

Medical Services Administration  
Bureau of Medicaid Care Management & Quality Assurance

***MEDICAID HEALTH EQUITY PROJECT  
YEAR 7 REPORT (HEDIS 2017)***

***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 period<sup>1</sup>. 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 eleven participating Medicaid Health Plans (MHPs) to the 2.2 million beneficiaries in their care<sup>2</sup>. Both federal and state laws address the need to reduce racial/ethnic disparities in healthcare and outcomes. 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.”<sup>3</sup> The Affordable Care Act (ACA) includes language that prohibits discrimination under any health program or activity that is receiving federal financial assistance<sup>4</sup>. 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 status<sup>5</sup>. 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 mortality<sup>6</sup>.

## **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 aimed at

<sup>1</sup> 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

<sup>2</sup> Performance Monitoring Report: Medicaid Managed Care: Composite – All Plans. Lansing, MI: Michigan Department of Health and Human Services. January 2017.

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

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

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

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

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 across four health domains and data were again submitted by all health plans. These have remained the annual project measures since then, with only one measure removed when it was retired. 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 in the Discussion and Future Directions sections.

## **Methods**

As a means of measuring quality consistently across health 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 Health Plans also submit select HEDIS measures broken down by race/ethnicity to MDHHS. Medicaid Health Plans are provided a blank template to ensure consistency across all plan submissions (see Appendix C). Health 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 by health domain included in the Year 7 (HEDIS 2017) Report.

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.

Measures were stratified for the following racial populations: American Indian/Alaska Native; Asian American/Native Hawaiian/Other Pacific Islander; African American; 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. Unknown or declined race/ethnicity is considered missing data for this analysis. The Other/Multiracial population was also categorized as race/ethnicity unknown due to the inconsistent use of this category across MHPs.

Table 1. List of HEDIS measures used

Measures	Abbreviation
<b>Women – Adult Care and Pregnancy Care</b>	
Breast Cancer Screening	BCS
Cervical Cancer Screening	CCS
Chlamydia Screening in Women - Total	CHL
Post-Partum Care	PPC
<b>Child and Adolescent Care</b>	
Childhood Immunizations - Combination 3	CIS
Immunizations for Adolescents - Combination 1	IMA
Lead Screening in Children	LSC
Well Child Visits 3-6 years	W34
<b>Access to Care</b>	
Children and Adolescents' Access To PCP (25 Months-6 Yrs)	CAP
Adults' Access to Preventive/Ambulatory Health Services (20-44)	AAP
<b>Living with Illness</b>	
Comprehensive Diabetes Care - HbA1c Testing	CDC1
Comprehensive Diabetes Care - Eye Exams	CDC2
Comprehensive Diabetes Care - Medical Attention for Nephropathy	CDC3
<b>Health Plan Diversity</b>	
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).<sup>7</sup> Data were considered insufficient and results were suppressed if:

- Those who received services was less than 5 (the numerator),
- Those who did not receive services was less than 5 (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:

Absolute Disparity = Non-White Estimate – Reference Estimate

Relative Disparity = Non-White Estimate / Reference Estimate

<sup>7</sup> National Committee for Quality Assurance. 2016. HEDIS 2017 Volume 2: Technical Specifications for Health Plans. Washington, DC: National Committee for Quality Assurance.

The White population served as the reference group for all pairwise comparisons. This population is not exposed to racial/ethnic discrimination and any disparities from this population rate can be an indicator of the health effects of discrimination and racism.<sup>8</sup> Two rates were determined statistically different at alpha=0.05. Confidence Intervals can be found in Table 21.

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 – 2016. The rates were compared and graphed for the African American, Hispanic and White populations for thirteen measures. The measures for each year were declared statistically significantly 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 Disparity<sup>9</sup> (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.<sup>7</sup>

### 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 53.98% of the population

<sup>8</sup> Michigan Health Equity Status Report, Focus on Maternal and Child Health: A joint report of the Practices to Reduce Infant Mortality through Equity Project and the Health Disparities Reduction and Minority Health Section. Lansing, MI: Michigan Department of Community Health 2013.

<sup>9</sup> Pearcy JN, Keppel KG. A summary measure of health disparity. Public Health Reports. 2002;117:273-280.

identified as White, 27.55% as African American, and 5.46% as Hispanic. All other racial/ethnic groups made up 1.46% of the population, and race/ethnicity was unknown for 17.02%.

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

Characteristics	Percentage of Managed Care Population
<b>Racial Groups</b>	
American Indian/Alaska Native	0.45%
Asian American/Native Hawaiian & Other Pacific Islander	1.01%
African American	27.55%
White	53.98%
Unknown/Other/Declined	17.02%
<b>Ethnic Groups</b>	
Hispanic	5.46%

#### *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 2017 National Medicaid HEDIS 50th percentile for that measure (See Table 4). For all measures, at least one non-White racial/ethnic population showed a statistically significant difference from the White reference population, except Comprehensive Diabetes Care – Medicaid Attention to Nephropathy (CDC3). 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 9.17 percentage points. This is also the only health domain to contain measures where African American women were screened at significantly higher rates than White women, for Cervical Cancer Screening (CCS) and Chlamydia Screening in Women – Total (CHL). All significant differences for these four measures are described below:

- Breast Cancer Screening (BCS) rates were lower for the African American population by 2.56 percentage points.
- Cervical Cancer Screening (CCS) rates were higher for the African American (4.47 percentage points), Asian American/Native Hawaiian & Other Pacific Islander (3.02 percentage points) and Hispanic (3.67 percentage points) populations.
- Chlamydia Screening in Women - Total (CHL) rates were higher for the African American (17.19 percentage points) and Hispanic (6.83 percentage points) populations.



- Post-Partum Care (PPC) rates were lower for the African American population by 9.17 percentage points but higher for the Asian American/Native Hawaiian & Other Pacific Islander population by 8.60 percentage points.

#### 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 the African American population rate is lower (See Tables 9-12 and Figures 5-8). All significant differences for these four measures are described below:

- Childhood Immunizations Combination 3 (CIS) rates were lower for the African American population by 8.65 percentage points, but higher for the Hispanic (6.09 percentage points) and Asian American/Native Hawaiian & Other Pacific Islander (7.35 percentage points) populations.
- Adolescent Immunizations Combination 1 (IMA) rates were lower for the African American population by 1.78 percentage points, but higher for the Hispanic population by 5.50 percentage points.
- Lead Screening in Children (LSC) rates were lower for the African American population by 2.77 percentage points, but higher for the Hispanic (6.97 percentage points) and Asian American/Native Hawaiian & Other Pacific Islander (5.87 percentage points) populations.
- Well Child Visits 3-6 years (W34) rates were lower for the African American by 5.12 percentage points, but higher for the Asian American/Native Hawaiian & Other Pacific Islander (4.87 percentage points) and Hispanic (1.72 percentage points) populations.

#### Access to Care

Both the Adult Access to Care 20-44 years (AAP) measure and the Childhood Access to Care 25 months to 6 years (CAP) measure had significantly lower rates for multiple racial/ethnic populations in comparison to the White population (See Tables 13-14 and Figures 9-10). All significant differences for these two measures are described below:

- Children and Adolescents' Access To PCP (25 Months-6 Yrs) (CAP) rates were lower for the African American (8.48 percentage points) and Hispanic (0.89 percentage points) populations.
- Adults' Access to Preventive/Ambulatory Health Services (20-44) (AAP) rates were lower for the African American population (7.89 percentage points), Asian American/Native Hawaiian & Other Pacific Islander (2.73 percentage points) and Hispanic (2.85 percentage points) populations.

#### Living with Illness

Three Comprehensive Diabetes Care measures are included in the Living with Illness domain. All significant differences for these measures are described below (See Tables 15-17 and Figures 11-13):

- Comprehensive Diabetes Care - HbA1c Testing (CDC1) rates were lower for the African American population by 5.99 percentage points, but higher for the Asian American/Native Hawaiian & Other Pacific Islander by 2.56 percentage points.
- Comprehensive Diabetes Care - Eye Exams (CDC2) rates were lower for the African American population by 6.39 percentage points.

### *Measuring Inequity*

In Michigan, African American, Hispanic and White beneficiaries make up approximately 90% of the eligible population. Table 18 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 thirteen measures, with gaps in care ranging from 1.78 to 17.19 percentage points. Cervical Cancer Screening and Chlamydia Screening in Women – Total rates were higher compared to the White population, leaving only one measure with no identified disparity. Six of the thirteen measures were higher for the Hispanic population compared to the White population (CCS, CHL, CIS, IMA, LSC and W34), while both access measures (CAP and AAP) were significantly lower.

### *Trends in Health Equity*

Rates from 2012-2017 for the African American, Hispanic and White populations for the thirteen measures are compared in Table 19. This table also indicates whether there was a statistically significant increase or decrease. Figures 14-27 graph the rate changes over time. Most measures show a similar trend across all racial/ethnic groups each year, with few measures showing a narrowing of the gaps in care.

The data collection from 2012-2016 has shown the African American population below the White reference population for ten measures: BCS, PPC, CIS, IMA, LSC, W34, CAP, AAP, CDC1 and CDC2. Annual improvement in the African American rates is an important component of reducing health disparities in Michigan Medicaid Managed Care. Five of these measures had a statistically significant increase in the rate for the African American population from 2012 to 2013. However, these measures did not show consistent improvement each year thereafter. Between 2016 and 2017, four of these ten measures showed statistically significant improvement (BCS, PPC, CIS and CDC2). Two other measures also showed statistically significant improvement (CCS and CHL), bringing the total showing improvement to six. It is important to note, no measures showed a statistically significant decline for the African American population between 2016 and 2017, the first year that this has occurred.

Seven measures (BCS, CCS, CHL, PPC, CIS, IMA, LSC and CDC2) were significantly higher in 2017 compared to 2016 for the White population, while one (AAP) was significantly lower. Between 2016 and 2017, the Hispanic population showed a statistically significant increase in one measure, Lead Screening in Children (LSC).

## *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. 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 three measures: Chlamydia Screening in Women – Total (CHL), Postpartum Care (PPC) and Childhood Immunization Combination 3 (CIS), which mirrors the findings from the pairwise analysis (See Table 20 and Figure 27). However, Chlamydia Screening in Women – Total (CHL) showed the greatest reduction in disparity, from 14.75% to 6.86% in 2016, which went up somewhat in 2017 to 8.37%. This disparity was reduced at the same time that both the African American and White populations showed statistically significant increases in their rates for this measure. Post-Partum Care (PPC) also saw improvement for all populations in 2017, but large disparities persisted between the rates and the Index of Disparity for PPC remained high in 2017 at 8.38%. Childhood Immunizations – Combination 3 (CIS) exhibited a similar pattern to PPC, with increasing rates across all populations, but no reduction in the disparities between them. CIS had the third largest Index of Disparity at 7.27%.

## **Discussion**

In 2017, twelve of the thirteen measures exhibited racial/ethnic disparities. Rates for African American Medicaid beneficiaries fell below that of White beneficiaries for ten measures. This pattern has remained every year that data has been collected since 2012, and there were few signs of improvement in 2017. The largest negative health disparity was in Post-Partum Care (PPC), where the gap between African American and White women is 9.17 percentage points. It is followed by Chlamydia Screening in Women – Total (CHL) where the disparity was 17.19 percentage points, and Childhood Immunizations - Combination 3 (CIS) where the disparity was 8.65 percentage points. These remain the three most disparate measures among those monitored, and new strategies will be necessary to have an impact on these entrenched disparities.

The annual trending of rates allows us to monitor for increases and decreases for specific racial/ethnic populations. Comprehensive Diabetes Care – Medical Attention to Nephropathy (CDC3) was the only measure with no identified disparities in care. There were six measures with a trajectory of improvement for the African American population from 2016 to 2017, which is essential to promoting health equity in Michigan. However, five of these measures (BCS, CCS, PPC, CIS and CDC2) exhibited statistically significant improvement in 2017 for both the African American and White populations. While this is a far better pattern for improving the quality of care for Medicaid beneficiaries, none of these five measures had a sufficient increase for the African American population to significantly reduce the existing disparity. More concerning, Lead Screening in Children (LSC) displayed a statistically significant increase in the White population, without a corresponding increase for the African American population.

A consistent pattern of disparity was not identified with the other racial/ethnic populations. This may in part be due to their small population size, which creates greater rate variability from year to year.

### *Limitations*

One important limitation to this analysis is that 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. Finally, 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.

### **Future Directions**

The health disparity between White and African American Medicaid beneficiaries for nine of the thirteen measures across all four health dimensions corresponds to disparities found nationally in broader health measures such as infant mortality and life expectancy. Socio-economic domains such as education, employment and housing also exhibit similar disparities, which have been shown to contribute to the health disparities identified here. In Minnesota, recent analyses found that African American Medicaid beneficiaries disproportionately reside in high poverty concentrated communities compared to Medicaid beneficiaries of other racial/ethnic groups. This effected African American families' access to a wide range of community services necessary for successful health outcomes.<sup>10</sup> Further, studies of health disparities in Michigan have consistently determined that Social Determinants of Health (SDOH) alone cannot account for all racial/ethnic health disparities. The complete elimination of health disparities will also require a focus on the role of race, discrimination and structural racism.<sup>8</sup>

### *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 9.17 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

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<sup>10</sup> 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.

measure for many years by incorporating it into multiple performance monitoring and incentive tools. However, performance on this measure and on narrowing the gap in care for postpartum women has been flat for many years, therefore new and innovative strategies are needed to address this disparity.

