Medical Services Administration
Bureau of Medicaid Care Management & Customer Service

MEDICAID HEALTH EQUITY PROJECT
YEAR 8 REPORT (HEDIS 2018)

All Plans

MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES
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January 2021

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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[1]. 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[2]. 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."[3] The Affordable Care Act (ACA) includes language that prohibits discrimination under any health program or activity that is receiving federal financial assistance[4]. 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[5]. 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[6].

Background of 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 where racial/ethnic disparities in a number of measures were identified by MHPs, and by provider. Results were disseminated to MHPs 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 into the practice. Diabetic-related Healthcare Effectiveness Data and Information Set (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 reducing an identified disparity in one of their quality measures. Since 2015, all MHPs have focused

[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] Performance Monitoring Report: Medicaid Managed Care: Composite – All Plans. Lansing, MI: Michigan Department of Health and Human Services. January 2017
[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

their PIP efforts on reducing racial/ethnic disparities in timely prenatal care. 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 MHPs 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 MHPs. These have remained the annual project measures since then, with one measure (Appropriate Asthma Medications (Combined)) removed when it was retired in 2016. 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 MHPs, and to facilitate comparison across states, MHPs submit audited HEDIS data to MDHHS for each measure that pertains to Medicaid covered benefits. MHPs also submit select HEDIS measures broken down by race/ethnicity to MDHHS. MHPs are provided a blank template to ensure consistency across all plan submissions (see Appendix B). MHPs 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. See Table 1 for a list of the HEDIS measures by health domain included in the Year 8 (HEDIS 2018) 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 each plan. MHPs may also have supplementary systems in place to acquire and store this information (i.e. retrieving it from Electronic Medical Records 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, declined race/ethnicity, or Other/Multiracial population was categorized as race/ethnicity unknown due to the inconsistent use of this category across MHPs.

Table 1. List of HEDIS Measures Reported

Measures	Abbreviation
Women – Adult Care and Pregnancy Care Domain	
Breast Cancer Screening	BCS
Cervical Cancer Screening	CCS
Chlamydia Screening in Women - Total	CHL
Postpartum Care	PPC
Child and Adolescent Care Domain	
Childhood Immunization Status - Combination 3	CIS
Immunizations for Adolescents - Combination 1	IMA
Lead Screening in Children	LSC
Well Child Visits (3-6 Years)	W34
Access to Care Domain	
Children and Adolescents' Access to PCP (25 Months-6 Years)	CAP
Adults' Access to Preventive/Ambulatory Health Services (20-44 years)	AAP
Living with Illness Domain	
Comprehensive Diabetes Care - HbA1c Testing	CDC1
Comprehensive Diabetes Care - Eye Exams	CDC2
Comprehensive Diabetes Care - Medical Attention for 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).[7] 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 30 (the denominator).

Pairwise Disparity

Pairwise disparities were measured between the non-white population of interest and the reference population, and were calculated 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

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[7] National Committee for Quality Assurance. 2017. HEDIS 2018 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; any disparities from this population rate can be an indicator of the health effects of discrimination and racism.[8] Additionally, each racial/ethnic population was compared to the 2018 HEDIS national 50th percentiles.

In this report, two rates were declared significantly different if their 95% confidence intervals (CIs) did not overlap, significantly the same if their CIs overlap. A rate was declared significantly different from the 2018 HEDIS national 50th percentile if the 50th percentile was not contained within the 95% CI of the rate, the same if the 50th percentile was contained within the 95% CI of the rate. The 95% confidence intervals were calculated using the following formula:

$$\text{p} \pm 1.96 * \sqrt{p(1-p)/n}$$

where p = proportion of the eligible population (denominator) who received the service (numerator), n = number of people in the eligible population (denominator).

In Michigan, African American, Hispanic and White beneficiaries make up approximately 90% of the Medicaid Managed Care population. Rates for these three populations were trended for 2012 – 2018, and rates for the same population in two adjacent years were considered significantly different if their 95% CIs intervals did not overlap.

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[9] (ID), which describes average subpopulation variation around the total population rate.

$$\text{ID} = (\sum |r_{(n)} - R| \, / \, n) \, / \, R * 100$$
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 higher levels of disparity. An ID ≤ 5% is considered a low level of disparity.

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 for at least 11 out of 12

[8] 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.
[9] Pearcy JN, Keppel KG. A summary measure of health disparity. Public Health Reports. 2002;117:273-280.

months in the year data was collected. Approximately 54.36% of the population identified as White, 27.37% as African American, and 5.90% as Hispanic. All other racial/ethnic groups made up 1.41% of the population, and race/ethnicity was unknown for 16.85%.

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

Characteristics	Percentage of Managed Care Population
Racial Group	
American Indian/Alaska Native	0.43%
Asian American/Native Hawaiian & Other Pacific Islander	0.98%
African American	27.37%
White	54.36%
Unknown/Other/Declined	16.85%
Ethnic Group	
Hispanic	5.90%

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 2018 National Medicaid HEDIS 50th percentile for that measure (See Table 4). For all the 13 measures, at least one non-White racial/ethnic population showed a significant difference from the White reference population. These results are discussed in more detail below.

Women – Adult Care and Pregnancy Care

This domain 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 Postpartum Care (PPC) measure, where the gap between African American and White women was 10.08 percentage points. This is also the only health domain to contain measures where African American women were significantly higher 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 2.35 percentage points, higher for the Hispanic population by 5.05 percentage points
- CCS rates were higher for Asian American/Native Hawaiian & Other Pacific Islander by 4.77 percentage points, for the African American by 4.06 percentage points, and for Hispanic by 3.57 percentage points populations.
- CHL rates were higher for the African American by 17.27 percentage points, for the American Indian/Alaska Native by 7.14 percentage points, for the Hispanic by 6.13 percentage points.
- PPC rates were lower for the African American population by 10.08 percentage points and for the Hispanic population by 3.15 percentage points, but higher for the Asian American/Native Hawaiian & Other Pacific Islander population by 11.34 percentage points.

Child and Adolescent Care

While all the other non-white populations are either significantly higher than or same as the White rates in all the four measures in this domain, the African American population rates were lower in three measures: Childhood Immunizations Combination 3 (CIS), Lead Screening for Children (LSC) and Well Child Visits 3-6 years (W34) (See Tables 9-12 and Figures 5-8). All significant differences for these four measures are described below:

- CIS rates were lower for African American by 9.13 percentage points, but higher for Asian American/Native Hawaiian & Other Pacific Islander by 11.56 percentage points and Hispanic by 5.71 percentage points.
- Adolescent Immunizations Combination 1 (IMA) rate was higher for Hispanic by 4.98 percentage points.
- LSC rates were lower for African American by 1.69 percentage points, but higher for Asian American/Native Hawaiian & Other Pacific Islander by 8.80 percentage points and Hispanic by 5.40 percentage points.
- W34 rates were lower for African American by 6.41 percentage points, but higher for Asian American/Native Hawaiian & Other Pacific Islander by 5.71 percentage points.

Access to Care

African American and Hispanic were lower in both Adult Access to Care 20-44 years (AAP) and Children and Adolescents' Access to PCP 25 Months-6 Years (CAP) (See Tables 13-14 and Figures 9-10). All significant differences for these two measures are described below:

- CAP rates were lower for African American by 9.41 percentage points and Hispanic by 1.17 percentage points, but higher for Asian American/Native Hawaiian & Other Pacific Islander by 2.57 percentage points.
- AAP rates were lower for African American by 8.37 percentage points and Hispanic by 3.98 percentage points.

Living with Illness

The African American population had lower rate on Comprehensive Diabetes Care - HbA1c Testing (CDC1) and Comprehensive Diabetes Care – Eye Exams (CDC2) but had higher rate on Comprehensive Diabetes Care - Medical Attention for Nephropathy (CDC3). All significant differences for these measures are described below (See Tables 15-17 and Figures 11-13):

- CDC1 rates were lower for African American by 5.91 percentage points and American Indian/Alaska Native by 4.55 percentage points, but higher for Asian American/Native Hawaiian & Other Pacific Islander by 4.29 percentage points.
- CDC2 rate was lower for African American by 6.25 percentage points.
- CDC3 rate was higher for African American by 1.14 percentage points.

Measuring Inequity

Table 18 provides an absolute measure of inequity for the African American and Hispanic populations, compared to the White population. The African American population was significantly below the White population for nine of the thirteen measures, with gaps in care ranging from 1.69 to 10.08 percentage points. However, in Cervical Cancer Screening and Chlamydia Screening in Women – Total, the African American population had higher rates, by 4.06 and 17.27 percentage points, respectively; and Comprehensive Diabetes Care - Medical Attention for Nephropathy rate was also higher by 1.14 percentage points. In Immunizations for Adolescents - Combination , there was no identified disparity for the African American population. For the Hispanic population, six of the thirteen measures were higher (BCS, CCS, CHL, CIS, IMA, and LSC), both access measures (CAP and AAP) and PPC were lower, while there was no disparity in W34 and the three Diabetes measures.

Trends in Health Equity

Rates from 2012-2018 for the White, African American, Hispanic and the total Medicaid Managed Care population for the thirteen measures are presented in Table 19. This table also indicates whether there was a significant increase or decrease from one year to the next. Figures 14-26 graph the rates over time for these populations, along with the 2018 HEDIS national 50th percentiles. Most measures show a similar trend across the populations, with few measures showing a narrowing of the gaps in care.

The data collection from 2012-2018 has shown the African American population consistently below (not necessarily significantly) 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 significant increase 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 (BCS, PPC, CIS and CDC2) and two other measures (CCS and CHL) showed significant improvement. It is important to note, no measures showed a significant decline for the African American population between 2016 and 2017, the first year that this has occurred. From 2017 to 2018, only one measure (CDC2) showed significant improvements for the African American population, the two access measures (CAP and AAP) showed small but significant declines. For the White population, two measures (CCS and CDC2) were significantly improved from 2017 to 2018, while four measures (IMA, CAP, AAP and CDC3) significantly declined. The Hispanic population showed a significant increase from 2017 to 2018 in one measure: CDC2, and significant decrease in three measures: IMA, CAP and AAP.

Population Disparity

The Index of Disparity (ID) (Table 20 and Figure 27) indicates that nine of the 13 measures achieved low level of disparity in 2018 (i.e. ID≤5%). Among the four measures with higher level of ID, the greatest disparity was in Postpartum Care (PPC, ID=8.76%), followed by Childhood Immunization Combination 3 (CIS, ID=8.53%), Chlamydia Screening in Women – Total (CHL, ID=6.13%), and Well Child Visits (3-6 Years) (W34, ID=5.64%), which mirrors the findings from the pairwise analysis (See Figures 3, 4, 5, and 8). Rates in these four measures did not change significantly from 2017 to 2018 across the White, African American, and Hispanic populations, and disparity for the African American in these measures remained high in 2018. The IDs went up from 2017 to 2018 for PPC (8.38% to 8.76%), CIS (7.27% to 8.53%), and W34 (3.99% to 5.64%). However, the ID for CHL was reduced (8.37% in 2017 to 6.13% in 2018), while both the African American and White rates went up, though not significantly. It is worth noting that, in addition to the African American rates being significantly lower than the White rate, another factor contributing to the increased high ID for PPC, CIS, and W34 is the Asian American/Native Hawaiian/ Other Pacific Islander rates being significantly higher than the White rates; in CHL, however, all the minority populations were either higher or significantly higher than the White population, with African American being 17.27% higher.

Discussion

In 2018, although all the thirteen measures exhibited racial/ethnic disparities, rates for African American Medicaid beneficiaries fell significantly below that of White beneficiaries for nine measures, an improvement compared to 2017 when ten measures were significantly below the White rates. In IMA, the significant disparity for the African American population in 2017 had become non-significant in 2018. The largest negative health disparity continued to be in PPC, where the gap between African American and White women is 10.08 percentage points. It is followed by CAP (9.41 percentage points), CIS (9.31 percentage points), and AAP (8.37 percentage points). CHL remained to be higher for the African American (17.27 percentage points), similar to the 17.19 percentage points in 2017. These remain the five most disparate measures among those monitored for the African American population, 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. From 2017 to 2018, CDC2 was the only measure with significant increases for the African American and the Hispanic populations. However, the White population also had a significant increase in CDC2, and the African American population was still significantly lower in CDC2 in 2018. Both the access measures (CAP and AAP) were significantly decreased across the three trending populations, and the African American and Hispanic populations were significantly lower in CAP and AAP. Additionally, the White and Hispanic populations also saw significant decreases in IMA, and the White population alone saw significant decrease in CDC3.

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 MHPs. 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 the Index of Disparity results for 2014 and later with earlier years.

Notes on Methodology

This report used the method of comparing the 95% confidence intervals to determine whether there was significant disparity between two rates. This method is simple to use and easy to understand. It is also conservative in detecting significant disparity, that is, when the two confidence intervals of two rates overlap (considered no disparity in this report), there may still be statistically significant difference between the two rates, therefore the method advantages MHPs when being used to detect disparities between minority groups and the White group. However, it may fail to show statistically significant year to year improvements or declines for the same population. Another issue is that the same racial/ethnic population may be partially overlapped from year to year for some of the measures, for example, BCS, CCS, CHL, CAP, AAP, CDC1, CDC2, and CDC3. There are more rigorous methods for comparing rates between two partially overlapping populations. However, these methods are complicated and require beneficiary-level data.

Future Directions

The health disparity between White and African American Medicaid beneficiaries for ten 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.[10] 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.[8]

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[10] 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 PPC measure, where the gap between African American and White women is 10.08 percentage points. PPC 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 MDHHS has placed emphasis on this 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 three-year performance improvement project focused on reducing racial/ethnic health disparities in LBW started in 2018 for Medicaid Managed Care in Michigan. For FY 2018, the goal was to involve the MHPs, existing home visiting programs, and Community Health Worker (CHW) programs to address documented health disparities and health inequities. Future direction will include MHP collaborative performance on overall regional racial equity improvement in LBW outcomes for Medicaid beneficiaries.

MDHHS will continue to initiate additional health equity projects in the coming year. All MHPs were contractually required to develop a Health Equity Program with an annual work plan to narrow disparities. The 2019 contract included HbA1c testing, Cervical Cancer Screening, Well-Child Visits, Postpartum Care, and Chlamydia Screening as racial equity foci of the performance bonus for MHPs. Additionally, health equity measures increased in weight and priority in the performance bonus. Future years will continue to increase the prioritization of health equity measures in determining MHP incentives.

SDOH can play a key role in access to services. Starting in 2016, MHPs were also contractually required to implement a CHW program in collaboration with community-based organizations to reduce barriers to care and address member's needs. These CHW programs will continue into the future years 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. CHW programs are also an excellent opportunity to connect individuals to community resources that help address SDOH.

