Medical Services Administration
Bureau of Medicaid Care Management & Quality Assurance

MEDICAID HEALTH EQUITY PROJECT YEAR 6 REPORT (HEDIS 2016)

All Plans

MDHHS
Michigan Department of Health & Human Services
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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 2.3 million beneficiaries in their care[2]. Federal regulations require that MHPs provide services "in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds."[3] Both federal and state laws address the need to reduce racial/ethnic disparities in healthcare and outcomes. The Affordable Care Act (ACA) includes language that prohibits discrimination under any health program or activity that is receiving federal financial 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 on the Health Equity Project

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

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[1] LaVeist RA, Gaskin DJ, Richard P. The Economic Burden of health Inequalities in the United States. Washington, DC: Joint Center for Political and Economic Studies; September 2009
[2] Michigan Medicaid Managed Care Enrollment Report, January 2016
[3] Balanced Budget Act of 1997. 42 CFR 438.206(e)(2). Cultural Considerations.
[4] Patient Protection and Affordable Care Act, PUBLIC LAW 111–148, Sec. 1557
[5] Patient Protection and Affordable Care Act, PUBLIC LAW 111–148, Sec. 4302
[6] Michigan Compiled Laws, 2006 PA 653. Signed by Gov. Jennifer M. Granholm on January 8, 2006

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

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

Methods

As a means of measuring quality consistently across health plans, and to facilitate comparison across states, MHPs submit audited Health Effectiveness Data and Information Set (HEDIS) data to MDHHS for each measure that pertains to Medicaid covered benefits. Medicaid Managed Care Plans also submit select HEDIS measures broken down by race/ethnicity to MDHHS. Medicaid Health Plans are provided a blank template to ensure consistency across all plan submissions (see Appendix C). Health plans used their audited HEDIS data to draw the initial numbers (total numerators and denominators), but the final data broken down by race/ethnicity is not audited. All template totals match totals reported in the HEDIS Interactive Data Submission System (IDSS). See Table 1 for a list of the HEDIS measures included in 2016.

Race/ethnicity data are taken from Medicaid enrollment forms, which use self-identification to determine race and ethnicity. This information is shared with MHPs on the monthly eligibility file that transmits the new members assigned to their plan. Health Plans may also have supplementary systems in place to acquire and store this information (i.e. retrieving it from EMR systems in their provider network). However, the majority of these data are obtained during the Medicaid enrollment process and provided to the MHPs by MDHHS.

Measures were stratified for the following racial populations: American Indian/Alaska Native; Asian American/Native Hawaiian/Other Pacific Islander; African American; White and one ethnicity: Hispanic. Any reference to Hispanic was categorized into the Hispanic group and the numbers represented by the racial categories were assumed to be Non-Hispanic. Unknown or declined race/ethnicity is considered missing data for this analysis. In 2016, individuals in the Other/Multiracial population were categorized as race/ethnicity unknown due to the inconsistent use of this category across MHPs.

Table 1. List of HEDIS measures used

Measures	Abbreviation
Women – Adult Care and Pregnancy Care	
Breast Cancer Screening	BCS
Cervical Cancer Screening	CCS
Chlamydia Screening in Women - Total	CHL
Post-Partum Care	PPC
Child and Adolescent Care	
Childhood Immunizations - Combination 3	CIS
Immunizations for Adolescents - Combination 1	IMA
Lead Screening in Children	LSC
Well Child Visits 3-6 years	W34
Access to Care	
Children and Adolescents' Access To PCP (25 Months-6 Yrs)	CAP
Adults' Access to Preventive/Ambulatory Health Services (20-44)	AAP
Living with Illness	
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 2016). Data were considered insufficient and results were suppressed if those who received services was less than 5 (the numerator), those who did not receive services was less than 5 (the remainder) and/or the population under consideration was less than 50 (the denominator).

Pairwise Disparity

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

Absolute Disparity = Non-White Estimate – Reference Estimate
Relative Disparity = Non-White Estimate / Reference Estimate

The White population served as the reference group for all pairwise comparisons because, in Michigan, it is the only population large enough to provide a stable comparison over time. Two rates were determined statistically different at alpha=0.05. Confidence Intervals can be found in Table 21.

In Michigan, African American, Hispanic and White beneficiaries make up approximately 90% of the eligible population. Rates for these three populations were trended for 2012 – 2016. The rates were compared and graphed for the African American, Hispanic and White populations for thirteen measures. The measures for each year were declared statistically significantly different at alpha=0.05.

Population Disparity

Population Disparity describes how much disparity exists in the entire population for one indicator by combining the disparity experienced by all subgroups into one measure. For each indicator, population disparity was estimated with an Index of Disparity[7] (ID), which describes average subpopulation variation around the total population rate.

$$ID = (\sum |r_{(n)} - R| / n) / R*100$$
r= Subpopulation rate, R=Total population rate, n=number of subpopulations

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

Limitations

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

Results

Demographic Characteristics

The demographic characteristics of the Michigan Medicaid Managed Care population by race/ethnicity are displayed in Table 2. Data for this table is drawn from the Race/Ethnicity Diversity of Membership and Enrollment by Product Line (Total) HEDIS measures. All individuals included were Medicaid eligible and enrolled in Medicaid Managed Care Organizations for at least 11 out of 12 months in the year data was collected. Approximately 53.4% of the population identified as White, 29.4% as African American, and 5.4% as Hispanic. All other racial/ethnic groups made up approximately 2.1% of the population, and race/ethnicity was unknown or 15.1%.

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

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

Characteristics	Percentage of Managed Care Population
Racial Groups	
American Indian/Alaska Native	0.49%
Asian American/Native Hawaiian & Other Pacific Islander	1.14%
African American	28.00%
White	54.01%
Unknown/ Other/Declined	*16.35%*
Ethnic Groups	
Hispanic	5.64%

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 2016 National Medicaid HEDIS 50th percentile for that measure (See Table 4). For all measures, at least one non-White racial/ethnic population showed a statistically significant difference from the White reference population, except Breast Cancer Screening (BCS). Year 6 is the first year of the project where there were any measures that showed no disparities. These results are discussed in more detail below.

Women – Adult Care and Pregnancy Care

The Women-Adult Care and Pregnancy Care dimensions included the measures with the largest racial/ethnic disparities (See Tables 5-8 and Figures 1-4). The largest negative difference can be found in the Post-Partum Care (PPC) measure, where the gap between African American and White women was 13.18 percentage points. The largest absolute difference was between African American and White women for the Chlamydia Screening (CHL) measure, where the gap was 13.67 percentage points, with African American women being screened at significantly higher rates. There were no significant differences identified between populations in the Breast Cancer Screening (BCS) measure. All significant differences for these four measures are described below:

- Cervical Cancer Screening (CCS) rates were higher for the African American (4.43 percentage points), Asian American/Native Hawaiian & Other Pacific Islander (3.32 percentage points) and Hispanic (3.78 percentage points) populations.
- Chlamydia Screening in Women - Total (CHL) rates were higher for the African American (13.67 percentage points) and Hispanic (5.65 percentage points) populations.

- Post-Partum Care (PPC) rates were lower for the African American population by 13.18 percentage points, and higher for the Asian American/Native Hawaiian & Other Pacific Islander population by 6.61 percentage points.

Child and Adolescent Care

Many Child and Adolescent Care measures had rates where some racial/ethnic populations are significantly higher than the White rate, while other racial/ethnic populations are lower (See Tables 9-12 and Figures 5-8). All significant differences for these two measures are described below:

- Childhood Immunizations Combination 3 (CIS) rates were lower for the African American population by 12.29 percentage points, but higher for the Asian American/Native Hawaiian & Other Pacific Islander (7.80 percentage points) and Hispanic (6.00 percentage points) populations.
- Adolescent Immunizations Combination 1 (IMA) rates were lower for the African American population by 4.00 percentage points, but higher for the Hispanic population by 6.43 percentage points.
- Lead Screening in Children (LSC) rates were lower for the African American population by 2.58 percentage points, but were higher for the Hispanic (4.26 percentage points) and Asian American/Native Hawaiian & Other Pacific Islander (9.14 percentage points) populations.
- Well Child Visits 3-6 years (W34) rates were lower for the African American by 4.73 percentage points, but higher for the Asian American/Native Hawaiian & Other Pacific Islander (5.03 percentage points) and Hispanic (3.09 percentage points) populations.

Access to Care

Access to Care rates were lower for multiple racial/ethnic populations for the Adult Access to Care 20-44 years (AAP) measure compared to the White population. However, the Childhood Access to Care 25 months to 6 years (CAP) measure had mixed results (See Tables 13-14 and Figures 9-10), similar to the measures in the Child and Adolescent Care Domain. All significant differences for these two measures are described below:

- Children and Adolescents' Access To PCP (25 Months-6 Yrs) (CAP) rates were lower for the African American by 8.69 percentage points, but higher for the Asian American/Native Hawaiian & Other Pacific Islander population by 1.97 percentage points.
- Adults' Access to Preventive/Ambulatory Health Services (20-44) (AAP) rates were lower for the African American (8.75 percentage points), Asian American/Native Hawaiian & Other Pacific Islander (2.33 percentage points), and Hispanic (3.98 percentage points) populations.

Living with Illness

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

- Comprehensive Diabetes Care - HbA1c Testing (CDC1) rates were lower for the African American population by 6.55 percentage points, but higher for the Asian American/Native Hawaiian & Other Pacific Islander (2.70 percentage points).
- Comprehensive Diabetes Care - Eye Exams (CDC2) rates were lower for the African American population by 5.59 percentage points.
- Comprehensive Diabetes Care - Medical Attention for Nephropathy (CDC3) rates were higher for the African American population by 0.92 percentage points.

Measuring Inequity

In Michigan, African American, Hispanic and White beneficiaries make up approximately 90% of the eligible population. Table 18 provides an absolute measure of inequity between the African American, White and Hispanic rates for each measure. The African American population was significantly below the White reference population for nine of the thirteen measures, with gaps in care ranging from 0.92 to 13.67 percentage points. Cervical Cancer Screening, Chlamydia Screening and Diabetic Nephropathy rates were higher compared to the White population. Six of the thirteen measures were higher for the Hispanic population compared to the White population, including all four of the Child and Adolescent Care measures, Cervical Cancer Screening and Chlamydia Screening in Women - Total. The only measure which was lower for the Hispanic population compared to the White population was the Adults' Access to Preventive/Ambulatory Health Services (20-44) measure.

Trends in Health Equity

The 2016 rates for the African American, Hispanic and White populations for the thirteen measures are compared with earlier year rates in Table 19. This table also indicates whether there was a statistically significant increase or decrease from 2015 to 2016. The 2012-2014 rates are also included for trending over the five year period. Figures 15-27 graph the rate changes over time. Most measures show a similar trend across all racial/ethnic groups, with few measures showing a narrowing of the gaps in care.

For all years data has been collected 2012-2016, the African American population was below the White reference population for nine measures: BCS, PPC, CIS, IMA, W34, CAP, AAP, CDC1 and CDC2. Five of these measures had a statistically significant increase in the rate for the African American population from 2012 to 2013. However, only two had a statistically significant increase between 2013 and 2014 and one between 2014 and 2015. Three measures showed statistically significant improvement between 2015 and 2016. These were the Comprehensive Diabetes Care Measures (CDC1, CDC2 and CDC3) measures, which also showed significant improvement for the White population and the Michigan Medicaid Managed

Care population as a whole. Seven measures (BCS, CCS, CHL, CIS, IMA, CAP, AAP) were significantly lower in 2016 compared to 2015 for the African American population. Five of these seven (BCS, CCS, CIS, IMA and CAP) were also significantly lower for the White population.

Between 2014 and 2015, there were no statistically significant rate changes for the Hispanic population. However, between 2015 and 2016, the Hispanic population did show a statistically significant decrease in the Cervical Cancer Screening measure, following the sharp downward trend in this measure across all populations both within Michigan and nationally.

Population Disparity

Population Disparity describes how much disparity exists in the entire population for one indicator by combining the disparity experienced by all subgroups into one measure. It is important to remember that the Index of Disparity (ID) is expressed as a percentage, with 0% indicating no disparity and higher values indicating increasing levels of disparity. An Index of Disparity which is less than 5% is considered a low level of disparity.

