

Medical Services Administration  
Bureau of Medicaid Care Management & Quality Assurance

***MEDICAID HEALTH EQUITY PROJECT  
YEAR 3 REPORT (HEDIS 2013)***

***All Plans***



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## Background

Racial and ethnic disparities in healthcare and health outcomes exist in both publicly and privately funded health programs. Racial and ethnic minority populations experience worse outcomes than the general population for almost every health condition. The combined costs of these racial and ethnic health disparities and premature death in the United States between 2003 and 2006 were estimated by the Joint Center for Political and Economic Studies to be \$1.24 trillion. It is projected that eliminating these health disparities would have reduced *direct medical care expenditures* in the US by \$229.4 billion for the same time period<sup>1</sup>. Michigan Medicaid has both an ideological and financial interest in determining what, if any, racial/ethnic disparities exist in the health care services we provide and/or the outcomes to beneficiaries.

## Introduction

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 into the practice. Diabetic-related HEDIS measures were tracked by race/ethnicity across time at the participating practices. Between 2008 and 2010, MHPs were required to conduct an annual Performance Improvement Project (PIP) specifically aimed at 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.

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 our fourteen participating Medicaid Health Plans (MHPs) to the 1.2 million beneficiaries in their care<sup>2</sup>. Federal regulations require that MHPs provide services "in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds."<sup>3</sup> 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<sup>4</sup>. The ACA also includes improved federal data collection efforts by ensuring that federal health care programs collect and report data on race, ethnicity, sex, primary language, and disability status<sup>5</sup>. On a state level, Michigan Public Act 653 of 2006 directs the Michigan Department of Health and Human Services (MDHHS) to develop strategies to reduce racial and ethnic disparities, including the compilation of racial and ethnic specific data including, but not limited to, morbidity and mortality<sup>6</sup>.

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<sup>1</sup> LaVeist RA, Gaskin DJ, Richard P. The Economic Burden of health Inequalities in the United States. Washington, DC: Joint Center for Political and Economic Studies; September 2009

<sup>2</sup> Michigan Medicaid Managed Care Enrollment Report, January 2012

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

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

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

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

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 (6) additional measures were added for a total of 14 measures and data were again submitted by all health plans. In Year 3 (2013), MHPs reported on the same 14 measures through the same submission process. A fifteenth measure, “Race/Ethnicity by Diversity of Membership” was also added.

## Methods

### *Data Collection*

As a means of measuring quality consistently across 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<sup>7</sup>. All Medicaid Managed Care Plans were asked to submit the following subset of HEDIS 2013 measures broken down by race/ethnicity to MDHHS (measures marked with an asterisk were added in 2012):

#### Women – Adult Care and Pregnancy Care

- Breast Cancer Screening BCS
- Cervical Cancer Screening CCS
- Chlamydia Screening Combined CHL
- Post-Partum Care\* PPC

#### Child and Adolescent Care

- Childhood Immunizations Combo 3 CIS
- Adolescent Immunizations Combo 1 IMA
- Blood Lead Screening\* LSC
- Well Child Visits 3-6 years\* W34

#### Access to Care

- Child Access to Care 25 months to 6 years CAP
- Adult Access to Care 20-44 years AAP

#### Living with Illness

- Appropriate Asthma Medications Combined ASM
- HbA1c Testing CDC1
- Diabetic Eye Exam\* CDC2
- Diabetic Nephropathy\* CDC3

<sup>7</sup> For a detailed discussion of HEDIS data specifications see HEDIS 2013 Technical Specification created and maintained by the National Committee for Quality Assurance (NCQA)

These measures were broken down by seven racial/ethnic populations (American Indian/Alaska Native, Asian American, African American, Hispanic, Native Hawaiian/Other Pacific Islander, Other/Multiracial, White, and Unknown/Declined) 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. 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 Electronic Medical Record 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. This race/ethnicity data is reported for all members enrolled in the health plan at any time during the measurement year in the measure “Race/Ethnicity Diversity of Membership,” and the audited HEDIS rates for this measure have been included in this Year 3 (2013) report.

For the 14 other measures, health plans submitted administrative data for this report. Medicaid Health Plans were provided a blank template to ensure consistency across all plan submissions (see Appendix A). Plans used their audited HEDIS data to draw the initial numbers (total numerators and denominators), but the final data broken down by race/ethnicity was not audited. All total numbers matched totals reported in the HEDIS Interactive Data Submission System (IDSS). For Year 3, ProCare Health Plan and Total Health Care provided incomplete data submissions. ProCare’s data was complete for twelve of the fourteen measures with the Chlamydia (CHL) and Adolescent Immunizations Combo 1 (IMA) measures being incomplete. Total Health Care’s data was complete for thirteen measures of the fourteen measures (IMA was incomplete). Data for the incomplete measures is not included in this report. It should also be noted that in the intervening time between data collection and reporting, ProCare has changed its name to Harbor Health Plan.

#### *Data Analysis*

All HEDIS measures were calculated in accordance with specifications provided by the National Committee for Quality Assurance (NCQA). When calculating HEDIS measures, data were considered insufficient and therefore suppressed if those who received services was less than 5 (the numerator), those who did not receive services was less than 5 (the remainder) and/or the population under consideration was less than 30 (the denominator). In these cases, data were not presented in plan-specific reports but were included in the aggregate report for all plans.

#### Pairwise Disparity

Disparities were calculated in accordance with the methods used by the Michigan Health Equity Data Project<sup>8</sup>. Pairwise disparities were measured between the non-white population of interest and the reference population. For each plan-specific report and the all-plan report, pairwise disparities were calculated for each racial/ethnic population for each HEDIS measure on the absolute and relative scales using the following formulas:

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<sup>8</sup> [www.michigan.gov/minorityhealth](http://www.michigan.gov/minorityhealth)

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.

For each population and each measure, comparisons were made to the White (reference) population and the 2013 HEDIS National Medicaid 50<sup>th</sup> Percentile. Two measures were declared statistically different at the alpha=0.05 level if the 95% confidence intervals did not overlap. 95% confidence intervals were calculated for each HEDIS measure using the binomial formula:

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

p=estimate  
n=number of people in the population of interest

These comparisons are summarized as either **Above** (population rate is higher than the comparison rate), **Below** (population rate is lower than the comparison rate), or **NS** (there is no statistically significant difference between the rates in the two populations).

For the measures in this report, African American, Hispanic and White beneficiaries make up approximately 90% of the eligible population. Year 3 rates for the African American, Hispanic and White populations for all fourteen measures were compared and graphed with Year 2 rates. The measures for each year were declared statistically different at the alpha=0.05 level if the 95% confidence intervals did not overlap. These comparisons are summarized as either a statistically significant increase, marked with an up arrow ↑ (Year 3 rate is higher than the Year 2 rate), a decrease, marked with a down arrow ↓ (Year 3 rate is lower than the Year 2 rate), or **NS** (there is no statistically significant difference between the rates for Year 2 and Year 3). This comparison allows tracking for improvement in rates for racial/ethnic sub-populations and allows a comparison of changes in the racial/ethnic gaps in care from Year 2 to Year 3.

### Population Disparity

Population Disparity describes how much disparity exists in the entire population for one indicator by combining the disparity experienced by all subgroups into one measure. For each indicator, population disparity was estimated with an Index of Disparity<sup>9</sup> (ID), which describes average subpopulation variation around the total population rate.

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

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

ID is expressed as a percentage, with 0% indicating no disparity and higher values indicating increasing levels of disparity.

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

## Results

There were 15 measures collected in Project Year 3 (2013):

### Women – Adult Care and Pregnancy Care

- Breast Cancer Screening BCS
- Cervical Cancer Screening CCS
- Chlamydia Screening Combined CHL
- Post-Partum Care\* PPC

### Child and Adolescent Care

- Childhood Immunizations Combo 3 CIS
- Adolescent Immunizations Combo 1 IMA
- Blood Lead Screening\* LSC
- Well Child Visits 3-6 years\* W34

### Access to Care

- Child Access to Care 25 months to 6 years CAP
- Adult Access to Care 20-44 years AAP

### Living with Illness

- Appropriate Asthma Medications Combined ASM
- HbA1c Testing CDC1
- Diabetic Eye Exam\* CDC2
- Diabetic Nephropathy\* CDC3

### Health Plan Diversity

- Race/Ethnicity Diversity of Membership

The 2013 Michigan weighted average (MWA) for the audited HEDIS Race/Ethnicity Diversity of Membership measure is reported here to provide the race/ethnicity of all members enrolled in Michigan Medicaid during the measurement year:

<b>Racial/Ethnic Category</b>	<b>2013 MWA</b>
American Indian & Alaska Native	0.17%
Asian American	0.69%
African American	30.30%
Native Hawaiian & Other Pacific Islander	0.04%
Other/Multiracial	<0.01%
White	52.64%
Unknown/Declined	15.58%
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Hispanic	5.45%

## 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 1) and one looking at the difference between each racial/ethnic population and the 2013 national Medicaid HEDIS 50th percentile for that measure (see Table 2).

It should be noted that for all measures, the Native Hawaiian/Other Pacific Islander Population was too small to test for significance, and data from this population is not included in either the tables or the figures in this report. However, Native Hawaiian/Other Pacific Islander beneficiaries are still included in the totals for all measures.

Tables 2-16 and figures 1-14 illustrate the results of the quality measures by race/ethnicity for all populations enrolled in Medicaid Managed Care except Native Hawaiian/Other Pacific Islander.

### *Difference from Reference (White)*

For all fourteen measures, at least one non-White racial/ethnic population showed a statistically significant difference from the White reference population:

#### Women – Adult Care and Pregnancy Care

The Women-Adult Care and Pregnancy Care dimensions included the measures with the largest racial/ethnic disparities. The largest negative difference can be found in Post-Partum Care (PPC), where the gap between African American women and White women is 13.0 percentage points. The difference between African American women and White women for Chlamydia Screening (CHL) is 17.2 percentage points, with African American women being screened at significantly higher rates. All significant differences for these four measures are described below:

- Breast Cancer Screening (BCS) rates were lower for the American Indian/Alaska Native (8.8 percentage points) and African American (1.4 percentage points) populations.
- Cervical Cancer Screening (CCS) rates were lower for the Unknown/Declined population by 12.3 percentage points.
- Chlamydia Screening (CHL) rates were higher for the African American (17.2 percentage points), Hispanic (6.0 percentage points), and Unknown/Declined (3.9 percentage points) populations.
- Post-Partum Care (PPC) rates were lower for the African American population by 13.0 percentage points, but higher for the Unknown/Declined population by 4.0 percentage points.

### Child and Adolescent Care

Many Child and Adolescent Care measures have rates where some racial/ethnic populations are significantly higher than the White rate, while other racial/ethnic populations are lower. All significant differences for these four measures are described below:

- Childhood Immunizations Combo 3 (CIS) rates were lower for the African American population by 10.2 percentage points.
- Adolescent Immunizations Combo 1 (IMA) rates were lower for the African American (2.9 percentage points), but higher for the Hispanic population by 2.5 percentage points.
- Well Child Visits 3-6 years (W34) rates were lower for the African American (1.4 percentage points), but higher for the Asian American (4.9 percentage points), Hispanic (2.6 percentage points), Other/Multiracial (12.1 percentage points) and Unknown/Declined (2.2 percentage points) populations.
- Blood Lead Screening (LSC) rates were higher for the Hispanic population by 4.0 percentage points.

### Access to Care

Access to Care rates were lower for multiple racial/ethnic populations compared to the White population for both the child and the adult access to care measures. All significant differences for these two measures are described below:

- Childhood Access to Care 25 months to 6 years (CAP) rates were lower for the African American (7.4 percentage points) and Hispanic (0.7 percentage points) populations, but higher for the Other/Multiracial population by 3.4 percentage points.
- Adult Access to Care 20-44 years (AAP) rates were lower for the Asian American (5.0 percentage points), African American (6.0 percentage points), Hispanic (5.0 percentage points) and Unknown/Declined (1.2 percentage points) populations.

### Living with Illness

Three of the four Living with Illness measures had rates which were lower for the African American population compared to the White population. The Hispanic population also had lower rates for the HbA1c Testing and Diabetic Eye Exam measures. All significant differences for these four measures are described below:

- Appropriate Asthma Medications Combined (ASM) rates were lower for the African American population by 5.0 percentage points, but higher for the Other/Multiracial population by 11.8 percentage points.

- HbA1c Testing (CDC1) rates were lower for the African American (5.4 percentage points) and Hispanic (5.1 percentage points) populations, but higher for the Other/Multiracial (4.7 percentage points) population.
- Diabetic Eye Exam (CDC2) rates were lower for the African American (4.5 percentage points) and Hispanic (5.0 percentage points) populations, but higher for the Unknown/Declined population by 3.7 percentage points.
- Diabetic Nephropathy (CDC3) rates were higher for the African American (2.5 percentage points), Other/Multiracial (7.8 percentage points) and Unknown/Declined (6.8 percentage points) populations.

*Difference from 2013 HEDIS National Medicaid 50<sup>th</sup> Percentile*

For nine of the fourteen measures, at least one non-White racial/ethnic population was below the 2013 HEDIS National Medicaid 50th percentile. For six of these nine measures (CCS, CDC1, ASM, PPC, CDC2 and CDC3), the White population and the All Plans populations were also below the 2013 HEDIS National Medicaid 50<sup>th</sup> percentile. For three of these nine measures, the African American population was below the 2013 HEDIS National Medicaid 50th percentile, while other populations were above it:

- Childhood Immunizations Combo 3 (CIS) rates were below the 2013 HEDIS National Medicaid 50th percentile for the African American population, while all other populations were above it.
- Child Access to Care 24 months to 6 years (CAP) rates were below the 2013 HEDIS National Medicaid 50th percentile for the African American population, while the Asian American, Hispanic, Other/Multiracial, White and Unknown/Declined populations were above it.
- Adult Access to Care 20-44 years (AAP) rates were below the 2013 HEDIS National Medicaid 50th percentile for the African American population, while the American Indian/Alaska Native, Other/Multiracial, White and Unknown/Declined populations were above it.

For one measure, Chlamydia Screening (CHL), rates were above the 2013 HEDIS National Medicaid 50th percentile for the African American, Hispanic and Unknown/Declined populations, while the White population was not significantly different from it.

Measuring Inequity

Population size and the rates for each measure by racial/ethnic group can be found in Table 17 (rates are in the shaded column).

For the measures in this report, African American, Hispanic and White beneficiaries make up approximately 90% of the eligible population. Table 18 is the same as Table 17, except that it shows only the African American, Hispanic and White populations.

Table 19 provides an absolute measure of inequity. The African American rate is subtracted from the White rate and the difference is the “Rate Difference”. The same process was undertaken for the Hispanic population. In most instances, rates for minority populations fell below White rates and the resulting rate difference is a negative number and shaded yellow.

Where rates for minority populations exceeded White rates, the cells are shaded orange. These rates were significantly higher for both African American and Hispanic populations for Chlamydia Screening (CHL).

