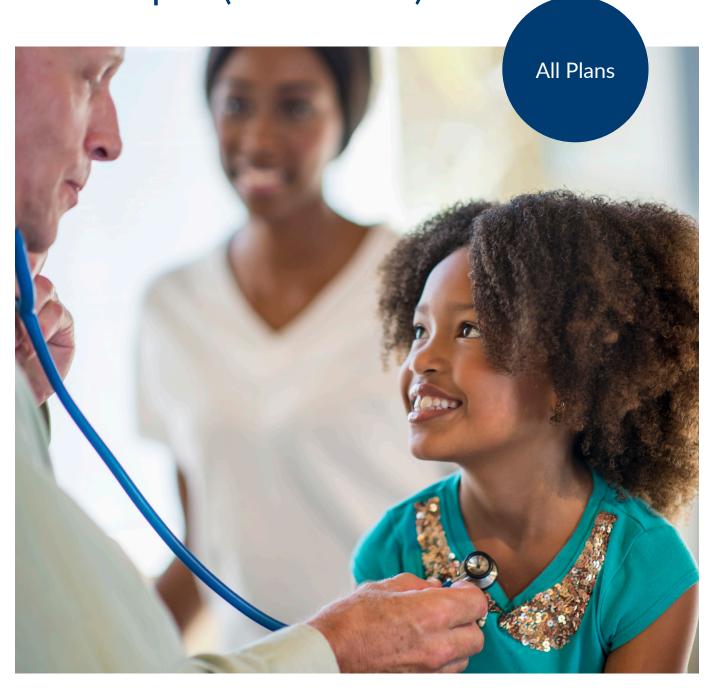


Health and Aging Services Administration

Medicaid Health Equity Project Year 9 Report (HEDIS 2019)



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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 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 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 participating Medicaid Health Plans (MHPs) to the 2.2 million beneficiaries in their care.³ Both federal and state laws address the need to reduce racial/ethnic disparities in healthcare and outcomes. Federal regulations require that MHPs provide services "in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds."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 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



Background

Disparities identification and reduction have been priorities for Michigan Medicaid for several years. In 2005, Michigan Medicaid participated in the Center for Health Care Strategies' Practice Size Exploratory Project where racial/ethnic disparities in a number of measures were identified by MHP, and by provider. Results were disseminated to MHPs and to providers for their information. In 2008, Michigan Medicaid was awarded a grant by the Center for Health Care Strategies (funded by the Robert Wood Johnson Foundation) to participate in the three year, Reducing Disparities at the Practice Site Project. This project focused on six high volume Medicaid practices in Detroit/Wayne County and facilitated the introduction of the Patient Centered Medical Home into the practice. Diabetic-related Healthcare Effectiveness Data and Information Set (HEDIS) measures were tracked by race/ethnicity across time at the participating practices. Between 2008 and 2010, MHPs were required to conduct an annual Performance Improvement Project (PIP) specifically aimed at reducing an identified disparity in one of their quality measures. Since 2015, all MHPs have focused their PIP efforts on reducing racial/ethnic disparities in timely prenatal care. The Medicaid Health Equity Project is the next step in the state's strategy to identify and reduce health disparities in Medicaid. Data was first collected in 2011 and has been systemically collected each year since.

In an effort to comply with federal and state law, and toward the goal of ensuring high quality healthcare for all Medicaid managed care beneficiaries, the Quality Improvement and Program Development Section of the Medicaid Managed Care Plan Division developed the Medicaid Health Equity Project. In early 2010, all MHPs were asked to participate in a series of conference calls to frame the problem of disparities in care and to plan the project. During those calls, Michigan Medicaid solicited MHPs for input and advice in the development of the methodology. A set of initial measures was agreed upon and specifications were developed. All Michigan MHPs submitted data in Year 1 (2011). These data were analyzed and reported in both plan-specific and statewide reports. In Year 2 (2012), six additional measures were added for a total of 14 measures across four health domains. These have remained the annual project measures since 2012, with one measure (Appropriate Asthma Medications (Combined)) removed when it was retired in 2016. With the decision to collect and measure health disparity data came a commitment to address any gaps in care identified. A description of these efforts has also been included in the Discussion and Future Directions sections.



Methods

Measures and Data Submission

As a means of measuring quality consistently across MHPs, and to facilitate comparison across states, MHPs submit audited HEDIS data to MDHHS for each measure that pertains to Medicaid covered benefits. MHPs also submit select HEDIS measures broken down by race/ethnicity to MDHHS. MHPs are provided a blank template to ensure consistency across all plan submissions. MHPs used their audited HEDIS data to draw the initial numbers (total numerators and denominators), but the final data broken down by race/ethnicity is not audited. All template totals match totals reported in the HEDIS Interactive Data Submission System. Table 1 lists the 13 HEDIS measures by health domain included in this Report.

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

Measures were stratified for the following racial populations: 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, declined, other race/ethnicity, or multiracial population was categorized as race/ethnicity unknown due to the inconsistent use of this category across MHPs.

All HEDIS measures were calculated in accordance with specifications provided by the National Committee for Quality Assurance (NCQA).8



Table 1: List of HEDIS Measures Reported

Health Domain	Measure	Abbreviation	Reported Since
Women - Adult Care and Pregnancy Care	Breast Cancer Screening	BCS	2011
Women - Adult Care and Pregnancy Care	Cervical Cancer Screening	CCS	2011
Women - Adult Care and Pregnancy Care	Chlamydia Screening in Women - Total	CHL	2011
Women - Adult Care and Pregnancy Care	Postpartum Care	PPC	2012
Child and Adolescent Care	Childhood Immunization Status - Combination 3	CIS	2011
Child and Adolescent Care	Immunizations for Adolescents - Combination 1	IMA	2012
Child and Adolescent Care	Lead Screening in Children	LSC	2012
Child and Adolescent Care	Well Child Visits (3-6 Years)	W34	2012
Access to Care	Children and Adolescents' Access to PCP (25 Months-6 Years)	CAP	2011
Access to Care	Adults' Access to Preventive/Ambulatory Health Services (20-44 years)	AAP	2011
Living with Illness	Comprehensive Diabetes Care - HbA1c Testing	CDC1	2011
Living with Illness	Comprehensive Diabetes Care - Eye Exams	CDC2	2012
Living with Illness	Comprehensive Diabetes Care - Medical Attention for Nephropathy	CDC3	2012
Health Plan Diversity	Race/Ethnicity Diversity of Membership	RDM	2011

Data Suppression

Data were considered insufficient, and results were suppressed if:

- **The Numerator:** Those who received services was less than 5;
- The Remainder: Those who did not receive services was less than 5, and/or;
- The Denominator: The population under consideration was less than 30

Pairwise Disparity

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 (Difference) = Non-White Estimate - Reference Estimate

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

The White population served as the reference population for all pairwise comparisons 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. Additionally, each racial/ethnic population was compared to the 2019 HEDIS national 50th percentiles.

In this report, two rates were declared significantly different if their 95% confidence intervals (CIs) did not overlap, significantly the same if their CIs overlap. A rate was declared significantly different from the 2019 HEDIS national 50th percentile if the 50th percentile was not contained within the 95% CI of the rate, the same if the 50th percentile was contained within the 95% CI of the rate. The 95% confidence intervals were calculated using the following formula:

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

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

African American, Hispanic, and White beneficiaries make up approximately 85% of the Michigan Medicaid Managed Care population. Rates for these three populations were trended for 2012 - 2019, and rates for the same population in two adjacent years were considered significantly different if their 95% CIs intervals did not overlap.

Population Disparity

Population Disparity describes how much disparity exists in the entire population for one measure by combining the disparity experienced by all subpopulations into the measure. For each measure, population disparity was estimated with an Index of Disparity (ID),¹⁰ which describes average subpopulation variation around the total population rate.

$$ID = (\sum |\mathbf{r}(\mathbf{n}) - \mathbf{R}| / \mathbf{n}) / \mathbf{R} * 100$$

r = Subpopulation rate; R = Total population rate; n = number of subpopulations

ID is expressed as a percentage, with 0% indicating no disparity and higher values indicating higher levels of disparity. An ID \leq 5% is considered a low level of disparity.



Results

Demographic Characteristics

The demographic characteristics of the Michigan Medicaid Managed Care population by race/ethnicity are presented in <u>Table 2</u>. Data for this table is drawn from the Race/Ethnicity Diversity of Membership in the 2109 HEDIS Aggregate Report for Michigan Medicaid¹¹ (page 104-105). All individuals included were Medicaid eligible and enrolled in Medicaid Managed Care for at least 11 out of 12 months in the year data was collected. 52.4% of the population identified as White, 26.89% as African American, and 5.53% as Hispanic. All other racial/ethnic populations made up 1.72% of the population, and race/ethnicity was unknown for 18.99%.

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

Category	Characteristic	Percentage of Managed Care Population
Race	American Indian/Alaska Native	0.45%
Race	Asian American/Native Hawaiian & Other Pacific Islander	1.27%
Race	African American	26.89%
Race	White	52.40%
Race	Unknown/Other/Declined	18.99%
Ethnicity	Hispanic	5.53%

Pairwise Disparity

Two types of comparisons were made in this analysis: one looking at the difference between each non-White minority population and the White population (<u>Table 3</u>) and one looking at the difference between each racial/ethnic population and the 2019 National Medicaid HEDIS 50th percentile (<u>Table 4</u>). For all the 13 measures, at least one minority population showed a significant difference from the White population. These results are discussed in more detail below.