A new three year performance improvement project focused on reducing racial/ethnic health disparities in low birth weight will start in 2018 for Medicaid Managed Care in Michigan. The project will incorporate strategies to reduce disparities in the post-partum period. For FY 2018, the goal is to involve the MHPs, existing home visiting programs, and Community Health Worker (CHW) programs to address documented health disparities and health inequities.

MDHHS will continue to initiate additional health equity projects in the coming year. All Medicaid Health Plans were contractually required to develop a Health Equity Program with an annual work plan to narrow disparities. In 2016, MDHHS also began the application of health equity standards for Post-Partum Care (PPC) and Childhood Immunizations Combination 3 (CIS). Both of these measures have consistently had an index of disparity greater than 5%. Implementation of these standards will promote and reward efforts to narrow gaps in care particularly focusing on 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. These standards will continue in 2018.

Additionally, all Medicaid Managed Care Plans implemented 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). These efforts began to show results in 2016 and a health equity standard for the Chlamydia Screening in Women – Total (CHL) measure will be added in 2018 to promote sustained effort towards this health disparity.

In 2018, MDHHS will also add health equity standards for two additional measures. These are the two access measures, Children and Adolescents' Access To PCP (25 Months-6 Yrs) (CAP) and Adults' Access to Preventive/Ambulatory Health Services (20-44) (APP). Social Determinants of Health can play a key role in access to services. Starting in 2016, Medicaid Health Plans were also 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 Community Health Worker programs will continue into 2018 with the intention of directing efforts to reduce health disparities and improve the health of all Michigan Medicaid beneficiaries through outreach, health promotion and promoting health literacy. Community Health Worker programs are also an excellent opportunity to connect individuals to community resources that help address social determinants of health.

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 in Women - Total	Post-Partum Care	Childhood Immunizations Combo 3	Immunizations for Adolescents - Combination 1	Lead Screening in Children	Well Child Visits 3-6 Years	Children and Adolescents' Access To PCP (25 Months-6 Yrs)	Adults' Access to Preventive/Ambulatory Health Services (20-44)	Comprehensive Diabetes Care - HbA1c Testing	Comprehensive Diabetes Care - Eye Exams	Comprehensive Diabetes Care - Medical Attention for Nephropathy
American Indian/ Alaska Native	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Asian American	NS	Above	NS	Above	Above	NS	Above	Above	NS	Below	Above	NS	NS
African American	Below	Above	Above	Below	Below	Below	Below	Below	Below	Below	Below	Below	NS
Hispanic	NS	Above	Above	NS	Above	Above	Above	Above	Below	Below	NS	NS	NS
White	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference
All Plan	NS	Above	Above	Below	Below	NS	NS	Below	Below	Below	Below	Below	NS

Table 4. Difference from 2017 HEDIS National Medicaid 50th Percentile

Race/Ethnicity	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening in Women - Total	Post-Partum Care	Childhood Immunizations Combo 3	Immunizations for Adolescents - Combination 1	Lead Screening in Children	Well Child Visits 3-6 Years	Children and Adolescents' Access To PCP (25 Months-6 Yrs)	Adults' Access to Preventive/Ambulatory Health Services (20-44)	Comprehensive Diabetes Care - HbA1c Testing	Comprehensive Diabetes Care - Eye Exams	Comprehensive Diabetes Care - Medical Attention for Nephropathy
American Indian/ Alaska Native	NS	NS	NS	NS	NS	NS	Above	NS	Above	Above	NS	NS	NS
Asian American	NS	Above	NS	Above	Above	Above	Above	Above	Above	Above	Above	NS	Below
African American	Above	Above	Above	Below	Below	Above	Above	Below	Below	Below	Below	Below	NS
Hispanic	Above	Above	Above	NS	Above	Above	Above	Above	Above	Above	NS	NS	NS
White	Above	NS	Above	Below	Above	Above	Above	Above	Above	Above	NS	Below	NS
All Plan	Above	Above	Above	Below	NS	Above	Above	Above	Above	Above	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 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	92	164	56.10%	-7.13%	0.89	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	299	481	62.16%	-1.06%	0.98	NS	NS
African American	7072	11658	60.66%	-2.56%	0.96	Below	Above
Hispanic	477	725	65.79%	2.57%	1.04	NS	Above
White	14465	22878	63.23%	Reference	Reference	Reference	Above
All Plan	24886	39760	62.59%	-0.64%	0.99	NS	Above

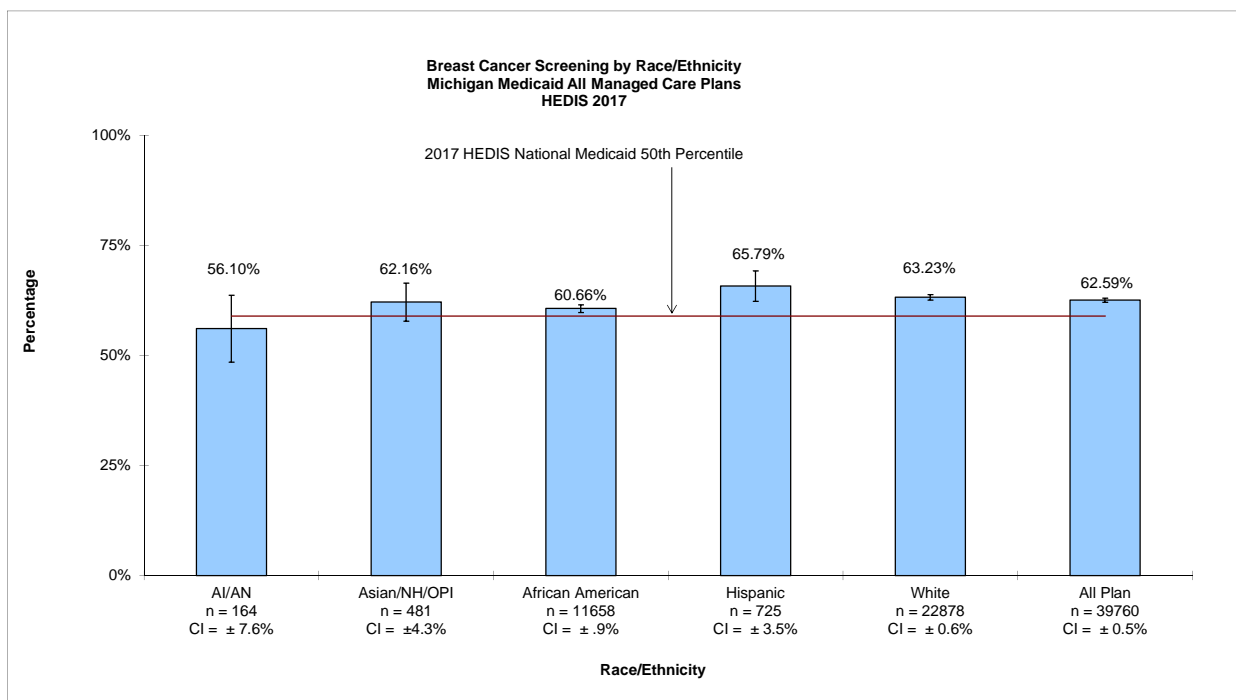


Figure 1. Breast Cancer Screening by Race/Ethnicity

**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	735	1281	57.38%	-1.23%	0.98	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	1824	2960	61.62%	3.02%	1.05	Above	Above
African American	54195	85927	63.07%	4.47%	1.08	Above	Above
Hispanic	5978	9600	62.27%	3.67%	1.06	Above	Above
White	104006	177475	58.60%	Reference	Reference	Reference	NS
All Plan	179050	299727	59.74%	1.13%	1.02	Above	Above

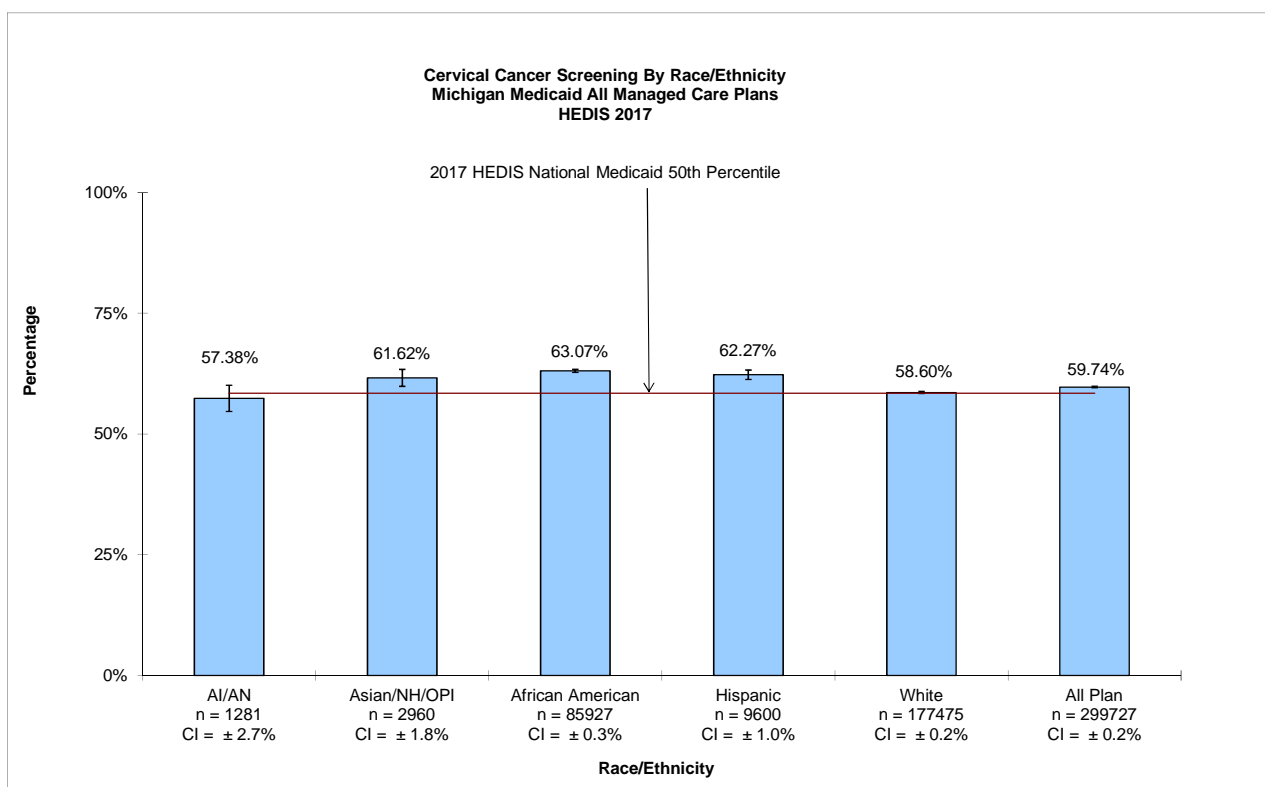


Figure 2. Cervical Cancer Screening by Race/Ethnicity



Chlamydia Screening in Women - Total  
Michigan Medicaid All Managed Care Plans

Table 7. Chlamydia Screening in Women - Total 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	145	238	60.92%	2.39%	1.04	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	233	391	59.59%	1.05%	1.02	NS	NS
African American	15183	20049	75.73%	17.19%	1.29	Above	Above
Hispanic	2031	3107	65.37%	6.83%	1.12	Above	Above
White	17545	29972	58.54%	Reference	Reference	Reference	Above
All Plan	37454	57420	65.23%	6.69%	1.11	Above	Above

