Managed Care Populations.

Measure	White					African American					Hispanic					Michigan Medicaid All Managed Care Plans				
	2012	2013	2014	2015	Change	2012	2013	2014	2015	Change	2012	2013	2014	2015	Change	2012	2013	2014	2015	Change
Breast Cancer Screening	58.0%	57.8%		64.0%	---	55.7%	56.4%		61.2%	---	58.1%	58.8%		61.3%	---	57.0%	57.4%		63.0%	---
Cervical Cancer Screening	66.4%	66.2%		62.0%	---	67.3%	68.1%		65.6%	---	69.8%	66.5%		64.9%	---	66.5%	66.1%		62.9%	---
Chlamydia Screening	56.1%	58.0%	55.6%	54.2%	↓	73.6%	75.2%	73.3%	73.1%	NS	64.6%	63.9%	62.6%	59.0%	NS	64.5%	65.8%	63.4%	62.4%	NS
Post-Partum Care	62.6%	61.8%	64.8%	61.6%	↓	46.3%	48.7%	53.4%	48.2%	↓	58.8%	62.1%	63.5%	63.2%	NS	58.1%	58.4%	60.3%	57.4%	↓
Childhood Immns Combo 3	74.0%	74.9%	72.1%	73.0%	NS	63.0%	64.7%	62.9%	64.2%	NS	78.4%	75.1%	77.4%	78.6%	NS	70.7%	72.2%	70.7%	71.0%	NS
Adolescent Immns Combo 1	74.6%	86.8%	84.6%	87.7%	↑	72.4%	83.8%	81.4%	86.0%	↑	80.7%	89.3%	88.5%	90.5%	NS	74.1%	85.9%	83.4%	87.3%	↑
Blood Lead Screening	73.1%	78.5%	77.8%	78.7%	NS	75.2%	77.8%	77.3%	77.5%	NS	81.8%	82.5%	83.1%	84.6%	NS	74.6%	78.9%	78.4%	78.9%	NS
Well Child Visits 3-6 Years	73.8%	73.5%	73.6%	73.8%	NS	72.2%	72.1%	69.9%	69.7%	NS	76.3%	76.1%	77.0%	77.0%	NS	73.6%	73.5%	72.7%	72.9%	NS
Access to Care 25 months-6 yrs	92.7%	92.4%	92.1%	91.1%	↓	85.9%	85.0%	85.4%	83.0%	↓	92.2%	91.6%	92.1%	91.3%	NS	90.4%	90.1%	90.0%	88.7%	↓
Access to Care 20-44 yrs	86.2%	87.0%	87.8%	86.2%	↓	80.2%	81.0%	81.6%	78.5%	↓	82.2%	82.0%	83.8%	81.9%	NS	83.6%	84.5%	85.3%	83.2%	↓
Appropriate Asthma Meds	85.7%	83.8%	82.7%	82.4%	NS	80.5%	78.9%	78.6%	76.7%	NS	87.0%	86.0%	86.0%	86.9%	NS	83.8%	82.1%	81.2%	80.3%	NS
HbA1C Testing for Diabetes	80.2%	81.1%	80.9%	81.3%	NS	73.5%	75.7%	76.5%	77.7%	NS	74.7%	76.0%	80.2%	84.4%	NS	77.2%	79.0%	79.3%	80.5%	NS
Diabetic Eye Exam	47.2%	50.4%	51.5%	45.7%	↓	41.0%	45.9%	47.3%	41.6%	↓	42.0%	45.5%	50.3%	45.5%	NS	44.6%	49.0%	49.9%	44.9%	↓
Diabetic Nephropathy	74.5%	75.7%	75.4%	75.9%	NS	75.8%	78.2%	78.1%	79.7%	↑	71.3%	73.1%	73.4%	76.0%	NS	75.1%	77.4%	77.0%	78.1%	↑

↑ - There was a statistically significant increase in the rate between 2012 - 2015
 ↓ - There was a statistically significant decrease in the rate between 2012 - 2015
 NS - The change in the rate between 2012-2015 was not significant

Change in Rate 2012-2015 for Measures in Women - Adult Care and Pregnancy Care Dimension