Women - Adult Care and Pregnancy Care

This domain included the measures with the largest racial/ethnic disparities (<u>Tables 5-8</u> and <u>Figures 1-4</u>). The largest negative difference was found in Postpartum Care (PPC), where the gap between African American and White was 13.79 percentage points. This was also the only health domain to contain measures where African American was significantly higher than White, in Cervical Cancer Screening (CCS) and Chlamydia Screening in Women - Total (CHL). All significant differences for these four measures are described below:



Breast Cancer Screening (BCS) rates were lower for African American by 2.80 percentage points, lower for American Indian/Alaska Native by 6.54 percentage points, but higher for Hispanic by 4.56 percentage points.



CCS rates were higher for African American by 3.25 percentage points and higher for Hispanic by 4.01 percentage points.



CHL rates were higher for all the minority populations: by 16.14 percentage points for African American, by 7.12 percentage points for American Indian/Alaska Native, by 6.90 percentage points for Asian American/Native Hawaiian/Other Pacific Islander, and by 6.74 percentage points for Hispanic.



PPC rates were lower for African American by 13.79 percentage points and lower for Hispanic by 3.47 percentage points.

Child and Adolescent Care

While all the other three minority populations are either significantly higher than or not different from the White rates in all the four measures in this domain, the rates for African American were lower in all the four measures: Childhood Immunizations - Combination 3 (CIS), Adolescent Immunizations - Combination 1 (IMA), Lead Screening for Children (LSC), and Well Child Visits 3-6 years (W34) (Tables 9-12 and Figures 5-8). All significant differences for these four measures are described below:



CIS rates were lower for African American by 10.10 percentage points, but higher for Asian American/Native Hawaiian & Other Pacific Islander by 3.91 percentage points, and higher for Hispanic by 6.82 percentage points.



W34 rates were lower for African American by 6.12 percentage points, but higher for Asian American/ Native Hawaiian & Other Pacific Islander by 4.37 percentage points.



IMA rates were lower for African American by 2.64 percentage points, but higher for Hispanic by 5.53 percentage points.



LSC rates were lower for African American by 4.05 percentage points, but higher for Hispanic by 4.79 percentage points.

Access to Care

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



CAP rates were lower for African American by 8.95 percentage points and for Hispanic by 1.40 percentage points, but higher for Asian American/Native Hawaiian & Other Pacific Islander by 1.72 percentage points.



AAP rates were lower for African American by 8.70 percentage points, lower for Hispanic by 2.72 percentage points, and lower for Asian American/Native Hawaiian & Other Pacific Islander by 1.32 percentage points.

Living with Illness

The African American population had a lower rate in Comprehensive Diabetes Care - HbA1c Testing (CDC1) and Comprehensive Diabetes Care - Eye Exams (CDC2) but had no disparity in Comprehensive Diabetes Care - Medical Attention for Nephropathy (CDC3). All significant differences for these measures are described below (Tables 15-17 and Figures 11-13):



CDC1 rates were lower for African American by 4.99 percentage points, but higher for Asian American/ Native Hawaiian & Other Pacific Islander by 3.75 percentage points.



CDC2 rates were lower for African American by 8.75 percentage points and lower for Hispanic by 3.69 percentage points.



CDC3 rate was lower for American Indian/ Alaska Native by 3.83 percentage points.

Measuring Inequity

Table 18 provides an absolute measure of inequity for the African American and Hispanic populations, compared to the White population. The African American population was significantly below the White population for ten of the thirteen measures, with gaps in care ranging from 2.64 (IMA) to 13.79 (PPC) percentage points. However, in CCS and CHL African American had higher rates, by 3.25 and 16.14 percentage points respectively. In CDC3, there was no identified disparity for African American. For Hispanic, six measures were higher (BCS, CCS, CHL, CIS, IMA, and LSC), four measures (CAP, AAP, PPC, and CDC2) were lower, while there was no identified disparity in W34, CDC1, and CDC3.

Trends in Health Equity

Rates from 2015-2019 for the White, African American, Hispanic and the total Medicaid Managed Care population are presented in <u>Table 19</u> (see <u>Appendix B</u> for rates from 2012-2019). These tables also indicate whether there was a significant increase or decrease from year to year. <u>Figures 14-26</u> graph the rates over time for these populations, along with the HEDIS national 50th percentiles.

From 2015-2019, except for CCS and CHL in which African American had been consistently significantly higher than White, and for CDC3 in which African American had been higher or no disparity, African American rates had been consistently lower (not always significantly) than White for all the other 10 measures, and the gaps were not narrowing. Hispanic, however, had seen consistently higher or equivalent rates in all the measures in the Child and Adolescent Care domain (CIS, IMA, LSC, and W34) from 2015-2019; had higher rates in BCS from 2016-2019, higher rates in CCS and CHL from 2015-2019, but lower rates in PPC from 2018-2019; had lower rates in the two access measures (CAP and AAP); and performed similarly as White in the diabetes measures (CDC1, CDC2, and CDC3).

Population Disparity

The Index of Disparity (ID) (<u>Table 20</u> and <u>Figure 27</u>) indicates that 10 of the 13 measures achieved low level of disparity in 2019 (ID≤5%), compared to nine in 2018. The three measures with higher level of ID (>5%) remained the same as in 2018: CIS (ID=9.02%), PPC (ID=7.32%) and CHL (ID=5.63%). However, the IDs for CHL and PPC were both reduced from 2018 to 2019 (6.13% to 5.63% for CHL, 8.76% to 7.32% for PPC). In fact, 9 of the 13 measures had reduced IDs from 2018 to 2019. Among the 4 measures with increased IDs, the increases were all less than one percentage point, and except for CIS, the IDs remained below 5%. The reduced ID in CHL was due to a significant increase in the White rate while there was no significant change in the African American and Hispanic rates. In PPC, the disparity for African American increased from 2018 to 2019 due to a significant decrease in the African American rate, but the disparity (positive) for Asian American/Native Hawaiian/Other Pacific Islander decreased from a significant 11.34% in 2018 to a non-significant 1.11% in 2019, contributing to the reduction in the ID for PPC.



Discussion

In 2019, rates for African American Medicaid beneficiaries fell significantly below that of White beneficiaries for 10 measures (all but CCS, CHL, and CDC3), compared to nine in 2018 when the African American rate in IMA was significantly higher. The largest negative health disparity continued to be in PPC, where the gap between African American and White women is 13.79 percentage points. It is followed by CIS (10.10 percentage points), CAP (8.95 percentage points), CDC2 (8.75 percentage points), and AAP (8.70 percentage points). CHL remained to be higher for the African American (16.14 percentage points), smaller than the 17.27 percentage points in 2018. These remain the six most disparate measures among those monitored for the African American population, and new strategies will be necessary to have an impact on these entrenched disparities.

The annual trending of rates allows us to monitor for increases and decreases for specific racial/ethnic populations. From 2018 to 2019, African American had significant increases in 3 measures (CCS, W34, and CDC1), and significant decreases in 4 measures (PPC, CIS, LSC, and AAP). Hispanic had significant increase in CCS only, and significant decrease in CAP. However, the White population had significant increases in 6 measures (CCS, CHL, W34, CDC1, CDC2, and CDC3), and significant decreases in 3 measures (CIS, LSC, and CAP).

Limitations

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

Notes on Methodology

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



Future Directions

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

Response to Documented Health Disparities in Michigan Medicaid Managed Care

One of the largest disparities can be found in the PPC measure, where the gap between African American and White women is 13.79 percentage points. PPC has been the center of many efforts to improve perinatal care quality in Medicaid, and a possible intervention point to address the racial/ethnic disparity in infant mortality. A postpartum care visit is an important check on the mother's recovery after childbirth. This appointment is also crucial for supporting breastfeeding, infant safety, childhood immunizations, reproductive life planning and pregnancy spacing, and transitioning to primary care for any pre-existing chronic conditions of the mother. The Managed Care Plan Division of MDHHS has placed emphasis on this measure for many years by incorporating it into multiple performance monitoring and incentive tools. However, performance on this measure and on narrowing the gap in care for postpartum women has been flat for many years, therefore new and innovative strategies are needed to address this disparity.

A three-year performance improvement project focused on reducing racial/ethnic health disparities in Low Birth Weight (LBW) started in 2018 for Medicaid Managed Care in Michigan. For FY 2018, the goal was to involve the MHPs, existing home visiting programs, and Community Health Worker (CHW) programs to address documented health disparities and health inequities. Future direction will include MHP collaborative performance on overall regional racial equity improvement in LBW outcomes for Medicaid beneficiaries.

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

SDOH can play a key role in access to services. Starting in 2016, MHPs were also contractually required to implement a CHW program in collaboration with community-based organizations to reduce barriers to care and address member's needs. These CHW programs will continue into the future years with the intention of directing efforts to reduce health disparities and improve the health of all Michigan Medicaid beneficiaries through outreach, health promotion and promoting health literacy. CHW programs are also an excellent opportunity to connect individuals to community resources that help address SDOH.

Michigan Medicaid Managed Care - All Plans



Please note that some of the tables in this report utilize color coding, in addition to labeling. The word "below" is in red and the word "above" is in green. Where applicable, a legend is provided below the table to provide further clarification.