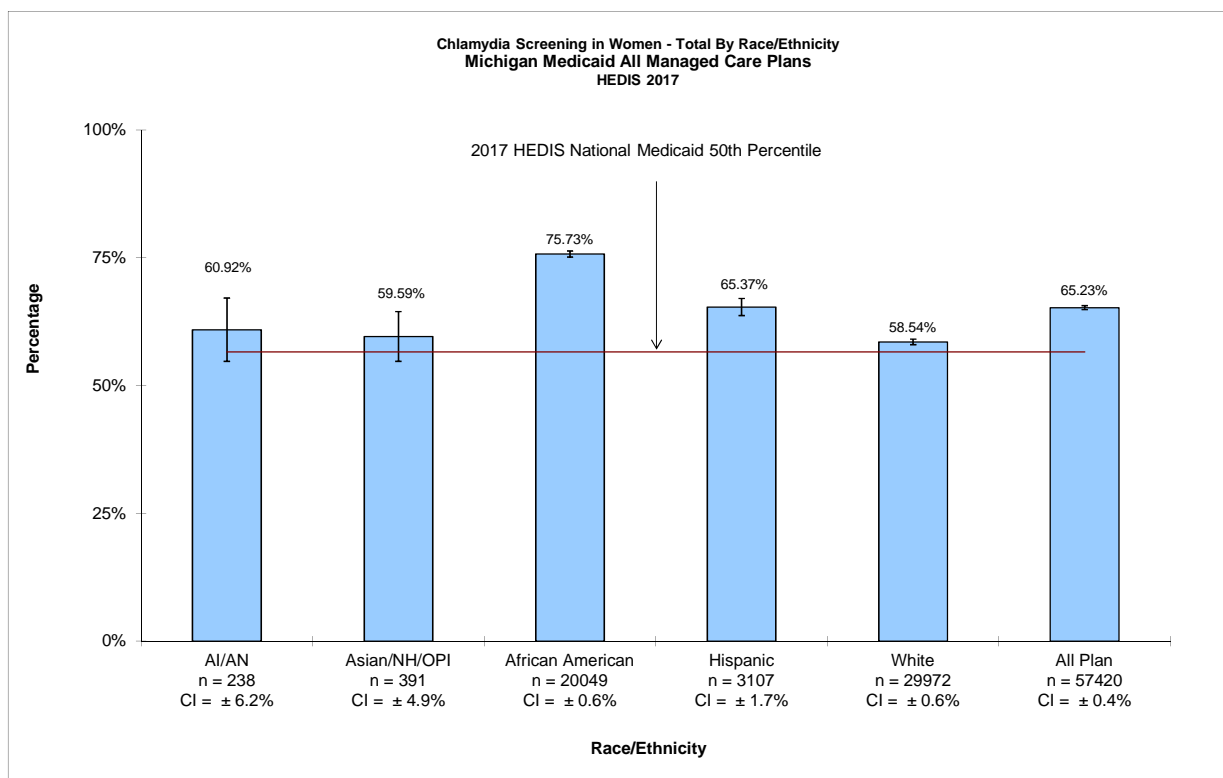


Figure 3. Chlamydia Screening by Race/Ethnicity

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	85	147	57.82%	-5.49%	0.91	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	210	292	71.92%	8.60%	1.14	Above	Above
African American	5454	10073	54.14%	-9.17%	0.86	Below	Below
Hispanic	1183	1885	62.76%	-0.56%	0.99	NS	NS
White	11075	17492	63.31%	Reference	Reference	Reference	Below
All Plan	19400	32003	60.62%	-2.70%	0.96	Below	Below

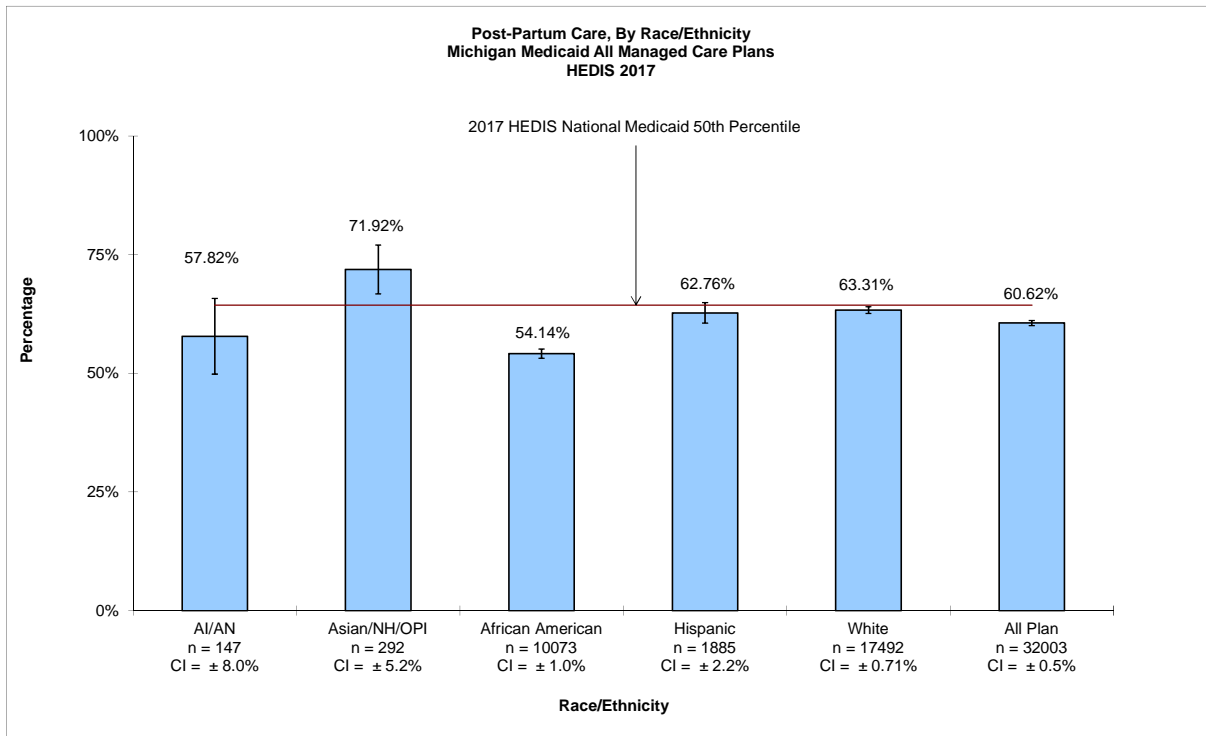


Figure 4. Post-Partum Care by Race/Ethnicity

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	64	90	71.11%	-2.15%	0.97	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	190	236	80.51%	7.25%	1.10	Above	Above
African American	4019	6221	64.60%	-8.65%	0.88	Below	Below
Hispanic	1460	1840	79.35%	6.09%	1.08	Above	Above
White	8511	11618	73.26%	Reference	Reference	Reference	Above
All Plan	16110	22552	71.43%	-1.82%	0.98	Below	NS

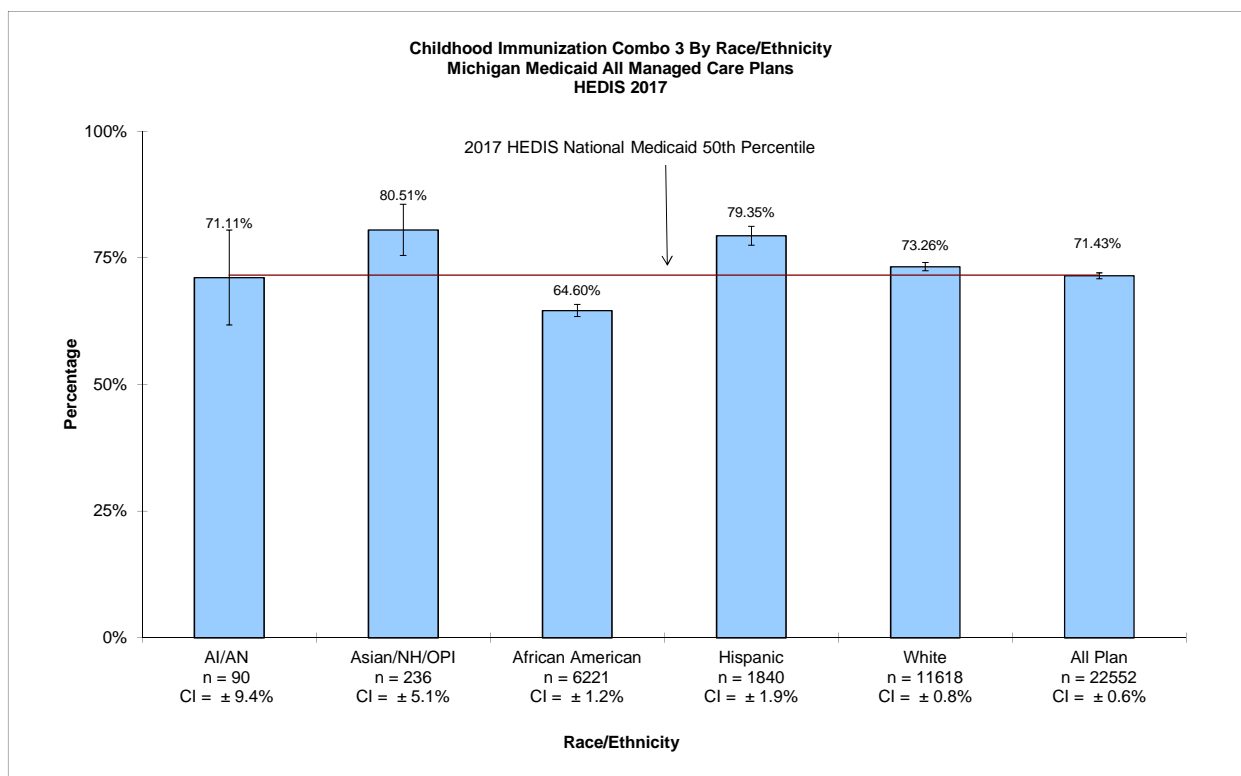


Figure 5. Childhood Immunizations Combo 3 by Race/Ethnicity

Immunizations for Adolescents - Combination 1  
Michigan Medicaid All Managed Care Plans

Table 10. Immunizations for Adolescents - Combination 1 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	61	75	81.33%	-4.31%	0.95	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	326	376	86.70%	1.06%	1.01	NS	Above
African American	5913	7051	83.86%	-1.78%	0.98	Below	Above
Hispanic	1740	1909	91.15%	5.50%	1.06	Above	Above
White	11054	12907	85.64%	Reference	Reference	Reference	Above
All Plan	20186	23659	85.32%	-0.32%	1.00	NS	Above

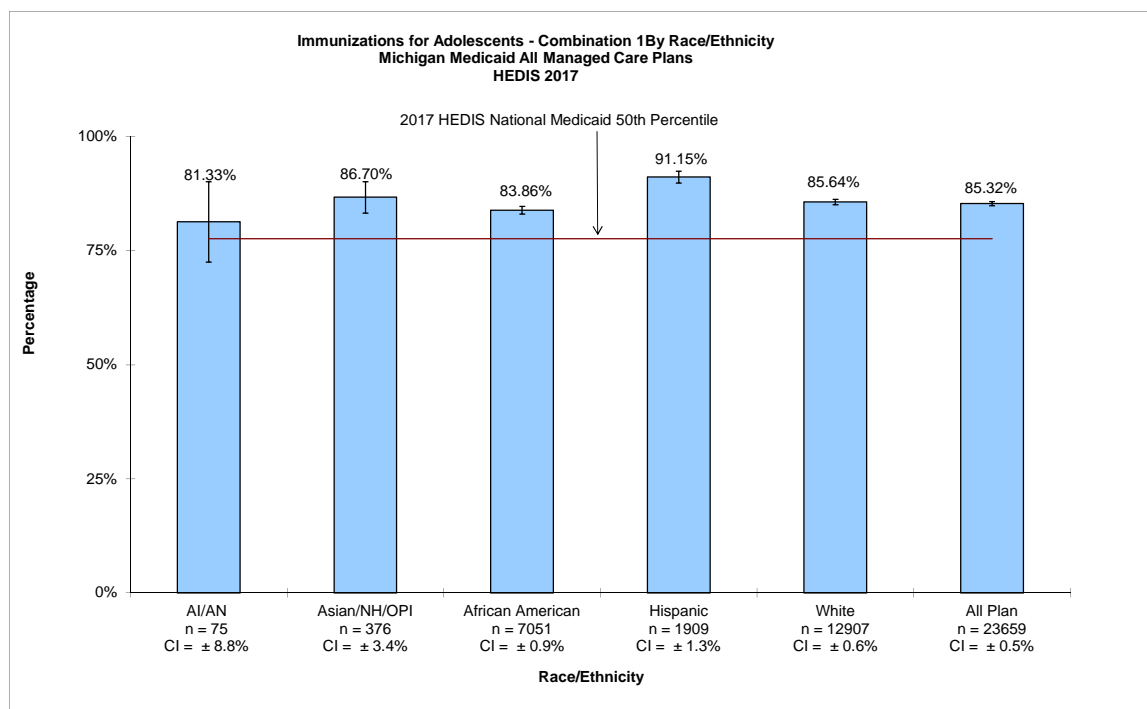


Figure 6. Adolescent Immunizations by Race/Ethnicity

Lead Screening in Children  
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	73	90	81.11%	0.42%	1.01	NS	Above
Asian American/Native Hawaiian/ Other Pacific Islander	206	238	86.55%	5.87%	1.07	Above	Above
African American	4848	6222	77.92%	-2.77%	0.97	Below	Above
Hispanic	1613	1840	87.66%	6.97%	1.09	Above	Above
White	9380	11625	80.69%	Reference	Reference	Reference	Above
All Plan	18166	22561	80.52%	-0.17%	1.00	NS	Above