The African American population was below the White reference population for ten of the fourteen measures, BCS (by 1.4 percentage points), CDC1 (by 5.4 percentage points), CIS (by 10.2 percentage points), ASM (by 5.0 percentage points), CAP (by 7.4 percentage points), AAP (by 6.0 percentage points), IMA (by 2.9 percentage points), W34 (by 1.4 percentage points), PPC (by 13.0 percentage points) and CDC2 (by 4.5 percentage points).

The only measure which was not statistically different for both the African American and the Hispanic populations is Cervical Cancer Screening (CCS).

### *Trends in Health Equity*

Year 3 rates for the African American, Hispanic and White populations for all fourteen measures are compared with Year 2 rates in Table 20. This table also indicates whether there was a statistically significant increase or decrease from one year to the next. Figures 15-28 graph the rate changes over time, compared with the rate change in the HEDIS 50<sup>th</sup> National Medicaid percentile for 2012 and 2013 as reference.

The African American population was below the White reference population for the same ten measures in Year 2 (2012) and Year 3 (2013): BCS, PPC, CIS, IMA, W34, CAP, AAP, ASM, CDC1 and CDC2. However, five (5) of these measures had a statistically significant increase in the rate for the African American population from 2012 to 2013 (CDC1, AAP, IMA, PPC and CDC2). The African American population also showed a statistically significant increase in the Chlamydia screening (CHL), Blood Lead Screening (LSC) and Diabetic Nephropathy (CDC3) measures, making eight measures in total. One measure was significantly lower in 2013 compared to 2012 for the African American population, and this was Access to Care 25 months-6 years (CAP) measure.

Most of the movement towards equity which can be seen between 2012 and 2013 were in measures where the African American and Hispanic populations had a higher rate than the White population. The Cervical Cancer Screening (CCS) measure was higher for the African American, Hispanic, American Indian/Alaska Native and Other/Multiracial populations

compared to the White population in Year 2 (2012) but not in Year 3 (2013). Similarly, Blood Lead Screening (LSC) had a higher rate in 2012 for both the African American and Hispanic populations compared to the White population, but only the Hispanic population had a higher rate in 2013.

In fact, the Hispanic population had a statistically significant higher rate than the White population for seven measures in 2012, but only four in 2013. The Hispanic population had only one measure, Adolescent Immunizations Combo 1 (IMA), which showed a statistically higher rate in 2013 compared to 2012. Two measures were significantly lower, Cervical Cancer Screening (CCS) and Childhood Immunizations Combo 3 (CIS).

However, although the increase was not significant, the Hispanic population, which had shown a statistically significantly lower rate for Postpartum Care compared to the White population in 2012, had a rate which was statistically equivalent in 2013. This is the only measure where movement towards equity can be seen for either the Hispanic or African American population for a measure where the rate was lower than the White population, not higher.

The White population showed a significant increase in five measures (CHL, AAP, IMA, LSC and CDC2) and a significant decrease in one measure, ASM.

### 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.**

For the Year 3 (2013) report, we have included the Index of Disparity calculation for all three years of the project in Table 21 and graphed in figure 29. Please note that the Index of Disparity is only available for the first eight (8) measures for 2011. For most measures, the Index of Disparity has held steady over all three years, and indicates greatest disparity (ID>5% all three years) in the Chlamydia Screening (CHL), Childhood Immunization Combo 3 (CIS), Appropriate Asthma Medications Combined (ASM), Postpartum Care (PPC) and Diabetic Eye Exam (CDC2). Two measures show signs of improvement in equity, Cervical Cancer Screening (CCS) and Chlamydia Screening (CHL), which reflects the findings of the pairwise health equity measures as well. Also similar to the pairwise findings are indications that the dimension with measures that show the greatest population disparities are Women-Adult Care and Pregnancy Care, followed by the Living with Illness dimension.

### Discussion

All fourteen of the Year 3 measures collected exhibited racial/ethnic differences to varying degrees. Rates for African American Medicaid beneficiaries fell below that of White beneficiaries for ten (10) measures, and for eight (8) of these measures, the African American

population had the lowest rate of all the populations considered. This is the second year that this pattern has been identified. A consistent pattern of disparity was not identified with the other racial/ethnic populations, but this may be due to the greater variability of their rates from year to year due to their much smaller population size.

This information is important to decipher what lies behind the Michigan aggregate rate for each measure. Nine of the fourteen quality measures had racial/ethnic populations that fell above and below the 2013 HEDIS National Medicaid 50<sup>th</sup> percentile at the same time. For example, while the Childhood Immunization Combo 3 (CIS) rate was not significantly different from the 2013 HEDIS National Medicaid 50<sup>th</sup> percentile for the overall Michigan Managed Care population, this result is comprised of White and Hispanic populations which were both significantly higher than the 50<sup>th</sup> percentile, at the same time that the African American population was significantly below the 50<sup>th</sup> percentile. According to the Race/Ethnicity Diversity of Membership measure, African Americans make up 30% of the Medicaid population, and improving care for this population can be a driver of state-wide improvement in HEDIS rates.

The annual trending of rates from 2012 to 2013 allows us to monitor for increases and decreases for specific racial/ethnic populations. From this analysis we can see that eight of the fourteen measures showed statistically significant improvement for the African American population, an important trajectory to monitor and sustain to promote health equity in Michigan. On the other hand, the Hispanic population had a statistically significant increase in only one measure between 2012 and 2013, and there are other indicators that rates of care for this population may be dropping. This should be monitored closely in coming years.

Most of the movement towards equity which can be seen between 2012 and 2013 were in measures where the African American and Hispanic populations had a higher rate than the White population, particularly Cervical Cancer Screening (CCS) and Blood Lead Screening (LSC), which went from being significantly higher in the African American population to indicating no pairwise disparity the following year. **This highlights an important cautionary note 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.

The largest positive difference was in Chlamydia Screening (CHL), where the gap between African American and White women is 17.2 percentage points, and this large absolute difference has held steady all three years, despite rate changes in other racial/ethnic population disparities. This higher chlamydia screening rate mirrors higher incidence<sup>10</sup> of chlamydia in the African American population, and points to the need for concerted efforts to ensure follow-up care and access to treatment for both men and women.

Three of the four Living with Illness measures had rates which were lower for the African American population compared to the White population. This is particularly noteworthy

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<sup>10</sup> Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2012*. Atlanta: U.S. Department of Health and Human Services; 2013.

given the known higher rates of asthma and diabetes among African Americans. The Hispanic population also had lower rates for the HbA1c Testing and Diabetic Eye Exam measures, despite higher rates of diabetes in this population as well.<sup>11,12</sup>

The only measure where movement towards equity can be seen for either the Hispanic or African American populations for a measure where the rate was lower than the White population is the Postpartum Care (PPC) measure. However, the inequity of care across all racial/ethnic populations for this measure remains high, and it will be important to work diligently in this area to sustain this momentum towards equity.

### *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, HEDIS Year 2013 (Calendar Year 2012). Other HEDIS rates published by MDHHS include rates derived using hybrid methodology that allows for sampling and medical record abstraction.

Caution should be taken in considering the change over time between quality measure rates in 2012 and 2013 because the time period is so short. Another limitation to comparing Year 2 (2012) and Year 3 (2013) rates is that one health plan, Priority Health Government Programs, submitted incomplete data for Year 2 for four quality measures had to be excluded. In Year 3 (2013), the data for the Medicaid beneficiaries from Priority was collected and included.

### *Future Directions*

#### Setting Health Equity Standards through the Index of Disparity

The Index of Disparity is a valuable tool for measuring inequity in health which will become increasingly central to the measurement of health equity for this report and the setting of equity standards for Medicaid Health Plans. While 0% for a measure indicates total equity for all racial/ethnic populations, the intent is to begin to compare the Index of Disparity for each Medicaid health Plan to the Medicaid Managed Care Index of Disparity for a given measure, and to delineate health equity standards for measures. These standards are intended to promote and reward sustained efforts to narrow the gaps in care between racial/ethnic populations, with particular attention to addressing the lower rates of care for the African American population.

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<sup>11</sup> Centers for Disease Control and Prevention. *Asthma Facts—CDC's National Asthma Control Program Grantees*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2013.

<sup>12</sup> American Diabetes Association. Standards of Medical Care Diabetes-2014. *Diabetes Care* 37(1), January 2014: pp. S14-S80.

## Asian Americans and Native Hawaiians & Other Pacific Islanders

In an effort to include Native Hawaiians and Other Pacific Islanders in future health equity reports, these two racial/ethnic populations will be combined in the Year 4 (2014) Health Equity Report.

### Health Equity and the Postpartum Care Measure

The largest negative difference can be found in the Postpartum Care (PPC) measure, where the gap between African American and White women is 13.0 percentage points. The Postpartum Care (PPC) measure has increasingly become the center of efforts to improve perinatal care quality in Medicaid, and a possible intervention point to address the racial/ethnic disparity in infant mortality, both in Michigan and nationally. At the end of the postpartum period it is imperative to check a mother's health, but this appointment is also crucial for supporting breastfeeding, safe sleep practices, infant safety, childhood immunizations, reproductive life planning and pregnancy spacing, and transitioning care for any pre-existing chronic conditions of the mother. The Managed Care Plan Division of the Michigan Department of Health and Human Services has placed emphasis on the value of this measure for many years, incorporating this into the Performance Bonus, Auto Assignment Algorithm, Performance Monitoring Report and Adult Medicaid Quality project. Beginning in 2015, the Michigan Department of Health and Human Services is initiating a Postpartum Care quality improvement project with a focus on addressing health disparities in postpartum care.

### Health Equity and CAHPS

In an effort to include the effect of race/ethnicity on the experience of health care, comparisons of CAHPS results for racial/ethnic populations is being considered for 2014.

Health Equity Summary  
Michigan Medicaid Managed Care All Plans

Table 1. Difference from Reference (White)

Race/Ethnicity	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening	Post-Partum Care	Childhood Immunizations Combo 3	Adolescent Immunizations	Blood Lead Screening	Well Child Visits 3-6 Years	Child Access to Care (25 Months to 6 Years)	Adult Access to Care (20-44 Years)	Appropriate Asthma Medication (Combined)	HbA1C Testing	Diabetic Eye Exam	Diabetic Nephropathy
American Indian/ Alaska Native	Below	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
Asian American	NS	NS	NS	NS	NS	NS	NS	Above	NS	Below	NS	NS	NS	NS
African American	Below	NS	Above	Below	Below	Below	NS	Below	Below	Below	Below	Below	Below	Above
Hispanic	NS	NS	Above	NS	NS	Above	Above	Above	Below	Below	NS	Below	Below	NS
Native Hawaiian/ Other Pacific Islander	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Other/Multiracial	NS	NS	NS	NS	NS	NS	NS	Above	Above	NS	Above	Above	NS	Above
White	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference
Unknown/Declined	NS	Below	Above	Above	NS	NS	NS	Above	NS	Below	NS	NS	Above	Above
All Plan	NS	NS	Above	Below	Below	NS	NS	NS	Below	Below	Below	Below	Below	Above

Table 2. Difference from 2013 HEDIS National Medicaid 50th Percentile

Race/Ethnicity	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening	Post-Partum Care	Childhood Immunizations Combo 3	Adolescent Immunizations	Blood Lead Screening	Well Child Visits 3-6 Years	Child Access to Care (25 Months to 6 Years)	Adult Access to Care (20-44 Years)	Appropriate Asthma Medication (Combined)	HbA1C Testing	Diabetic Eye Exam	Diabetic Nephropathy
American Indian/ Alaska Native	NS	Below	NS	NS	Above	Above	Above	NS	NS	Above	Below	NS	NS	NS
Asian American	NS	Below	NS	NS	Above	Above	Above	Above	Above	NS	NS	NS	NS	NS
African American	Above	Below	Above	Below	Below	Above	Above	NS	Below	Below	Below	Below	Below	NS
Hispanic	Above	Below	Above	Below	Above	Above	Above	Above	Above	NS	NS	Below	Below	Below
Native Hawaiian/ Other Pacific Islander	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Other/Multiracial	Above	NS	NS	NS	Above	Above	Above	Above	Above	Above	Above	NS	NS	Above
White	Above	Below	NS	Below	Above	Above	Above	NS	Above	Above	Below	Below	Below	Below
Unknown/Declined	Above	Below	Above	Above	Above	Above	Above	Above	Above	Above	NS	NS	NS	Above
All Plan	Above	Below	Above	Below	NS	Above	Above	Above	Above	Above	Below	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 5 who received services (Numerator) or Fewer than 5 who did not receive services (Remainder) or Fewer than 30 in total population (Denominator))

**Breast Cancer Screening  
Michigan Medicaid Managed Care All Plans**

Table 3. Breast Cancer Screening by Race/Ethnicity

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	73	149	49.0%	-8.8%	0.85	Below	NS
Asian American	116	206	56.3%	-1.5%	0.97	NS	NS
African American	9736	17266	56.4%	-1.4%	0.98	Below	Above
Hispanic	475	808	58.8%	1.0%	1.02	NS	Above
Other/Multiracial	200	324	61.7%	3.9%	1.07	NS	Above
White	12977	22453	57.8%	Reference	Reference	Reference	Above
Unknown/Declined	1843	3070	60.0%	2.2%	1.04	NS	Above
All Plan	25428	44290	57.4%	-0.4%	0.99	NS	Above

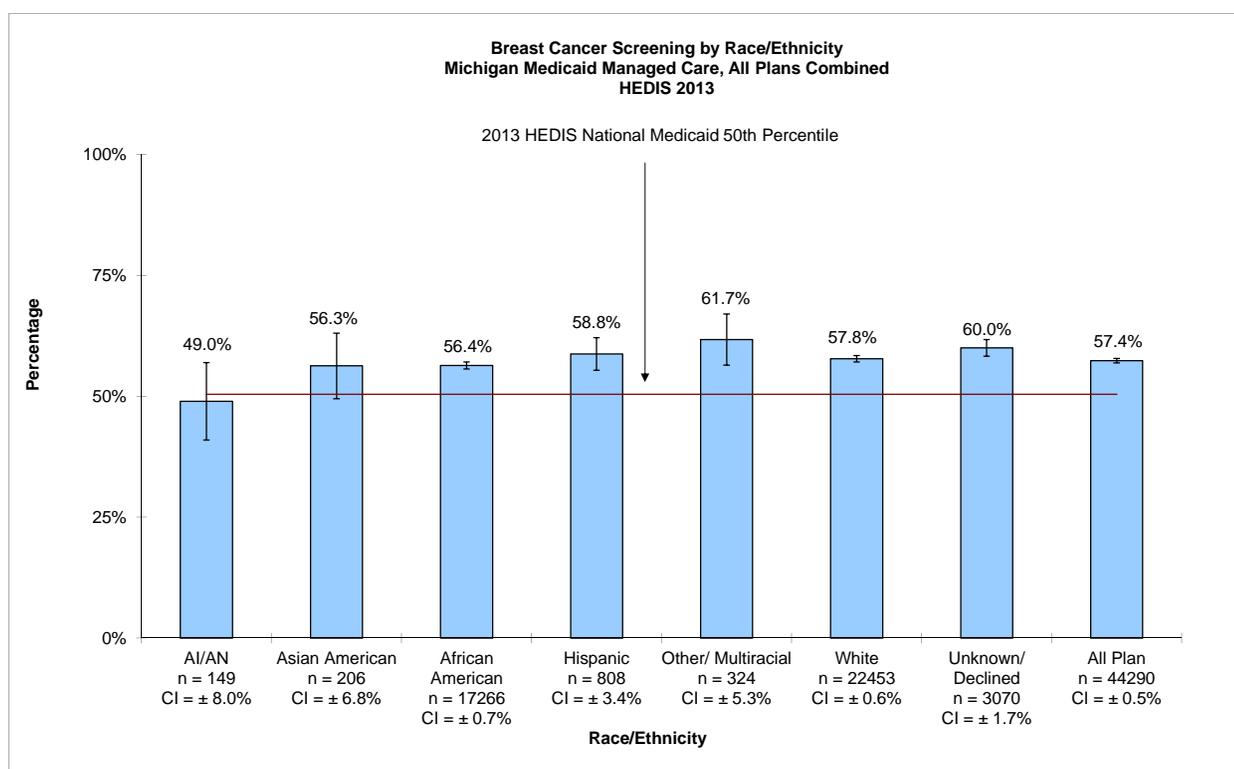


Figure 1. Breast Cancer Screening by Race/Ethnicity

**Cervical Cancer Screening  
Michigan Medicaid Managed Care All Plans**

Table 4. Cervical Cancer Screening by Race/Ethnicity

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	183	297	61.6%	-4.6%	0.93	NS	Below
Asian American	430	668	64.4%	-1.8%	0.97	NS	Below
African American	36469	53523	68.1%	1.9%	1.03	NS	Below
Hispanic	2934	4409	66.5%	0.3%	1.00	NS	Below
Other/Multiracial	430	651	66.1%	-0.2%	1.00	NS	NS
White	49216	74327	66.2%	Reference	Reference	Reference	Below
Unknown/Declined	5380	9985	53.9%	-12.3%	0.81	Below	Below
All Plan	95051	143877	66.1%	-0.2%	1.00	NS	Below

