



Expanding Equity in MI Health Link

Year 2021



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Every effort has been taken to make this content accessible for all readers. If you have any challenges with being able to read and process this report please contact Alison Benoit, Policy & Engagement Manager, at abenoit@mphi.org.

Introduction

It's not enough to improve average health care quality in the U.S. As the CMS Equity Plan lays out, we must identify gaps in quality of care at all levels of the health care system to address disparities.¹

-Cara James (former Director of the CMS OMH)

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. Analysis in the 2018 report “The Business Case for Racial Equity: Michigan” from the Kellogg Foundation estimates that disparities in health in Michigan represent \$2.2 billion in excess medical care costs, \$1.9 billion in untapped productivity, and 140,000 lost life years associated with premature death per year. By 2050, 40% of the workforce and consumers in Michigan will be people of color, eliminating health disparities by 2050 would reduce the need for \$2.5 billion in medical care costs, reduce lost productivity by \$2.6 billion, and save 170,000 life years. Achieving health equity will require eliminating gaps in access to health care, the quality of care, and, most importantly, the social and environmental determinants of health.²

This commitment to identifying and 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 participating managed care organization.³ Both federal and state laws address the need to reduce racial/ethnic disparities in healthcare and outcomes. Federal regulations require managed care organizations to provide services “in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds.”⁴ The Affordable Care Act (ACA) includes language that prohibits discrimination under any health program or activity that is receiving federal financial assistance.⁵ 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.⁶ The Centers for Medicare and Medicaid Services (CMS) recently published regulations that require state Medicaid agencies to report on a specific set of quality measures, including stratifications by race/ethnicity, among other demographic groups.

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.⁷ The Michigan Department of Health and Human Services included Racial Equity in its vision and identified it as a key goal in the new [Strategic Plan for 2023-2027](#). At the request of the Behavioral and Physical Health and Aging Services Administration (BPHASA), the Michigan Public Health Institute is providing support, technical assistance, and consultation to the Integrated Care Division, MI Health Link (MHL) program for Medicaid-Medicare dual eligible beneficiaries to assess equity in the MHL program.

Background

MI Health Link

MI Health Link is a joint Medicare and Medicaid demonstration designed to integrate care for individuals in Michigan who have both Medicare and Medicaid. Beneficiaries participating in MI Health Link will receive both Medicare and Medicaid coverage, including Part D prescription drugs, through new managed care entities called Integrated Care Organizations (ICOs). ICOs will partner with existing

Prepaid Inpatient Health Plans (PIHPs) to serve individuals who receive Medicare and Medicaid-funded behavioral health services. MI Health Link will be jointly administered by the federal Centers for Medicare & Medicaid Services (CMS) and the Michigan Department of Community Health (MDCH), the Michigan State Medicaid Agency. Beneficiaries in MI Health Link will have access to a broad range of

medical and behavioral health services, nursing home care, pharmacy, and home and community-based services. In addition, MI Health Link offers beneficiaries care coordination across physical health, behavioral health, and long-term services and supports (LTSS) through a designated ICO care coordinator. Additional LTSS benefits include services, such as adaptive medical equipment and supplies, community transition services, personal emergency response system, and respite care services.

Figure 1. Michigan Department of Health and Human Services MI Health Link Regions



The MI Health Link program contracted with seven integrated care organizations (ICOs). These ICOs were responsible for the provision of services to MI Health Link members. Please note, in 2021, Michigan Complete Health merged with Meridian Complete. While there are seven plans represented in this report, all future reports will include data from six separate plans.

Table 1. Overview of Integrated Care Organizations

ICO	Regions Served	Counties Served
Aetna Better Health Premier Plan (Aetna Better Health of Michigan) (AET)	Regions 4,7, and 9	Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, Wayne
AmeriHealth Caritas VIP Care Plus (AmeriHealth Caritas) (AMI)	Regions 7, 9	Macomb, Wayne
HAP Empowered MI Health Link (Hap Empowered) (HAP)	Regions 7, 9	Macomb, Wayne

ICO	Regions Served	Counties Served
MeridianComplete (Meridian Health Plan) (Meridian)	Region 4	Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren
Michigan Complete Health (Medicare-Medicaid Plan) (MCH)	Region 7, 9	Macomb, Wayne
Molina Dual Options MI Health Link (Molina Healthcare of Michigan) (Molina)	Region 7,9	Macomb, Wayne
Upper Peninsula Health Plan MI Health Link (Upper Peninsula Health Plan) (UPHP)	Region 1	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft

Focus on Disparities

Disparities identification and reduction have been priorities for Michigan Medicaid for decades. In 2005, Michigan Medicaid participated in the Center for Health Care Strategies’ Practice Size Exploratory Project where racial/ethnic disparities in several measures were identified by Medicaid Health Plans, 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, with an emphasis on tracking disparities in diabetes measures. 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. Beginning in 2010, the Medicaid Health Equity Project was the next step in the state’s strategy to identify and reduce health disparities in Medicaid. A set of initial measures was agreed upon, specifications were developed, and a statewide aggregate report has been published every year since that time.

In 2021, BPHASA leadership reached out to MPHI for assistance in expanding efforts to measure and reduce disparities in specific program areas. An initial set of measures was determined, and specifications were developed. All ICOs submitted performance data for the identified measures for three calendar years: 2017, 2018, and 2020 stratified by race/ethnicity. The Expanding Equity report in MI Health Link, is the first effort to measure quality of care by race/ethnicity for MHL beneficiaries. It aggregates data from each Integrated Care Organization (ICO) and establishes statewide rates for all racial/ethnic populations enrolled in the program. The goal of the project is to continue to improve quality in the MHL program while decreasing overall disparities that may be present.

The data that follows is the continuation of the Expanding Equity efforts, adding 2021 data to the trends throughout the years, and taking a specific look at 2021 data within the measures and across all health plans.

Methods

ICOs submit audited HEDIS data to CMS for each measure that pertains to covered benefits for the Medicaid-Medicare Program. CMS forwards these plan specific data to MDHHS, including overall numerators and denominators. ICOs are provided a blank template to ensure consistency across all plan submissions. ICOs used their audited HEDIS data to draw the initial numbers (total numerators and denominators) and total numbers by race/ethnicity for each measure. All template totals match totals reported in the HEDIS Interactive Data Submission System. Table 2 lists all sixteen measures included in this report. Race/ethnicity data are taken from program enrollment forms, which use self-identification to determine race and ethnicity, and from any other source the ICO has in place to collect this information. This includes care management records, assessments, and other documents. The enrollment information is shared with ICOs on the monthly eligibility file that transmits the new members assigned to each plan. ICOs 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). Measures were stratified for the following racial populations: Asian American, Native Hawaiian/ Other Pacific Islander, African American, American Indian/Alaska Native, White and one ethnicity: Hispanic. Any reference to Hispanic was categorized into the Hispanic population and the numbers represented by the racial categories were non-Hispanic. Unknown and declined have been combined throughout the report. Other race/ethnicity and/or multiracial populations have been categorized as some other race due to the inconsistent use of this category across ICOs. All HEDIS measures were calculated in accordance with specifications provided by the National Committee for Quality Assurance (NCQA).⁸

One additional measure, annual dental visit (ADV) is not a HEDIS measure but uses a standard specification across all ICOs.

The White population served as the reference population for all comparisons in this report because the White 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. In this report, two rates were declared significantly different if their 95% confidence intervals (CIs) did not overlap, and significantly the same if their CIs overlap. The 95% confidence intervals were calculated using the following formula:

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

p = proportion of the eligible population (denominator) who received the service (numerator)

n = number of people in the eligible population (denominator)

Pairwise disparities were measured between the non-white population of interest and the reference population, and were calculated on the absolute and relative scales using the following formulas:

Absolute Disparity (diff) = Non-White Estimate – Reference Estimate

Relative Disparity (ratio) = Non-White Estimate / Reference Estimate

Data were considered insufficient for analysis, and results were suppressed if: the numerator (those who received services) was less than 5 and/or the denominator (the population under consideration) was less than 30. Please note on all graphs, only those categories fulfilling the above requirements will

appear. Further, we recommend exercising caution when interpreting results with denominators less than 100.

Table 2. List of Measures Used

Measures	Abbreviation
Adult Access to Care 20-44	AAP2044
Adult Access to Care 45-64	AAP4564
Adult Access to Care 65+	AAP65+
Adult Access to Care Total	AAPTOT
Antidepressant Medication Management-Acute Phase Treatment	AMM
Breast Cancer Screenings	BCS
Controlling High Blood Pressure	CBP
Comprehensive Diabetes Care Eye Exam	CDCEye
Comprehensive Diabetes Care HbA1c Control <8%	CDCControl
Comprehensive Diabetes Care- Poor HbA1c Control	CDCPoorControl
Colorectal Cancer Screening	COL
Follow Up After Hospitalization for Mental Illness within 30 Days	FUH
Plan All-Cause Readmission- Observed Readmissions 18-64	PCR1864
Plan All-Cause Readmission-Observed Readmissions 65+	PCR65+
Transitions of Care- Medication Reconciliation Post-Discharge	TRC
Annual Dental Visit	ADV

Brief descriptions of each measure are below:

Adult Access to Care: The percentage of members 20 years of age and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line. Rates are reported for each of the following age ranges; 20-44, 45-64, 65+, total (all other groups combined).

Antidepressant Medication Management-Acute Phase Treatment: Assesses adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications. **Effective Acute Phase Treatment:** Adults who remained on an antidepressant medication for at least 84 days (12 weeks).

Breast Cancer Screening: The percentage of women 50–74 years of age who had at least one mammogram to screen for breast cancer in the past two years

Controlling High Blood Pressure: Assesses adults 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg).

Comprehensive Diabetes Care: Assesses adults 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:

- HbA1c poor control (>9.0%).
- HbA1c control (<8.0%).
- Eye exam (retinal) performed.

Colorectal Cancer Screening: Assesses adults 50–75 who had appropriate screening for colorectal cancer with any of the following tests: annual fecal occult blood test, flexible sigmoidoscopy every 5 years, colonoscopy every 10 years, computed tomography colonography every 5 years, stool DNA test every 3 years.

Follow Up After Hospitalization for Mental Illness within 30 Days: Assesses the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients aged 6 years and older that resulted in follow-up care with a mental health provider within 30 days.

Plan All-Cause Readmission—Observed Readmissions: Assesses the rate of adult acute inpatient and observation stays that were followed by an unplanned acute readmission for any diagnosis within 30 days after discharge. Two age groups are reported (18-64 and 65+)

Transitions of Care—Medication Reconciliation Post-Discharge: Assesses key points of transition for Medicare beneficiaries 18 years of age and older after discharge from an inpatient facility. Medication reconciliation on the date of discharge through 30 days after discharge

Annual Dental Visit: Assesses members who had at least one dental visit during the year.

Table 3. Racial/Ethnic Characteristics of Michigan MI Health Link Population

Racial/ Ethnic Groups	Percentage of MI Health Link Population
White	47.21%
Black or African American	35.68%
Hispanic**	1.15%
American Indian and Alaskan Native	0.06%
Asian	1.18%
Native Hawaiian and Other Pacific Islander	0.10%
Unknown/Declined	11.23%

This data has been updated to reflect data received for 2021 enrollment.

**Sometime in the late spring / early summer of 2021, a change was made to the Bridges/CHAMPS demographic data interface. This change had a profound impact on the measure reporting results when the results are stratified by race, especially for the Hispanic population. Temporary changes were implemented, please exercise caution when reviewing these data. A long-term fix has been implemented and will be applied in future reports.

Table 4. Racial/Ethnic Characteristics of Michigan MI Health Link Population by Health Plan

Racial/ Ethnic Groups	Health Plan						
	Aetna	AmeriHealth	HAP	MCH	Meridian	Molina	UPHP
White	49.42%	36.12%	37.50%	39.63%	71.96%	28.22%	92.99%
Black or African American	41.19%	51.74%	45.60%	48.65%	21.25%	37.35%	0.49%

Racial/ Ethnic Groups	Health Plan						
	Aetna	AmeriHealth	HAP	MCH	Meridian	Molina	UPHP
Hispanic	1.05%	1.01%	0.60%	1.58%	2.57%	1.16%	0.06%
American Indian and Alaskan Native	0.51%	0.36%	0.30%	0.11%	0.37%	0.28%	3.25%
Asian	2.02%	2.92%	0.80%	2.04%	1.27%	2.18%	0.43%
Native Hawaiian and Other Pacific Islander	0.11%	0.06%	0.00%	0.05%	0.14%	0.13%	0.04%
Some Other Race	2.17%	5.52%	5.60%	--	--	2.20%	0.06%
Unknown/Declined	3.37%	2.27%	0.20%	7.95%	2.45%	28.47%	2.74%

This data has been updated to reflect data received for 2021 enrollment.

Trends Across Years

Table 5. Between 2020 and 2021, did the number of disparities for selected ethnic and racial groups get better or worse compared to the white reference population?

Race/ Ethnicity	Black/African American		American Indian/ Alaskan Native		Asian		Native Hawaiian or Other Pacific Islander		Hispanic		Other	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
Better	2	1	0	2	1	4	0	1	1	5	0	3
Worse	13	15	4	2	8	7	1	2	6	5	3	4
No Difference	1	0	5	6	4	2	1	0	6	3	0	5
Total* Measures Available	16	16	9	10	13	13	2	3	13	13	3	12

*Total Measures Available differs for racial/ethnic groups and by year depending on the number of people in the program and how many qualify for each measure.