Table 3. Summary Table - 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 Years)	Adults' Access to Preventive/ Ambulatory Health Services (20-44 Years)	Comprehensive Diabetes Care - HbA1c Testing	Comprehensive Diabetes Care - Eye Exams	Comprehensive Diabetes Care - Medical Attention for Nephropathy
American Indian/ Alaska Native	NS	NS	Above	NS	NS	NS	NS	NS	NS	NS	Below	NS	NS
Asian American	NS	Above	NS	Above	Above	NS	Above	Above	Above	NS	Above	NS	NS
African American	Below	Above	Above	Below	Below	NS	Below	Below	Below	Below	Below	Below	Above
Hispanic	Above	Above	Above	Below	Above	Above	Above	NS	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. Summary Table - Difference from 2018 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 Years)	Adults' Access to Preventive/ Ambulatory Health Services (20-44 Years)	Comprehensive Diabetes Care - HbA1c Testing	Comprehensive Diabetes Care - Eye Exams	Comprehensive Diabetes Care - Medical Attention for Nephropathy
American Indian/ Alaska Native	NS	NS	Above	NS	NS	NS	NS	NS	Above	Above	Below	NS	NS
Asian American	NS	Above	Above	Above	Above	NS	Above	Above	Above	Above	Above	Above	NS
African American	Above	Above	Above	Below	Below	Above	Above	Below	Below	Below	Below	Below	NS
Hispanic	Above	Above	Above	Below	Above	Above	Above	Above	Above	NS	Below	NS	Below
White	Above	Below	Above	Below	Above	Above	Above	Above	Above	Above	Below	Above	Below
All Plan	Above	NS	Above	Below	NS	Above	Above	Below	Above	Above	Below	NS	Below

Key

☐ Above: Rate is significantly higher than the Reference (Table 3) or the HEDIS National Medicaid 50th percentile (Table 4)

☐ Below: Rate is significantly lower than the Reference (Table 3) or the HEDIS National Medicaid 50th percentile (Table 4)

   NS: Not significantly different from the Reference (Table 3) or the HEDIS National Medicaid 50th percentile (Table 4)

Breast Cancer Screening (BCS)
Michigan Medicaid Managed Care All Plans

Table 5. Breast Cancer Screening by Race/Ethnicity

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
Asian American/Native Hawaiian/ Other Pacific Islander	373	613	60.85%	-1.92%	0.97	NS	NS
African American	9,119	15,093	60.42%	-2.35%	0.96	Below	Above
White	20,317	32,366	62.77%	Reference	Reference	Reference	Above
Hispanic	763	1,125	67.82%	5.05%	1.08	Above	Above
American Indian/ Alaska Native	137	231	59.31%	-3.47%	0.94	NS	NS
All Plan	34,190	55,030	62.13%	-0.64%	0.99	NS	Above

Figure 1. Breast Cancer Screening by Race/Ethnicity

Figure 1. Breast Cancer Screening by Race/Ethnicity
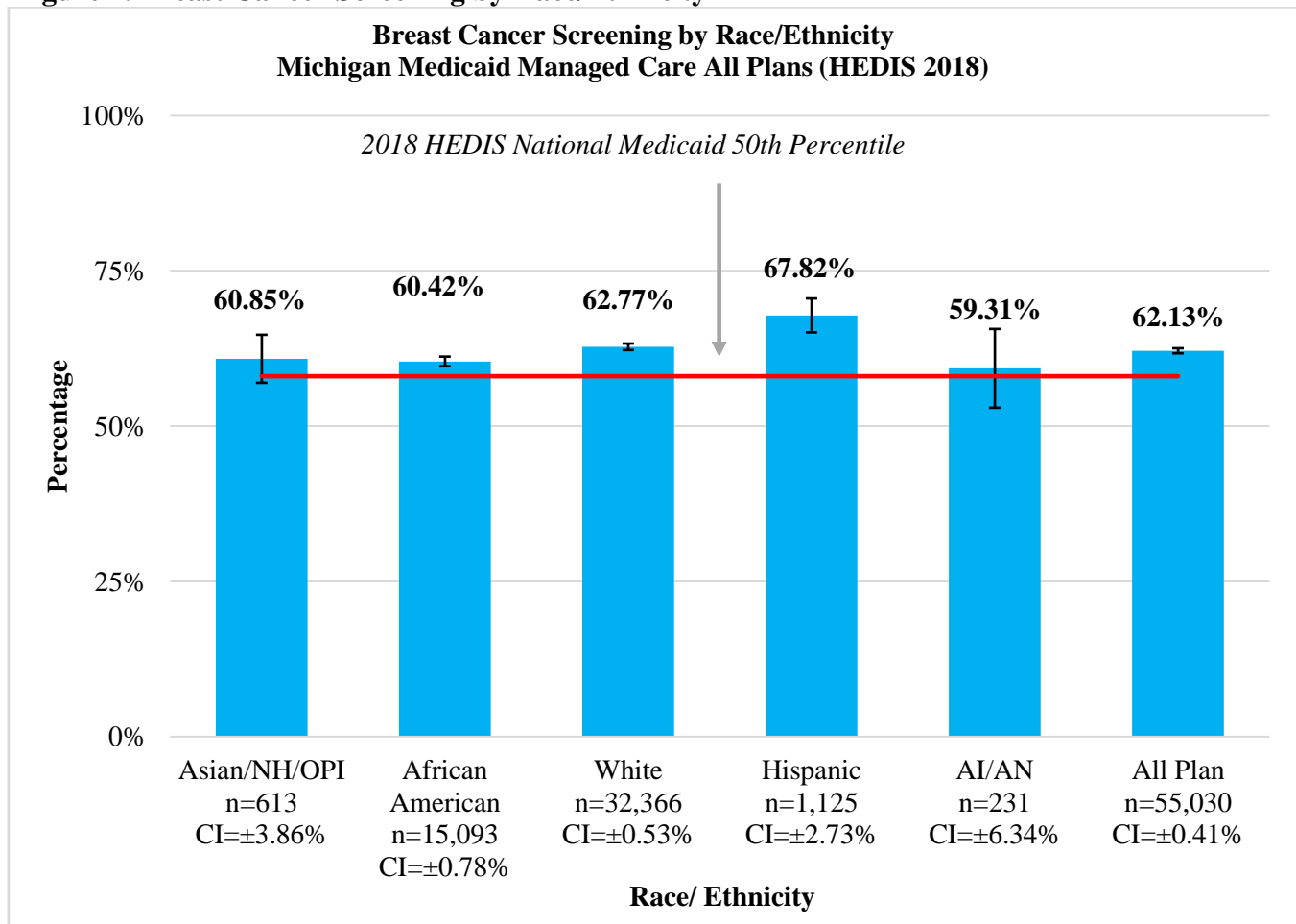
Cervical Cancer Screening (CCS)
Michigan Medicaid Managed Care All Plans

Table 6. Cervical Cancer Screening by Race/Ethnicity

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
Asian American/Native Hawaiian/ Other Pacific Islander	1,994	3,124	63.83%	4.77%	1.08	Above	Above
African American	59,384	94,079	63.12%	4.06%	1.07	Above	Above
White	116,928	197,977	59.06%	Reference	Reference	Reference	Below
Hispanic	7,517	12,002	62.63%	3.57%	1.06	Above	Above
American Indian/ Alaska Native	907	1,515	59.87%	0.81%	1.01	NS	NS
All Plan	201,518	336,038	59.97%	0.91%	1.02	Above	NS

Figure 2. Cervical Cancer Screening by Race/Ethnicity

Cervical Cancer Screening by Race/Ethnicity
Michigan Medicaid Managed Care All Plans (HEDIS 2018)
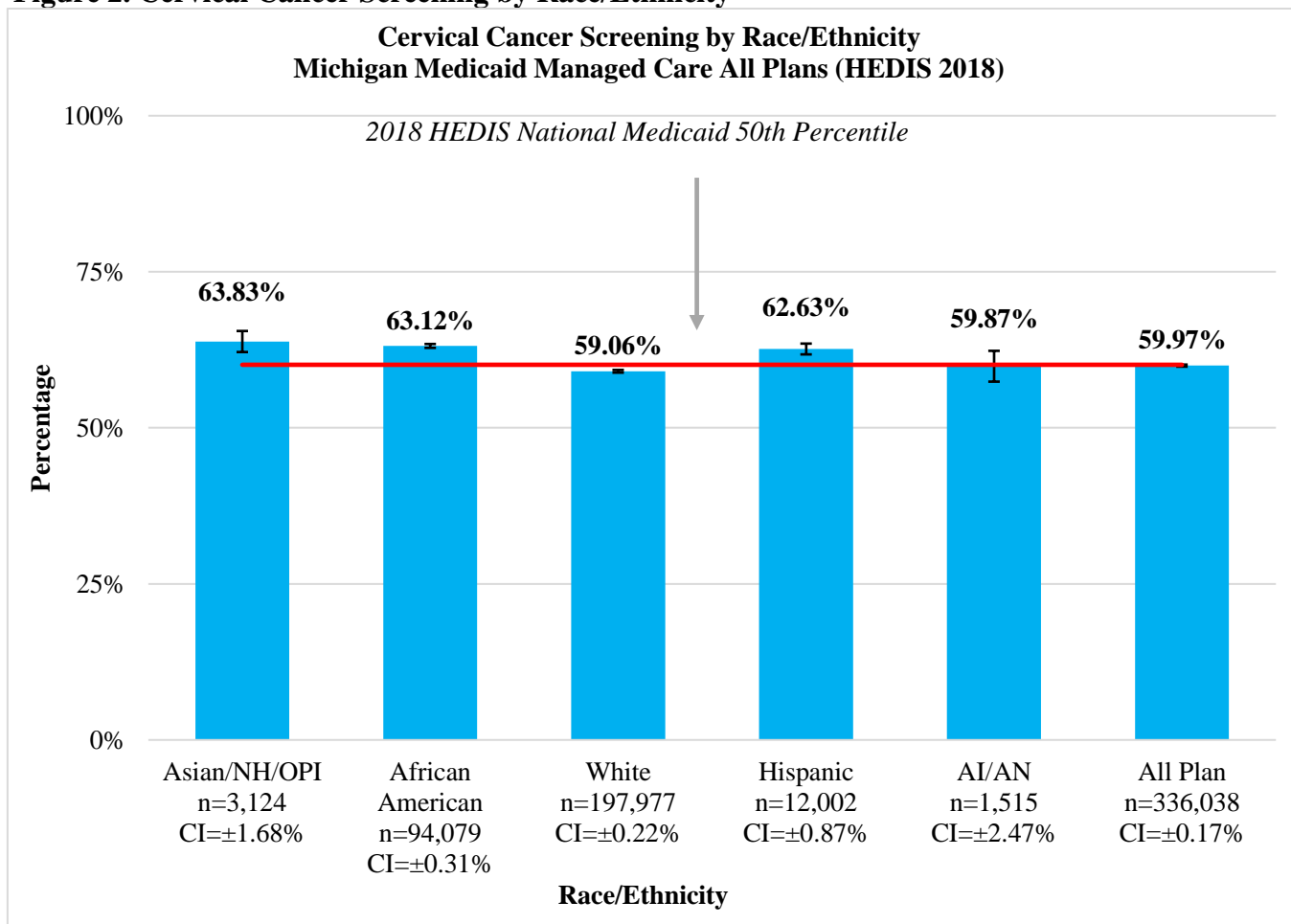
Chlamydia Screening in Women – Total (CHL)
Michigan Medicaid Managed Care All Plans

Table 7. Chlamydia Screening in Women – Total by Race/Ethnicity

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	**Den**	**%**	**Difference**	**Ratio**	**From White**	**From 50th Percentile**
Asian American/Native Hawaiian/ Other Pacific Islander	312	489	63.80%	4.77%	1.08	NS	Above
African American	16,484	21,601	76.31%	17.27%	1.29	Above	Above
White	19,840	33,606	59.04%	Reference	Reference	Reference	Above
Hispanic	2,541	3,899	65.17%	6.13%	1.10	Above	Above
American Indian/ Alaska Native	182	275	66.18%	7.14%	0.87	Above	Above
All Plan	42,056	64,063	65.65%	6.61%	1.11	Above	Above

Figure 3. Chlamydia Screening by Race/Ethnicity

Chlamydia Screening in Women - Total by Race/Ethnicity
Michigan Medicaid Managed Care All Plans (HEDS 2018)
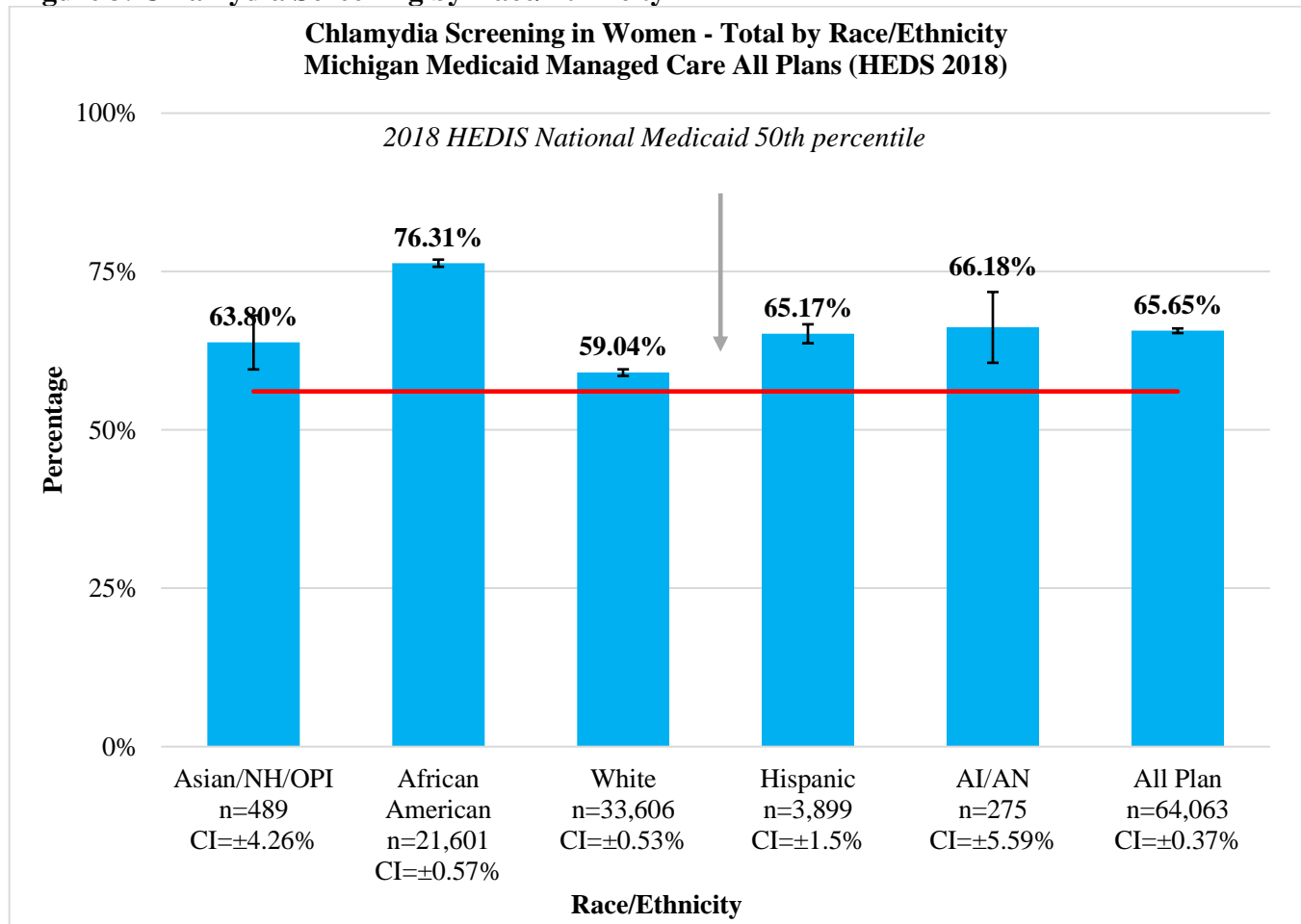
Postpartum Care (PPC)
Michigan Medicaid Managed Care All Plans