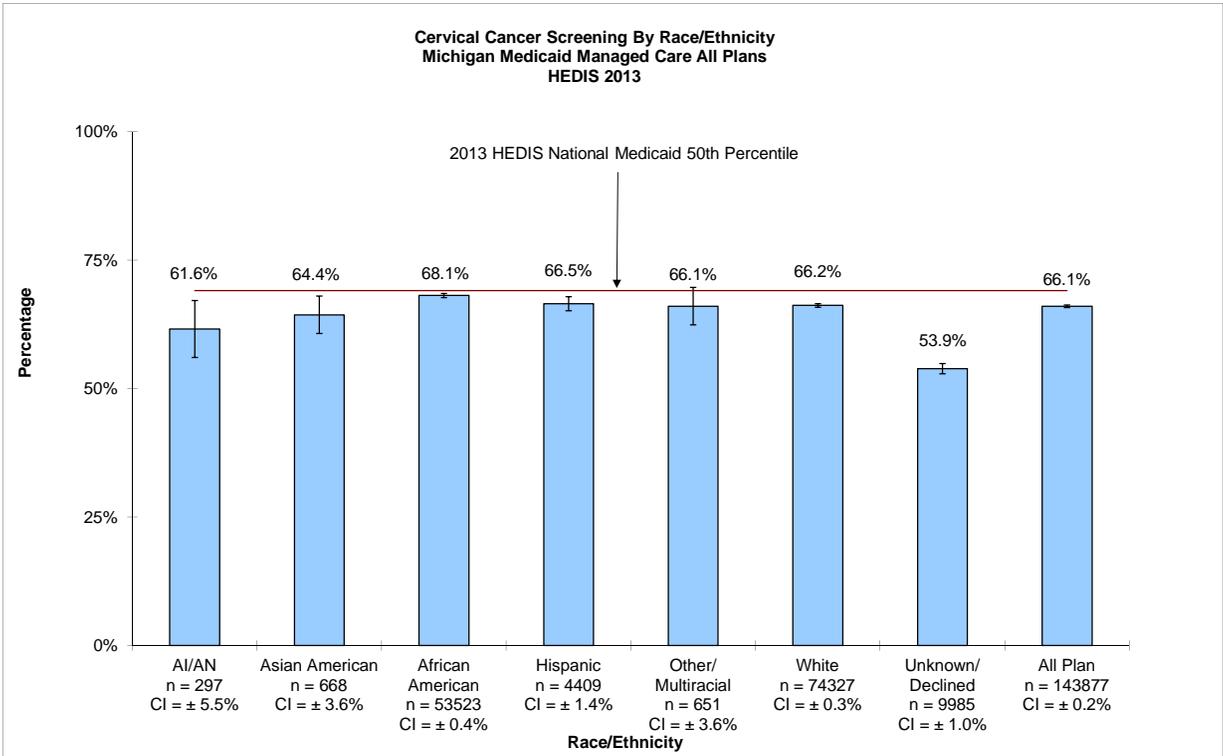


Figure 2. Cervical Cancer Screening by Race/Ethnicity

**Chlamydia Screening  
Michigan Medicaid Managed Care All Plans**

Table 5. Chlamydia Screening by Race/Ethnicity

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	46	74	62.2%	4.2%	1.07	NS	NS
Asian American	84	150	56.0%	-2.0%	0.97	NS	NS
African American	15399	20490	75.2%	17.2%	1.30	Above	Above
Hispanic	1360	2127	63.9%	6.0%	1.10	Above	Above
Other/Multiracial	93	142	65.5%	7.5%	1.13	NS	NS
White	12995	22412	58.0%	Reference	Reference	Reference	NS
Unknown/Declined	1469	2374	61.9%	3.9%	1.07	Above	Above
All Plan	31449	47773	65.8%	7.8%	1.14	Above	Above

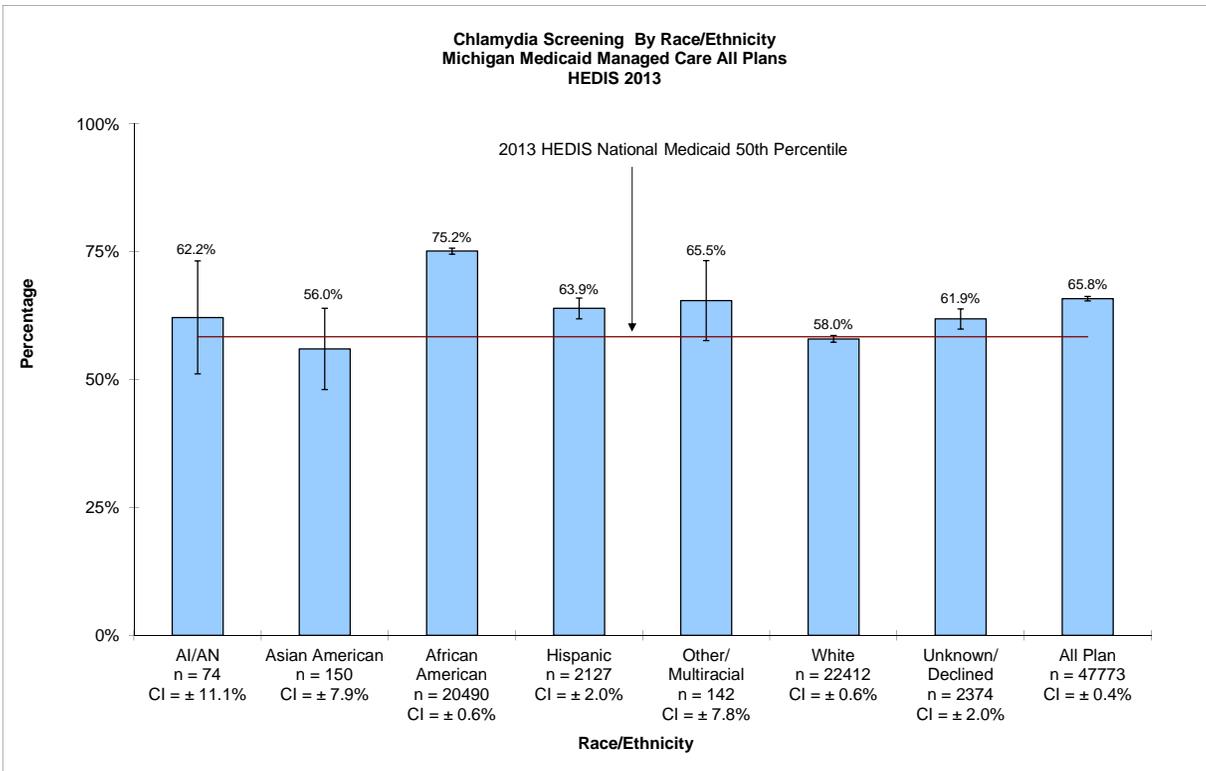


Figure 3. Chlamydia Screening by Race/Ethnicity

Post-Partum Care  
Michigan Medicaid Managed Care All Plans

Table 14. Post-Partum Care by Race/Ethnicity

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	19	34	55.9%	-5.9%	0.90	NS	NS
Asian American	179	285	62.8%	1.1%	1.02	NS	NS
African American	5049	10358	48.7%	-13.0%	0.79	Below	Below
Hispanic	2841	4574	62.1%	0.4%	1.01	NS	Below
Other/Multiracial	31	56	55.4%	-6.4%	0.90	NS	NS
White	11823	19146	61.8%	Reference	Reference	Reference	Below
Unknown/Declined	1637	2490	65.7%	4.0%	1.06	Above	Above
All Plan	21581	36946	58.4%	-3.3%	0.95	Below	Below

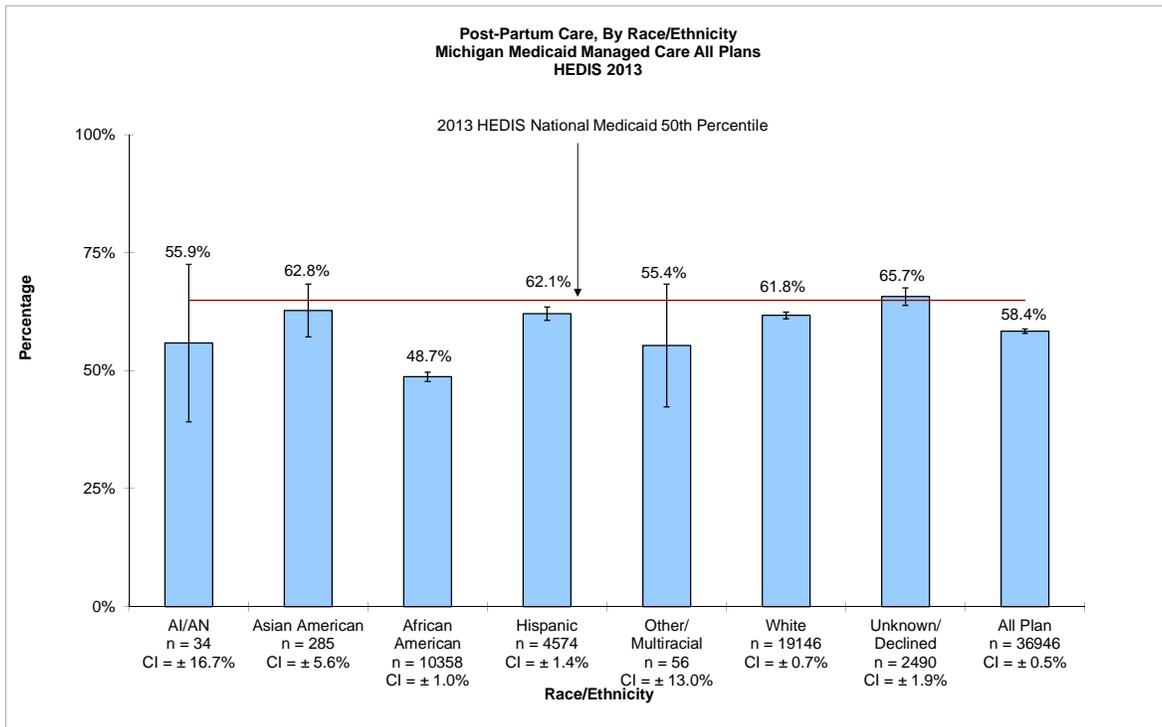


Figure 12. Post-Partum Care by Race/Ethnicity

**Childhood Immunizations Combo 3  
Michigan Medicaid Managed Care All Plans**

Table 7. Childhood Immunizations Combo 3 by Race/Ethnicity

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	62	75	82.7%	7.8%	1.10	NS	Above
Asian American	170	213	79.8%	4.9%	1.07	NS	Above
African American	5941	9183	64.7%	-10.2%	0.86	Below	Below
Hispanic	2424	3228	75.1%	0.2%	1.00	NS	Above
Other/Multiracial	100	125	80.0%	5.1%	1.07	NS	Above
White	11167	14914	74.9%	Reference	Reference	Reference	Above
Unknown/Declined	3692	4871	75.8%	0.9%	1.01	NS	Above
All Plan	23558	32612	72.2%	-2.6%	0.96	Below	NS

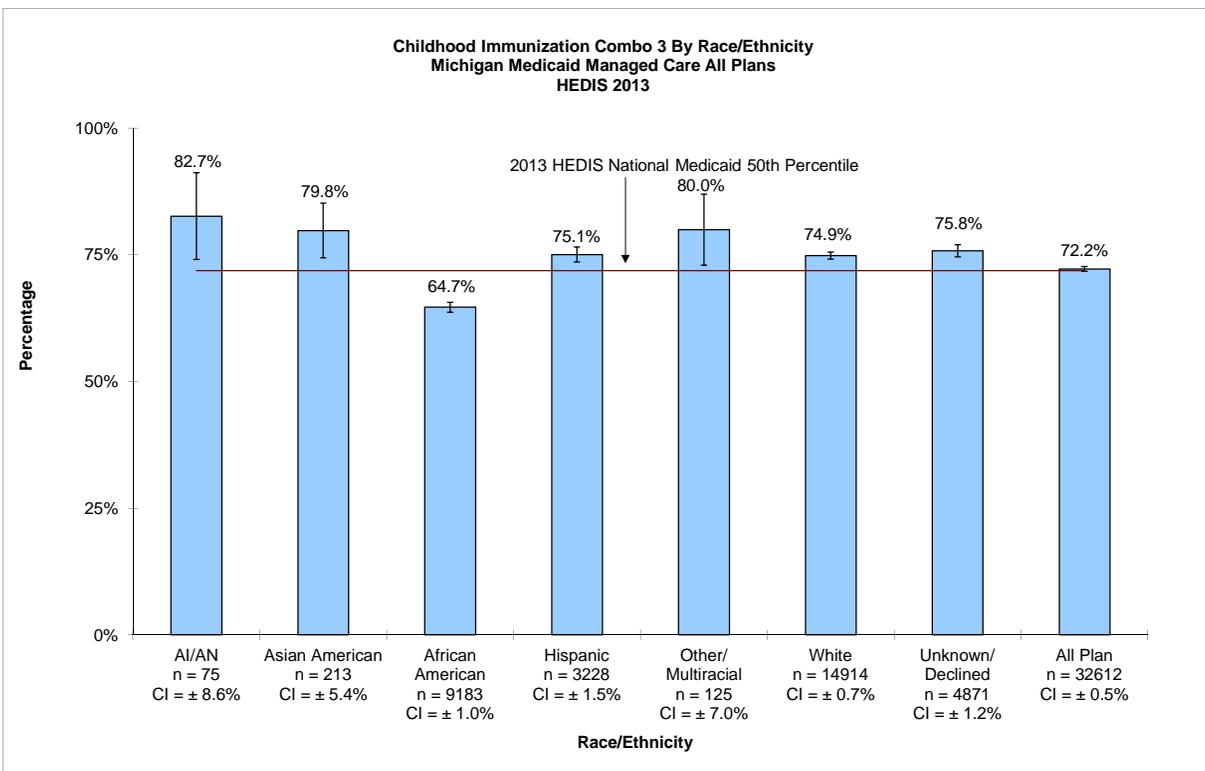


Figure 5. Childhood Immunizations Combo 3 by Race/Ethnicity

**Adolescent Immunizations**  
**Michigan Medicaid Managed Care All Plans**

Table 11. Adolescent Immunizations by Race/Ethnicity

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	49	56	87.5%	0.7%	1.01	NS	Above
Asian American	164	180	91.1%	4.3%	1.05	NS	Above
African American	7355	8772	83.8%	-2.9%	0.97	Below	Above
Hispanic	1948	2181	89.3%	2.5%	1.03	Above	Above
Other/Multiracial	138	167	82.6%	-4.1%	0.95	NS	Above
White	12628	14553	86.8%	Reference	Reference	Reference	Above
Unknown/Declined	1274	1498	85.0%	-1.7%	0.98	NS	Above
All Plan	23558	27409	85.9%	-0.8%	0.99	NS	Above