Figure 2. Adult Access to Care 20-44 for all ICOs 2017-2021

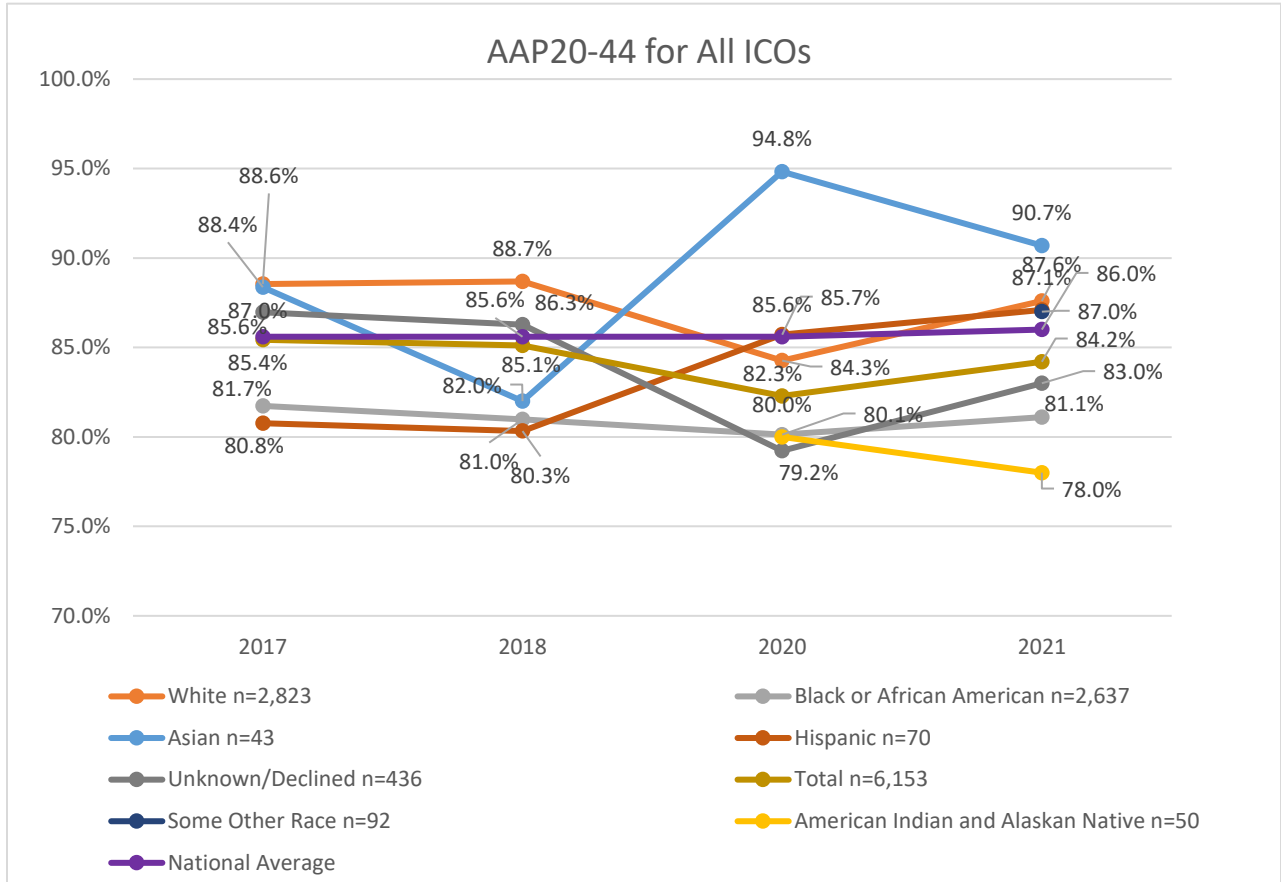


Figure 3. Adult Access to Care 45-64 for all ICOs 2017-2021

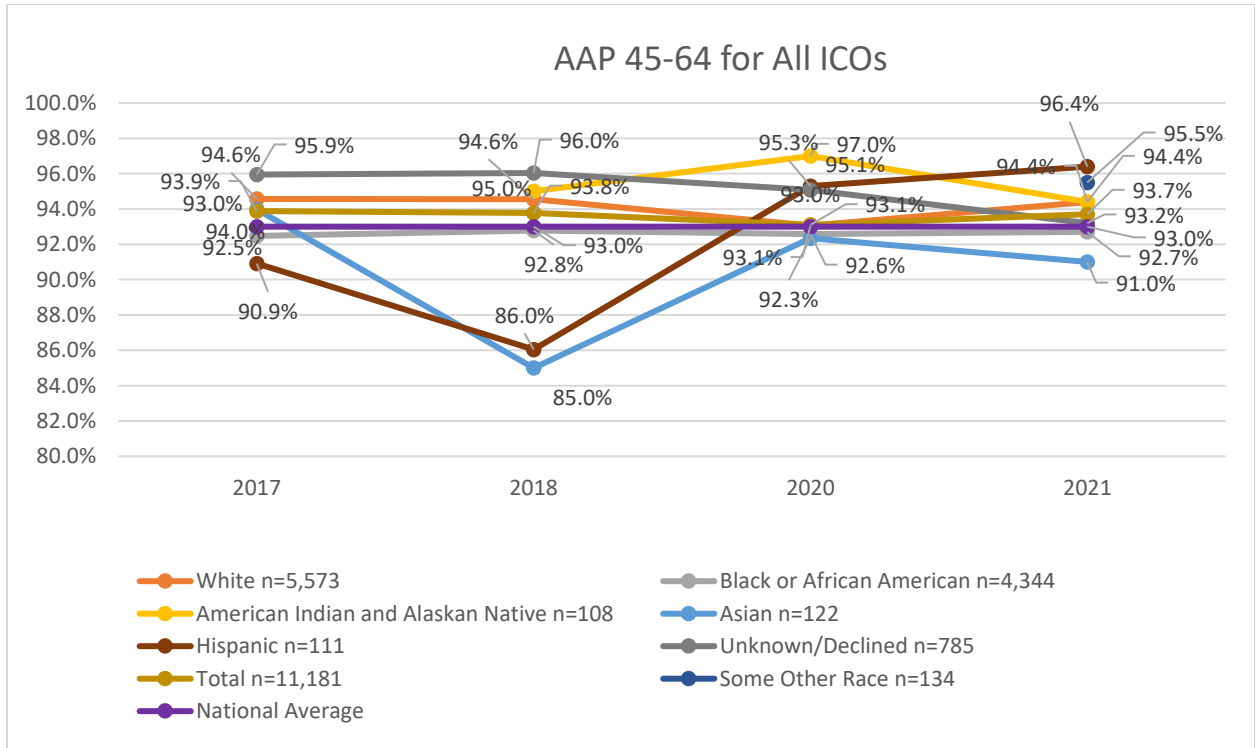


Figure 4. Adult Access to Care 65+ for all ICOs 2017-2021

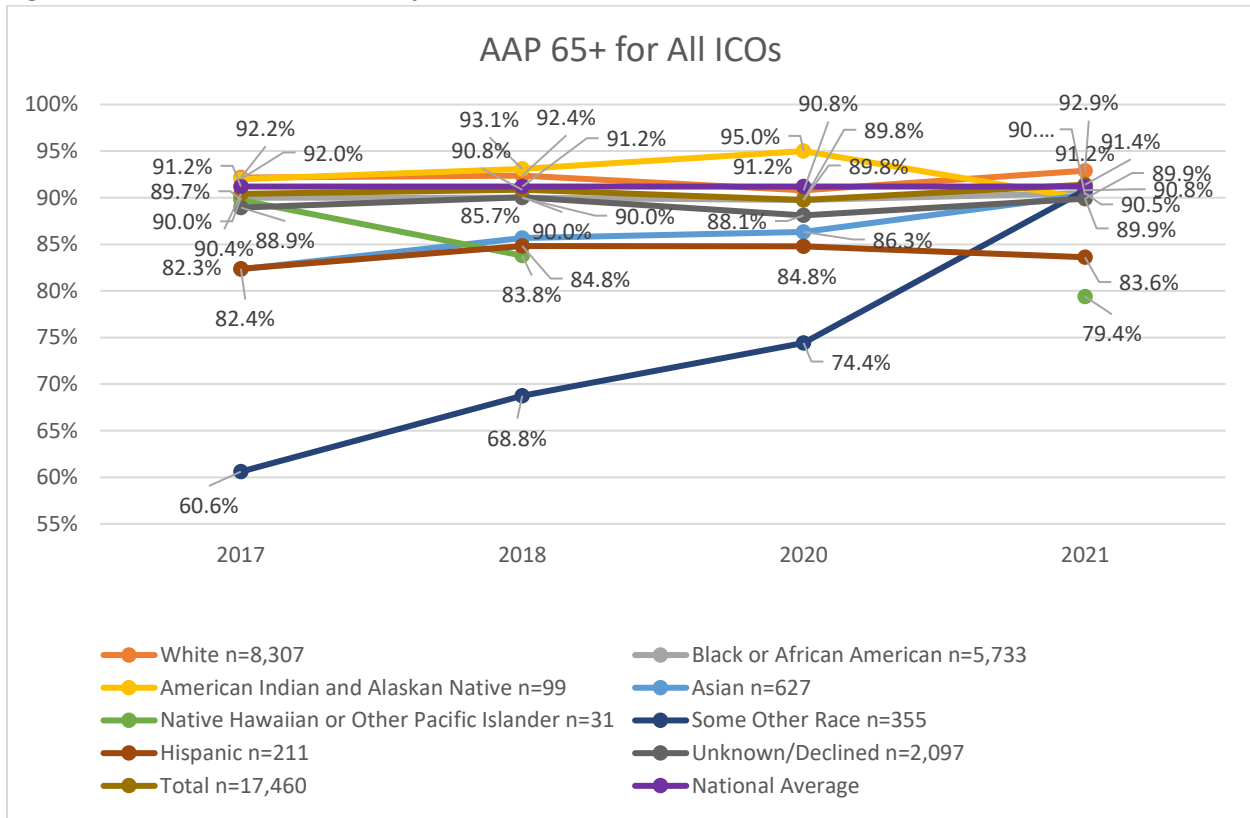


Figure 5. Adult Access to Care Total for all ICOs 2017-2021

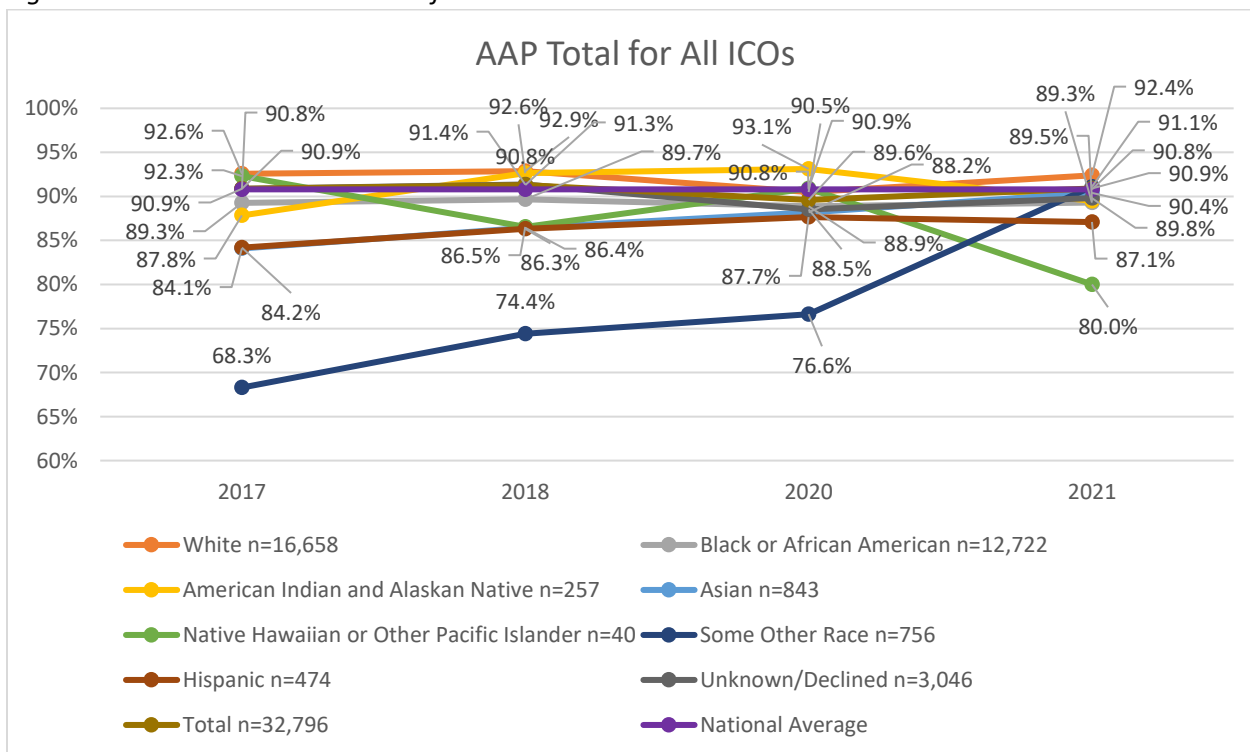


Figure 6. Antidepressant Medication Management-Acute Phase Treatment for all ICOs 2017-2021