Table 8. Postpartum Care by Race/Ethnicity

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
Asian American/Native Hawaiian/ Other Pacific Islander	197	261	75.48%	11.34%	1.18	Above	Above
African American	5,997	11,093	54.06%	-10.08%	0.84	Below	Below
White	11,648	18,161	64.14%	Reference	Reference	Reference	Below
Hispanic	1,238	2,030	60.99%	-3.15%	0.95	Below	Below
American Indian/ Alaska Native	95	161	59.01%	-5.13%	0.92	NS	NS
All Plan	20,639	33,906	60.87%	-3.27%	0.95	Below	Below

Figure 4. Postpartum Care by Race/Ethnicity

Postpartum Care by Race/Ethnicity
Michigan Medicaid Managed Care All Plans (HEDIS 2018)
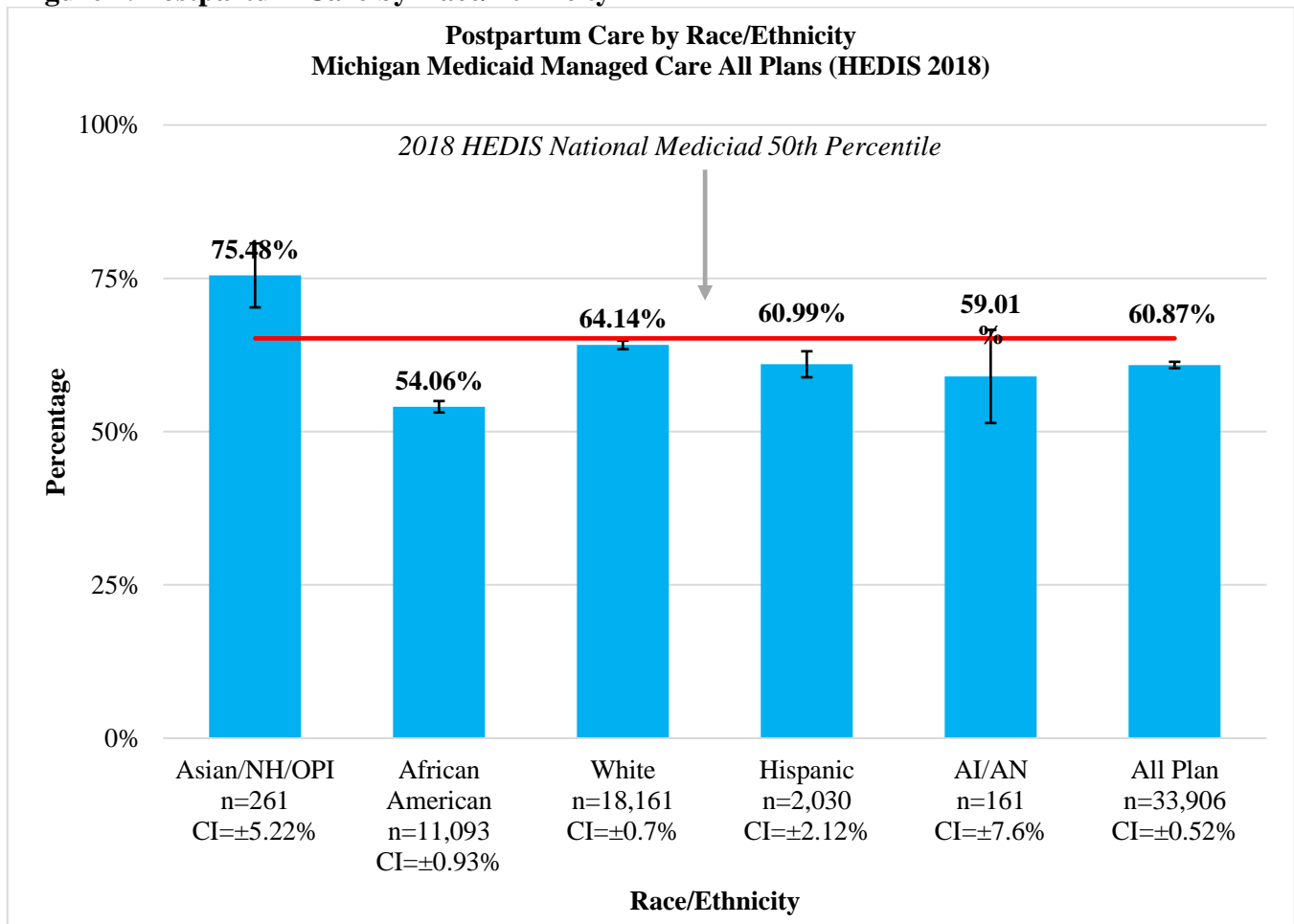
Childhood Immunization Status-Combo 3 (CIS)
Michigan Medicaid Managed Care All Plans

Table 9: Childhood Immunizations Combo 3 by Race/Ethnicity

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
Asian American/Native Hawaiian/ Other Pacific Islander	243	289	84.08%	11.56%	1.16	Above	Above
African American	5,629	8,879	63.40%	-9.13%	0.87	Below	Below
White	12,162	16,770	72.52%	Reference	Reference	Reference	Above
Hispanic	2,063	2,637	78.23%	5.71%	1.08	Above	Above
American Indian/ Alaska Native	72	102	70.59%	-1.93%	0.97	NS	NS
All Plan	22,854	32,322	70.71%	-1.82%	0.97	Below	NS

Figure 5. Childhood Immunizations Combo 3 by Race/Ethnicity

Childhood Immunization Status-Combo 3
Michigan Medicaid Managed Care All Plans (HEDIS 2018)
2018 HEDIS National Medicaid 50th percentile
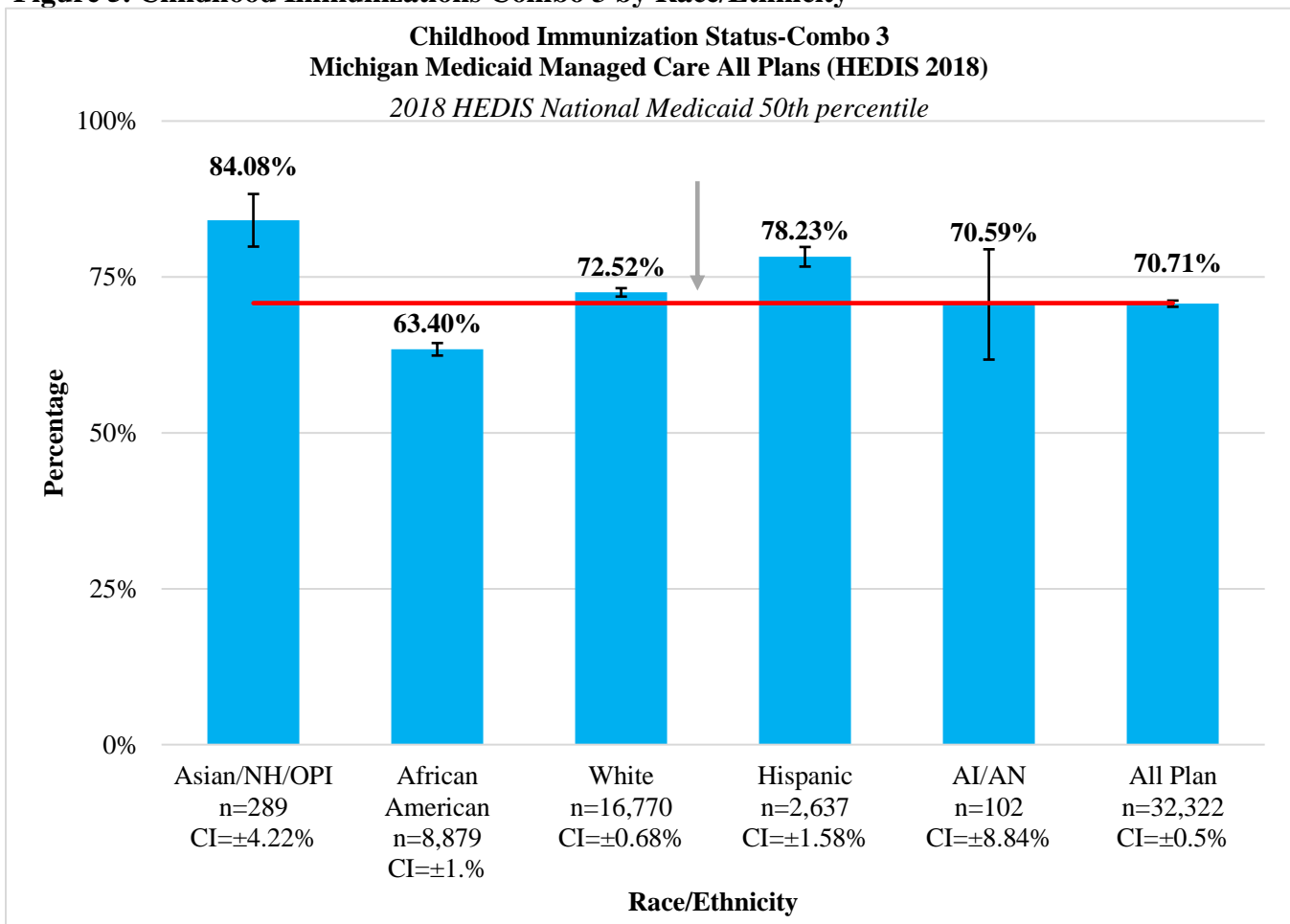
Immunizations for Adolescents - Combination 1 (IMA)
Michigan Medicaid Managed Care All Plans

Table 10. Immunizations for Adolescents - Combination 1 by Race/Ethnicity

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
Asian American/Native Hawaiian/ Other Pacific Islander	334	405	82.47%	-1.06%	0.99	NS	NS
African American	7,435	8,993	82.68%	-0.85%	0.99	NS	Above
White	13,980	16,737	83.53%	Reference	Reference	Reference	Above
Hispanic	2,402	2,714	88.50%	4.98%	1.06	Above	Above
American Indian/ Alaska Native	88	110	80.00%	-3.53%	0.96	NS	NS
All Plan	25,791	30,896	83.48%	-0.05%	1.00	NS	Above

Figure 6. Adolescent Immunizations by Race/Ethnicity

Immunizations in Adolescents- Combo 1
Michigan Medicaid Managed Care All Plans (HEDIS 2018)
2018 HEDIS National Mediciad 50th Percentile
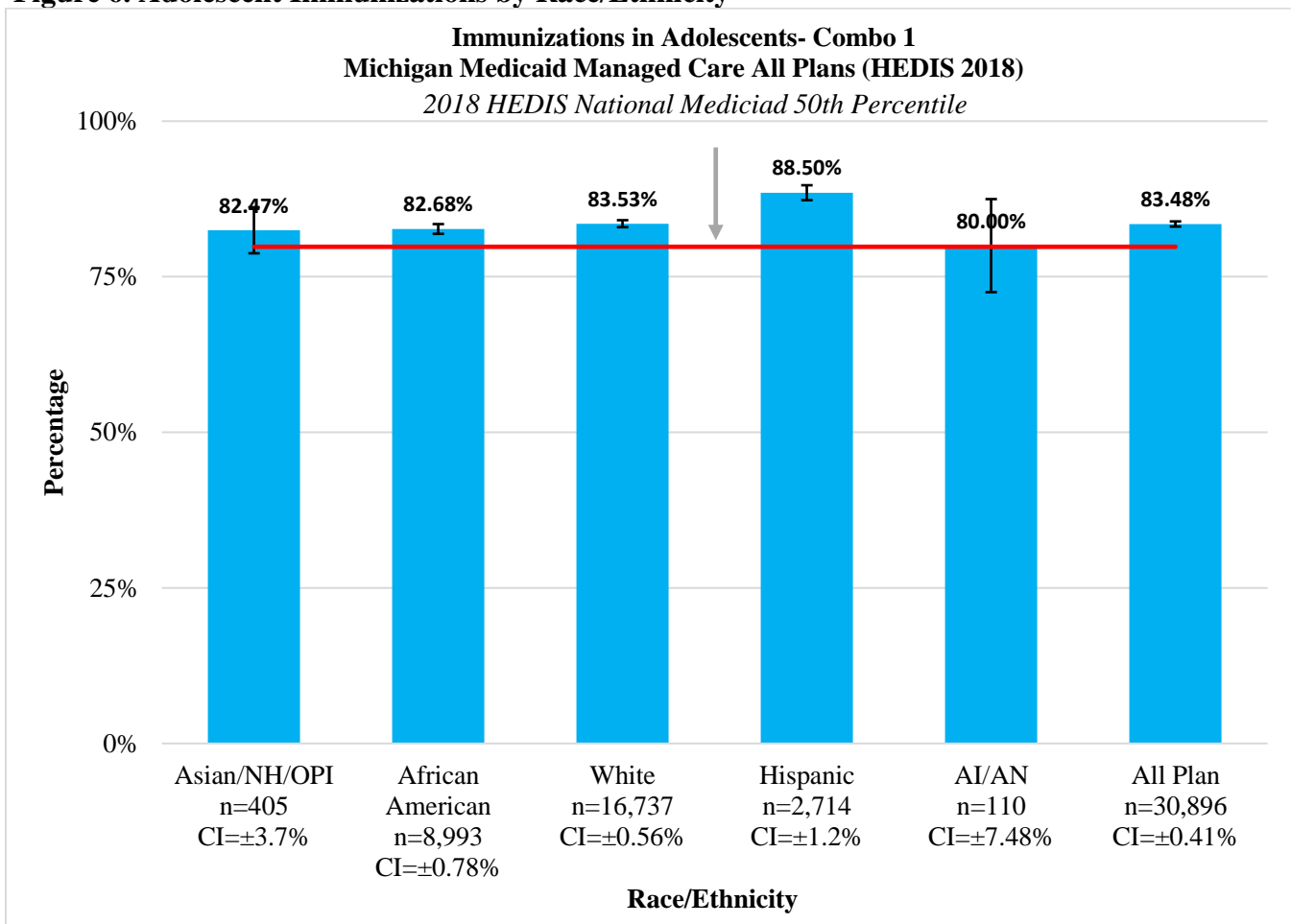
Lead Screening in Children (LSC)
Michigan Medicaid Managed Care All Plans