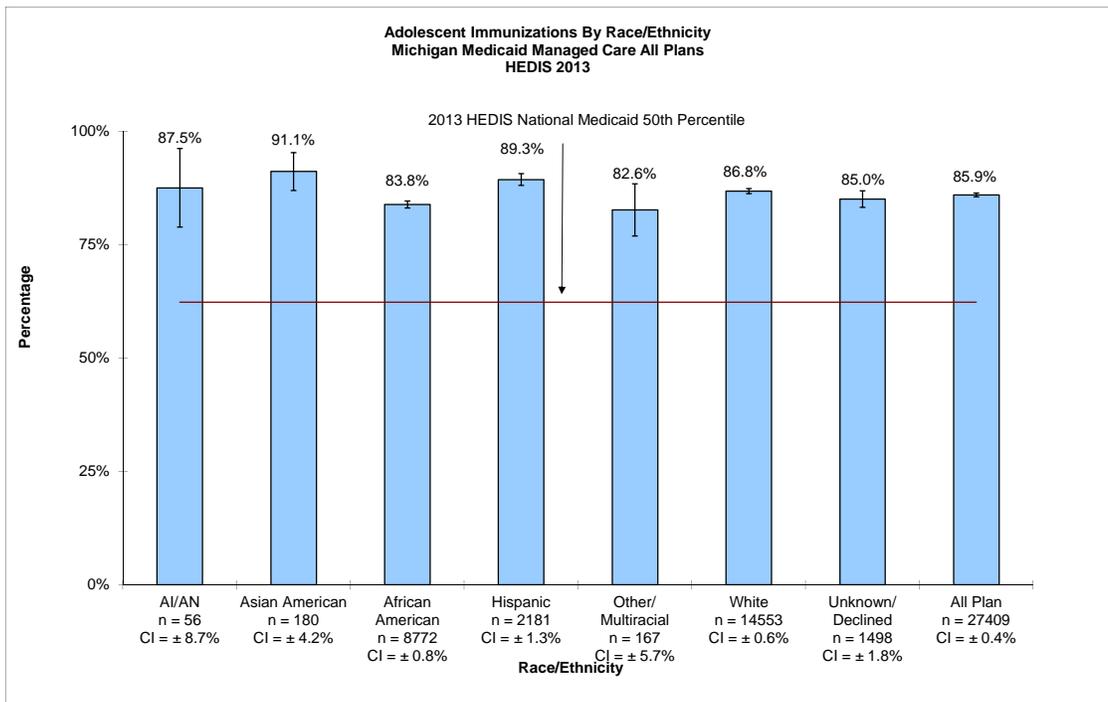


Figure 9. Adolescent Immunizations by Race/Ethnicity

**Blood Lead Screening  
Michigan Medicaid Managed Care All Plans**

Table 12. Blood Lead Screening by Race/Ethnicity

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	63	77	81.8%	3.3%	1.04	NS	Above
Asian American	178	217	82.0%	3.5%	1.04	NS	Above
African American	7017	9023	77.8%	-0.8%	0.99	NS	Above
Hispanic	2680	3249	82.5%	4.0%	1.05	Above	Above
Other/Multiracial	103	122	84.4%	5.9%	1.08	NS	Above
White	11690	14886	78.5%	Reference	Reference	Reference	Above
Unknown/Declined	3887	4896	79.4%	0.9%	1.01	NS	Above
All Plan	25619	32472	78.9%	0.4%	1.00	NS	Above

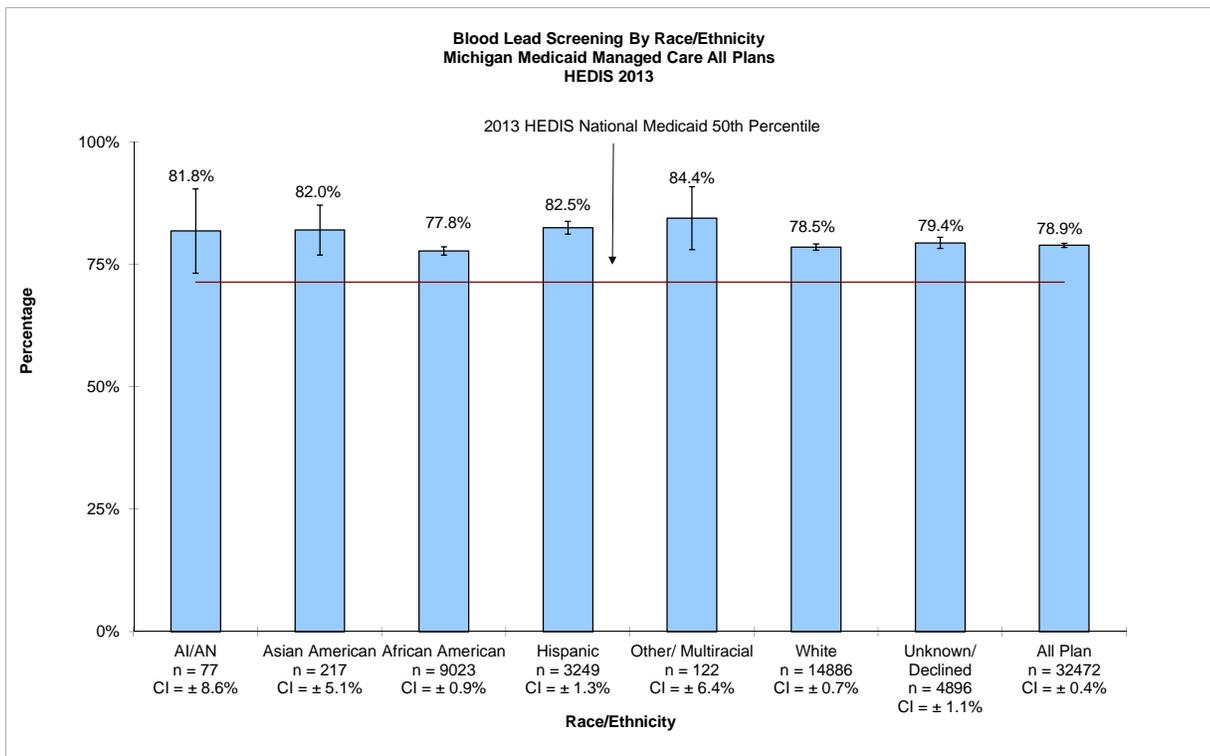


Figure 10. Blood Lead Screening by Race/Ethnicity

Well Child Visits (3-6 Years)  
Michigan Medicaid Managed Care All Plans

Table 13. Well Child Visits (3-6 Years) by Race/Ethnicity

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	145	193	75.1%	1.6%	1.02	NS	NS
Asian American	724	923	78.4%	4.9%	1.07	Above	Above
African American	30960	42916	72.1%	-1.4%	0.98	Below	NS
Hispanic	6737	8851	76.1%	2.6%	1.04	Above	Above
Other/Multiracial	677	791	85.6%	12.1%	1.16	Above	Above
White	56348	76672	73.5%	Reference	Reference	Reference	NS
Unknown/Declined	7426	9809	75.7%	2.2%	1.03	Above	Above
All Plan	103027	140169	73.5%	0.0%	1.00	NS	Above

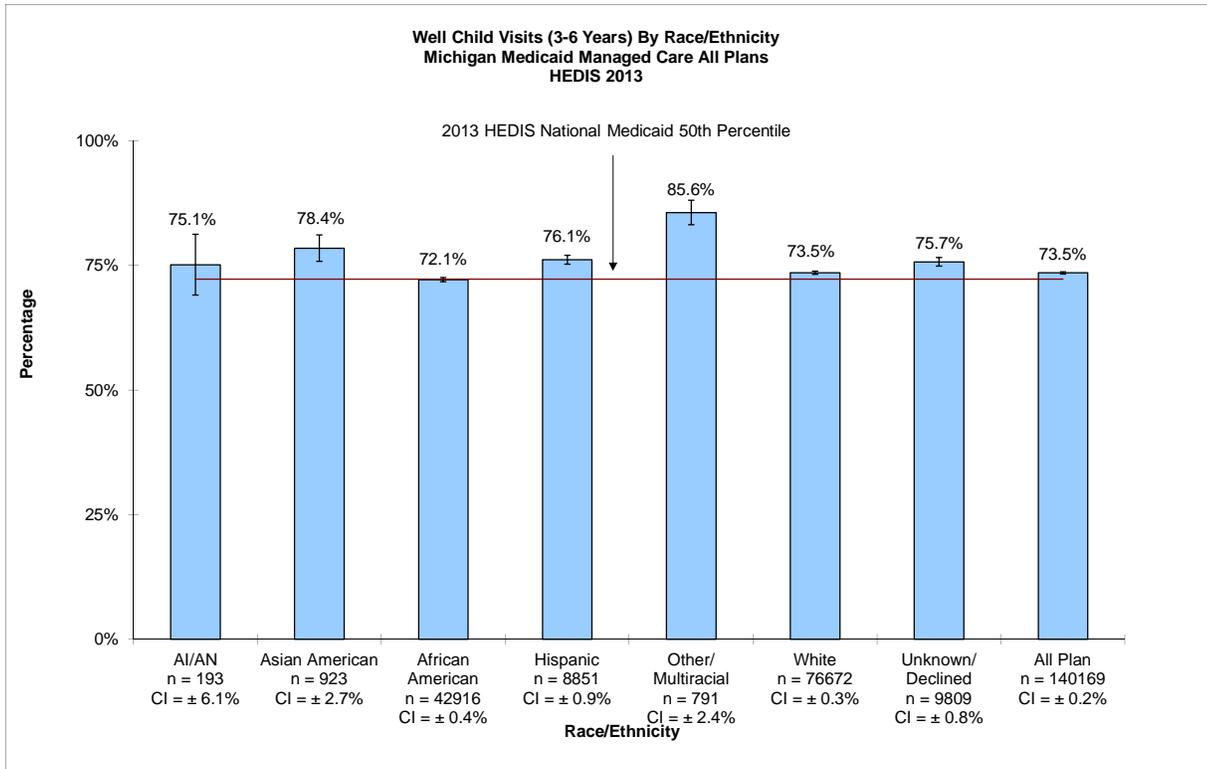


Figure 11. Well Child Visits (3-6 Years) by Race/Ethnicity

**Child Access to Care (25 Months to 6 Years)  
Michigan Medicaid Managed Care All Plans**

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

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	223	248	89.9%	-2.4%	0.97	NS	NS
Asian American	1045	1117	93.6%	1.2%	1.01	NS	Above
African American	42856	50423	85.0%	-7.4%	0.92	Below	Below
Hispanic	10293	11233	91.6%	-0.7%	0.99	Below	Above
Other/Multiracial	876	915	95.7%	3.4%	1.04	Above	Above
White	83212	90103	92.4%	Reference	Reference	Reference	Above
Unknown/Declined	13440	14523	92.5%	0.2%	1.00	NS	Above
All Plan	151959	168580	90.1%	-2.2%	0.98	Below	Above

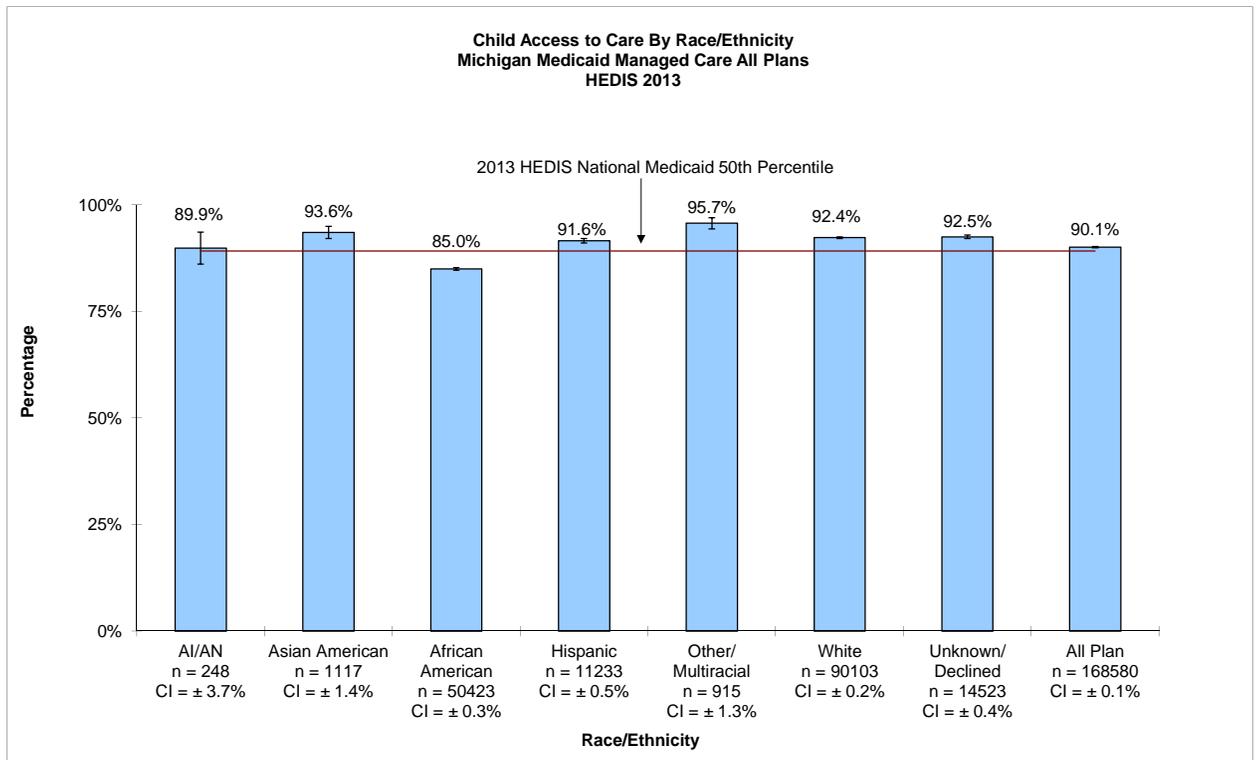


Figure 7. Child Access to Care (25 Months to 6 Years) by Race/Ethnicity

**Adult Access to Care (20-44 Years)**  
**Michigan Medicaid Managed Care All Plans**

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

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	257	297	86.5%	-0.5%	0.99	NS	Above
Asian American	701	855	82.0%	-5.0%	0.94	Below	NS
African American	49973	61715	81.0%	-6.0%	0.93	Below	Below
Hispanic	4963	6054	82.0%	-5.0%	0.94	Below	NS
Other/Multiracial	622	703	88.5%	1.5%	1.02	NS	Above
White	77413	88962	87.0%	Reference	Reference	Reference	Above
Unknown/Declined	8957	10442	85.8%	-1.2%	0.99	Below	Above
All Plan	142896	169043	84.5%	-2.5%	0.97	Below	Above