Table 3a: Summary Table - Difference from Reference (White)

Race/Ethnicity	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening in Women - Total	Post-partum Care	Childhood Immunizations - Combination 3	Immunizations for Adolescents - Combination 1	Lead Screening in Children
Asian American/ Native Hawaiian/ Pacific Islander	NS	NS	Above	NS	Above	NS	NS
African American	Below	Above	Above	Below	Below	Below	Below
White	Reference	Reference	Reference	Reference	Reference	Reference	Reference
Hispanic	Above	Above	Above	Below	Above	Above	Above
American Indian/ Alaska Native	Below	NS	Above	NS	NS	NS	NS
All Plans	NS	NS	Above	Below	Below	NS	NS

Rate is significantly higher than the Reference

Rate is significantly lower than the Reference

NS = Not significantly different from the Reference

Michigan Medicaid Managed Care - All Plans



Table 3b: Summary Table - Difference from Reference (White)

Race/Ethnicity	Well Child Visits (3-6 Years)	Children and Adolescents' Access to PCP (25 Months-6 Years)	Adults' Access to Preventive/ Ambulatory Health Services (20-44 Years)	Comprehensive Diabetes Care - HbA1c Testing	Comprehensive Diabetes Care - Eye Exams	Comprehensive Diabetes Care - Medical Attention for Nephropathy
Asian American/ Native Hawaiian/ Pacific Islander	Above	Above	Below	Above	NS	NS
African American	Below	Below	Below	Below	Below	NS
White	Reference	Reference	Reference	Reference	Reference	Reference
Hispanic	NS	Below	Below	NS	Below	NS
American Indian/ Alaska Native	NS	NS	NS	NS	NS	Below
All Plans	Below	Below	Below	Below	Below	NS

Rate is significantly higher than the Reference

Rate is significantly lower than the Reference

NS = Not significantly different from the Reference

Michigan Medicaid Managed Care - All Plans



Table 4a: Summary Table - Difference from 2019 HEDIS National Medicaid 50th Percentile

Race/Ethnicity	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening in Women - Total	Post-partum Care	Childhood Immunizations - Combination 3	Immunizations for Adolescents - Combination 1	Lead Screening in Children
Asian American/ Native Hawaiian/ Pacific Islander	NS	NS	Above	NA	NS	Above	Above
African American	NS	Above	Above	NA	Below	NS	Above
White	Above	NS	Above	NA	Below	Above	Above
Hispanic	Above	Above	Above	NA	Above	Above	Above
American Indian/ Alaska Native	NS	NS	Above	NA	Below	NS	Above
All Plans	Above	Above	Above	NA	Below	Above	Above

Rate is significantly higher than the HEDIS National Medicaid 50th percentile

Rate is significantly lower than the HEDIS National Medicaid 50th percentile

NS = Not significantly different from the HEDIS National Medicaid 50th percentile

NA = The 2019 HEDIS National Medicaid 50th Percentile is not available for this measure

Michigan Medicaid Managed Care - All Plans



Table 4b: Summary Table - Difference from 2019 HEDIS National Medicaid 50th Percentile

Race/Ethnicity	Well Child Visits (3-6 Years)	Children and Adolescents' Access to PCP (25 Months-6 Years)	Adults' Access to Preventive/ Ambulatory Health Services (20-44 Years)	Comprehensive Diabetes Care - HbA1c Testing	Comprehensive Diabetes Care - Eye Exams	Comprehensive Diabetes Care - Medical Attention for Nephropathy
Asian American/ Native Hawaiian/ Pacific Islander	Above	Above	Above	Above	Above	NS
African American	Below	Below	Below	Below	Below	Below
White	Above	Above	Above	Below	Above	NS
Hispanic	Above	Above	NS	Below	NS	Below
American Indian/ Alaska Native	NS	Above	Above	Below	NS	Below
All Plans	Above	Below	Below	Below	NS	Below

Rate is significantly higher than the HEDIS National Medicaid 50th percentile

NS = Not significantly different from the HEDIS National Medicaid 50th percentile

Rate is significantly lower than the HEDIS National Medicaid 50th percentile

Breast Cancer Screening (BCS)

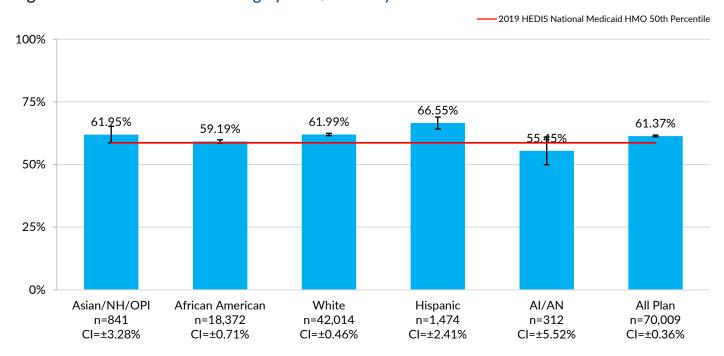




Table 5: Breast Cancer Screening by Race/Ethnicity

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White	From 50th
Asian American/Native Hawaiian/Pacific Islander	521	841	61.95%	-0.04%	1.00	NS	NS
African American	10,874	18,372	59.19%	-2.80%	0.95	Below	NS
White	216,044	412,014	61.99%	Ref	Ref	Ref	Above
Hispanic	981	1,474	66.55%	4.56%	1.07	Above	Above
American Indian/ Alaska Native	173	312	55.45%	-6.54%	0.89	Below	NS
All Plans	42,962	70,009	61.37%	-0.62%	0.99	NS	Above

Figure 1: Breast Cancer Screening by Race/Ethnicity



Cervical Cancer Screening (CCS)

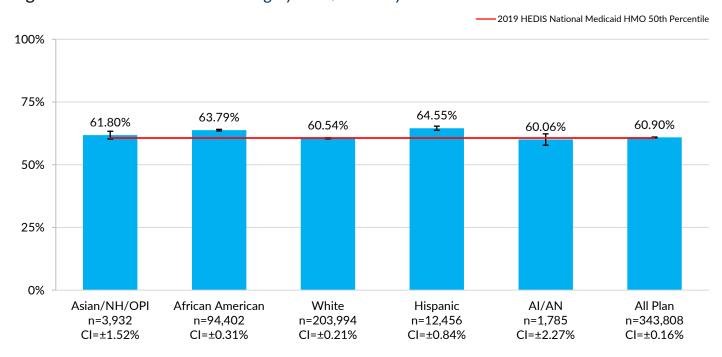




Table 6: Cervical Cancer Screening by Race/Ethnicity

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White	From 50th
Asian American/Native Hawaiian/Pacific Islander	2,430	3,932	61.80%	1.27%	1.02	NS	NS
African American	60,218	94,402	63.79%	3.25%	1.05	Above	Above
White	123,488	203,994	60.54%	Ref	Ref	Ref	NS
Hispanic	8,040	12,456	64.55%	4.01%	1.07	Above	Above
American Indian/ Alaska Native	1,072	1,785	60.06%	-0.48%	0.99	NS	NS
All Plans	209,366	343,808	60.90%	0.36%	1.01	NS	Above

Figure 2: Cervical Cancer Screening by Race/Ethnicity



Chlamydia Screening in Women - Total (CHL)

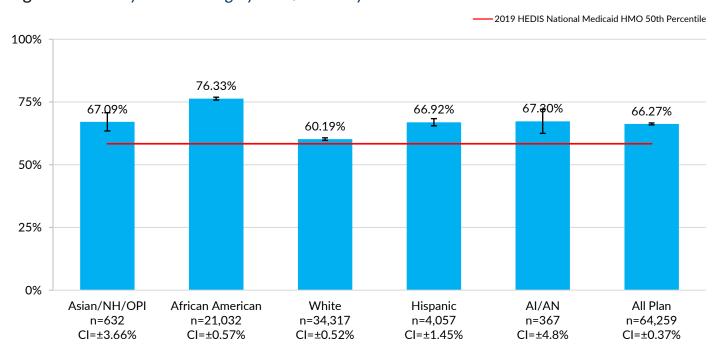


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Table 7: Chlamydia Screening in Women - Total by Race/Ethnicity

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White	From 50th
Asian American/Native Hawaiian/Pacific Islander	424	632	67.09%	6.90%	1.11	Above	Above
African American	16,053	21,032	76.33%	16.14%	1.27	Above	Above
White	20,654	34,317	60.19%	Ref	Ref	Ref	Above
Hispanic	2,715	4,057	66.92%	6.74%	1.11	Above	Above
American Indian/ Alaska Native	247	367	67.30%	7.12%	1.12	Above	Above
All Plans	42,585	64,259	66.27%	6.08%	1.10	Above	Above

Figure 3: Chlamydia Screening by Race/Ethnicity



Postpartum Care (PPC)



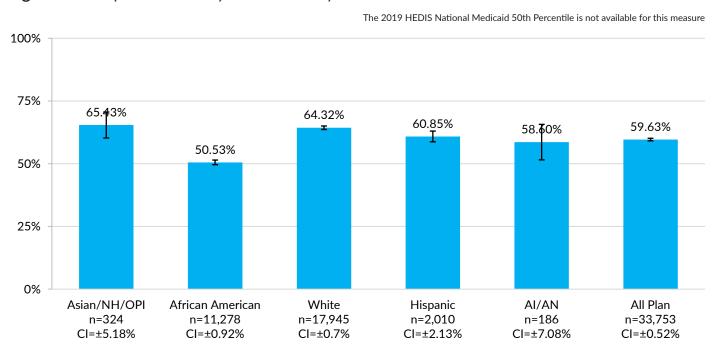


Table 8: Postpartum Care by Race/Ethnicity

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White	From 50th
Asian American/Native Hawaiian/Pacific Islander	212	324	65.43%	1.11%	1.02	NS	NA
African American	5,699	11,278	50.53%	-13.79%	0.79	Below	NA
White	11,542	17,945	64.32%	Ref	Ref	Ref	NA
Hispanic	1,223	2,010	60.85%	-3.47%	0.95	Below	NA
American Indian/ Alaska Native	109	186	58.60%	-5.72%	0.91	NS	NA
All Plans	20,128	33,753	59.63%	-4.69%	0.93	Below	NA

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; From 50th = Statistically significant difference from 50th Percentile; NS = Not significantly different; NA = 2019 HEDIS National Medicaid 50th Percentile not available; Above/Below = Significantly higher/lower than Reference or HEDIS National Medicaid 50th Percentile; Ref = Reference

