Health Equity in Medicaid Managed Care: Transparency and Accountability

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Michigan Medicaid has been publicly reporting performance data for more than 15 years

- **Quality Rating System (QRS) for Health Plans 2003**: Women’s health, preventive care, chronic conditions, children’s health, and customer satisfaction
- **Annual HEDIS Reporting on Priority Measures 2005**: Access to care, women’s health, prevention, chronic disease management, children and adolescent care
- **Medicaid Health Equity Project Report 2012**: Subset of HEDIS measures stratified by race/ethnicity and trended over time to identify disparities

*Likely before this but these are the years I can verify*
The Medicaid Health Equity Project began in 2010, with the first report published in 2012.

Started with 8 measures across 4 domains:
- Women’s Care
- Children’s Care
- Access to Care
- Chronic Conditions

Collaboration with Plans is Essential:
- From measure identification to methodology, plans were involved in every step of the way as partners and collaborators

Prepare to use regulatory authority to address disparities:
- Don’t just report! Use performance improvement mechanisms to motivate reduction in racial disparities

There is no quality without equity.
ACCOUNTABILITY

We have the data. Now what?

USE IT

Quality-based Auto Assignment Algorithm:
Plans with higher quality scores get more members assigned to them (for those members who don’t pick their own plan).
AAA now includes equity.

Performance Bonus--Quality:
PRECOVID
Plans are rewarded for achieving the HEDIS national 50th percentile or higher, & for significant improvement

Performance Bonus--Equity:
COVID
Incentivize individual health plan reduction in disparities when compared to White reference group over time.
In FY 21, approximately $13M will be distributed to plans based on improvements in racial/ethnic disparities.
# The 2018 Medicaid Health Equity Project Report: Defining Disparities

## Table 18. Rate Differences between White and African American, Hispanic Populations

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

**Key**
- Orange: Rate is significantly above White population (95% CI is above 95% CI for White population)
- Yellow: Rate is significantly below White population (95% CI is below 95% CI for White population)
The 2018 Medicaid Health Equity Project Report: Pairwise disparity example

**Figure 17. Postpartum Care by Race/Ethnicity 2012-2018**

- **2012**
  - Gap = 19%

- **2018**
  - Gap = 10%
Figure 23. Adults’ Access to Preventive/Ambulatory Health Services (20-44 years) by Race/Ethnicity 2012-2018

- **White**
  - 2012: 93%
  - 2018: 88%
  - Gap = 6%

- **African American**
  - 2012: 83%
  - 2018: 78%
  - Gap = 6%

- **Hispanic**
  - 2012: 88%
  - 2018: 78%
  - Gap = 10%

- **Michigan Medicaid All Managed Care Plans**
  - 2012: 83%
  - 2018: 73%
  - Gap = 10%

- **HEDIS 50th Medicaid National Percentile**
  - 2012: 78%
  - 2018: 73%
  - Gap = 5%
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