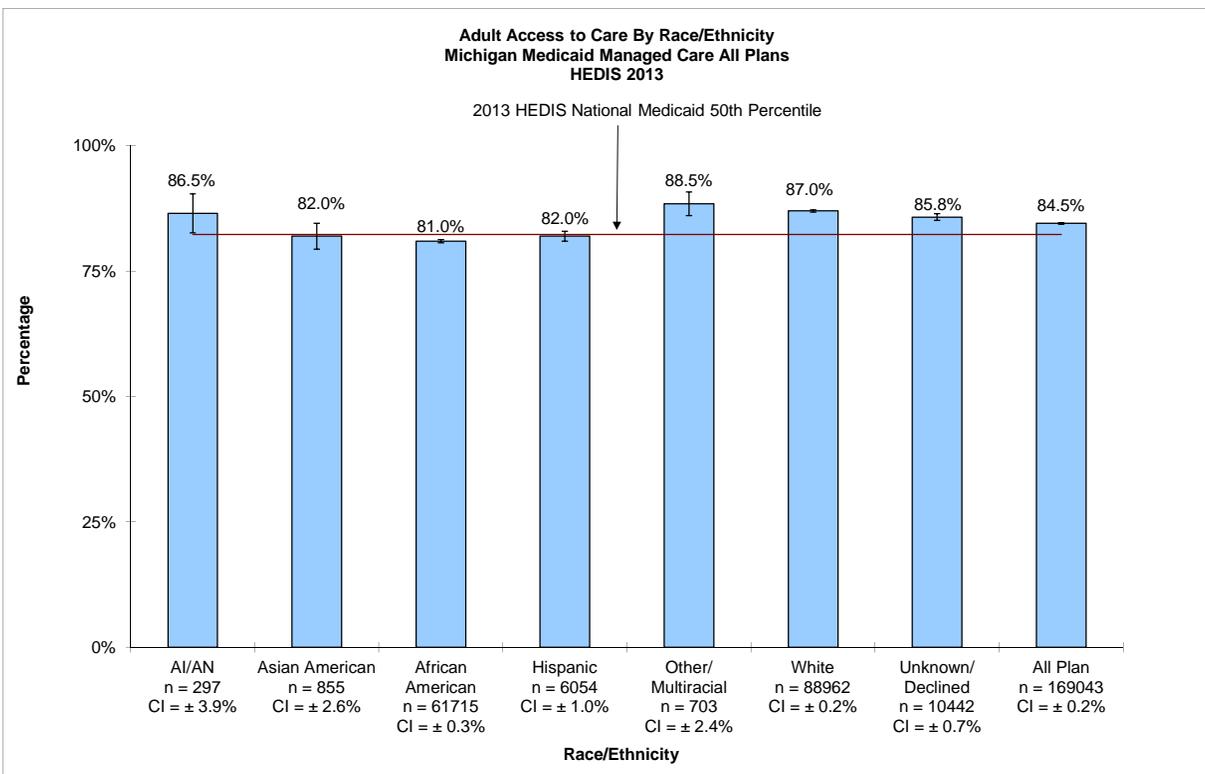


Figure 8. Adult Access to Care (20-44 Years) by Race/Ethnicity

**Appropriate Asthma Medications (Combined)  
Michigan Medicaid Managed Care All Plans**

Table 8. Appropriate Asthma Medications (Combined) by Race/Ethnicity

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	20	30	66.7%	-17.2%	0.80	NS	Below
Asian American	59	69	85.5%	1.7%	1.02	NS	NS
African American	5355	6788	78.9%	-5.0%	0.94	Below	Below
Hispanic	559	650	86.0%	2.2%	1.03	NS	NS
Other/Multiracial	111	116	95.7%	11.8%	1.14	Above	Above
White	6922	8256	83.8%	Reference	Reference	Reference	Below
Unknown/Declined	774	893	86.7%	2.8%	1.03	NS	NS
All Plan	13801	16804	82.1%	-1.7%	0.98	Below	Below

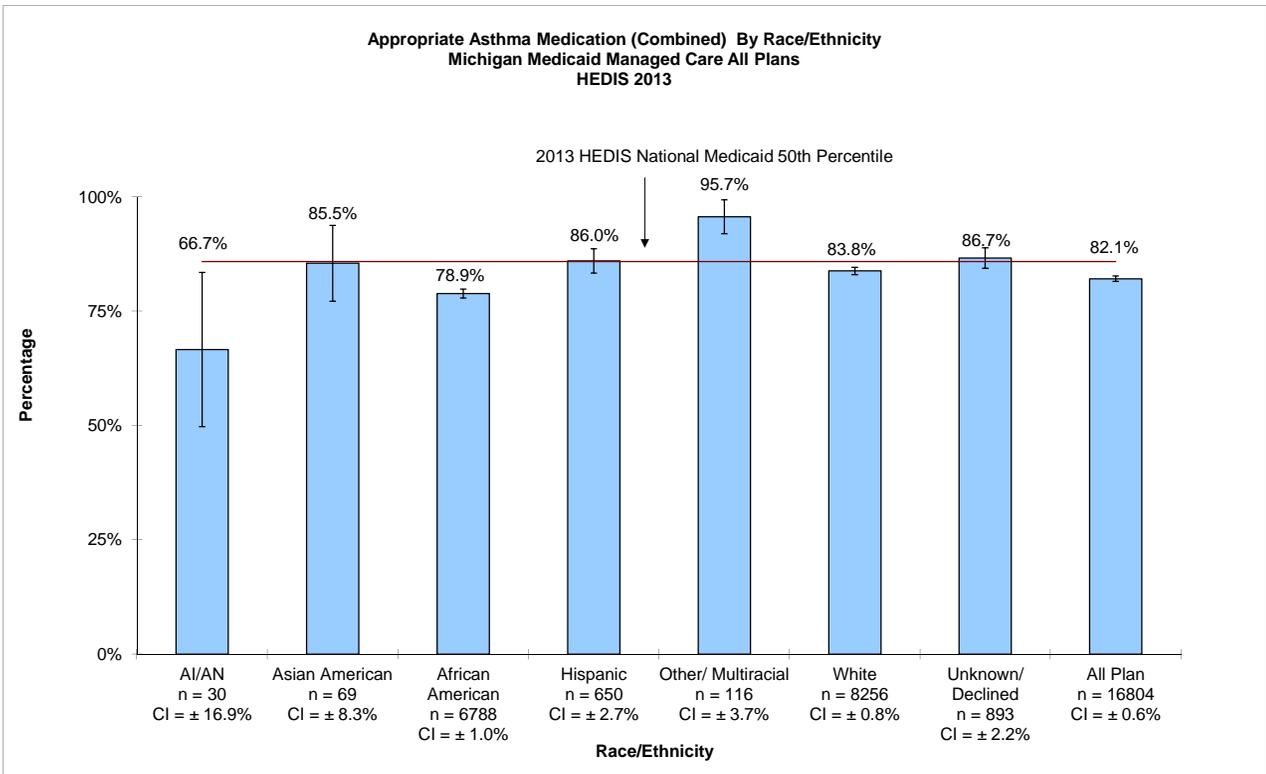


Figure 6. Appropriate Asthma Medications (Combined) by Race/Ethnicity

**HbA1C Testing  
Michigan Medicaid Managed Care All Plans**

Table 6. HbA1C Testing by Race/Ethnicity

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	82	103	79.6%	-1.5%	0.98	NS	NS
Asian American	190	228	83.3%	2.2%	1.03	NS	NS
African American	10211	13487	75.7%	-5.4%	0.93	Below	Below
Hispanic	748	984	76.0%	-5.1%	0.94	Below	Below
Other/Multiracial	291	339	85.8%	4.7%	1.06	Above	NS
White	13473	16605	81.1%	Reference	Reference	Reference	Below
Unknown/Declined	2957	3637	81.3%	0.2%	1.00	NS	NS
All Plan	27958	35391	79.0%	-2.1%	0.97	Below	Below

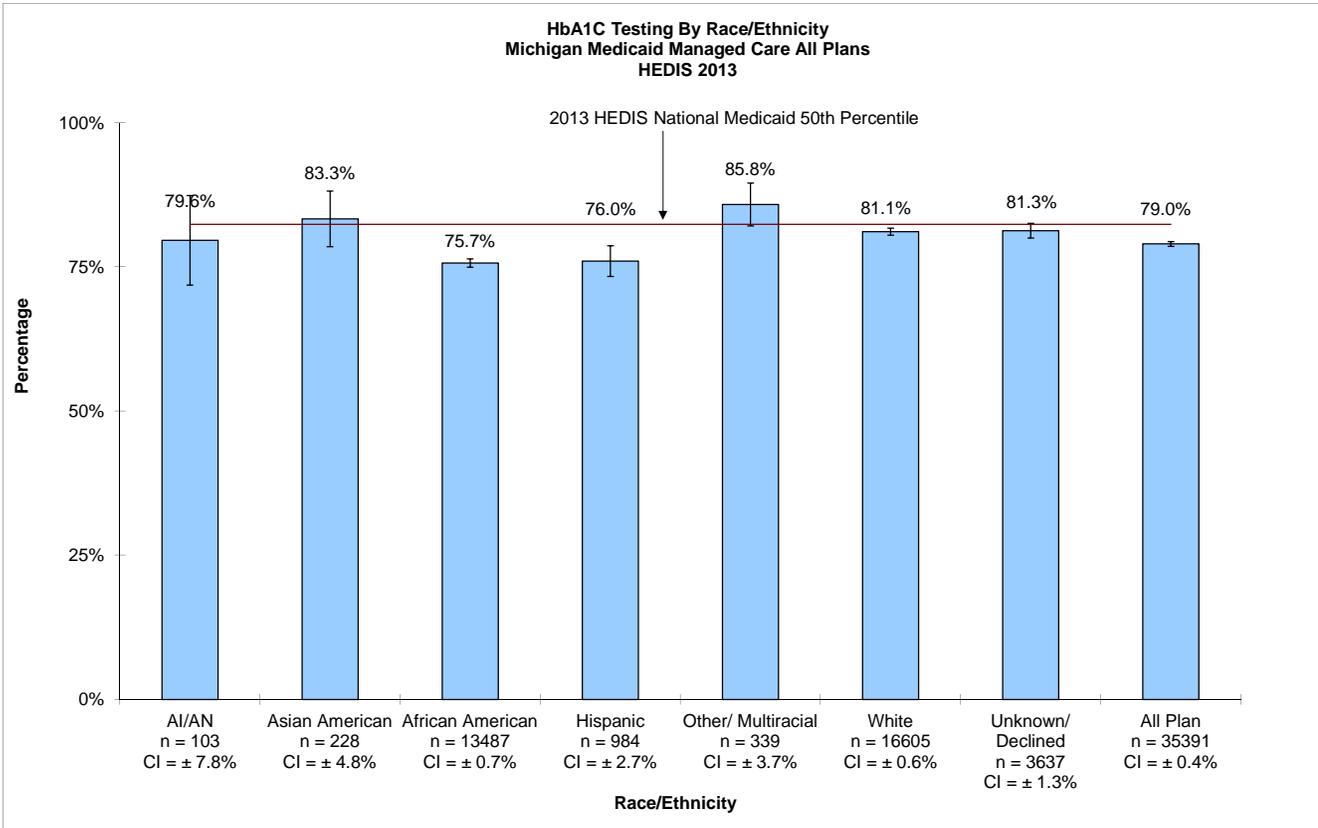


Figure 4. HbA1C Testing by Race/Ethnicity

Diabetic Eye Exam  
Michigan Medicaid Managed Care All Plans

Table 15. Diabetic Eye Exam by Race/Ethnicity

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	45	103	43.7%	-6.7%	0.87	NS	NS
Asian American	122	228	53.5%	3.1%	1.06	NS	NS
African American	6192	13488	45.9%	-4.5%	0.91	Below	Below
Hispanic	447	983	45.5%	-5.0%	0.90	Below	Below
Other/Multiracial	173	339	51.0%	0.6%	1.01	NS	NS
White	8374	16606	50.4%	Reference	Reference	Reference	Below
Unknown/Declined	1969	3636	54.2%	3.7%	1.07	Above	NS
All Plan	17324	35391	49.0%	-1.5%	0.97	Below	Below