Figure 4: Postpartum Care by Race/Ethnicity



Race/Ethnicity

Childhood Immunization Status - Combination 3 (CIS)

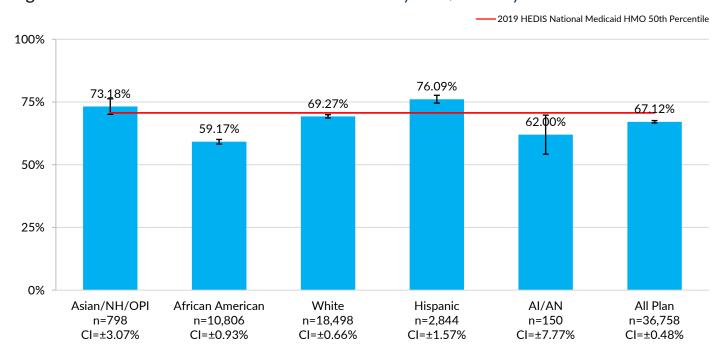


Michigan Medicaid Managed Care - All Plans

Table 9: Childhood Immunizations - Combination 3 by Race/Ethnicity

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White	From 50th
Asian American/Native Hawaiian/Pacific Islander	584	798	73.18%	3.91%	1.06	Above	NS
African American	6,394	10,806	59.17%	-10.10%	0.85	Below	Below
White	12,814	18,498	69.27%	Ref	Ref	Ref	Below
Hispanic	2,164	2,844	76.09%	6.82%	1.10	Above	Above
American Indian/ Alaska Native	93	150	62.00%	-7.27%	0.90	NS	Below
All Plans	24,671	36,758	67.12%	-2.15%	0.97	Below	Below

Figure 5: Childhood Immunizations - Combination 3 by Race/Ethnicity



Immunizations for Adolescents - Combination 1 (IMA)

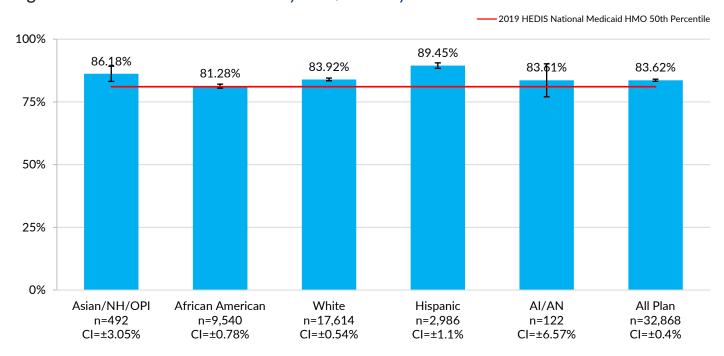


Michigan Medicaid Managed Care - All Plans

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

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White	From 50th
Asian American/Native Hawaiian/Pacific Islander	424	492	86.18%	2.26%	1.03	NS	Above
African American	7,754	9,540	81.28%	-2.64%	0.97	Below	NS
White	14,782	17,614	83.92%	Ref	Ref	Ref	Above
Hispanic	2,671	2,986	89.45%	5.53%	1.07	Above	Above
American Indian/ Alaska Native	102	122	83.61%	-0.32%	1.00	NS	NS
All Plans	27,485	32,868	83.62%	-0.30%	1.00	NS	Above

Figure 6: Adolescent Immunizations by Race/Ethnicity



Lead Screening in Children (LSC)

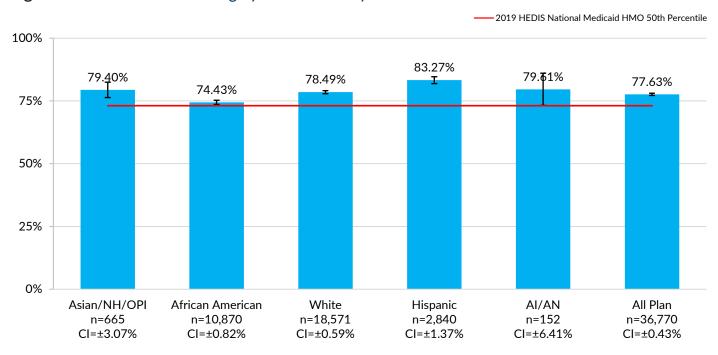




Table 11: Blood Lead Screening in Children by Race/Ethnicity

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White	From 50th
Asian American/Native Hawaiian/Pacific Islander	528	665	79.40%	0.91%	1.01	NS	Above
African American	8,091	10,870	74.43%	-4.05%	0.95	Below	Above
White	14,576	18,571	78.49%	Ref	Ref	Ref	Above
Hispanic	2,365	2,840	83.27%	4.79%	1.06	Above	Above
American Indian/ Alaska Native	121	152	79.61%	1.12%	1.01	NS	Above
All Plans	28,546	36,770	77.63%	-0.85%	0.99	NS	Above

Figure 7: Blood Lead Screening by Race/Ethnicity



Well Child Visits (3-6 Years) (W34)

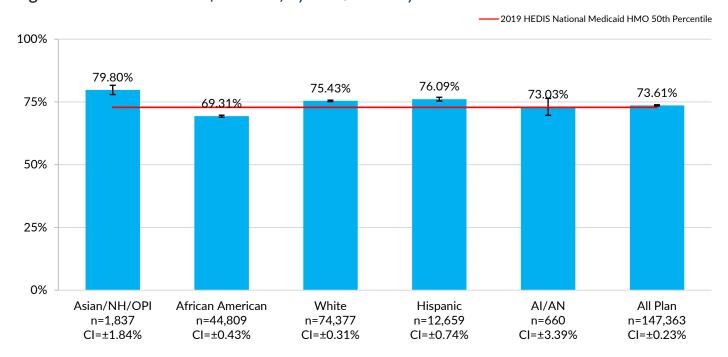




Table 12: Well Child Visits (3-6 Years) by Race/Ethnicity

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White	From 50th
Asian American/Native Hawaiian/Pacific Islander	1,466	1,837	79.80%	4.37%	1.06	Above	Above
African American	31,058	44,809	69.31%	-6.12%	0.92	Below	Below
White	56,102	74,377	75.43%	Ref	Ref	Ref	Above
Hispanic	9,632	12,659	76.09%	0.66%	1.01	NS	Above
American Indian/ Alaska Native	482	660	73.03%	-2.40%	0.97	NS	NS
All Plans	108,477	147,363	73.61%	-1.82%	0.98	Below	Above

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



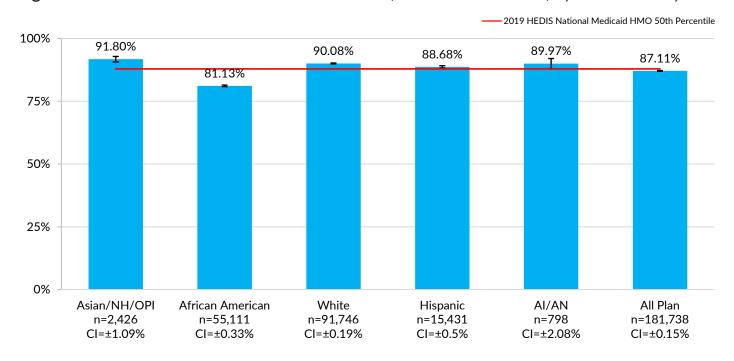
Children and Adolescents' Access to PCP (25 Months-6 Years) (CAP)

Michigan Medicaid Managed Care - All Plans

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

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White	From 50th
Asian American/Native Hawaiian/Pacific Islander	2,227	2,426	91.80%	1.72%	1.02	Above	Above
African American	44,712	55,111	81.13%	-8.95%	0.90	Below	Below
White	82,646	91,746	90.08%	Ref	Ref	Ref	Above
Hispanic	13,684	15,431	88.68%	-1.40%	0.98	Below	Above
American Indian/ Alaska Native	718	798	89.97%	-0.11%	1.00	NS	Above
All Plans	158,319	181,738	87.11%	-2.97%	0.97	Below	Below

Figure 9: Children and Adolescents' Access to Care (25 Months to 6 Years) by Race/Ethnicity



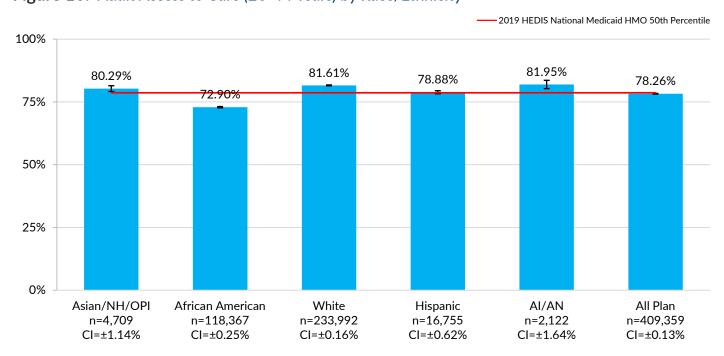
Adults' Access to Preventive/Ambulatory Health Services (20-44 Years) (AAP)

Michigan Medicaid Managed Care - All Plans

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

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White	From 50th
Asian American/Native Hawaiian/Pacific Islander	3,781	4,709	80.29%	-1.32%	0.98	Below	Above
African American	86,294	118,367	72.90%	-8.70%	0.89	Below	Below
White	190,957	233,992	81.61%	Ref	Ref	Ref	Above
Hispanic	13,217	16,755	78.88%	-2.72%	0.97	Below	NS
American Indian/ Alaska Native	1,739	2,122	81.95%	0.34%	1.00	NS	Above
All Plans	320,371	409,359	78.26%	-3.35%	0.96	Below	Below

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



Comprehensive Diabetes Care - HbA1c Testing (CDC1)