The Index of Disparity indicates greatest disparity in the Chlamydia Screening in Women – Total (CHL), Postpartum Care (PPC) and Childhood Immunization Combination 3 (CIS) measures, which mirrors the findings from the pairwise analysis (See Table 20 and Figure 28). However, Chlamydia Screening in Women – Total (CHL) showed the greatest reduction in disparity, from 14.75% to 6.86%. This appears to be due to increases in the rates of chlamydia screening for the White, Hispanic, Asian American/Native Hawaiian & Other Pacific Islander and Native American/Alaskan Native populations. Unfortunately, this was also coupled with a significant decline in the screening rate for the African American population, which further narrowed the gap but without indicating an improvement in overall quality.

Discussion

All thirteen of the 2016 measures collected exhibited racial/ethnic differences to varying degrees. Rates for African American Medicaid beneficiaries fell below that of White beneficiaries for nine measures. This pattern has remained every year that data has been collected since 2012, and there were no signs of improvement in 2016, given that seven measures show significant decreases compared to 2015 for the African American population. A consistent pattern of disparity was not identified with the other racial/ethnic populations. This may in part be due to their small population size, which creates greater rate variability from year to year.

The largest health disparity was in Chlamydia Screening (CHL), where the gap between African American and White women is 13.67 percentage points. This large absolute difference has held steady all five years, although it did see some improvement in 2016 for the first time. The higher chlamydia screening rate mirrors higher incidence[8] of chlamydia in the African

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

American population. Efforts to improve equity for this measure will need to continue improving screening rates in other racial/ethnic groups, but without a decline in the African American rate.

Post-Partum Care (PPC) and Childhood Immunizations – Combination 3 (CIS) both showed large negative gaps in care, where the rates of care for the African American population were significantly below the White population. These two measures did not show any indications of improvement.

The annual trending of rates from 2015 to 2016 allows us to monitor for increases and decreases for specific racial/ethnic populations. From this analysis we can see there were few trajectories of improvement for the African American population from 2015 to 2016, which are essential to promoting health equity in Michigan.

Limitations

One important limitation to this analysis is that changes in the equity status of a measure do not always indicate an improvement in overall quality for a particular racial/ethnic category; it only means that the gap between the minority population and the White reference population is getting smaller. Another consideration is that the rates in this report may differ slightly from HEDIS rates published elsewhere in MDHHS documents. This report is based only on administrative data from Medicaid Health Plans. Other HEDIS rates published by MDHHS include rates derived using hybrid methodology that allows for sampling and medical record abstraction. Finally, due to refinements in the categorization of Asian American, Native Hawaiian/Other Pacific Islander and Unknown/Declined racial/ethnic populations in 2014, it is not possible to compare Index results for 2014 with earlier years.

Future Directions

The health disparity between White and African American Medicaid beneficiaries for nine of the thirteen measures across all four health dimensions corresponds to disparities found nationally in other domains such as education, employment and housing, as well as broader health measures such as infant mortality and life expectancy. Recent analyses in Minnesota[9] found that African American Medicaid beneficiaries disproportionately reside in high poverty concentrated communities compared to Medicaid beneficiaries of other racial/ethnic groups. This impacted African American families' access to a wide range of community services necessary for successful health outcomes. While outside the scope of this report, an analysis of race/ethnicity and concentrated poverty in Michigan would be beneficial to understanding best strategies for improving health equity.

Response to Documented Health Disparities in Michigan Medicaid Managed Care

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[9] 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.

One of the largest health disparities can be found in the Postpartum Care (PPC) measure, where the gap between African American and White women is 13.18 percentage points. The Postpartum Care (PPC) measure has been the center of many efforts to improve perinatal care quality in Medicaid, and a possible intervention point to address the racial/ethnic disparity in infant mortality. A postpartum care visit is an important check on the mother's recovery after childbirth. This appointment is also crucial for supporting breastfeeding, infant safety, childhood immunizations, reproductive life planning and pregnancy spacing, and transitioning to primary care for any pre-existing chronic conditions of the mother. The Managed Care Plan Division of the Michigan Department of Health and Human Services (MDHHS) has placed emphasis on this measure for many years by incorporating it into multiple performance monitoring and incentive tools. However, performance on this measure and on narrowing the gap in care for postpartum women has been flat for many years, and new and innovative strategies are needed to address this disparity.

MDHHS will continue to initiate additional health equity projects in the coming year. All Medicaid Health Plans were contractually required to develop a Health Equity Program with an annual work plan to narrow disparities. In 2016, MDHHS also began the application of health equity standards for Post-Partum Care (PPC) and Childhood Immunizations Combination 3 (CIS). Both of these measures have consistently had an index of disparity greater than 5%. Implementation of these standards will promote and reward efforts to narrow gaps in care particularly focusing on the disparate rates of care for the African American population. Medicaid Health Plans which achieve this health equity standard will be eligible for a performance bonus. These standards will continue in 2017.

Additionally, all Medicaid Managed Care Plans implemented a Performance Improvement Project to focus on narrowing the disparity in Chlamydia screening and improving access to treatment for sexually transmitted infections for both men (ages 16-18) and women (ages 16-24). These efforts appear to be showing some results in 2016 and these projects will continue in 2017.

Starting in 2016, Medicaid Health Plans were also contractually required to implement a Community Health Worker program in collaboration with community-based organizations to reduce barriers to care and address member's needs. These Community Health Worker programs will continue into 2017 with the intention of directing efforts to reduce health disparities identified in this report and improve the health of all Medicaid beneficiaries in Michigan through outreach, health promotion and promoting health literacy. Community Health Worker programs are also an excellent opportunity to connect individuals to community resources that help address social determinants of health.

Health Equity Summary
Michigan Medicaid All Managed Care Plans

Table 3. Difference from Reference (White)

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

Table 4. Difference from 2016 HEDIS National Medicaid 50th Percentile

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

KEY
Above: Percent is higher than comparison group
Below: Percent is lower than comparison group
NS: There is no statistical difference from the comparison group (p<0.05)
--- Insufficient Data (Fewer than 10 who received services (Numerator) or Fewer than 10 who did not receive services (Remainder) or Fewer than 50 in total population (Denominator))

Breast Cancer Screening
Michigan Medicaid All Managed Care Plans

Table 5. Breast Cancer Screening by Race/Ethnicity

Race	Michigan Medicaid All Managed Care Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	40	84	47.62%	-11.29%	0.81	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	216	368	58.70%	-0.22%	1.00	NS	NS
African American	5123	8752	58.54%	-0.38%	0.99	NS	NS
Hispanic	233	365	63.84%	4.92%	1.08	NS	NS
White	7077	12013	58.91%	Reference	Reference	Reference	NS
All Plan	14155	23869	59.30%	0.39%	1.01	NS	Above
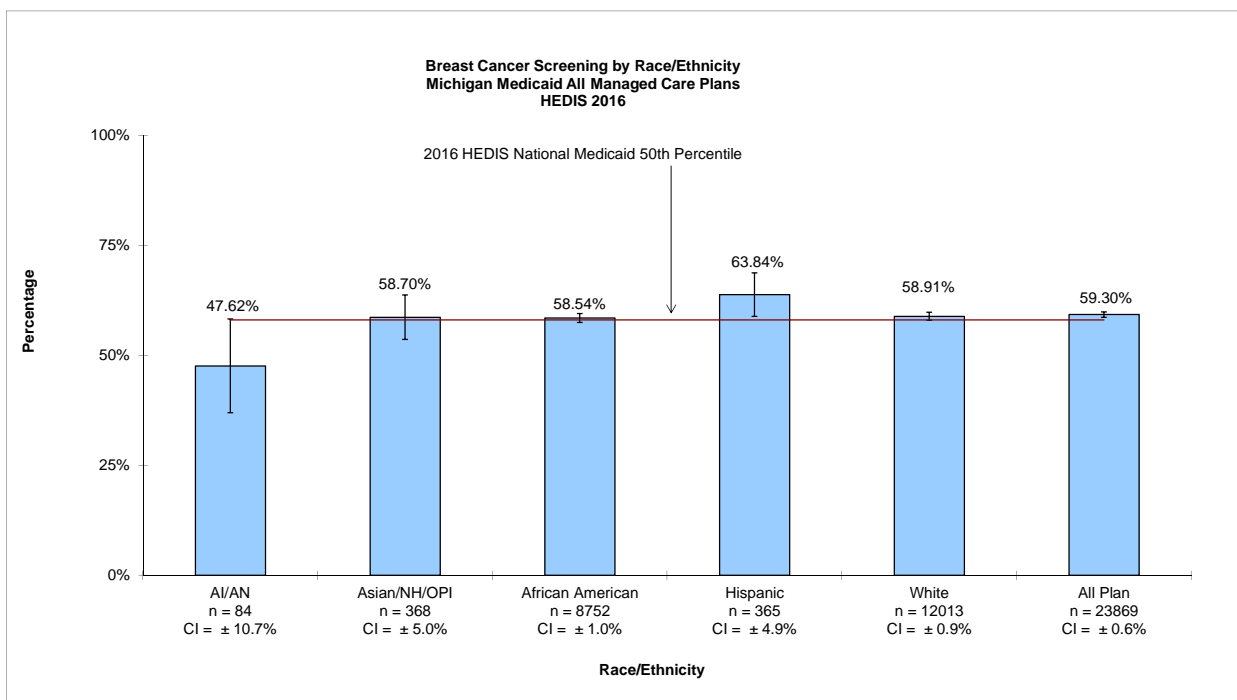
Figure 1. Breast Cancer Screening by Race/Ethnicity

Cervical Cancer Screening
Michigan Medicaid All Managed Care Plans

Table 6. Cervical Cancer Screening by Race/Ethnicity

Race	Michigan Medicaid All Managed Care Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	479	877	54.62%	-1.80%	0.97	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	1466	2454	59.74%	3.32%	1.06	Above	Above
African American	42473	69807	60.84%	4.43%	1.08	Above	Above
Hispanic	3950	6562	60.20%	3.78%	1.07	Above	Above
White	77553	137466	56.42%	Reference	Reference	Reference	Above
All Plan	133931	233009	57.48%	1.06%	1.02	Above	Above
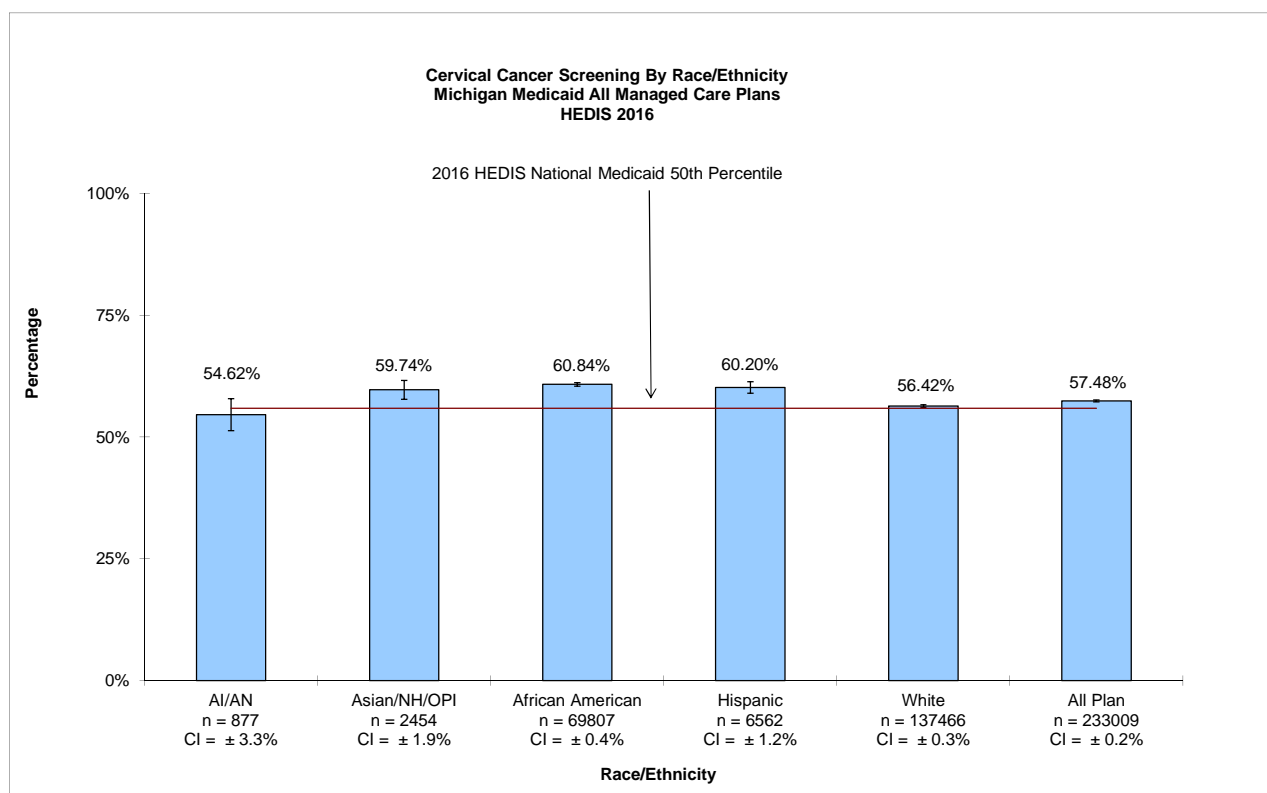
Figure 2. Cervical Cancer Screening by Race/Ethnicity