Figure 15. Breast Cancer Screening by Race/Ethnicity 2012-2015

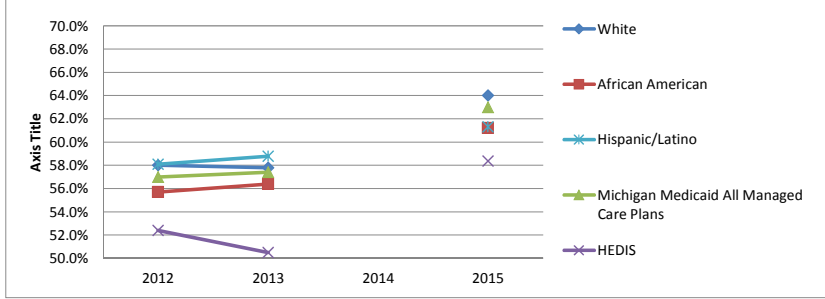


Figure 16. Cervical Cancer Screening by Race/Ethnicity 2012-2015

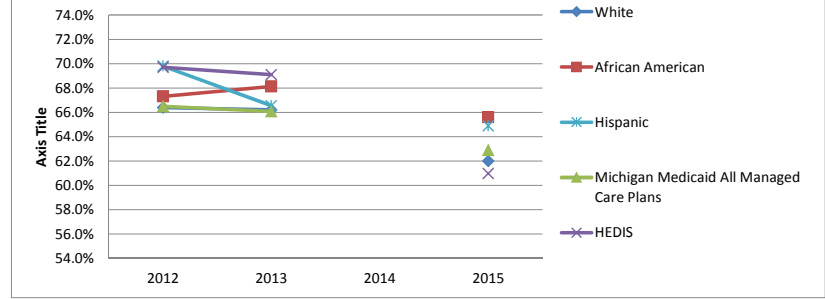


Figure 17. Chlamydia Screening by Race/Ethnicity 2012-2015

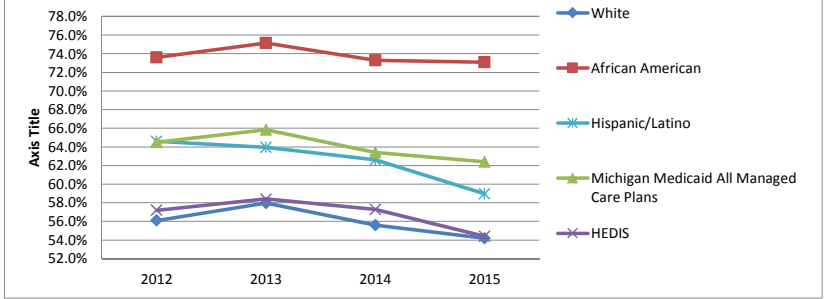
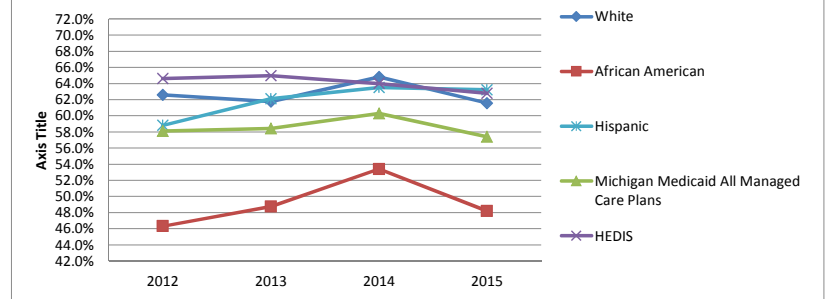