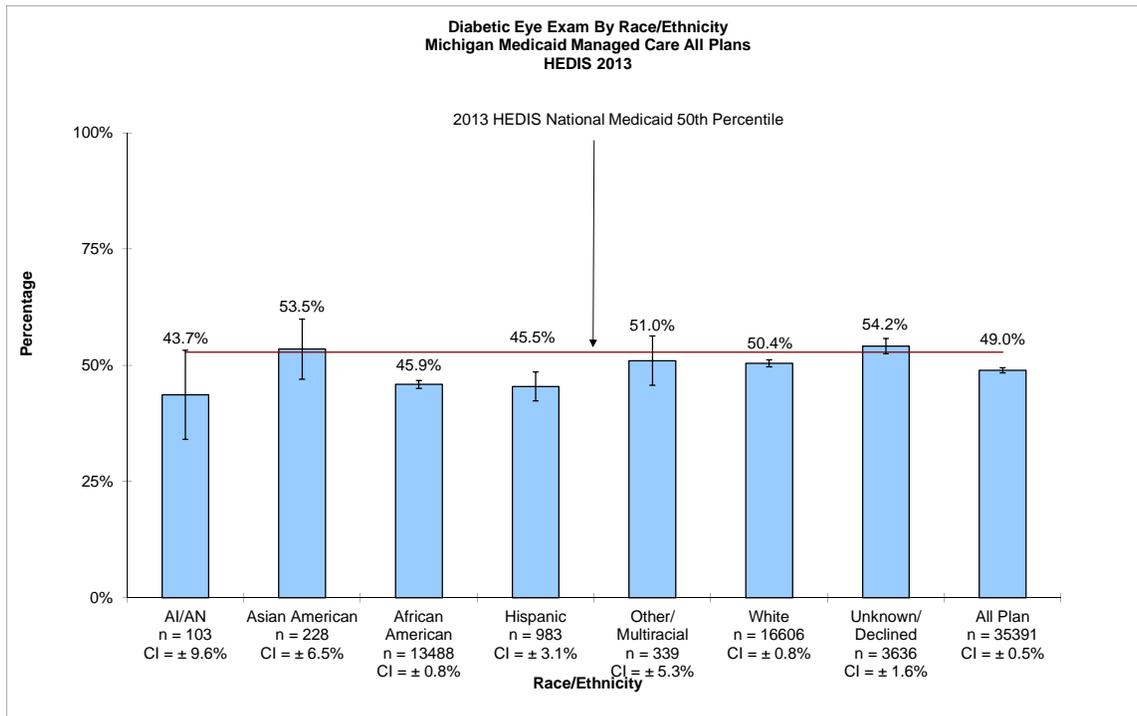


Figure 13. Diabetic Eye Exam by Race/Ethnicity

**Diabetic Nephropathy  
Michigan Medicaid Managed Care All Plans**

Table 16. Diabetic Nephropathy by Race/Ethnicity

Race	Michigan Medicaid Managed Care All Plans			Ref=White		Statistically Significant Difference	
	Num	Den	%	Difference	Ratio	From White	From 50th Percentile
American Indian/ Alaska Native	81	103	78.6%	2.9%	1.04	NS	NS
Asian American	170	227	74.9%	-0.8%	0.99	NS	NS
African American	10525	13452	78.2%	2.5%	1.03	Above	NS
Hispanic	717	981	73.1%	-2.6%	0.97	NS	Below
Other/Multiracial	283	339	83.5%	7.8%	1.10	Above	Above
White	12544	16567	75.7%	Reference	Reference	Reference	Below
Unknown/Declined	2980	3610	82.5%	6.8%	1.09	Above	Above
All Plan	27306	35287	77.4%	1.7%	1.02	Above	Below

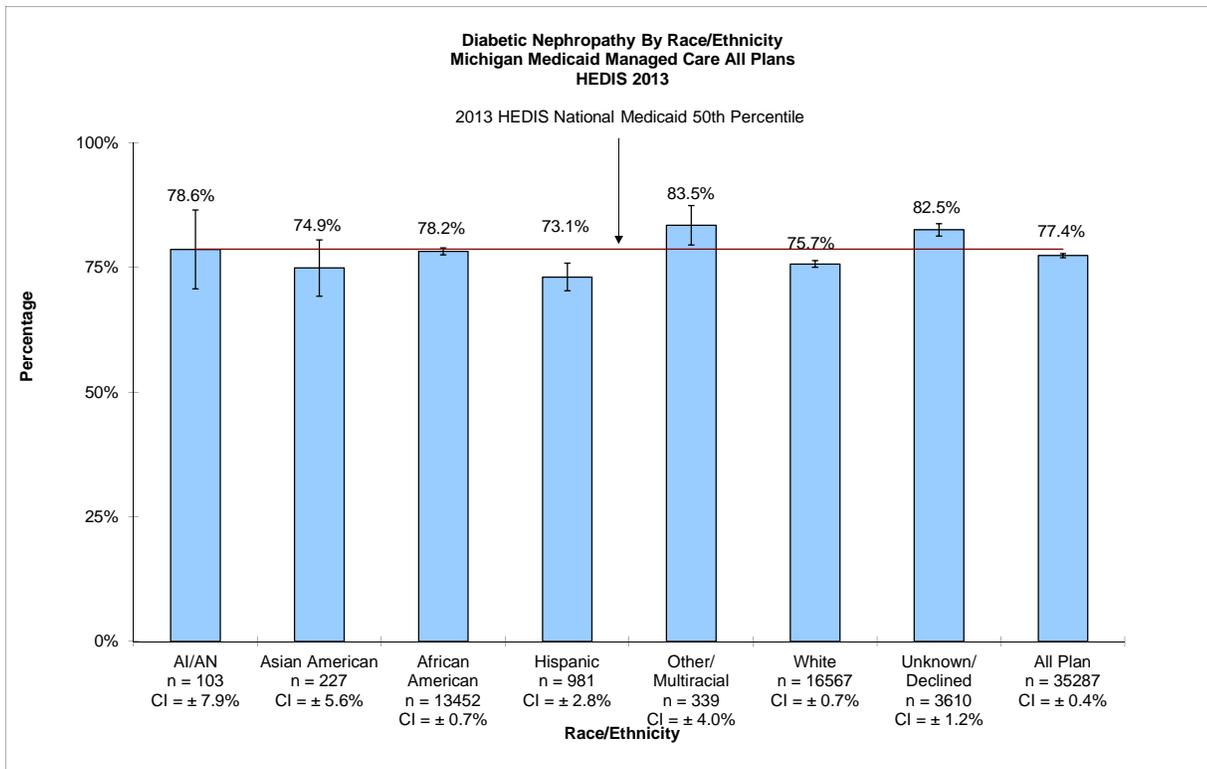


Figure 14. Diabetic Nephropathy by Race/Ethnicity

Table 17. Michigan Medicaid Managed Care Select HEDIS 2013 Measures for Race/Ethnicity. All Populations except Native Hawaiian/Other Pacific Islander (Insufficient data).

Race/Ethnicity	Breast Cancer Screening			Cervical Cancer Screening			Chlamydia Screening			Post-Partum Care			Childhood Immns Combo 3			Adolescent Immunizations			Lead Screening		
	Num	Den	%	Num	Den	%	Num	Den	%	Num	Den	%	Num	Den	%	Num	Den	%	Num	Den	%
AI/AN	73	149	49.0%	183	297	61.6%	46	74	62.2%	19	34	55.9%	62	75	82.7%	49	56	87.5%	63	77	81.8%
Asian American	116	206	56.3%	430	668	64.4%	84	150	56.0%	179	285	62.8%	170	213	79.8%	164	180	91.1%	178	217	82.0%
African American	9736	17266	56.4%	36469	53523	68.1%	15399	20490	75.2%	5049	10358	48.7%	5941	9183	64.7%	7355	8772	83.8%	7017	9023	77.8%
Hispanic	475	808	58.8%	2934	4409	66.5%	1360	2127	63.9%	2841	4574	62.1%	2424	3228	75.1%	1948	2181	89.3%	2680	3249	82.5%
Other/Multiracial	200	324	61.7%	430	651	66.1%	93	142	65.5%	31	56	55.4%	100	125	80.0%	138	167	82.6%	103	122	84.4%
White	12977	22453	57.8%	49216	74327	66.2%	12995	22412	58.0%	11823	19146	61.8%	11167	14914	74.9%	12628	14553	86.8%	11690	14886	78.5%
Unknown/Declined	1843	3070	60.0%	5380	9985	53.9%	1469	2374	61.9%	1637	2490	65.7%	3692	4871	75.8%	1274	1498	85.0%	3887	4896	79.4%
Total	25428	44290	57.4%	95051	143877	66.1%	31449	47773	65.8%	21581	36946	58.4%	23558	32612	72.2%	23558	27409	85.9%	25619	32472	78.9%

Race/Ethnicity	Well Child Visits 3-6 yrs			Access to Care 25 m-6 y			Access to Care 20-44 yrs			Asthma Meds Total			HbA1C Testing			Diabetic Eye Exam			Diabetic Nephropathy		
	Num	Den	%	Num	Den	%	Num	Den	%	Num	Den	%	Num	Den	%	Num	Den	%	Num	Den	%
AI/AN	145	193	75.1%	223	248	89.9%	257	297	86.5%	20	30	66.7%	82	103	79.6%	45	103	43.7%	81	103	78.6%
Asian American	724	923	78.4%	1045	1117	93.6%	701	855	82.0%	59	69	85.5%	190	228	83.3%	122	228	53.5%	170	227	74.9%
African American	30960	42916	72.1%	42856	50423	85.0%	49973	61715	81.0%	5355	6788	78.9%	10211	13487	75.7%	6192	13488	45.9%	10525	13452	78.2%
Hispanic	6737	8851	76.1%	10293	11233	91.6%	4963	6054	82.0%	559	650	86.0%	748	984	76.0%	447	983	45.5%	717	981	73.1%
Other/Multiracial	677	791	85.6%	876	915	95.7%	622	703	88.5%	111	116	95.7%	291	339	85.8%	173	339	51.0%	283	339	83.5%
White	56348	76672	73.5%	83212	90103	92.4%	77413	88962	87.0%	6922	8256	83.8%	13473	16605	81.1%	8374	16606	50.4%	12544	16567	75.7%
Unknown/Declined	7426	9809	75.7%	13440	14523	92.5%	8957	10442	85.8%	774	893	86.7%	2957	3637	81.3%	1969	3636	54.2%	2980	3610	82.5%
Total	103027	140169	73.5%	151959	168580	90.1%	142896	169043	84.5%	13801	16804	82.1%	27958	35391	79.0%	17324	35391	49.0%	27306	35287	77.4%

Table 18. Michigan Medicaid Managed Care Select HEDIS 2013 Measures by Race/Ethnicity. African American, Hispanic/Latino, White only

Race/Ethnicity	Breast Cancer Screening			Cervical Cancer Screening			Chlamydia Screening			Post-Partum Care			Childhood Immns Combo 3			Adolescent Immunizations			Lead Screening		
	Num	Den	%	Num	Den	%	Num	Den	%	Num	Den	%	Num	Den	%	Num	Den	%	Num	Den	%
African American	9736	17266	56.4%	36469	53523	68.1%	15399	20490	75.2%	5049	10358	48.7%	5941	9183	64.7%	7355	8772	83.8%	7017	9023	77.8%
Hispanic	475	808	58.8%	2934	4409	66.5%	1360	2127	63.9%	2841	4574	62.1%	2424	3228	75.1%	1948	2181	89.3%	2680	3249	82.5%
White	12977	22453	57.8%	49216	74327	66.2%	12995	22412	58.0%	11823	19146	61.8%	11167	14914	74.9%	12628	14553	86.8%	11690	14886	78.5%

Race/Ethnicity	Well Child Visits 3-6 yrs			Access to Care 25 m-6 y			Access to Care 20-44 yrs			Asthma Meds Total			HbA1C Testing			Diabetic Eye Exam			Diabetic Nephropathy		
	Num	Den	%	Num	Den	%	Num	Den	%	Num	Den	%	Num	Den	%	Num	Den	%	Num	Den	%
African American	30960	42916	72.1%	42856	50423	85.0%	49973	61715	81.0%	5355	6788	78.9%	10211	13487	75.7%	6192	13488	45.9%	10525	13452	78.2%
Hispanic	6737	8851	76.1%	10293	11233	91.6%	4963	6054	82.0%	559	650	86.0%	748	984	76.0%	447	983	45.5%	717	981	73.1%
White	56348	76672	73.5%	83212	90103	92.4%	77413	88962	87.0%	6922	8256	83.8%	13473	16605	81.1%	8374	16606	50.4%	12544	16567	75.7%

Table 19. Rate Differences. White, African American, and Hispanic.

Measure	2013 White Rate	2013 African American Rate	Rate Difference	2013 Hispanic Rate	Rate Difference
Breast Cancer Screening	57.8%	56.4%	-1.4%	58.8%	1.0%
Cervical Cancer Screening	66.2%	68.1%	1.9%	66.5%	0.3%
Chlamydia Screening	58.0%	75.2%	17.2%	63.9%	6.0%
Post-Partum Care	61.8%	48.7%	-13.0%	62.1%	0.4%
Childhood Immns Combo 3	74.9%	64.7%	-10.2%	75.1%	0.2%
Adolescent Immunizations	86.8%	83.8%	-2.9%	89.3%	2.5%
Lead Screening	78.5%	77.8%	-0.8%	82.5%	4.0%
Well Child Visits 3-6 yrs	73.5%	72.1%	-1.4%	76.1%	2.6%
Access to Care 25 months-6 yrs	92.4%	85.0%	-7.4%	91.6%	-0.7%
Access to Care 20-44 yrs	87.0%	81.0%	-6.0%	82.0%	-5.0%
Appropriate Asthma Meds	83.8%	78.9%	-5.0%	86.0%	2.2%
HbA1C Testing for Diabetes	81.1%	75.7%	-5.4%	76.0%	-5.1%
Diabetic Eye Exam	50.4%	45.9%	-4.5%	45.5%	-5.0%
Diabetic Nephropathy	75.7%	78.2%	2.5%	73.1%	-2.6%

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

Table 20. Change in Rate between 2012-2013 for the White, African American, Hispanic and All-Plan Populations.

Measure	White			African American			Hispanic			All Plans Total		
	2012	2013	Change	2012	2013	Change	2012	2013	Change	2012	2013	Change
Breast Cancer Screening	58.0%	57.8%	NS	55.7%	56.4%	NS	58.1%	58.8%	NS	57.0%	57.4%	NS
Cervical Cancer Screening	66.4%	66.2%	NS	67.3%	68.1%	NS	69.8%	66.5%	↓	66.5%	66.1%	NS
Chlamydia Screening	56.1%	58.0%	↑	73.6%	75.2%	↑	64.6%	63.9%	NS	64.5%	65.8%	↑
Post-Partum Care	62.6%	61.8%	NS	46.3%	48.7%	↑	58.8%	62.1%	NS	58.1%	58.4%	NS
Childhood Immns Combo 3	74.0%	74.9%	NS	63.0%	64.7%	NS	78.4%	75.1%	↓	70.7%	72.2%	↑
Adolescent Immns Combo 1	74.6%	86.8%	↑	72.4%	83.8%	↑	80.7%	89.3%	↑	74.1%	85.9%	↑
Blood Lead Screening	73.1%	78.5%	↑	75.2%	77.8%	↑	81.8%	82.5%	NS	74.6%	78.9%	↑
Well Child Visits 3-6 Years	73.8%	73.5%	NS	72.2%	72.1%	NS	76.3%	76.1%	NS	73.6%	73.5%	NS
Access to Care 25 months-6 yrs	92.7%	92.4%	NS	85.9%	85.0%	↓	92.2%	91.6%	NS	90.4%	90.1%	NS
Access to Care 20-44 yrs	86.2%	87.0%	↑	80.2%	81.0%	↑	82.2%	82.0%	NS	83.6%	84.5%	↑
Appropriate Asthma Meds	85.7%	83.8%	↓	80.5%	78.9%	NS	87.0%	86.0%	NS	83.8%	82.1%	↑
HbA1C Testing for Diabetes	80.2%	81.1%	NS	73.5%	75.7%	↑	74.7%	76.0%	NS	77.2%	79.0%	↑
Diabetic Eye Exam	47.2%	50.4%	↑	41.0%	45.9%	↑	42.0%	45.5%	NS	44.6%	49.0%	↑
Diabetic Nephropathy	74.5%	75.7%	NS	75.8%	78.2%	↑	71.3%	73.1%	NS	75.1%	77.4%	↑

↑ - There was a statistically significant increase in the rate between 2012 - 2013