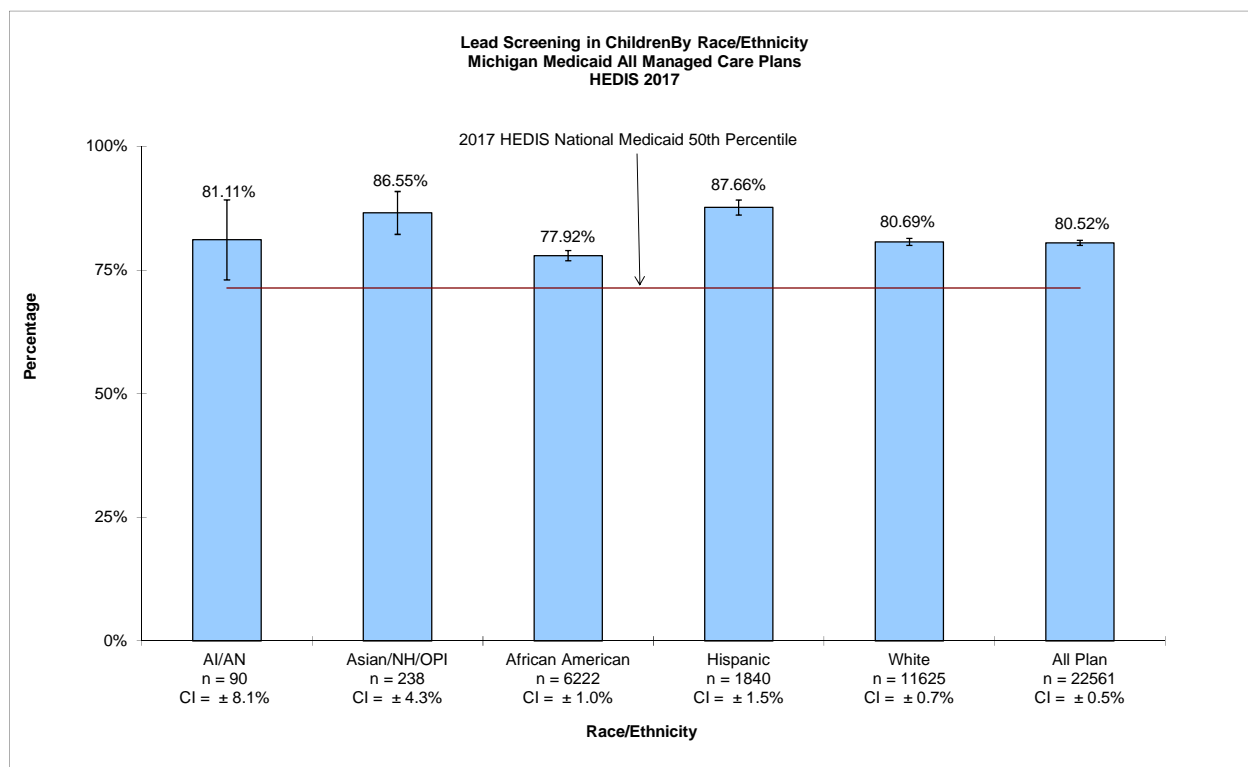


Figure 7. Blood Lead Screening by Race/Ethnicity

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	359	494	72.67%	-1.68%	0.98	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	1136	1434	79.22%	4.87%	1.07	Above	Above
African American	25415	36710	69.23%	-5.12%	0.93	Below	Below
Hispanic	7801	10255	76.07%	1.72%	1.02	Above	Above
White	45970	61828	74.35%	Reference	Reference	Reference	Above
All Plan	90710	124037	73.13%	-1.22%	0.98	Below	Above

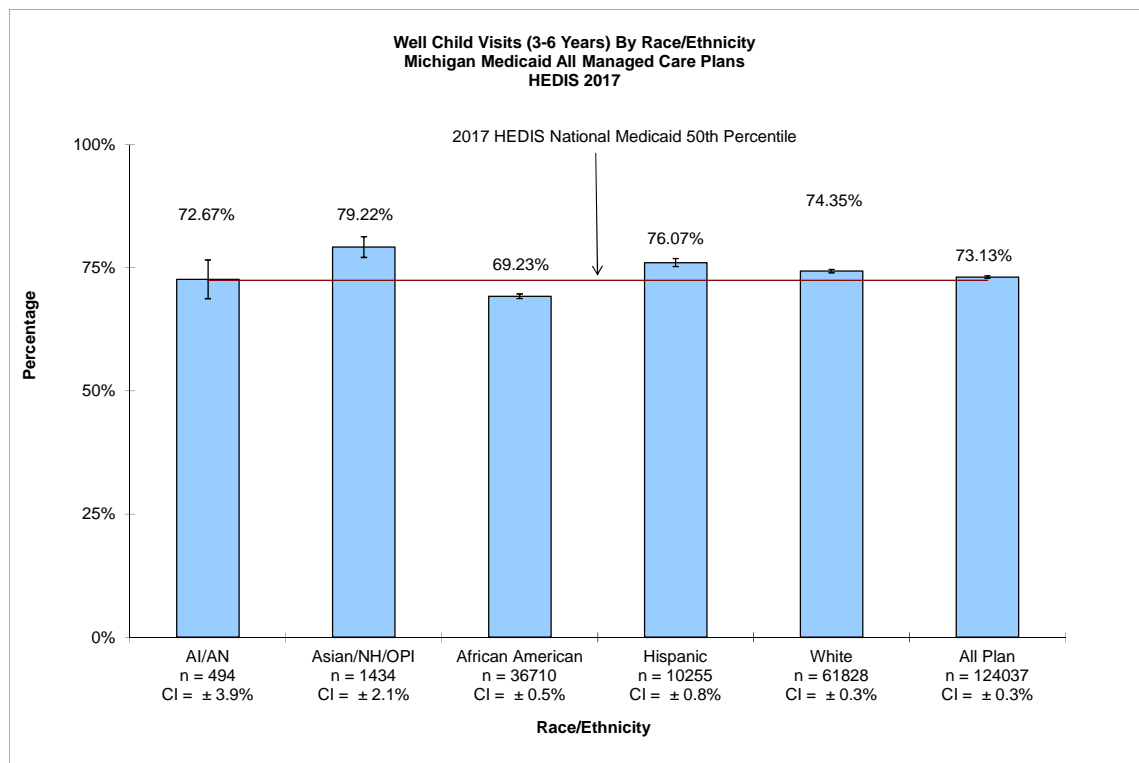


Figure 8. Well Child Visits (3-6 Years) by Race/Ethnicity

**Children and Adolescents' Access To PCP (25 Months-6 Yrs)**  
**Michigan Medicaid All Managed Care Plans**

Table 13. Children and Adolescents' Access To PCP (25 Months-6 Yrs) 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	525	577	90.99%	-0.79%	0.99	NS	Above
Asian American/Native Hawaiian/ Other Pacific Islander	1584	1704	92.96%	1.18%	1.01	NS	Above
African American	37095	44533	83.30%	-8.48%	0.91	Below	Below
Hispanic	11356	12495	90.88%	-0.89%	0.99	Below	Above
White	69288	75499	91.77%	Reference	Reference	Reference	Above
All Plan	134556	151051	89.08%	-2.69%	0.97	Below	Above

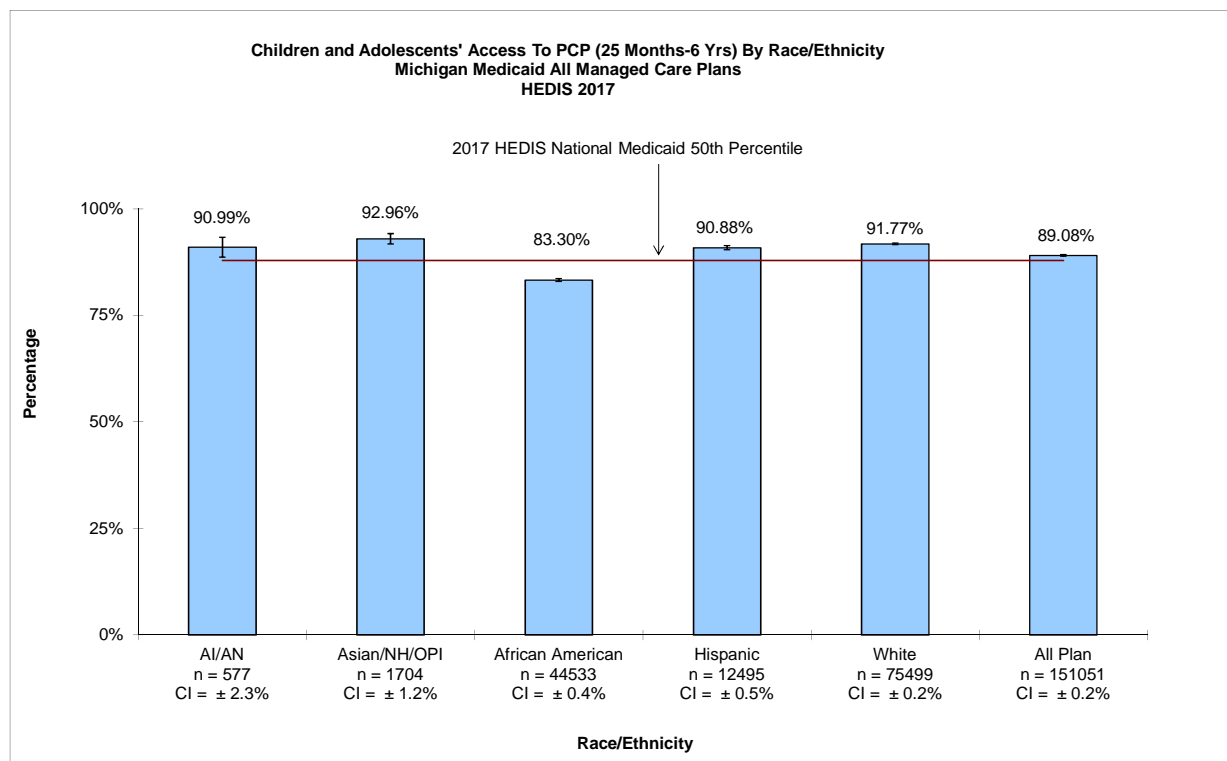


Figure 9. Child Access to Care (25 Months to 6 Years) by Race/Ethnicity

**Adults' Access to Preventive/Ambulatory Health Services (20-44)**  
**Michigan Medicaid All Managed Care Plans**

Table 14. Adults' Access to Preventive/Ambulatory Health Services (20-44) 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	1193	1402	85.09%	0.52%	1.01	NS	Above
Asian American/Native Hawaiian/ Other Pacific Islander	2746	3355	81.85%	-2.73%	0.97	Below	Above
African American	76777	100118	76.69%	-7.89%	0.91	Below	Below
Hispanic	10119	12381	81.73%	-2.85%	0.97	Below	Above
White	164284	194244	84.58%	Reference	Reference	Reference	Above
All Plan	275994	337903	81.68%	-2.90%	0.97	Below	Above

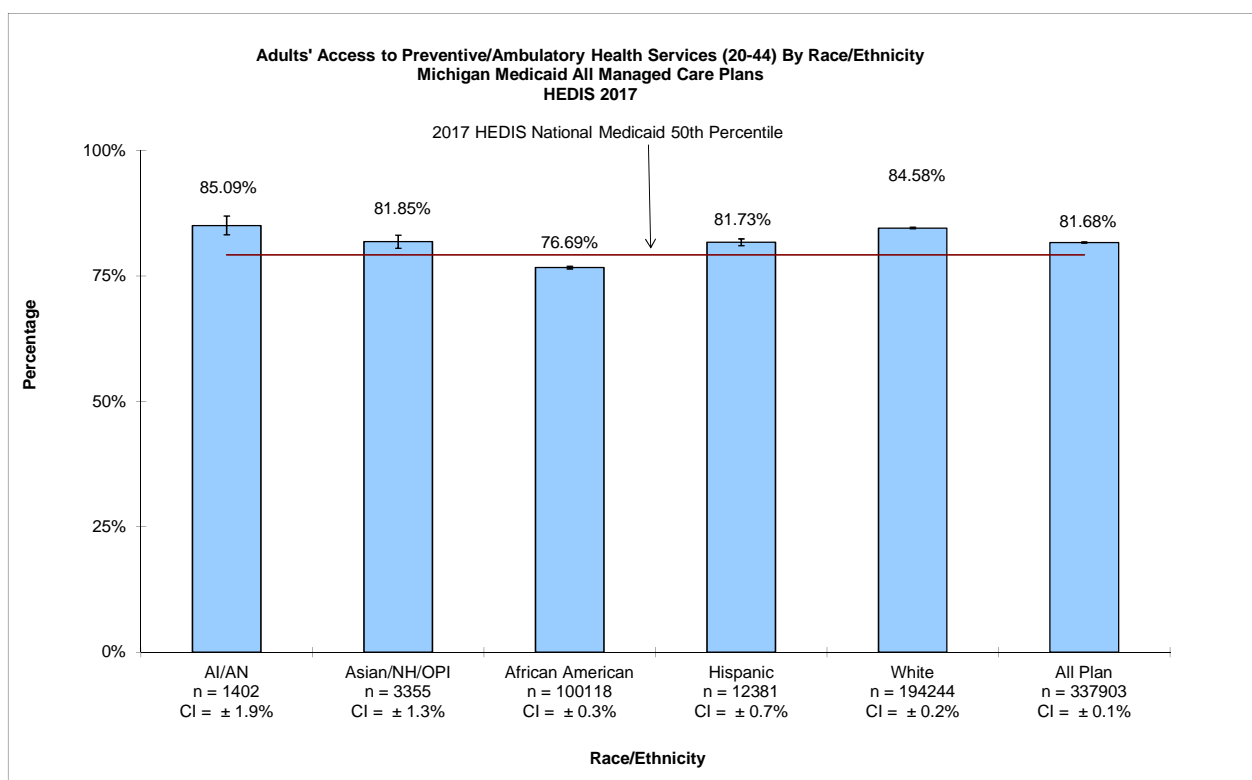


Figure 10. Adult Access to Care (20-44 Years) by Race/Ethnicity



**Comprehensive Diabetes Care - HbA1c Testing**  
**Michigan Medicaid All Managed Care Plans**

Table 15. Comprehensive Diabetes Care - 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	256	284	90.14%	3.22%	1.04	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	1029	1150	89.48%	2.56%	1.03	Above	Above
African American	17179	21228	80.93%	-5.99%	0.93	Below	Below
Hispanic	2036	2362	86.20%	-0.72%	0.99	NS	NS
White	30498	35089	86.92%	Reference	Reference	Reference	NS
All Plan	56889	66884	85.06%	-1.86%	0.98	Below	Below