Table 11. Blood Lead Screening in Children by Race/Ethnicity

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
Asian American/Native Hawaiian/ Other Pacific Islander	256	289	88.58%	8.80%	1.11	Above	Above
African American	6,939	8,885	78.10%	-1.69%	0.98	Below	Above
White	13,388	16,780	79.79%	Reference	Reference	Reference	Above
Hispanic	2,248	2,639	85.18%	5.40%	1.07	Above	Above
American Indian/ Alaska Native	81	102	79.41%	-0.37%	1.00	NS	NS
All Plan	25,774	32,345	79.68%	-0.10%	1.00	NS	Above

Figure 7. Blood Lead Screening by Race/Ethnicity

Lead Screening in Children by Race/Ethnicity
Michgian Medicaid Managed Care All Plans (HEDIS 2018)
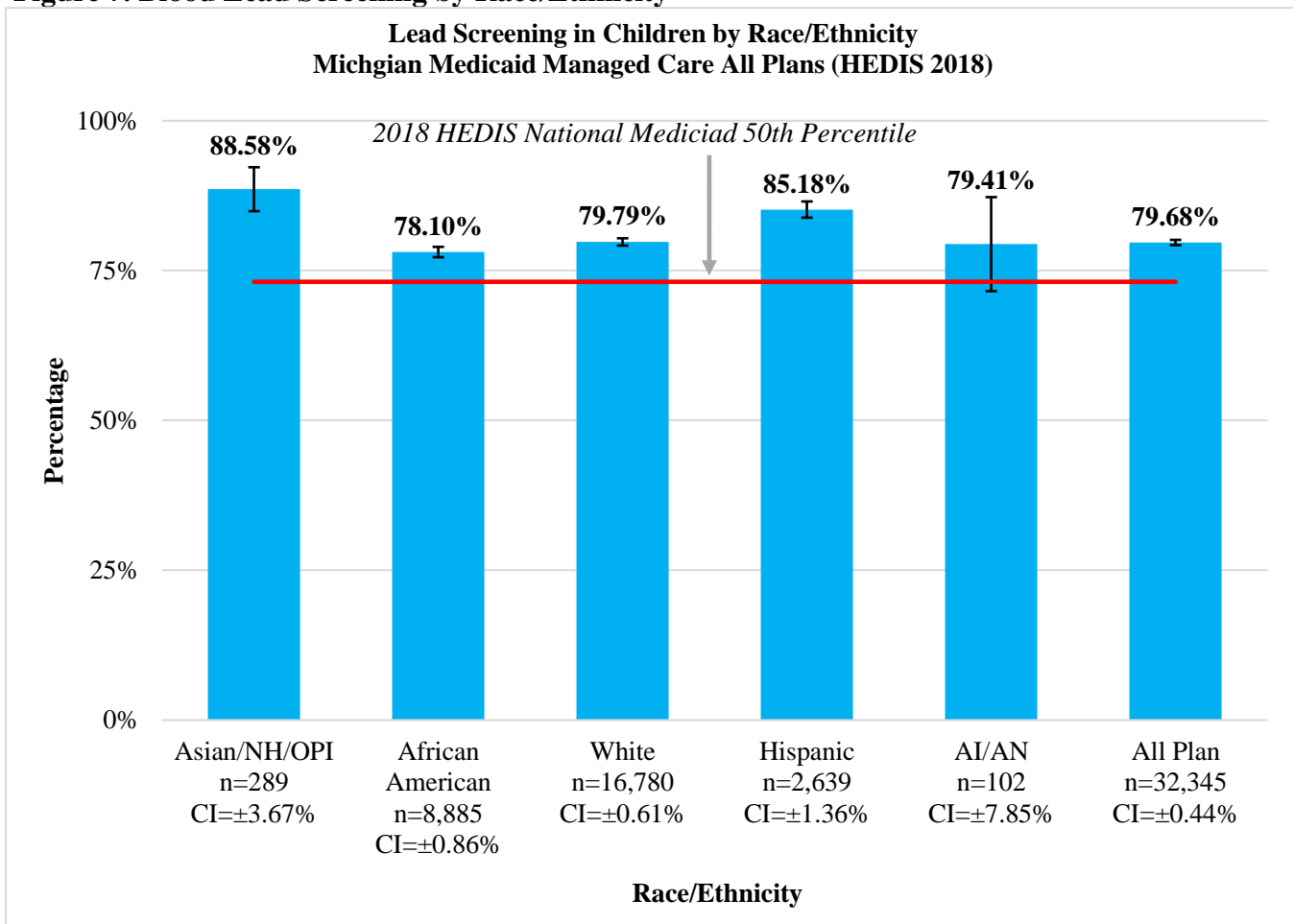
Well Child Visits (3-6 Years) (W34)
Michigan Medicaid Managed Care All Plans

Table 12. Well Child Visits (3-6 Years) by Race/Ethnicity

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
Asian American/Native Hawaiian/ Other Pacific Islander	1,119	1,391	80.45%	5.71%	1.08	Above	Above
African American	28,791	42,140	68.32%	-6.41%	0.91	Below	Below
White	52,480	70,221	74.74%	Reference	Reference	Reference	Above
Hispanic	9,331	12,356	75.52%	0.78%	1.01	NS	Above
American Indian/ Alaska Native	415	539	76.99%	2.26%	1.03	NS	NS
All Plan	102,467	140,491	72.93%	-1.80%	0.98	Below	Below

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

Well Child Visit (3-6 years) by Race/Ethnicity
Michigan Medicaid Managed Care All Plans (HEDIS 2018)
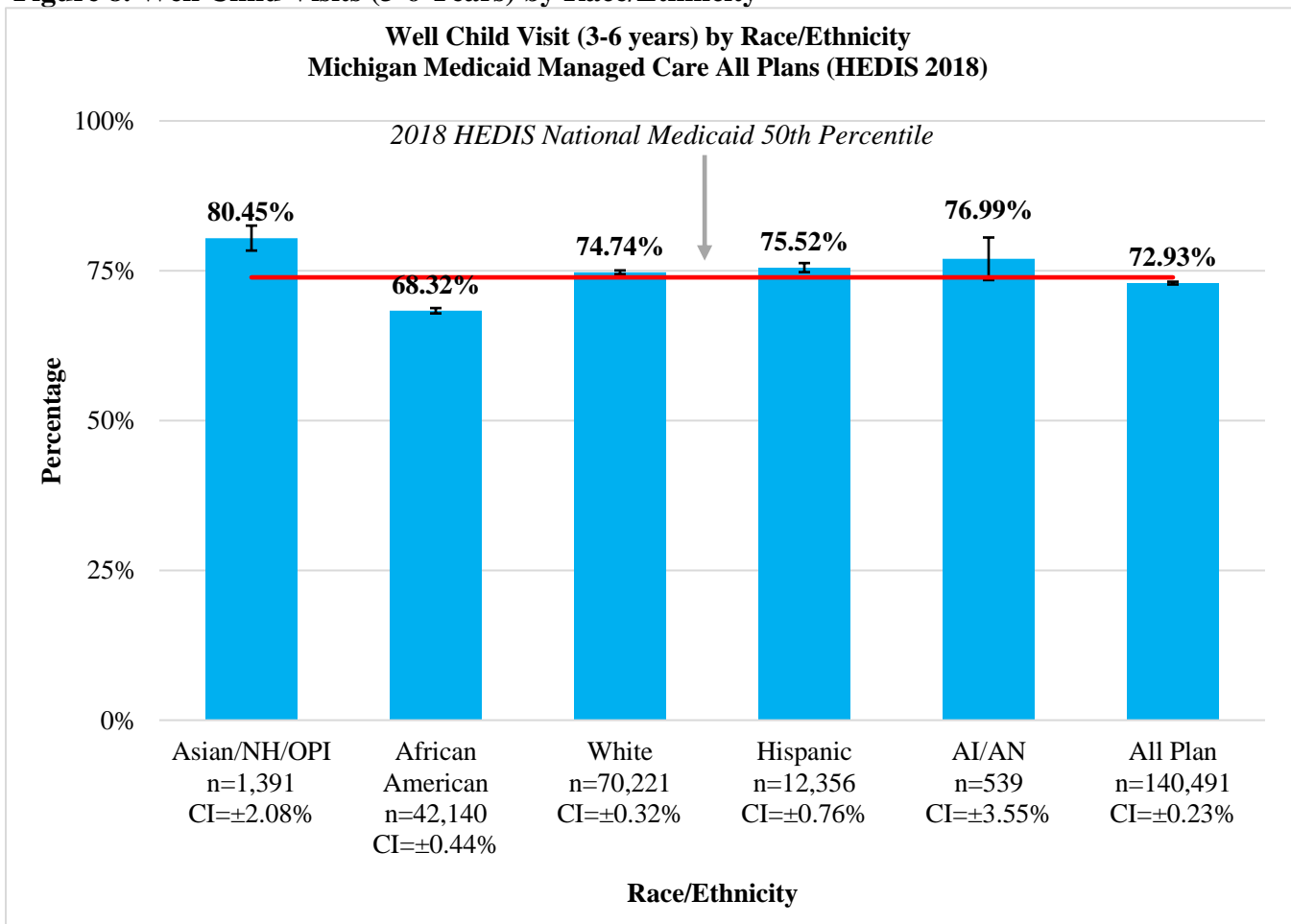
Children and Adolescents' Access to PCP (25 Months-6 Years) (CAP)
Michigan Medicaid Managed Care All Plans

Table 13. Children and Adolescents' Access to PCP (25 Months to 6 Years) by Race/Ethnicity

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
Asian American/Native Hawaiian/ Other Pacific Islander	1,565	1,673	93.54%	2.57%	1.03	Above	Above
African American	42,145	51,671	81.56%	-9.41%	0.90	Below	Below
White	79,020	86,860	90.97%	Reference	Reference	Reference	Above
Hispanic	13,484	15,015	89.80%	-1.17%	0.99	Below	Above
American Indian/ Alaska Native	582	632	92.09%	1.11%	1.01	NS	Above
All Plan	152,144	173,112	87.89%	-3.09%	0.97	Below	Above

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

Children and Adolescents' Access to PCP (25 months to 6 years) by Race/Ethnicity
Michigan Medicaid Managed Care All Plans (HEDIS 2018)
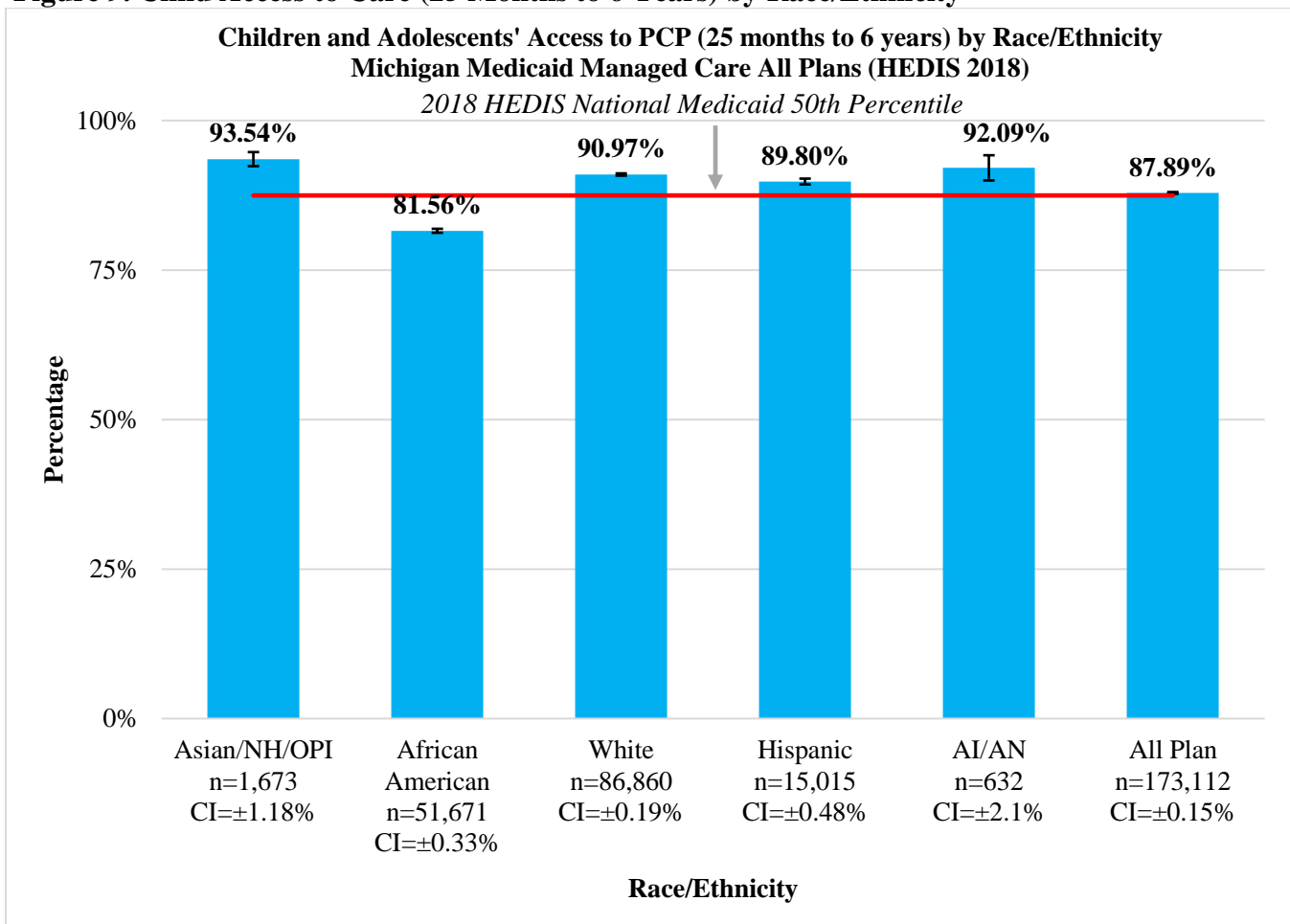
Adults' Access to Preventive/Ambulatory Health Services (20-44 Years) (AAP)
Michigan Medicaid Managed Care All Plans