↓ - There was a statistically significant decrease in the rate between 2012 - 2013

NS - The change in the rate between 2012-2013 was not significant

Change in Rate 2012-2013 for Measures in Women - Adult Care and Pregnancy Care Dimension

Figure 15. Breast Cancer Screening by Race/Ethnicity 2012-13

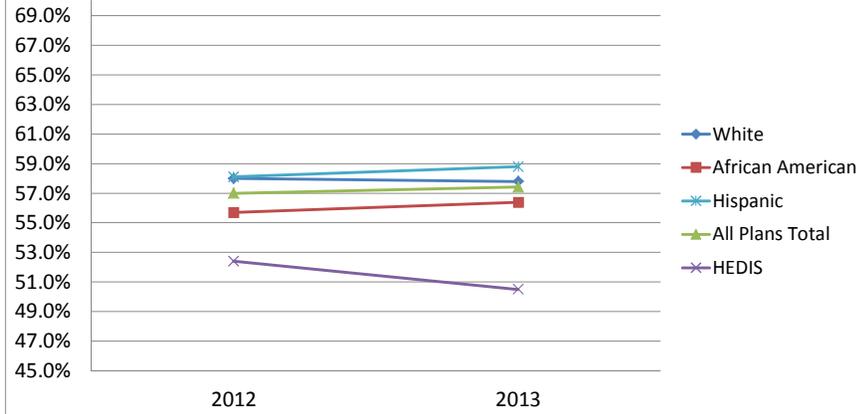


Figure 16. Chlamydia Screening by Race/Ethnicity 2012-13

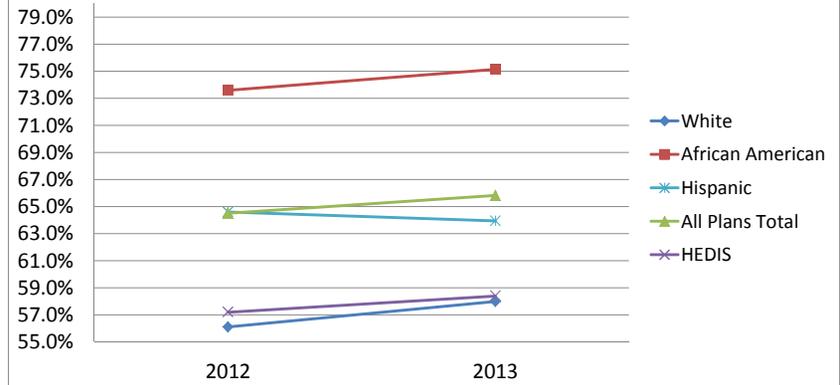


Figure 17. Cervical Cancer Screening by Race/Ethnicity 2012-13

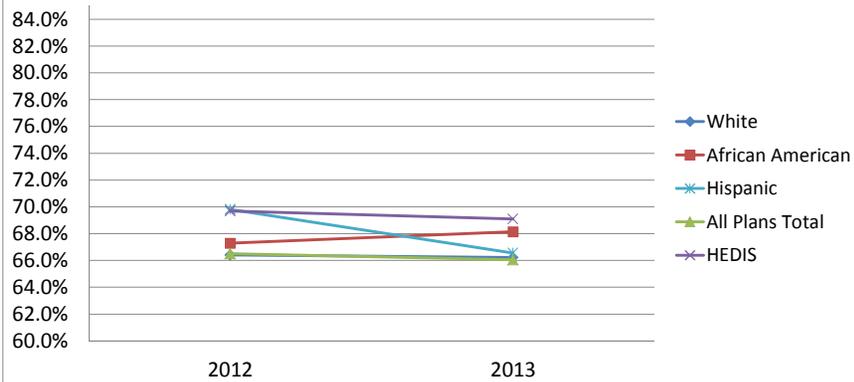
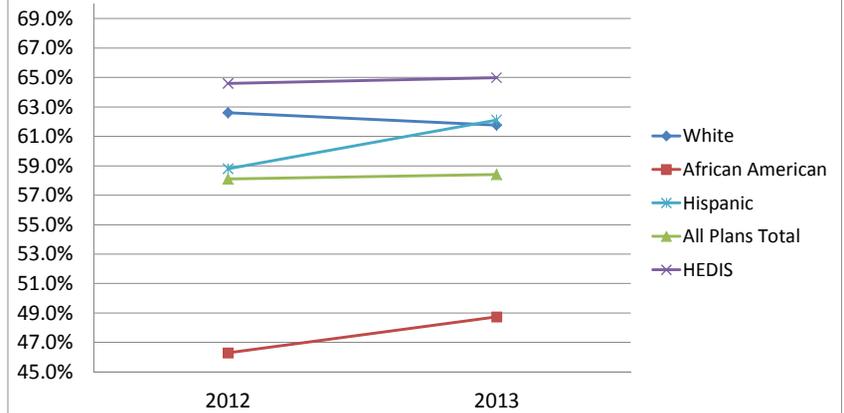


Figure 18. Post-Partum Care by Race/Ethnicity 2012-13



Change in Rate 2012-2013 for Measures in Child and Adolescent Care

Figure 19. Childhood Immunizations Combo 3 by Race/Ethnicity 2012-13

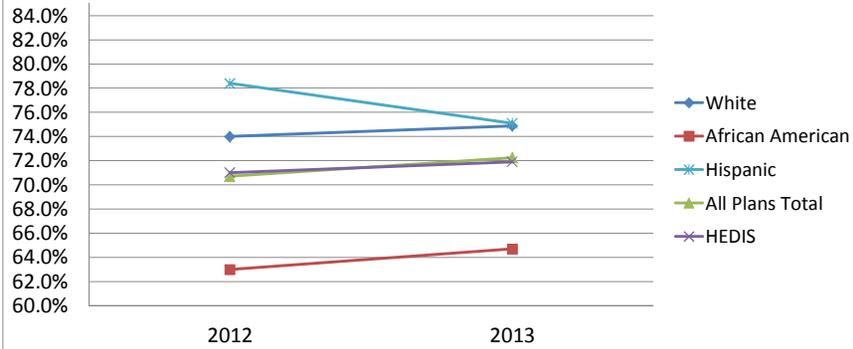


Figure 20. Blood Lead Screening by Race/Ethnicity 2012-13

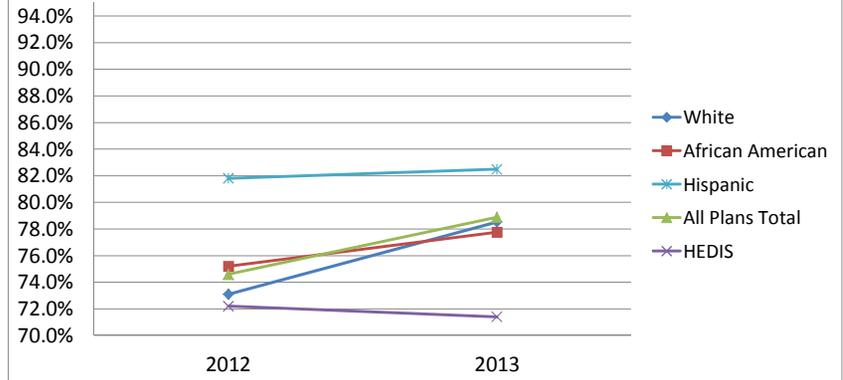


Figure 21. Adolescent Immunizations by Race/Ethnicity 2012-13

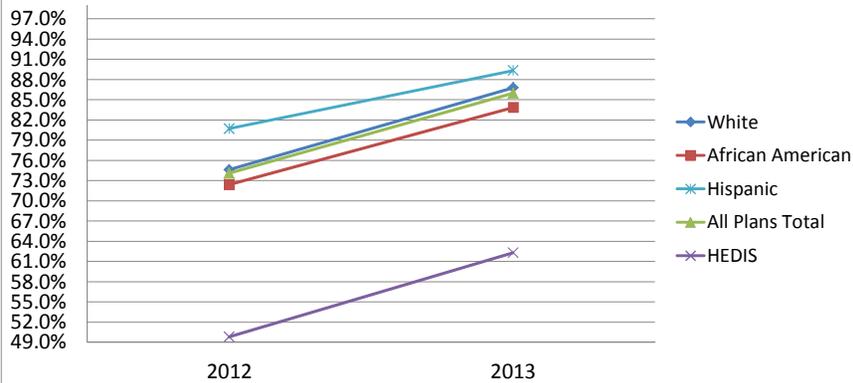
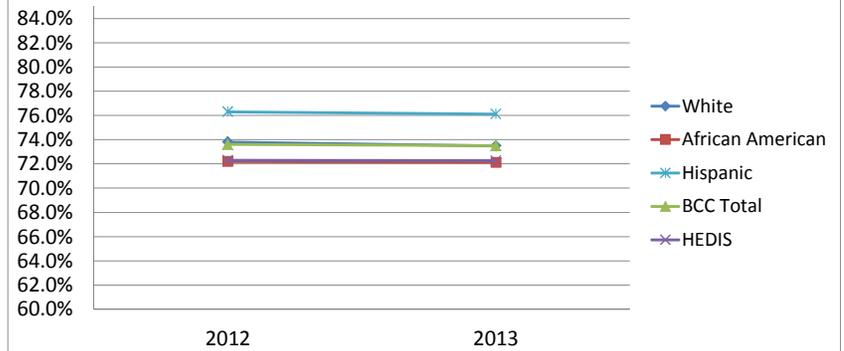
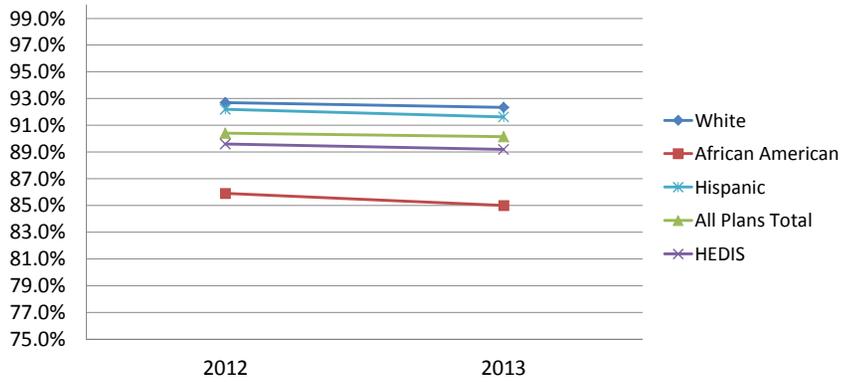


Figure 22. Well Child Visits 25 Months-6 Years by Race/Ethnicity 2012-13

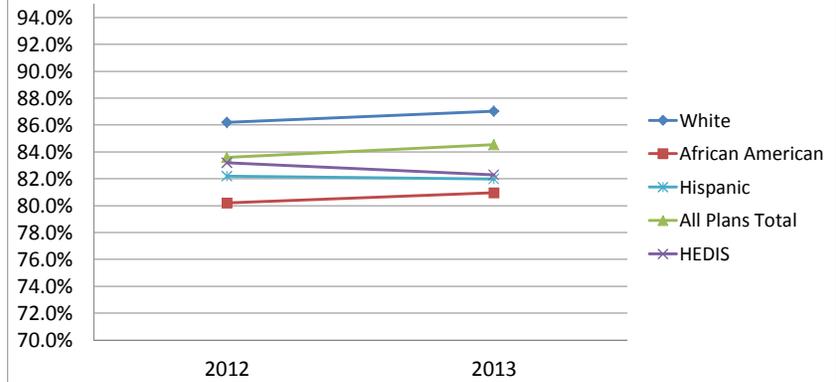


Change in Rate 2012-2013 for Measures in Access to Care

**Figure 23. Child Access to Care by Race/Ethnicity  
2012-13**



**Figure 24. Adult Access to Care by Race/Ethnicity  
2012-13**



Change in Rate 2012-2013 for Measures in Living with Illness

Figure 25. Appropriate Asthma Medications by Race/Ethnicity 2012-13

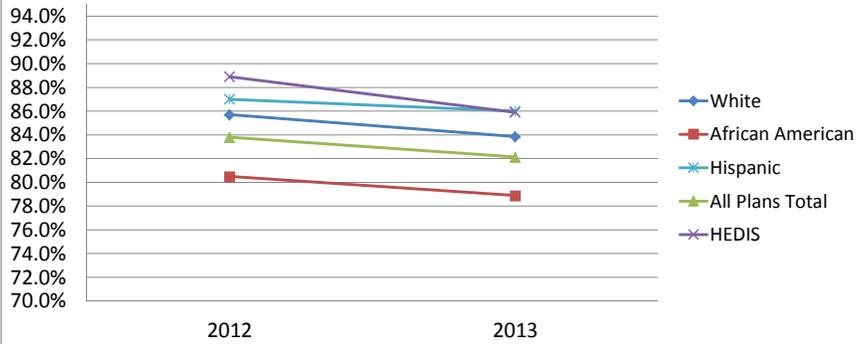


Figure 26. HbA1C Testing by Race/Ethnicity 2012-13

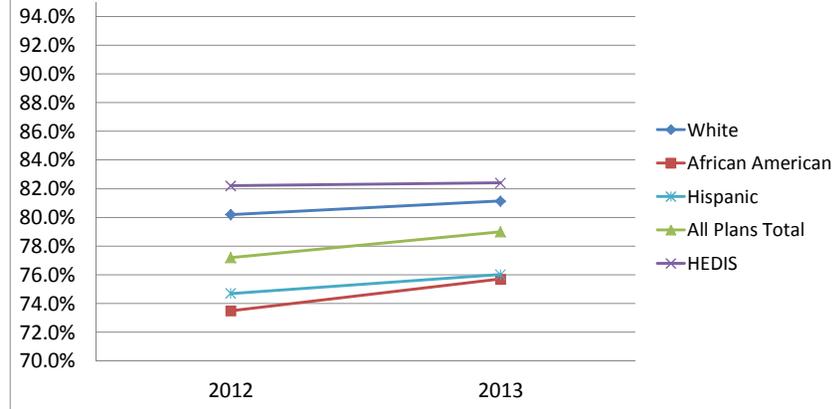


Figure 27. Diabetic Eye Exam by Race/Ethnicity 2012-13

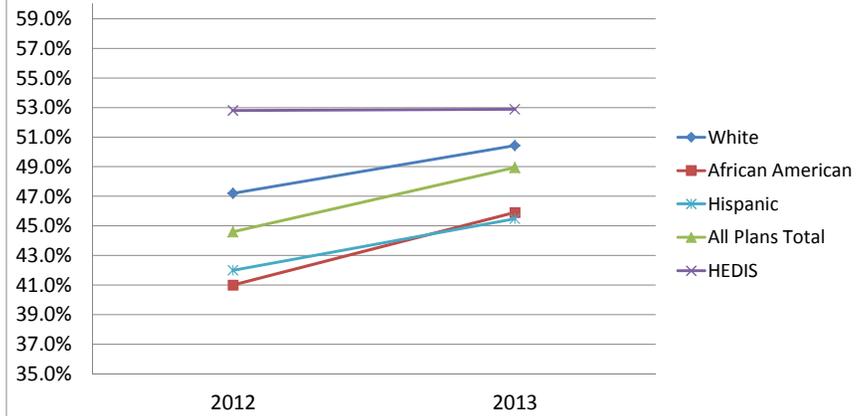
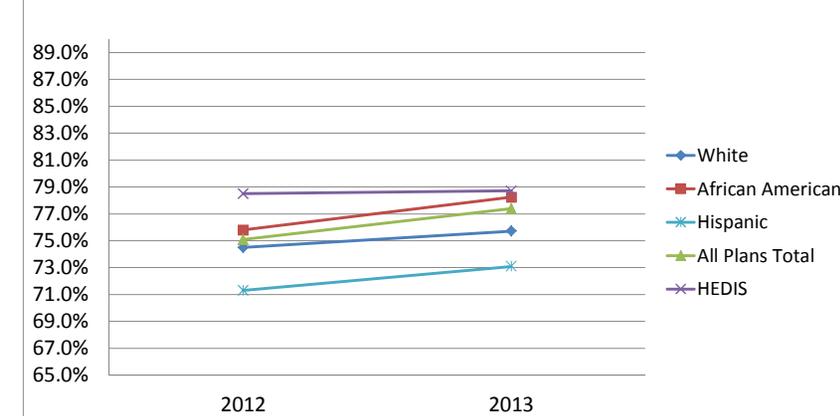