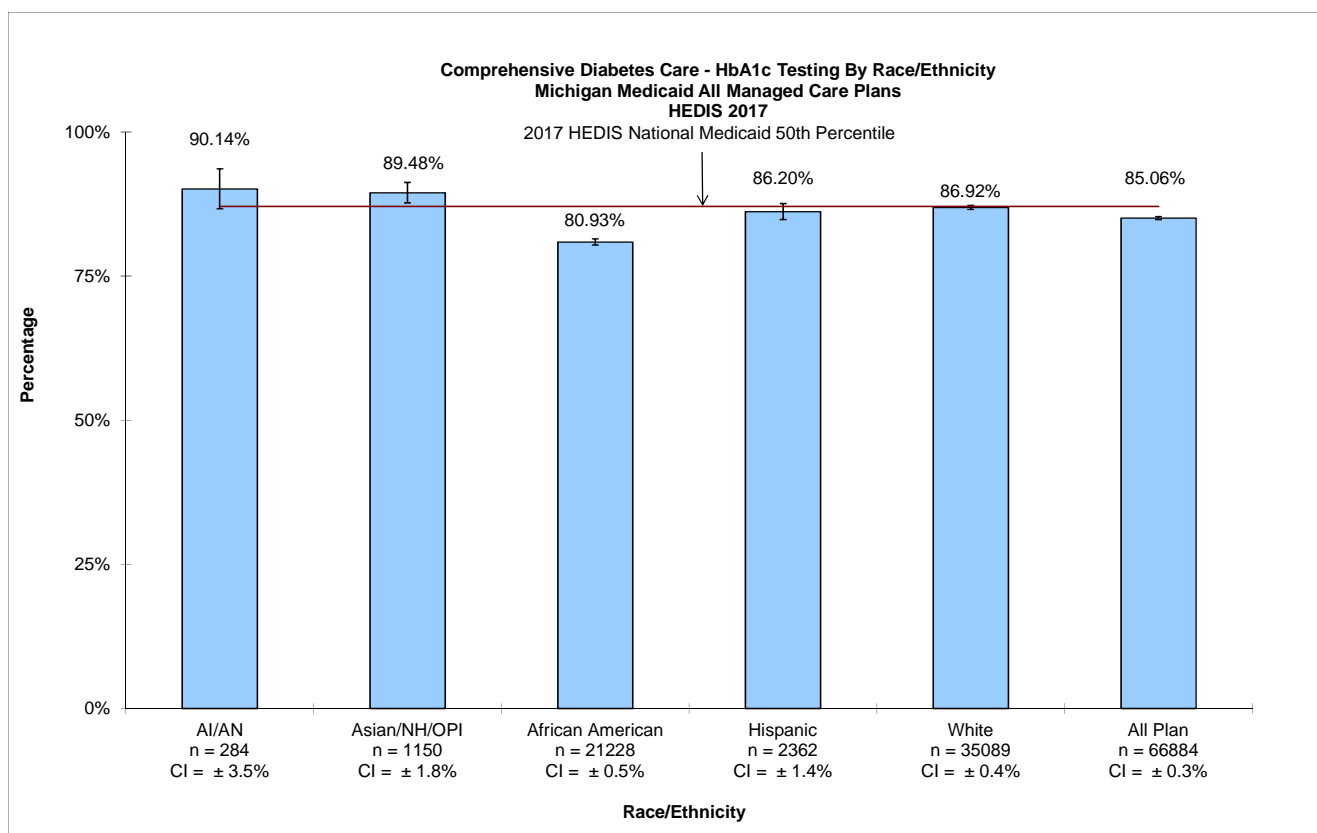


Figure 11. HbA1C Testing by Race/Ethnicity

Comprehensive Diabetes Care - Eye Exams  
Michigan Medicaid All Managed Care Plans

Table 16. Comprehensive Diabetes Care - Eye Exams 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	155	284	54.58%	-0.98%	0.98	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	646	1150	56.17%	0.62%	1.01	NS	NS
African American	10437	21228	49.17%	-6.39%	0.88	Below	Below
Hispanic	1269	2362	53.73%	-1.83%	0.97	NS	NS
White	19494	35089	55.56%	Reference	Reference	Reference	Below
All Plan	35690	66884	53.36%	-2.19%	0.96	Below	Below

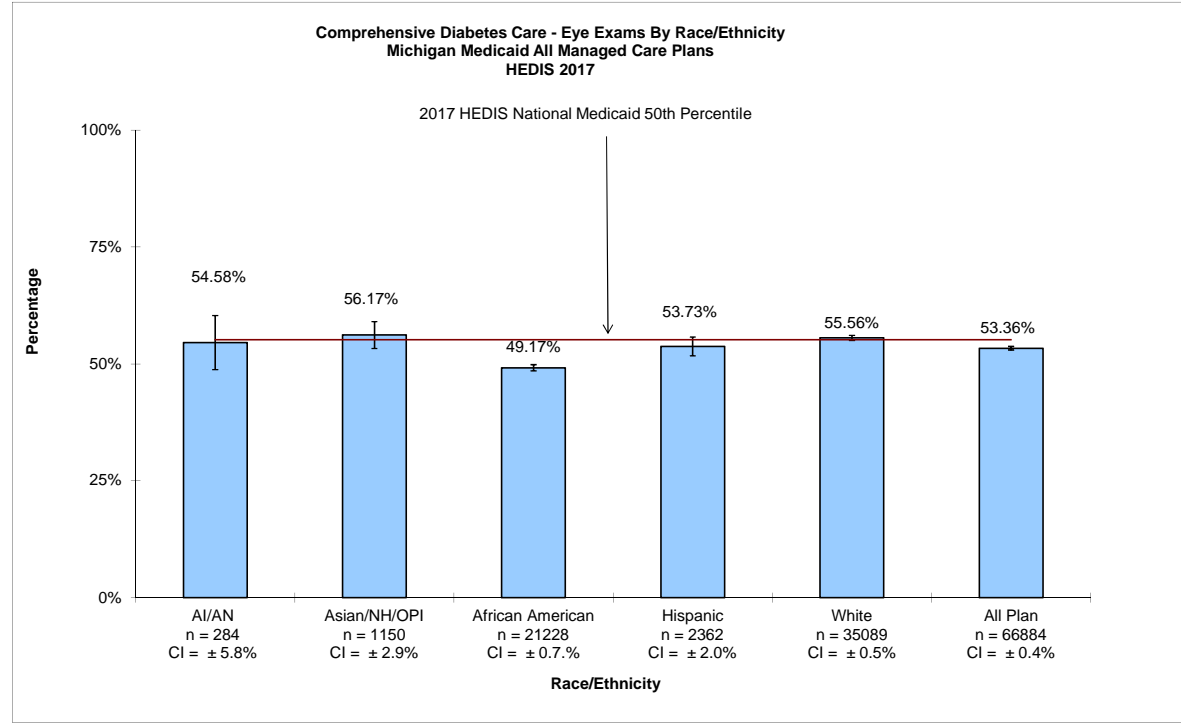


Figure 12. Diabetic Eye Exam by Race/Ethnicity

**Comprehensive Diabetes Care - Medical Attention for Nephropathy  
Michigan Medicaid All Managed Care Plans**

Table 17. Comprehensive Diabetes Care - Medical Attention for 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	264	284	92.96%	3.02%	1.03	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	1015	1150	88.26%	-1.68%	0.98	NS	Below
African American	19160	21228	90.26%	0.32%	1.00	NS	NS
Hispanic	2107	2362	89.20%	-0.74%	0.99	NS	NS
White	31560	35089	89.94%	Reference	Reference	Reference	NS
All Plan	60207	66884	90.02%	0.07%	1.00	NS	Below

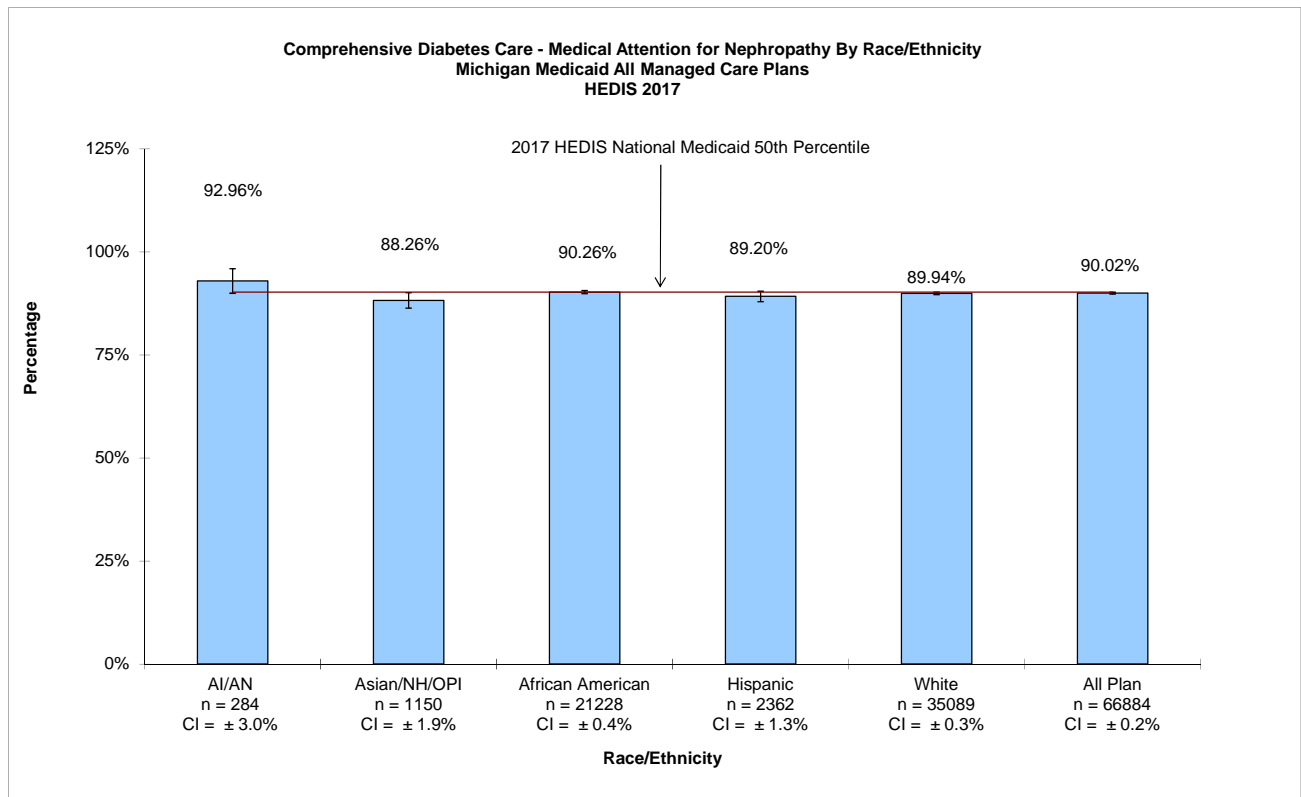


Figure 13. Diabetic Nephropathy by Race/Ethnicity

Table 18. Rate Differences. White, African American, and Hispanic.