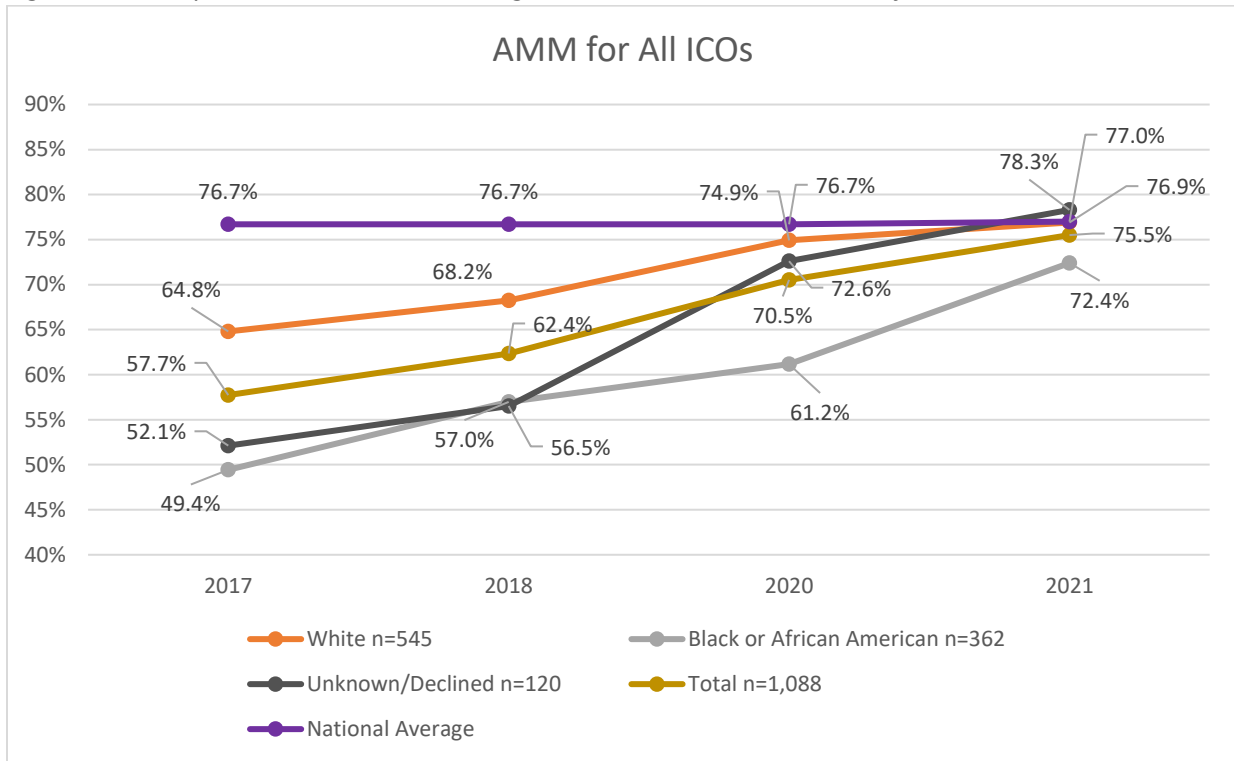


Figure 7. Breast Cancer Screenings for all ICOs 2017-2021

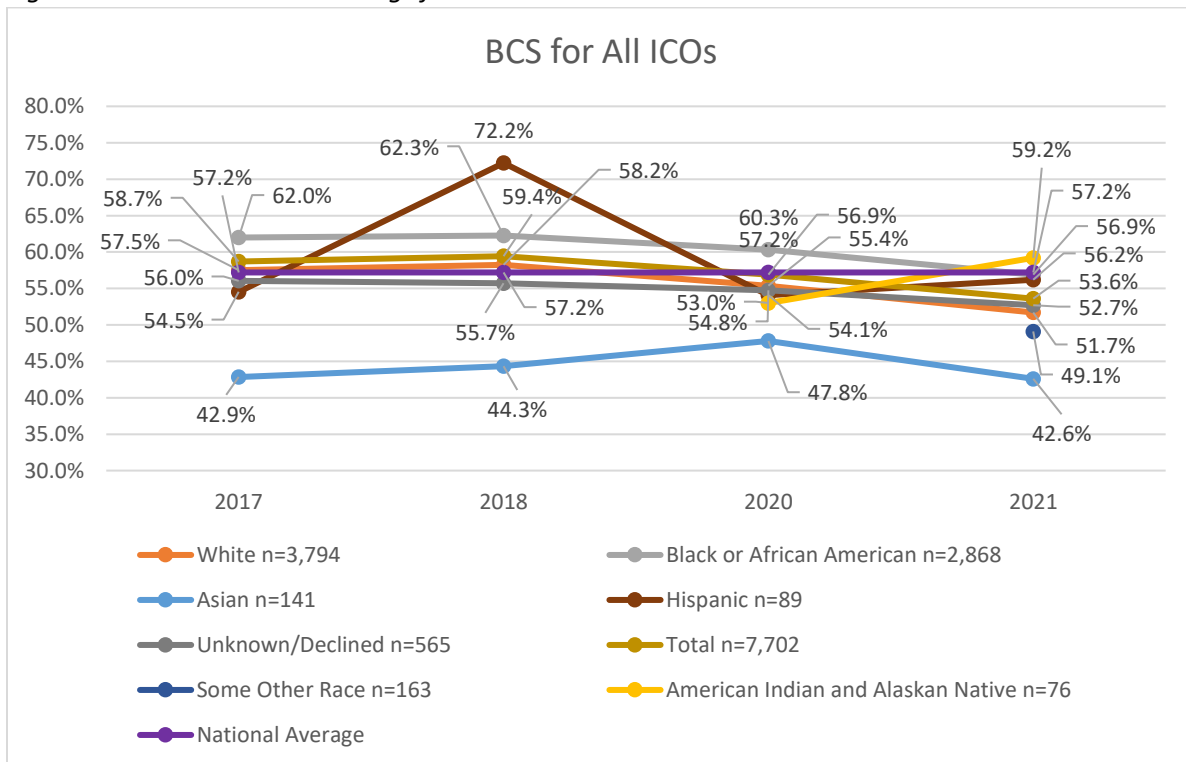


Figure 8. Controlling High Blood pressure for all ICOs 2017-2021

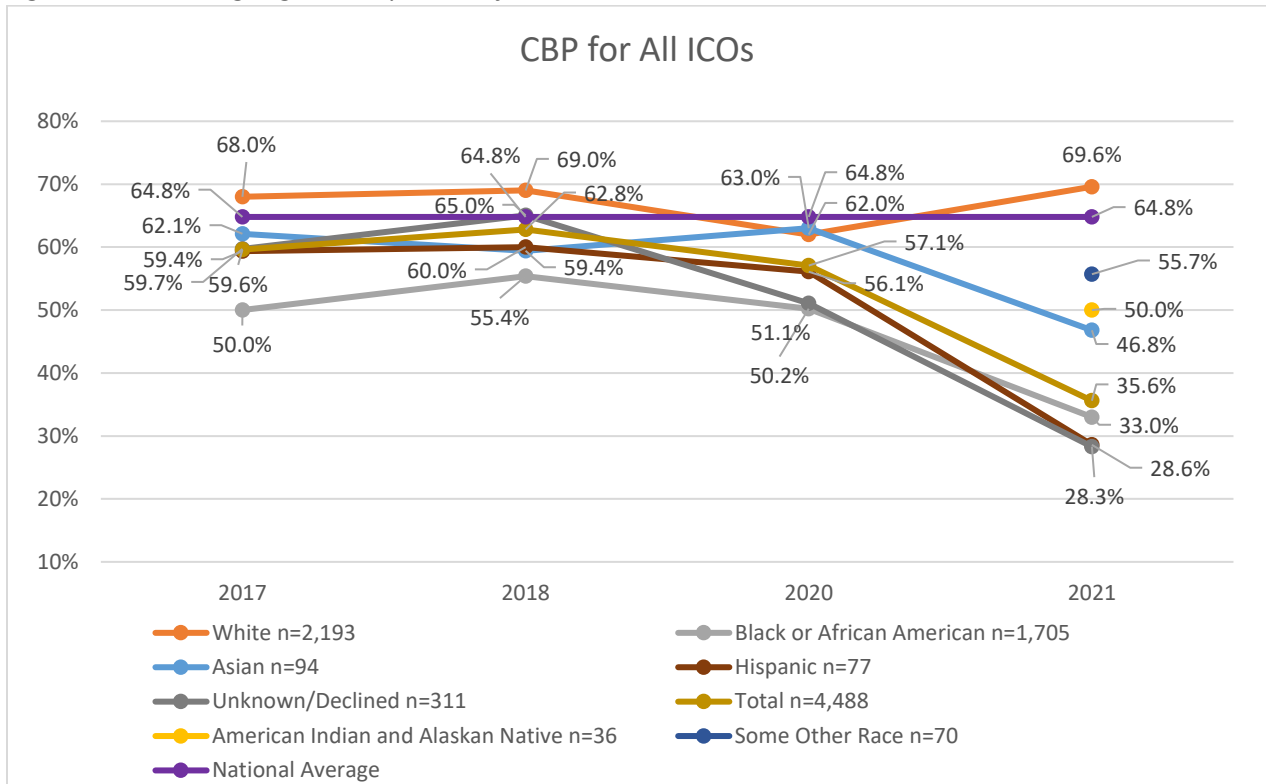


Figure 9. Comprehensive Diabetes Care Eye Exam for all ICOs 2017-2021

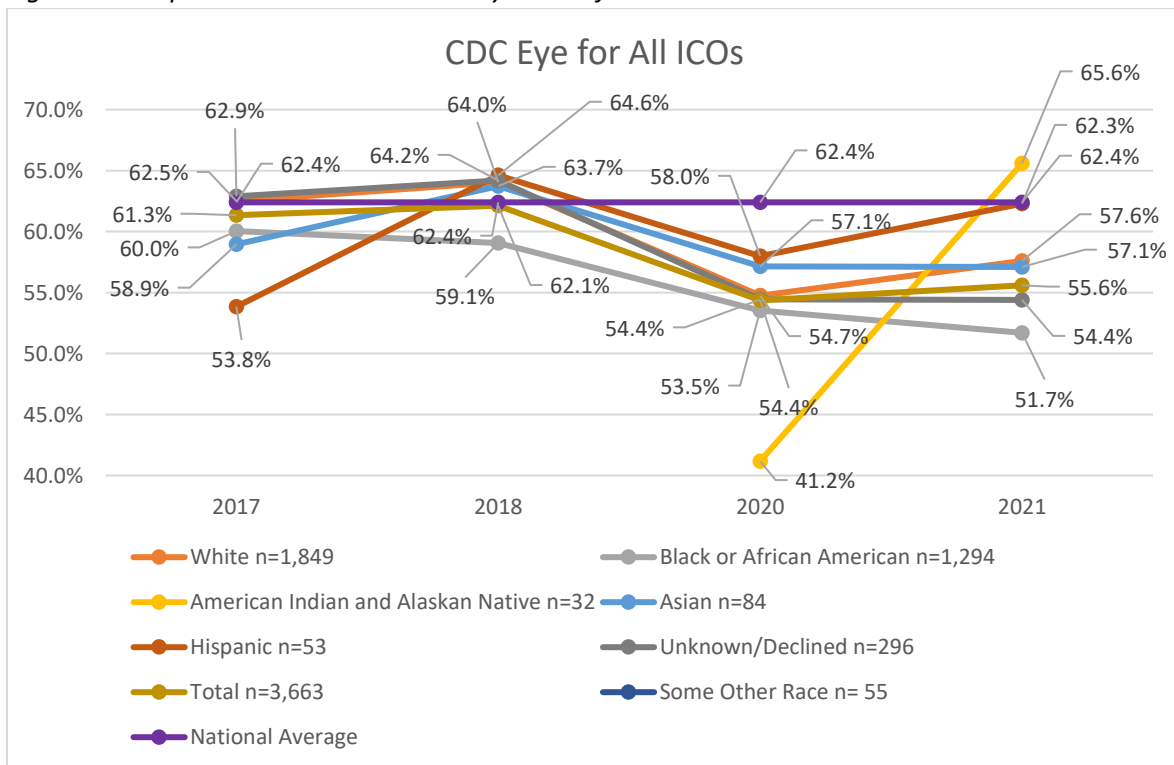


Figure 10. Comprehensive Diabetes Care HbA1c Control <8% for all ICOs 2017-2021

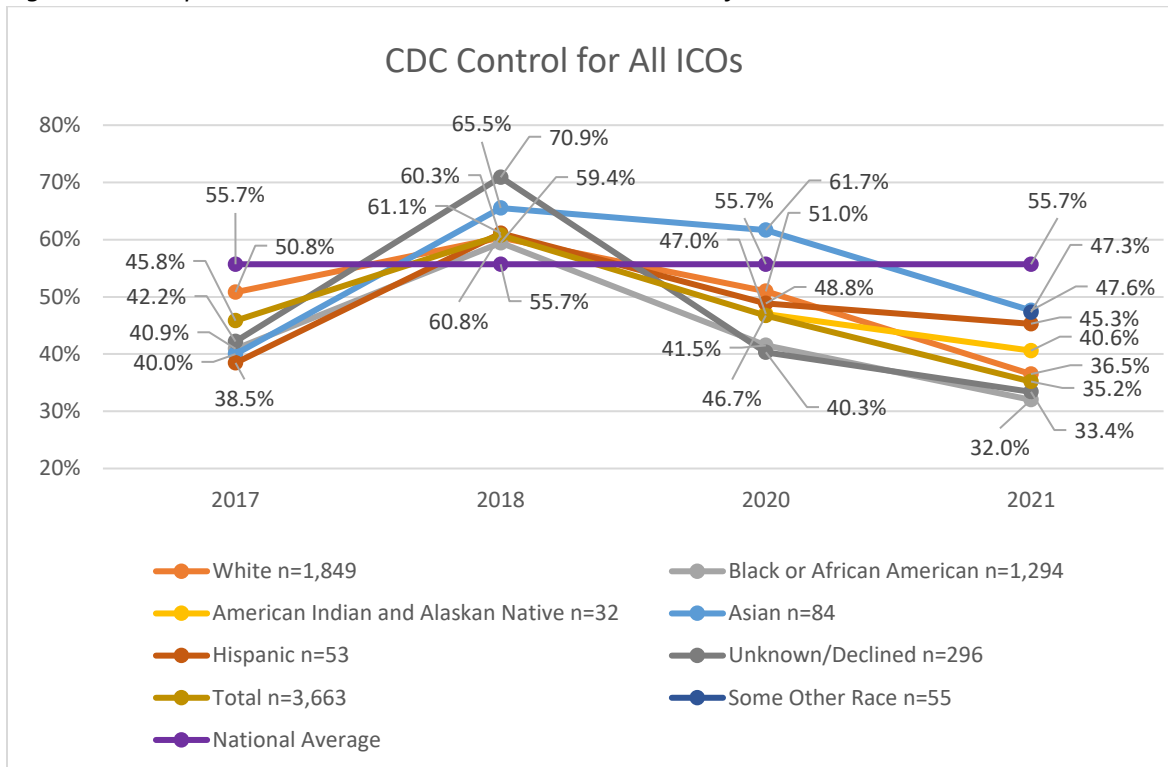


Figure 11. Comprehensive Diabetes Care- Poor HbA1c Control for all ICOs 2017-2021

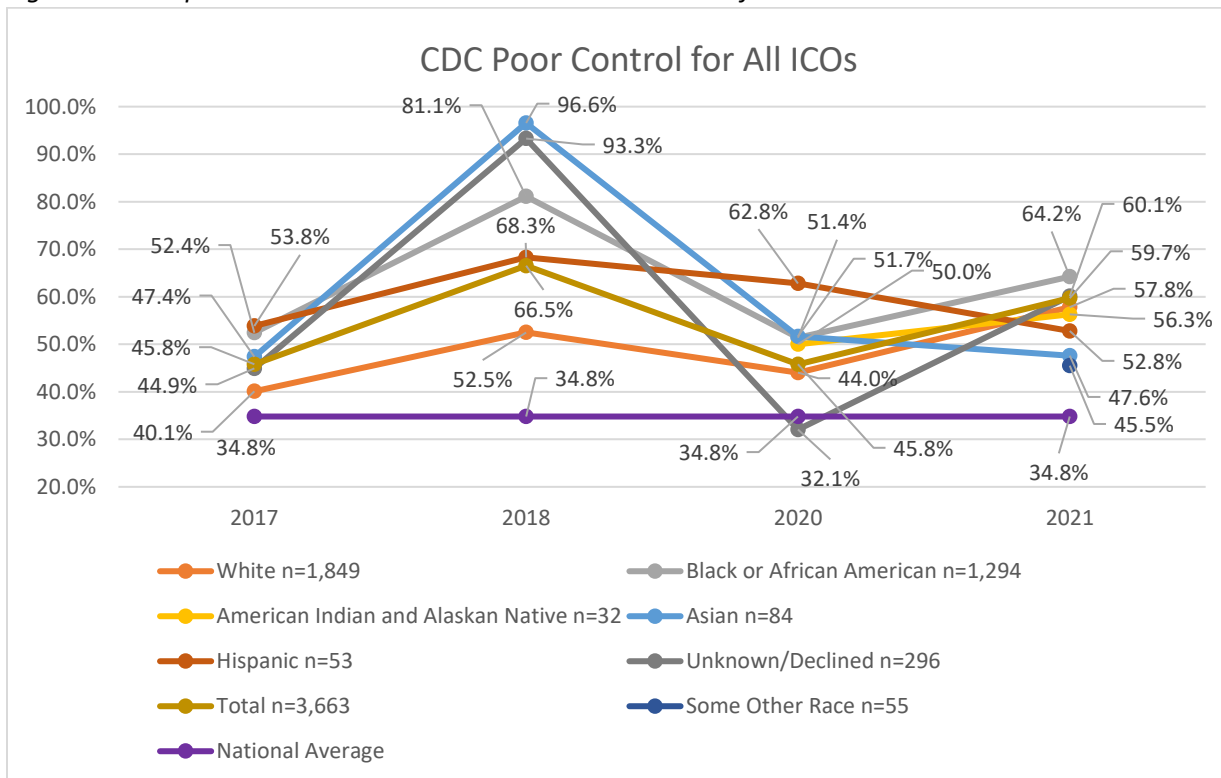


Figure 12. Colorectal Cancer Screening for all ICOs 2017-2021

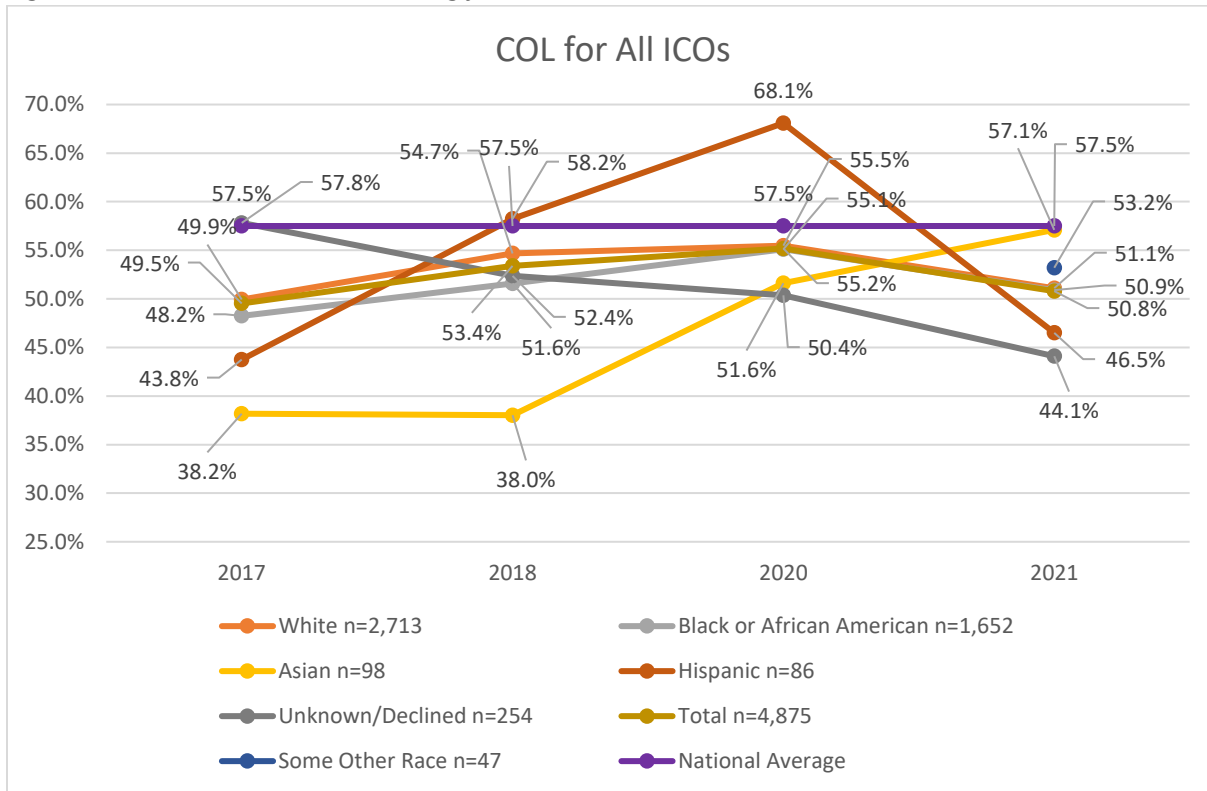


Figure 13. Follow Up After Hospitalization for Mental Illness within 30 Days for all ICOs 2017-2021