Table 14. Adults' Access to Preventive/Ambulatory Health Services (20-44 Yrs) by Race/Ethnicity

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	**Den**	**%**	**Difference**	**Ratio**	**From White**	**From 50th Percentile**
Asian American/Native Hawaiian/ Other Pacific Islander	2,945	3,622	81.31%	-0.57%	0.99	NS	Above
African American	84,806	115,378	73.50%	-8.37%	0.90	Below	Below
White	183,244	223,807	81.88%	Reference	Reference	Reference	Above
Hispanic	12,550	16,112	77.89%	-3.98%	0.95	Below	NS
American Indian/ Alaska Native	1,421	1,720	82.62%	0.74%	1.01	NS	Above
All Plan	310,743	395,131	78.64%	-3.23%	0.96	Below	Above

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

Adults' Access to Preventive/Ambulatory Health Services (20-44 years)
Michigan Medicaid Managed Care All Plans (HEDIS 2018)
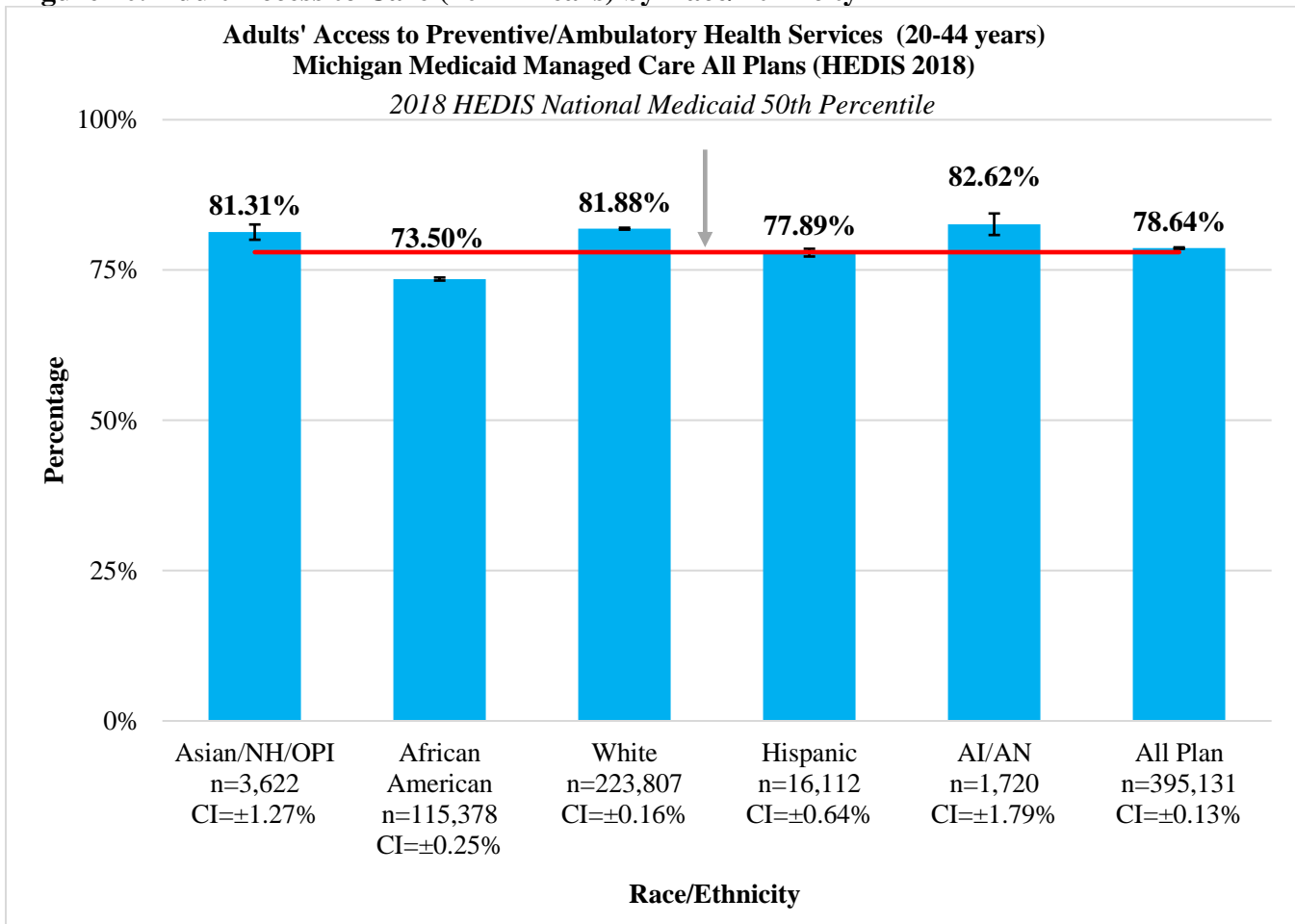
Comprehensive Diabetes Care - HbA1c Testing (CDC1)
Michigan Medicaid Managed Care All Plans

Table 15. Comprehensive Diabetes Care - HbA1c Testing by Race/Ethnicity

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
Asian American/Native Hawaiian/ Other Pacific Islander	1,150	1,264	90.98%	4.29%	1.05	Above	Above
African American	18,956	23,466	80.78%	-5.91%	0.93	Below	Below
White	33,740	38,922	86.69%	Reference	Reference	Reference	Below
Hispanic	2,416	2,820	85.67%	-1.01%	0.99	NS	Below
American Indian/ Alaska Native	285	347	82.13%	-4.55%	0.95	Below	Below
All Plan	63,710	75,166	84.76%	-1.93%	0.98	Below	Below

Figure 11. Diabetes HbA1C Testing by Race/Ethnicity

Comprehensive Diabetes Care- HbA1C Testing by Race/Ethnicity
Michigan Mediciad All Managed Care Plans (HEDIS 2018)
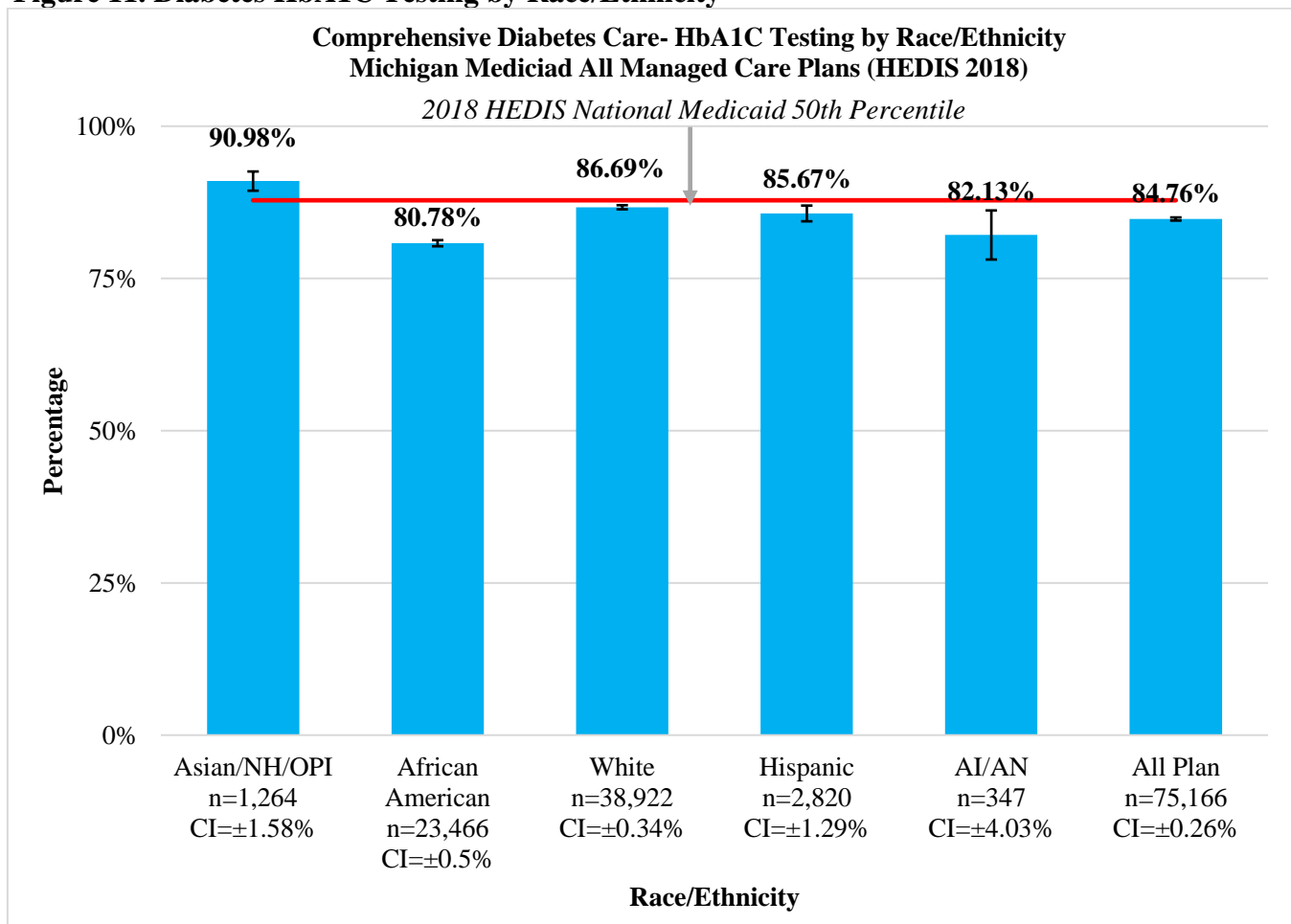
Comprehensive Diabetes Care - Eye Exams (CDC2)
Michigan Medicaid Managed Care All Plans

Table 16. Comprehensive Diabetes Care - Eye Exams by Race/Ethnicity

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
Asian American/Native Hawaiian/ Other Pacific Islander	778	1,264	61.55%	1.56%	1.03	NS	Above
African American	12,612	23,466	53.75%	-6.25%	0.90	Below	Below
White	23,350	38,922	59.99%	Reference	Reference	Reference	Above
Hispanic	1,661	2,820	58.90%	-1.09%	0.98	NS	NS
American Indian/ Alaska Native	196	347	56.48%	-3.51%	0.94	NS	NS
All Plan	43,621	75,166	58.03%	-1.96%	0.97	Below	NS

Figure 12. Diabetic Eye Exam by Race/Ethnicity

Comprehensive Diabetes Care - Eye Exams by Race/Ethnicity
Michigan Medicaid Managed Care All Plans
2018 HEDIS National Medicaid 50th Percentile
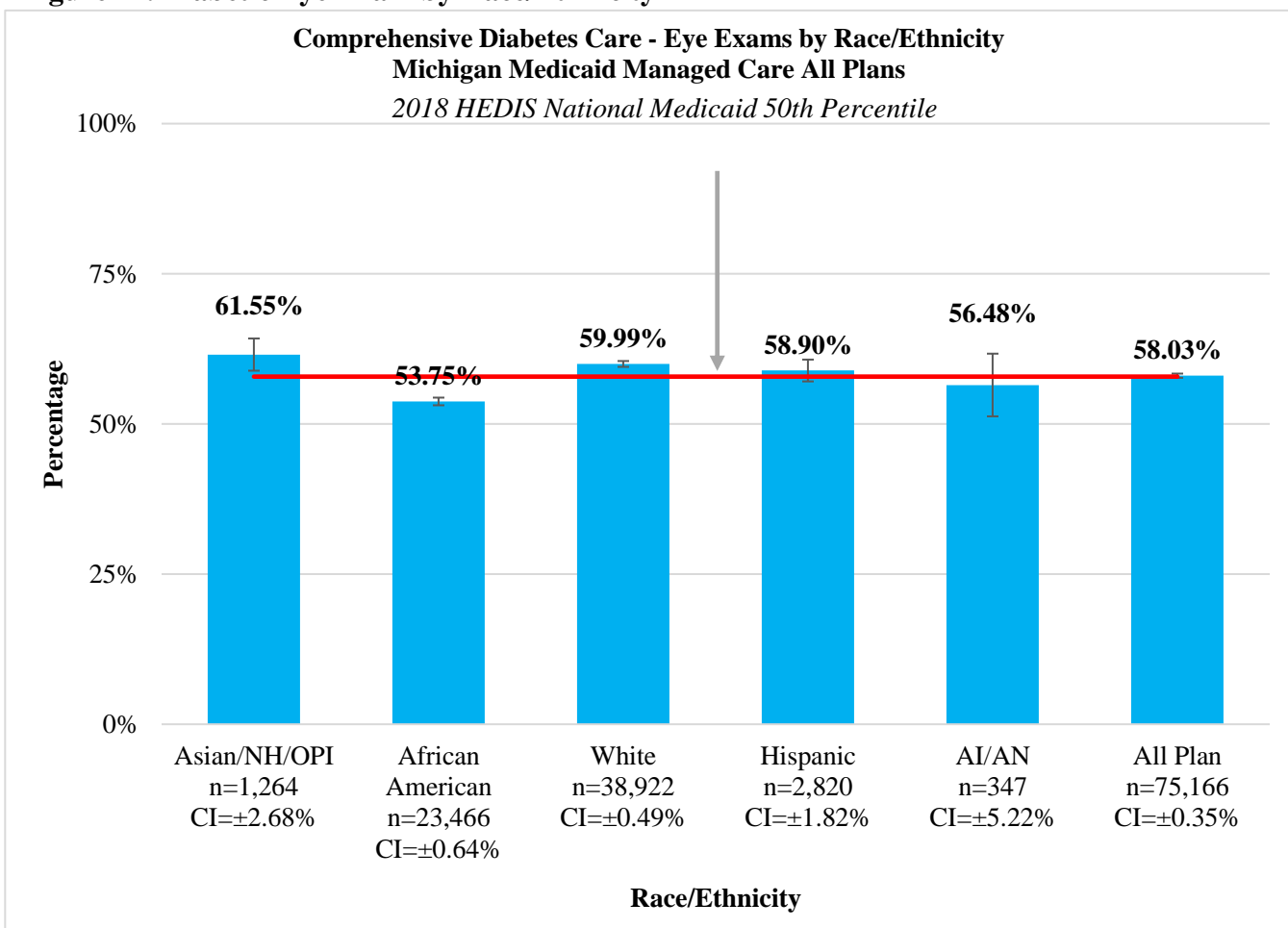
Comprehensive Diabetes Care - Medical Attention for Nephropathy (CDC3)
Michigan Medicaid Managed Care All Plans