Measure	2017 White Rate	2017 African American Rate	Rate Difference	2017 Hispanic Rate	Rate Difference
Breast Cancer Screening	63.23%	60.66%	-2.56%	65.79%	2.57%
Cervical Cancer Screening	58.60%	63.07%	4.47%	62.27%	3.67%
Chlamydia Screening in Women - Total	58.54%	75.73%	17.19%	65.37%	6.83%
Post-Partum Care	63.31%	54.14%	-9.17%	62.76%	-0.56%
Childhood Immns Combo 3	73.26%	64.60%	-8.65%	79.35%	6.09%
Immunizations for Adolescents - Combination 1	85.64%	83.86%	-1.78%	91.15%	5.50%
Lead Screening in Children	80.69%	77.92%	-2.77%	87.66%	6.97%
Well Child Visits 3-6 yrs	74.35%	69.23%	-5.12%	76.07%	1.72%
Children and Adolescents' Access To PCP (25 Months-6 Yrs)	91.77%	83.30%	-8.48%	90.88%	-0.89%
Adults' Access to Preventive/Ambulatory Health Services (20-44)	84.58%	76.69%	-7.89%	81.73%	-2.85%
Comprehensive Diabetes Care - HbA1c Testing	86.92%	80.93%	-5.99%	86.20%	-0.72%
Comprehensive Diabetes Care - Eye Exams	55.56%	49.17%	-6.39%	53.73%	-1.83%
Comprehensive Diabetes Care - Medical Attention for Nephropathy	89.94%	90.26%	0.32%	89.20%	-0.74%

Yellow = Rate is significantly below White population

Orange = Rate is significantly above White population

Table 19. Change in Rate for Thirteen (13) Quality Measures between 2012-2017 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	2016	2017	2012	2013	2014	2015	2016	2017	2012	2013	2014	2015	2016	2017	2012	2013	2014	2015	2016	2017
Breast Cancer Screening	58.00%	57.80%		64.00%	58.91%	63.23%	55.70%	56.39%		61.20%	58.54%	60.68%	58.10%	58.79%		61.30%	63.84%	65.79%	57.00%	57.41%		63.00%	59.30%	62.60%
Cervical Cancer Screening	66.40%	66.22%		62.00%	56.42%	58.60%	67.30%	68.14%		65.60%	60.84%	63.07%	69.80%	66.55%		64.90%	60.20%	62.27%	66.50%	66.06%		62.90%	57.48%	59.64%
Chlamydia Screening in Women - Total	56.10%	57.98%	55.60%	54.19%	56.83%	58.54%	73.60%	75.15%	73.30%	73.08%	70.50%	75.73%	64.60%	63.94%	62.60%	58.96%	62.48%	65.37%	64.50%	65.83%	63.40%	62.39%	62.50%	65.36%
Post-Partum Care	62.60%	61.75%	64.80%	61.57%	61.73%	63.31%	46.30%	48.74%	53.40%	48.17%	48.55%	54.14%	58.80%	62.11%	63.50%	63.23%	60.41%	62.76%	58.10%	58.41%	60.30%	57.38%	57.22%	60.62%
Childhood Immunization Status - Combo 3	74.00%	74.88%	72.10%	72.99%	70.57%	73.26%	63.00%	64.70%	62.90%	64.24%	58.28%	64.60%	78.40%	75.09%	77.40%	78.58%	76.57%	79.35%	70.70%	72.24%	70.70%	71.03%	66.82%	71.43%
Immunizations for Adolescents - Combination 1	74.60%	86.77%	84.60%	87.65%	84.74%	85.64%	72.40%	83.85%	81.40%	86.02%	80.74%	83.86%	80.70%	89.32%	88.50%	90.49%	91.17%	91.15%	74.10%	85.95%	83.40%	87.31%	83.90%	85.60%
Lead Screening in Children	73.10%	78.53%	77.80%	78.71%	78.91%	80.69%	75.20%	77.77%	77.30%	77.49%	76.33%	77.92%	81.80%	82.49%	83.10%	84.60%	83.17%	87.66%	74.60%	78.90%	78.40%	78.93%	78.57%	80.74%
Well Child Visits 3-6 Years	73.80%	73.49%	73.60%	73.81%	74.38%	74.35%	72.20%	72.14%	69.90%	69.66%	69.65%	69.23%	76.30%	76.12%	77.00%	77.02%	77.47%	76.07%	73.60%	73.50%	72.70%	72.92%	73.26%	73.39%
Children & Adolescents' Access To PCP (12-24 Mnths)	92.70%	92.35%	92.10%	91.05%	91.48%	91.77%	85.90%	84.99%	85.40%	83.03%	82.80%	83.30%	92.20%	91.63%	92.10%	91.26%	91.49%	90.88%	90.40%	90.14%	90.00%	88.70%	88.79%	89.03%
Adults' Access to Preventive/Ambulatory Health Services (20-44)	86.20%	87.02%	87.80%	86.19%	85.92%	84.58%	80.20%	80.97%	81.60%	78.49%	77.17%	76.69%	82.20%	81.98%	83.80%	81.92%	81.94%	81.73%	83.60%	84.53%	85.30%	83.21%	82.76%	81.64%
Comprehensive Diabetes Care - HbA1c	80.20%	81.14%	80.90%	81.30%	86.39%	86.92%	73.50%	75.71%	76.50%	77.66%	79.84%	80.93%	74.70%	76.02%	80.20%	84.39%	85.64%	86.20%	77.20%	79.00%	79.30%	80.53%	84.03%	85.21%
Comprehensive Diabetes Care - Eye	47.20%	50.43%	51.50%	45.73%	51.78%	55.56%	41.00%	45.91%	47.30%	41.60%	46.19%	49.17%	42.00%	45.47%	50.30%	45.47%	51.36%	53.73%	44.60%	48.95%	49.90%	44.88%	50.21%	53.26%
Diabetes Care - Medical Attention for	74.50%	75.72%	75.40%	75.93%	89.86%	89.94%	75.80%	78.24%	78.10%	79.68%	90.79%	90.26%	71.30%	73.09%	73.40%	76.01%	90.78%	89.20%	75.10%	77.38%	77.00%	78.12%	90.21%	90.03%

- There was a statistically significant increase in the rate between 2012 - 2017

- There was a statistically significant decrease in the rate between 2012 - 2017

NS - The change in the rate between 2012-2017 was not significant

## Change in Rate 2012-2017 for Measures in Women - Adult Care and Pregnancy Care Dimension

Figure 14. Breast Cancer Screening by Race/Ethnicity 2012-2017

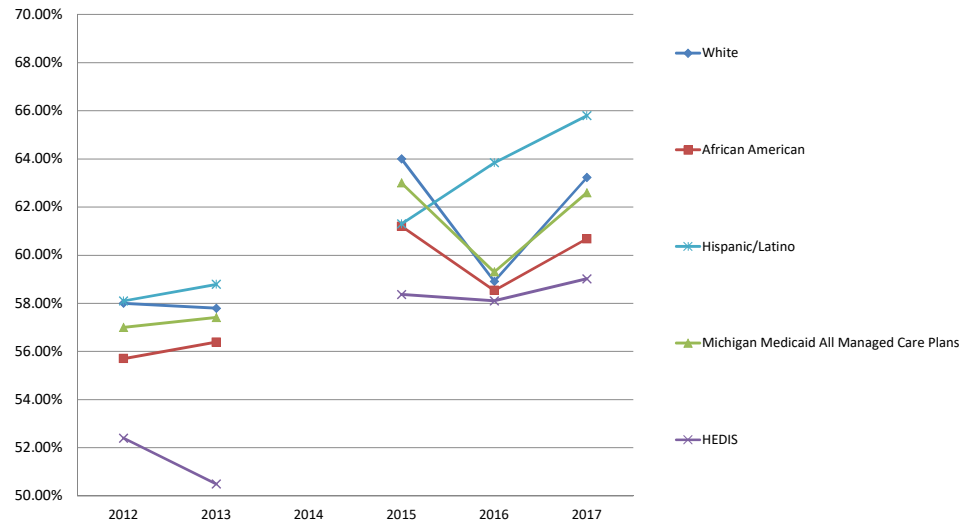


Figure 15. Cervical Cancer Screening by Race/Ethnicity 2012-2017

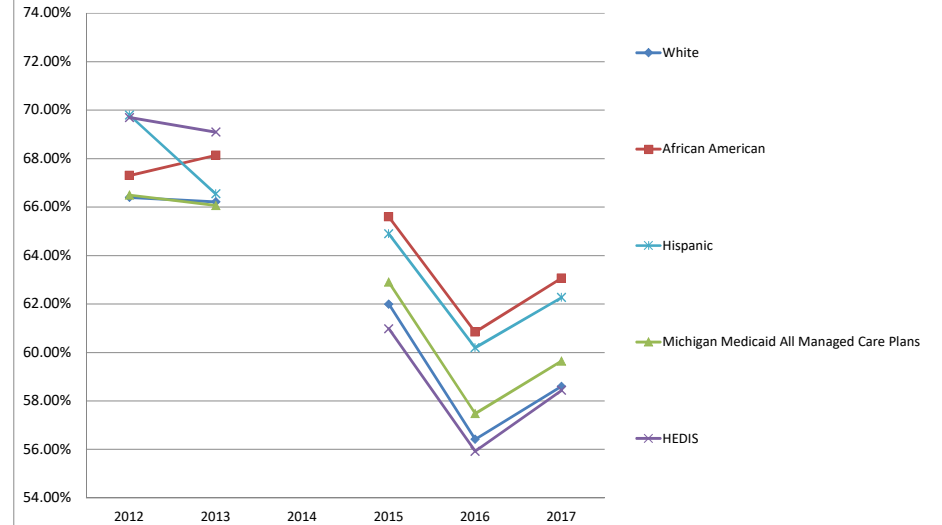


Figure 16. Chlamydia Screening in Women - Total by Race/Ethnicity 2012-2017

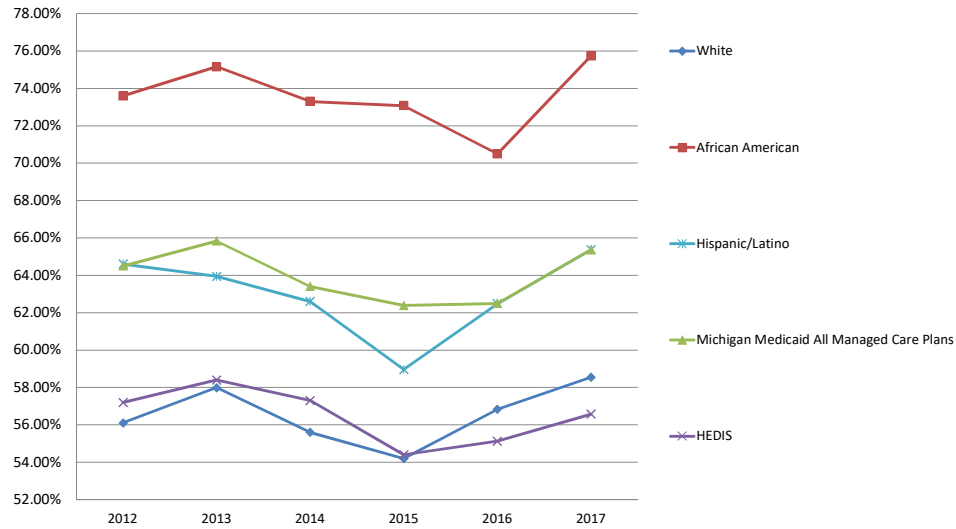
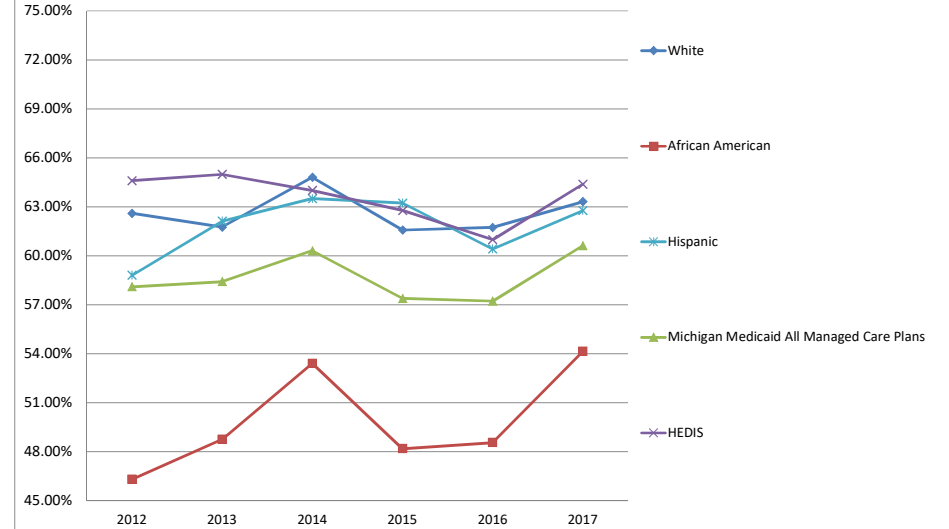