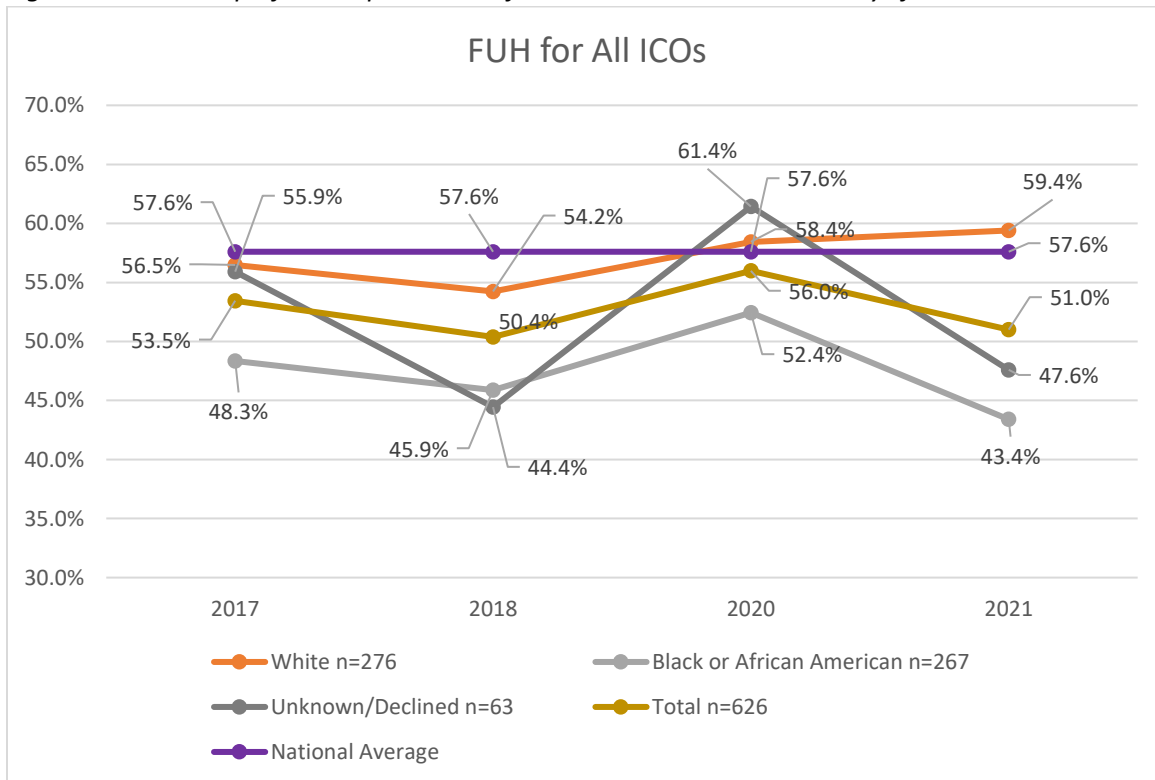


Figure 14. Plan All-Cause Readmission- Observed Readmissions 18-64 for all ICOs 2017-2021

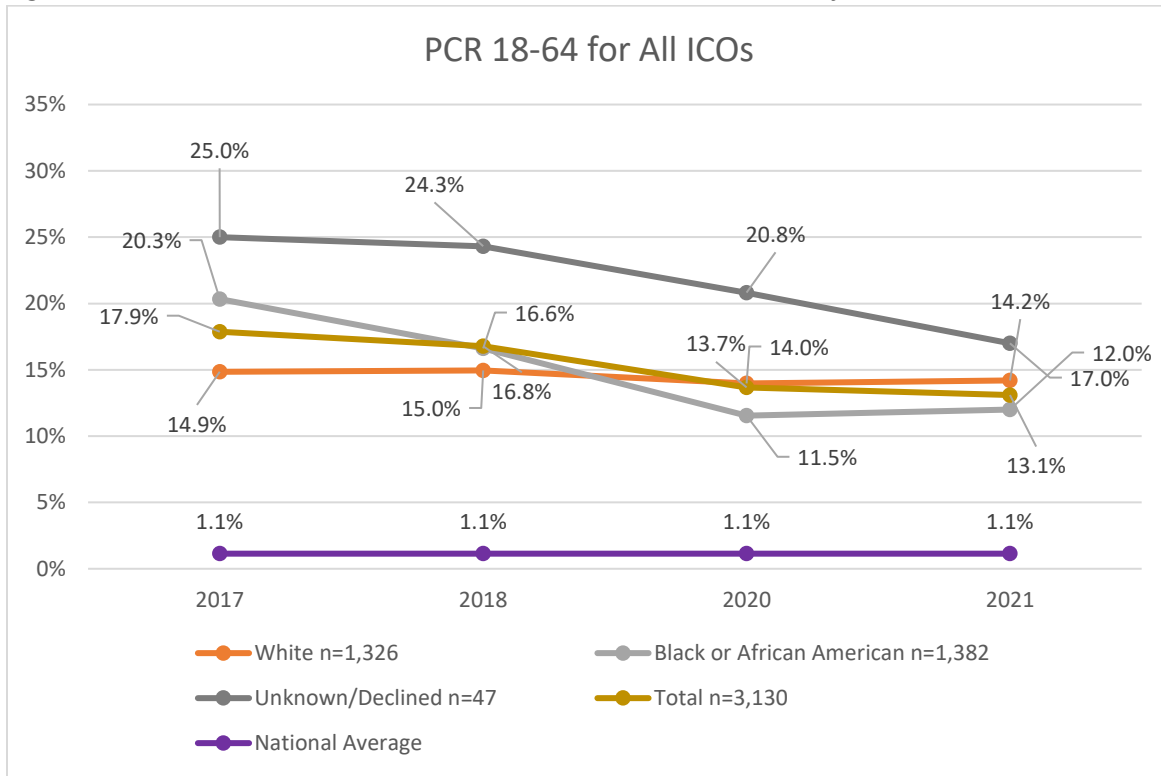
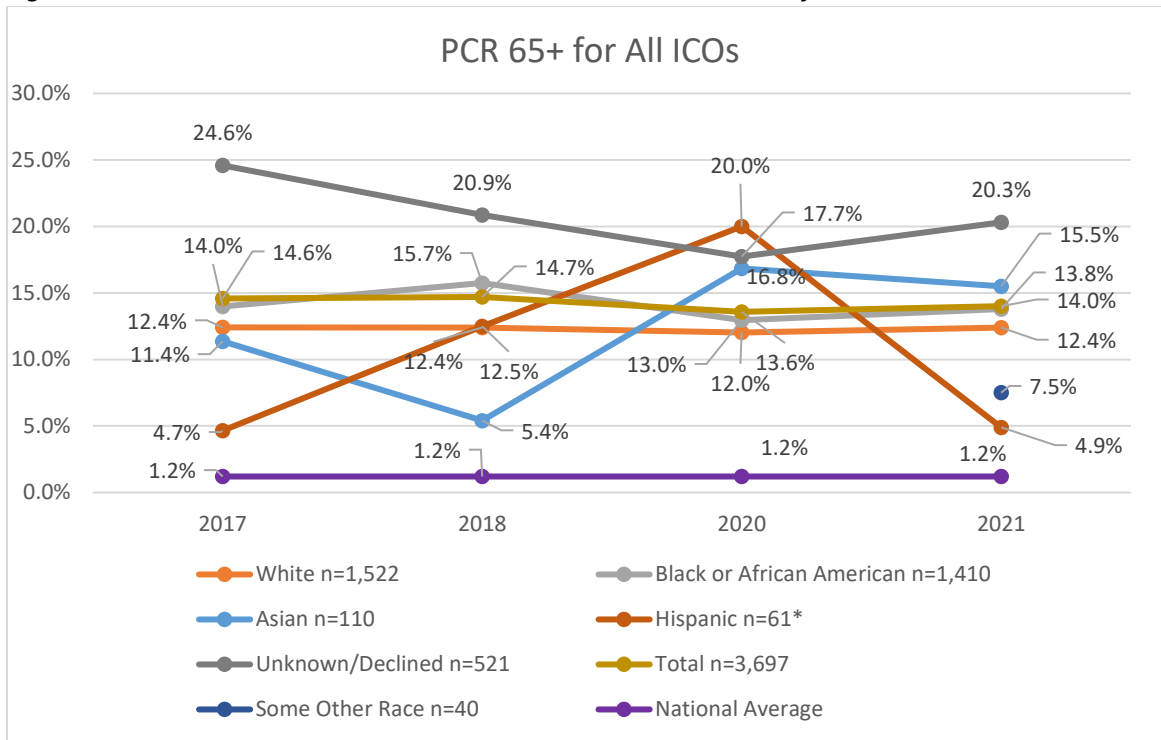


Figure 15. Plan All-Cause Readmission-Observed Readmissions 65+ for all ICOs 2017-2021



* Indicates small numerator, unable to report further.

Figure 16. Transitions of Care- Medication Reconciliation Post-Discharge for all ICOs 2017-2021

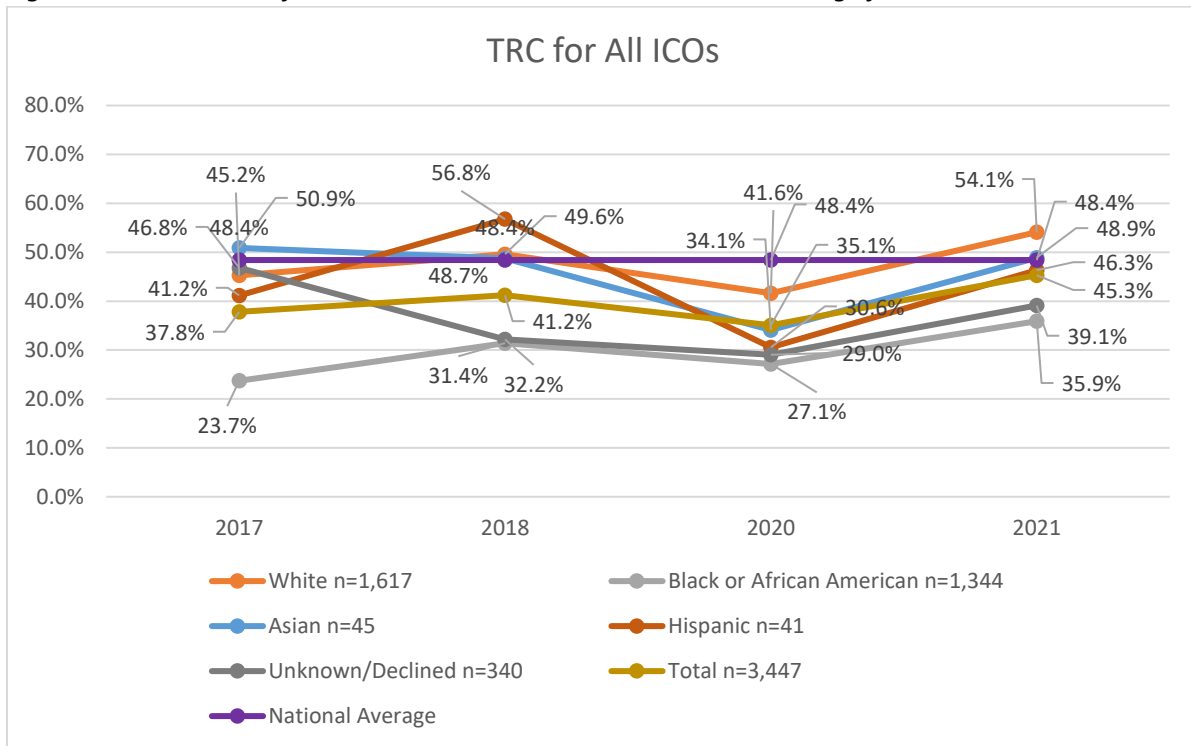


Figure 17. Annual Dental Visit for all ICOs 2017-2021

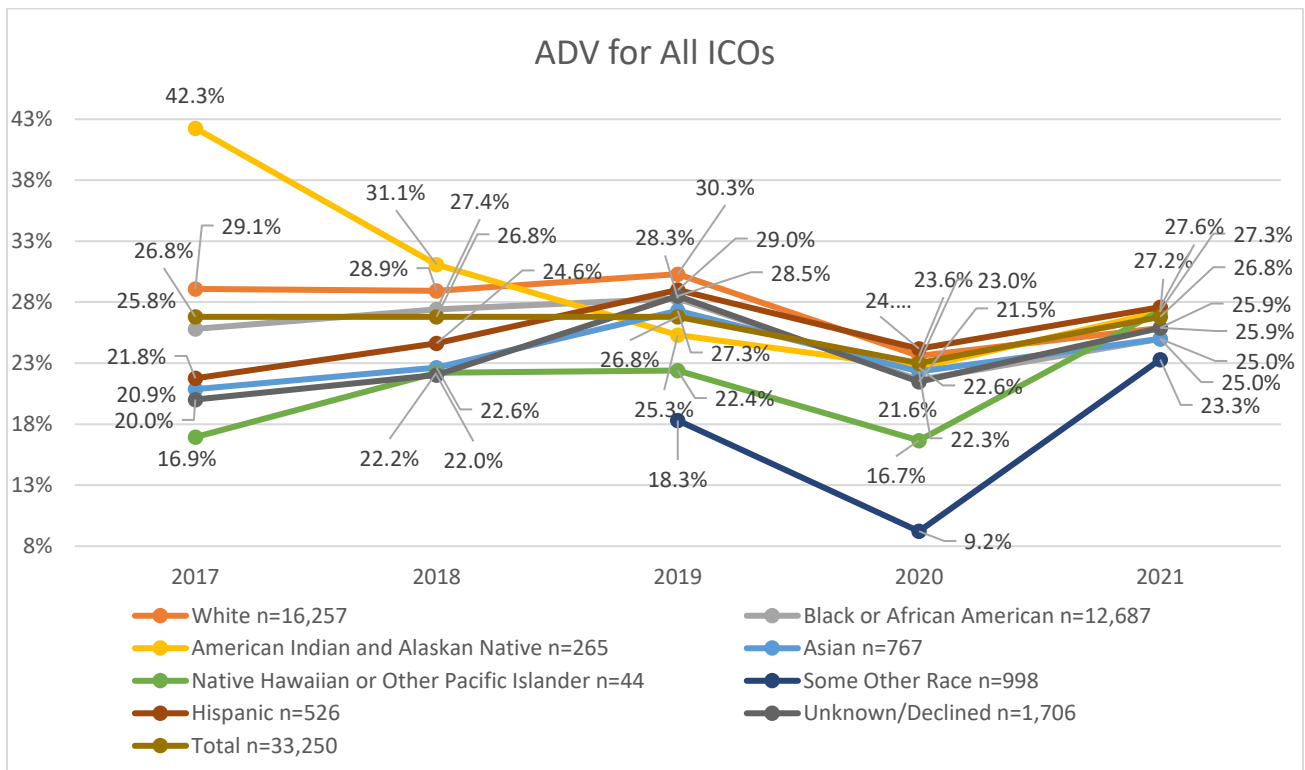


Table 6. White Rates 2017-2021

Measure	2017	2018	2020	2021
AAP2044	88.6%	88.7%	84.3%	87.6%
AAP4564	92.6%	94.6%	93.1%	94.4%
AAP65+	92.2%	92.4%	90.8%	92.9%
AAPTOT	92.6%	92.9%	90.5%	92.4%
AMM	64.8%	68.2%	74.9%	76.9%
BCS	57.5%	58.2%	55.4%	51.7%
CBP	69.6%	69.6%	69.6%	69.6%
CDCEye	62.5%	64.0%	54.7%	57.6%
CDCControl	50.8%	47.9%	51.0%	36.5%
CDCPoorControl	40.1%	52.5%	44.0%	57.8%
COL	49.9%	54.7%	55.5%	51.1%
FUH	56.5%	54.2%	58.4%	59.4%
PCR1864	14.9%	15.0%	14.0%	14.2%
PCR65+	12.4%	12.4%	12.0%	12.4%
TRC	45.2%	49.6%	41.6%	54.1%
ADV	29.1%	28.9%	23.6%	25.9%

Table 7. Black/African American Rates 2017-2021

Measure	2017	2018	2020	2021
AAP2044	81.7%	81.0%	80.1%	81.1%
AAP4564	92.5%	92.8%	92.6%	92.7%
AAP65+	90.0%	90.0%	89.8%	90.5%
AAPTOT	89.3%	89.7%	88.9%	89.3%
AMM	49.4%	57.0%	61.2%	72.4%
BCS	62.0%	62.3%	60.3%	56.9%
CBP	50.0%	55.4%	50.2%	33.0%
CDCEye	60.0%	59.1%	53.5%	51.7%
CDCControl	40.9%	39.6%	41.5%	32.0%
CDCPoorControl	52.4%	81.1%	51.4%	64.2%
COL	48.2%	51.6%	55.1%	50.9%
FUH	48.3%	45.9%	52.4%	43.4%
PCR1864	20.3%	16.6%	11.5%	12.0%
PCR65+	14.0%	15.7%	13.0%	13.8%
TRC	23.7%	31.4%	27.1%	35.9%
ADV	25.8%	27.4%	21.6%	25.0%

Table 8. American Indian/Alaskan Native Rates 2017-2021

Measure	2017	2018	2020	2021
AAP2044	--	--	80.0%	78.0%
AAP4564	--	95.8%	97.8%	94.4%
AAP65+	--	--	95.1%	89.9%
AAPTOT	87.8%	92.6%	93.1%	89.5%
AMM	--	--	--	--
BCS	--	--	53.0%	59.2%
CBP	--	--	--	50.0%
CDCEye	--	--	41.2%	65.6%
CDCControl	--	--	47.1%	40.6%
CDCPoorControl	--	--	50.0%	56.3%
COL	--	--	--	--
FUH	--	--	--	--
PCR1864	--	--	--	--
PCR65+	--	--	--	--
TRC	--	--	--	--
ADV	42.3%	31.1%	22.6%	27.2%