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

Race	Michigan Medicaid All Managed Care Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	116	187	62.03%	5.20%	1.09	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	185	335	55.22%	-1.60%	0.97	NS	NS
African American	12333	17493	70.50%	13.67%	1.24	Above	Above
Hispanic	1369	2191	62.48%	5.65%	1.10	Above	Above
White	13661	24039	56.83%	Reference	Reference	Reference	Above
All Plan	29226	46761	62.50%	5.67%	1.10	Above	Above
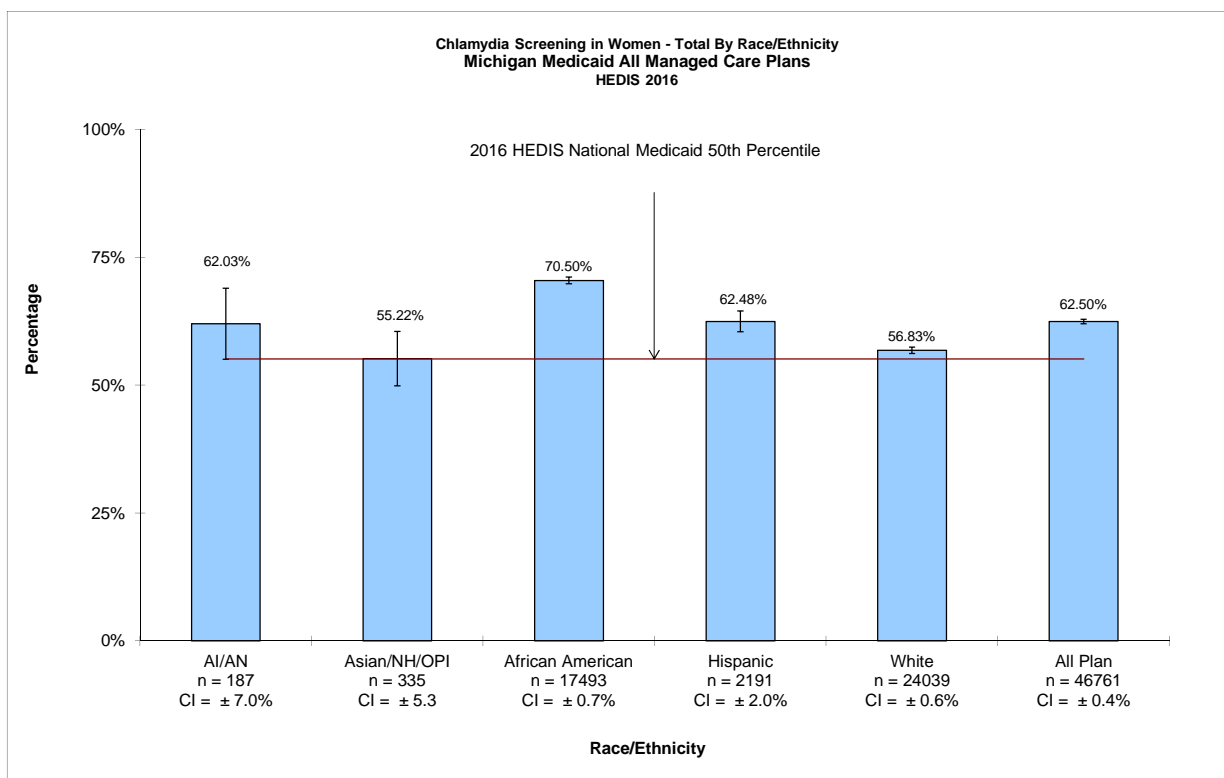
Figure 3. Chlamydia Screening by Race/Ethnicity

Post-Partum Care
Michigan Medicaid All Managed Care Plans

Table 8. Post-Partum Care by Race/Ethnicity

Race	Michigan Medicaid All Managed Care Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	70	111	63.06%	1.33%	1.02	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	190	278	68.35%	6.61%	1.11	Above	Above
African American	4783	9851	48.55%	-13.18%	0.79	Below	Below
Hispanic	934	1546	60.41%	-1.32%	0.98	NS	NS
White	10380	16815	61.73%	Reference	Reference	Reference	NS
All Plan	17370	30356	57.22%	-4.51%	0.93	Below	Below
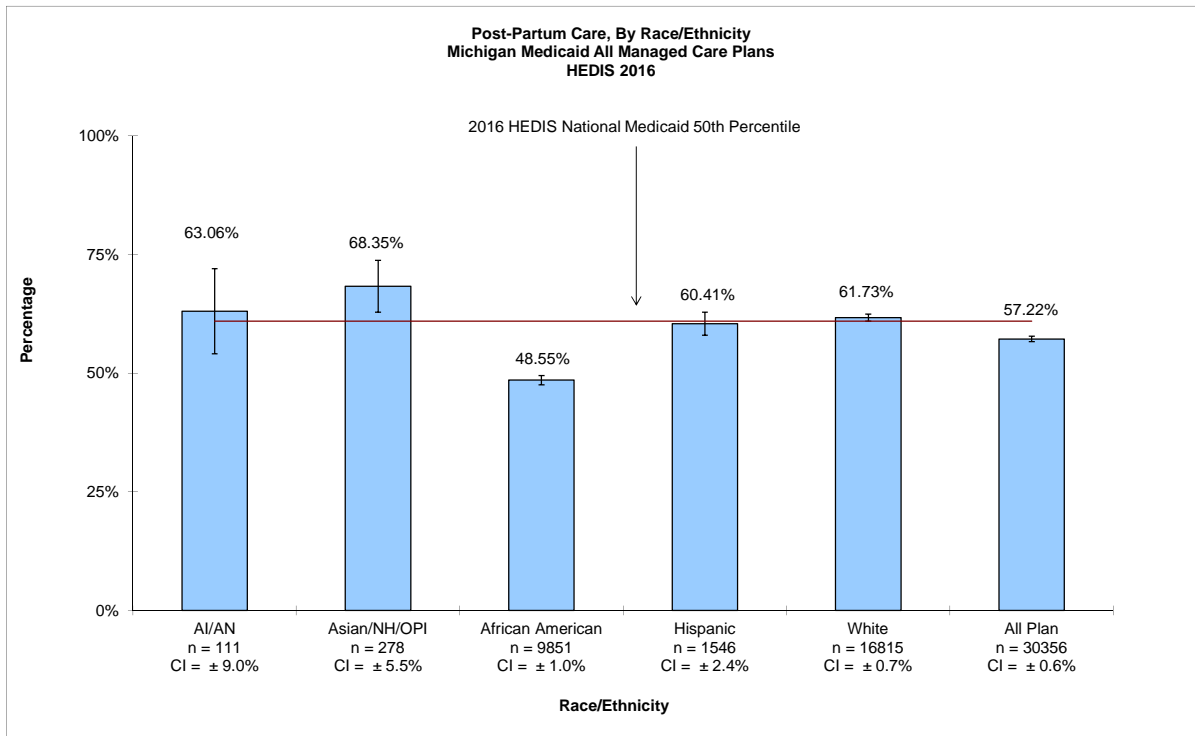
Figure 4. Post-Partum Care by Race/Ethnicity

Childhood Immunizations Combo 3
Michigan Medicaid All Managed Care Plans   71.06%

Table 9. Childhood Immunizations Combo 3 by Race/Ethnicity

Race	Michigan Medicaid All Managed Care Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	71	107	66.36%	-4.22%	0.94	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	250	319	78.37%	7.80%	1.11	Above	Above
African American	4397	7544	58.28%	-12.29%	0.83	Below	Below
Hispanic	1206	1575	76.57%	6.00%	1.09	Above	Above
White	8786	12450	70.57%	Reference	Reference	Reference	NS
All Plan	17085	25570	66.82%	-3.75%	0.95	Below	Below
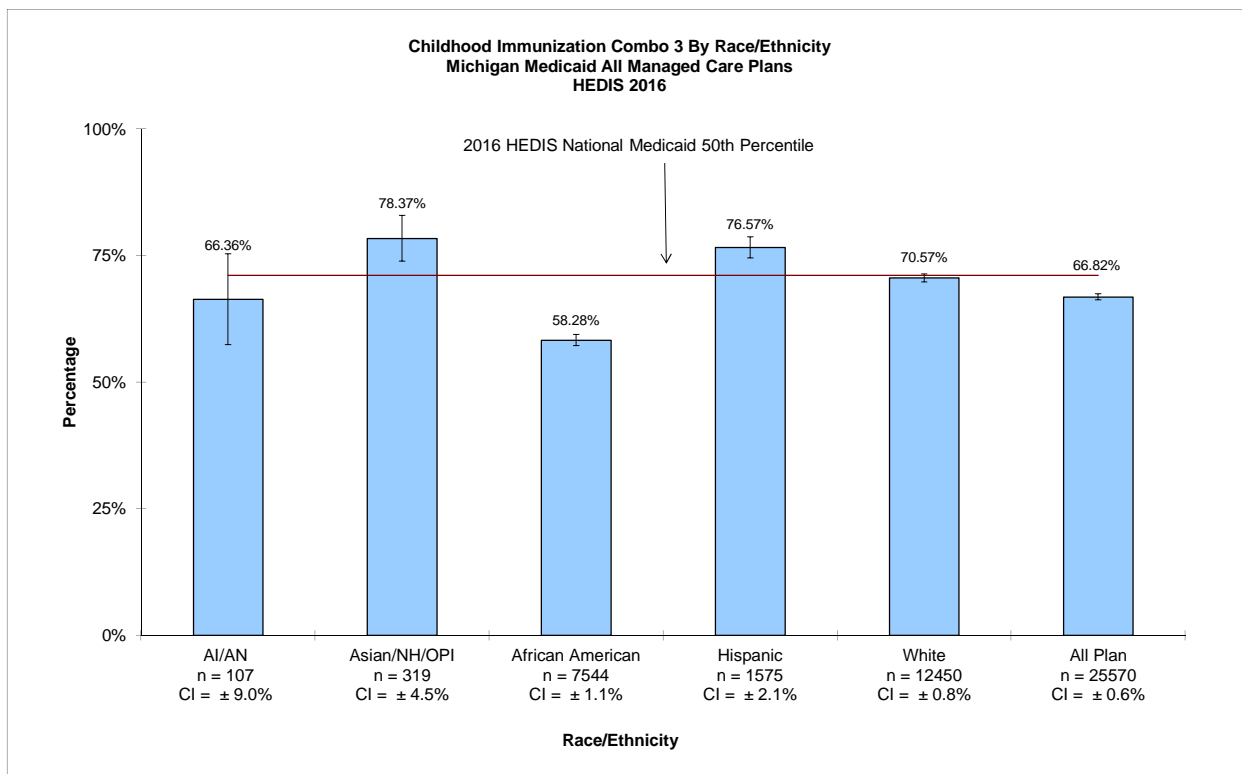
Figure 5. Childhood Immunizations Combo 3 by Race/Ethnicity