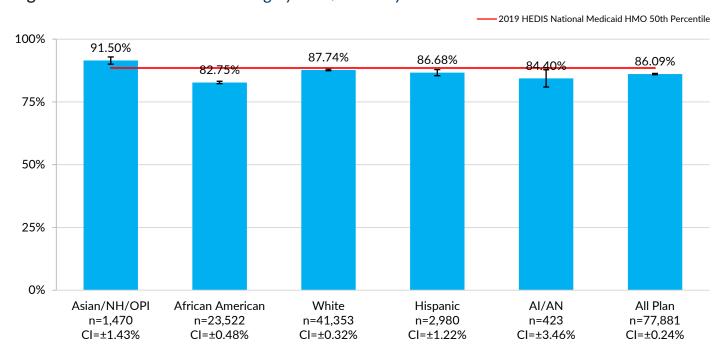


Michigan Medicaid Managed Care - All Plans

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

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White	From 50th
Asian American/Native Hawaiian/Pacific Islander	1,345	1,470	91.50%	3.75%	1.04	Above	Above
African American	19,465	23,522	82.75%	-4.99%	0.94	Below	Below
White	36,285	41,353	87.74%	Ref	Ref	Ref	Below
Hispanic	2,583	2,980	86.68%	-1.07%	0.99	NS	Below
American Indian/ Alaska Native	357	423	84.40%	-3.35%	0.96	NS	Below
All Plans	67,045	77,881	86.09%	-1.66%	0.98	Below	Below

Figure 11: Diabetes HbA1C Testing by Race/Ethnicity



Comprehensive Diabetes Care - Eye Exams (CDC2)

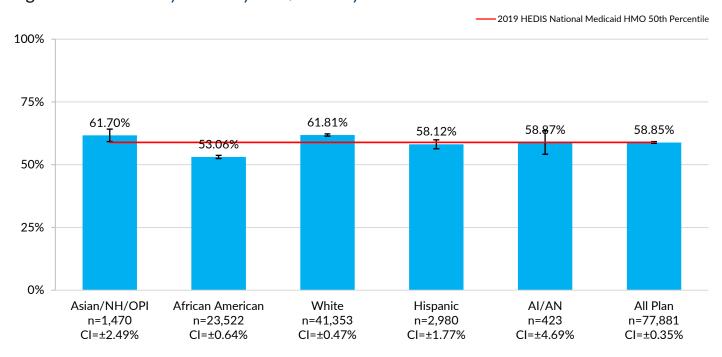


Michigan Medicaid Managed Care - All Plans

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

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White	From 50th
Asian American/Native Hawaiian/Pacific Islander	907	1,470	61.70%	-0.11%	1.00	NS	Above
African American	12,481	23,522	53.06%	-8.75%	0.86	Below	Below
White	25,562	41,353	61.81%	Ref	Ref	Ref	Above
Hispanic	1,732	2,980	58.12%	-3.69%	0.94	Below	NS
American Indian/ Alaska Native	249	423	58.87%	-2.95%	0.95	NS	NS
All Plans	45,833	77,881	58.85%	-2.96%	0.95	Below	NS

Figure 12: Diabetic Eye Exam by Race/Ethnicity



Comprehensive Diabetes Care - Medical Attention for Nephropathy (CDC3)

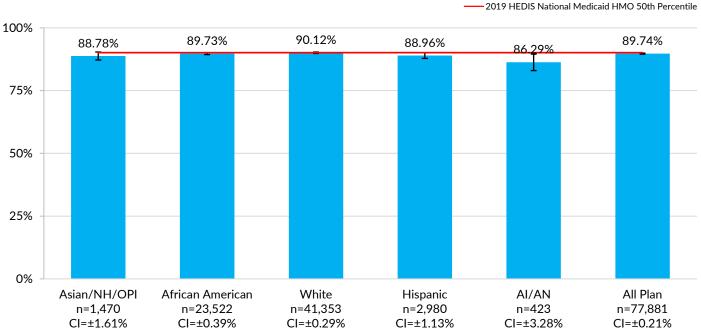
Michigan Medicaid Managed Care - All Plans

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

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White	From 50th
Asian American/Native Hawaiian/Pacific Islander	1,305	1,470	88.78%	-1.34%	0.99	NS	NS
African American	21,106	23,522	89.73%	-0.39%	1.00	NS	Below
White	37,266	41,353	90.12%	Ref	Ref	Ref	NS
Hispanic	2,651	2,980	88.96%	-1.16%	0.99	NS	Below
American Indian/ Alaska Native	365	423	86.29%	-3.83%	0.96	Below	Below
All Plans	69,892	77,881	89.74%	-0.37%	1.00	NS	Below

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; From 50th = Statistically significant difference from 50th Percentile; NS = Not significantly different; Above/Below = Significantly higher/lower than Reference or HEDIS National Medicaid 50th Percentile; Ref = Reference

Figure 13: Diabetic Nephropathy by Race/Ethnicity



Race/Ethnicity





Measure	2019 White Rate	2019 African American Rate	Rate Difference	2019 Hispanic Rate	Rate Difference	
Breast Cancer Screening	61.99%	59.19%	-2.80%	66.55%	4.56%	
Cervical Cancer Screening	60.54%	63.79%	3.25%	64.55%	4.01%	
Chlamydia Screening in Women - Total	60.19%	76.33%	16.14%	66.92%	6.74%	
Postpartum Care	64.32%	50.53%	-13.79%	60.85%	-3.47%	
Childhood Immunizations - Combination 3	69.27%	59.17%	-10.10%	76.09%	6.82%	
Immunizations for Adolescents - Combination 1	83.92%	81.28%	-2.64%	89.45%	5.53%	
Lead Screening in Children	78.49%	74.43%	-4.05%	83.27%	4.79%	
Well Child Visits (3-6 Years)	75.43%	69.31%	-6.12%	76.09%	0.66%	
Children and Adolescents' Access to PCP (25 Months-6 Years)	90.08%	81.13%	-8.95%	88.68%	-1.40%	
Adults' Access to Preventive/Ambulatory Health Services (20-44 Years)	81.61%	72.90%	-8.70%	78.88%	-2.72%	
Comprehensive Diabetes Care - HbA1c Testing	87.74%	82.75%	-4.99%	86.68%	-1.07%	
Comprehensive Diabetes Care - Eye Exams	61.81%	53.06%	-8.75%	58.12%	-3.69%	
Comprehensive Diabetes Care - Medical Attention for Nephropathy	90.12%	89.73%	-0.39%	88.96%	-1.16%	
Rate significantly above White population (95% CI is above 95% CI for White population) Rate significantly below White population (95% CI is below 95% CI for White population)						





White Rate %

African American Rate %

easure	2015	2016	2017	2018	2019
BCS	64.00	58.91	63.23	62.77	61.99
CCS	62.00	56.42	58.60	59.06	60.54
CHL	54.19	56.83	58.54	59.04	60.19
PPC	61.57	61.73	63.31	64.14	64.32
CIS	72.99	70.57	73.26	72.52	69.27
IMA	87.65	84.74	85.64	83.53	83.92
LSC	78.71	78.91	80.69	79.79	78.49
W34	73.81	74.38	74.35	74.74	75.43
CAP	91.05	91.48	91.77	90.97	90.08
AAP	86.19	85.92	84.58	81.88	81.61
CDC1	81.30	86.39	86.92	86.69	87.74
CDC2	45.73	51.78	55.56	59.99	61.81
CDC3	75.93	89.86	89.94	89.11	90.12

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

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

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





Hispanic Rate %

Michigan Medicaid Managed Care All Plans Rate %

⁄leasure	2015	2016	2017	2018	2019
BCS	61.30	63.84	65.79	67.82	66.55
CCS	64.90	60.20	62.27	62.63	64.55
CHL	58.96	62.48	65.37	65.17	66.92
PPC	63.23	60.41	62.76	60.99	60.85
CIS	78.58	76.57	79.35	78.23	76.09
IMA	90.49	91.17	91.15	88.50	89.45
LSC	84.60	83.17	87.66	85.18	83.27
W34	77.02	77.47	76.07	75.52	76.09
CAP	91.26	91.49	90.88	89.80	88.68
AAP	81.92	81.94	81.73	77.89	78.88
CDC1	84.39	85.64	86.20	85.67	86.68
CDC2	45.47	51.36	53.73	58.90	58.12
CDC3	76.01	90.78	89.20	88.05	88.96