Table 17. Comprehensive Diabetes Care - Medical Attention for Nephropathy by Race/Ethnicity

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
Asian American/Native Hawaiian/ Other Pacific Islander	1,138	1,264	90.03%	0.92%	1.01	NS	NS
African American	21,179	23,466	90.25%	1.14%	1.01	Above	NS
White	34,683	38,922	89.11%	Reference	Reference	Reference	Below
Hispanic	2,483	2,820	88.05%	-1.06%	0.99	NS	Below
American Indian/ Alaska Native	311	347	89.63%	0.52%	1.01	NS	NS
All Plan	67,285	75,166	89.52%	0.41%	1.00	NS	Below

Figure 13. Diabetic Nephropathy by Race/Ethnicity

Comprehensive Diabetes Care - Medical Attention for Nephropathy by Race/Ethnicity
Michigan Medicaid Managed Care All Plans (HEDIS 2018)
2018 HEDIS National Medicaid 50th Percentile
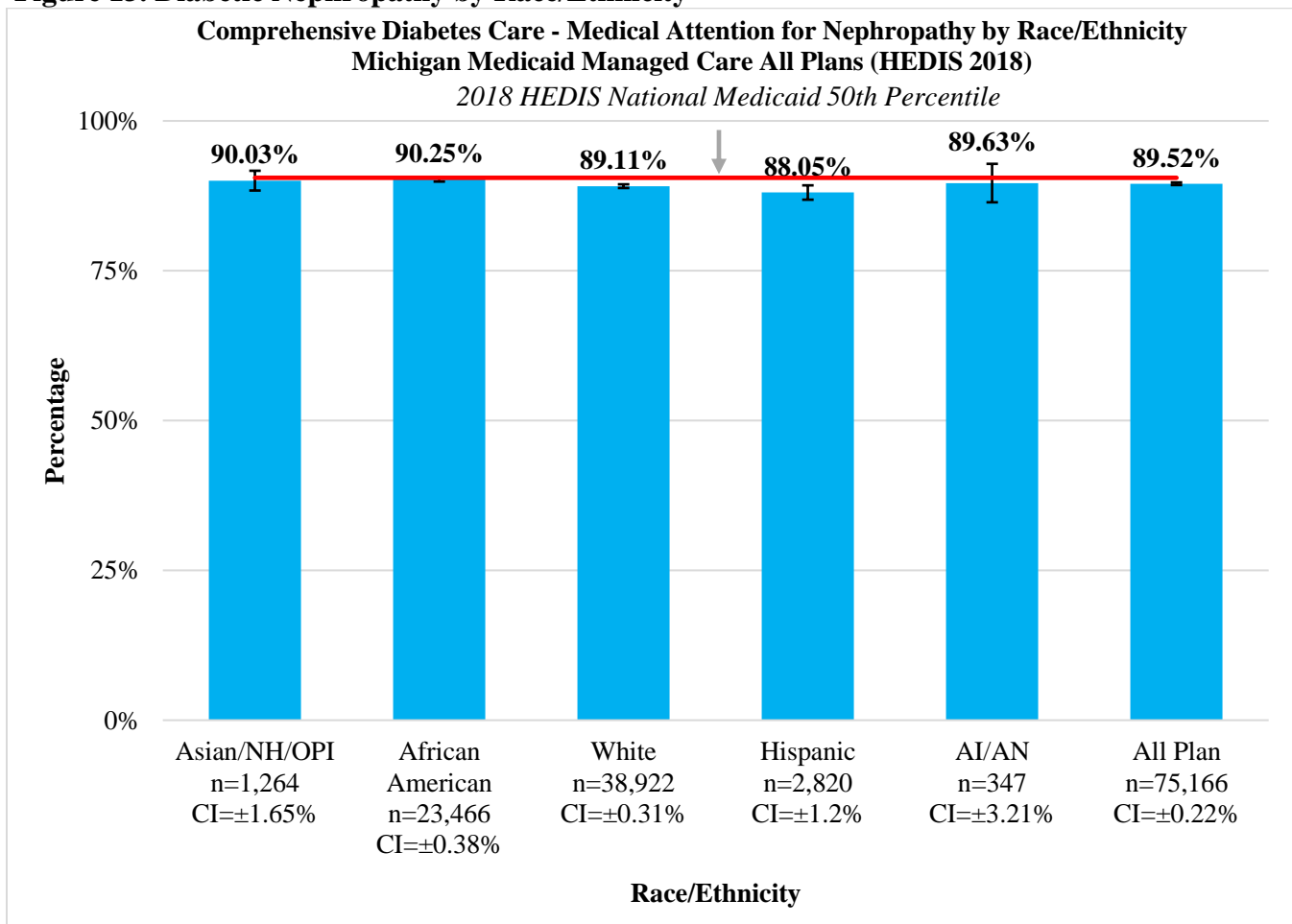
Table 18. Rate Differences between White and African American, Hispanic Populations

Measure	2018 White Rate	2018 African American Rate	Rate Difference	2018 Hispanic Rate	Rate Difference
Breast Cancer Screening	62.77%	60.42%	-2.35%	67.82%	5.05%
Cervical Cancer Screening	59.06%	63.12%	4.06%	62.63%	3.57%
Chlamydia Screening in Women - Total	59.04%	76.31%	17.27%	65.17%	6.13%
Postpartum Care	64.14%	54.06%	-10.08%	60.99%	-3.15%
Childhood Immunizations - Combo 3	72.52%	63.40%	-9.13%	78.23%	5.71%
Immunizations for Adolescents - Combination 1	83.53%	82.68%	-0.85%	88.50%	4.98%
Lead Screening in Children	79.79%	78.10%	-1.69%	85.18%	5.40%
Well Child Visits (3-6 Years)	74.74%	68.32%	-6.41%	75.52%	0.78%
Children and Adolescents' Access to PCP (25 Months-6 Years)	90.97%	81.56%	-9.41%	89.80%	-1.17%
Adults' Access to Preventive/Ambulatory Health Services (20-44 Years)	81.88%	73.50%	-8.37%	77.89%	-3.98%
Comprehensive Diabetes Care - HbA1c Testing	86.69%	80.78%	-5.91%	85.67%	-1.01%
Comprehensive Diabetes Care - Eye Exams	59.99%	53.75%	-6.25%	58.90%	-1.09%
Comprehensive Diabetes Care - Medical Attention for Nephropathy	89.11%	90.25%	1.14%	88.05%	-1.06%

Key

☐ Orange: Rate is significantly above White population (95% CI is above 95% CI for White population)

☐ Yellow: Rate is significantly below White population (95% CI is below 95% CI for White population)

Table 19: Rates 2012-2018 for the White, African American, Hispanic and Michigan Medicaid Managed Care Populations

Meas-ure	White Rate %							African American Rate %							Hispanic Rate %							Michigan Medicaid Managed Care All Plans Rate %						
Abbr.	2012	2013	2014	2015	2016	2017	2018	2012	2013	2014	2015	2016	2017	2018	2012	2013	2014	2015	2016	2017	2018	2012	2013	2014	2015	2016	2017	2018
BCS	58.00	57.80		64.00	58.91	63.23	62.77	55.70	56.39		61.20	58.54	60.68	60.42	58.10	58.79		61.30	63.84	65.79	67.82	57.00	57.41		63.00	59.30	62.60	62.13
CCS	66.40	66.22		62.00	56.42	58.60	59.06	67.30	68.14		65.60	60.84	63.07	63.12	69.80	66.55		64.90	60.20	62.27	62.63	66.50	66.06		62.90	57.48	59.64	59.97
CHL	56.10	57.98	55.60	54.19	56.83	58.54	59.04	73.60	75.15	73.30	73.08	70.50	75.73	76.31	64.60	63.94	62.60	58.96	62.48	65.37	65.17	64.50	65.83	63.40	62.39	62.50	65.36	65.65
PPC	62.60	61.75	64.80	61.57	61.73	63.31	64.14	46.30	48.74	53.40	48.17	48.55	54.14	54.06	58.80	62.11	63.50	63.23	60.41	62.76	60.99	58.10	58.41	60.30	57.38	57.22	60.62	60.87
CIS	74.00	74.88	72.10	72.99	70.57	73.26	72.52	63.00	64.70	62.90	64.24	58.28	64.60	63.40	78.40	75.09	77.40	78.58	76.57	79.35	78.23	70.70	72.24	70.70	71.03	66.82	71.43	70.71
IMA	74.60	86.77	84.60	87.65	84.74	85.64	83.53	72.40	83.85	81.40	86.02	80.74	83.86	82.68	80.70	89.32	88.50	90.49	91.17	91.15	88.50	74.10	85.95	83.40	87.31	83.90	85.60	83.48
LSC	73.10	78.53	77.80	78.71	78.91	80.69	79.79	75.20	77.77	77.30	77.49	76.33	77.92	78.10	81.80	82.49	83.10	84.60	83.17	87.66	85.18	74.60	78.90	78.40	78.93	78.57	80.74	79.68
W34	73.80	73.49	73.60	73.81	74.38	74.35	74.74	72.20	72.14	69.90	69.66	69.65	69.23	68.32	76.30	76.12	77.00	77.02	77.47	76.07	75.52	73.60	73.50	72.70	72.92	73.26	73.39	72.93
CAP	92.70	92.35	92.10	91.05	91.48	91.77	90.97	85.90	84.99	85.40	83.03	82.80	83.30	81.56	92.20	91.63	92.10	91.26	91.49	90.88	89.80	90.40	90.14	90.00	88.70	88.79	89.03	87.89
AAP	86.20	87.02	87.80	86.19	85.92	84.58	81.88	80.20	80.97	81.60	78.49	77.17	76.69	73.50	82.20	81.98	83.80	81.92	81.94	81.73	77.89	83.60	84.53	85.30	83.21	82.76	81.64	78.64
CDC1	80.20	81.14	80.90	81.30	86.39	86.92	86.69	73.50	75.71	76.50	77.66	79.84	80.93	80.78	74.70	76.02	80.20	84.39	85.64	86.20	85.67	77.20	79.00	79.30	80.53	84.03	85.21	84.76
CDC2	47.20	50.43	51.50	45.73	51.78	55.56	59.99	41.00	45.91	47.30	41.60	46.19	49.17	53.75	42.00	45.47	50.30	45.47	51.36	53.73	58.90	44.60	48.95	49.90	44.88	50.21	53.26	58.03
CDC3	74.50	75.72	75.40	75.93	89.86	89.94	89.11	75.80	78.24	78.10	79.68	90.79	90.26	90.25	71.30	73.09	73.40	76.01	90.78	89.20	88.05	75.10	77.38	77.00	78.12	90.21	90.03	89.52

☐ : There was a significant increase in the rate from previous year (95% CI in current year is above 95% CI in previous year)

☐ : There was a statistically significant decrease in the rate from previous year (95% CI in current year is below 95% CI in previous year)

☐ : There was no significant change in the rate from previous year (95% CI in current year and 95% CI in previous year overlap)

Note: In 2014, MHPs did not submit Breast Cancer Screening (BCS) and Cervical Cancer Screening (CCS) measure rates due to the revisions to the specifications of these two measures by National Committee for Quality Assurance

Rates from 2012 to 2018 for Measures in Women - Adult Care and Pregnancy Care Health Domain