-- = Not available due to small number

Table 9. Asian Rates 2017-2021

Measure	2017	2018	2020	2021
AAP2044	88.4%	81.8%	94.8%	90.7%
AAP4564	94.0%	85.0%	92.3%	91.0%
AAP65+	82.3%	85.7%	86.3%	90.3%
AAPTOT	84.1%	86.4%	88.2%	90.4%
AMM	--	--	--	--
BCS	42.9%	44.3%	47.8%	42.6%
CBP	62.1%	59.4%	63.0%	46.8%
CDCEye	58.9%	63.7%	57.1%	57.1%
CDCControl	40.0%	37.3%	61.7%	47.6%
CDCPoorControl	47.4%	96.6%	51.7%	47.6%
COL	38.2%	38.0%	51.6%	57.1%
FUH	--	--	--	--
PCR1864	--	--	--	--
PCR65+	11.4%	--	16.8%	15.5%
TRC	50.9%	48.7%	34.1%	48.9%
ADV	20.9%	22.6%	22.3%	25.0%

-- = Not available due to small number

Table 10. Native Hawaiian/Other Pacific Islander Rates 2017-2021

Measure	2017	2018	2020	2021
AAP2044	--	--	--	--
AAP4564	--	--	--	--
AAP65+	89.7%	83.8%	--	79.4%
AAPTOT	92.3%	86.5%	90.9%	80.0%
AMM	--	--	--	--
BCS	--	--	--	--
CBP	--	--	--	--
CDCEye	--	--	--	--
CDCControl	--	--	--	--
CDCPoorControl	--	--	--	--
COL	--	--	--	--
FUH	--	--	--	--
PCR1864	--	--	--	--
PCR65+	--	--	--	--
TRC	--	--	--	--
ADV	16.9%	22.2%	16.7%	27.3%

-- = Not available due to small number

Table 11. Some Other Race Rates 2017-2021

Measure	2017	2018	2020	2021
AAP2044	--	--	--	87.0%
AAP4564	--	--	--	95.5%
AAP65+	60.6%	68.8%	74.4%	90.8%
AAPTOT	68.3%	74.4%	76.6%	91.1%
AMM	--	--	--	--
BCS	--	--	--	49.1%
CBP	--	--	--	55.7%
CDCEye	--	--	--	74.5%
CDCControl	--	--	--	47.3%
CDCPoorControl	--	--	--	45.5%
COL	--	--	--	53.2%
FUH	--	--	--	--
PCR1864	--	--	--	--
PCR65+	--	--	--	--
TRC	--	--	--	50.0%
ADV	--	--	9.2%	23.3%

-- = Not available due to small number

Table 12. Hispanic Rates 2017-2021

Measure	2017	2018	2020	2021
AAP2044	80.8%	80.3%	85.7%	87.1%
AAP4564	90.9%	86%	95.3%	96.4%
AAP65+	82.4%	84.8%	84.8%	83.6%
AAPTOT	84.2%	86.3%	87.7%	87.1%
AMM	--	--	--	--
BCS	66%	72.2%	54.1%	56.2%
CBP	59.4%	60%	56.1%	28.6%
CDCEye	53.8%	64.6%	58%	62.3%
CDCControl	38.5%	33.8%	48.8%	45.3%
CDCPoorControl	53.8%	68.3%	62.8%	52.8%
COL	43.8%	58.2%	68.1%	46.5%
FUH	--	--	--	--
PCR1864	--	--	--	12.8%
PCR65+	--	12.5%	20%	--
TRC	41.2%	56.8%	30.6%	46.3%
ADV	21.8%	24.6%	24.2%	27.6%

-- = Not available due to small number

Table 13. Total Rates 2017-2021

Measure	2017	2018	2020	2021
AAP2044	85.4%	85.1%	82.3%	84.2%
AAP4564	93.9%	93.8%	93.1%	93.7%
AAP65+	90.4%	90.8%	89.8%	91.4%
AAPTOT	90.9%	91.3%	89.6%	90.9%
AMM	57.7%	62.4%	70.5%	75.5%
BCS	58.7%	59.4%	56.9%	53.6%
CBP	59.6%	62.8%	57.1%	35.6%
CDCEye	61.3%	62.1%	54.4%	55.6%
CDCControl	45.8%	43.6%	46.7%	35.2%
CDCPoorControl	45.8%	66.5%	45.8%	59.7%
COL	49.5%	53.4%	55.2%	50.8%
FUH	53.5%	50.4%	56.0%	51.0%
PCR1864	17.9%	16.8%	13.7%	13.1%
PCR65+	14.6%	14.7%	13.6%	14.0%
TRC	37.8%	41.2%	35.1%	45.3%
ADV	26.8%	26.8%	26.8%	26.8%

2021 Results

When examining the data for 2021, it is clear that there are significant disparities present between the white reference population and that of the Black/African American, Asian, and Hispanic populations. There are a total of 34 measures in which the quality of care is better for the white reference population. It should be noted that there are 17 instances in which quality of care is better for the racial/ethnic subpopulation indicating there is no disparity present. Additionally, there are 16 instances in which there is no statistical difference between the rates in the white reference population and that of the comparison populations.

Table 14. 2021 Summary Table- Difference from Reference (White)

Race/Ethnicity	White	Black/African American	American Indian/Alaskan Native	Asian	Native Hawaiian/Other Pacific Islander	Other	Hispanic
AAP2044	Reference	Below	Below	NS	--	NS	NS
AAP4564	Reference	Below	NS	NS	--	NS	NS
AAP65+	Reference	Below	NS	Below	Below	Below	Below
AAPTOT	Reference	Below	Below	Below	Below	NS	Below
AMM	Reference	Below	--	--	--	--	--
BCS	Reference	Above	NS	Below	--	Below	Above
CBP	Reference	Below	NS	Above	--	NS	Below
CDCEye	Reference	Below	NS	Below	--	NS	NS
CDCControl	Reference	Below	Above	Above	--	Above	Above
CDCPoorControl	Reference	Above*	NS	Below*	--	Below*	Below*
COL	Reference	Below	--	Above	--	Above	Below
FUH	Reference	Below	--	--	--	--	--
PCR1864	Reference	Below*	--	--	--	--	Below*
PCR65+	Reference	Above*	--	Above*	--	--	--
TRC	Reference	Below	--	Below	--	Below	Below
ADV	Reference	Below	Above	Below	Above	Below	Above

Above = Rate is significantly higher than the reference

Below= Rate is significantly lower than the reference

NS= Not significantly different from the reference

-- = Not available due to small number

*Please note, for CDCPoorControl lower performance on this measure is seen as more favorable, as it indicates the number of people who are not “in control” of their diabetes management. For PCR1864, and PCR65+ lower performance on these measures is seen as more favorable, as it indicates less unplanned acute readmission for any diagnosis within 30 days after discharge

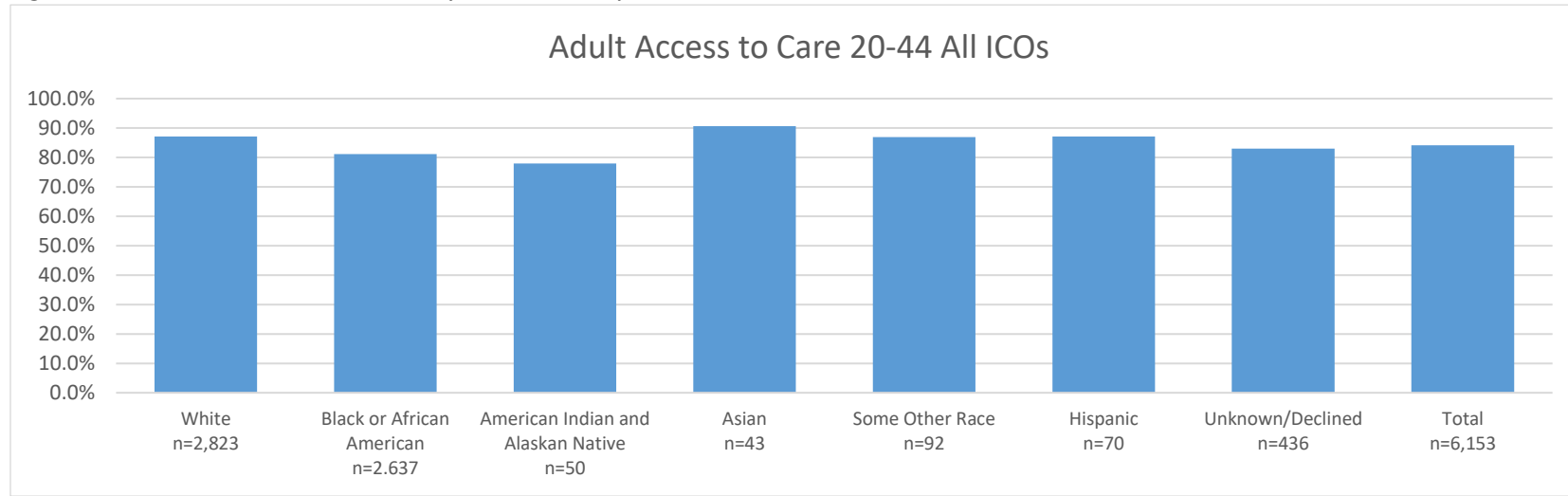
Adult Access to Care 20-44

Table 15. Adult Access to Care 20-44 by Race/Ethnicity, 2021

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	2,605	2,973	87.6%	Ref	Ref	Ref
Black/African American	2136	2,637	81.1%	-6.62%	0.93	Below
American Indian/Alaskan Native	39	50	78.0%	-9.62%	0.89	Below
Asian	39	43	90.7%	3.08%	1.04	NS
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	80	92	87.0%	-0.67%	1.04	NS
Hispanic	61	70	87.1%	-0.48%	0.99	NS
Unknown/Declined	362	436	83.0%	-4.59%	0.95	Below
Total	5180	6,153	84.2%	-3.44%	0.96	Below

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 18. Adult Access to Care 20-44 by Race/Ethnicity, 2021



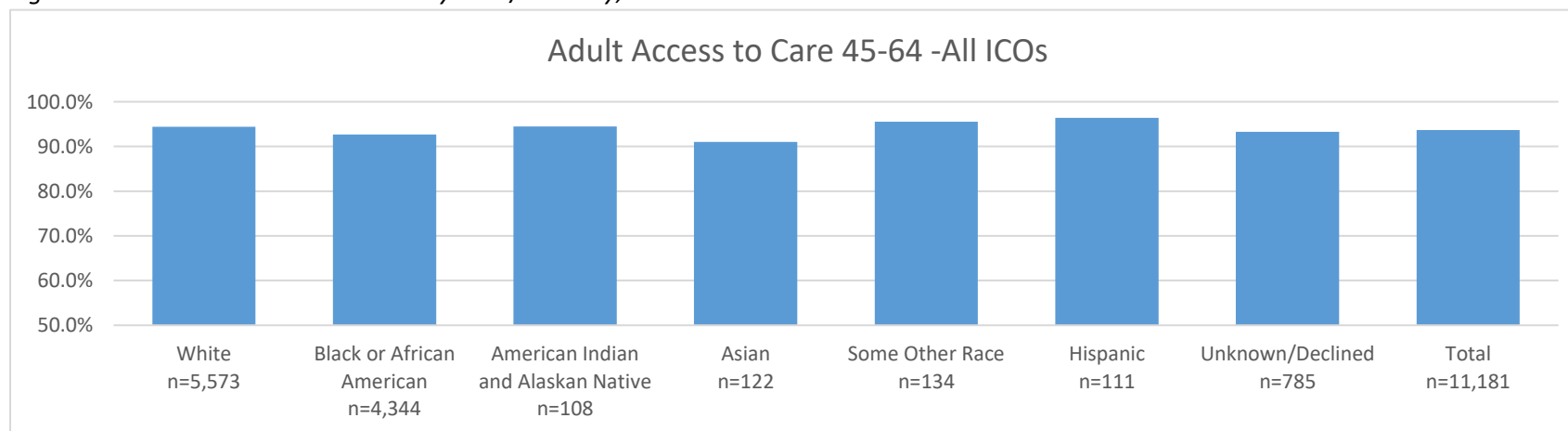
Adult Access to Care 45-64

Table 16. Adult Access to Care 45-64 by Race/Ethnicity, 2021

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	5,263	5,573	94.4%	Ref	Ref	Ref
Black/African American	4,025	4,344	92.7%	-1.78%	0.98	Below
American Indian/Alaskan Native	102	108	94.4%	-0.01%	1	NS
Asian	111	122	91.0%	-3.45%	0.96	NS
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	128	134	95.5%	1.08%	1.01	NS
Hispanic	107	111	96.4%	1.96%	1.02	NS
Unknown/Declined	732	785	93.2%	-1.19%	0.99	NS
Total	10,472	11,181	93.7%	-0.78%	0.99	Below

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 19. Adult Access to Care 45-64 by Race/Ethnicity, 2021



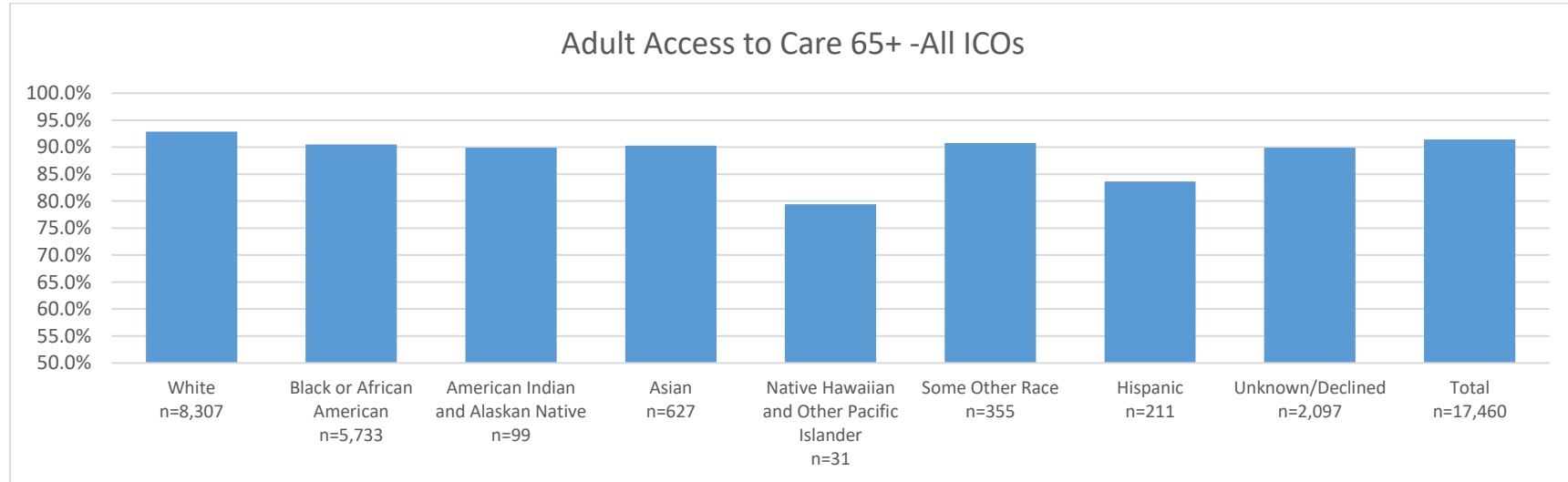
Adult Access to Care 65+

Table 17. Adult Access to Care 65+ by Race/Ethnicity, 2021

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	7,674	8,262	92.9%	Ref	Ref	Ref
Black/African American	5,197	5,741	90.5%	-2.36%	0.97	Below
American Indian/Alaskan Native	89	99	89.9%	-2.98%	0.97	NS
Asian	612	678	90.3%	-2.62%	0.97	Below
Native Hawaiian/Other Pacific Islander	27	34	79.4%	-13.47%	0.85	Below
Other	481	530	90.8%	-2.13%	0.98	Below
Hispanic	245	293	83.6%	-9.27%	0.89	Below
Unknown/Declined	1,641	1,825	89.9%	-2.97%	0.97	Below
Total	15,966	17,462	91.4%	-1.45%	0.98	Below

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 20. Adult Access to Care 65+ by Race/Ethnicity, 2021