Figure 18. Post-Partum Care by Race/Ethnicity 2012-2015



Change in Rate 2012-2015 for Measures in Child and Adolescent Care

Figure 19. Childhood Immunizations Combo 3 by Race/Ethnicity 2012-2015

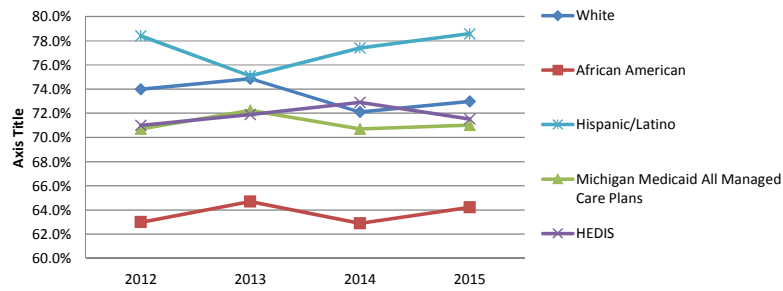


Figure 20. Blood Lead Screening by Race/Ethnicity 2012-2015

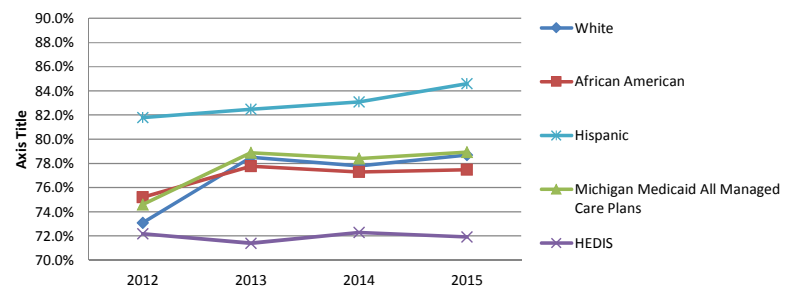


Figure 21. Adolescent Immunizations by Race/Ethnicity 2012-2015

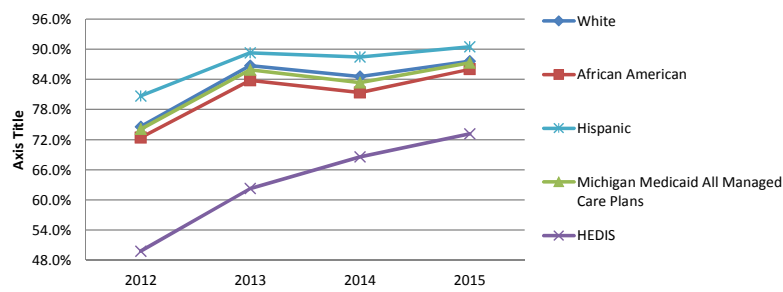
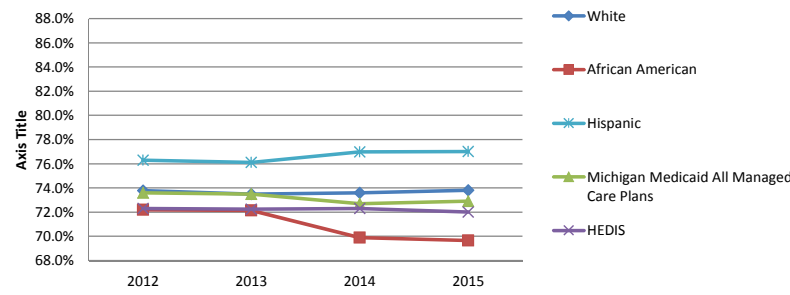
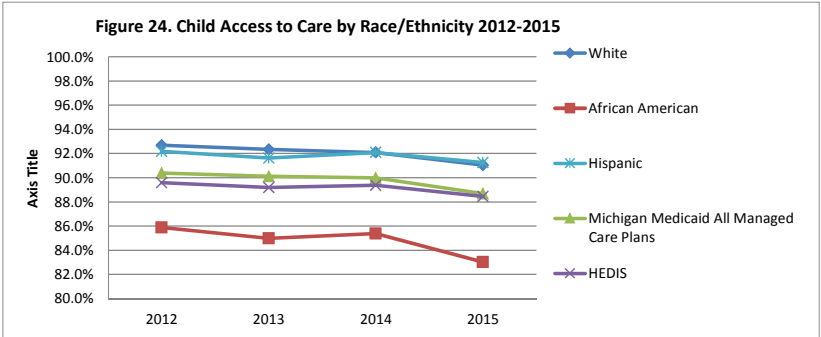
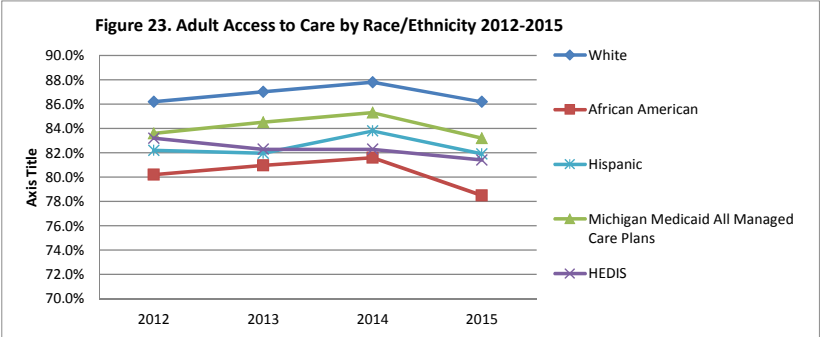