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

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

Race	Michigan Medicaid All Managed Care Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	62	73	84.93%	0.19%	1.00	NS	Above
Asian American/Native Hawaiian/ Other Pacific Islander	299	351	85.19%	0.44%	1.01	NS	Above
African American	5924	7337	80.74%	-4.00%	0.95	Below	Above
Hispanic	1714	1880	91.17%	6.43%	1.08	Above	Above
White	10809	12755	84.74%	Reference	Reference	Reference	Above
All Plan	19929	23754	83.90%	-0.85%	0.99	NS	Above
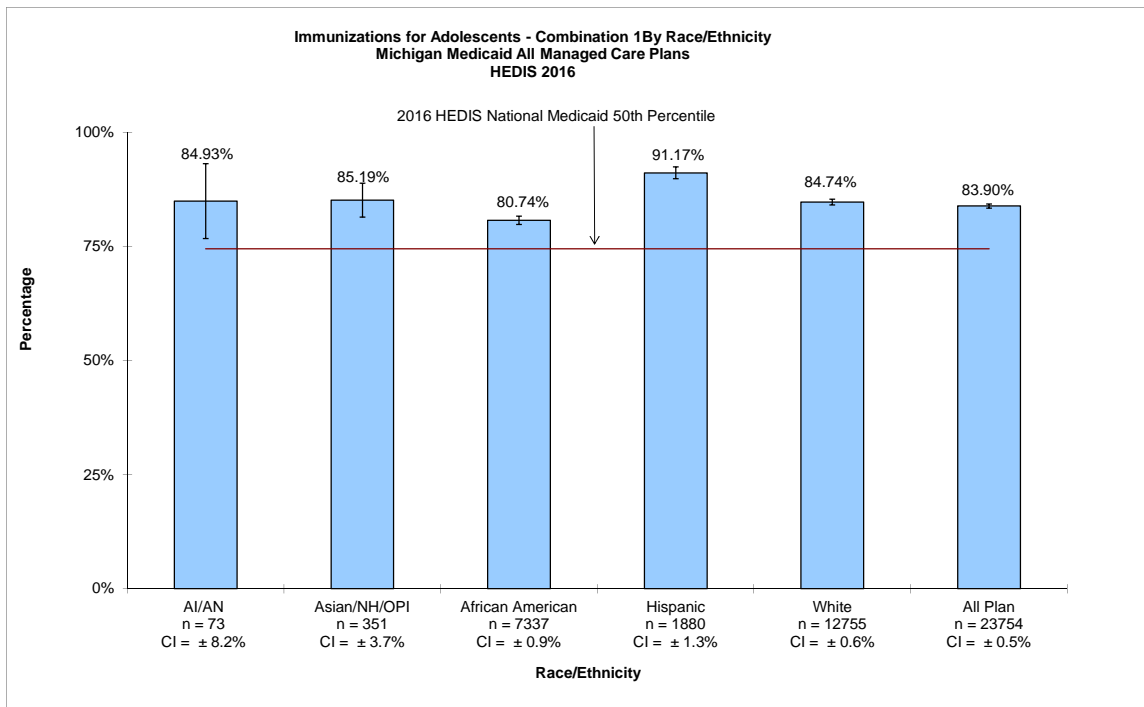
Figure 6. Adolescent Immunizations by Race/Ethnicity

Lead Screening in Children
Michigan Medicaid All Managed Care Plans

Table 11. Blood Lead Screening by Race/Ethnicity

Race	Michigan Medicaid All Managed Care Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	90	107	84.11%	5.20%	1.07	NS	Above
Asian American/Native Hawaiian/ Other Pacific Islander	280	318	88.05%	9.14%	1.12	Above	Above
African American	5762	7549	76.33%	-2.58%	0.97	Below	Above
Hispanic	1586	1907	83.17%	4.26%	1.05	Above	Above
White	9843	12474	78.91%	Reference	Reference	Reference	Above
All Plan	20112	25598	78.57%	-0.34%	1.00	NS	Above
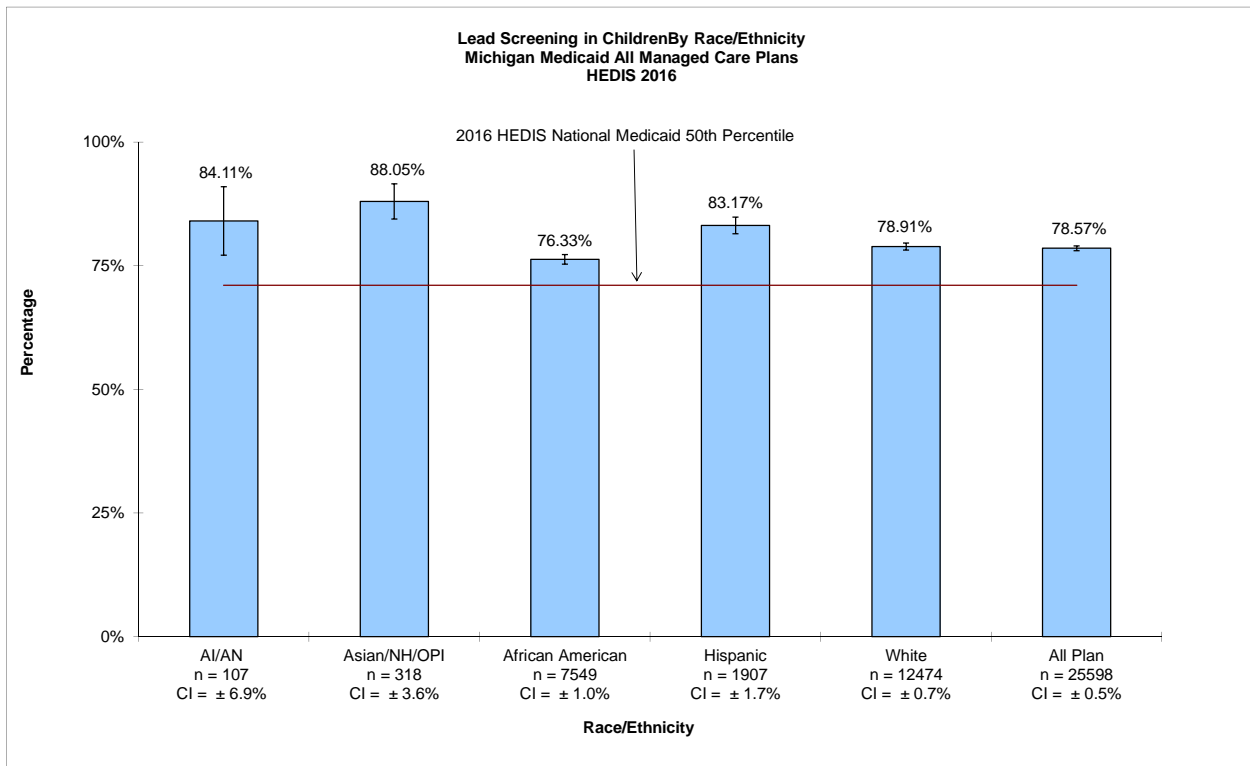
Figure 7. Blood Lead Screening by Race/Ethnicity

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

Race	Michigan Medicaid All Managed Care Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	281	378	74.34%	-0.04%	1.00	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	1026	1292	79.41%	5.03%	1.07	Above	NS
African American	21436	30776	69.65%	-4.73%	0.94	Below	Below
Hispanic	5959	7692	77.47%	3.09%	1.04	Above	Above
White	37786	50800	74.38%	Reference	Reference	Reference	Above
All Plan	74115	101165	73.26%	-1.12%	0.98	Below	Above
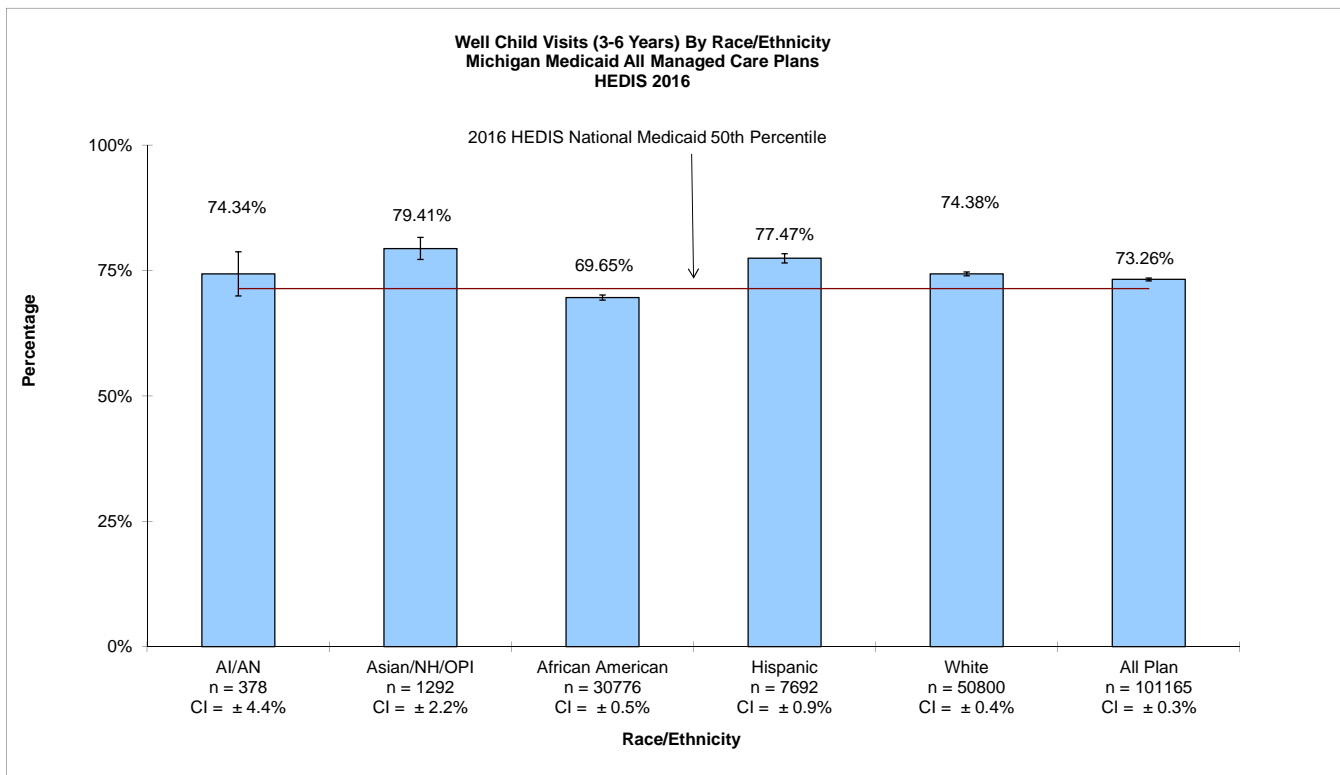
Figure 8. Well Child Visits (3-6 Years) by Race/Ethnicity

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

Table 13. Children and Adolescents' Access To PCP (25 Months-6 Yrs) by Race/Ethnicity

Race	Michigan Medicaid All Managed Care Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	436	475	91.79%	0.30%	1.00	NS	Above
Asian American/Native Hawaiian/ Other Pacific Islander	1529	1636	93.46%	1.97%	1.02	Above	Above
African American	31624	38194	82.80%	-8.69%	0.91	Below	Below
Hispanic	9319	10186	91.49%	0.00%	1.00	NS	Above
White	58123	63533	91.48%	Reference	Reference	Reference	Above
All Plan	113499	127830	88.79%	-2.70%	0.97	Below	Above
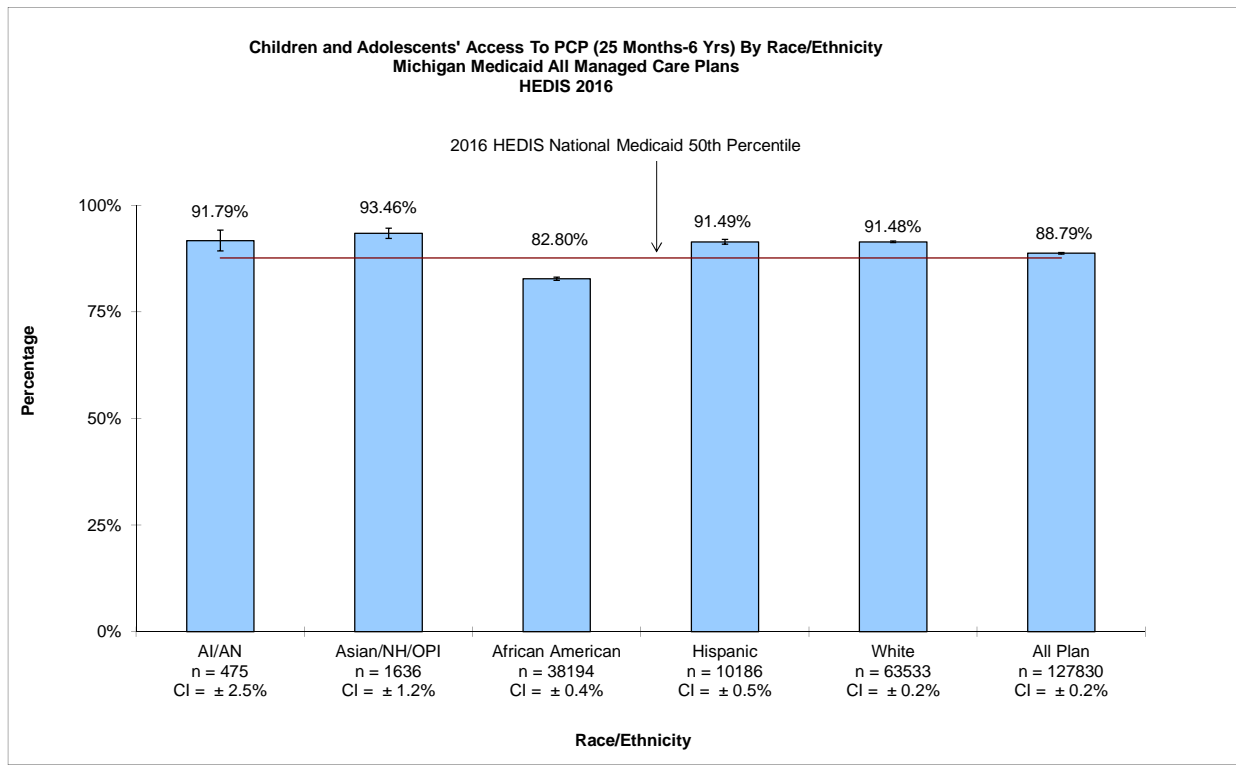
Figure 9. Child Access to Care (25 Months to 6 Years) by Race/Ethnicity