Figure 14. Breast Cancer Screening by Race/Ethnicity 2012-2018
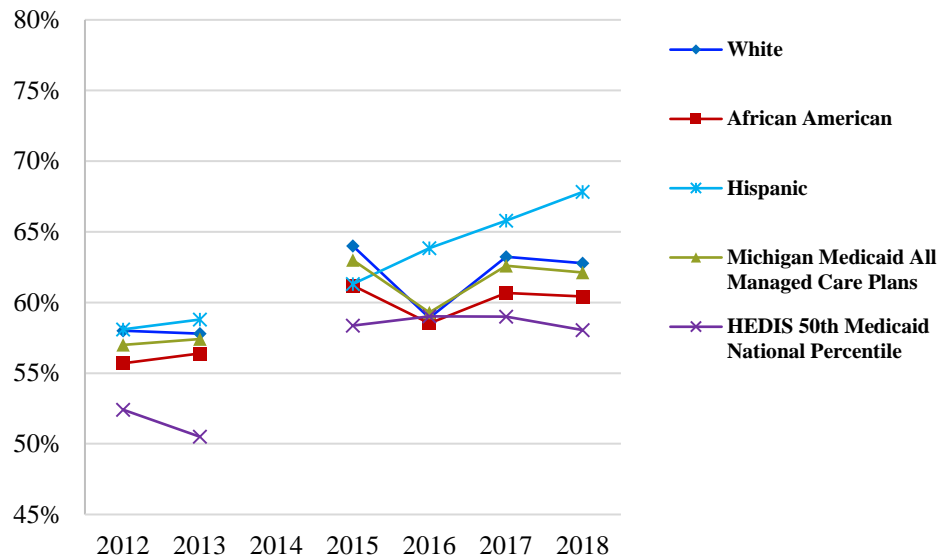
Figure 15. Cervical Cancer Screening by Race/Ethnicity 2012-2018
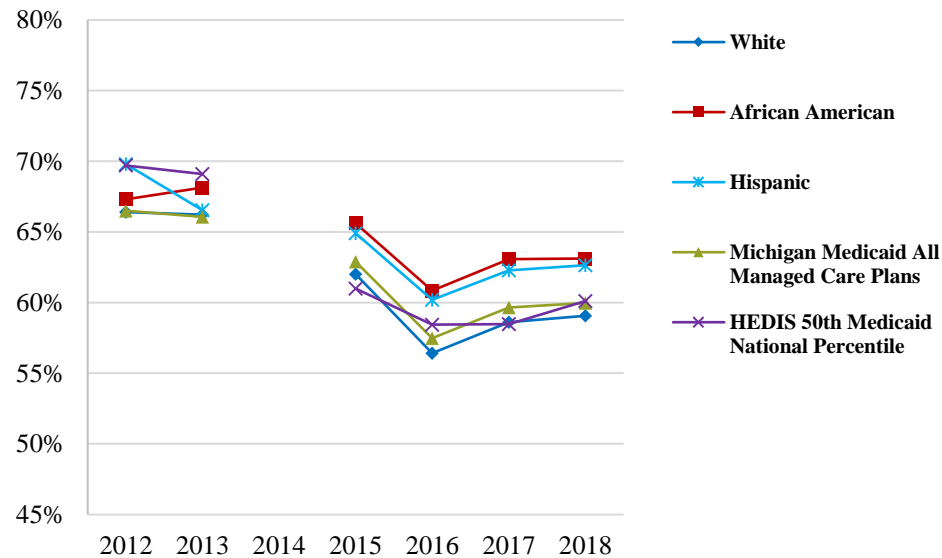
Figure 16. Chlayamdia Screening in Women - Total by Race/Ethnicity 2012-2018
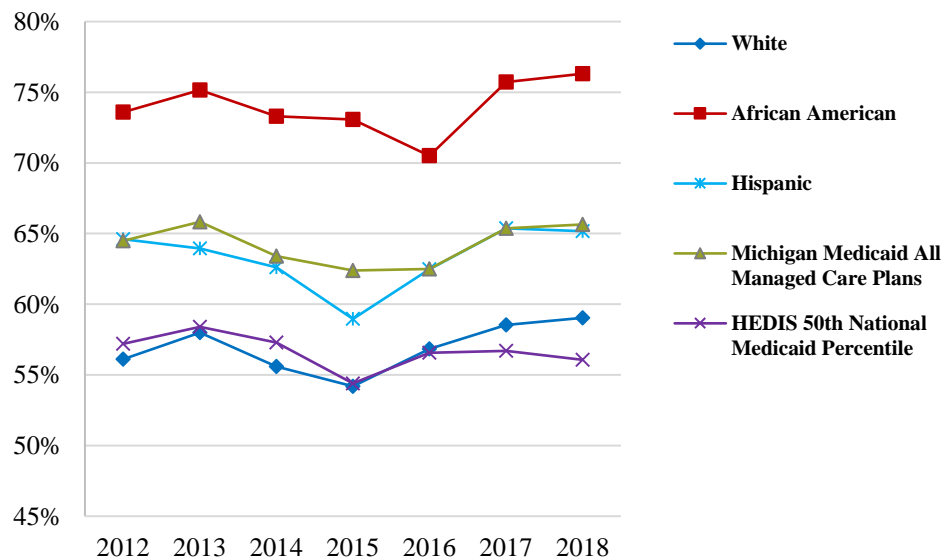
Figure 17. Postpartum Care by Race/Ethnicity 2012-2018
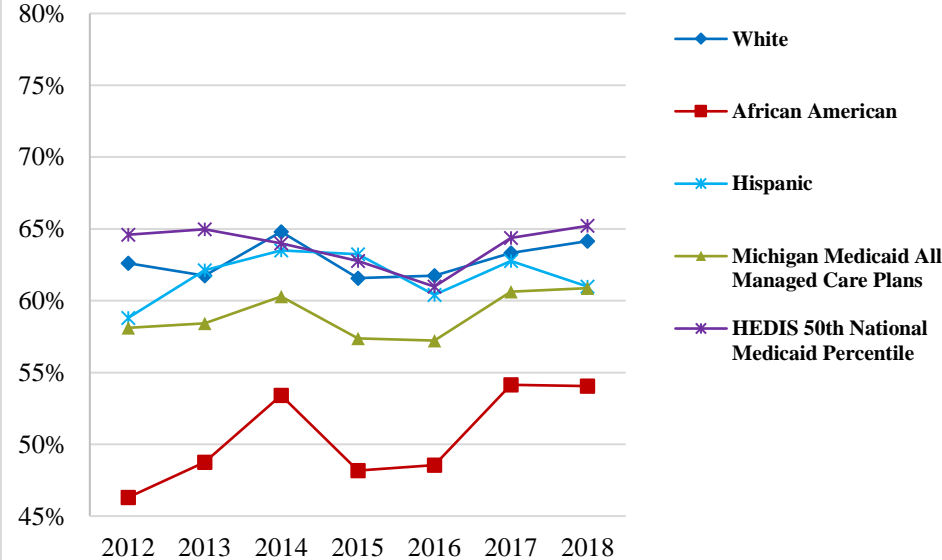
Rates from 2012 to 2018 for Measures in Child and Adolescent Care Health Domain

Figure 18. Childhood Immunization Status-Combo 3 by Race/Ethnicity 2012-2018
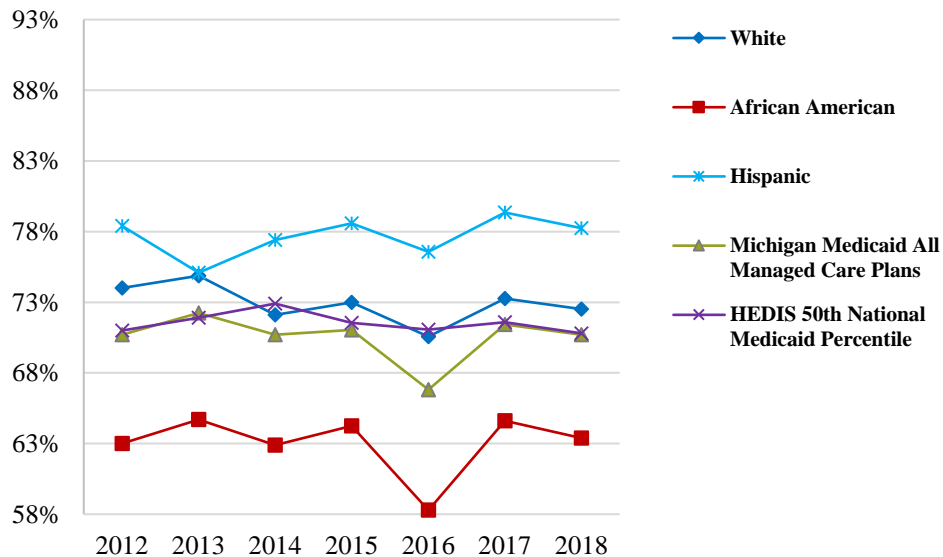
Figure 19. Immunizations for Adolescents Combo 1 by Race/Ethnicity 2012-2018
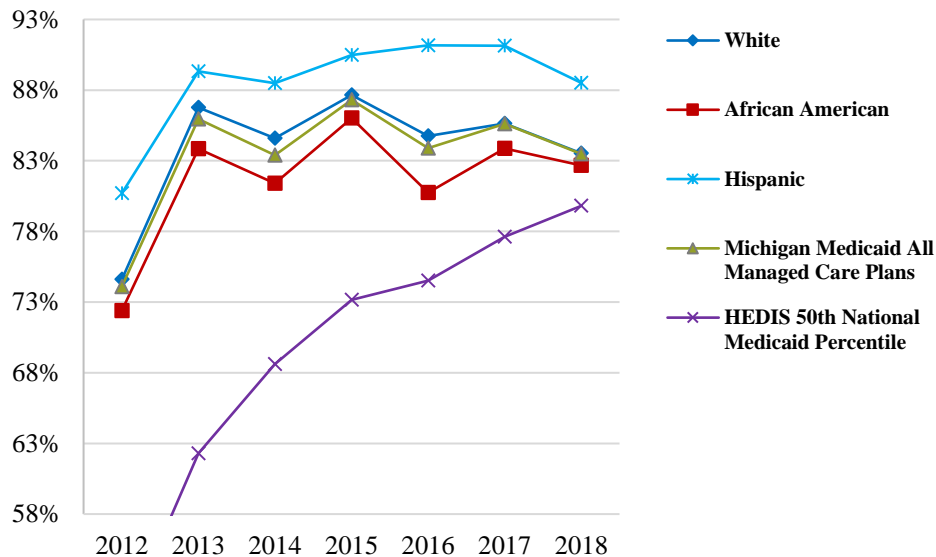
Figure 20. Lead Screening in Children by Race/Ethnicity 2012-2018
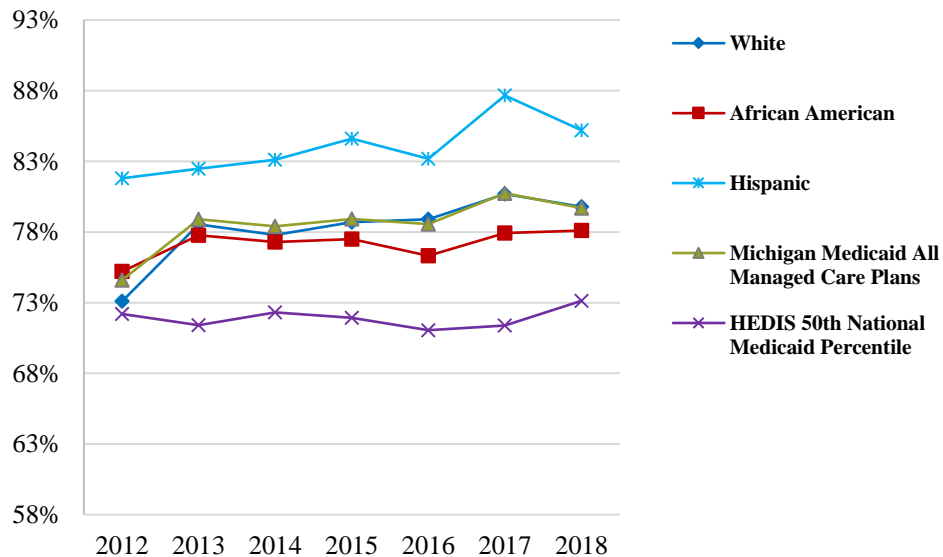
Figure 21. Well Child Visits 3-6 years by Race/Ethnicity 2012-2018
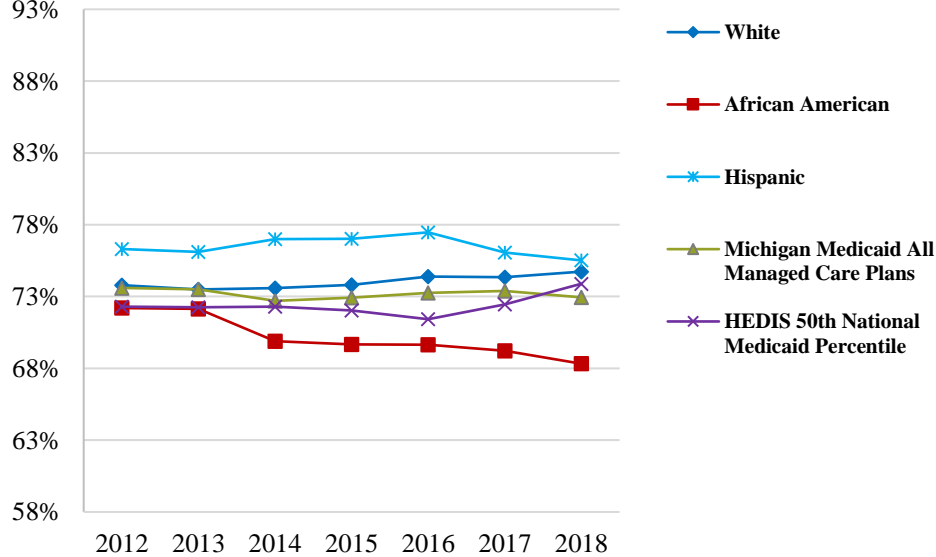
Rates from 2012 to 2018 for Measures in Access to Care Health Domain

Figure 22. Children and Adolescents' Access to PCP (25 months-6 years) by Race/Ethnicity 2012-2018

Legend:
- White
- African American
- Hispanic
- Michigan Medicaid All Managed Care Plans
- HEDIS 50th National Medicaid Percentile

Figure 23. Adults' Access to Preventive/Ambulatory Health Services (20-44years) by Race/Ethnicity 2012-2018

Legend:
- White
- African American
- Hispanic
- Michigan Medicaid All Managed Care Plans
- HEDIS 50th Medicaid National Percentile

Rates from 2012 to 2018 for Measures in Living with Illness Health Domain

Figure 24. Comprehensive Diabetes Care - HbA1c Testing by Race/Ethnicity 2012-2018

Legend: White, African American, Hispanic, Michigan Medicaid All Managed Care Plans, HEDIS 50th National Percentile
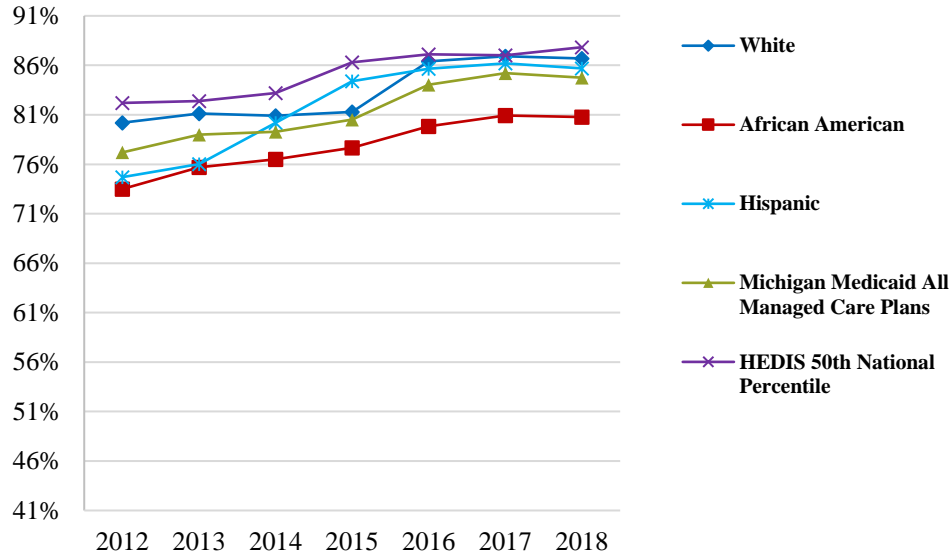
Figure 25. Comprehensive Diabetes Care - Eye Exams by Race/Ethnicity 2012-2018

Legend: White, African American, Hispanic, Michigan Medicaid All Manged Care Plans, HEDIS 50th Medicaid National Percentile

Figure 26. Comprehensive Diabetes Care - Medical Attention for Nephropathy by Race/Ethnicity 2012-2018

Legend: White, African American, Hispanic, Michigan Mediciad All Managed Care Plans, HEDIS 50th Medicaid National Percentile

Index of Disparity Summary
Michigan Medicaid Managed Care All Plans

Table 20. Index of Disparity for Michigan Medicaid Managed Care All Plans 2011-2018