Figure 22. Well Child Visits 25 Months-6 Years by Race/Ethnicity 2012-2015



Change in Rate 2012-2015 for Measures in Access to Care



Change in Rate 2012-2015 for Measures in Living with Illness

Figure 25. Appropriate Asthma Medications by Race/Ethnicity 2012-2015

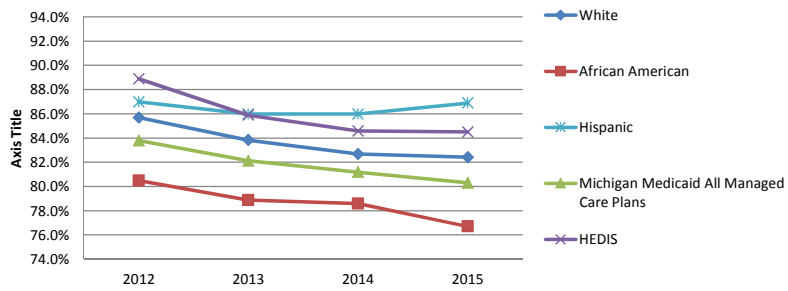


Figure 26. HbA1C Testing by Race/Ethnicity 2012-2015

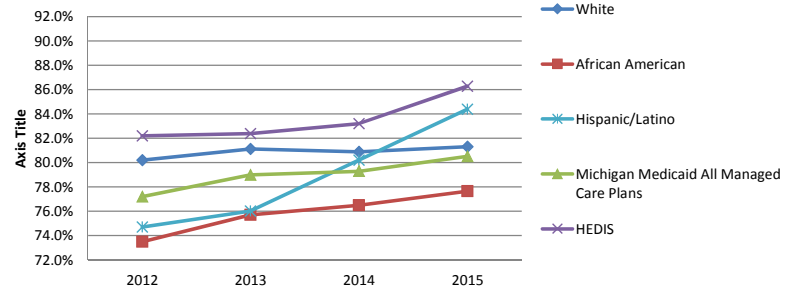


Figure 27. Diabetic Eye Exam by Race/Ethnicity 2012-2015

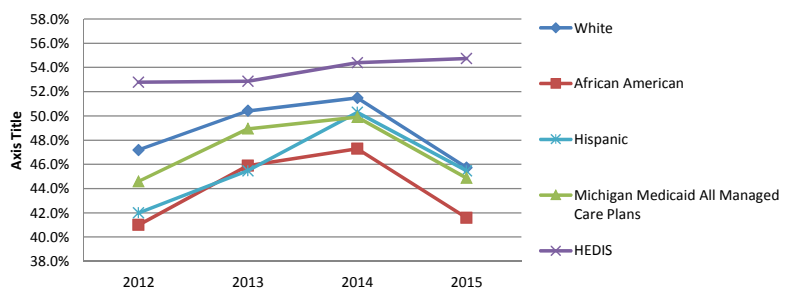
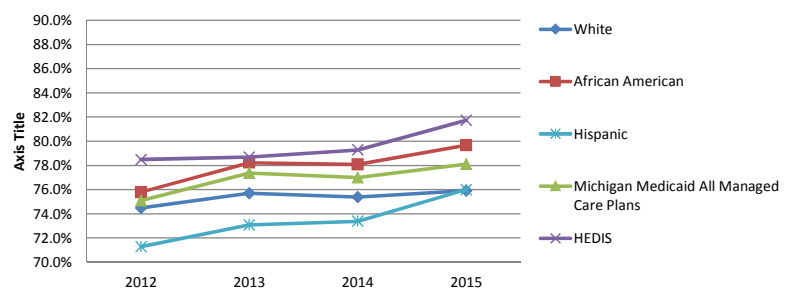