Figure 17. Post-Partum Care by Race/Ethnicity 2012-2017



## Change in Rate 2012-2017 for Measures in Child and Adolescent Care

Figure 18. Childhood Immunizations Combo 3 by Race/Ethnicity 2012-2017

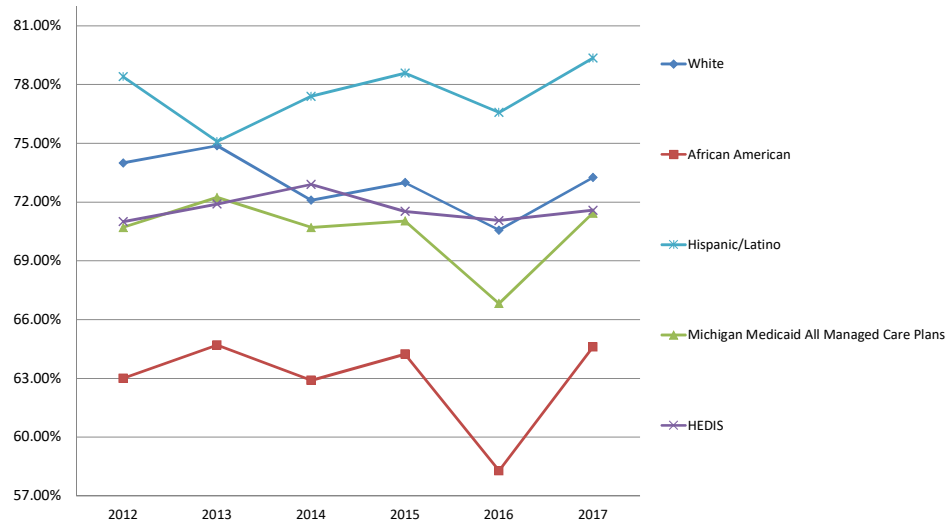


Figure 19. Lead Screening in Children by Race/Ethnicity 2012-2017

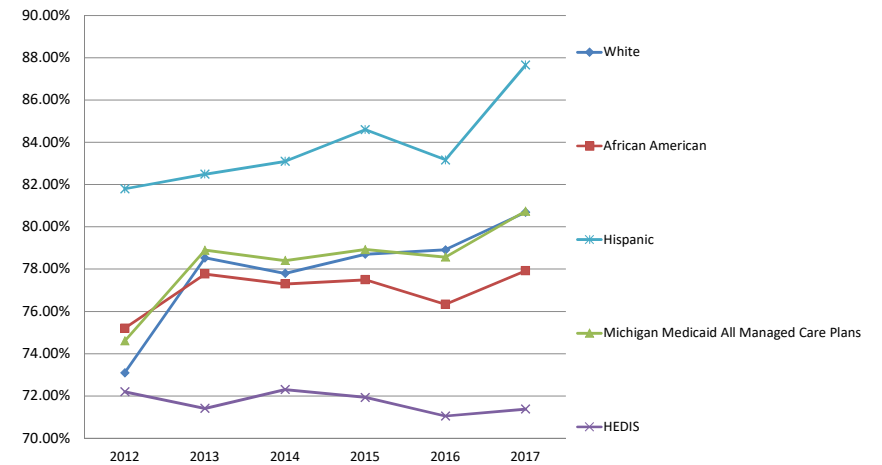


Figure 20. Immunizations for Adolescents - Combination 1 by Race/Ethnicity 2012-2017

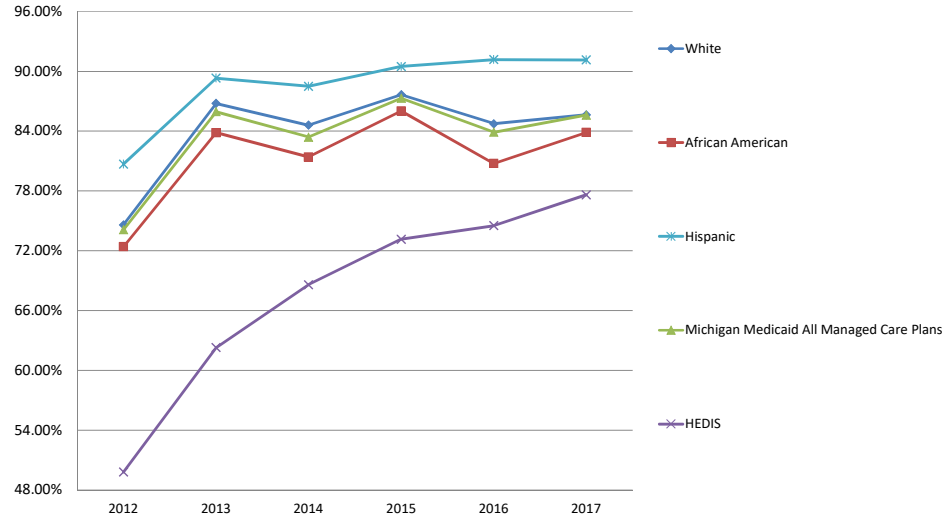
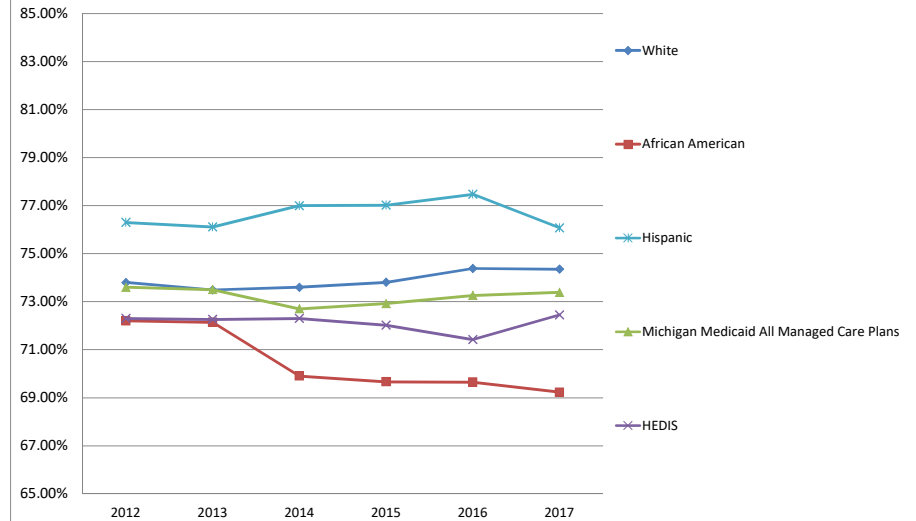
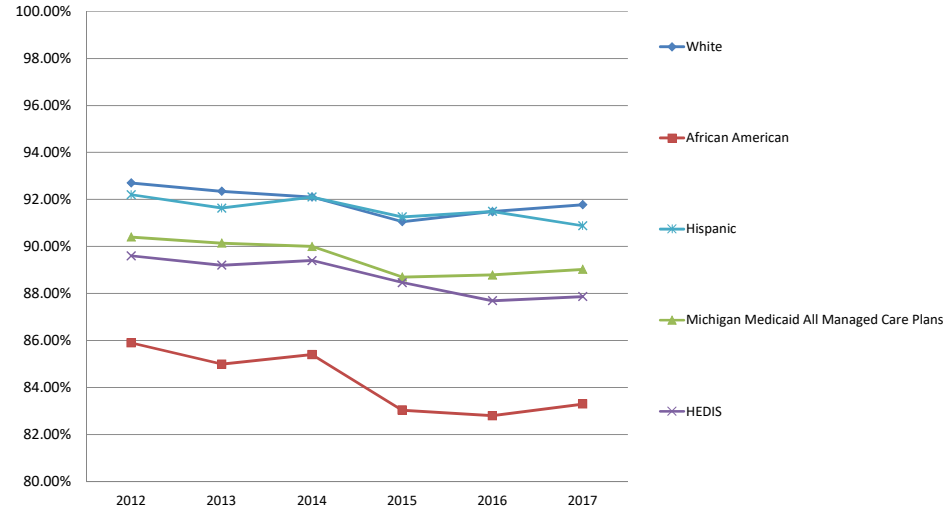


Figure 21. Well Child Visits 3-6 Years by Race/Ethnicity 2012-2017

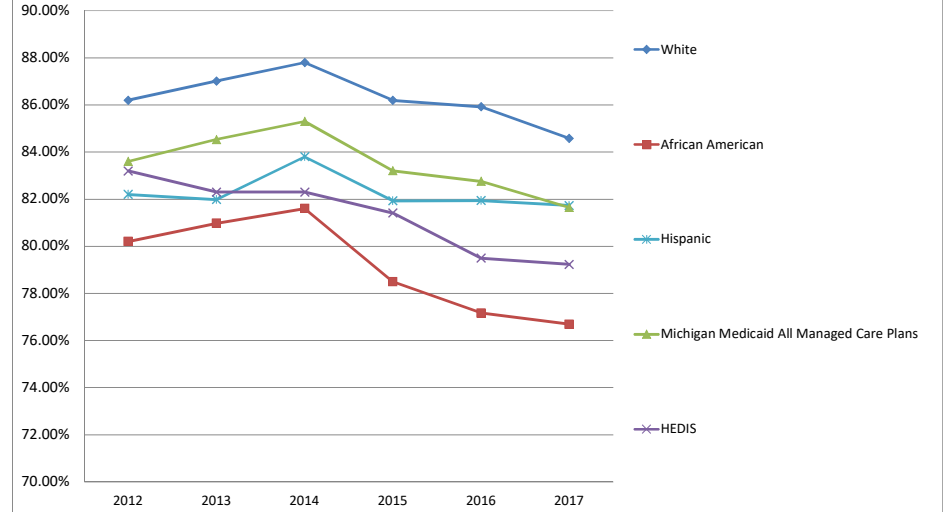


# Change in Rate 2012-2017 for Measures in Access to Care

**Figure 22. Children and Adolescents' Access To PCP (25 Months-6 Yrs)  
by Race/Ethnicity 2012-2017**



**Figure 23. Adults' Access to Preventive/Ambulatory Health Services  
(20-44) by Race/Ethnicity 2012-2017**





# Change in Rate 2012-2017 for Measures in Living with Illness

Figure 24. Comprehensive Diabetes Care - HbA1c Testing by Race/Ethnicity 2012-2017

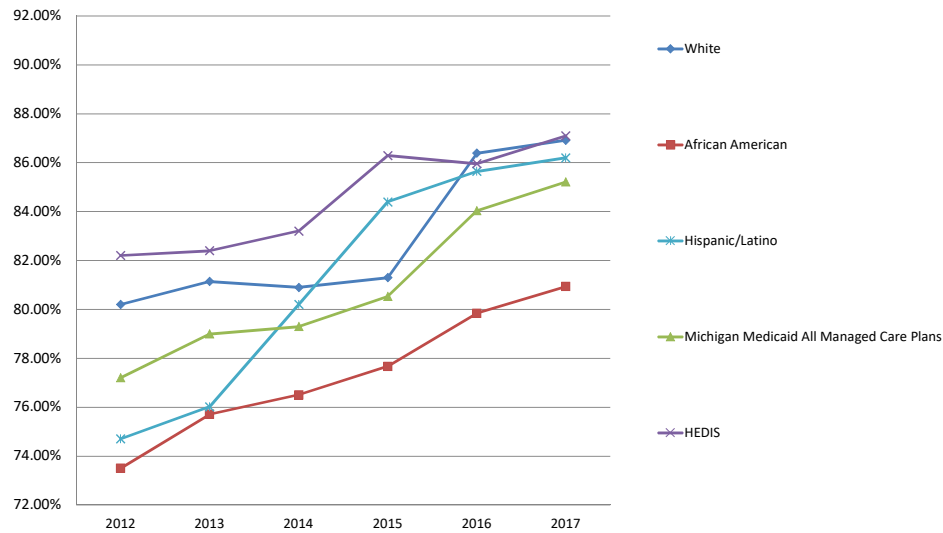


Figure 25. Comprehensive Diabetes Care - Eye Exams by Race/Ethnicity 2012-2017

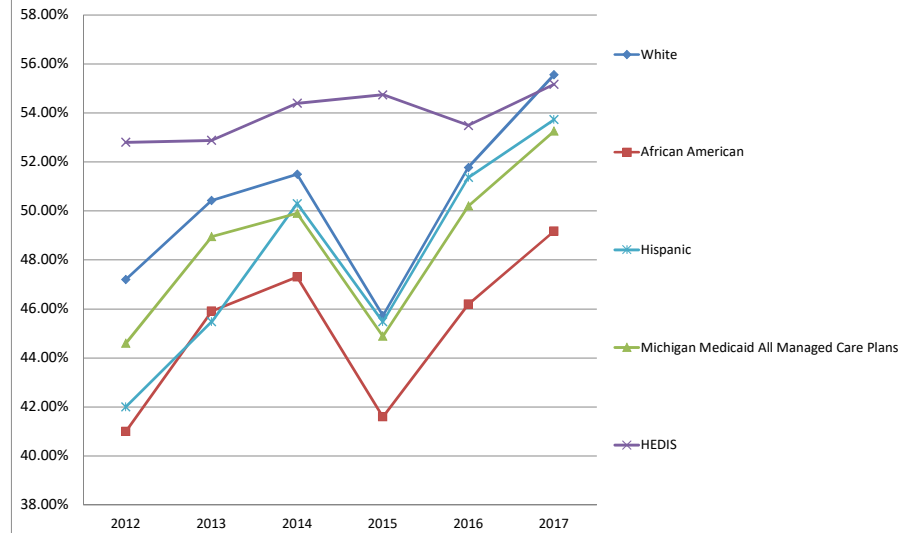
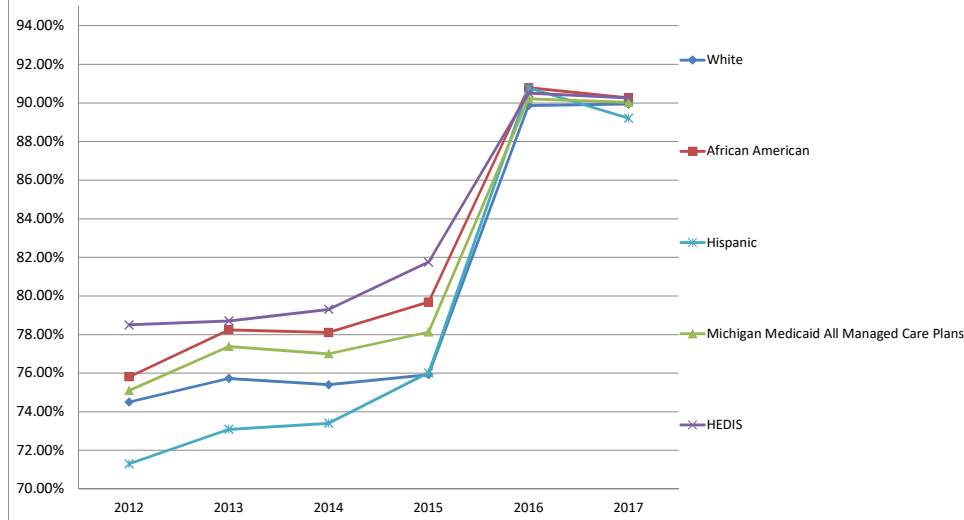