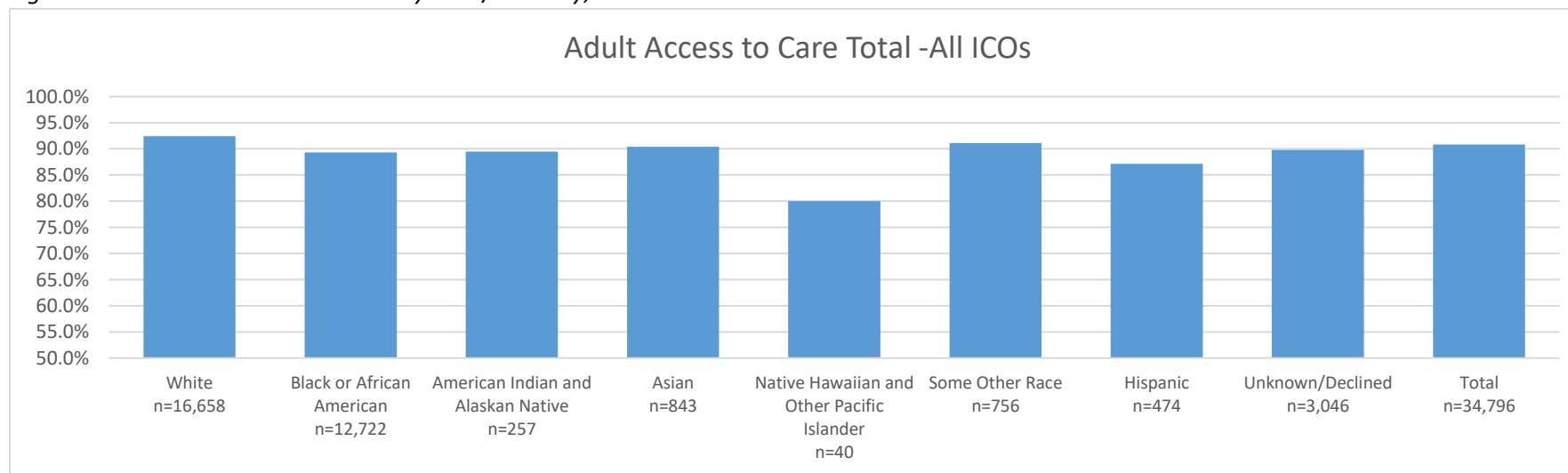
Adult Access to Care Total

Table 18. Adult Access to Care Total by Race/Ethnicity, 2021

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	15,396	16,658	92.4%	Ref	Ref	Ref
Black/African American	11,361	12,722	89.3%	-3.12%	0.97	Below
American Indian/Alaskan Native	230	257	89.5%	-2.93%	0.97	Below
Asian	762	843	90.4%	-2.03%	0.98	Below
Native Hawaiian/Other Pacific Islander	32	40	80.0%	-12.42%	0.87	Below
Other	689	756	91.1%	-1.29%	0.99	NS
Hispanic	413	474	87.1%	-5.29%	0.94	Below
Unknown/Declined	2,735	3,046	89.8%	-2.63%	0.97	Below
Total	31,618	34,796	90.9%	-1.56%	0.98	Below

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 21. Adult Access to Care Total by Race/Ethnicity, 2021



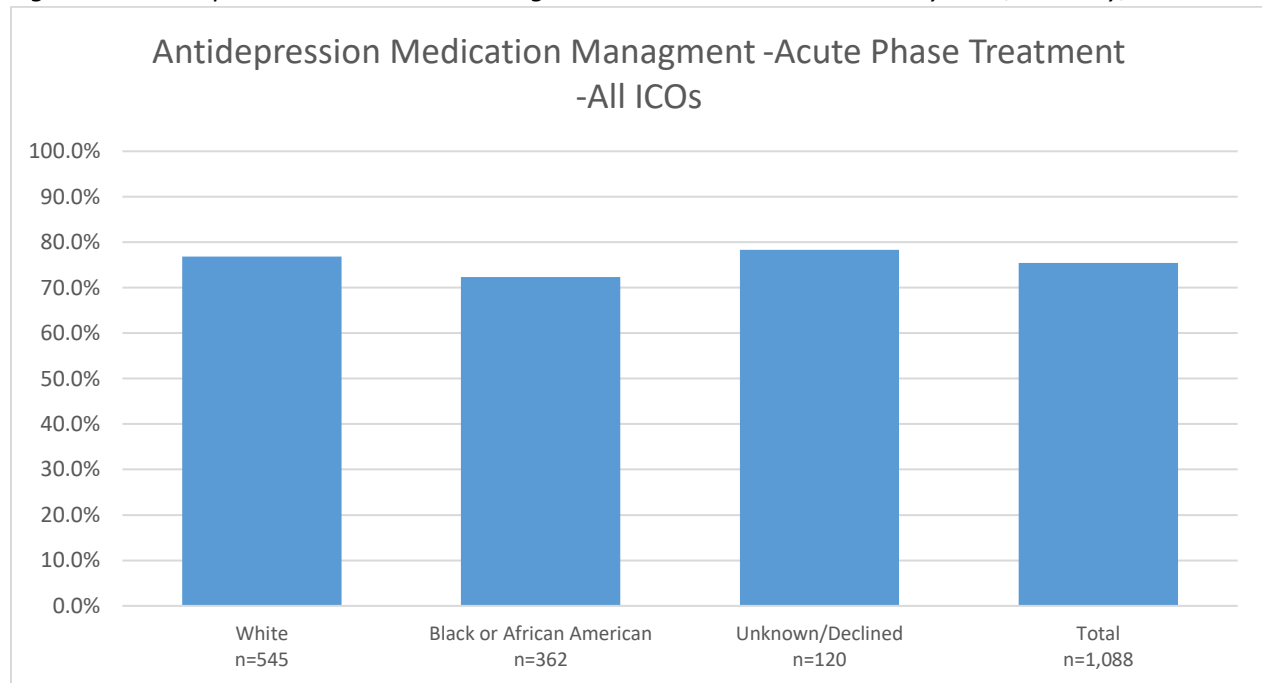
Antidepressant Medication Management – Acute Phase Treatment

Table 19. Antidepressant Medication Management-Acute Phase Treatment by Race/Ethnicity, 2021

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	419	545	76.9%	Ref	Ref	Ref
Black/African American	262	362	72.4%	-4.51%	0.84	Below
American Indian/Alaskan Native	--	--	--	--	--	--
Asian	--	--	--	--	--	--
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	--	--	--	--	--	--
Hispanic	--	--	--	--	--	--
Unknown/Declined	94	120	78.3%	1.45%	1.02	NS
Total	821	1,088	75.5%	-1.42%	0.98	Below

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 22. Antidepressant Medication Management-Acute Phase Treatment by Race/Ethnicity, 2021



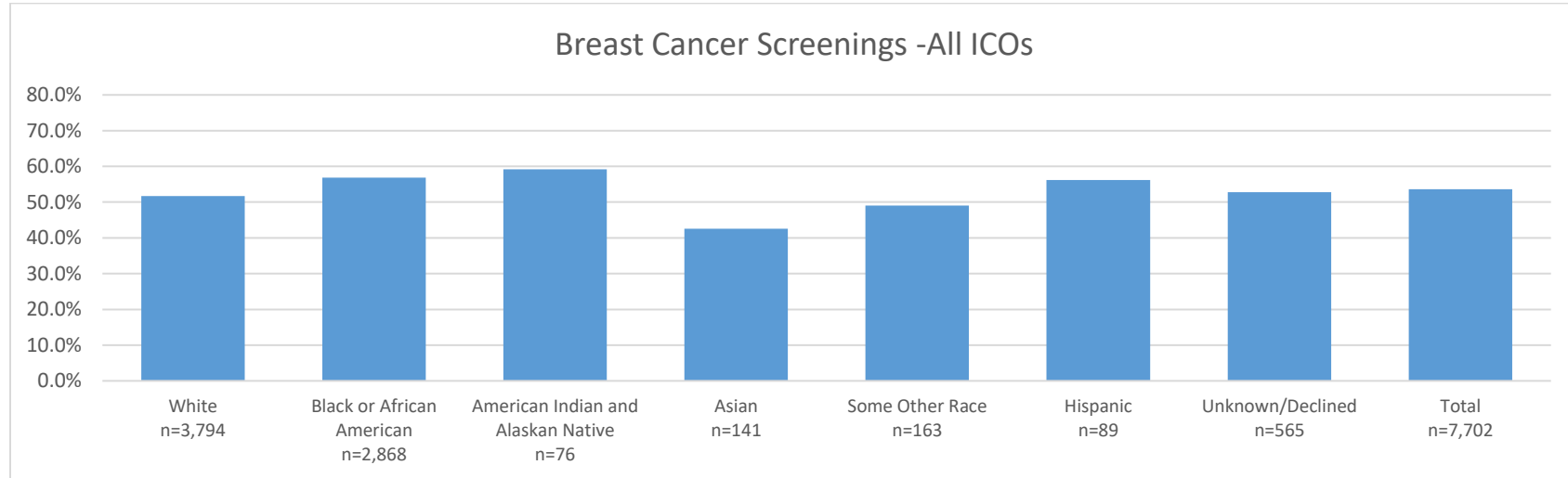
Breast Cancer Screening

Table 20. Breast Cancer Screening by Race/Ethnicity, 2021

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	1,962	3,794	51.7%	Ref	Ref	Ref
Black/African American	1,631	2,868	56.9%	5.16%	1.10	Above
American Indian/Alaskan Native	45	76	59.2%	7.5%	1.14	NS
Asian	60	141	42.6%	-9.16%	0.82	Below
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	80	163	49.1%	-2.63%	0.95	Below
Hispanic	50	89	56.2%	4.47%	1.09	Above
Unknown/Declined	298	565	52.7%	1.03%	1.02	Above
Total	4,127	7,702	53.6%	1.87%	1.04	Above

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 23. Breast Cancer Screening by Race/Ethnicity, 2021



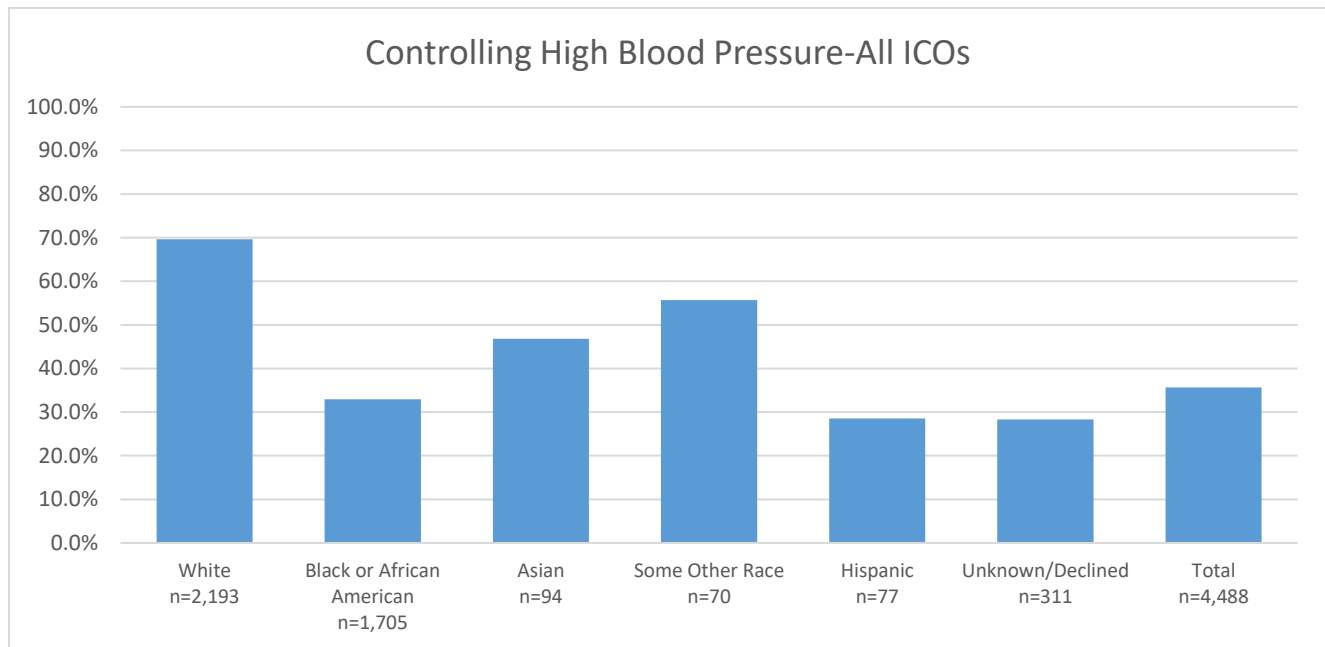
Controlling High Blood Pressure

Table 21. Controlling High Blood Pressure by Race/Ethnicity, 2021

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	825	2,193	69.6%	Ref	Ref	Ref
Black/African American	562	1,705	33.0%	-4.66%	0.47	Below
American Indian/Alaskan Native	18	36	50.0%	12.38%	0.72	NS
Asian	44	94	46.8%	9.19%	0.67	Above
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	39	70	55.7%	18.09%	0.80	NS
Hispanic	22	77	28.6%	-9.05%	0.41	Below
Unknown/Declined	88	311	28.3%	-9.32%	0.41	Below
Total	1,599	4,488	35.6%	-1.99%	0.51	Below

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 24. Controlling High Blood Pressure by Race/Ethnicity, 2021



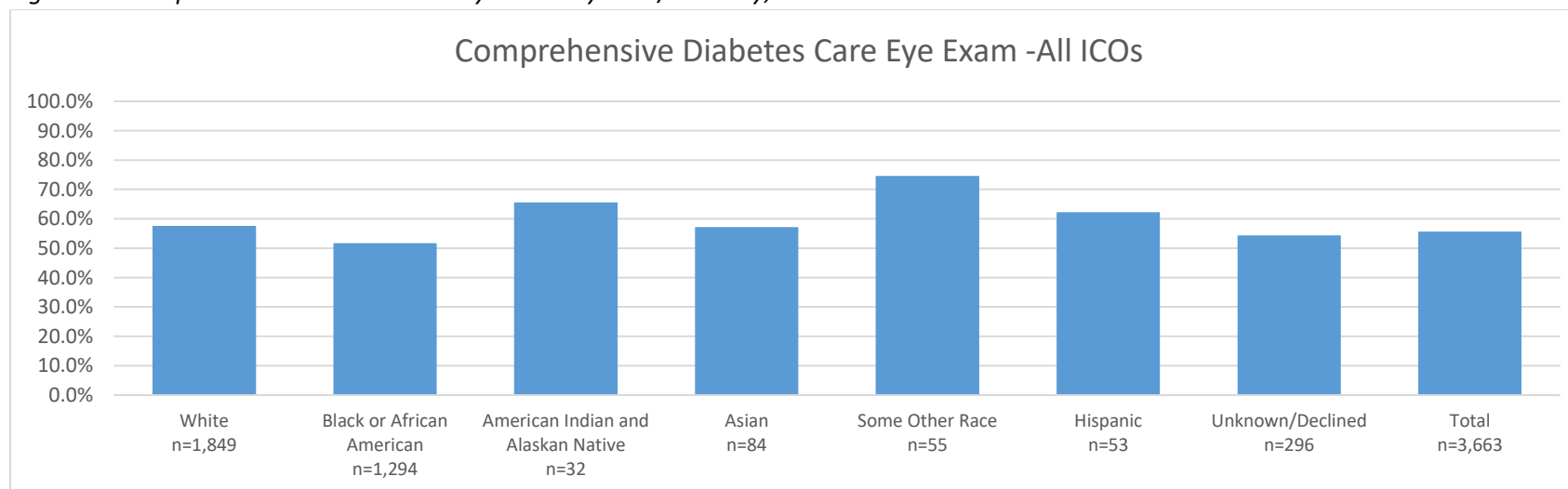
Comprehensive Diabetes Care Eye Exam

Table 22. Comprehensive Diabetes Care Eye Exam by Race/Ethnicity, 2021

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	1,065	1,849	57.6%	Ref	Ref	Ref
Black/African American	669	1,294	51.7%	-5.90%	0.89	Below
American Indian/Alaskan Native	21	32	65.6%	8.03%	1.14	NS
Asian	48	84	57.1%	-0.46%	0.99	Below
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	41	55	74.5%	16.95%	1.29	NS
Hispanic	33	53	62.3%	4.67%	1.08	NS
Unknown/Declined	161	296	54.4%	-3.21%	0.94	Below
Total	2,038	3,663	55.6%	-1.96%	0.97	Below

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 25. Comprehensive Diabetes Care Eye Exam by Race/Ethnicity, 2021