Figure 28. Diabetic Nephropathy by Race/Ethnicity 2012-2015

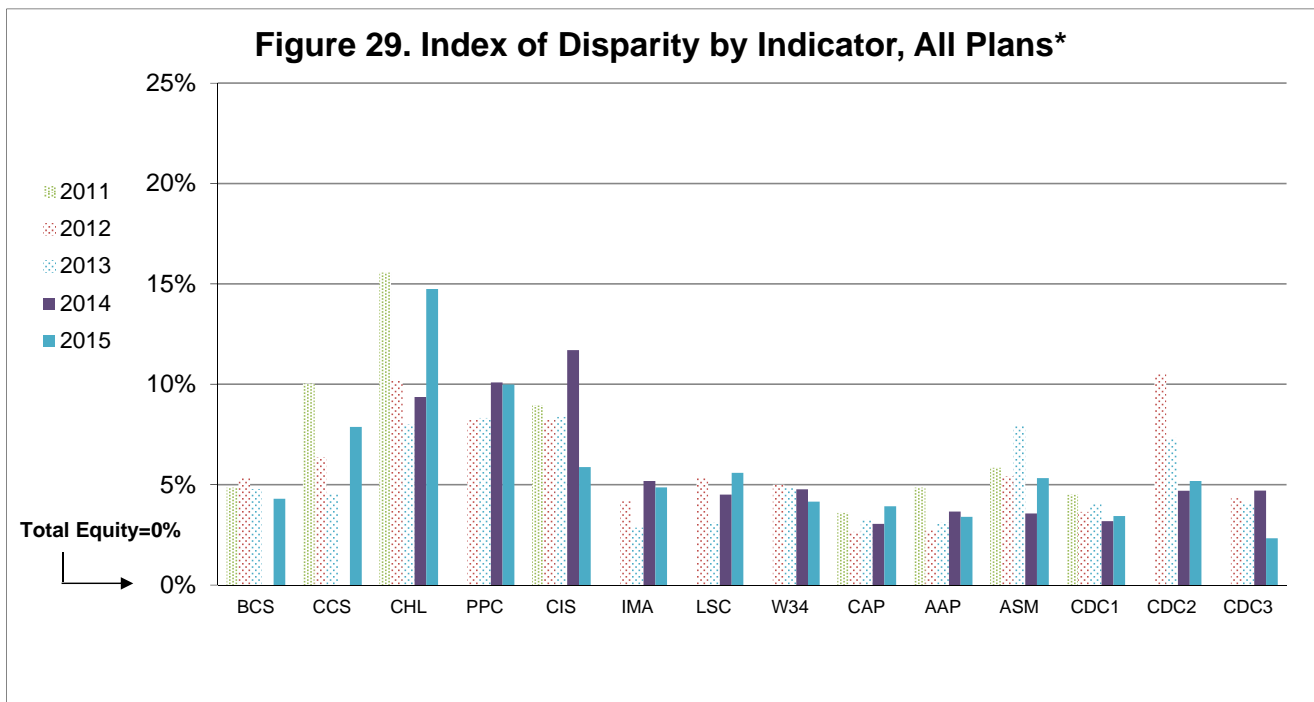


**Index of Disparity (ID) Summary
Michigan Medicaid Managed Care All Plans**

Table 21. Index of Disparity for All Medicaid Managed Care Plans 2011-2013

Indicator	Abbr.	2011*	2012*	2013*	2014	2015
Breast Cancer Screening	BCS	4.85%	5.36%	4.79%	---	4.30%
Cervical Cancer Screening	CCS	10.04%	6.38%	4.55%	---	7.88%
Chlamydia Screening	CHL	15.57%	10.20%	8.00%	9.37%	14.75%
Post-Partum Care	PPC	---	8.22%	8.32%	10.10%	9.99%
Childhood Immunizations Combo 3	CIS	8.95%	8.24%	8.38%	11.70%	5.87%
Adolescent Immunizations	IMA	---	4.17%	2.86%	5.18%	4.86%
Blood Lead Screening	LSC	---	5.36%	3.11%	4.50%	5.58%
Well Child Visits (3-6 Years)	W34	---	5.00%	4.83%	4.76%	4.15%
Child Access to Care (25 Months to 6 Years)	CAP	3.59%	2.65%	3.25%	3.05%	3.92%
Adult Access to Care (20-44 Years)	AAP	4.86%	2.73%	3.10%	3.66%	3.40%
Appropriate Asthma Medications (Combined)	ASM	5.85%	5.41%	7.96%	3.57%	5.32%
HbA1C Testing	CDC1	4.50%	3.65%	4.07%	3.18%	3.44%
Diabetic Eye Exam	CDC2	---	10.52%	7.33%	4.70%	5.19%
Diabetic Nephropathy	CDC3	---	4.33%	4.03%	4.70%	2.33%

* 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 22. Confidence Intervals
Michigan Medicaid All Managed Care Plans**