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

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

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

Figure 14: 2015-2019 Breast Cancer Screening



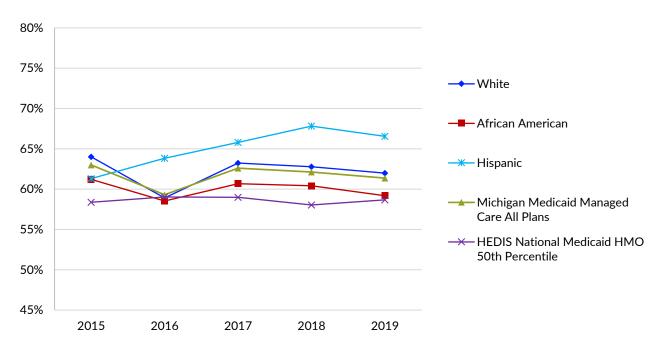


Figure 15: 2015-2019 Cervical Cancer Screening

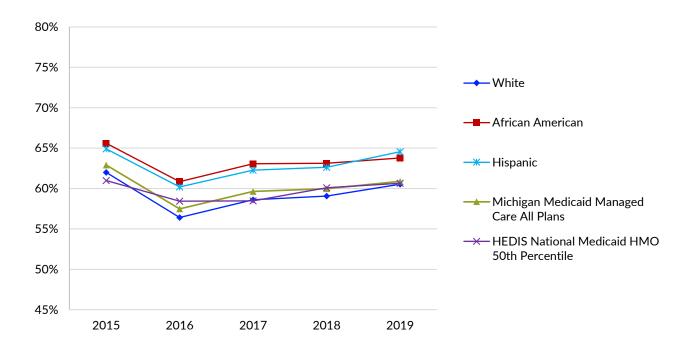


Figure 16: 2015-2019 Chlamydia Screening



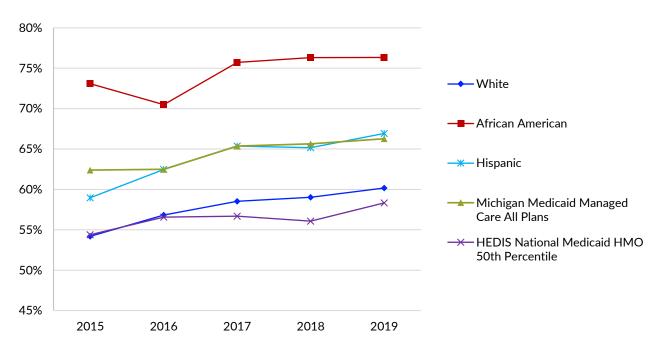
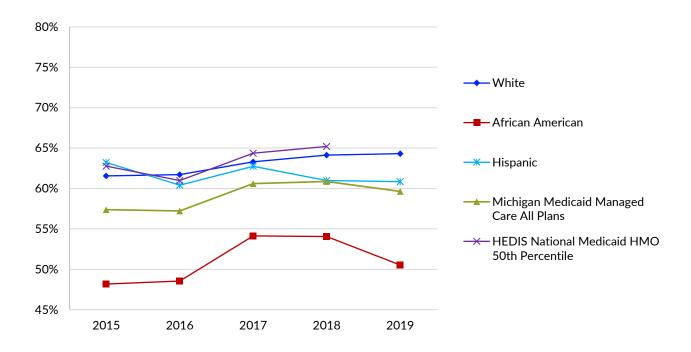


Figure 17: 2015-2019 Postpartum Care







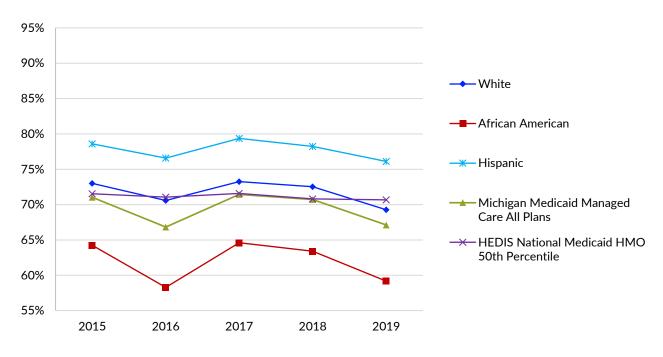


Figure 19: 2015-2019 Adolescents Immunization - Combination 1

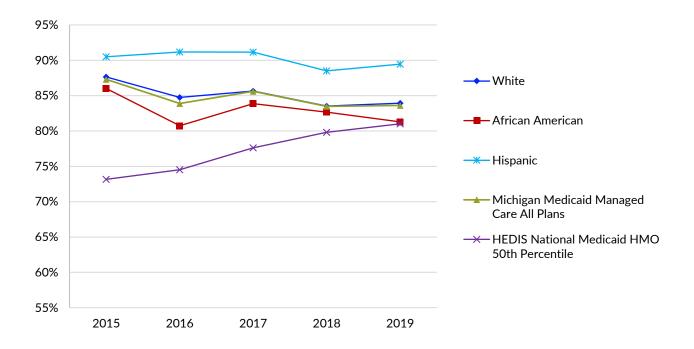


Figure 20: 2015-2019 Lead Screening in Children



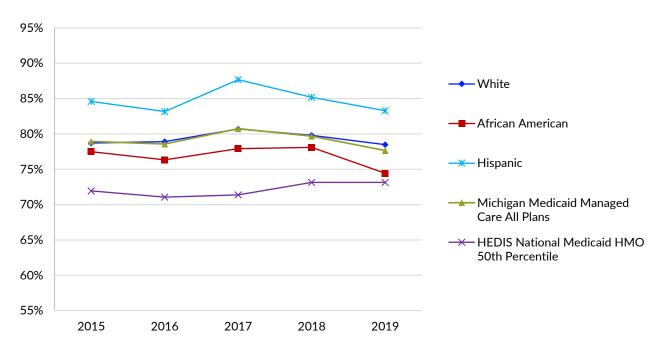
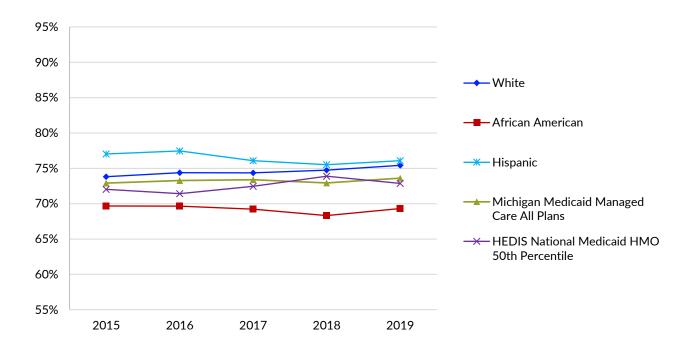


Figure 21: 2015-2019 Well Child Visits (3-6 years)







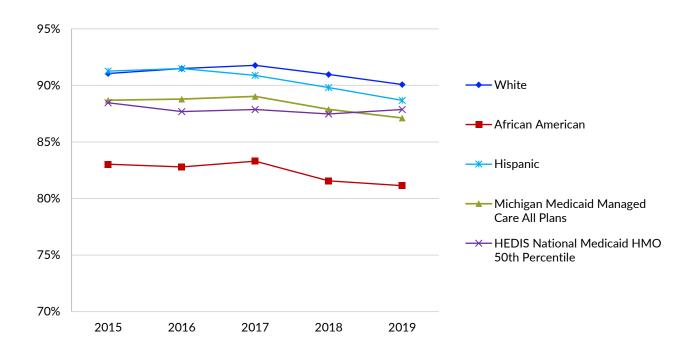


Figure 23: 2015-2019 Adults Access to Preventive/Ambulatory Health Services (20-44 Years)

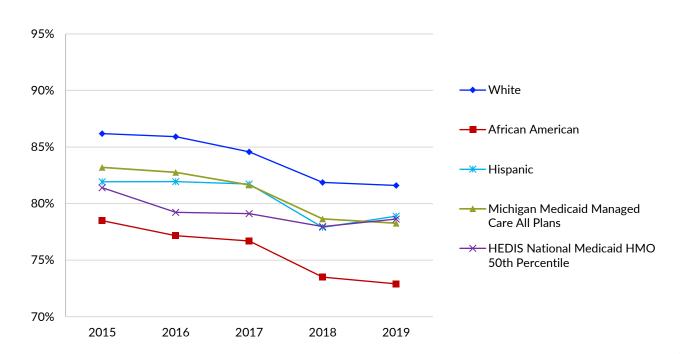


Figure 24: 2015-2019 Comprehensive Diabetes Care-HbA1c Testing



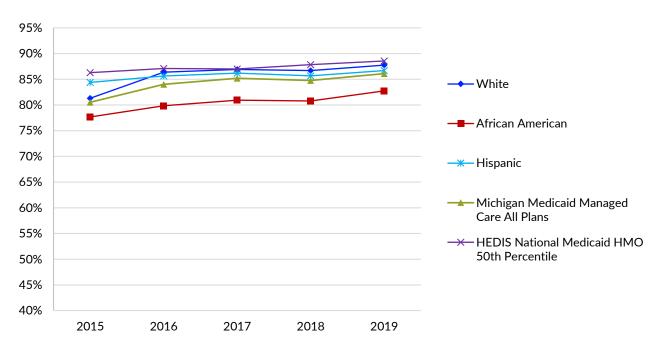
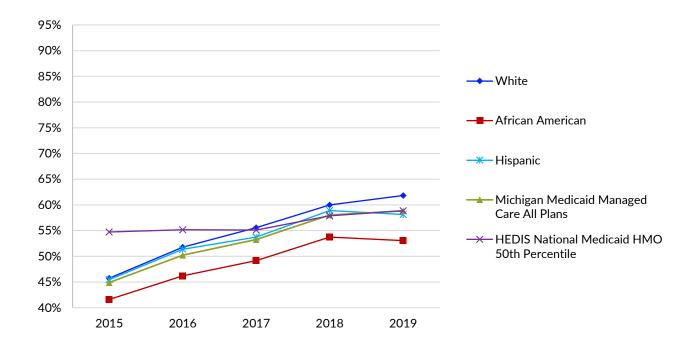
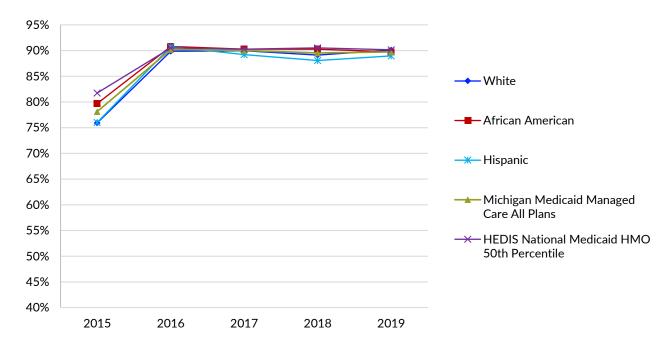


Figure 25: 2015-2019 Comprehensive Diabetes Care-Eye Exams









Index of Disparity Summary





Table 20: Index of Disparity for Michigan Medicaid Managed Care All Plans 2015 to 2019