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

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

Race	Michigan Medicaid All Managed Care Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	856	992	86.29%	0.37%	1.00	NS	Above
Asian American/Native Hawaiian/ Other Pacific Islander	2292	2742	83.59%	-2.33%	0.97	Below	Above
African American	61386	79549	77.17%	-8.75%	0.90	Below	Below
Hispanic	6860	8372	81.94%	-3.98%	0.95	Below	Above
White	126386	147093	85.92%	Reference	Reference	Reference	Above
All Plan	211406	255441	82.76%	-3.16%	0.96	Below	Above
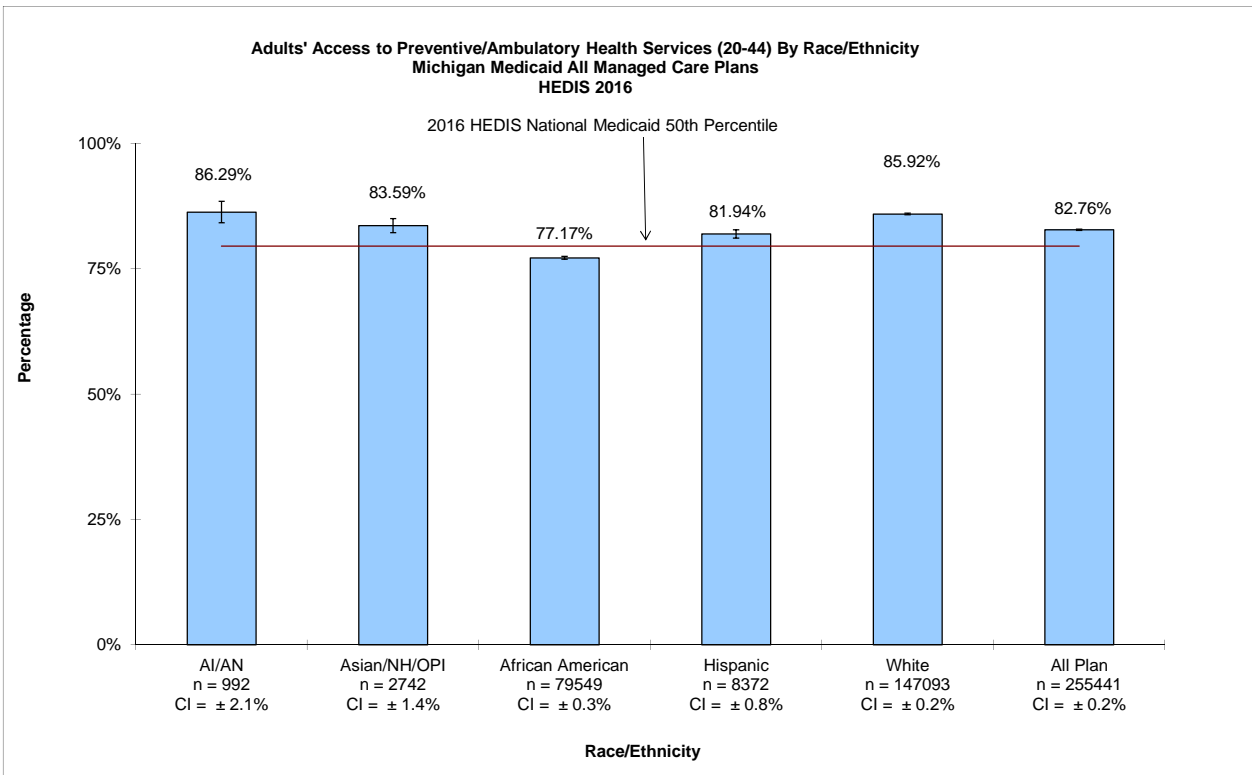
Figure 10. Adult Access to Care (20-44 Years) by Race/Ethnicity

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

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

Race	Michigan Medicaid All Managed Care Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	166	193	86.01%	-0.38%	1.00	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	849	953	89.09%	2.70%	1.03	Above	Above
African American	13841	17336	79.84%	-6.55%	0.92	Below	Below
Hispanic	1384	1616	85.64%	-0.75%	0.99	NS	NS
White	23781	27527	86.39%	Reference	Reference	Reference	Above
All Plan	44488	52944	84.03%	-2.36%	0.97	Below	Below
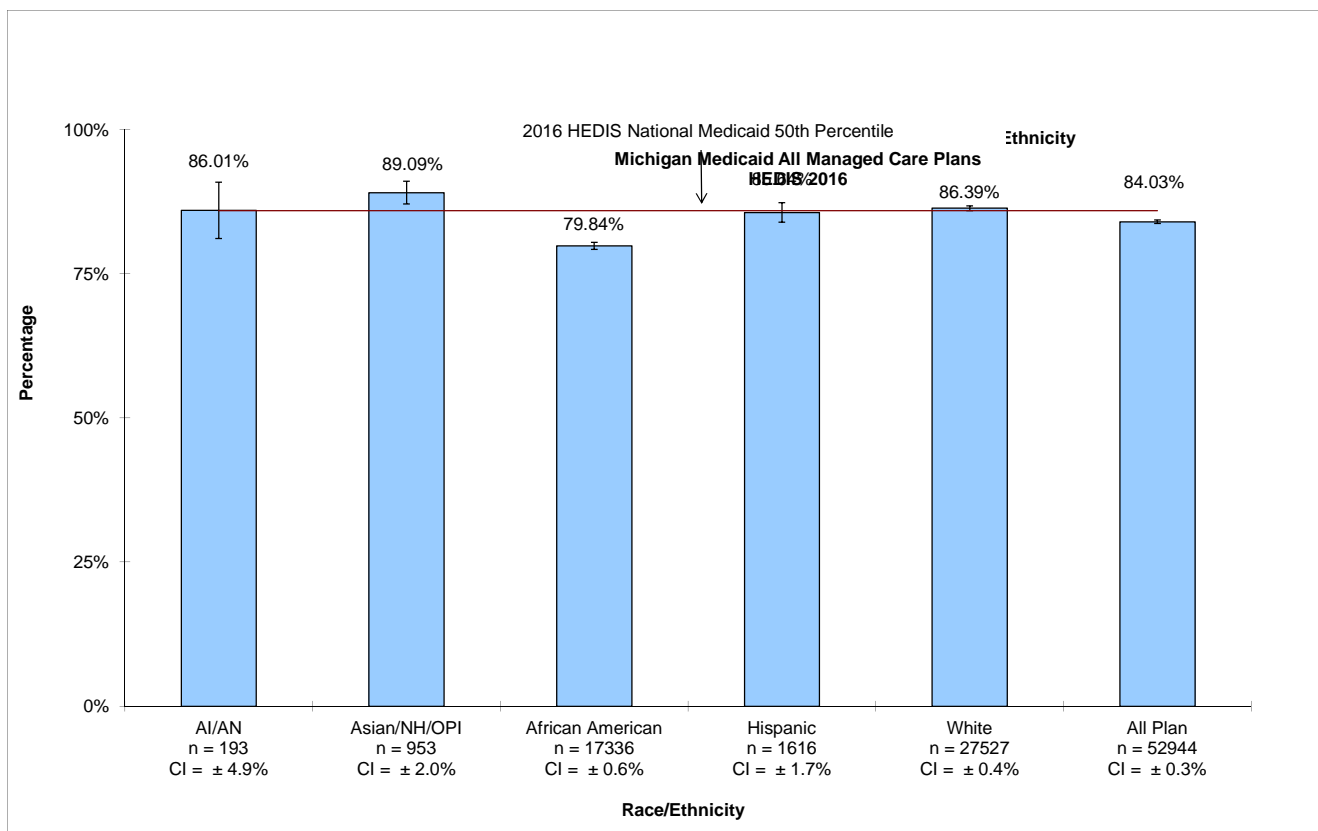
Figure 12. HbA1C Testing by Race/Ethnicity

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

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

Race	Michigan Medicaid All Managed Care Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	97	193	50.26%	-1.52%	0.97	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	528	953	55.40%	3.63%	1.07	NS	NS
African American	8008	17336	46.19%	-5.59%	0.89	Below	Below
Hispanic	830	1616	51.36%	-0.42%	0.99	NS	NS
White	14253	27527	51.78%	Reference	Reference	Reference	Below
All Plan	26581	52944	50.21%	-1.57%	0.97	Below	Below
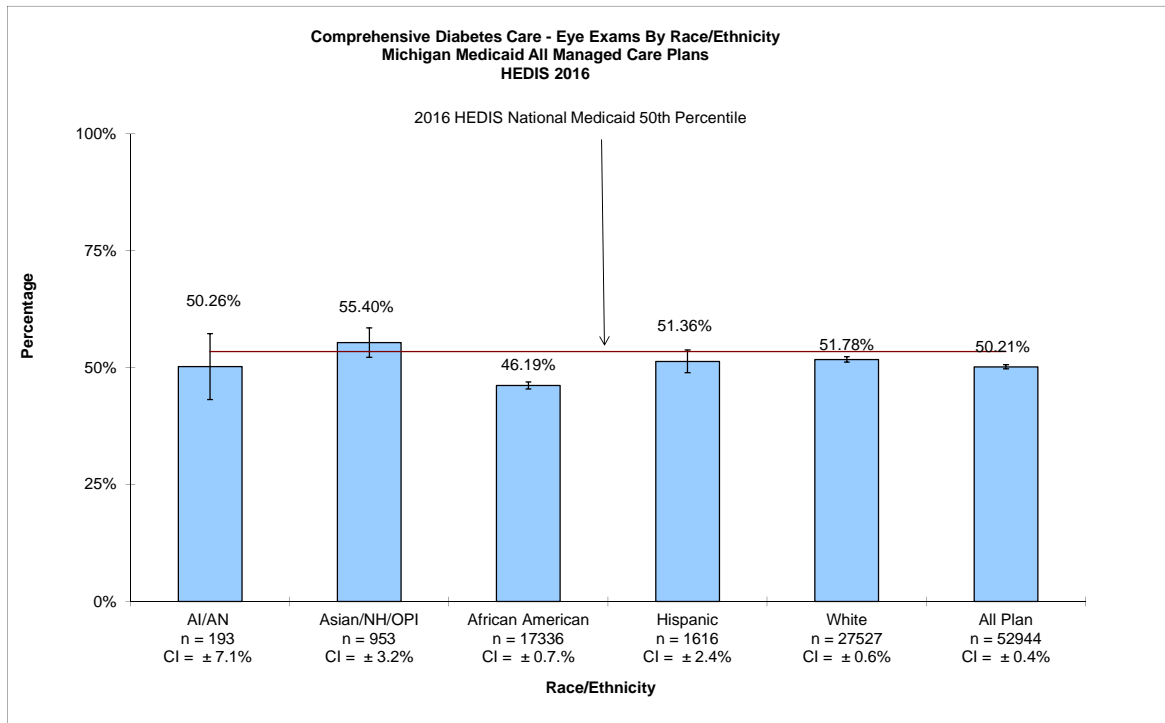
Figure 13. Diabetic Eye Exam by Race/Ethnicity