Race/Ethnicity	%	Confidence Interval	
Breast Cancer Screening			
		Lower Limit	Upper Limit
American Indian/ Alaska Native	53.8%	42.8%	64.9%
Asian American/Native Hawaiian/ O.P.I.	63.0%	58.2%	67.8%
African American	61.2%	60.2%	62.3%
Hispanic	61.3%	56.8%	65.9%
Other/Multiracial		Insufficient Data	
White	64.0%	63.1%	64.9%
All Plan	63.0%	62.4%	63.6%
2015 HEDIS National Medicaid 50th Percentile	58.4%	N/A	
Cervical Cancer Screening			
		Lower Limit	Upper Limit
American Indian/ Alaska Native	52.2%	46.7%	57.7%
Asian American/Native Hawaiian/ O.P.I.	64.9%	62.6%	67.2%
African American	65.6%	65.2%	66.0%
Hispanic	64.9%	63.4%	66.4%
Other/Multiracial	51.5%	41.7%	61.2%
White	62.0%	61.7%	62.3%
All Plan	62.9%	62.7%	63.2%
2015 HEDIS National Medicaid 50th Percentile	61.0%	N/A	
Chlamydia Screening			
		Lower Limit	Upper Limit
American Indian/ Alaska Native	52.5%	42.7%	62.2%
Asian American/Native Hawaiian/ O.P.I.	48.6%	42.8%	54.4%
African American	73.1%	72.4%	73.8%
Hispanic	59.0%	56.6%	61.3%
Other/Multiracial		Insufficient Data	
White	54.2%	53.5%	54.9%
All Plan	62.4%	61.9%	62.9%
2015 HEDIS National Medicaid 50th Percentile	54.4%	N/A	
Post-Partum Care			
		Lower Limit	Upper Limit
American Indian/ Alaska Native	51.6%	41.4%	61.9%
Asian American/Native Hawaiian/ O.P.I.	64.3%	59.5%	69.1%
African American	48.2%	47.2%	49.1%
Hispanic	63.2%	60.9%	65.6%
Other/Multiracial	54.9%	41.2%	68.6%
White	61.6%	60.9%	62.3%
All Plan	57.4%	56.9%	57.9%
2015 HEDIS National Medicaid 50th Percentile	62.8%	N/A	
Childhood Immunizations Combo 3			
		Lower Limit	Upper Limit
American Indian/ Alaska Native	75.0%	67.0%	83.0%
Asian American/Native Hawaiian/ O.P.I.	74.3%	70.0%	78.5%
African American	64.2%	63.2%	65.2%
Hispanic	78.6%	76.9%	80.3%
Other/Multiracial	69.5%	57.7%	81.2%
White	73.0%	72.3%	73.7%
All Plan	71.0%	70.5%	71.5%
2015 HEDIS National Medicaid 50th Percentile	71.5%	N/A	