Measure	Abbr.	2015	2016	2017	2018	2019
Breast Cancer Screening	BCS	4.30%	6.06%	4.05%	3.91%	4.72%
Cervical Cancer Screening	CCS	7.88%	4.27%	3.77%	3.56%	2.84%
Chlamydia Screening in Women - Total	CHL	14.75%	6.86%	8.37%	6.13%	5.63%
Postpartum Care	PPC	9.99%	11.65%	8.38%	8.76%	7.32%
Childhood Immunizations - Combination 3	CIS	5.87%	10.19%	7.27%	8.53%	9.02%
Immunizations for Adolescents - Combination 1	IMA	4.86%	3.24%	3.04%	2.48%	2.64%
Lead Screening in Children	LSC	5.58%	5.65%	4.11%	4.11%	3.46%
Well Child Visits (3-6 Years)	W34	4.15%	4.41%	3.99%	5.64%	4.18%
Children and Adolescents' Access to PCP (25 Months-6 years)	CAP	3.92%	4.29%	3.61%	4.82%	4.15%
Adults' Access to Preventive/Ambulatory Health Services (20-44 years)	AAP	3.40%	3.37%	2.82%	4.01%	3.85%
Comprehensive Diabetes Care - HbA1c Testing	CDC1	3.44%	3.62%	3.91%	3.70%	2.95%
Comprehensive Diabetes Care - Eye Exams	CDC2	5.19%	4.78%	4.04%	4.20%	4.20%
Comprehensive Diabetes Care - Medical Attention for Nephropathy	CDC3	2.33%	0.83%	1.29%	0.72%	1.25%

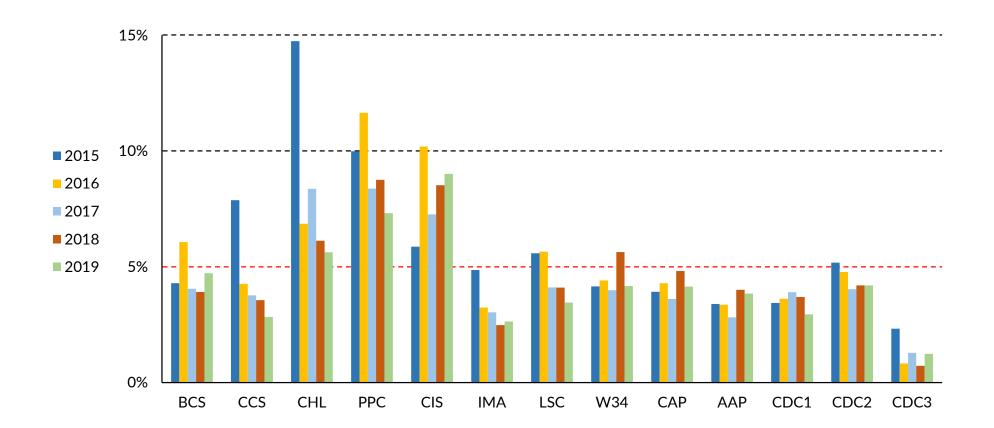
Index of Disparity Summary

Michigan Medicaid Managed Care - All Plans



Please note that this chart includes 13 groups of bars for the 13 measures. Each group includes a bar for each year from 2015-2019. The bars appear from left (2015) to right (2019).

Figure 27: Index of Disparity for Michigan Medicaid Managed Care All Plans





Breast Cancer Screening (BCS)

Race/Ethnicity	Rate	Lower Limit of 95% Confidence Interval	Upper Limit of 95% Confidence Interval
Asian American/ Native Hawaiian/OPI	61.95%	58.67%	65.23%
African American	59.19%	58.48%	59.90%
White	61.99%	61.52%	62.45%
Hispanic	66.55%	64.14%	68.96%
American Indian/ Alaska Native	55.45%	49.93%	60.96%
All Plans	61.37%	61.01%	61.73%

Cervical Cancer Screening (CCS)

Race/Ethnicity	Rate	Lower Limit of 95% Confidence Interval	Upper Limit of 95% Confidence Interval
Asian American/ Native Hawaiian/OPI	61.80%	60.28%	63.32%
African American	63.79%	63.48%	64.10%
White	60.54%	60.32%	60.75%
Hispanic	64.55%	63.71%	65.39%
American Indian/ Alaska Native	60.06%	57.78%	62.33%
All Plans	60.90%	60.73%	61.06%



Chlamydia Screening in Women - Total (CHL)

Race/Ethnicity	Rate	Lower Limit of 95% Confidence Interval	Upper Limit of 95% Confidence Interval
Asian American/ Native Hawaiian/OPI	67.09%	63.43%	70.75%
African American	76.33%	75.75%	76.90%
White	60.19%	59.67%	60.70%
Hispanic	66.92%	65.47%	68.37%
American Indian/ Alaska Native	67.30%	62.50%	72.10%
All Plans	66.27%	65.91%	66.64%

Postpartum Care (PPC)

Race/Ethnicity	Rate	Lower Limit of 95% Confidence Interval	Upper Limit of 95% Confidence Interval
Asian American/ Native Hawaiian/OPI	65.43%	60.25%	70.61%
African American	50.53%	49.61%	51.45%
White	64.32%	63.62%	65.02%
Hispanic	60.85%	58.71%	62.98%
American Indian/ Alaska Native	58.60%	51.52%	65.68%
All Plans	59.63%	59.11%	60.16%



Childhood Immunizations Status - Combination 3 (CIS)

Race/Ethnicity	Rate	Lower Limit of 95% Confidence Interval	Upper Limit of 95% Confidence Interval
Asian American/ Native Hawaiian/OPI	73.18%	70.11%	76.26%
African American	59.17%	58.24%	60.10%
White	69.27%	68.61%	69.94%
Hispanic	76.09%	74.52%	77.66%
American Indian/ Alaska Native	62.00%	54.23%	69.77%
All Plans	67.12%	66.64%	67.60%

Immunizations for Adolescents - Combination 1 (IMA)

Race/Ethnicity	Rate	Lower Limit of 95% Confidence Interval	Upper Limit of 95% Confidence Interval
Asian American/ Native Hawaiian/OPI	86.18%	83.13%	89.23%
African American	81.28%	80.50%	82.06%
White	83.92%	83.38%	84.46%
Hispanic	89.45%	88.35%	90.55%
American Indian/ Alaska Native	83.61%	77.04%	90.18%
All Plans	83.62%	83.22%	84.02%



Lead Screening in Children (LSC)

Race/Ethnicity	Rate	Lower Limit of 95% Confidence Interval	Upper Limit of 95% Confidence Interval
Asian American/ Native Hawaiian/OPI	79.40%	76.32%	82.47%
African American	74.43%	73.61%	75.25%
White	78.49%	77.90%	79.08%
Hispanic	83.27%	81.90%	84.65%
American Indian/ Alaska Native	79.61%	73.20%	86.01%
All Plans	77.63%	77.21%	78.06%

Well Child Visits 3-6 years (W34)

Race/Ethnicity	Rate	Lower Limit of 95% Confidence Interval	Upper Limit of 95% Confidence Interval
Asian American/ Native Hawaiian/OPI	79.80%	77.97%	81.64%
African American	69.31%	68.88%	69.74%
White	75.43%	75.12%	75.74%
Hispanic	76.09%	75.35%	76.83%
American Indian/ Alaska Native	73.03%	69.64%	76.42%
All Plans	73.61%	73.39%	73.84%



Children and Adolescents' Access to PCP 25 months-6 years (CAP)

Race/Ethnicity	Rate	Lower Limit of 95% Confidence Interval	Upper Limit of 95% Confidence Interval
Asian American/ Native Hawaiian/OPI	91.80%	90.71%	92.89%
African American	81.13%	80.80%	81.46%
White	90.08%	89.89%	90.27%
Hispanic	88.68%	88.18%	89.18%
American Indian/ Alaska Native	89.97%	87.89%	92.06%
All Plans	87.11%	86.96%	87.27%

Adults' Access to Preventive/Ambulatory Health Services 20-44 Years (AAP)

Race/Ethnicity	Rate	Lower Limit of 95% Confidence Interval	Upper Limit of 95% Confidence Interval
Asian American/ Native Hawaiian/OPI	80.29%	79.16%	81.43%
African American	72.90%	72.65%	73.16%
White	81.61%	81.45%	81.77%
Hispanic	78.88%	78.27%	79.50%
American Indian/ Alaska Native	81.95%	80.31%	83.59%
All Plans	78.26%	78.14%	78.39%



Comprehensive Diabetes Care - HbA1c Testing (CDC1)

Race/Ethnicity	Rate	Lower Limit of 95% Confidence Interval	Upper Limit of 95% Confidence Interval
Asian American/ Native Hawaiian/OPI	91.50%	90.07%	92.92%
African American	82.75%	82.27%	83.24%
White	87.74%	87.43%	88.06%
Hispanic	86.68%	85.46%	87.90%
American Indian/ Alaska Native	84.40%	80.94%	87.86%
All Plans	86.09%	85.84%	86.33%

Comprehensive Diabetes Care - Eye Exams (CDC2)

Race/Ethnicity	Rate	Lower Limit of 95% Confidence Interval	Upper Limit of 95% Confidence Interval
Asian American/ Native Hawaiian/OPI	61.70%	59.22%	64.19%
African American	53.06%	52.42%	53.70%
White	61.81%	61.35%	62.28%
Hispanic	58.12%	56.35%	59.89%
American Indian/ Alaska Native	58.87%	54.18%	63.55%
All Plans	58.85%	58.50%	59.20%



Comprehensive Diabetes Care - Medical Attention for Nephropathy (CDC3)