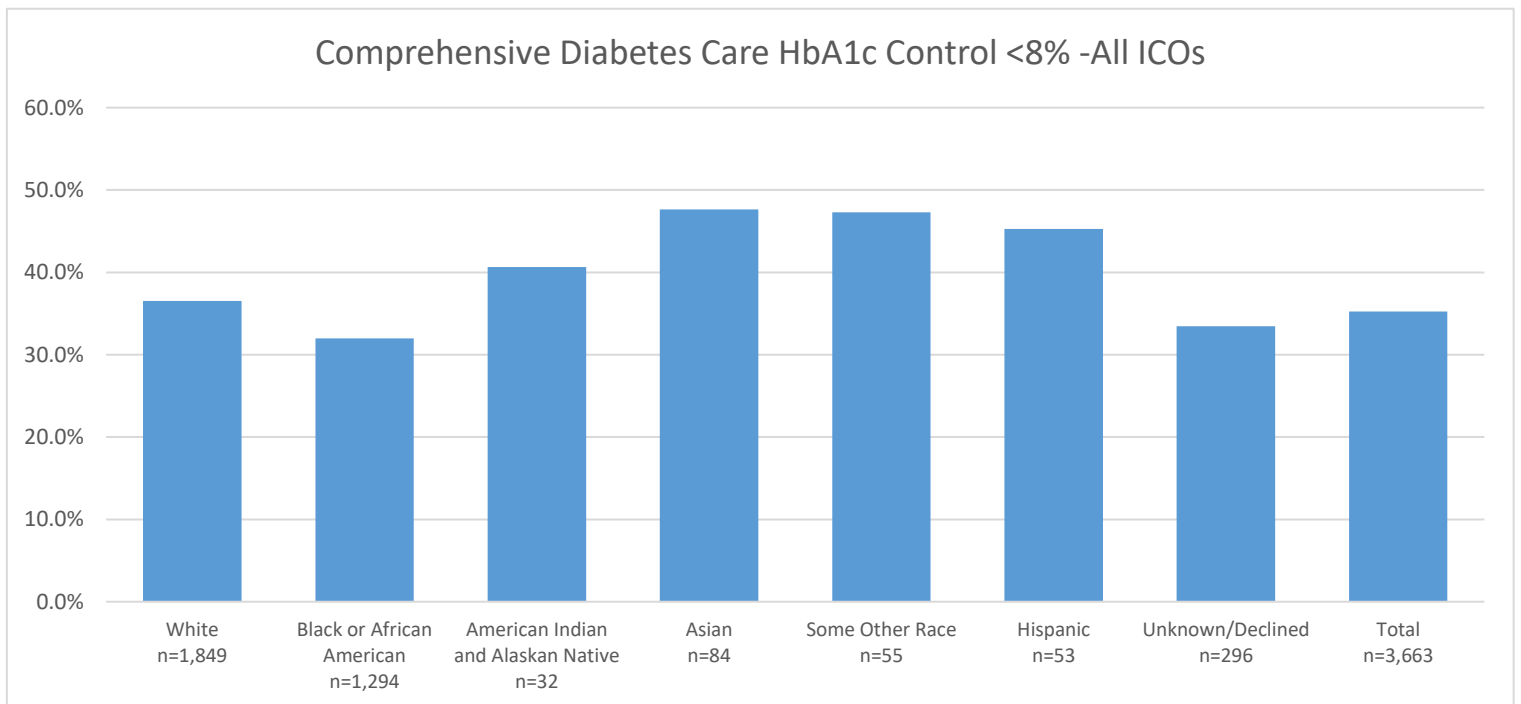
Comprehensive Diabetes Care HbA1c Control <8%

Table 23. Comprehensive Diabetes Care HbA1c Control <8% by Race/Ethnicity, 2021

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	675	1,849	36.5%	Ref	Ref	Ref
Black/African American	414	1,294	32.0%	-4.51%	0.88	Below
American Indian/Alaskan Native	13	32	40.6%	4.12%	1.11	Above
Asian	40	84	47.6%	11.11%	1.30	Above
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	26	55	47.3%	10.77%	1.29	Above
Hispanic	24	53	45.3%	8.78%	1.24	Above
Unknown/Declined	99	296	33.4%	-3.06%	0.92	Below
Total	1,291	3,663	35.2%	-1.26%	0.96	Below

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 26. Comprehensive Diabetes Care HbA1c Control <8% by Race/Ethnicity, 2021



Comprehensive Diabetes Care- Poor HbA1c Control

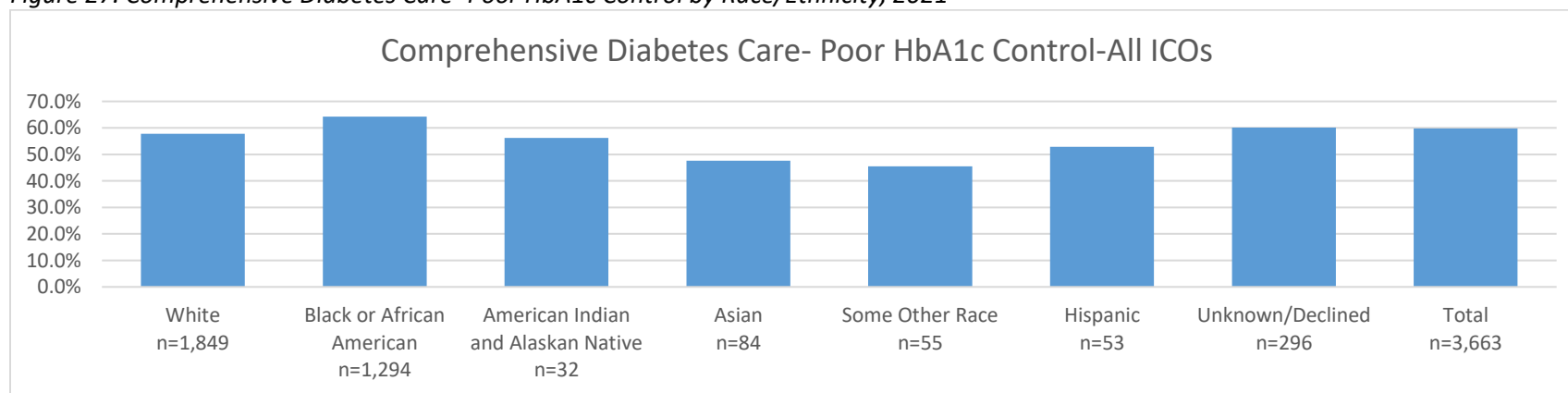
Table 24. Comprehensive Diabetes Care- Poor HbA1c Control by Race/Ethnicity, 2021

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	1,068	1,849	57.8%	Ref	Ref	Ref
Black/African American	831	1,294	64.2%	6.46%	1.11	Above*
American Indian/Alaskan Native	18	32	56.3%	-1.51%	0.97	NS
Asian	40	84	47.6%	-10.14%	0.82	Below*
Native Hawaiian/Other Pacific Islander	--	--	--	--	---	--
Other	25	55	45.5%	-12.31%	0.79	Below*
Hispanic	28	53	52.8%	-4.93%	0.91	Below*
Unknown/Declined	178	296	60.1%	2.37%	1.04	Above*
Total	2,188	3,663	59.7%	1.97%	1.03	Above*

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

*Please note, for CDCPoorControl lower performance on this measure is seen as more favorable, as it indicates the number of people who are not “in control” of their diabetes management.

Figure 27. Comprehensive Diabetes Care- Poor HbA1c Control by Race/Ethnicity, 2021



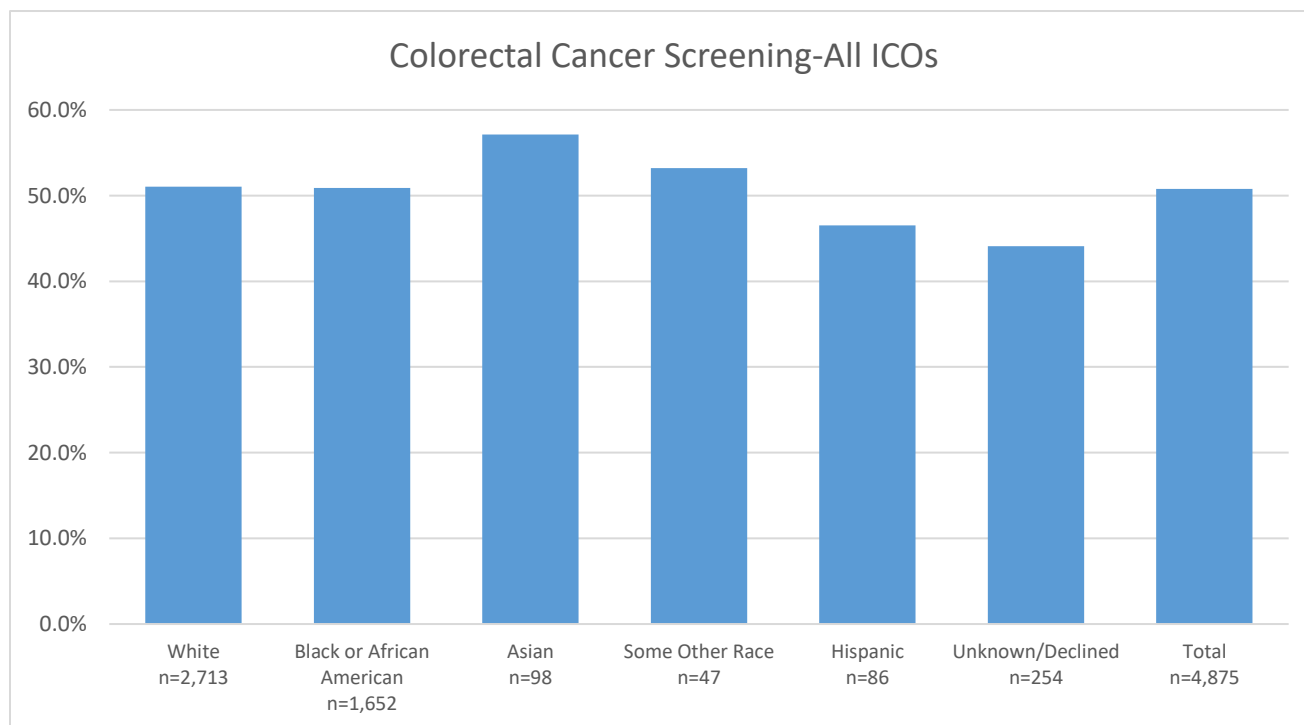
Colorectal Cancer Screening

Table 25. Colorectal Cancer Screening by Race/Ethnicity, 2021

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	1,385	2,713	51.1%	Ref	Ref	Ref
Black/African American	841	1,652	50.9%	-0.14	0.99	Below
American Indian/Alaskan Native	--	--	--	--	--	--
Asian	56	98	57.1%	6.09%	1.12	Above
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	25	47	53.2%	2.14%	1.04	Above
Hispanic	40	86	46.5%	-4.54%	0.91	Below
Unknown/Declined	112	254	44.1%	-6.96%	0.86	Below
Total	2,476	4,875	50.8%	-0.26%	0.99	Below

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 28. Colorectal Cancer Screening by Race/Ethnicity, 2021



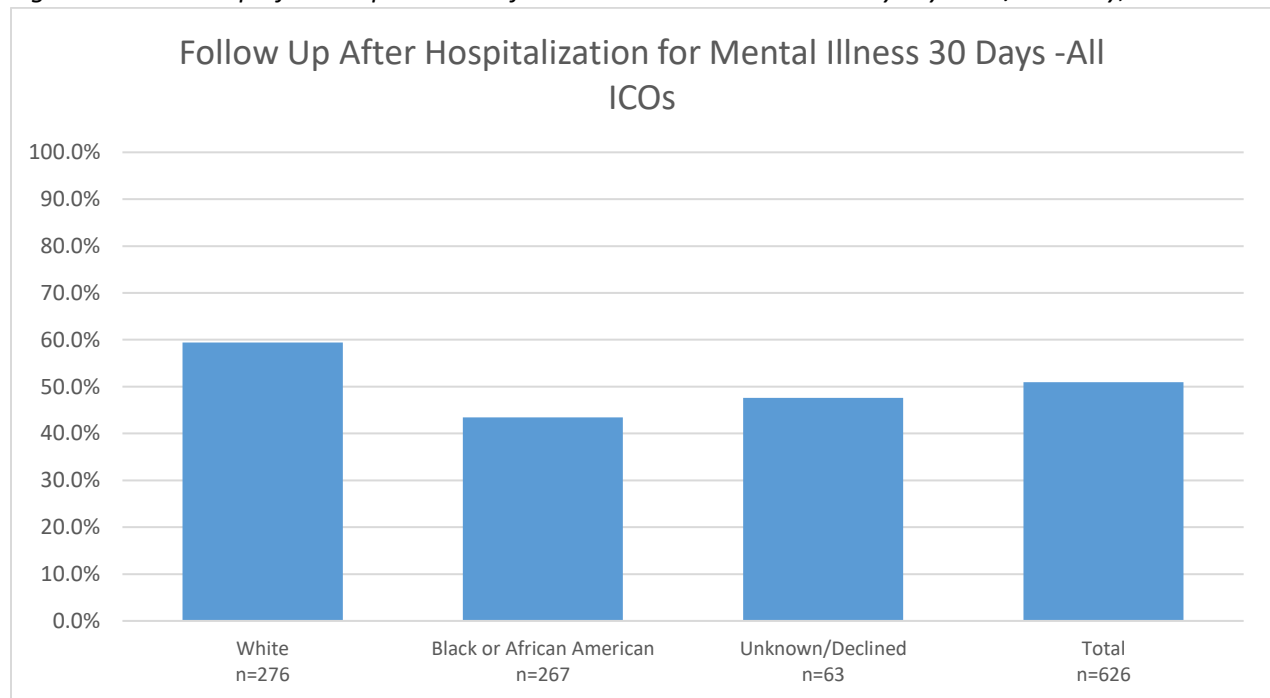
Follow Up After Hospitalization for Mental Illness Within 30-Days

Table 26. Follow Up After Hospitalization for Mental Illness Within 30-Days by Race/Ethnicity, 2021

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	164	276	59.4%	Ref	Ref	Ref
Black/African American	116	267	43.4%	-15.97	1.37	Below
American Indian/Alaskan Native	--	--	--	--	--	--
Asian	--	--	--	--	--	--
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	--	--	--	--	--	--
Hispanic	--	--	--	--	--	--
Unknown/Declined	30	63	47.6%	-11.80%	1.09	Below
Total	319	626	51.0%	-8.46%	1.18	Below

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 29. Follow Up After Hospitalization for Mental Illness Within 30-Days by Race/Ethnicity, 2021



Plan All-Cause Readmission-Observed Readmissions 18-64

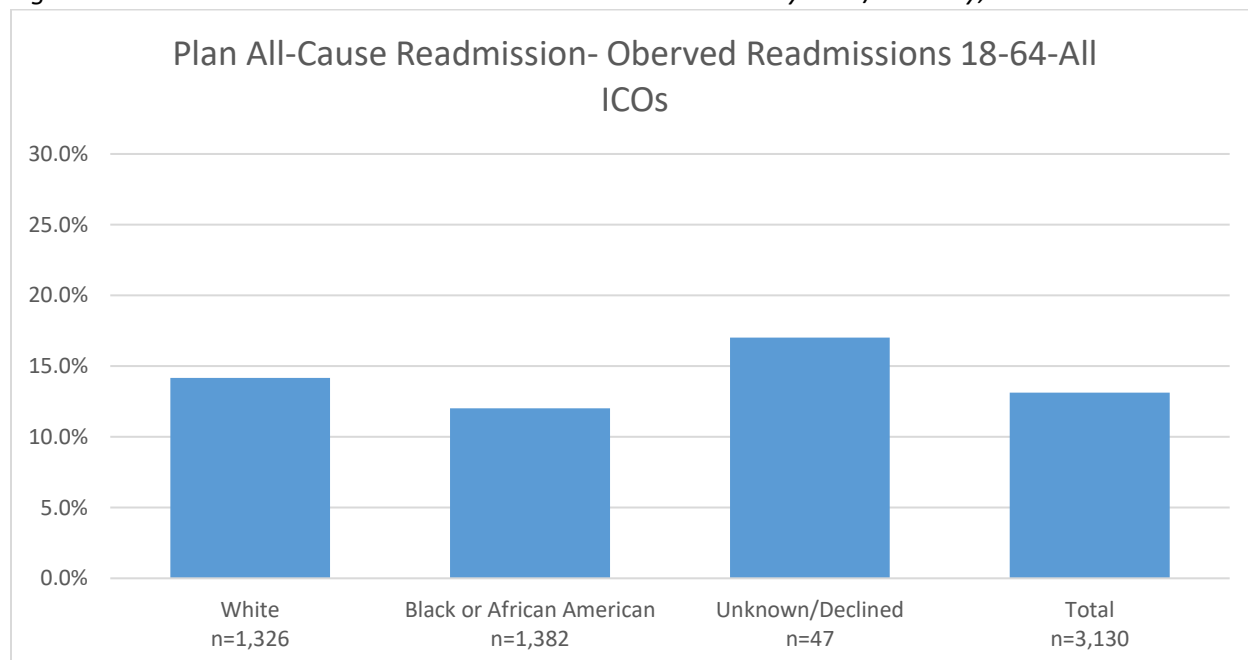
Table 27. All-Cause Readmission-Observed Readmissions 18-64 by Race/Ethnicity, 2021

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	188	1,326	14.2%	Ref	Ref	Ref
Black/African American	166	1,382	12.0%	-2.17%	0.85	Below*
American Indian/Alaskan Native	--	--	--	--	--	--
Asian	--	--	--	--	--	--
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	--	--	--	--	--	--
Hispanic	38	298	12.8%	-1.43%	0.90	Below*
Unknown/Declined	8	47	17.0%	2.84%	1.19	Above*
Total	411	3,130	13.1%	-1.05	0.92	Below*

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

*Please note, for PCR1864 lower performance on this measure is seen as more favorable, as it indicates less unplanned acute readmission for any diagnosis within 30 days after discharge.