Figure 26. Comprehensive Diabetes Care - Medical Attention for Nephropathy by Race/Ethnicity 2012-2017

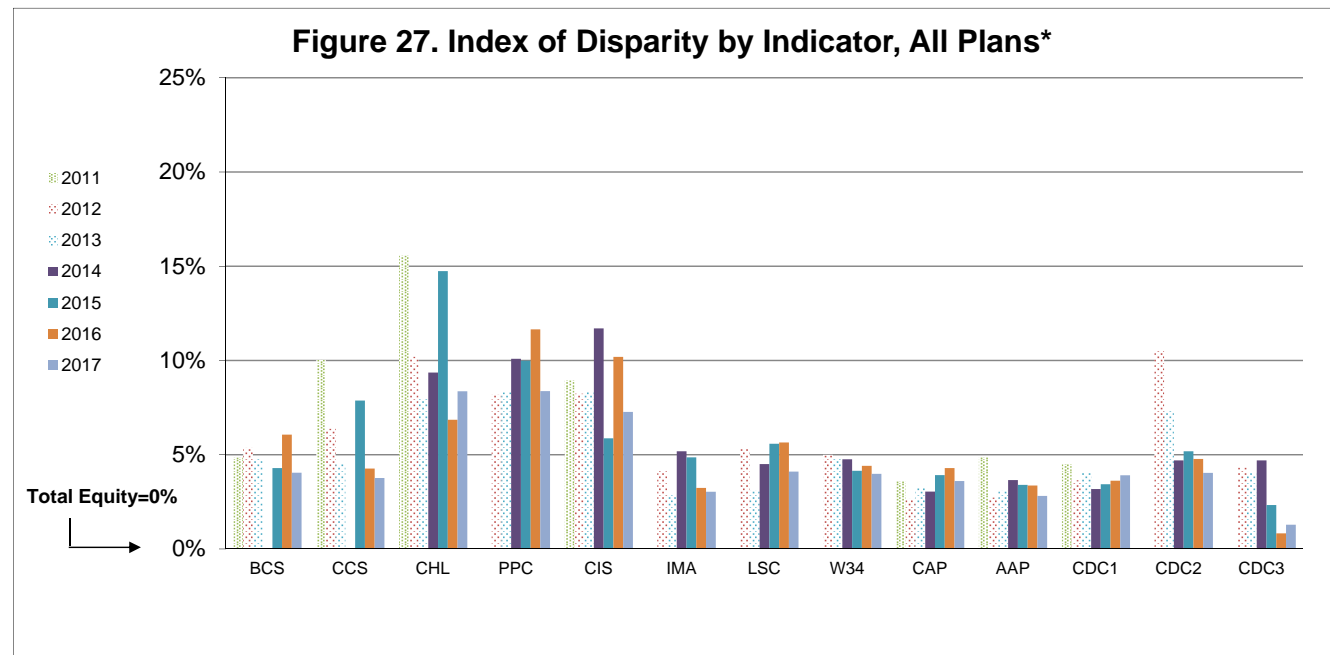


**Index of Disparity (ID) Summary**  
**Michigan Medicaid Managed Care All Plans**

Table 20. Index of Disparity for All Medicaid Managed Care Plans 2011-2013

Indicator	Abbr.	2011*	2012*	2013*	2014	2015	2016	2017
Breast Cancer Screening	BCS	4.85%	5.36%	4.79%	---	4.30%	6.06%	<b>4.05%</b>
Cervical Cancer Screening	CCS	10.04%	6.38%	4.55%	---	7.88%	4.27%	<b>3.77%</b>
Chlamydia Screening in Women - Total	CHL	15.57%	10.20%	8.00%	9.37%	14.75%	6.86%	<b>8.37%</b>
Post-Partum Care	PPC	---	8.22%	8.32%	10.10%	9.99%	11.65%	<b>8.38%</b>
Childhood Immunizations Combo 3	CIS	8.95%	8.24%	8.38%	11.70%	5.87%	10.19%	<b>7.27%</b>
Immunizations for Adolescents - Combination 1	IMA	---	4.17%	2.86%	5.18%	4.86%	3.24%	<b>3.04%</b>
Lead Screening in Children	LSC	---	5.36%	3.11%	4.50%	5.58%	5.65%	<b>4.11%</b>
Well Child Visits (3-6 Years)	W34	---	5.00%	4.83%	4.76%	4.15%	4.41%	<b>3.99%</b>
Children and Adolescents' Access To PCP (25 Months-6 Yrs)	CAP	3.59%	2.65%	3.25%	3.05%	3.92%	4.29%	<b>3.61%</b>
Adults' Access to Preventive/Ambulatory Health Services (20-44)	AAP	4.86%	2.73%	3.10%	3.66%	3.40%	3.37%	<b>2.82%</b>
Comprehensive Diabetes Care - HbA1c Testing	CDC1	4.50%	3.65%	4.07%	3.18%	3.44%	3.62%	<b>3.91%</b>
Comprehensive Diabetes Care - Eye Exams	CDC2	---	10.52%	7.33%	4.70%	5.19%	4.78%	<b>4.04%</b>
Comprehensive Diabetes Care - Medical Attention for Nephropathy	CDC3	---	4.33%	4.03%	4.70%	2.33%	0.83%	<b>1.29%</b>

\* Note for Table 20 and Figure 28: Due to methodology changes that took place in 2014, caution should be taken with comparing the Index of Disparity results from 2014 and forward with results from 2013 and earlier.



**Table 21. Confidence Intervals**  
**Michigan Medicaid All Managed Care Plans**

Race/Ethnicity	%	Confidence Interval	
<b>Breast Cancer Screening</b>		<b>Lower Limit</b>	<b>Upper Limit</b>
American Indian/ Alaska Native	56.10%	48.50%	63.69%
Asian American/Native Hawaiian/ O.P.I.	62.16%	57.83%	66.50%
African American	60.66%	59.78%	61.55%
Hispanic	65.79%	62.34%	69.25%
White	63.23%	62.60%	63.85%
All Plan	62.59%	62.11%	63.07%
<b>Cervical Cancer Screening</b>		<b>Lower Limit</b>	<b>Upper Limit</b>
American Indian/ Alaska Native	57.38%	54.67%	60.09%
Asian American/Native Hawaiian/ O.P.I.	61.62%	59.87%	63.37%
African American	63.07%	62.75%	63.39%
Hispanic	62.27%	61.30%	63.24%
White	58.60%	58.37%	58.83%
All Plan	59.74%	59.56%	59.91%
<b>Chlamydia Screening in Women - Total</b>		<b>Lower Limit</b>	<b>Upper Limit</b>
American Indian/ Alaska Native	60.92%	54.73%	67.12%
Asian American/Native Hawaiian/ O.P.I.	59.59%	54.73%	64.45%
African American	75.73%	75.14%	76.32%
Hispanic	65.37%	63.70%	67.04%
White	58.54%	57.98%	59.10%
All Plan	65.23%	64.84%	65.62%
<b>Post-Partum Care</b>		<b>Lower Limit</b>	<b>Upper Limit</b>
American Indian/ Alaska Native	57.82%	49.84%	65.81%
Asian American/Native Hawaiian/ O.P.I.	71.92%	66.76%	77.07%
African American	54.14%	53.17%	55.12%
Hispanic	62.76%	60.58%	64.94%
White	63.31%	62.60%	64.03%
All Plan	60.62%	60.08%	61.15%
<b>Childhood Immunizations Combo 3</b>		<b>Lower Limit</b>	<b>Upper Limit</b>
American Indian/ Alaska Native	71.11%	61.75%	80.48%
Asian American/Native Hawaiian/ O.P.I.	80.51%	75.45%	85.56%
African American	64.60%	63.42%	65.79%
Hispanic	79.35%	77.50%	81.20%
White	73.26%	72.45%	74.06%
All Plan	71.43%	70.85%	72.02%
<b>Adolescent Immunizations Combo 1</b>		<b>Lower Limit</b>	<b>Upper Limit</b>
American Indian/ Alaska Native	81.33%	72.51%	90.15%
Asian American/Native Hawaiian/ O.P.I.	86.70%	83.27%	90.13%
African American	83.86%	83.00%	84.72%
Hispanic	91.15%	89.87%	92.42%
White	85.64%	85.04%	86.25%
All Plan	85.32%	84.87%	85.77%

<b>Lead Screening in Children</b>		<b>Lower Limit</b>	<b>Upper Limit</b>
American Indian/ Alaska Native	81.11%	73.02%	89.20%
Asian American/Native Hawaiian/ O.P.I.	86.55%	82.22%	90.89%
African American	77.92%	76.89%	78.95%
Hispanic	87.66%	86.16%	89.17%
White	80.69%	79.97%	81.41%
All Plan	80.52%	80.00%	81.04%
<b>Well Child Visits 3-6 years</b>		<b>Lower Limit</b>	<b>Upper Limit</b>
American Indian/ Alaska Native	72.67%	68.74%	76.60%
Asian American/Native Hawaiian/ O.P.I.	79.22%	77.12%	81.32%
African American	69.23%	68.76%	69.70%
Hispanic	76.07%	75.24%	76.90%
White	74.35%	74.01%	74.70%
All Plan	73.13%	72.88%	73.38%
<b>Children and Adolescents' Access To PCP (25 Months-6 Yrs)</b>		<b>Lower Limit</b>	<b>Upper Limit</b>
American Indian/ Alaska Native	90.99%	88.65%	93.32%
Asian American/Native Hawaiian/ O.P.I.	92.96%	91.74%	94.17%
African American	83.30%	82.95%	83.64%
Hispanic	90.88%	90.38%	91.39%
White	91.77%	91.58%	91.97%
All Plan	89.08%	88.92%	89.24%
<b>Adults' Access to Preventive/Ambulatory Health Services (20-44)</b>		<b>Lower Limit</b>	<b>Upper Limit</b>
American Indian/ Alaska Native	85.09%	83.23%	86.96%
Asian American/Native Hawaiian/ O.P.I.	81.85%	80.54%	83.15%
African American	76.69%	76.42%	76.95%
Hispanic	81.73%	81.05%	82.41%
White	84.58%	84.42%	84.74%
All Plan	81.68%	81.55%	81.81%
<b>Comprehensive Diabetes Care - HbA1c Testing</b>		<b>Lower Limit</b>	<b>Upper Limit</b>
American Indian/ Alaska Native	90.14%	86.67%	93.61%
Asian American/Native Hawaiian/ O.P.I.	89.48%	87.70%	91.25%
African American	80.93%	80.40%	81.45%
Hispanic	86.20%	84.81%	87.59%
White	86.92%	86.56%	87.27%
All Plan	85.06%	84.79%	85.33%
<b>Comprehensive Diabetes Care - Eye Exams</b>		<b>Lower Limit</b>	<b>Upper Limit</b>
American Indian/ Alaska Native	54.58%	48.79%	60.37%
Asian American/Native Hawaiian/ O.P.I.	56.17%	53.31%	59.04%
African American	49.17%	48.49%	49.84%
Hispanic	53.73%	51.71%	55.74%
White	55.56%	55.04%	56.08%
All Plan	53.36%	52.98%	53.74%
<b>Comprehensive Diabetes Care - Medical Attention for Nephropathy</b>		<b>Lower Limit</b>	<b>Upper Limit</b>
American Indian/ Alaska Native	92.96%	89.98%	95.93%
Asian American/Native Hawaiian/ O.P.I.	88.26%	86.40%	90.12%
African American	90.26%	89.86%	90.66%
Hispanic	89.20%	87.95%	90.46%
White	89.94%	89.63%	90.26%
All Plan	90.02%	89.79%	90.24%

HEDIS 2017 Measures by Race/Ethnicity  
Michigan Medicaid Managed Care Plans  
Submission to be received to MDHHS by August 15, 2017

Numerators and Demoninators for Each Measure (Administrative Data Only)

		Breast Cancer Screening (BCS)		Cervical Cancer Screening (CCS)		Chlamydia Screening (CHL)		PostPartum Care (PPC)		Imms Combo 3 (CIS)		Adolescent Imms (IMA)		Lead Screening in Children (LSC)		Well Child Visits 3-6 (W34)		Access to Care (25 months to 6 years) (CAP)		Access to Care (20-44 years) (AAP)		HbA1C Testing (CDC)		Diabetic Eye Exam (CDC)		Diabetic Nephropathy (CDC)	
Race	Ethnicity	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