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

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

Race	Michigan Medicaid All Managed Care Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	179	196	91.33%	1.46%	1.02	NS	NS
Asian American/Native Hawaiian/ Other Pacific Islander	849	953	89.09%	-0.78%	0.99	NS	NS
African American	15739	17336	90.79%	0.92%	1.01	Above	NS
Hispanic	1467	1616	90.78%	0.92%	1.01	NS	NS
White	24737	27527	89.86%	Reference	Reference	Reference	Below
All Plan	47764	52947	90.21%	0.35%	1.00	NS	Below
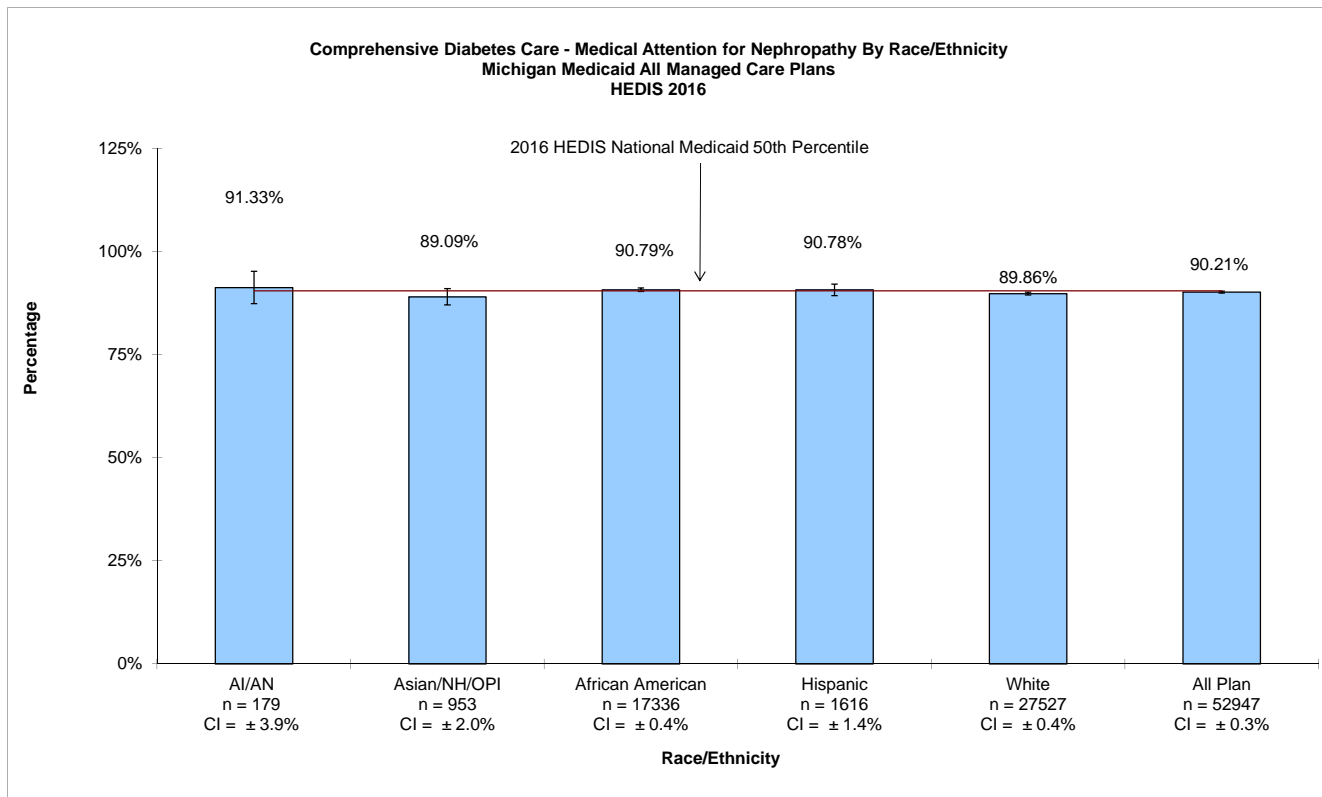
Figure 14. Diabetic Nephropathy by Race/Ethnicity

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

Measure	2016 White Rate	2016 African American Rate	Rate Difference	2016 Hispanic Rate	Rate Difference
Breast Cancer Screening	58.91%	58.54%	-0.38%	63.84%	4.92%
Cervical Cancer Screening	56.42%	60.84%	4.43%	60.20%	3.78%
Chlamydia Screening in Women - Total	56.83%	70.50%	13.67%	62.48%	5.65%
Post-Partum Care	61.73%	48.55%	-13.18%	60.41%	-1.32%
Childhood Immns Combo 3	70.57%	58.28%	-12.29%	76.57%	6.00%
Immunizations for Adolescents - Combination 1	84.74%	80.74%	-4.00%	91.17%	6.43%
Lead Screening in Children	78.91%	76.33%	-2.58%	83.17%	4.26%
Well Child Visits 3-6 yrs	74.38%	69.65%	-4.73%	77.47%	3.09%
Children and Adolescents' Access To PCP (25 Months-6 Yrs)	91.48%	82.80%	-8.69%	91.49%	0.00%
Adults' Access to Preventive/Ambulatory Health Services (20-44)	85.92%	77.17%	-8.75%	81.94%	-3.98%
Comprehensive Diabetes Care - HbA1c Testing	86.39%	79.84%	-6.55%	85.64%	-0.75%
Comprehensive Diabetes Care - Eye Exams	51.78%	46.19%	-5.59%	51.36%	-0.42%
Comprehensive Diabetes Care - Medical Attention for Nephropathy	89.86%	90.79%	0.92%	90.78%	0.92%

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

Table 19. Change in Rate for Fourteen (14) Quality Measures between 2012-2016 for the White, African American, Hispanic and total Michigan Medicaid Managed Care Populations.

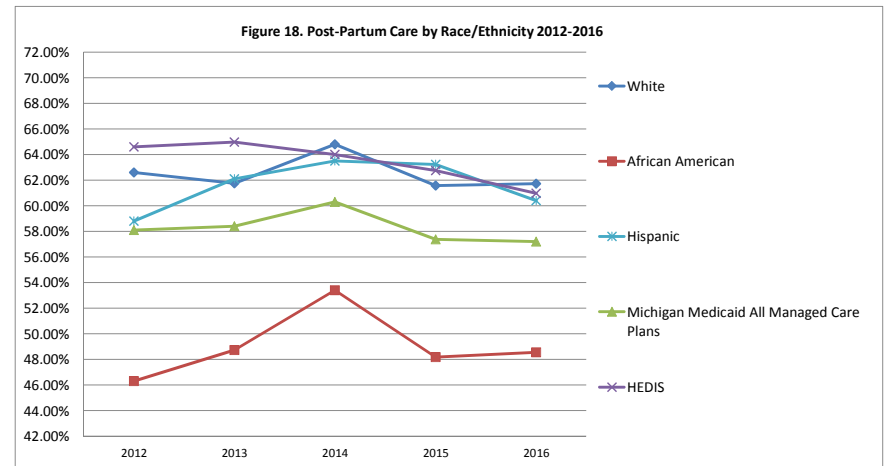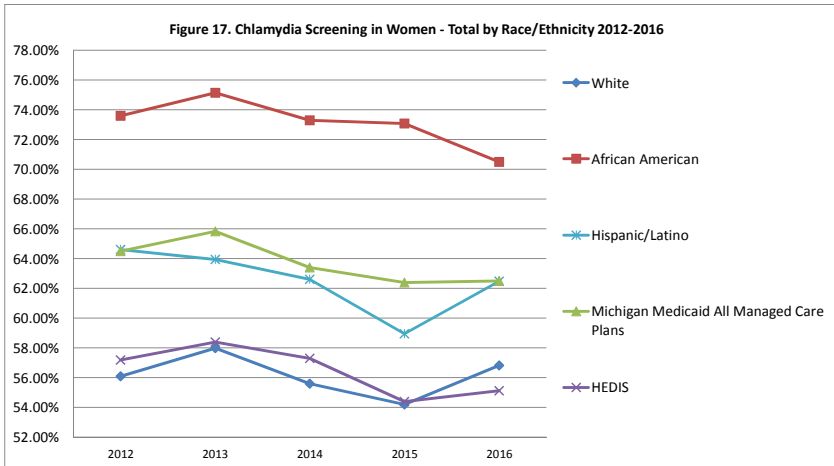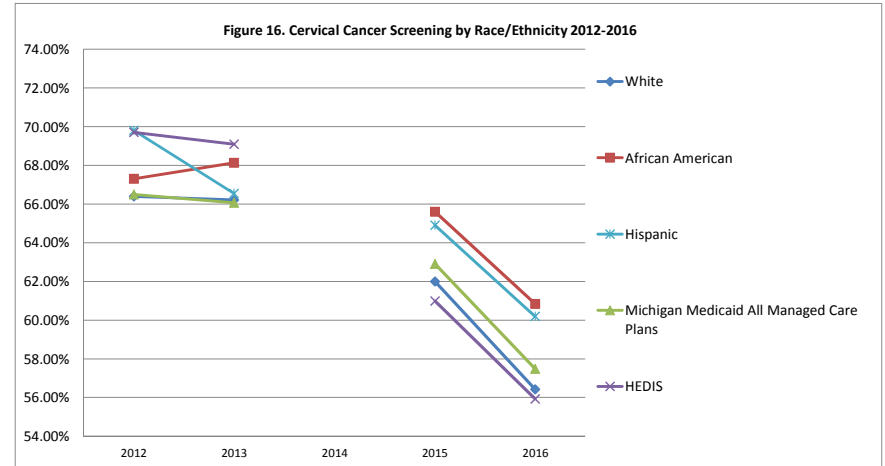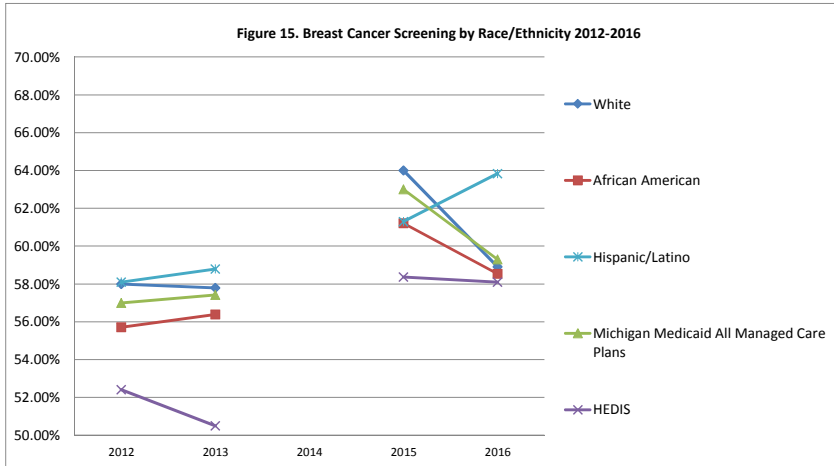| Measure	White						African American						Hispanic						Michigan Medicaid All Managed Care Plans					
	2012	2013	2014	2015	2016	Change	2012	2013	2014	2015	2016	Change	2012	2013	2014	2015	2016	Change	2012	2013	2014	2015	2016	Change
Breast Cancer Screening	58.00%	57.80%		64.00%	58.91%	↓	55.70%	56.39%		61.20%	58.54%	↓	58.10%	58.79%		61.30%	63.84%	NS	57.00%	57.41%		63.00%	59.30%	↓
Cervical Cancer Screening	66.40%	66.22%		62.00%	56.42%	↓	67.30%	68.14%		65.60%	60.84%	↓	69.80%	66.55%		64.90%	60.20%	↓	66.50%	66.06%		62.90%	57.48%	↓
Chlamydia Screening in Women - Total	56.10%	57.98%	55.60%	54.19%	56.83%	↑	73.60%	75.15%	73.30%	73.08%	70.50%	↓	64.60%	63.94%	62.60%	58.96%	62.48%	NS	64.50%	65.83%	63.40%	62.39%	62.50%	NS
Post-Partum Care	62.60%	61.75%	64.80%	61.57%	61.73%	NS	46.30%	48.74%	53.40%	48.17%	48.55%	NS	58.80%	62.11%	63.50%	63.23%	60.41%	NS	58.10%	58.41%	60.30%	57.38%	57.22%	NS
Childhood Immunization Status - Combo 3	74.00%	74.88%	72.10%	72.99%	70.57%	↓	63.00%	64.70%	62.90%	64.24%	58.28%	↓	78.40%	75.09%	77.40%	78.58%	76.57%	NS	70.70%	72.24%	70.70%	71.03%	66.82%	↓
Immunizations for Adolescents - Combination 1	74.60%	86.77%	84.60%	87.65%	84.74%	↓	72.40%	83.85%	81.40%	86.02%	80.74%	↓	80.70%	89.32%	88.50%	90.49%	91.17%	NS	74.10%	85.95%	83.40%	87.31%	83.90%	↓
Lead Screening in Children	73.10%	78.53%	77.80%	78.71%	78.91%	NS	75.20%	77.77%	77.30%	77.49%	76.33%	NS	81.80%	82.49%	83.10%	84.60%	83.17%	NS	74.60%	78.90%	78.40%	78.93%	78.57%	NS
Well Child Visits 3-6 Years	73.80%	73.49%	73.60%	73.81%	74.38%	NS	72.20%	72.14%	69.90%	69.66%	69.65%	NS	76.30%	76.12%	77.00%	77.02%	77.47%	NS	73.60%	73.50%	72.70%	72.92%	73.26%	NS
Children and Adolescents' Access To PCP (12-24 Months)	92.70%	92.35%	92.10%	91.05%	91.48%	↓	85.90%	84.99%	85.40%	83.03%	82.80%	↓	92.20%	91.63%	92.10%	91.26%	91.49%	NS	90.40%	90.14%	90.00%	88.70%	88.79%	↓
Adults' Access to Preventive/Ambulatory Health Services (20-44)	86.20%	87.02%	87.80%	86.19%	85.92%	NS	80.20%	80.97%	81.60%	78.49%	77.17%	↓	82.20%	81.98%	83.80%	81.92%	81.94%	NS	83.60%	84.53%	85.30%	83.21%	82.76%	↓
Comprehensive Diabetes Care - HbA1c Testing	80.20%	81.14%	80.90%	81.30%	86.39%	↑	73.50%	75.71%	76.50%	77.66%	79.84%	↑	74.70%	76.02%	80.20%	84.39%	85.64%	NS	77.20%	79.00%	79.30%	80.53%	84.03%	↑
Comprehensive Diabetes Care - Eye Exams	47.20%	50.43%	51.50%	45.73%	51.78%	↑	41.00%	45.91%	47.30%	41.60%	46.19%	↑	42.00%	45.47%	50.30%	45.47%	51.36%	NS	44.60%	48.95%	49.90%	44.88%	50.21%	↑
Comprehensive Diabetes Care - Medical Attention for Nephropathy	74.50%	75.72%	75.40%	75.93%	89.86%	↑	75.80%	78.24%	78.10%	79.68%	90.79%	↑	71.30%	73.09%	73.40%	76.01%	90.78%	NS	75.10%	77.38%	77.00%	78.12%	90.21%	↑