Race/Ethnicity	Rate	Lower Limit of 95% Confidence Interval	Upper Limit of 95% Confidence Interval
Asian American/ Native Hawaiian/OPI	88.78%	87.16%	90.39%
African American	89.73%	89.34%	90.12%
White	90.12%	89.83%	90.40%
Hispanic	88.96%	87.83%	90.08%
American Indian/ Alaska Native	86.29%	83.01%	89.57%
All Plans	89.74%	89.53%	89.96%

Appendix A: Glossary of Acronyms

Acronym	Description
МНР	Medicaid Health Plan
ACA	Affordable Care Act
MDHHS	Michigan Department of Health and Human Services
LBW	Low Birth Weight
HEDIS	Healthcare Effectiveness Data and Information Set
PIP	Performance Improvement Project
NCQA	National Committee for Quality Assurance
CI	Confidence Interval
ID	Index of Disparity
BCS	Breast Cancer Screening
CCS	Cervical Cancer Screening
CHL	Chlamydia Screening in Women - Total
PPC	Postpartum Care
CIS	Childhood Immunization Status - Combination 3
IMA	Adolescent Immunizations - Combination 1
LSC	Lead Screening in Children
W34	Well Child Visits 3-6 years
CAP	Children and Adolescents' Access to PCP (25 months to 6 years)
AAP	Adults Access to Preventive/Ambulatory Health Services (20-44)
CDC1	Comprehensive Diabetes Care - HbA1c Testing
CDC2	Comprehensive Diabetes Care - Eye Exams
CDC3	Comprehensive Diabetes Care - Medical Attention for Nephropathy
SDOH	Social Determinants of Health
CHW	Community Health Worker
NS	Not Significantly Different

Appendix B: Rates 2012-2019 for the White Population

Measure	2012	2013	2014	2015	2016	2017	2018	2019
BCS	58.00	57.80	**	64.00	58.91	63.23	62.77	61.99
CCS	66.40	66.22	**	62.00	56.42	58.60	59.06	60.54
CHL	56.10	57.98	55.60	54.19	56.83	58.54	59.04	60.19
PPC	62.60	61.75	64.80	61.57	61.73	63.31	64.14	64.32
CIS	74.00	74.88	72.10	72.99	70.57	73.26	72.52	69.27
IMA	74.60	86.77	84.60	87.65	84.74	85.64	83.53	83.92
LSC	73.10	78.53	77.80	78.71	78.91	80.69	79.79	78.49
W34	73.80	73.49	73.60	73.81	74.38	74.35	74.74	75.43
CAP	92.70	92.35	92.10	91.05	91.48	91.77	90.97	90.08
AAP	86.20	87.02	87.80	86.19	85.92	84.58	81.88	81.61
CDC1	80.20	81.14	80.90	81.30	86.39	86.92	86.69	87.74
CDC2	47.20	50.43	51.50	45.73	51.78	55.56	59.99	61.81
CDC3	74.50	75.72	75.40	75.93	89.86	89.94	89.11	90.12

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

- There was a statistically significant decrease in the rate from previous year (95% CI in current year is below 95% CI in previous year)
- There was no significant change in the rate from previous year (95% CI in current year and 95% CI in previous year overlap)

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

Appendix B: Rates 2012-2019 for the African American Population

Measure	2012	2013	2014	2015	2016	2017	2018	2019
BCS	55.70	56.39	**	61.20	58.54	60.68	60.42	59.19
CCS	67.30	68.14	**	65.60	60.84	63.07	63.12	63.79
CHL	73.60	75.15	73.30	73.08	70.50	75.73	76.31	76.33
PPC	46.30	48.74	53.40	48.17	48.55	54.14	54.06	50.53
CIS	63.00	64.70	62.90	64.24	58.28	64.60	63.40	59.17
IMA	72.40	83.85	81.40	86.02	80.74	83.86	82.68	81.28
LSC	75.20	77.77	77.30	77.49	76.33	77.92	78.10	74.43
W34	72.20	72.14	69.90	69.66	69.65	69.23	68.32	69.31
CAP	85.90	84.99	85.40	83.03	82.80	83.30	81.56	81.13
AAP	80.20	80.97	81.60	78.49	77.17	76.69	73.50	72.90
CDC1	73.50	75.71	76.50	77.66	79.84	80.93	80.78	82.75
CDC2	41.00	45.91	47.30	41.60	46.19	49.17	53.75	53.06
CDC3	75.80	78.24	78.10	79.68	90.79	90.26	90.25	89.73

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

- There was a statistically significant decrease in the rate from previous year (95% CI in current year is below 95% CI in previous year)
- There was no significant change in the rate from previous year (95% CI in current year and 95% CI in previous year overlap)

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

Appendix B: Rates 2012-2019 for the Hispanic Population

Measure	2012	2013	2014	2015	2016	2017	2018	2019
BCS	58.10	58.79	**	61.30	63.84	65.79	67.82	66.55
CCS	69.80	66.55	**	64.90	60.20	62.27	62.63	64.55
CHL	64.60	63.94	62.60	58.96	62.48	65.37	65.17	66.92
PPC	58.80	62.11	63.50	63.23	60.41	62.76	60.99	60.85
CIS	78.40	75.09	77.40	78.58	76.57	79.35	78.23	76.09
IMA	80.70	89.32	88.50	90.49	91.17	91.15	88.50	89.45
LSC	81.80	82.49	83.10	84.60	83.17	87.66	85.18	83.27
W34	76.30	76.12	77.00	77.02	77.47	76.07	75.52	76.09
CAP	92.20	91.63	92.10	91.26	91.49	90.88	89.80	88.68
AAP	82.20	81.98	83.80	81.92	81.94	81.73	77.89	78.88
CDC1	74.70	76.02	80.20	84.39	85.64	86.20	85.67	86.68
CDC2	42.00	45.47	50.30	45.47	51.36	53.73	58.90	58.12
CDC3	71.30	73.09	73.40	76.01	90.78	89.20	88.05	88.96

- There was a significant increase in the rate from previous year (95% CI in current year is above 95% CI in previous year)
- There was a statistically significant decrease in the rate from previous year (95% CI in current year is below 95% CI in previous year)
- There was no significant change in the rate from previous year (95% CI in current year and 95% CI in previous year overlap)

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

Appendix B: Rates 2012-2019 for the Michigan Medicaid Managed Care Population

Measure	2012	2013	2014	2015	2016	2017	2018	2019
BCS	57.00	57.41	**	63.00	59.30	62.60	62.13	61.37
CCS	66.50	66.06	**	62.90	57.48	59.64	59.97	60.90
CHL	64.50	65.83	63.40	62.39	62.50	65.36	65.65	66.27
PPC	58.10	58.41	60.30	57.38	57.22	60.62	60.87	59.63
CIS	70.70	72.24	70.70	71.03	66.82	71.43	70.71	67.12
IMA	74.10	85.95	83.40	87.31	83.90	85.60	83.48	83.62
LSC	74.60	78.90	78.40	78.93	78.57	80.74	79.68	77.63
W34	73.60	73.50	72.70	72.92	73.26	73.39	72.93	73.61
CAP	90.40	90.14	90.00	88.70	88.79	89.03	87.89	87.11
AAP	83.60	84.53	85.30	83.21	82.76	81.64	78.64	78.26
CDC1	77.20	79.00	79.30	80.53	84.03	85.21	84.76	86.09
CDC2	44.60	48.95	49.90	44.88	50.21	53.26	58.03	58.85
CDC3	75.10	77.38	77.00	78.12	90.21	90.03	89.52	89.74

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

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

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

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

Appendix C: Index of Disparity for Michigan Medicaid Managed Care All Plans 2011-2019

Indicator	Abbr.	2011*	2012*	2013*	2014	2015	2016	2017	2018	2019
Breast Cancer Screening	BCS	4.85%	5.36%	4.79%	**	4.30%	6.06%	4.05%	3.91%	4.72%
Cervical Cancer Screening	CCS	10.04%	6.38%	4.55%	**	7.88%	4.27%	3.77%	3.56%	2.84%
Chlamydia Screening in Women - Total	CHL	15.57%	10.20%	8.00%	9.37%	14.75%	6.86%	8.37%	6.13%	5.63%
Postpartum Care	PPC		8.22%	8.32%	10.10%	9.99%	11.65%	8.38%	8.76%	7.32%
Childhood Immunizations - Combination 3	CIS	8.95%	8.24%	8.38%	11.70%	5.87%	10.19%	7.27%	8.53%	9.02%
Immunizations for Adolescents - Combination 1	IMA		4.17%	2.86%	5.18%	4.86%	3.24%	3.04%	2.48%	2.64%
Lead Screening in Children	LSC		5.36%	3.11%	4.50%	5.58%	5.65%	4.11%	4.11%	3.46%
Well Child Visits (3-6 Years)	W34		5.00%	4.83%	4.76%	4.15%	4.41%	3.99%	5.64%	4.18%
Children and Adolescents' Access to PCP (25 Months-6 years)	CAP	3.59%	2.65%	3.25%	3.05%	3.92%	4.29%	3.61%	4.82%	4.15%
Adults' Access to Preventive/Ambulatory Health Services (20-44 years)	AAP	4.86%	2.73%	3.10%	3.66%	3.40%	3.37%	2.82%	4.01%	3.85%
Comprehensive Diabetes Care - HbA1c Testing	CDC1	4.50%	3.65%	4.07%	3.18%	3.44%	3.62%	3.91%	3.70%	2.95%
Comprehensive Diabetes Care - Eye Exams	CDC2		10.52%	7.33%	4.70%	5.19%	4.78%	4.04%	4.20%	4.20%
Comprehensive Diabetes Care - Medical Attention for Nephropathy	CDC3		4.33%	4.03%	4.70%	2.33%	0.83%	1.29%	0.72%	1.25%

^{*} 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

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

⁻⁻⁻ Measures were not included in 2011

Endnotes

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