Figure 30. All-Cause Readmission-Observed Readmissions 18-64 by Race/Ethnicity, 2021



Plan All-Cause Readmission-Observed Readmissions 65+

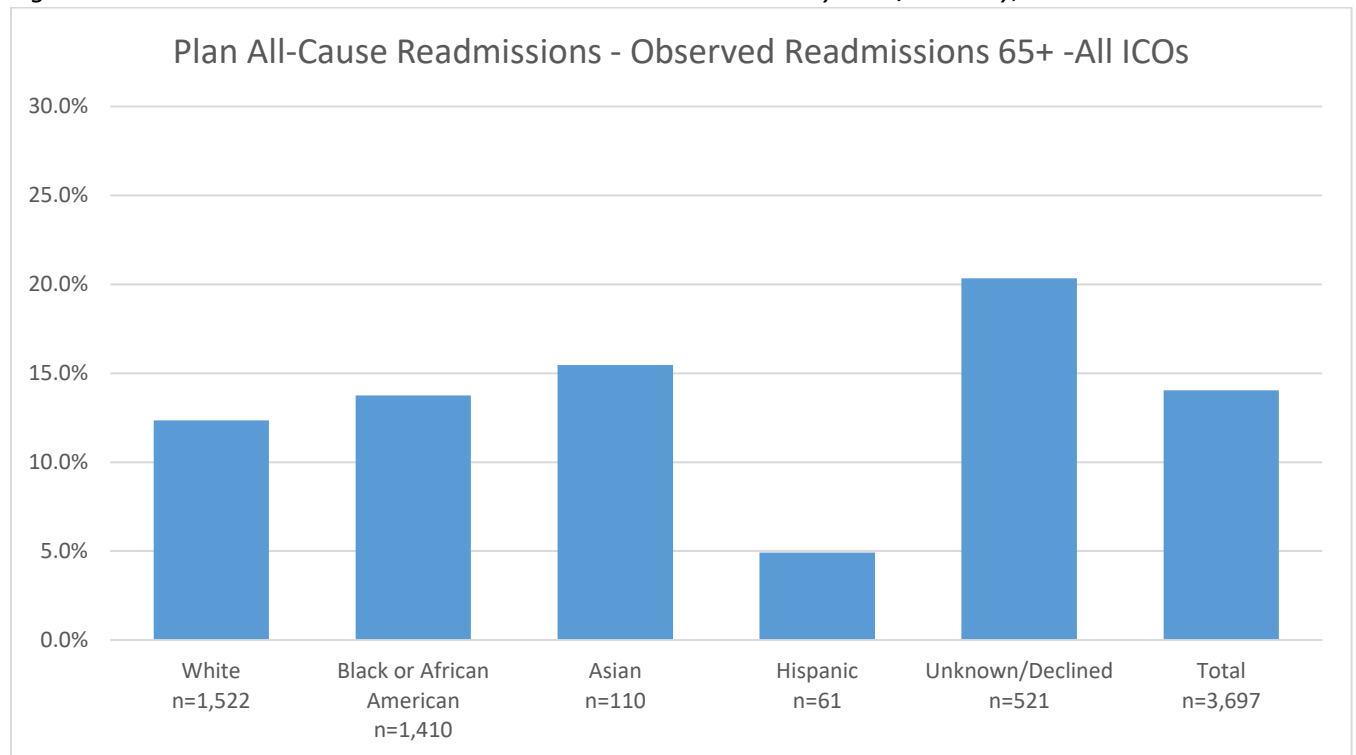
Table 28. Plan All-Cause Readmission-Observed Readmissions 65+ by Race/Ethnicity, 2021

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	188	1,522	12.4%	Ref	Ref	Ref
Black/African American	194	1,410	13.8%	1.41%	1.11	Above*
American Indian/Alaskan Native	--	--	--	--	--	--
Asian	17	110	15.5%	3.10%	1.25	Above*
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	--	--	--	--	--	--
Hispanic	--	--	--	--	--	--
Unknown/Declined	106	521	20.3%	7.99%	1.64	Above*
Total	519	3,697	14.0%	1.69%	1.13	Above*

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

*Please note, for PCR 65+ lower performance on this measure is seen as more favorable, as it indicates less unplanned acute readmission for any diagnosis within 30 days after discharge

Figure 31. Plan All-Cause Readmission-Observed Readmissions 65+ by Race/Ethnicity, 2021



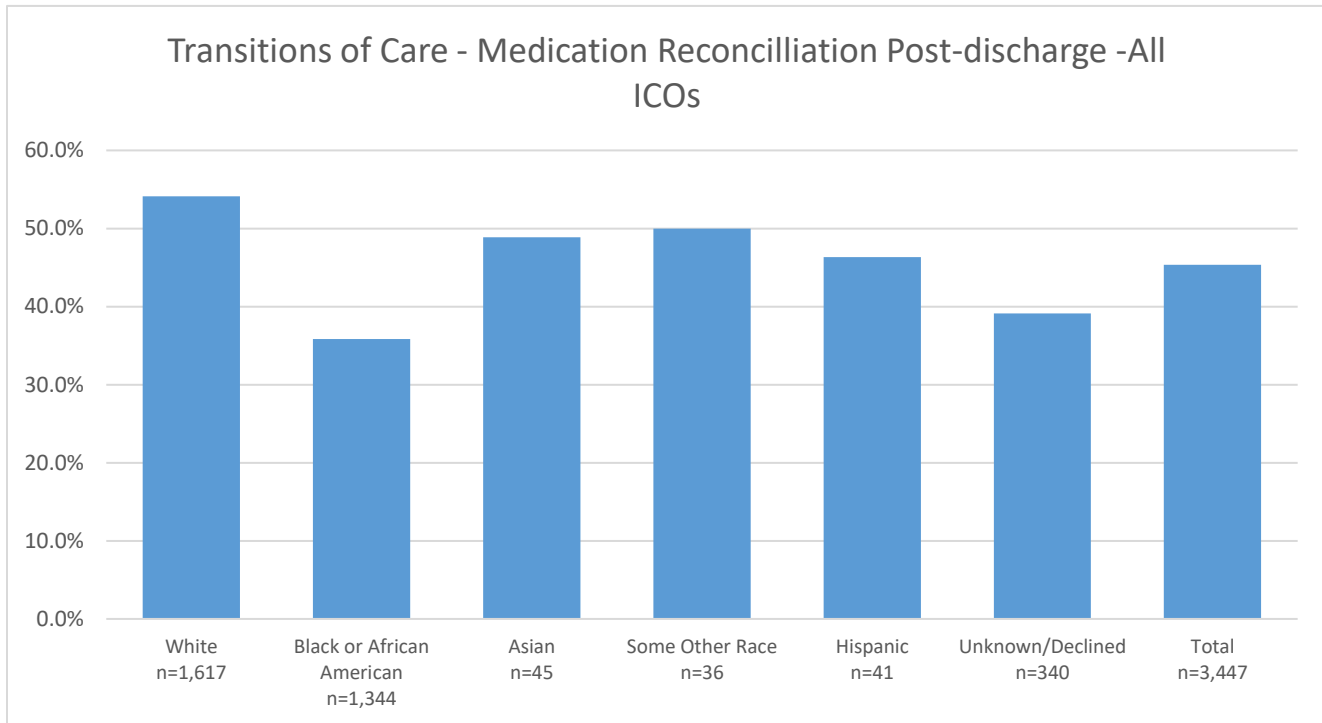
Transition of Care- Medication Reconciliation Post-Discharge

Table 29. Transition of Care-Medication Reconciliation Post-Discharge by Race/Ethnicity, 2021

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	875	1,617	54.1%	Ref	Ref	Ref
Black/African American	482	1,344	35.9%	-18.25%	0.66	Below
American Indian/Alaskan Native	--	--	--	--	--	--
Asian	22	45	48.9%	-5.22%	0.90	Below
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	18	36	50.0%	-4.11%	0.92	Below
Hispanic	19	41	46.3%	-7.77%	0.86	Below
Unknown/Declined	133	340	39.1%	-14.99%	0.72	Below
Total	1,563	3,447	45.3%	-8.77%	0.84	Below

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 32. Transition of Care-Medication Reconciliation Post-Discharge by Race/Ethnicity, 2021



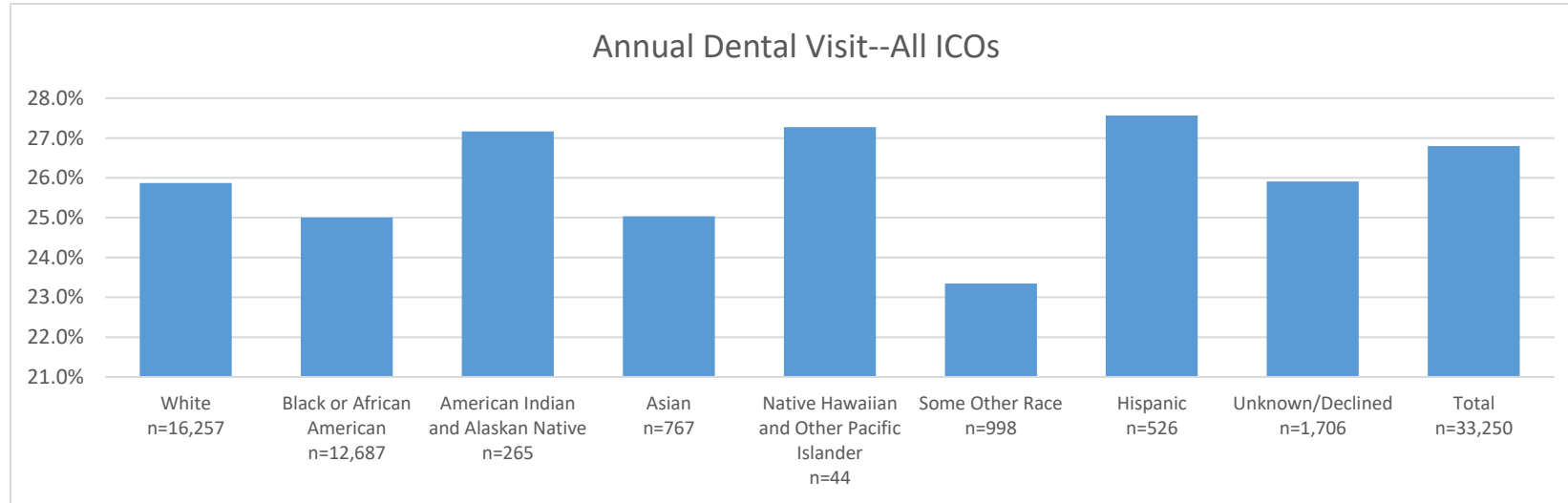
Annual Dental Visit for 2021

Table 30. Annual Dental Visit by Race/Ethnicity, 2021

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	4,206	16,257	25.9%	Ref	Ref	Ref
Black/African American	3,172	12,687	25.0%	-0.87%	0.97	Below
American Indian/Alaskan Native	72	265	27.2%	1.30%	1.05	Above
Asian	192	767	25.0%	-0.84%	0.97	Below
Native Hawaiian/Other Pacific Islander	12	44	27.3%	1.40%	1.05	Above
Other	233	998	23.3%	-2.53%	0.89	Below
Hispanic	145	526	27.6%	1.69%	1.07	Above
Unknown/Declined	442	1,706	25.9%	0.04%	1	Above
Total	8,474	33,250	26.8%	-0.39%	1.03	Below

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 33. Annual Dental Visit by Race/Ethnicity, 2021



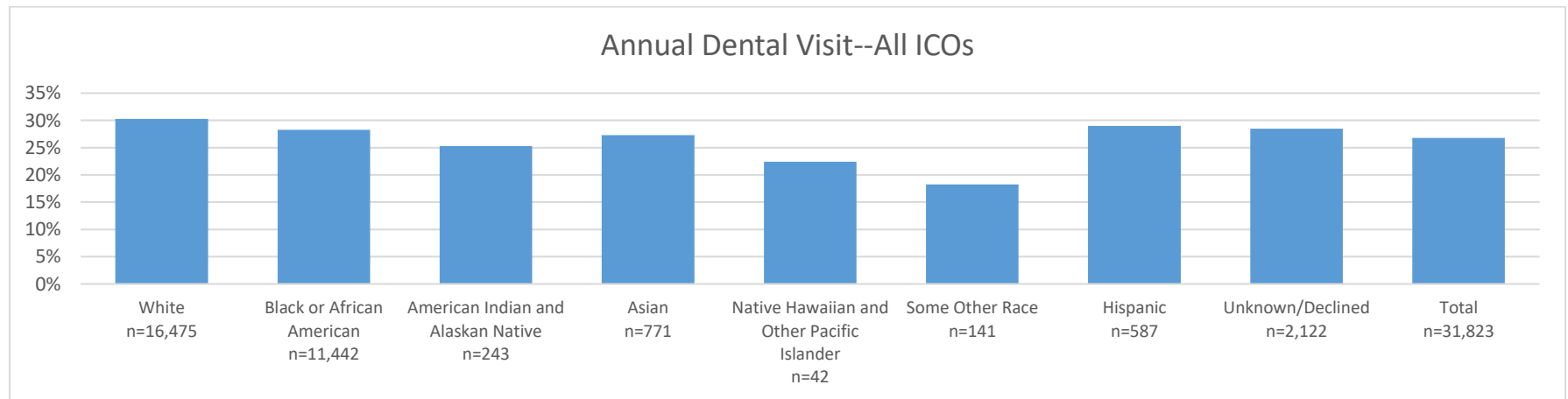
Annual Dental Visit for 2019*

Table 31. Annual Dental Visit by Race/Ethnicity, 2019

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	4,374	14,451	30.3%	Ref	Ref	Ref
Black/African American	3,139	11,106	29.9%	-0.4%	0.99	Below
American Indian/Alaskan Native	63	249	25.3%	-4.97%	0.83	Below
Asian	178	652	27.3%	-2.97%	0.90	Below
Native Hawaiian/Other Pacific Islander	13	58	22.4%	-7.85	0.74	Below
Other	127	695	18.3%	-11.99%	0.60	Below
Hispanic	156	538	29.0%	-1.27%	0.96	Below
Unknown/Declined	315	1,106	28.5%	-1.79%	0.94	Below
Total	8,365	28,855	29%	-1.28	0.96	Below

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 34. Annual Dental Visit by Race/Ethnicity, 2019



*ADV is not a HEDIS measure but is required by MDHHS to be reported. Data is available for the 2019 year, whereas HEDIS reporting was not required in 2019 so other measures cannot be included in a 2019 analysis.

Conclusion

The measures examined in this report will be tracked over time to determine if racial/ethnic inequity within particular measures are getting better, worse, or staying the same. It is important to note that changes in the equity status of a measure do not indicate an improvement in overall quality for a particular racial/ethnic category; it simply means that the gap between the minority population rate and the white reference rate are getting smaller. The overall goal of this project is to continue improving quality in the MHL program while decreasing any racial/ethnic disparities that may be present. This report will be repeated annually to monitor racial/ethnic disparities in the MHL program. The findings of these reports will be used in future interventions and policy changes in order to make meaningful and impactful change on the disparities landscape in the MHL program.