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

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

Figure 15. Breast Cancer Screening by Race/Ethnicity 2012-2016

Figure 16. Cervical Cancer Screening by Race/Ethnicity 2012-2016

Figure 17. Chlamydia Screening in Women - Total by Race/Ethnicity 2012-2016

Figure 18. Post-Partum Care by Race/Ethnicity 2012-2016

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

Figure 19. Childhood Immunizations Combo 3 by Race/Ethnicity 2012-2016

Legend: White, African American, Hispanic/Latino, Michigan Medicaid All Managed Care Plans, HEDIS
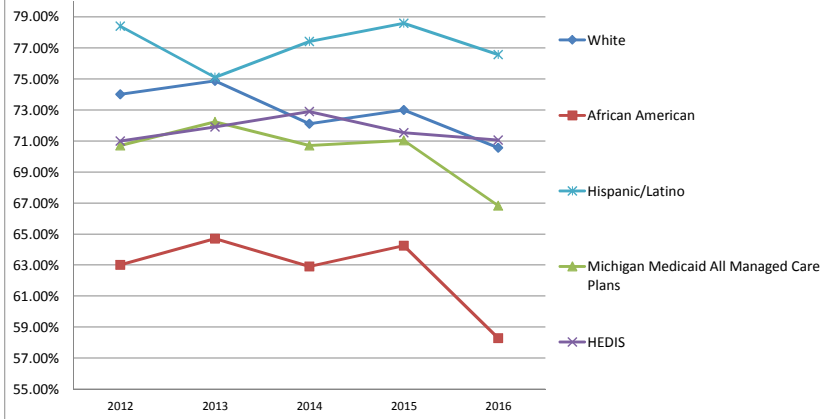
Figure 20. Lead Screening in Children by Race/Ethnicity 2012-2016

Legend: White, African American, Hispanic, Michigan Medicaid All Managed Care Plans, HEDIS
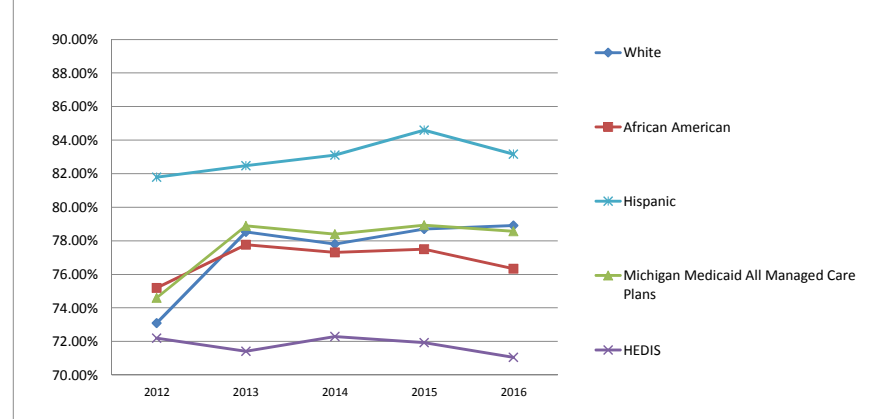
Figure 21. Immunizations for Adolescents - Combination 1 by Race/Ethnicity 2012-2016

Legend: White, African American, Hispanic, Michigan Medicaid All Managed Care Plans, HEDIS
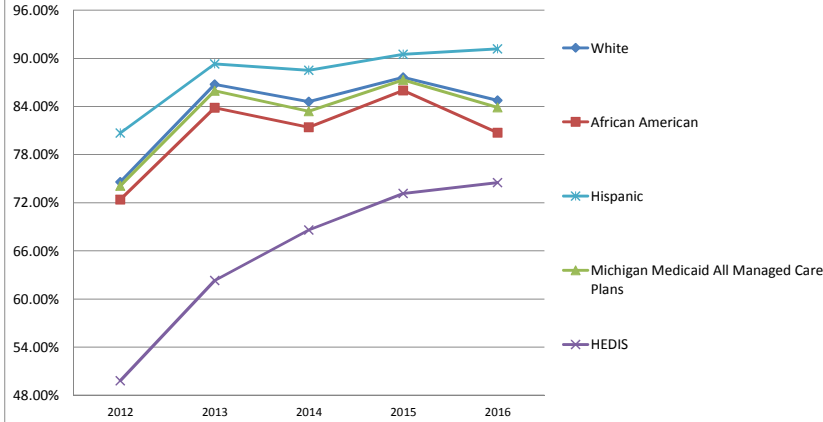
Figure 22. Well Child Visits 25 Months-6 Years by Race/Ethnicity 2012-2016

Legend: White, African American, Hispanic, Michigan Medicaid All Managed Care Plans, HEDIS
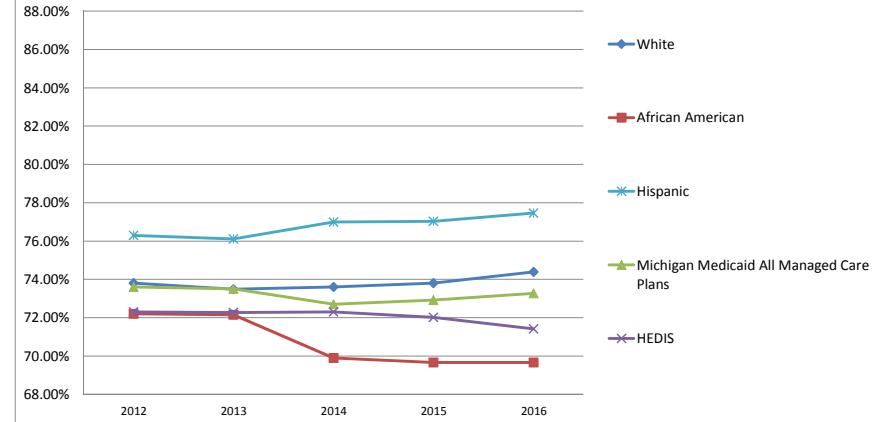
Change in Rate 2012-2015 for Measures in Access to Care

Figure 23. Children and Adolescents' Access To PCP (25 Months-6 Yrs) by Race/Ethnicity 2012-2016

Figure 24. Adults' Access to Preventive/Ambulatory Health Services (20-44) by Race/Ethnicity 2012-2016
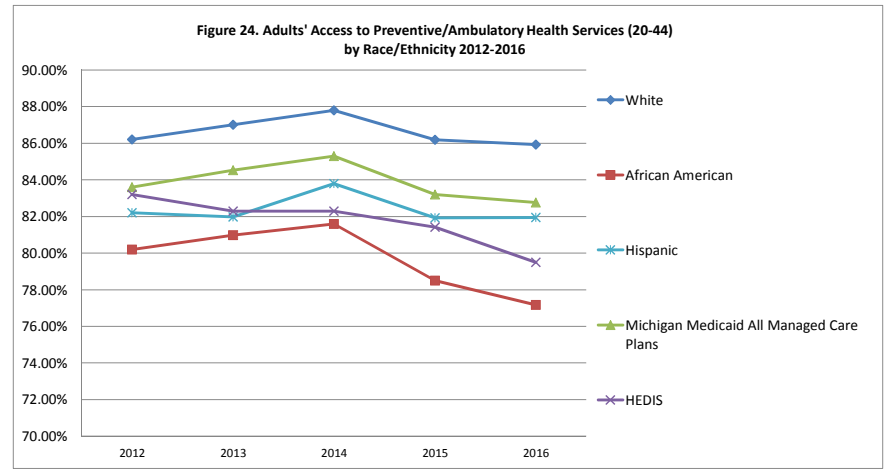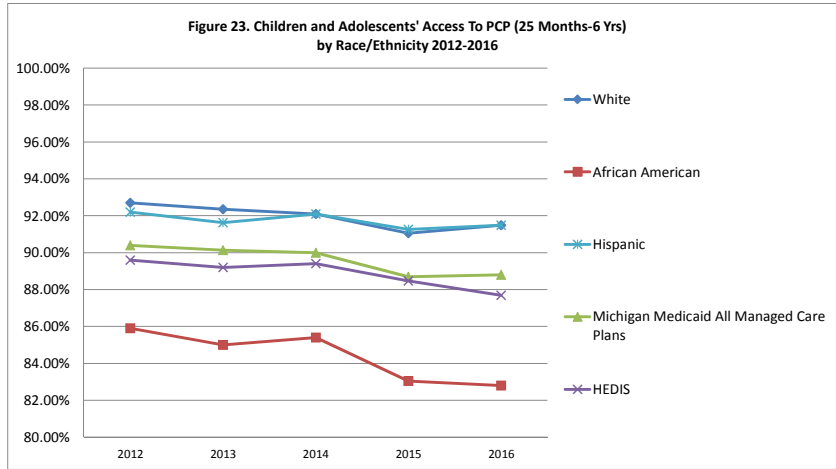
Change in Rate 2012-2015 for Measures in Living with Illness

Figure 25. Comprehensive Diabetes Care - HbA1c Testing by Race/Ethnicity 2012-2016