Adolescent Immunizations Combo 1		Lower Limit	Upper Limit
American Indian/ Alaska Native	92.2%	84.8%	99.5%
Asian American/Native Hawaiian/ O.P.I.	89.8%	87.0%	92.6%
African American	86.0%	85.3%	86.8%
Hispanic	90.5%	89.2%	91.8%
Other/Multiracial	74.0%	61.8%	86.2%
White	87.7%	87.1%	88.2%
All Plan	87.3%	86.9%	87.7%
2015 HEDIS National Medicaid 50th Percentile	73.2%	N/A	
Blood Lead Screening		Lower Limit	Upper Limit
American Indian/ Alaska Native	84.8%	78.2%	91.5%
Asian American/Native Hawaiian/ O.P.I.	88.0%	84.9%	91.2%
African American	77.5%	76.6%	78.4%
Hispanic	84.6%	83.1%	86.1%
Other/Multiracial	83.1%	73.5%	92.6%
White	78.7%	78.0%	79.4%
All Plan	78.9%	78.5%	79.4%
2015 HEDIS National Medicaid 50th Percentile	71.9%	N/A	
Well Child Visits 3-6 years		Lower Limit	Upper Limit
American Indian/ Alaska Native	73.8%	68.9%	78.8%
Asian American/Native Hawaiian/ O.P.I.	78.6%	76.6%	80.5%
African American	69.7%	69.2%	70.1%
Hispanic	77.0%	76.2%	77.9%
Other/Multiracial	76.3%	70.6%	82.0%
White	73.8%	73.5%	74.2%
All Plan	72.9%	72.7%	73.2%
2015 HEDIS National Medicaid 50th Percentile	72.0%	N/A	
Child Access to Care (25mos - 6yrs)		Lower Limit	Upper Limit
American Indian/ Alaska Native	90.6%	87.6%	93.5%
Asian American/Native Hawaiian/ O.P.I.	93.6%	92.6%	94.7%
African American	83.0%	82.7%	83.4%
Hispanic	91.3%	90.7%	91.8%
Other/Multiracial	Insufficient Data		
White	91.1%	90.8%	91.3%
All Plan	88.7%	88.5%	88.9%
2015 HEDIS National Medicaid 50th Percentile	88.5%	N/A	
Adult Access to Care (20-44 years)		Lower Limit	Upper Limit
American Indian/ Alaska Native	84.8%	80.9%	88.6%
Asian American/Native Hawaiian/ O.P.I.	82.4%	80.7%	84.1%
African American	78.5%	78.2%	78.8%
Hispanic	81.9%	80.8%	83.0%
Other/Multiracial	77.6%	70.3%	84.9%
White	86.2%	86.0%	86.4%
All Plan	83.2%	83.0%	83.4%
2015 HEDIS National Medicaid 50th Percentile	81.4%	N/A	
Appropriate Asthma Medications		Lower Limit	Upper Limit
American Indian/ Alaska Native	0.0%	0.0%	0.0%
Asian American/Native Hawaiian/ O.P.I.	85.1%	80.0%	90.2%
African American	76.7%	75.6%	77.8%
Hispanic	86.9%	84.1%	89.7%
Other/Multiracial	Insufficient Data		
White	82.4%	81.6%	83.3%
All Plan	80.3%	79.7%	81.0%
2015 HEDIS National Medicaid 50th Percentile	84.5%	N/A	

HbA1C Testing		Lower Limit	Upper Limit
American Indian/ Alaska Native	80.5%	73.4%	87.7%
Asian American/Native Hawaiian/ O.P.I.	86.8%	84.4%	89.3%
African American	77.7%	77.0%	78.4%
Hispanic	84.4%	82.2%	86.6%
Other/Multiracial	Insufficient Data		
White	81.3%	80.7%	81.9%
All Plan	80.5%	80.1%	80.9%
2015 HEDIS National Medicaid 50th Percentile	86.3%	N/A	
Diabetic Eye Exam		Lower Limit	Upper Limit
American Indian/ Alaska Native	43.2%	34.3%	52.2%
Asian American/Native Hawaiian/ O.P.I.	50.1%	46.5%	53.8%
African American	41.6%	40.8%	42.4%
Hispanic	45.5%	42.4%	48.5%
Other/Multiracial	Insufficient Data		
White	45.7%	45.0%	46.5%
All Plan	44.9%	44.4%	45.4%
2015 HEDIS National Medicaid 50th Percentile	54.7%	N/A	
Diabetic Nephropathy		Lower Limit	Upper Limit
American Indian/ Alaska Native	80.5%	73.4%	87.7%
Asian American/Native Hawaiian/ O.P.I.	77.3%	74.2%	80.3%
African American	79.7%	79.0%	80.4%
Hispanic	76.0%	73.4%	78.6%
Other/Multiracial	Insufficient Data		
White	75.9%	75.3%	76.6%
All Plan	78.1%	77.7%	78.5%
2015 HEDIS National Medicaid 50th Percentile	81.8%	N/A	

HEDIS 2015 Measures by Race/Ethnicity
Michigan Medicaid Managed Care Plans
Submission to be received to MDCH by August 15, 2015

Numerators and Demoninators for Each Measure (Administrative Data Only)

Race	Ethnicity	Breast Cancer Screening (BCS)		Cervical Cancer Screening (CCS)		Chlamydia Screening (CHL)		Post-Partum Care (PPC)		Imms Combo 3 (CIS)		Adolescent Imms (IMA)		Blood Lead Screening (LSC)		Well Child Visits 3-6 (W34)		Access to Care (25 months to 6 years) (CAP)		Access to Care (20-44 years) (AAP)		Approp. Asthma Meds (Combined) (ASM)		HbA1C Testing (CDC)		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	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 are asked to generate these data outside of the IDSS submission process using calendar year 2014 data. Tracking and trending these important quality data depends on our ability to collect annual data for each measure. Rotation will mask any improvements that have been made over the past year.