Figure 28. Diabetic Nephropathy by Race/Ethnicity 2012-13

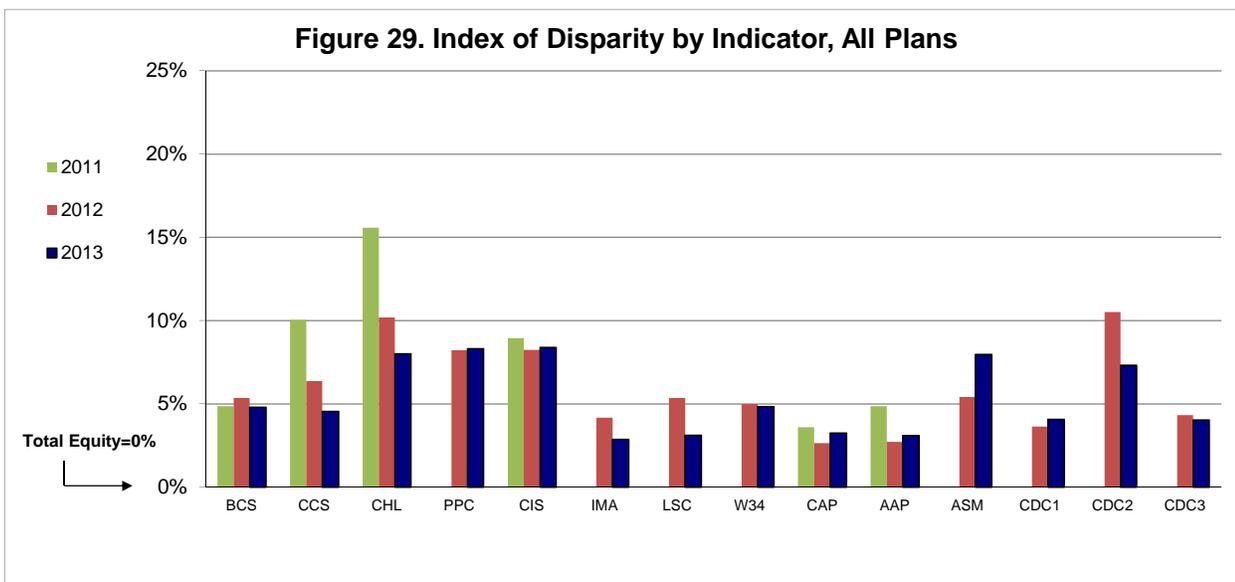


**Index of Disparity (ID) Summary**  
**Michigan Medicaid Managed Care All Plans**

Table 21. Index of Disparity for All Medicaid Managed Care Plans 2011-2013

Indicator	Abbr.	2011	2012	2013
Breast Cancer Screening	BCS	4.85%	5.36%	4.79%
Cervical Cancer Screening	CCS	10.04%	6.38%	4.55%
Chlamydia Screening	CHL	15.57%	10.20%	8.00%
Post-Partum Care	PPC	---	8.22%	8.32%
Childhood Immunizations Combo 3	CIS	8.95%	8.24%	8.38%
Adolescent Immunizations	IMA	---	4.17%	2.86%
Blood Lead Screening	LSC	---	5.36%	3.11%
Well Child Visits (3-6 Years)	W34	---	5.00%	4.83%
Child Access to Care (25 Months to 6 Years)	CAP	3.59%	2.65%	3.25%
Adult Access to Care (20-44 Years)	AAP	4.86%	2.73%	3.10%
Appropriate Asthma Medications (Combined)	ASM	5.85%	5.41%	7.96%
HbA1C Testing	CDC1	4.50%	3.65%	4.07%
Diabetic Eye Exam	CDC2	---	10.52%	7.33%
Diabetic Nephropathy	CDC3	---	4.33%	4.03%

**Figure 29. Index of Disparity by Indicator, All Plans**



**Table 22. Confidence Intervals  
Michigan Medicaid Managed Care All Plans**

Race/Ethnicity	%	Confidence Interval	
<b>Breast Cancer Screening</b>			
		<b>Lower Limit</b>	<b>Upper Limit</b>
American Indian/ Alaska Native	49.0%	41.0%	57.0%
Asian American	56.3%	49.5%	63.1%
African American	56.4%	55.6%	57.1%
Hispanic	58.8%	55.4%	62.2%
Native Hawaiian/ Other Pacific Islander	<i>Insufficient Data</i>		
Other/Multiracial	61.7%	56.4%	67.0%
White	57.8%	57.2%	58.4%
Unknown/Declined	60.0%	58.3%	61.8%
All Plan	57.4%	57.0%	57.9%
<b>Cervical Cancer Screening</b>			
		<b>Lower Limit</b>	<b>Upper Limit</b>
American Indian/ Alaska Native	61.6%	56.1%	67.1%
Asian American	64.4%	60.7%	68.0%
African American	68.1%	67.7%	68.5%
Hispanic	66.5%	65.2%	67.9%
Native Hawaiian/ Other Pacific Islander	<i>Insufficient Data</i>		
Other/Multiracial	66.1%	62.4%	69.7%
White	66.2%	65.9%	66.6%
Unknown/Declined	53.9%	52.9%	54.9%
All Plan	66.1%	65.8%	66.3%
<b>Chlamydia Screening</b>			
		<b>Lower Limit</b>	<b>Upper Limit</b>
American Indian/ Alaska Native	62.2%	51.1%	73.2%
Asian American	56.0%	48.1%	63.9%
African American	75.2%	74.6%	75.7%
Hispanic	63.9%	61.9%	66.0%
Native Hawaiian/ Other Pacific Islander	<i>Insufficient Data</i>		
Other/Multiracial	65.5%	57.7%	73.3%
White	58.0%	57.3%	58.6%
Unknown/Declined	61.9%	59.9%	63.8%
All Plan	65.8%	65.4%	66.3%
<b>Post-Partum Care</b>			
		<b>Lower Limit</b>	<b>Upper Limit</b>
American Indian/ Alaska Native	55.9%	39.2%	72.6%
Asian American	62.8%	57.2%	68.4%
African American	48.7%	47.8%	49.7%
Hispanic	62.1%	60.7%	63.5%
Native Hawaiian/ Other Pacific Islander	<i>Insufficient Data</i>		
Other/Multiracial	55.4%	42.3%	68.4%
White	61.8%	61.1%	62.4%
Unknown/Declined	65.7%	63.9%	67.6%
All Plan	58.4%	57.9%	58.9%

<b>Childhood Immunizations Combo 3</b>		<b>Lower Limit</b>	<b>Upper Limit</b>
American Indian/ Alaska Native	82.7%	74.1%	91.2%
Asian American	79.8%	74.4%	85.2%
African American	64.7%	63.7%	65.7%
Hispanic	75.1%	73.6%	76.6%
Native Hawaiian/ Other Pacific Islander	<i>Insufficient Data</i>		
Other/Multiracial	80.0%	73.0%	87.0%
White	74.9%	74.2%	75.6%
Unknown/Declined	75.8%	74.6%	77.0%
All Plan	72.2%	71.8%	72.7%
<b>Adolescent Immunizations Combo 1</b>			
American Indian/ Alaska Native	87.5%	78.8%	96.2%
Asian American	91.1%	87.0%	95.3%
African American	83.8%	83.1%	84.6%
Hispanic	89.3%	88.0%	90.6%
Native Hawaiian/ Other Pacific Islander	<i>Insufficient Data</i>		
Other/Multiracial	82.6%	76.9%	88.4%
White	86.8%	86.2%	87.3%
Unknown/Declined	85.0%	83.2%	86.9%
All Plan	85.9%	85.5%	86.4%
<b>Blood Lead Screening</b>			
American Indian/ Alaska Native	81.8%	73.2%	90.4%
Asian American	82.0%	76.9%	87.1%
African American	77.8%	76.9%	78.6%
Hispanic	82.5%	81.2%	83.8%
Native Hawaiian/ Other Pacific Islander	<i>Insufficient Data</i>		
Other/Multiracial	84.4%	78.0%	90.9%
White	78.5%	77.9%	79.2%
Unknown/Declined	79.4%	78.3%	80.5%
All Plan	78.9%	78.5%	79.3%
<b>Well Child Visits 3-6 years</b>			
American Indian/ Alaska Native	75.1%	69.0%	81.2%
Asian American	78.4%	75.8%	81.1%
African American	72.1%	71.7%	72.6%
Hispanic	76.1%	75.2%	77.0%
Native Hawaiian/ Other Pacific Islander	<i>Insufficient Data</i>		
Other/Multiracial	85.6%	83.1%	88.0%
White	73.5%	73.2%	73.8%
Unknown/Declined	75.7%	74.9%	76.6%
All Plan	73.5%	73.3%	73.7%

<b>Child Access to Care (25mos - 6yrs)</b>		<b>Lower Limit</b>	<b>Upper Limit</b>
American Indian/ Alaska Native	89.9%	86.2%	93.7%
Asian American	93.6%	92.1%	95.0%
African American	85.0%	84.7%	85.3%
Hispanic	91.6%	91.1%	92.1%
Native Hawaiian/ Other Pacific Islander	<i>Insufficient Data</i>		
Other/Multiracial	95.7%	94.4%	97.0%
White	92.4%	92.2%	92.5%
Unknown/Declined	92.5%	92.1%	93.0%
All Plan	90.1%	90.0%	90.3%
<b>Adult Access to Care (20-44 years)</b>			
		<b>Lower Limit</b>	<b>Upper Limit</b>
American Indian/ Alaska Native	86.5%	82.6%	90.4%
Asian American	82.0%	79.4%	84.6%
African American	81.0%	80.7%	81.3%
Hispanic	82.0%	81.0%	82.9%
Native Hawaiian/ Other Pacific Islander	<i>Insufficient Data</i>		
Other/Multiracial	88.5%	86.1%	90.8%
White	87.0%	86.8%	87.2%
Unknown/Declined	85.8%	85.1%	86.4%
All Plan	84.5%	84.4%	84.7%
<b>Appropriate Asthma Medications</b>			
		<b>Lower Limit</b>	<b>Upper Limit</b>
American Indian/ Alaska Native	66.7%	49.8%	83.5%
Asian American	85.5%	77.2%	93.8%
African American	78.9%	77.9%	79.9%
Hispanic	86.0%	83.3%	88.7%
Native Hawaiian/ Other Pacific Islander	<i>Insufficient Data</i>		
Other/Multiracial	95.7%	92.0%	99.4%
White	83.8%	83.0%	84.6%
Unknown/Declined	86.7%	84.4%	88.9%
All Plan	82.1%	81.5%	82.7%

<b>HbA1C Testing</b>		<b>Lower Limit</b>	<b>Upper Limit</b>
American Indian/ Alaska Native	79.6%	71.8%	87.4%
Asian American	83.3%	78.5%	88.2%
African American	75.7%	75.0%	76.4%
Hispanic	76.0%	73.3%	78.7%
Native Hawaiian/ Other Pacific Islander	<i>Insufficient Data</i>		
Other/Multiracial	85.8%	82.1%	89.6%
White	81.1%	80.5%	81.7%
Unknown/Declined	81.3%	80.0%	82.6%
All Plan	79.0%	78.6%	79.4%
<b>Diabetic Eye Exam</b>			
		<b>Lower Limit</b>	<b>Upper Limit</b>
American Indian/ Alaska Native	43.7%	34.1%	53.3%
Asian American	53.5%	47.0%	60.0%
African American	45.9%	45.1%	46.7%
Hispanic	45.5%	42.4%	48.6%
Native Hawaiian/ Other Pacific Islander	<i>Insufficient Data</i>		
Other/Multiracial	51.0%	45.7%	56.4%
White	50.4%	49.7%	51.2%
Unknown/Declined	54.2%	52.5%	55.8%
All Plan	49.0%	48.4%	49.5%
<b>Diabetic Nephropathy</b>			
		<b>Lower Limit</b>	<b>Upper Limit</b>
American Indian/ Alaska Native	78.6%	70.7%	86.6%
Asian American	74.9%	69.2%	80.5%
African American	78.2%	77.5%	78.9%
Hispanic	73.1%	70.3%	75.9%
Native Hawaiian/ Other Pacific Islander	<i>Insufficient Data</i>		
Other/Multiracial	83.5%	79.5%	87.4%
White	75.7%	75.1%	76.4%
Unknown/Declined	82.5%	81.3%	83.8%
All Plan	77.4%	76.9%	77.8%

**HEDIS 2013 Measures by Race/Ethnicity**

Michigan Medicaid Managed Care Plans  
 Submission to be received to MDCH by August 15, 2013

**Numerators and Demoninators for Each Measure (Administrative Data Only)**

Race	Ethnicity	Breast Cancer Screening (BCS)		Cervical Cancer Screening (CCS)		Chlamydia Screening (CHL)		HbA1C Testing (CDC)		Imms Combo 3 (CIS)		Approp. Asthma Meds (Combined) (ASM)		Access to Care (25 months to 6 years) (CAP)		Access to Care (20-44 years) (AAP)		Adolescent Imms (IMA)		Blood Lead Screening (LSC)		Well Child Visits 3 6 (W34)		Post-Partum Care (PPC)		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	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																												
<b>Total for Measure (All Races/Ethnicities)**</b>																													

\*Equals Eligible population from HEDIS IDSS

\*\*Equals 'Numerator events by administrative data' from HEDIS IDSS

Data for measures in red are eligible for rotation per NCQA. Plans may rotate these measures for their IDSS submission, but will be asked to generate these data outside of the IDSS submission process using calendar year 2012 data. Then complete the IDSS process using rotated (calendar year 2011) data as allowed in the rotation process. The data for the Antidepressant Medication Management (AMM) and Mental Health Utilization (MPT) measures submitted by MHPs in 2012 was through the same mechanism. Tracking and trending these important quality data depends on our ability to collect actual data for each measure. Rotation will mask any improvements that have been made over the past year.