Figure 26. Comprehensive Diabetes Care - Eye Exams by Race/Ethnicity 2012-2016

Figure 27. Comprehensive Diabetes Care - Medical Attention for Nephropathy by Race/Ethnicity 2012-2016
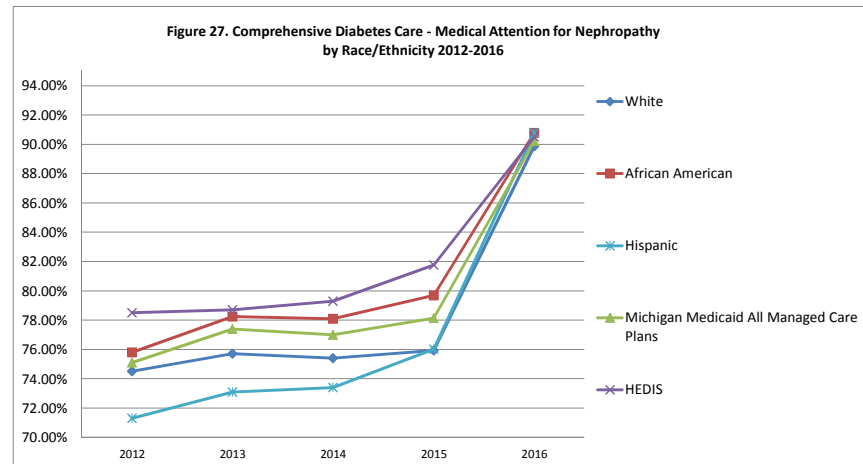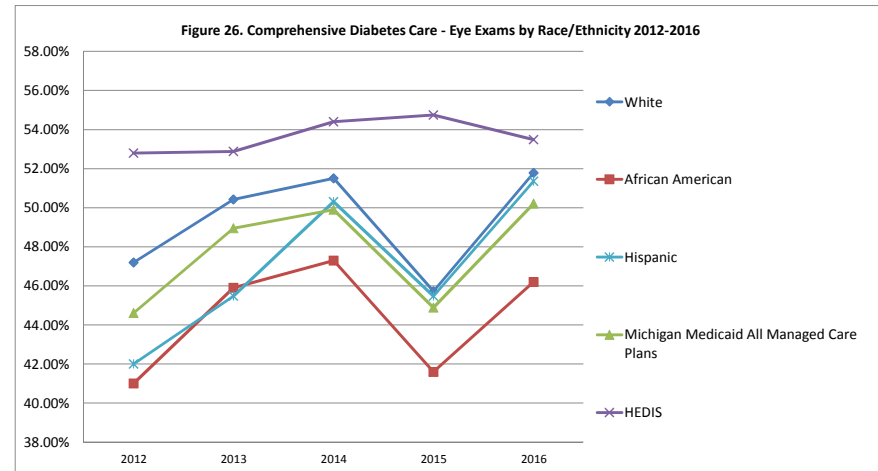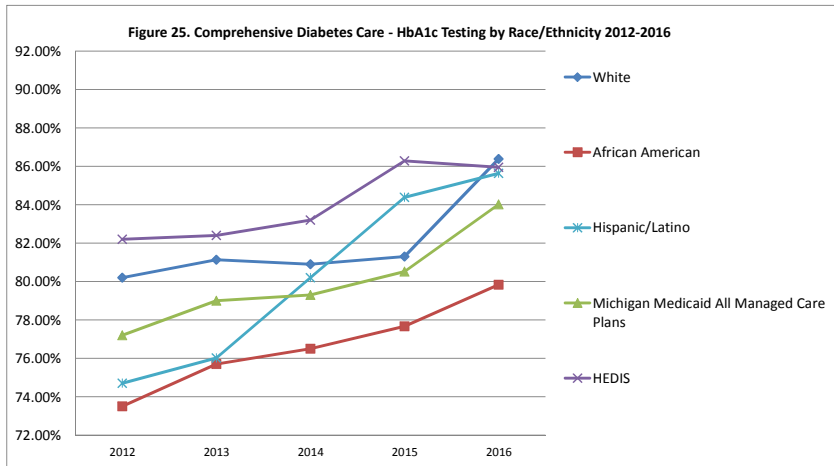
Index of Disparity (ID) Summary
Michigan Medicaid Managed Care All Plans

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

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

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

Figure 28. Index of Disparity by Indicator, All Plans*
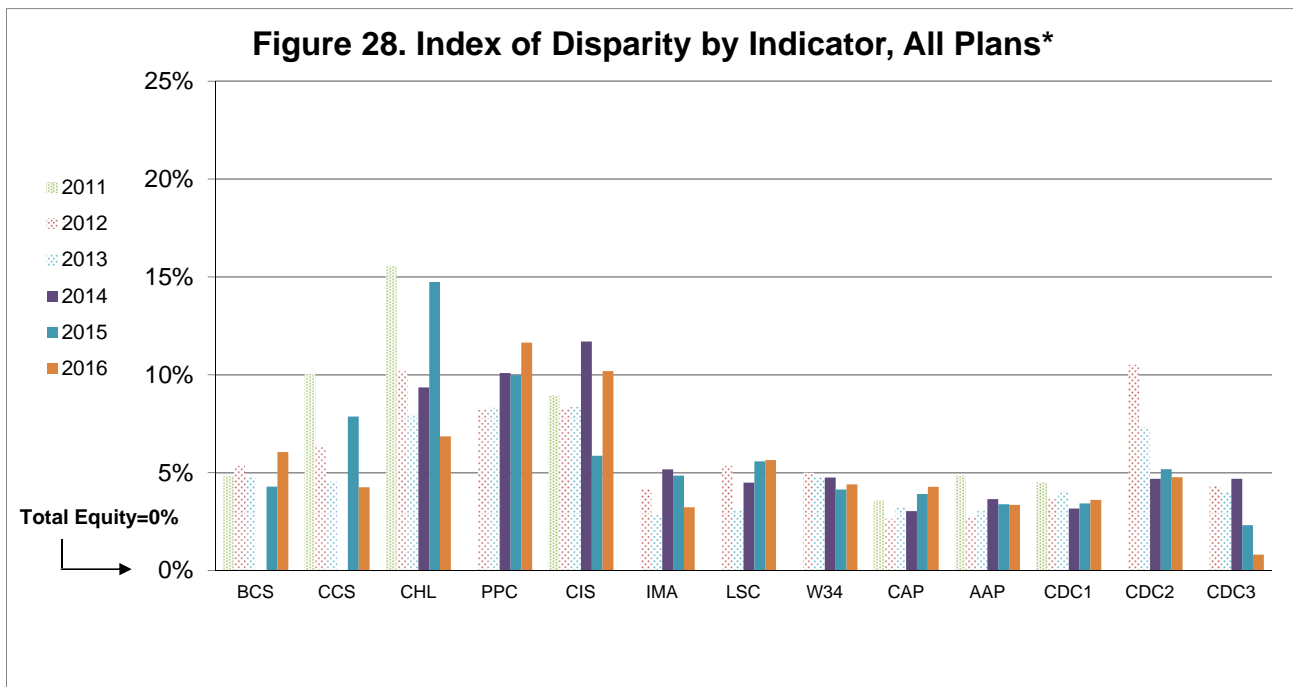
Table 21. Confidence Intervals
Michigan Medicaid All Managed Care Plans

Race/Ethnicity	%	Confidence Interval	
Breast Cancer Screening		Lower Limit	Upper Limit
American Indian/ Alaska Native	47.62%	36.94%	58.30%
Asian American/Native Hawaiian/ O.P.I.	58.70%	53.66%	63.73%
African American	58.54%	57.50%	59.57%
Hispanic	63.84%	58.91%	68.76%
White	58.91%	58.03%	59.79%
All Plan	59.30%	58.68%	59.93%
Cervical Cancer Screening		Lower Limit	Upper Limit
American Indian/ Alaska Native	54.62%	51.32%	57.91%
Asian American/Native Hawaiian/ O.P.I.	59.74%	57.80%	61.68%
African American	60.84%	60.48%	61.21%
Hispanic	60.20%	59.01%	61.38%
White	56.42%	56.15%	56.68%
All Plan	57.48%	57.28%	57.68%
Chlamydia Screening in Women - Total		Lower Limit	Upper Limit
American Indian/ Alaska Native	62.03%	55.08%	68.99%
Asian American/Native Hawaiian/ O.P.I.	55.22%	49.90%	60.55%
African American	70.50%	69.83%	71.18%
Hispanic	62.48%	60.46%	64.51%
White	56.83%	56.20%	57.45%
All Plan	62.50%	62.06%	62.94%
Post-Partum Care		Lower Limit	Upper Limit
American Indian/ Alaska Native	63.06%	54.08%	72.04%
Asian American/Native Hawaiian/ O.P.I.	68.35%	62.88%	73.81%
African American	48.55%	47.57%	49.54%
Hispanic	60.41%	57.98%	62.85%
White	61.73%	61.00%	62.47%
All Plan	57.22%	56.66%	57.78%
Childhood Immunizations Combo 3		Lower Limit	Upper Limit
American Indian/ Alaska Native	66.36%	57.40%	75.31%
Asian American/Native Hawaiian/ O.P.I.	78.37%	73.85%	82.89%
African American	58.28%	57.17%	59.40%
Hispanic	76.57%	74.48%	78.66%
White	70.57%	69.77%	71.37%
All Plan	66.82%	66.24%	67.39%
Adolescent Immunizations Combo 1		Lower Limit	Upper Limit
American Indian/ Alaska Native	84.93%	76.72%	93.14%
Asian American/Native Hawaiian/ O.P.I.	85.19%	81.47%	88.90%
African American	80.74%	79.84%	81.64%
Hispanic	91.17%	89.89%	92.45%
White	84.74%	84.12%	85.37%
All Plan	83.90%	83.43%	84.36%

Lead Screening in Children		Lower Limit	Upper Limit
American Indian/ Alaska Native	84.11%	77.19%	91.04%
Asian American/Native Hawaiian/ O.P.I.	88.05%	84.49%	91.62%
African American	76.33%	75.37%	77.29%
Hispanic	83.17%	81.49%	84.85%
White	78.91%	78.19%	79.62%
All Plan	78.57%	78.07%	79.07%
Well Child Visits 3-6 years		Lower Limit	Upper Limit
American Indian/ Alaska Native	74.34%	69.94%	78.74%
Asian American/Native Hawaiian/ O.P.I.	79.41%	77.21%	81.62%
African American	69.65%	69.14%	70.17%
Hispanic	77.47%	76.54%	78.40%
White	74.38%	74.00%	74.76%
All Plan	73.26%	72.99%	73.53%
Children and Adolescents' Access To PCP (25 Months-6 Yrs)		Lower Limit	Upper Limit
American Indian/ Alaska Native	91.79%	89.32%	94.26%
Asian American/Native Hawaiian/ O.P.I.	93.46%	92.26%	94.66%
African American	82.80%	82.42%	83.18%
Hispanic	91.49%	90.95%	92.03%
White	91.48%	91.27%	91.70%
All Plan	88.79%	88.62%	88.96%
Adults' Access to Preventive/Ambulatory Health Services (20-44)		Lower Limit	Upper Limit
American Indian/ Alaska Native	86.29%	84.15%	88.43%
Asian American/Native Hawaiian/ O.P.I.	83.59%	82.20%	84.97%
African American	77.17%	76.88%	77.46%
Hispanic	81.94%	81.12%	82.76%
White	85.92%	85.74%	86.10%
All Plan	82.76%	82.61%	82.91%
Comprehensive Diabetes Care - HbA1c Testing		Lower Limit	Upper Limit
American Indian/ Alaska Native	86.01%	81.12%	90.90%
Asian American/Native Hawaiian/ O.P.I.	89.09%	87.11%	91.07%
African American	79.84%	79.24%	80.44%
Hispanic	85.64%	83.93%	87.35%
White	86.39%	85.99%	86.80%
All Plan	84.03%	83.72%	84.34%
Comprehensive Diabetes Care - Eye Exams		Lower Limit	Upper Limit
American Indian/ Alaska Native	50.26%	43.20%	57.31%
Asian American/Native Hawaiian/ O.P.I.	55.40%	52.25%	58.56%
African American	46.19%	45.45%	46.94%
Hispanic	51.36%	48.92%	53.80%
White	51.78%	51.19%	52.37%
All Plan	50.21%	49.78%	50.63%
Comprehensive Diabetes Care - Medical Attention for Nephropathy		Lower Limit	Upper Limit
American Indian/ Alaska Native	91.33%	87.39%	95.27%
Asian American/Native Hawaiian/ O.P.I.	89.09%	87.11%	91.07%
African American	90.79%	90.36%	91.22%
Hispanic	90.78%	89.37%	92.19%
White	89.86%	89.51%	90.22%
All Plan	90.21%	89.96%	90.46%

Appendix A: Data Collection Template

HEDIS 2016 Measures by Race/Ethnicity

Michigan Medicaid Managed Care Plans
Submission to be received to MDHHS by August 15, 2016

Numerators and Demoninators 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)**																											