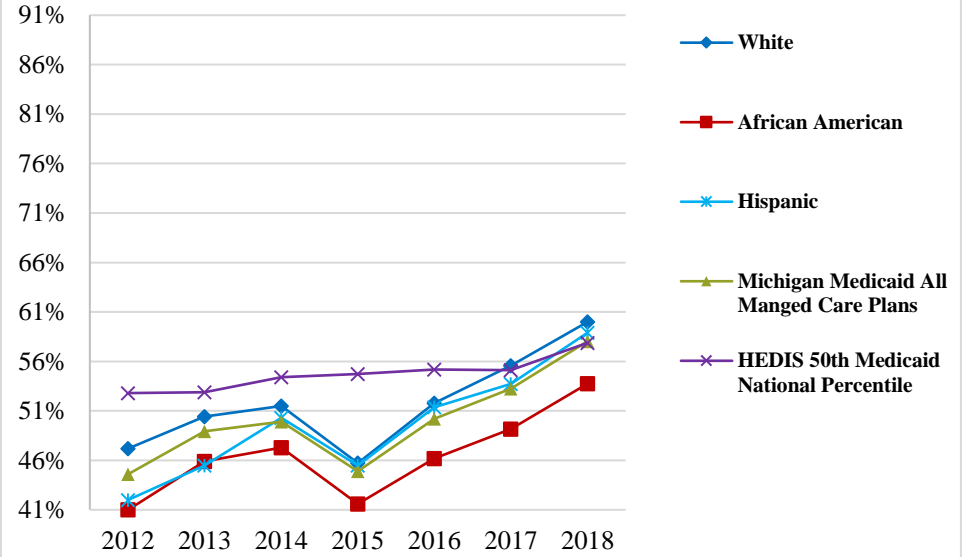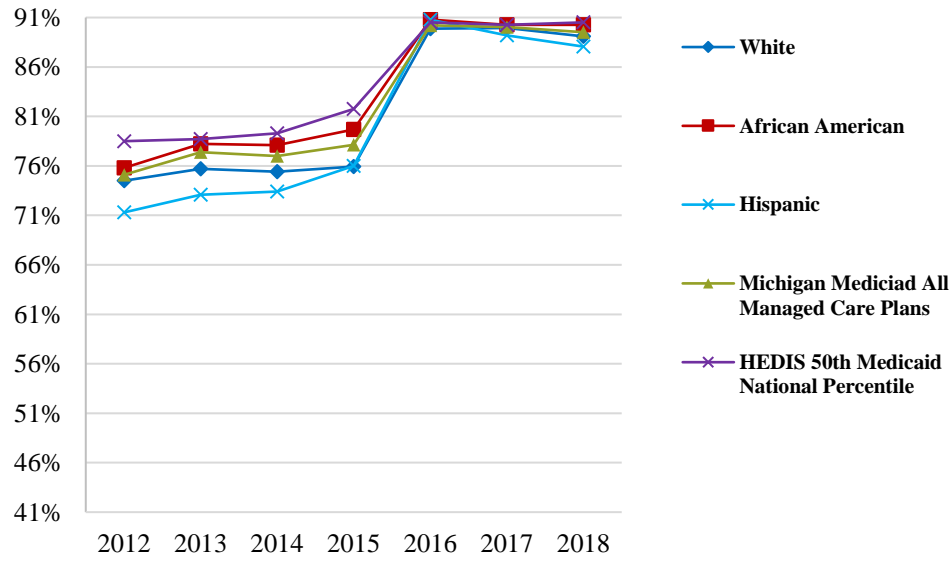| Indicator	Abbr.	2011*	2012*	2013*	2014	2015	2016	2017	2018
Breast Cancer Screening	BCS	4.85%	5.36%	4.79%	---	4.30%	6.06%	4.05%	**3.91%**
Cervical Cancer Screening	CCS	10.04%	6.38%	4.55%	---	7.88%	4.27%	3.77%	**3.56%**
Chlamydia Screening in Women - Total	CHL	15.57%	10.20%	8.00%	9.37%	14.75%	6.86%	8.37%	**6.13%**
Postpartum Care	PPC	---	8.22%	8.32%	10.10%	9.99%	11.65%	8.38%	**8.76%**
Childhood Immunizations Combo 3	CIS	8.95%	8.24%	8.38%	11.70%	5.87%	10.19%	7.27%	**8.53%**
Immunizations for Adolescents - Combination 1	IMA	---	4.17%	2.86%	5.18%	4.86%	3.24%	3.04%	**2.48%**
Lead Screening in Children	LSC	---	5.36%	3.11%	4.50%	5.58%	5.65%	4.11%	**4.11%**
Well Child Visits (3-6 Years)	W34	---	5.00%	4.83%	4.76%	4.15%	4.41%	3.99%	**5.64%**
Children and Adolescents' Access to PCP (25 Months-6 years)	CAP	3.59%	2.65%	3.25%	3.05%	3.92%	4.29%	3.61%	**4.82%**
Adults' Access to Preventive/Ambulatory Health Services (20-44 years)	AAP	4.86%	2.73%	3.10%	3.66%	3.40%	3.37%	2.82%	**4.01%**
Comprehensive Diabetes Care - HbA1c Testing	CDC1	4.50%	3.65%	4.07%	3.18%	3.44%	3.62%	3.91%	**3.70%**
Comprehensive Diabetes Care - Eye Exams	CDC2	---	10.52%	7.33%	4.70%	5.19%	4.78%	4.04%	**4.20%**
Comprehensive Diabetes Care - Medical Attention for Nephropathy	CDC3	---	4.33%	4.03%	4.70%	2.33%	0.83%	1.29%	**0.72%**

* Note for Table 20 and Figure 27: 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.

Figure 27: Index of Disparity by Measure, Michigan Medicaid Managed Care All Plans
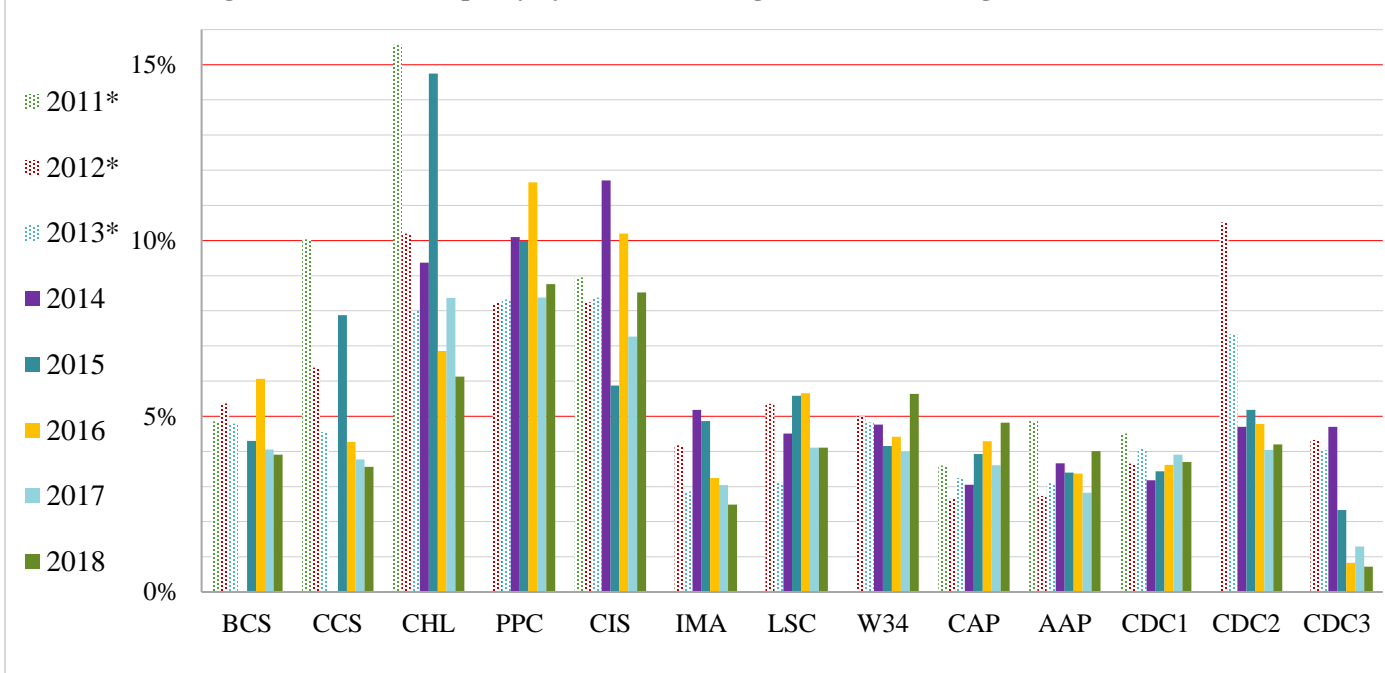
Table 21. Rates and Confidence Intervals by Race/Ethnicity

Race/Ethnicity	Rate	95% Confidence Interval	
		Lower Limit	Upper Limit
Breast Cancer Screening (BCS)			
Asian American/Native Hawaiian/OPI	60.85%	56.98%	64.71%
African American	60.42%	59.64%	61.20%
White	62.77%	62.25%	63.30%
Hispanic	67.82%	65.09%	70.55%
American Indian/Alaskan Native	59.31%	52.97%	65.64%
All Plan	62.13%	61.72%	62.54%
Cervical Cancer Screening (CCS)			
Asian American/Native Hawaiian/OPI	63.83%	62.14%	65.51%
African American	63.12%	62.81%	63.43%
White	59.06%	58.84%	59.28%
Hispanic	62.63%	61.77%	63.50%
American Indian/Alaskan Native	59.87%	57.40%	62.34%
All Plan	59.97%	59.80%	60.13%
Chlamydia Screening in Women - Total (CHL)			
Asian American/Native Hawaiian/OPI	63.80%	59.54%	68.06%
African American	76.31%	75.74%	76.88%
White	59.04%	58.51%	59.56%
Hispanic	65.17%	63.68%	66.67%
American Indian/Alaskan Native	66.18%	60.59%	71.77%
All Plan	65.65%	65.28%	66.02%
Postpartum Care (PPC)			
Asian American/Native Hawaiian/OPI	75.48%	70.26%	80.70%
African American	54.06%	53.13%	54.99%
White	64.14%	63.44%	64.83%
Hispanic	60.99%	58.86%	63.11%
American Indian/Alaskan Native	59.01%	51.41%	66.60%
All Plan	60.87%	60.35%	61.39%
Childhood Immunizations Status - Combination 3 (CIS)			
Asian American/Native Hawaiian/OPI	84.08%	79.87%	88.30%
African American	63.40%	62.39%	64.40%
White	72.52%	71.85%	73.20%
Hispanic	78.23%	76.66%	79.81%
American Indian/Alaskan Native	70.59%	61.75%	79.43%
All Plan	70.71%	70.21%	71.20%
Immunizations for Adolescents - Combination 1 (IMA)			
Asian American/Native Hawaiian/OPI	82.47%	78.77%	86.17%
African American	82.68%	81.89%	83.46%
White	83.53%	82.97%	84.09%
Hispanic	88.50%	87.30%	89.70%
American Indian/Alaskan Native	80.00%	72.52%	87.48%
All Plan	83.48%	83.06%	83.89%

Lead Screening in Children (LSC)	Rate	Lower Limit	Upper Limit
Asian American/Native Hawaiian/OPI	88.58%	84.91%	92.25%
African American	78.10%	77.24%	78.96%
White	79.79%	79.18%	80.39%
Hispanic	85.18%	83.83%	86.54%
American Indian/Alaskan Native	79.41%	71.56%	87.26%
All Plan	79.68%	79.25%	80.12%
Well Child Visits 3-6 years (W34)			
Asian American/Native Hawaiian/OPI	80.45%	78.36%	82.53%
African American	68.32%	67.88%	68.77%
White	74.74%	74.41%	75.06%
Hispanic	75.52%	74.76%	76.28%
American Indian/Alaskan Native	76.99%	73.44%	80.55%
All Plan	72.93%	72.70%	73.17%
Children and Adolescents' Access to PCP 25 months-6 years (CAP)			
Asian American/Native Hawaiian/OPI	93.54%	92.37%	94.72%
African American	81.56%	81.23%	81.90%
White	90.97%	90.78%	91.16%
Hispanic	89.80%	89.32%	90.29%
American Indian/Alaskan Native	92.09%	89.98%	94.19%
All Plan	87.89%	87.73%	88.04%
Adults' Access to Preventive /Ambulatory Health Services 20-44 Years (AAP)			
Asian American/Native Hawaiian/OPI	81.31%	80.04%	82.58%
African American	73.50%	73.25%	73.76%
White	81.88%	81.72%	82.04%
Hispanic	77.89%	77.25%	78.53%
American Indian/Alaskan Native	82.62%	80.83%	84.41%
All Plan	78.64%	78.52%	78.77%
Comprehensive Diabetes Care - HbA1c Testing (CDC1)			
Asian American/Native Hawaiian/OPI	90.98%	89.40%	92.56%
African American	80.78%	80.28%	81.28%
White	86.69%	86.35%	87.02%
Hispanic	85.67%	84.38%	86.97%
American Indian/Alaskan Native	82.13%	78.10%	86.16%
All Plan	84.76%	84.50%	85.02%
Comprehensive Diabetes Care - Eye Exams (CDC2)			
Asian American/Native Hawaiian/OPI	61.55%	58.87%	64.23%
African American	53.75%	53.11%	54.38%
White	59.99%	59.51%	60.48%
Hispanic	58.90%	57.08%	60.72%
American Indian/Alaskan Native	56.48%	51.27%	61.70%
All Plan	58.03%	57.68%	58.39%
Comprehensive Diabetes Care - Medical Attention for Nephropathy (CDC3)			
Asian American/Native Hawaiian/OPI	90.03%	88.38%	91.68%
African American	90.25%	89.87%	90.63%
White	89.11%	88.80%	89.42%
Hispanic	88.05%	86.85%	89.25%
American Indian/Alaskan Native	89.63%	86.42%	92.83%
All Plan	89.52%	89.30%	89.73%

Appendix A: Glossary of Acronyms

MHP   Medicaid Health Plan
ACA   Affordable Care Act
MDHHS Michigan Department of Health and Human Services
LBW   Low Birthweight
HEDIS   Healthcare Effectiveness Data and Information Set
PIP   Performance Improvement Project
NCQA   National Committee for Quality Assurance
CI   Confidence Interval
ID   Index of Disparity
BCS   Breast Cancer Screening
CCS   Cervical Cancer Screening
CHL   Chlamydia Screening in Women – Total
PPC   Postpartum Care
CIS   Childhood Immunization Status - Combination 3
IMA   Adolescent Immunizations - Combination 1
LSC   Lead Screening in Children
W34   Well Child Visits 3-6 years
CAP   Children and Adolescents' Access to PCP (25 months to 6 years)
AAP   Adults Access to Preventive /Ambulatory Health Services (20-44 years)
CDC1   Comprehensive Diabetes Care - HbA1c Testing
CDC2   Comprehensive Diabetes Care – Eye Exams
CDC3   Comprehensive Diabetes Care - Medical Attention for Nephropathy
SDOH   Social Determinants of Health
CHW   Community Health Worker

Appendix B: Data Collection Template - HEDIS 2018 Measures by Race/Ethnicity

Michigan Medicaid Managed Care Plans

Submission to be received to MDHHS by August 15, 2018

Numerators and Denominators for Each Measure (Administrative Data Only)

Race	Ethnicity	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)	
		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